

UTILIZING ENTERPRISE RISK MANAGEMENT TO ATTACK AN EVOLVING LANDSCAPE OF WORKPLACE VIOLENCE

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Marsh USA, Inc.



CAYMAN
CAPTIVE
FORUM
2018

INTRODUCTIONS AND AGENDA

Introductions

Overview: The Anatomy of Workplace Violence in a Healthcare Setting

Enterprise Risk Management Considerations to Address Workplace Violence

Case Studies:

- Trinity Health
- MedStar Health
- Tufts Medical Center/Wellforce



OVERVIEW: THE ANATOMY OF WORKPLACE VIOLENCE AND THE HEALTHCARE INDUSTRY

Lisa Hamer

Senior Vice President

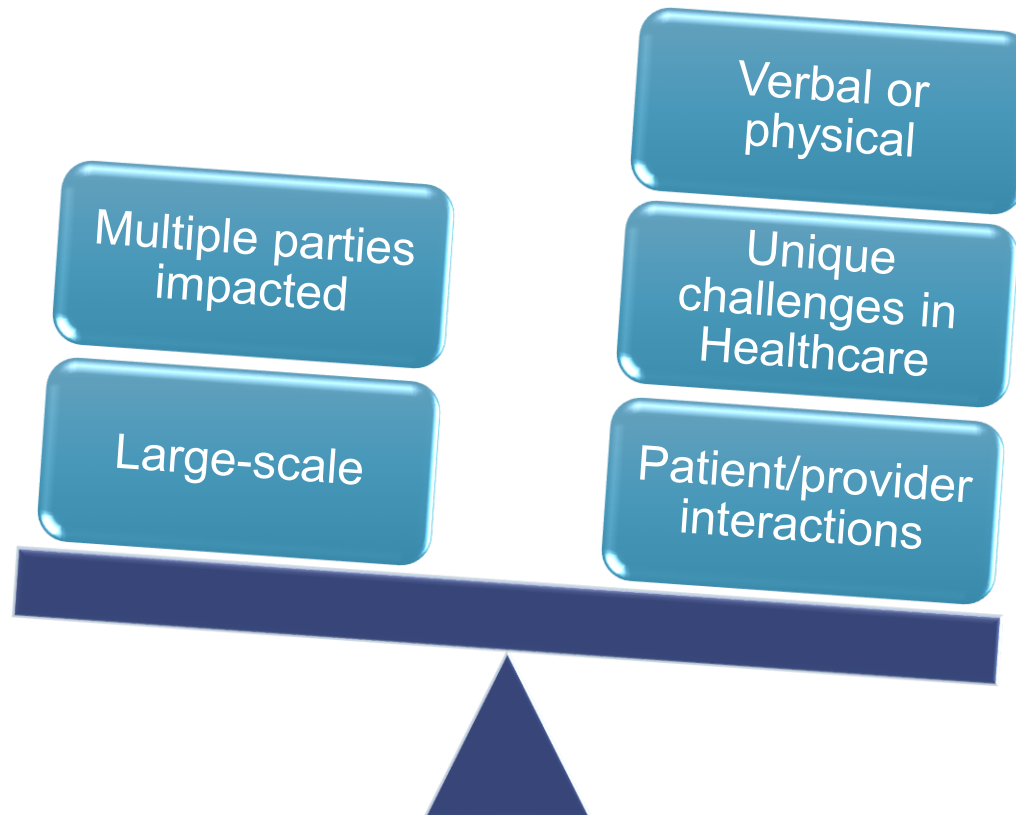
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DEFINING WORKPLACE VIOLENCE

Catastrophic

Persistent



STAGGERING STATISTICS

The annual economic cost of workplace violence is

\$121 Billion.

- National Institute for Occupational Safety and Health

Only **30%** of nurses report incidents of workplace violence; among physicians, the reporting rate is **26%**.

- New England Journal of Medicine

From 2002 to 2013, incidents of serious workplace violence were **four times** more common in healthcare than in private industry on average.

- Bureau of Labor Statistics 2013

Health care workers suffer more workplace injuries than any other profession, with about **654,000** harmed per year on the job.

- U.S. News & World Report

FOUR TYPES OF WORKPLACE VIOLENCE

Type I Criminal Intent

- Violent/severe incident; i.e. acts of terrorism
- No legitimate relationship to business/employees

Type II Customer/Client

- Individual has a legitimate relationship
- Example: behavioral health patient

Type III Worker-on-Worker

- Employee or past employee commits act of violence
- Exposure can increase when reduction in workforce

Type IV Personal Relationship

- Prevalent in workplaces that are accessible to public
- Example: disgruntled family member of patient



ENTERPRISE RISK MANAGEMENT CONSIDERATIONS TO ADDRESS WORKPLACE VIOLENCE

Mike Midgley, RN, JD, MPH, CPHRM, DFASHRM

Healthcare Risk Engineering

Swiss Re Corporate Solutions



ENTERPRISE RISK MANAGEMENT CONSIDERATIONS

ERM in healthcare promotes a **comprehensive framework** for making risk management **decisions** which maximize **value protection and creation** by managing risk and uncertainty and their connections to **total value**.

(ASHRM's ERM Definition)

Domain	Description / Example
Operational	inadequate/failed internal processes, people, systems that affect business operations (p/p, infrastructure)
Clinical / Pt Safety	delivery of care (HAC's, Med Errors, Falls)
Strategic	direction of organization—brand, reputation, competition, failure to adapt to changing times, health reform or customer priorities (M&A, Social Media)
Financial	financial sustainability of organization (access to capital, external financial ratings, litigation, payer mix)
Human Capital	workforce (recruitment, retention, staff burnout)
Legal / Regulatory	ACA, fraud & abuse, licensure, accreditation, product liability, management liability, CMS COPs/CFCs
Technology	machines, hardware, equipment, devices & tools, EMR
Hazard	assets and their value (facility management, plant age, parking, lighting, location, security, valuables, construction/renovation, earthquakes, windstorms, tornadoes, floods, fires)

WORKPLACE VIOLENCE RISK LIST

Operational

- Confidential incident reporting system
- Peer review and other accountability structure
- EOC surveillance of incident reports and trends
- Med Staff Bylaws/ Code of Conduct addresses workplace violence & harassment
- Zero tolerance policy
- Patient rights & responsibilities re: violence, weapons
- Visitor policies with aggression/violence
- P/P weapons, active shooter, open visitation

Clinical

- Patient hx for violence
- Patient screening for risk of violence and their safety plan
- Treatment of high risk patient

Financial

- Investment in capital improvements (ED triage area, security measures, cameras)
- Insurance coverage for incidents (business interruption, property, directors' and officers' liability, general, professional and auto liability, worker's compensation and aviation)

Human Capital

- Pre-employment background screening
- Training to recognize and report
- Training on de-escalation techniques
- EAP to deal with potential stressors
- Chain of command to report frustrations before they escalate
- Disciplined or Terminated Employees
- Victim support



WORKPLACE VIOLENCE RISK LIST

Strategic

- Media relations
- Brand/Reputation
- M&A initiatives

Technology

- Metal detectors
- Video surveillance
- Lighting
- Panic switches

Legal & Regulatory

- TJC requirements for formal plan and risk assessments
- Regulatory Reporting Requirements: OSHA, State Labor & Industries, Worker's Comp program, Professional Licensing Board, Local Law Enforcement
- 3rd party contractors & vendors agree to zero tolerance policy

Hazard

- Gang activity
- Emergency management plans
- Backup systems
- Poor lighting
- Business interruption



TRINITY HEALTH

Diane Moritz, BSN, JD, CPHRM
Director, Clinical Loss Control
Trinity Health

TRINITY HEALTH'S 22-STATE DIVERSIFIED SYSTEM TODAY

\$17.6B

In Revenue

1.3M

Attributed Lives

\$1.1B

Community Benefit Ministry

133K

Colleagues

7.5K

Employed Physicians & Clinicians

25.6K

Affiliated Physicians

94

Hospitals* in 22 states

23

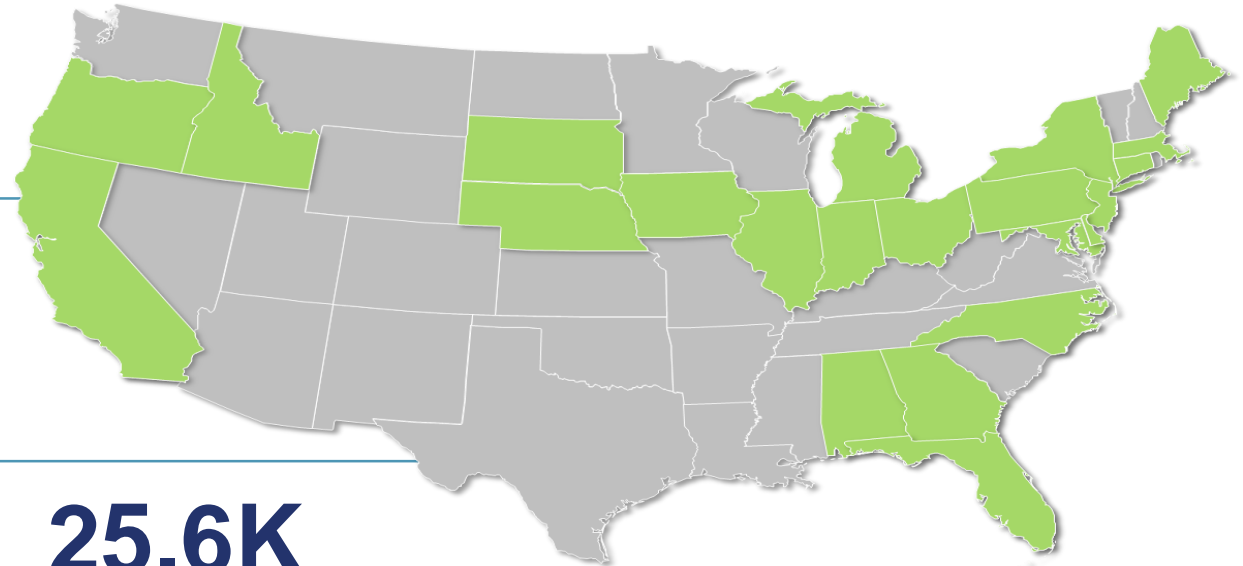
Clinically Integrated Networks

13

PACE Programs

109

Continuing Care Locations



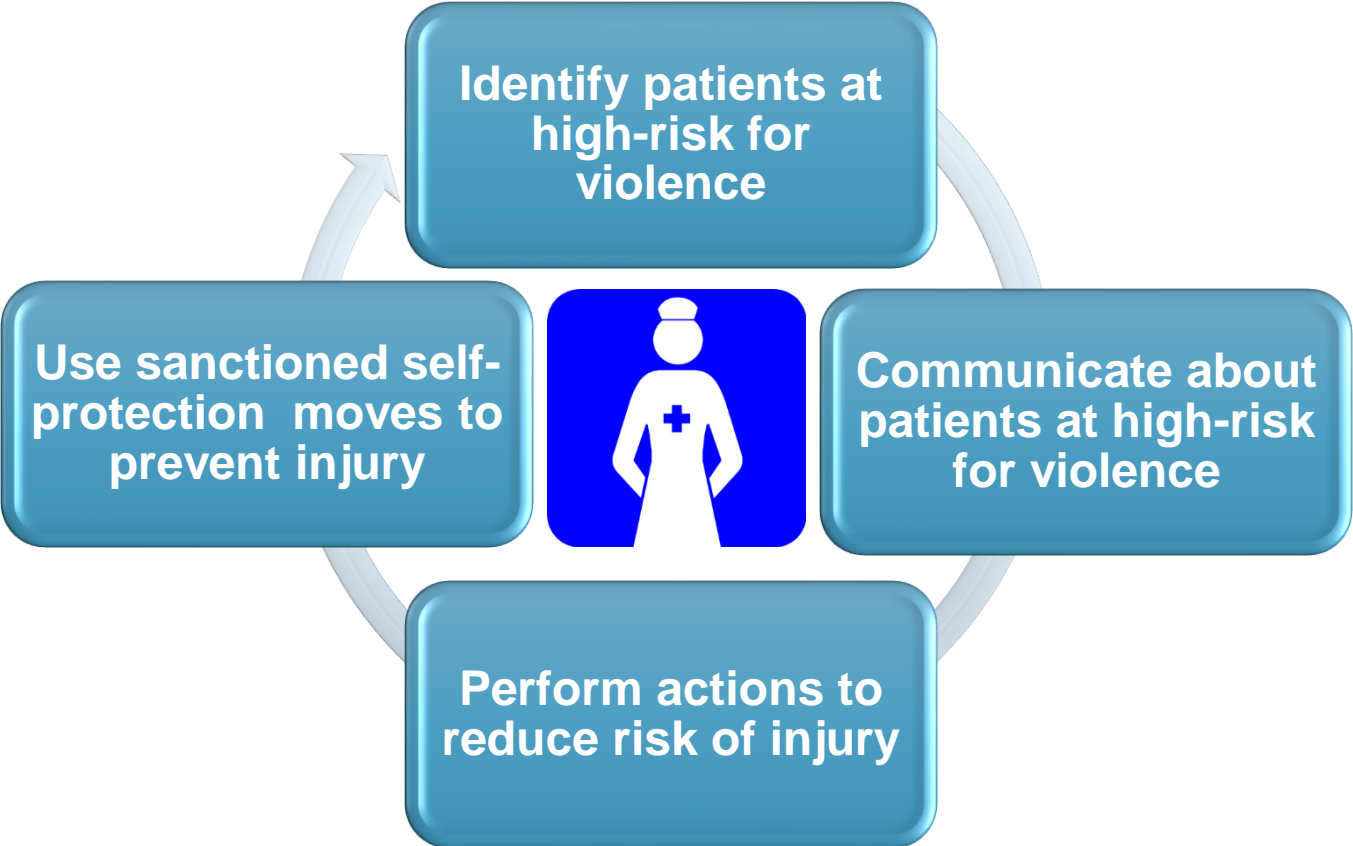
THE MAJORITY OF WORKPLACE VIOLENCE INJURIES ARE THE RESULT OF PATIENT ASSAULTS ON COLLEAGUES

Greater than 90% of reported workplace violence injuries are the result of assaults by patients on colleagues

Colleagues most vulnerable to injury are

- Nurses and nursing support staff
- 0 – 3 years length of service
- Emergency Department, Medical-Surgical Units and Behavioral Health Units

IDENTIFYING AREAS OF PATIENT ON COLLEAGUE VIOLENCE RISKS



TESTING SOLUTIONS TO MITIGATE RISK OF VIOLENT INJURIES BY PATIENTS ON COLLEAGUES

Identified Risks	Testing Solutions
Preparing colleagues to identify patients at risk for violence	<ul style="list-style-type: none">• Bröset Violence Checklist implementation
Implementing standardized processes to communicate assessed risks of patient violence	<ul style="list-style-type: none">• Cardboard signs that hang on patient doors to direct providers to obtain assistance before entering
Approve and implement processes and procedures for colleagues to protect themselves from harm.	<ul style="list-style-type: none">• Crisis Emergency Response Team (CERT)• Pinpoint Lanyards• De-escalation Training• Self-Protection Training



MEDSTAR HEALTH

Larry L. Smith, JD

Vice President, Risk Management Services

MedStar Health



HEALTHCARE IS EVOLVING IN WAYS THAT INCREASE THE CHALLENGE

For example, because of reduced funding for mental health services, severely ill patients with violent tendencies are increasingly using emergency departments rather than more specialized facilities for treatment

VIOLENCE IS VASTLY UNDERREPORTED

- **Surveys show that many, if not most, incidents go unreported**
- **Many surveys suggest that less than half of verbal and physical assaults by patients against nurses are formally reported**
- **Reasons for underreporting include:**
 - Lack of a reporting policy and process
 - Healthcare workers recognize that many injuries caused by patients are unintentional, and are, therefore, likely to accept them as routine or unavoidable
 - Perception that violence is tolerated and that reporting incidents will have no effect
 - Many in healthcare consider violence to be "part of the job"

MEDSTAR SYSTEM WIDE WORKPLACE VIOLENCE REPORTABLE EVENTS

System Wide OSHA WPV Events	
Policy Year	Number of events
FY 2016	177
FY 2017	245
FY 2018	282

STAFF RESPONSE: FEAR, ANXIETY, ANGER AND FRUSTRATION

- Restraining orders being sought more often
- Filing of criminal complaints more frequent
- More armed security requested (EDs in particular)
- Personal security details no longer uncommon
- Personal safety devices common, e.g., portable panic alarms

RECENT EVENTS HAVE SHARPENED OUR ORGANIZATION FOCUS ON WORKPLACE VIOLENCE

- **Frequency and Severity of workplace violence events resulting in increase in OSHA reporting year over year for past several years**
- **Active shooter scare demonstrated our lack of preparedness**
 - Everything that could go wrong ... did
- **Patient – Security guard altercation resulted in patient's death**
 - Criminal indictments
 - Civil claim
 - Professional liability?
 - General liability?
- **Patient claims injury after being restrained by security officer**
 - Civil claim – Defense verdict



MEDSTAR'S RESPONSE TO THE INCREASE IN WPV EVENTS - THREATS

- **Wake Up Call**
- **Active Shooter – Code Silver Policy updated**
 - 911
 - Run – Hide - Fight
 - MedStar-produced active shooter video in production
- **System-wide transformation of security services:**
 - Not only have our staff “feel” safe, but reform our security system to have our staff “be” safe
 - Retain services of a Security Technology Integration expert
 - Assess the current state of security technology (cameras, access controls, panic alarms, call boxes, etc.)
 - Implement enterprise security technology network to oversee the integration/consolidation/installation of all security technologies
- **Use ERM to ID patients who pose risk – “potential for harm to others” added to “problem list”**
 - Initiated on any patient with a history of aggression/violence
 - Message will not be discontinued at discharge – to be displayed in outpatient area
- **Associate training**



TRAINING – “THREE TIERS”

Type	Highlights	Target Audience
General <i>“Awareness”</i>	<ul style="list-style-type: none"> • Orientation • Online (13 minutes) • Annual mandatory modules 	<ul style="list-style-type: none"> • Providers • Nurses • All other associates
Moderate Risk <i>“De-escalation”</i>	<ul style="list-style-type: none"> • Risk identification, prevention and recognition • De-escalation (personal safety and self defense) • Trauma informed care • In-person • 3 hours – 1 trainer/30 participants 	<ul style="list-style-type: none"> • Low risk areas • MAS & MMG • Support services
High Risk <i>“Advanced”</i>	<ul style="list-style-type: none"> • Moderate risk content • Management • Physical hold and seclusion • In-person • 7 hours – 1 trainer/15 participants or 2 trainers /25 participants 	<ul style="list-style-type: none"> • Behavioral health • ED • Security/public safety officers • Response teams • High incidence areas

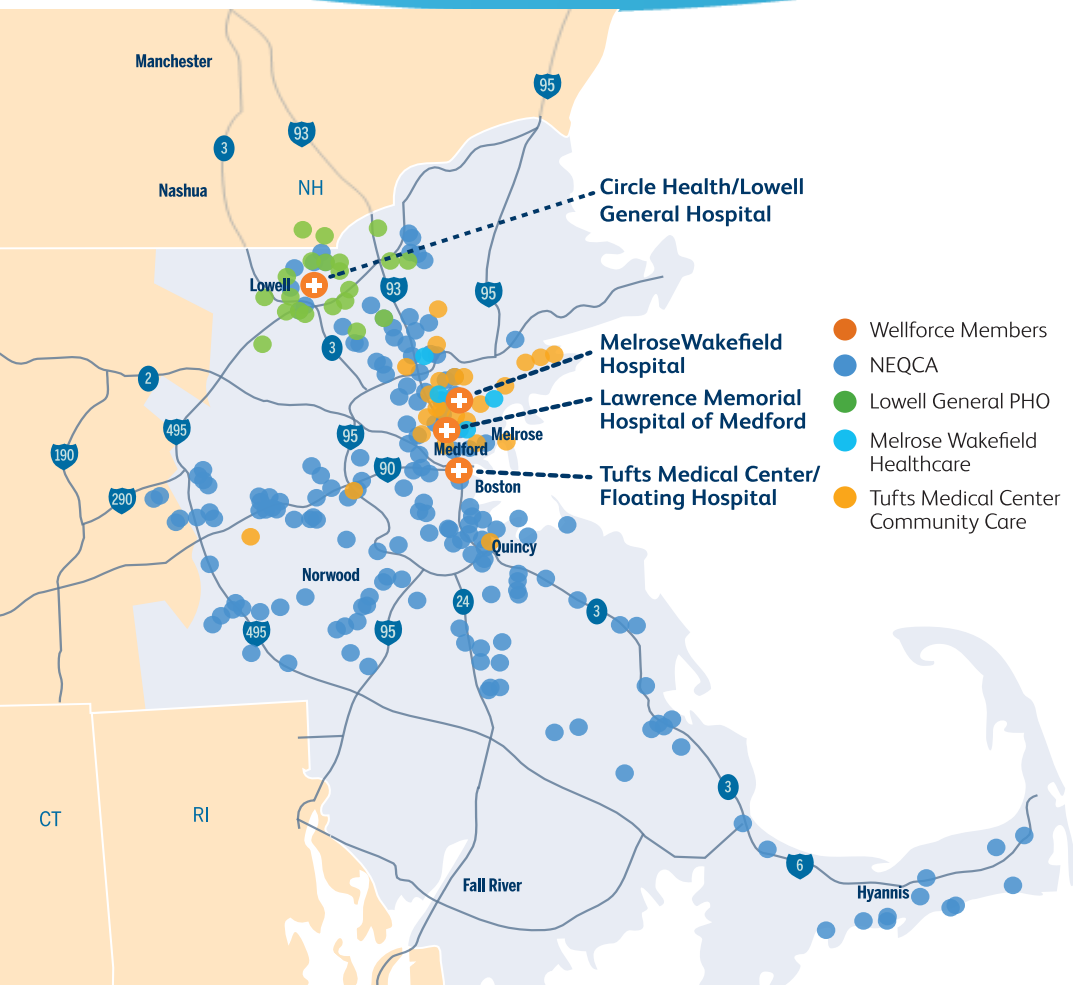


WELLFORCE

Michael Wagner, MD
Chief Physician Executive
Wellforce



WELLFORCE



2,100 Physicians



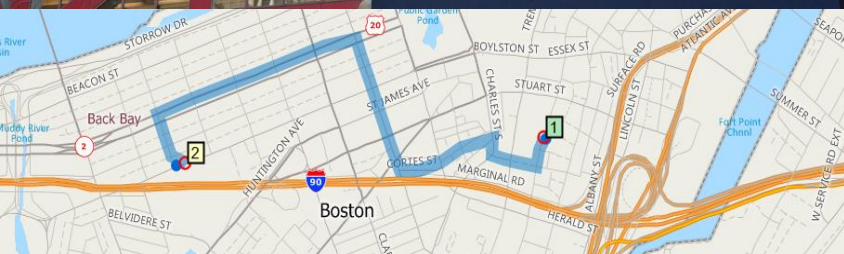
329,000 Covered lives in values based contracts



49,000 Inpatient discharges



TUFTS MEDICAL CENTER



18,243 Inpatient discharges



374,608 Ambulatory visits



45,952 Emergency room visits



706 Employed Physicians



43 Residency and fellowship programs, **452** Residents and fellows



WHY DID WE ADDRESS WPV?

A growing national issue inconsistent with our organizational goals

- Goal: Employer of Choice
 - Feedback from our Employee Engagement Survey indicating a theme: “wish to feel safe at work”.
- Goal: High Reliability Organization
 - Senior Team commitment – Improving safety for the community with the same level of passion as safety for patients and families

WHAT WAS PUT INTO PLACE?

Workplace Violence Prevention Committee:

- Comprised of Interdepartmental, interdisciplinary passionate members,
- Empowered By CEO
- Driven by OSHA Standards
- Willing to innovate
- Identification of high rate/risk areas
- Investment in Public Safety Officers
- ASAP Program

Centralized Data Capture

- Encouraging reporting
- Trended monthly, by day of week, time of day, area of the Medical Center

Engaged and enrolled the entire organization

- Town Halls with videos of assaults
- One number call
- Internal Marketing Campaign: Your safety, its vital



BOSTON MARATHON MAP – FINISH LINE TO TUFTS MEDICAL CENTER



BOMB SCARE AT TUFTS MEDICAL CENTER



THOSE KILLED AS A RESULT OF THE BOSTON MARATHON BOMBING



Krystle Campbell

Krystle was the light of our lives – a loving sister and daughter, a caring granddaughter, and the best Auntie a nephew could have. She loved so much she glowed – her energy for life and her infectious smile and her passion for people would fill any room she entered. She gave generously to everyone she met – offering words of support if you were down, never forgetting a birthday or special occasion, and always making sure no one was ever left out of her latest plans and adventures. Krystle's work ethic was unmatched – she worked hard and had a drive for where she wanted to go – her goals were impressive and realistic. She worked full-time, managing at busy restaurants

but still made time to go to college and take care of her family and friends. Her life never missed a beat no matter what obstacle or challenge she faced. Krystle's kindness was displayed every day – she was the first to volunteer to help when help was needed and the last to leave if work still needed to be done. She respected and loved so purely that everyone she met felt a connection to her that was indescribable except to know the feeling of how important and cared for they felt in her presence. She was a special young woman whose light shined bright even in the darkest times and who brought everyone a little piece of sunshine. Our family continues to keep that light shining brightly by remaining her energy, passion and how much fun she always had and knowing she is still sending us that warm sunshine and love.



Lingzi Lu

My precious daughter Lingzi,

A year has passed since you left us so suddenly. Time flies as people say, but the past year has been the longest and slowest for me and your mom.

When you were born – remember seeing a big baby girl with round face, big eyes, thick dark hair and the loudest cries, I couldn't help but having a biggest grin on my face. When you were a toddler, you started to show interest in the books on grandmothers' bookshelves; you often stepped on a little stool to flip through the books, we didn't know if you understood anything, but we were sure you loved the feel of the books in your little

hand; and lo and behold, growing up, you always loved to read, to learn and to explore what books can offer.

The beautiful piano music is no longer enjoyable; it reminds us too much of you sitting on the bench, concentrating, playing your heart out, giving us that bright smile on a cutest innocent little face – guileless, youthful and beautiful face. I pray you come to my dreams every day, so I can see your warmth, hear your laughing, see the twinkle sparkling in your eyes, and make my heart smile once more.

Lingzi, Mom and Dad could not have asked for a better daughter. We were so lucky and honored to be your parents. Life ahead without you is a challenging journey, but we know with your spirit living within us, we will have the strength to move forward. May the wind whistle your laughter in my ear, may your smile beam through the sunshine on my face, until the day we meet again.

Your loving father,



Martin Richard

Martin was a special young man but a torchbearer. He went through and through – tough and competitive on one hand and kind and generous on the other. He could take on any sport or challenge and succeed gracefully. He knew his winning smile and big brown eyes could charm the pants off of anyone in charge but also knew how to take care of others, often times taking care of younger members of his neighborhood including getting his sister Jane win at sports. He was a terrific brother – challenging his older brother Henry when he thought he was wasting good days inside reading a book, while always protecting his little sister. He was a loving son, he cherished

playing with Dad and being doted on by Mom. Martin "got it" – he knew what it took to be a good person. He knew at 8 years old what so many don't ever figure out. He knew that we had to care for one another and care more deeply for those who couldn't care for themselves. Martin didn't have many years to show the world his talents but in the time he was here he changed many lives and helped us more than he would ever know. The book is proof of him that graces the pages of papers and media outlets around the world spoke volumes of our son: "No more hurting people. Peace." We know this message changed the world and the mood of our community as only the words and actions of youth can do. Thank you to the entire community for supporting our family. It is because of all of you and Martin's enduring gifts of hope that we will make every day count in carrying on the legacy of our son.



Sean Collier

Sean was born to be a police officer and more importantly to serve his community in a way that connected beyond the uniform. His passion and dedication to fulfilling his life's dream was something that made everyone who met him proud. He worked hard, volunteering hundreds of hours of service to earn his place at every turn. Those days when many young men would be out having fun Sean was learning, listening and doing his very best toward his goal of becoming a police officer. After graduating at the top of his class from the WBTA Transit Police Academy he found his spot with the MIT Police – he would finally get to put his skills to use and learn more about the job he

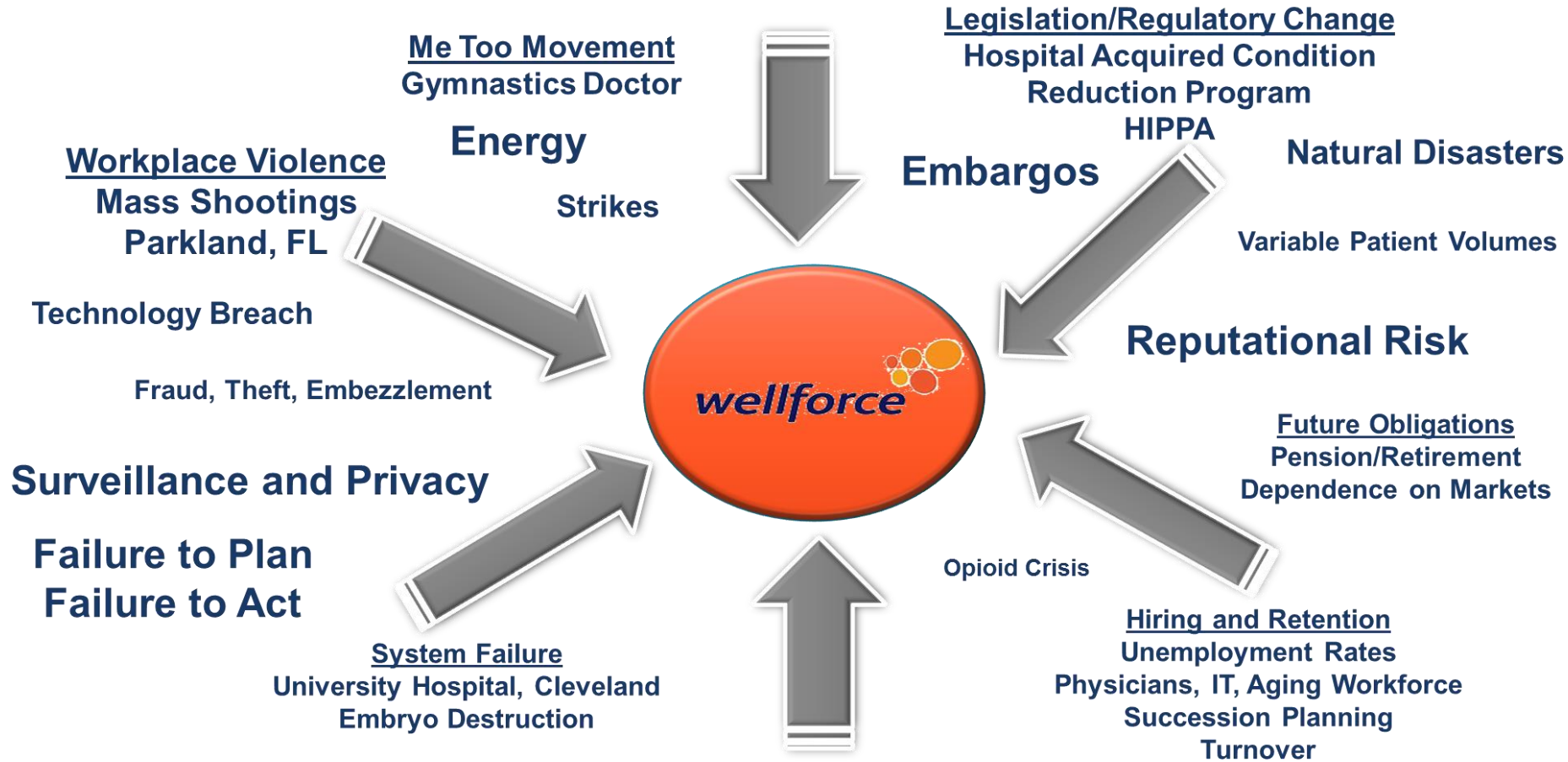
loved. Sean the community learned what we already knew – Sean was a natural. His ability to connect and become a part of the community he served made him a trusted and respected officer. He quickly became part of the fabric of MIT – he made it his goal to get to know the students, talking to them, swapping stories with them and taking with them – he did whatever it took to gain their confidence. The extra effort paid off – one young man wrote us telling of a brief encounter with Sean saying if more people were like him our world would be a much more "awesome" place. Sean never stopped working toward his goals. Last year, Somerville Police recognized his hard work and posthumously issued him badge 310 and since have retired it in his honor. Sean brought so much goodness to our family, we were so proud to have shared him with the MIT, Cambridge, and Somerville communities.



EBOLA



ENTERPRISE RISK ASSESSMENT



ENTERPRISE RISK MANAGEMENT PROCESS

Facility Review Against Frequency and Severity of Certain Events

Identify Risk

Mass Shooting
Explosions
Food Poisoning

Identify Loss Scenario

Lobby, ER, OR
Wings

Contemplate Parameters

Industry Experience
Vs. Facility's Controls
Emergency Management, Risk
Mgmt, Security, Property
Management

Actuarially Supported Recommendations

Increase Captive's Reinsurance Limits
Improve Contractual Risk Transfer Language in Vendor Contracts



QUESTIONS?





THANK YOU

www.caymancaptive.ky

