

Workplace Safety at

Northern Light Health

Taking Care of our Caregivers

Overview

Regulations

Overview Safety Organizational
Structure

Physical Safety

Support to report/press charges

Mental health support

Training staff

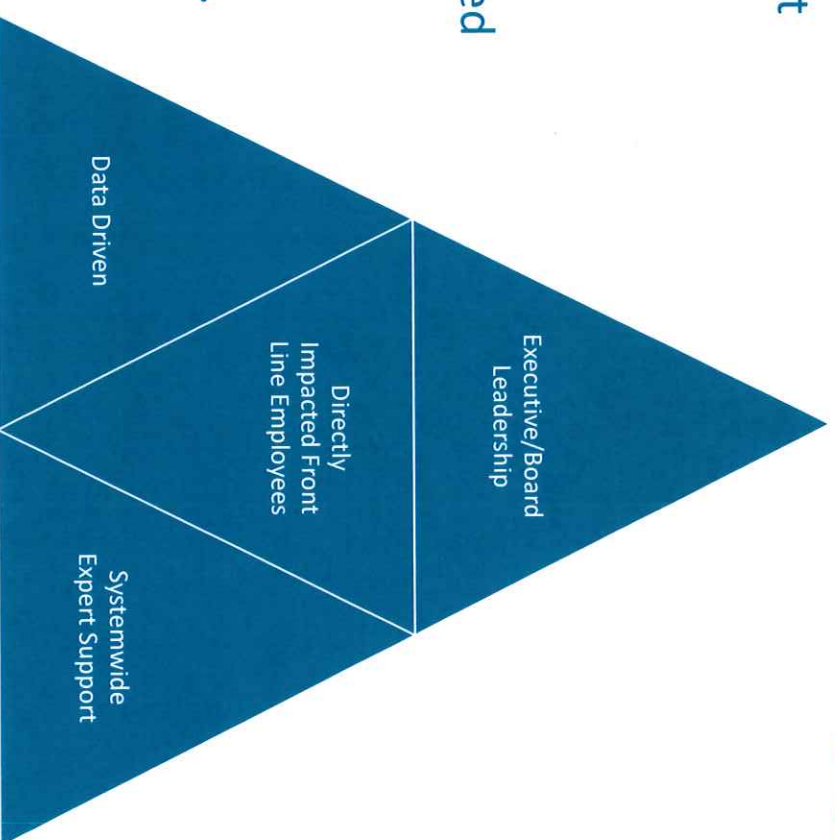
What is next?

Current Regulatory Framework

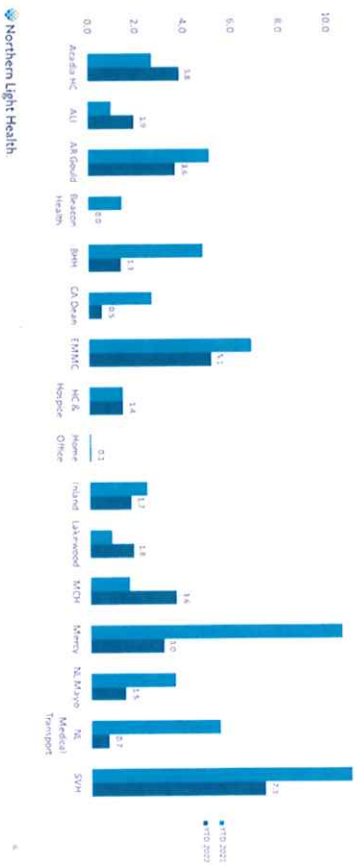
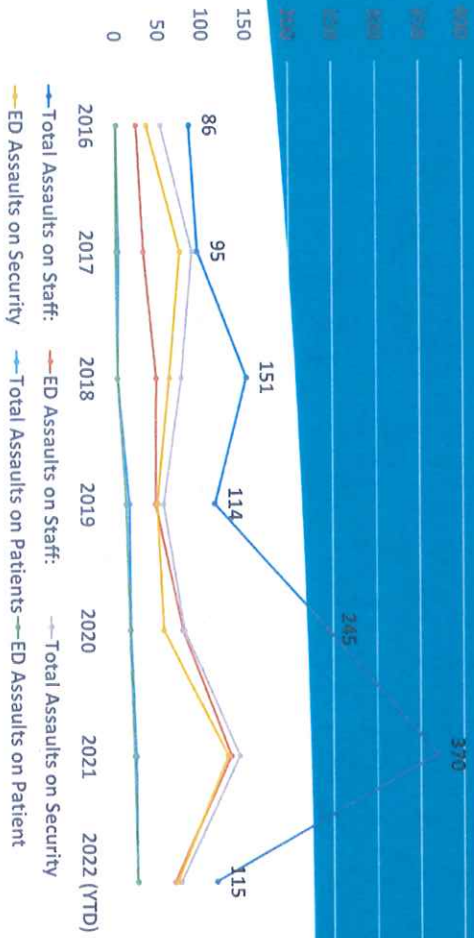
- Workplace Violence is recognized by OSHA as a workplace hazard
- Accrediting bodies for healthcare, including HFAP/ACHC, Joint Commission, CMS, and DHHS have recognized workplace violence as a hazard and that the healthcare organization has an obligation to take steps to protect staff, patients and visitors
- The Joint Commission recently heightened their standards to require certain actions, such as a work site analysis, monitoring and reporting, training, and a workplace violence program.
- The State of Maine has a current statute providing for heightened penalties for assaulting emergency providers

A Systemwide Support Network

- Local Workplace Violence Committees that are multidisciplinary and range from front line employees to executive sponsors.
- NLH-wide multidisciplinary Workplace Violence Prevention Committee.
- Initiatives, projects, and experiences shared up and down through structure.
- Local and system level data and metrics tracked and shared regularly.
- Vocal Executive support and prioritization.
- Board of Director reporting and support



WPV Incident Rates comparison 2021 YTD to 2022 YTD



Workplace Violence Staff Events
 Event Date is within 01-01-2021 and 12-31-2021
 Report Run: 08-01-2022 By: CHERYL RUSSELL



Physical Safety

Strongline (wearable security device)

24/7 Security Presence

Communication Across the Organization with a Scripted Response

Facility Risk Assessments

Locked areas/units

Law Enforcement Partnerships

Line of sight awareness

Frontline driven solutions (such as 2ii)

Safety Stop



Support to Report and Press Charges

- Community communications on calmness helping healing
- Clear support for staff publicly and privately
- Systemwide communications with leaders and staff – testimonials, encouraging reporting etc.
- Escalation to leadership in place at time of incident
- Routine discussion with Law Enforcement on specific cases
- Continuing dialogue with the Attorneys General local Law Enforcement, DHHS, and other agencies



Studies show that half of all verbal and physical assaults by patients and visitors against healthcare workers are never reported. Healthcare workers often believe abuse comes with the territory. Violence is not part of your job. Report all incidents of verbal and physical abuse and help us make our hospital safe.

It is not part of your job
Verbal and physical abuse are not an expectation of anyone's job. Report every incident to your manager, security, or IT Solutions. Support resources are available when an incident does occur.

Workplace violence includes:

- Threatening behavior - such as shaking fists, destroying property, or throwing objects
- Verbal or written threats - any expression of intent to inflict harm
- Harassment - any behavior that demeans, embarrasses, humiliates, annoys, alarms or verbally

Calmness Helps Healing

A calm environment helps our patients and helps our staff provide the best care.

Aggressive behavior, including physical assault, verbal harassment, abusive behavior, sexual language, threats, or destroying property, is not permitted. Northern Light Eastern Maine Medical Center has a ZERO tolerance policy on all forms of aggression.

Violence has a negative effect on the well-being of our staff and patients and is not acceptable.



Mental Health Support

- Reinforcement through huddle and policy that mental health support is not a sign of weakness
- Critical event debriefings for major workplace violence events
- Code Lavender program implementation in process which will provide holistic mental health first aid
- Group discussion and training about drain of physical and verbal abuse to raise awareness
- Manager training on mental health support
- Individual mental health support and connections



Employee Calendar Submission
Tracy Ellingwood, Practice Manager, General Surgery Clinic

Training

- Systemwide adoption of the Management of Aggressive Behavior (MOAB) training for de-escalation as part of orientation
- Train the trainer events
- Universal training goals for all staff regardless of role
- Enhanced training for high risk areas tailored to the area
- Active shooter training and drills



What is Next?

Fully integrated use of the EMR “Red Flag” system

Backlog of training for current employees

Active shooter drills for the emergency department and inpatient areas

Additional active shooter training models

Individualized Unit Training

Create Alliances to Tackle:

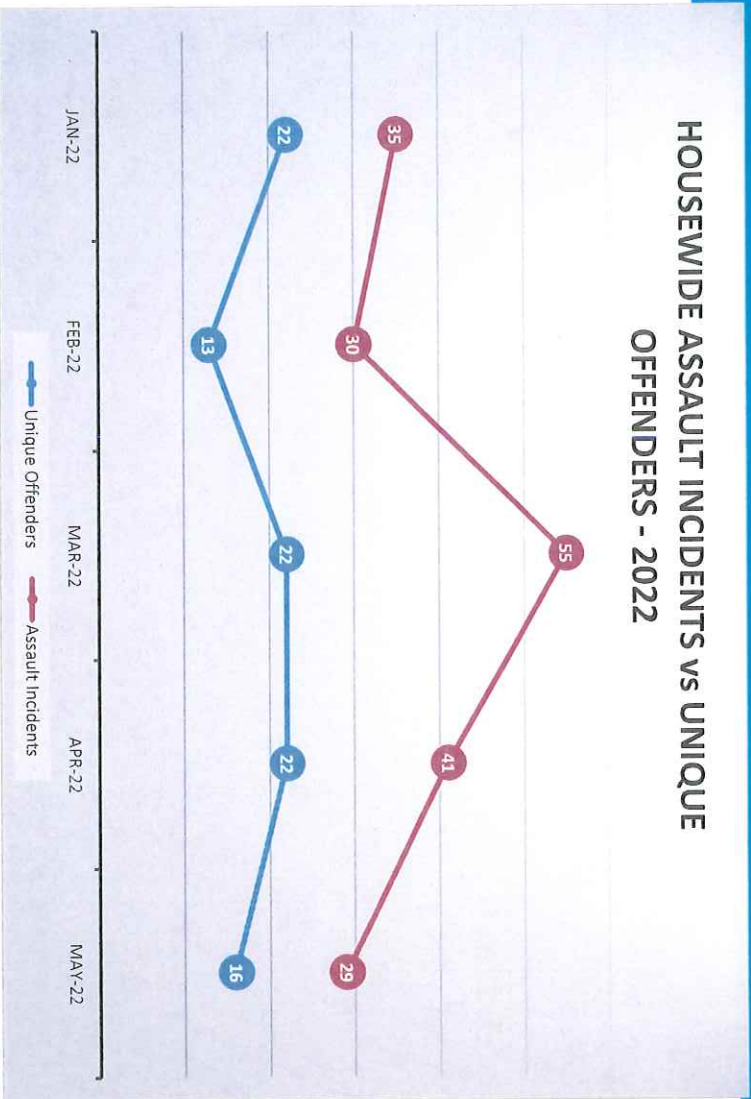
- Long term boarding in the emergency department of behavioral adults and minors
- Community and visitor escalation
- Emergency response for all areas

Questions??

Appendix

Where are We?

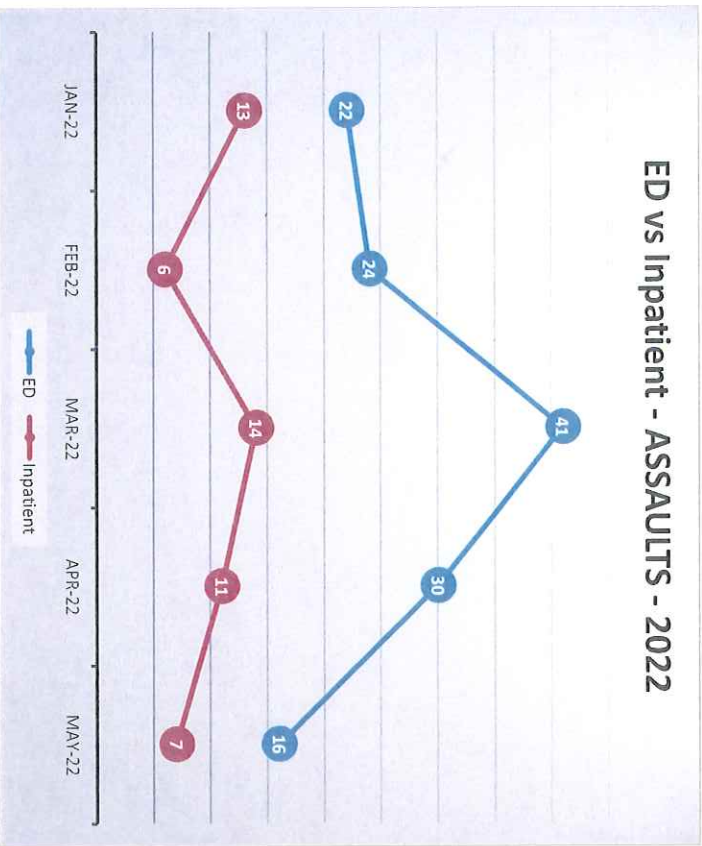
HOUSEWIDE ASSAULT INCIDENTS vs UNIQUE OFFENDERS - 2022



Workplace Violence	22-Jan	22-Feb	22-Mar	22-Apr	22-May	% Change	YTD
Disruptive Patients:	94	69	119	90	60	-30	282
Disruptive Visitors:	7	8	2	5	6	1	17
Disruptive Staff:	1	0	0	0	0	0	1
Code Grays:	21	11	24	26	10	-16	56
Total Assault Incidents:	35	30	55	41	29	-12	120
Assaults on Staff:	33	18	30	34	14	-20	81
Assaults on Security:	14	18	28	14	11	-3	60
Assaults on Patients:	1	6	10	7	0	-7	17
Assaults on Visitors:	0	1	2	0	0	0	3
Assault Charges Pressed:	10	7	7	11	2	-9	24

Where are We?

ED vs Inpatient - ASSAULTS - 2022



ED DEA vs ED MED SIDE - ASSAULTS - 2022

