

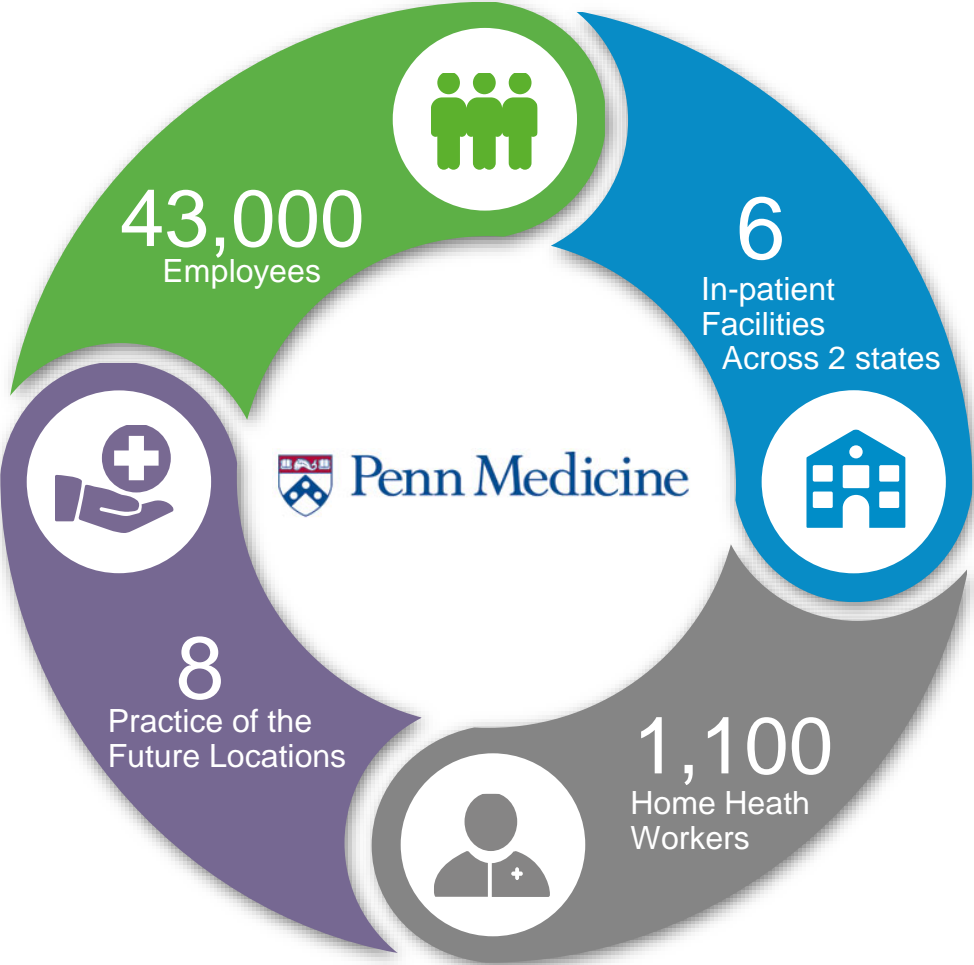
# University of Pennsylvania Health System Workplace Safety Program

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# The Penn Medicine Ecosystem




**3,095**  
licensed beds



**\$7.8B**  
annual operating revenue



**Home of 1<sup>st</sup> hospital**  
in the US – founded in 1751



**1<sup>st</sup> medical school** in the US



Best Hospitals  
US NEWS &  
World Report



Forbes America's  
Best Large  
Employers

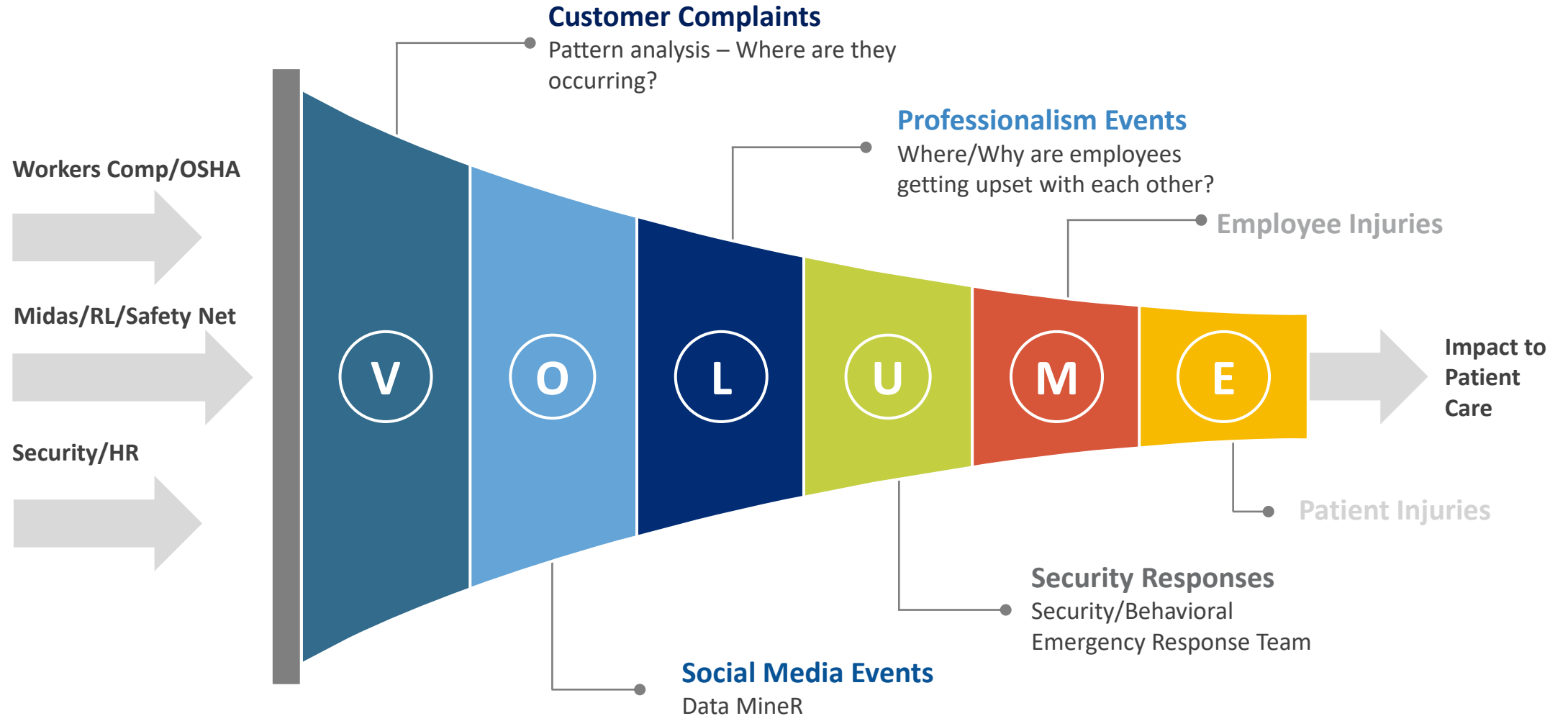


Forbes Best  
Employers for  
Women

# The Highly Matrixed Approach

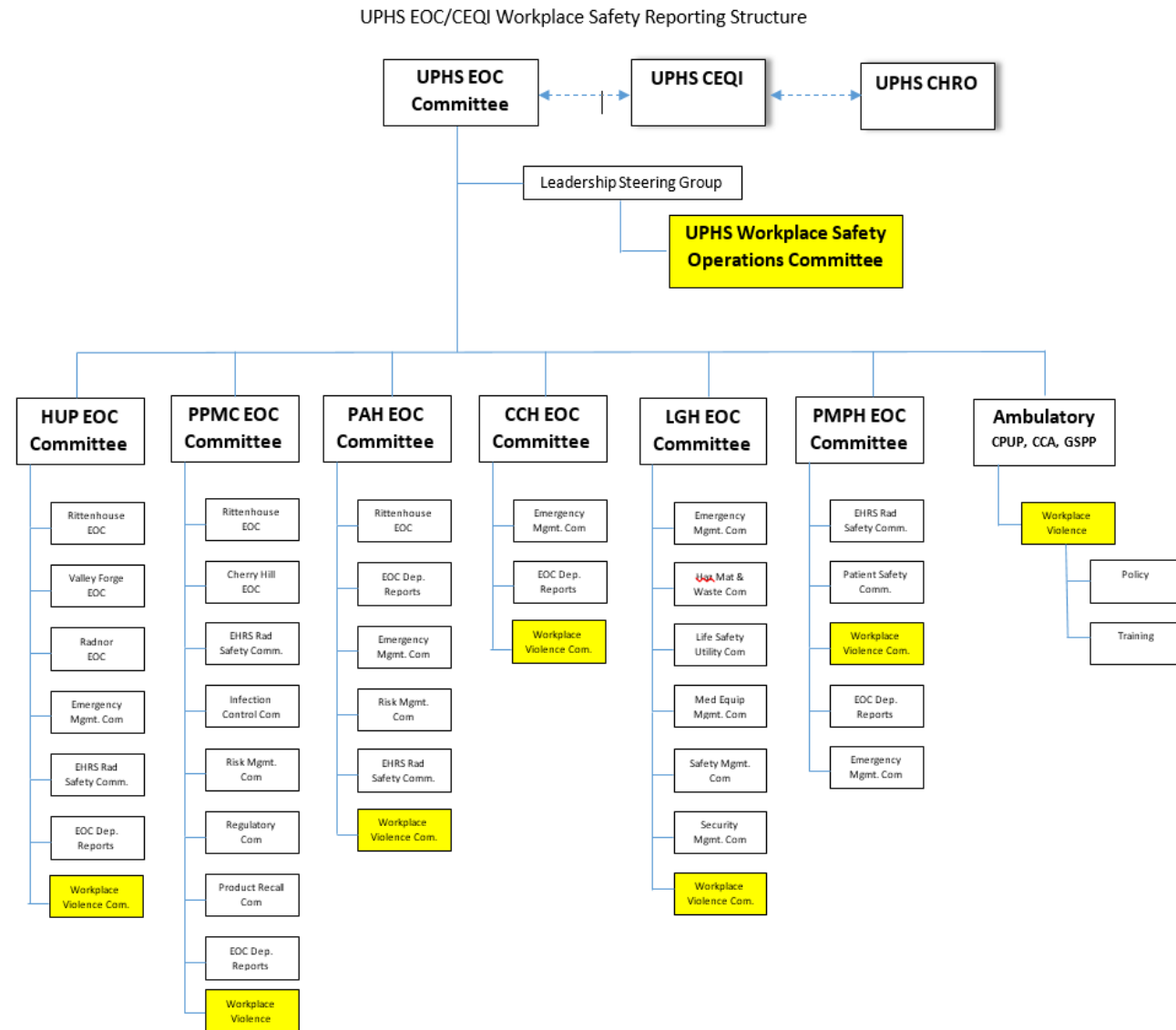


# Data Correlation – Power BI

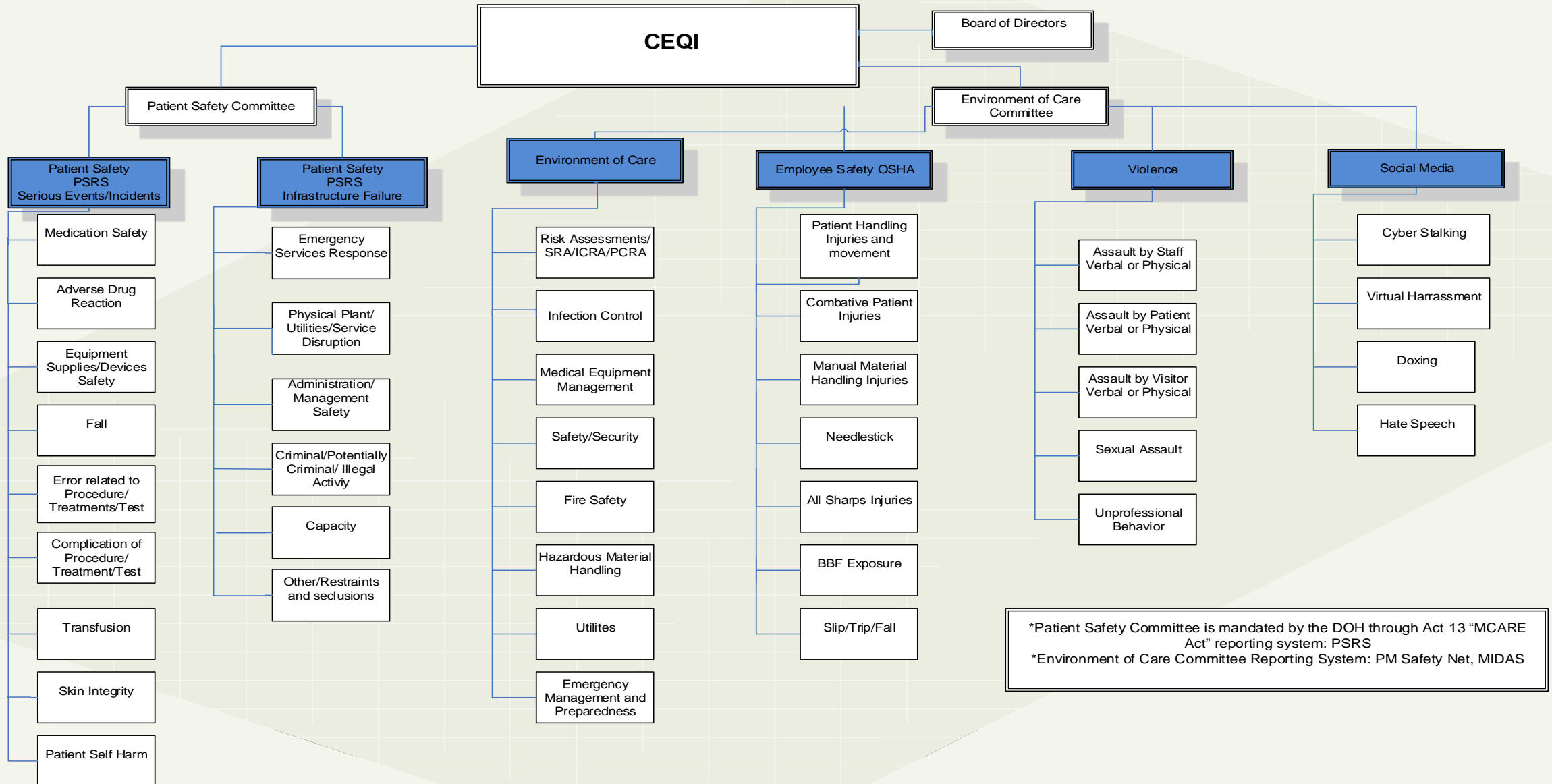


# Program History

- ▶ Mission/vision
- ▶ Initial UPHS Task Force



# Workplace Safety Enterprise Model Structure



# WHY IS THIS WORK IMPORTANT NOW?

We need data for learning and action

How are we collecting, measuring and reporting our data back to staff?

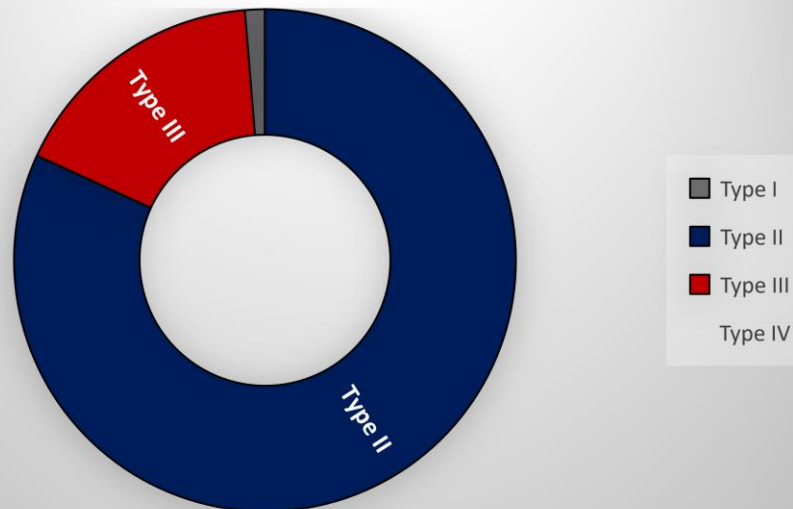
How do we best support our staff and families?

I was leaving out of the room at that point the patient daughter charged at me as if she was going to hit me, she also was on her cell phone telling the person she wanted them to meet her outside and that she would be waiting for me at 7pm

Patient threatened to murder me and spit on me

Patient threw a brick at the security guard, then threatened to come back to the Emergency Department with his gun and blow his head off

Workplace Violence Events



# PROGRAM ANALYSIS



**Utilize Vizient Workplace Violence Collaborative framework and new Joint Commission requirements to assess current state and develop robust action plan for improvement**

## **Gap Analysis**

- Form working group with representation from all entities
- Develop sub-groups to focus on key opportunities

## **Analysis and Recommendations for Future**

- Analyze data and entity based programs and initiatives
- Identify high priority improvement opportunities
- Communicate findings and secure resources and support



# Workplace Violence is a National Epidemic

- ▶ **Workplace violence:**

An **act or threat** occurring at the workplace that can include any of the following: verbal, nonverbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults; or other behaviors of concern involving staff, licensed practitioners, patients, or visitors.

- ▶ Acts of violence currently third-leading cause of fatal occupational injuries in the United States
- ▶ Healthcare professionals are at high risk
- ▶ Assessment of risk + identification/ implementation of preventative measures can reduce incidence of violent events



## Joint Commission



## Vizient Collaborative

- ▶ Define workplace violence, including a formal definition located in the Glossary
- ▶ Leadership oversight
- ▶ Worksite analysis
- ▶ Develop policies and procedures for the prevention of workplace violence
- ▶ Reporting systems, data collection, and analysis
- ▶ Post-incident strategies
- ▶ Training and education to decrease workplace violence

- Develop a multidisciplinary workplace violence committee
- Acknowledge workplace violence is an issue by leadership
- Establish appropriate policies addressing workplace violence
- Perform employee surveys on perception of safety
- Conduct a facility hazard identification analysis on a periodic basis
- Provide counseling and debriefing to those involved in workplace violence events
- Institute sign-in procedures and visitor passes
- Implement engineering controls to remove physical hazards
- Hang appropriate signage indicating a zero-tolerance and consequences of disruption
- Conduct a risk assessment screening on patients and document risk in medical record, flagging that patient
- Assemble a response team made up of properly trained individuals to response to potential or actual violent events
- Provide staff training on how to recognize potential indicators of workplace violence, how to protect themselves and others, and how to respond appropriately
- Evaluate training on an annual basis
- Develop process for keeping accurate records of workplace violence events
- Develop a workplace violence report/dashboard and distribute throughout the organization, including quality and executive committees

[www.jointcommission.org](http://www.jointcommission.org)



# Approach

## UPHS Workplace Safety Taskforce

- Creating framework and organizational structure for reporting and resource allocation
- Facilitate alignment and shared approach

### ► **Vizient Workplace Violence Collaborative**

- Internal UPHS Collaborative work group with > 60 representatives representing all entities
- Center for Evidence Practice Evidence Based Review
- Organizational assessment/gap analysis
- Work groups formed to perform a more in depth analysis and provide recommendations to the UPHS Workplace Safety Taskforce

### ► Alignment with Penn Medicine key strategies and initiatives

# Gap Analysis

## Leading Practices

Ensure Management Commitment and Worker Participation

Perform Worksite Analysis and Hazard Identification

Ensure Hazard Prevention and Control

Develop safety and health training

Perform recordkeeping and program evaluation



## Strategies

Leadership engagement, establish WPV Committee, Policies

Employee safety surveys, facility hazard identification analysis

Visitor management, signage, risk assessments, response teams, staff support

Staff training and process for evaluation

Accurate data, dashboards and dissemination for action



# Collaborative data metrics

## Outcome metrics:

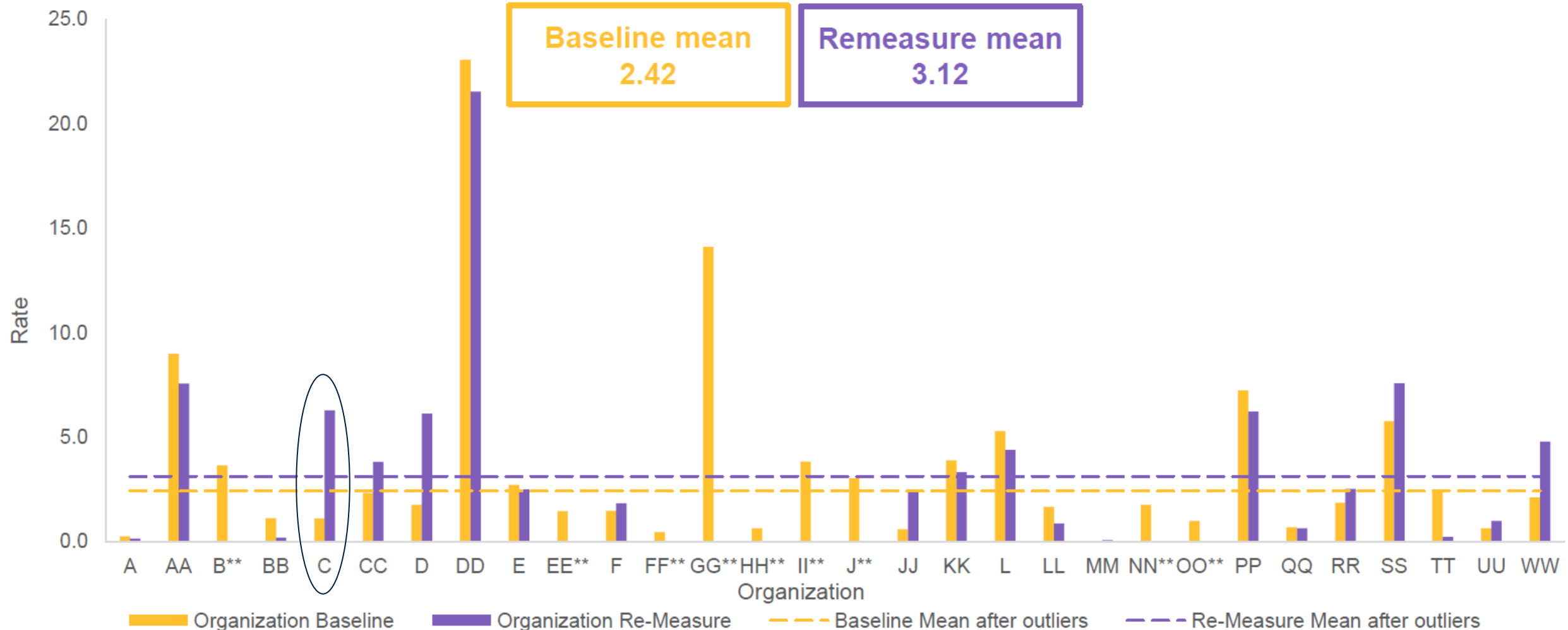
**BERT activations per 100,000 worked hours**

**Workplace violence events per 100,000 worked hours**

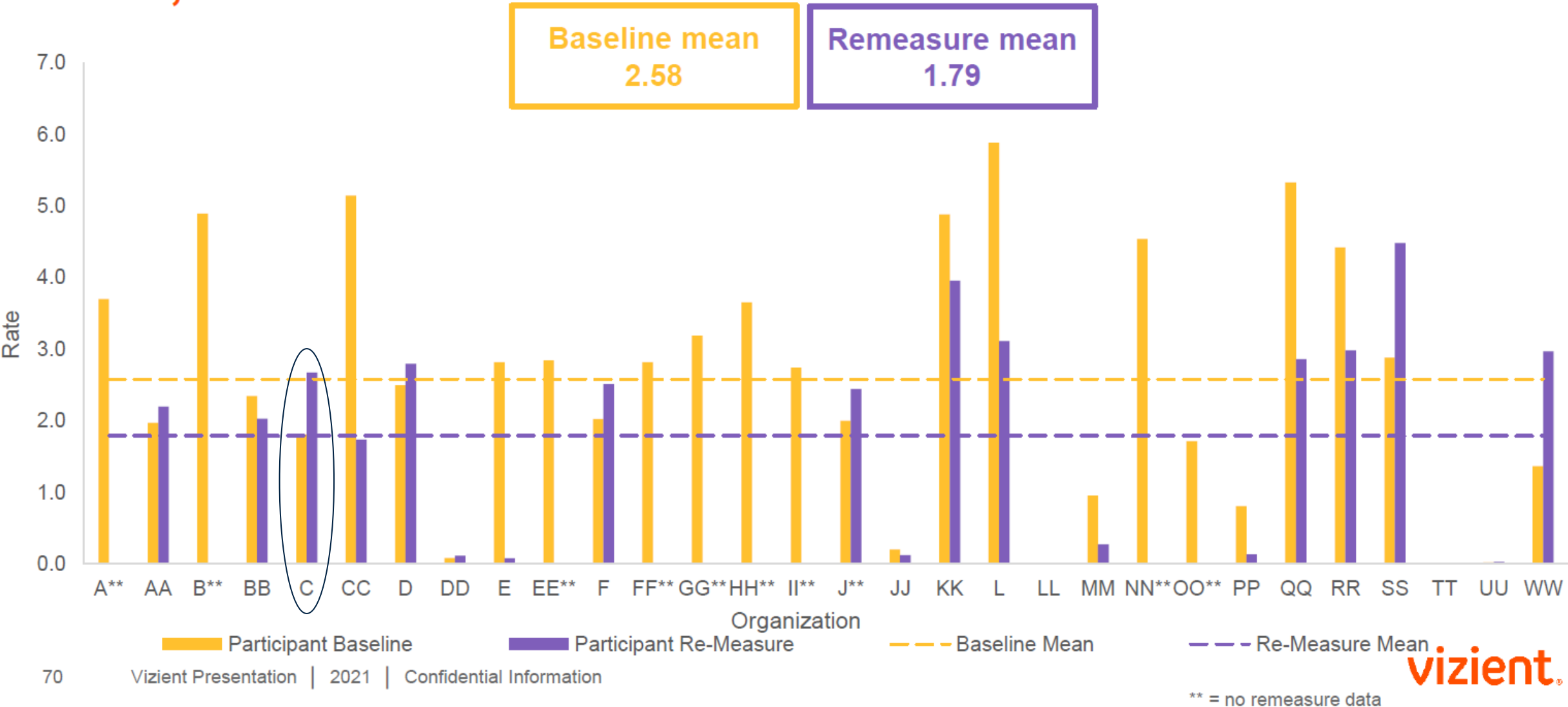
**OSHA recordable injuries per 100,000 worked hours**

Period	Metric & Timeframes
Baseline	May - July 2020
Remeasure	February - July 2021

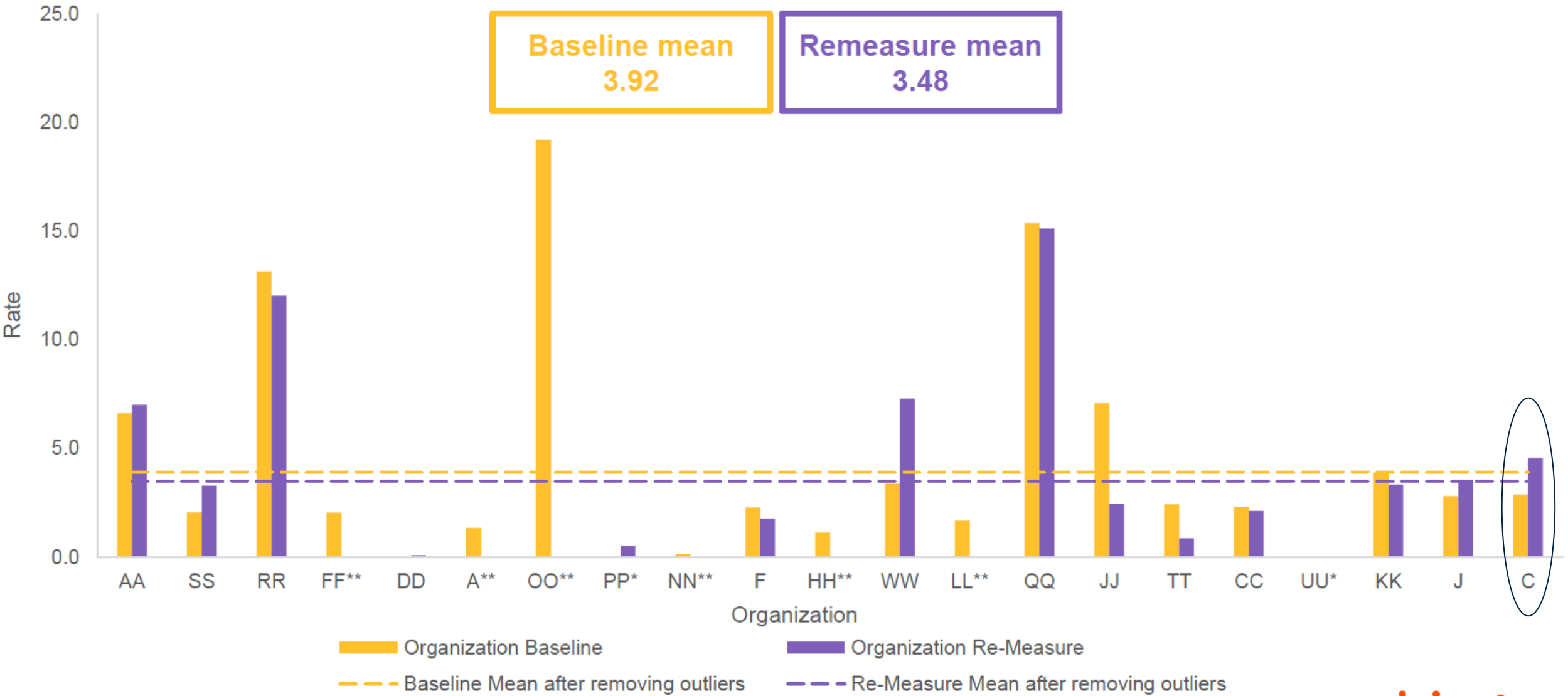
# Workplace violence events per 100,000 worked hours



# OSHA recordable injury or illness per 100,000 worked hours

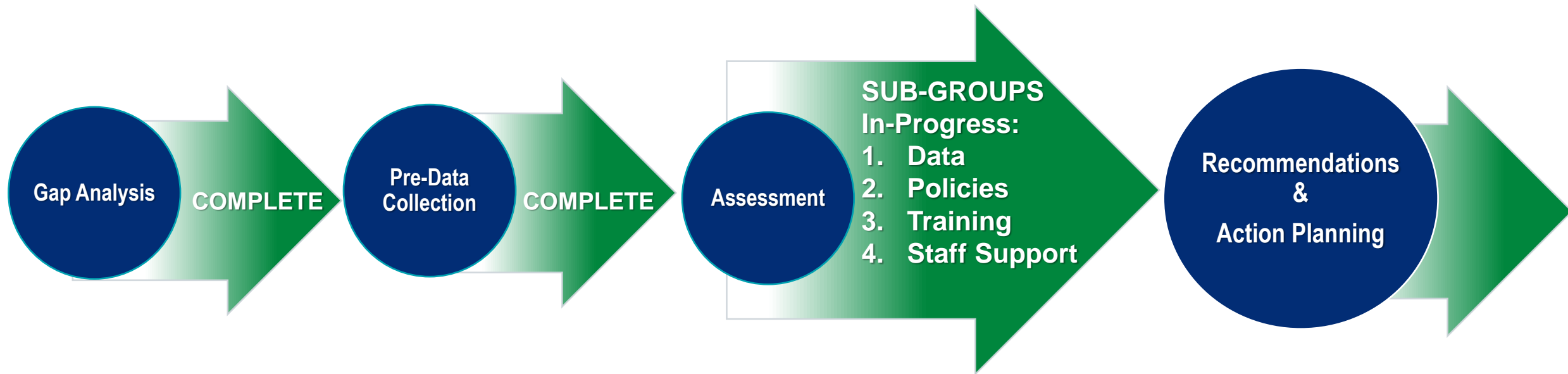


# BERT activations per 100,000 worked hours





# UPHS Vizient Collaborative Workplace Violence Progress



# Findings to Date

## ► Multiple data sources

- Safety Event Reporting -- RLDatix, Midas multiple versions
- Occupational Health
- Security
- OSHA reportable events
- Claims

## ► Variability in policies, language, signage across entities

- Workplace Violence definition
- Code of Conduct
- Need for standard UPHS policy bundle

## ► Opportunities for more robust training programs

- Variability across UPHS
- Lack of measurement to determine effectiveness

## ► Need for additional staff support following workplace violence/discrimination events

- Debriefing
- Caring for the Caregiver/Peer Support
- Education and training for peer to peer support

# Challenges and Opportunities

- ▶ Lack of standard definitions
- ▶ Lack of clarity around classification of professional behavior and workplace violence events
- ▶ Opportunity to view events through equity lens
- ▶ Manual process for connecting data across systems (security, occupational health, OSHA etc.)
- ▶ Multiple event reporting systems
- ▶ Variability in entity based processes and resources for training and staff support
- ▶ Need for more robust, standard policies to support system wide program development

# Next Steps -- Data

## ► Recommend using 5 metrics for tracking and trending

- All WPV event (1-4) per 100,000 worked hours – source Midas and RLDatix
- Type II events per 100,000 worked hours -- source Midas and RLDatix
- Type III events per 100,000 worked hours -- source Midas and RLDatix
- Security response activations per 100,000 worked hours -- source Security data
- OSHA reportable injury or illness per 100,000 worked hours – OSHA data
- Entity and state required data if desired

## ► Future state

- Power BI dashboard for Workplace Safety to facilitate improvement

# Questions?

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