

Be The Change!



Progressive Strategies for
Combating Workplace
Violence in Healthcare



“

“The AHA estimates the total annual financial cost of violence to hospitals in 2023 to be **\$18.27 billion**.”

- Pre-event costs (**\$3.62 billion**)
- Post-event costs (**\$14.65 billion**)

— Becker's Hospital Review

INTRODUCTION



Tyler Michaud

Workplace Violence Prevention Manager
TuftsMedicine – Lowell General Hospital

- **9+ Years Public Safety & Security**
- **Certified WVP Master Instructor**
 - Workplace Violence Prevention
 - Crisis De-escalation
 - Active Shooter Response
 - Home Healthcare
 - Behavioral Health

How can we keep people safe?



CY2025 Outcomes

- **622 Reported WPV Events**
- **Decrease in ED Violence**
 - (*MC ED -21.8% | SC ED -25.3% | Sullivan One -51.4%*)
- **11.1% Decrease in Completed Assaults**
- **11.6% Decrease in Attempted Assaults**
- **Decrease in WPV Restraints**
 - (*-37.3% 4-Point | -60.5% Seclusion | -22.4% Physical*)
- **55% Decrease in Lost Work Days**
- **>1,000 Employees Educated in In-Person WVP Training**

Develop Progressive & Effective Strategies

Follow 5 Basic Pillars

1

Leadership Evolution

2

Interdepartmental Collaboration

3

Training Strategies

4

Program Enhancement

5

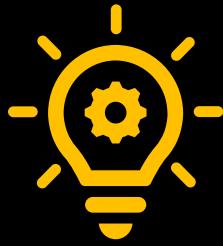
Staff Support



1

Cultivate Internal Growth and Retention Through **Leadership Evolution**

Impacts of Directed Leadership Positions



Who Oversees Your Workplace Violence Prevention Program?

Leadership Evolution



- Public Safety / Security
- Nursing Leader
- Risk Management
- Safety & Quality
- Human Resources
- Occupational Health



Dual-Role Model





Pre-Position Development Project List – CY23

- Annual Policy Review and Revision
- Workplace Violence Prevention Site Assessment
- System WVP Master Service Training Agreement
- In-Service Active Shooter Rounding

Leadership Evolution



Standard LD.03.01.01

Leaders create and maintain a culture of safety and quality throughout the hospital.

EP 9

The hospital has a workplace violence prevention program led by a designated individual and developed by a multidisciplinary team that includes the following:

- Policies and procedures to prevent and respond to workplace violence.
- A process to report incidents in order to analyze incidents and trends.
- A process for follow up and support to victims and witnesses affected by workplace violence, including trauma and psychological counseling, if necessary.
- Reporting of workplace violence incidents to the governing body.

Directed Position Development

Workplace Violence Prevention



Post-Position Development Project List – CY24

- Workplace Violence Prevention Program Manager position creation
- WVP Directed Deterrence Patrol Initiative
- Law enforcement liaison collaboration
- AVADE Workplace Violence Prevention course implementation for all staff
- Certified 7 LGH AVADE WVP Instructors
- AVADE Active Shooter Response course implementation for all staff
- WVP Education for RN and Tech Orientation
- Live WVP simulation training for Tech Orientation
- Step Back Initiative
- Creation of Threat Management Team
- EPIC Violent FYI Flag Process Implementation
- #HAV Hope Campaign
- Safety and Violence Prevention Fair
- Workplace Violence Prevention Drop-In Trainings
- Daily WVP High Risk Patient communications
- Stop the Bleed Instructor and Trauma Program collaboration
- Certified 9 Care at Home AVADE Home Health WVP Instructors
- Code BERT Team collaboration



TuftsMedicine
Lowell General Hospital



Victim/Witness Information Card

This card provides responding police officers demographic information about any Lowell General Hospital (LGH) employees that are a victim or witness to a crime. Employees may use the LGH address as their primary contact address. However, they must provide a personal phone number to be contacted by police or the District Attorney's office.

Employee Name: _____

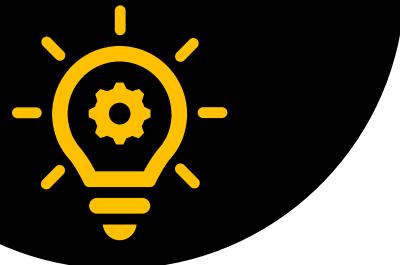
Employee Phone Number: _____

Address: Lowell General Hospital – 295 Varnum Ave – Lowell MA 01854 – Attn. Risk Management

Employee may choose to provide personal home address in addition to LGH address.



Post Assault
Packet



Post-Position Development Project List – CY24/25

- Intranet WIRE updated to include Workplace Violence Prevention page
- IAHSS Certified Workplace Violence Prevention Course
- TJC standard review and compliance assurance
- Annual policy review and revision
- Workplace Violence Prevention site assessment
- Collaboration with Occ Health to improve staff follow up following workplace violence events
- Collaboration with Risk Management to create and distribute SafetyNet reporting tip sheet
- Successful TJC evaluation with no WVP findings
- MS2 Dementia Program Collaboration
- Public Safety WVP Debriefing Cards
- Workplace Violence Prevention Training Matrix Development
- Collaboration with Child Life Specialist and Facility Dog for BH Support
- Zero Tolerance for Violence Unit Signage
- System WVP Committee
- Reporting Program Accessibility
- Home Health WVP Coordinator Position
- ASD Awareness & Intervention Project



- What events led up to escalated behavior?
- Who was involved? Assault or Injury?
- Are there any strategies to mitigate risk for future interventions?
- Do you want to file charges with LPD?



Directed Position Development

“Making The Case”

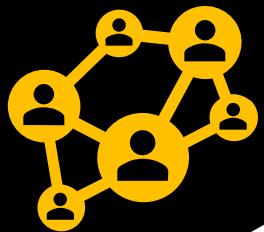
- Healthcare Industry Best Practice
- Data, Data, Data
 - Local
 - State
 - National
- Realistic Incident Representation
- Financial Impacts
- Employee Injuries & Trauma Impacts
- Turnover & Staff Burnout
- Training Requirements
- FTE Reallocation

2

Enhancing teamwork and
broadening scope of
knowledge through
**Interdepartmental
Collaboration**

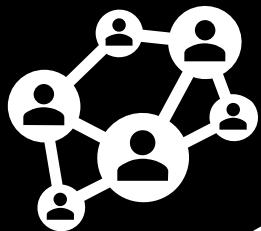
Same Mission, Different Perspectives





Interdepartmental Collaboration

**How do you communicate
with each other and align
initiatives?**



Interdepartmental Collaboration

Occupational Health

- Employee Follow Up
- Incident Report Review
- Committee Involvement
- Injury Data

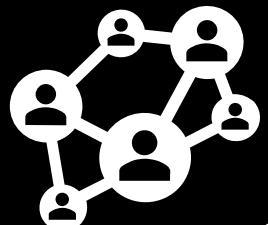
Chaplaincy

- Critical Incident Debriefing
- Peer Support
- Committee Involvement

Law Enforcement

- Hospital Liaison
- Incident Collaboration
- Staff Follow Up
- Response to WPV Event





Interdepartmental Collaboration

Clinical Teams

- In-Service Coordination
- Incident Review
- RN Orientation on WVP
- PCT Program Involvement
- Grand Rounds
- Operations Meetings
- Staff Huddles
- Facility Dog Collaboration



Advanced Life Support

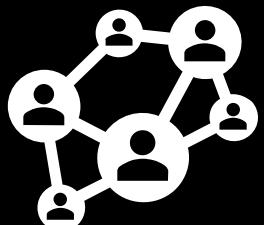
- BH Patient Transport
- On-Scene Screening
- Pre-Hospital De-Escalation
- Committee Involvement



Behavioral Health

- BERT Team
- BH Training
- Committee Involvement
- Daily Check-In
- Regular Planning Session
- Violent Flag Assessment



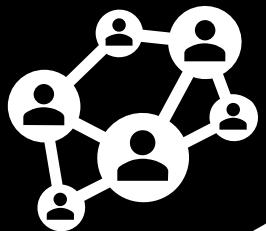


Interdepartmental Collaboration

Psychiatric ED – Sullivan 1



- 23 Treatment Spaces
 - 16 Seclusion Capable
- Ligature Resistant
- Sally Port
 - Zero Elopements
- Environmental Controls
 - Plastic Bags
 - Hand Sanitizer
 - Windows
 - Television
 - Seclusion
 - Room Padding
 - Team Station

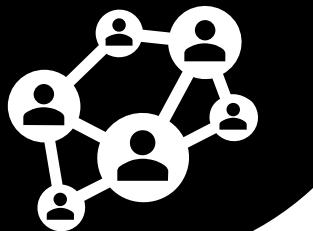


Interdepartmental Collaboration

Inpatient Clinical Teams



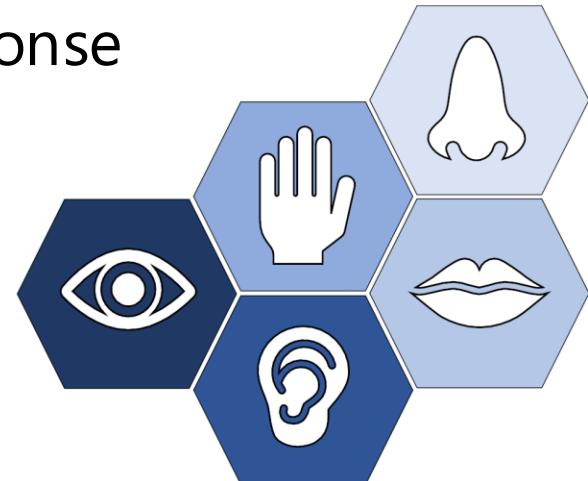
- Broset Violence Checklist
 - Bundled Education
 - In-Service Support
- Public Safety Rounding
- WVP Daily Report
- Reporting Initiatives
- Multidisciplinary Rounds
- Psychiatry Team
- Autism Awareness Project

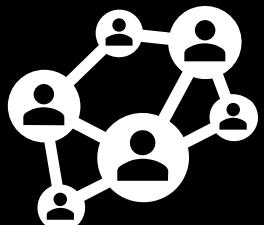


Interdepartmental Collaboration

Inpatient Clinical Teams

- Autism Awareness Project
- Collaboration Between:
 - Pediatrics
 - Child Life Specialist
 - Inpatient Management
 - Workplace Violence Prevention
 - Behavioral Health
- Sensory Awareness & Response
- Consistency of Care
- Trauma Informed



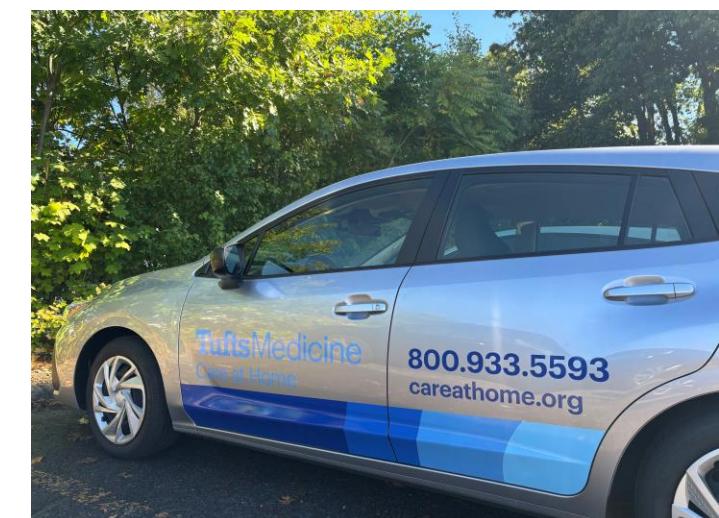


Interdepartmental Collaboration

Care at Home



- Serves over 100 communities in MA & NH
- 21 Bed High Pointe House (Hospice)
- AVADE Home Health Training
- InvisaWear Duress Button
- Workplace Violence Prevention Coordinator
- Law Enforcement and Community Relations
- Security Escorts



3

Empower Effective Learning By Leveraging Inventive **Training Strategies**

Creating Safety Through Education





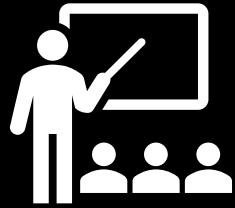
Training Strategies

**How do you effectively
engage staff in Workplace
Violence Prevention
Training?**

“

“The health care and social service industries experience the highest rates of injuries caused by workplace violence and are 5 times as likely to suffer a workplace violence injury than workers overall.”

— U.S. Bureau of Labor Statistics



Training Content

Building Intuition for Safety

- Behavioral Health
- Reporting
- Self Defense
- Active Shooter Response
- Weapons Identification
- Communication Skills
- Awareness Strategies
- Calling for Help
- Crisis Response
- Defensive Verbalization
- Knife Response
- De-Escalation
- Control & Restraint
- Bystander Responsibilities
- Response to Recording
- Contraband Identification
- Safety Search
- Escape Strategies
- Stance & Spacing
- Bedside Safety
- Disengagement Skills
- Mental Conditioning
- Bullying and Incivility
- Stress Management



Training Strategies



E-Learning

VS.

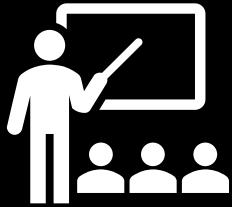


In-Person

VS.



Blended



Training Strategies

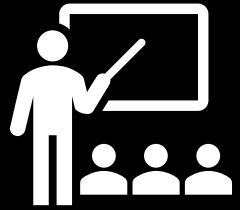
Master Service Agreement

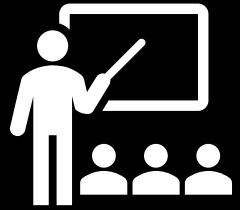


- Train The Trainer
- 4-Day (24hr) Master Instructor Certification
 - Workplace Violence Prevention
 - Home Healthcare
- System-Wide MSA
 - 12 Master Instructors
 - Ability to Internally Certify Additional Instructors
- Increased Ability to Conduct In-Person Training



Can you use simulation training for crisis response and de-escalation?

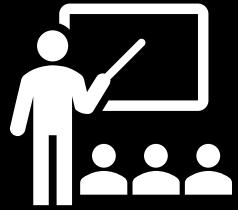




Responding to **Internal & External** Emotional Experiences

- Anger
- Sadness
- Fear
- Anxiety
- Stress
- Confusion
- Discontent
- Guilt
- Disappointment
- Isolation
- Resentment
- Shame



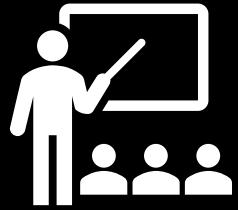


Common Weapons in Healthcare

- Chairs
- Bedside Tables
- IV Poles
- Canes / Walkers
- Food and Drinks
- Miscellaneous Liquids
- Remote
- Clock
- Pen / Pencils
- Stethoscope
- Trauma Shears
- ID Badge

Early Identification & Removal



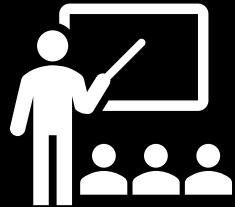


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Early Identification & Removal



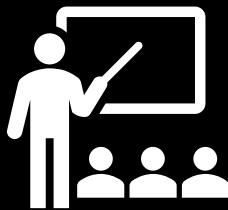
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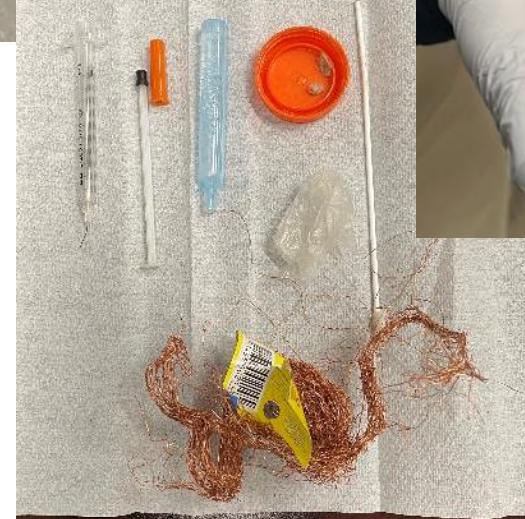
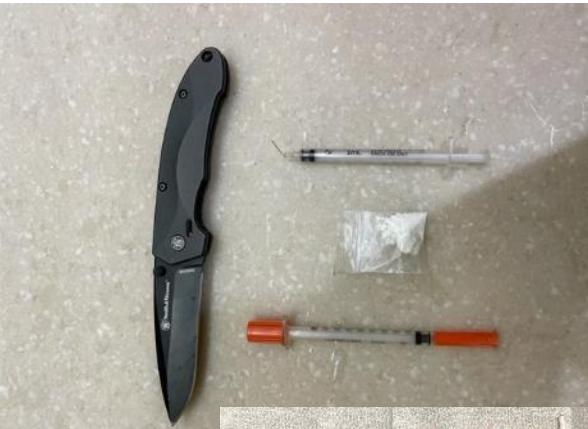


Early Identification & Removal

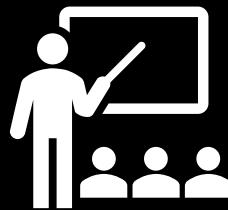
Simulation Training



Create a **Realistic** and **Safe** Training Environment to Foster Learning



Simulation Training



- Razor Blades
- Needles / Syringes
- Box Cutter
- Scalpel
- Cocaine
- Unknown Powder
- Heroin
- Loose Pills
- Tourniquet
- Large Knife
- Plastic Knife
- Cut Straw
- Cotton
- Burnt Spoon
- Cigarettes
- Firearm

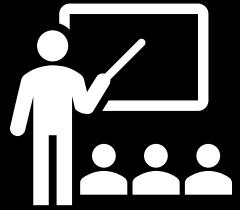
Create a **Realistic** and **Safe** Training Environment to Foster Learning



Intuitive Weapons Detection

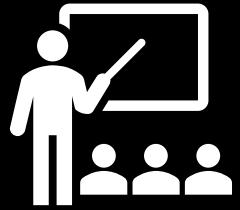
- **Using intuitive skills and vigilance to identify potential weapons**
 - Imprinting
 - Bulging
 - Fidgeting
 - Visual Identification
 - Knife Clips
 - Frequent Touching
 - Adjusting
- **Not all weapons are present for malicious purposes, but all serve as a safety hazard**
- **Check Personal Bias**





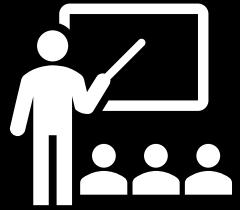
Intuitive Weapons Detection





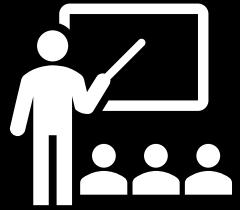
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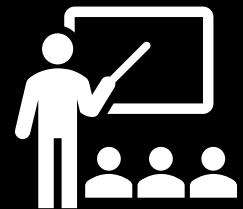
Intuitive Weapons Detection





Intuitive Weapons Detection





4

Raise The Bar and Foster Staff Involvement Through **Program Evolution**

Influencing Staff Investment





**How do you get the most out
of your Workplace Violence
Prevention program?**



Program Development

- 1. Staff Input**
- 2. Strategic Committee Structure**
- 3. High Risk Area Assessments**
- 4. Project Development**
- 5. Data Review**
- 6. Closed Loop Feedback**



Program Development

Staff Input

- Reporting Culture
- Staff Rounding
- Generational & Personal Considerations
- Department Huddles
- Training Feedback
- Incident Review & Staff Interviews
- Employee Engagement Surveys

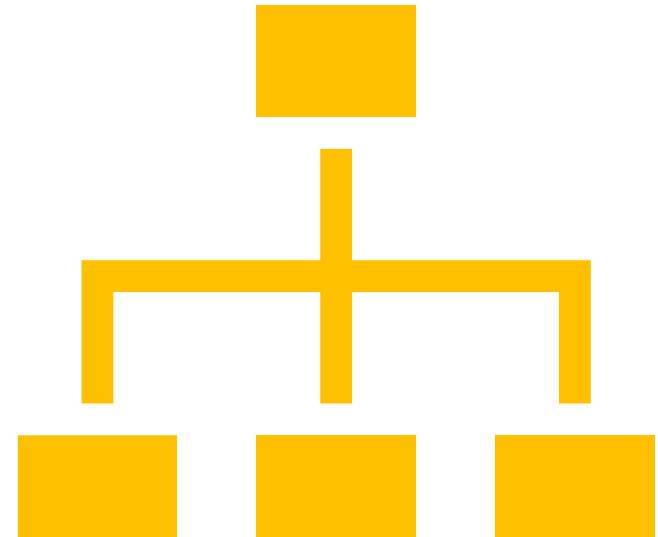




Program Development

Strategic Committee Structure

- Subordinate vs. Leadership Involvement
- Actionable Item Driven Agenda
- Meeting Frequency (Monthly, Bi-Monthly, Quarterly)
- Tasked Subcommittee Work
- Committee Chair & Co-Chair
- Department Involvement Scope

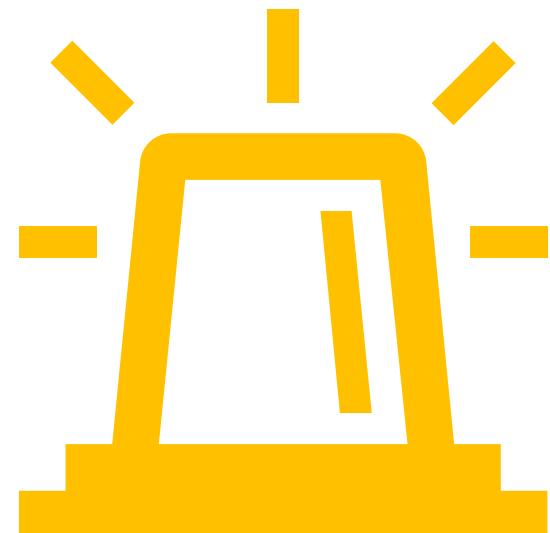




Program Development

High Risk Area Assessments

- Identified Through Data Input and Reporting
- Training Considerations
- Environmental Controls
- Crisis Processes & Procedures
- Video Surveillance Monitoring
- Public Safety Presence
- Ligature Risk Assessment
- Inpatient vs. Emergency





Program Development

Project Development

- Projects Designed to:
 - Reduce Risk of Violence
 - Support Staff Following Incident
 - Increase Staff Safety **(Reality vs. Perception)**
 - Create a Safer Environment

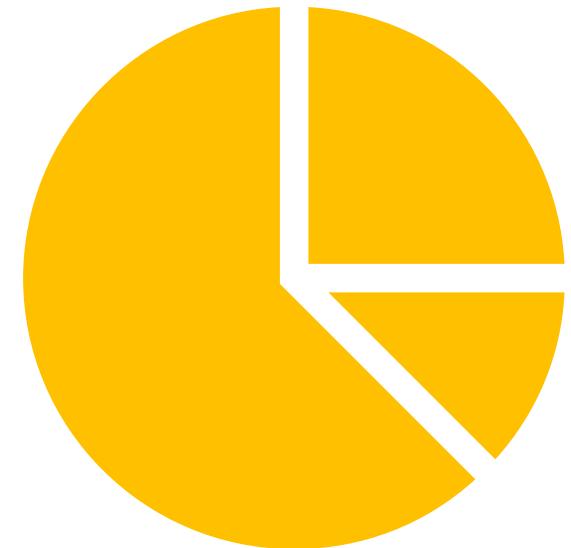




Program Development

Data Review

- What Data to Review?
 - Event Volume (Location Specific)
 - Repeat Aggressor
 - Incident Type
 - Contributing Factor
 - Restraint Totals & Locations
 - Elopement & Attempted Elopement
 - Aggressor Demographics
 - Victim Location
 - Injury Severity





Program Development

Closed Loop Feedback

- Providing Staff with Project Feedback
- Implementing New Strategies to Reduce Violence
- Staff Rounding
- Reporting Feedback
- Incident Follow Up with Outcomes
- Providing Resources



5

Reducing Harm, Fear and Anxiety With Targeted **Staff Support**

Promoting Safety, Care and Empathy





Staff Support

**How are you supporting staff
before, during and after crisis
incidents?**

Step Back!

- 1 Maintain 4 – 6 feet between you and the aggressor
- 2 Step back to safety – Do not physically engage
- 3 Call Public Safety for assistance



In Massachusetts healthcare facilities, a workplace violence incident occurs once every 36 minutes.

Massachusetts Health and Hospital Association.

- **Empowers Clinical Teams to Disengage From Physical Acts of Violence**
- **Provides Available Training Resources**
- **Workplace Violence Prevention Contact Information**
- **Raises Awareness About Workplace Violence in Healthcare**
- **Posted in Clinical & Non-Clinical Staff Areas**



Post Assault Packet Project

- **Post Assault Checklist**
 - Step-By-Step Guidance
- **Frequently Asked Questions**
- **How to Report Workplace Violence**
 - Safety Reporting Tip Sheet
- **Law Enforcement Response**
 - Victim/Witness Information Card
 - LEO Response Guidance
- **Return to Work Information**
 - Sample Medical Clearance Letter
- **Employee Assistance Program**
 - QR Code & Contact Information
- **Debriefing & Defusing**
- **Leave of Absence**
- **Key Contact Information**
 - Public Safety & WVP
 - Law Enforcement / Legal
 - Occ Health Services
 - Critical Incident Debriefing
 - LOA



Post Assault Packet Project

TuftsMedicine
Lowell General Hospital



Post Assault Packet

Victim/Witness Information Card

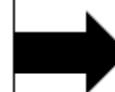
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Employee Name: _____

Employee Phone Number: _____

Address: *Lowell General Hospital – 295 Varnum Ave – Lowell MA 01854 – Attn. Risk Management*

Employee may choose to provide personal home address in addition to LGH address.



_____ (Street or PO Box)

_____ (Apartment or Unit)

_____ (Town/City)

_____ (State) _____ (Zip Code)



Post Assault Notifications

- **Assault Notification Email Generation**
 - Sent by Public Safety Immediately following incident
 - Received by key stakeholders
 - Post Assault Packet
 - 24-72hr Occ Health Follow Up
 - Workplace Violence Prevention Manager Follow Up
 - Root Cause Analysis
 - Flag Implementation & Review

“

FORMULATE INNOVATIVE SOLUTIONS TO KEEP PATIENTS AND STAFF SAFE WITH ***CREATIVITY*** AND ***PROGRESSIVE THINKING***.

BE THE CHANGE!

Questions?

Thank You!



Tyler Michaud

Workplace Violence Prevention Program
Manager at Lowell General Hospital



References

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Gooch, Kelly. "Workplace, Community Violence Costs Hospitals \$18B Annually: AHA - Becker's Hospital Review: Healthcare News & Analysis." *Becker's Hospital Review | Healthcare News & Analysis*, 2 June 2025, www.beckershospitalreview.com/workforce/workplace-community-violence-costs-hospitals-18b-annually-aha/.