Contents

Getting Started

Introduction

This section describes the steps and tools you can use to define the need for a WPV program, or the need to enhance existing WPV prevention efforts, and to develop the foundation for implementing and managing the program.

As previously discussed, the steps and activities conducted when developing and implementing a WPV program are often not sequential and may be interdependent. The steps described in this section may be performed in a different sequence, or in some cases concurrently. For example, you may feel it necessary to gather information about the frequency and severity of violence in your facility by reviewing incident data, and conducting staff surveys, and completing a gap analysis (described in ***Section 3*** of this toolkit), before you meet with leadership to establish preliminary support for the program efforts etc.

Tools that support content in this Section

2a. Tracking and analyzing incident and injury data.

- Version 1- contains sample data and analysis
- Version 2 – is a blank sheet that can be populated

2b. Sample injury data summary report

2c. Calculating direct and indirect injury costs

2d. Analyzing injury data and direct costs – how to

2e. Tips for effective committees

2f. Sample project charter

However, the sequence of program development activities described in this section are based on lessons learned during the WSI project. It is important to ensure that senior leadership support and are engaged in development or enhancement of a WPV program, before time is spent to draft a program plan, activities are conducted to engage staff in program efforts, and too many resources are used.

Health care organizations must be committed to providing ongoing financial and personnel resources, not only for the changes that may be required to improve physical security of a facility and staff education program, but to support a program that facilitates the changes in work processes and procedures required to minimize the risk of WPV. In general, successful and sustainable safety programs require ongoing organizational commitment and fiscal support.

Competing business and service demands together with changing health care reimbursement rules and the impact of health care reform can make ongoing support of comprehensive safety programs such as WPV challenging.

Therefore, it is also critical to assess the organizational culture and readiness for change, so that WPV program activities are prioritized to meet high risk needs, and that barriers to program implementation are anticipated and addressed. Implementing a WPV program that is manageable within an organization's current *business* capabilities, is designed to have a positive impact or contribution to the organization's business goals and contributes to achieving the organization's mission and stakeholders' (patients, staff) satisfaction, have a greater likelihood of being sustained.

Define the Need for or Enhancing a WPV Program

STEP 1

a. Review best practices for assessing risk, control and prevention of WPV, and related regulations.

The first step in defining the need for or enhancing a WPV program, is to gain an understanding of the issue of violence in health care, why and how it can be addressed, and to start to identify the scope of WPV at your facility or within your organization.

Section 1 of this toolkit ***'Understanding Work Place Violence'*** provides information and reference material about the scope and impact of workplace violence in health care that you can use to become familiar with the topic. This information can be adapted and used to educate work place violence committees, management and employees about WPV.

Section 6 Education and Training also contains links to other training resources that provide good background information about WPV in health care such as, the NIOSH '*Workplace Violence Prevention for Nurses'* interactive training course. This free course provides detailed information about the scope and nature of violence in the workplace and can be accessed at https://www.cdc.gov/niosh/topics/violence/training_nurses.html

Review this toolkit and resources provided in its entirety to gain an understanding of best practices for assessing risk, prevention and management of WPV in health care.

Make sure you understand your organization's responsibilities as they relate to protecting workers from WPV under the Oregon work place violence law ORS 654.412 to 654.423, "Safety of Health Care Employees" and OAR 437-001-0706, "Recordkeeping for Health Care

Assaults".

In addition, it is important to understand other applicable legislation such as, the OSHA General Duty Clause and Joint Commission accreditation standards so that you can educate senior leadership and the work place violence committee about regulatory and accreditation responsibilities.

Review any collective bargaining agreement(s) in your workplace for any provisions about WPV.

Refer to the ***Introduction*** and to ***Section 1*** of this Toolkit for more information about relevant laws and standards.

b. Collect baseline incident/injury and cost data related to WPV

Collecting baseline WPV incident and injury data will help you identify the scope of WPV at your facility or within your organization. For example, where and how often does violence occur; what types of violence occur e.g., physical assaults; the nature of assaults such as, biting, kicking etc.; who is the perpetrator of violence; and what are the associated workers compensation costs related to staff injuries?

To be able to examine and predict injury and other data trends, review at least *3 years* of data from OSHA logs, workers compensation reports, and other relevant sources of data as listed in ***Table 2.1***. For privacy considerations data provided should not include employee identifiers such as, name and date of birth, or information that is considered confidential under the Health Insurance Portability and Accountability Act (HIPPA).

STEP 2

Analyze data collected to identify units, departments and employee groups, with higher risk of exposure to WPV; and the nature, severity and cost of injuries associated with WPV. Begin to identify hazards/risks & program elements that need to be addressed.

Using the data collected in *Step 1*, identify the following:

- Units and departments or locations where incidents of WPV occur.
- Job tasks and employee groups with higher risk of exposure to and/or with incidents related to WPV.

- The types of violence reported e.g., verbal or physical, and nature of physical violence e.g. kicking, biting, grabbing.
- The perpetrator or status of assailant e.g., patient, behavioral health patient, visitor, employee.
- The nature of employee injuries reported e.g., mild soreness, cuts, large bruises, lacerations, fractures etc.
- The severity of employee injuries related to the number of cases with lost work days, the number of days away from work, and restricted or modified duty days.
- Calculate incident and severity rates of WPV related injuries per 100 employees.
- Calculate the direct costs of injuries and estimate the indirect costs were feasible.

As you evaluate your injury and cost data, determine if definitions and injury related variables and descriptions are *standardized*. For example, is there consistent use of standard terminology to describe WPV related incidents so that they can be accurately measured at the start of your program (baseline), and after the program is implemented and sustained? The ***Master Data*** spreadsheet in **Tool 2a**, provides an example of how injury data can be standardized to ensure accuracy of data measurement and management.

Sources of employee injury data and departments where the data is usually located	
OSHA 300 log and 300A Summary of Work-Related Injuries and Illnesses)	Human Resources or Employee Health
The Health Care Assault log (Oregon only)	Human Resources; Employee Health or Security Services
DCBS 801 Report to file for workers compensation (Oregon)	Human Resources; Employee Health
Workers compensation loss run reports (includes information about individual injury costs)	Human Resources; Employee Health or directly from the organization's Workers Compensation Carrier or Third-Party Administrator (if self-insured)
Emergency response reports such as Code Gray and Silver reports	Human Resources; Employee Health; Security Services; Quality/Risk Management
Security logs	Security Services

Table 2.1

Tools that can assist you to track, analyze and report workplace injury data

- Tool 2a. Version 1, Tracking and analyzing incident and injury data shows you how injury data can be collected and analyzed.
- Tool 2a. Version 2 is a fillable spreadsheet that you can use to track and analyze all injuries and incidents in your facility in one master spreadsheet. From this WPV injuries can be coded and analyzed.
- Tool 2b. Sample injury data summary. This tool provides an example of how injury data can be reported and the type of graphs you can create to demonstrate WPV illustrate the scope and nature of WPV at your facility.
- Tool 2c. Calculating direct and indirect injury costs. This tool allows you to capture and calculate costs associated with WPV related incidents.
- Tool 2d. Analyzing injury data and direct costs explains how to evaluate your WPV injury and cost data.

Calculating the direct costs of injuries and estimating the indirect costs

The full costs and impact of WPV to a health care organization can be summarized using the Iceberg Model shown in ***Figure 2.1.***

To make an effective and ongoing business case that will result in a fully funded and sustainable WPV program, it is often necessary to identify all the costs and benefits of implementing such programs. This allows you to demonstrate a positive return on investment for the organization in terms of financial benefits and contribution to strategic organizational goals and clinical programs.

Figure 2.1 Full Costs of Workplace Injuries

Direct and indirect costs related to employee injuries can be calculated more easily than the impact of WPV on operations.

Measuring operational losses and gains when developing a business case for WPV programs will be described further in ***Section 4*** of this Toolkit.

Other data such as, date and time of incidents and information about the response to incidents, can be collected at this time if convenient and analyzed later for use during development of the WPV program plan in ***Section 3.***

Analyzing the data listed above can:

- Identify the broad scope of violence at your facility.
- Help prioritize which units or departments should be the recipient of initial WPV program efforts or be a pilot unit(s) when initiating a program.
- Provide an initial indication about the general causes of WPV incidents or scenarios that maybe a priority to address e.g. patients in the ED who are in withdrawal from alcohol or drugs.
- Provide the foundation for building a business case for your WPV program and solutions you want to implement.

Direct injury costs include for money paid for medical bills, out of pocket expenses and compensation for time away from work, litigation, and settlement costs, and vocational rehabilitation if required.

Direct cost information including the productive hours needed to calculate injury incident rates, can be gathered from Human Resources, Finance or Payroll, and Risk Management or Legal departments.

Indirect costs are the costs associated with investigation and management of injury claims, and the cost of temporarily replacing an injured employee such as, a nurse who is away from work or performing modified duty. Safety literature indicates that indirect or 'hidden' injury costs that occur as a result of worker injury absence vary between 0.5 and 10 times the direct costs of an injury.

However, rather than estimate these costs, it is better to determine what 'hidden' costs can be measured or captured within an organization for each injury claim.

Indirect cost information about investigation and management of injury claims, wages, benefit burden, and staff replacement costs, can be obtained from Human Resources, Worker Safety and Employee Health departments and Accounting or Payroll Departments.

Gathering incident data also provides an opportunity for you to ***build alliances and collaborate*** with Human Resources, Employee Health, Security, Finance, and other departments that will be able to assist you to gather data throughout development and evaluation of your WPV program. This includes assisting you to build the business case for justification of budget expenditures to prevent and control WPV e.g., physical changes to building, additional staffing or security personnel.

However, it should be remembered that determining true scope and cause of injuries related to WPV cannot be established from a review of OSHA and workers compensation data alone because of underreporting, fraudulent reporting, and misclassification of injuries. In addition, there are other variables that can impact injury claims with days away from work, including lack of work or programs for workers who require temporary restricted duty, and case management protocols used to manage injury claims.

If you determine that analysis of the WPV injury and incident and related cost data ***is not sufficient*** to identify the initial need and solicit preliminary leadership approval to develop or enhance a WPV program at your facility, then review and incorporate information from other sources such as:

- Facility security or safety inspections
- Existing employee survey data e.g. satisfaction surveys
- Feedback from employee suggestion programs
- Minutes from safety meetings
- Employee assistance program usage reports (summary reports which do not identify individuals)
- Oregon OSHA consultation or enforcement reports related to WPV
- Grievances (harassment, discrimination)
- Patient and visitor reports or quality surveys e.g. Press Ganey

Summarize the employee injury data and any information collected for presentation to senior management. **Tool 2b** provides an example of how the injury data can be presented.

WPV Program Foundation & Management

STEP 3

Enlist support of senior leadership to develop or enhance a WPV program plan

The goal of meeting with senior leadership at this stage of WPV program planning is to gain approval and support to:

1. Further determine the scope of WPV at your facility or within your organization and to develop a draft plan to address WPV.

2. Approve resources to assist you achieve (1) above that is to,
   - Form a WPV committee to steer the project
   - Appoint a WPV project or program coordinator
   - Select a WPV program champion or sponsor from senior leadership

In addition, meeting with leadership allows you to understand:

- The overall level of support for the program
- How WPV may support organizational goals
- Potential barriers to implementation of the WPV program such as, other new or potential program initiatives related to patient and/or employee safety that compete for financial and personnel resources etc.
- What are the resources available to support program implementation and management strategies and activities

Overall, meeting with leadership reduces the risk of *wasting* resources, and time to plan and implement WPV program related activities, that may not be fully funded or supported by the organization.

The senior leadership group you meet with will vary depending on the size and structure of your organization. However, it is recommended that the group include decision makers such as, the chief executive, operating and financial officers, chief nursing and medical officers, leaders from human resources, quality and/or risk and patient safety, employee safety and security departments. In some cases, the leadership group includes the Board of Directors for a health care organization.

Preparing for the meeting

Have enough time allocated for the presentation. Leaders may not be familiar with the scope of WPV in health care, and/or with the organization's injury data and statistics that you will present, or the format they are presented in.

Sending a summary of the purpose for the meeting and organization's injury data reports to the leadership group ahead of the meeting can help facilitate discussion. **Tool ii**. **'The Workplace Violence (WPV) Program Development, Implementation & Evaluation: Suggested Sequence of Activities Chart'** is another useful document that can be shared as it provides a summary of program planning, implementation, and evaluation. ***Section 6 Education and Training*** also contain links to other training resources that provide good background information about WPV for facility leaders.

Personnel in the departments who provided WPV data to you (as described in Steps 1 and 2 above), may be able help you to determine the best way to present data and information, so that it meets the format normally used in your organization.

During the meeting

Communicate clearly and if you cannot answer specific questions during the meeting make sure you follow up with a response afterwards.

Emphasize that a *performance improvement* approach will be used to develop a WPV program, and that there are many resources freely available including this toolkit to help facilitate program efforts.

The following questions and suggested responses can assist you to plan and deliver your presentation (***Table 2.2***):

What do senior management want to know?

Question	Response
1. The purpose of the meeting	▪ To gain support to determine the scope of the issue, and to develop a plan to address, prevent, and control, WPV at your facility or within your organization (see above).

Question	Response
2. What is WPV?	▪ Define WPV with examples of each category or classification of WPV, and the scope of the issue within health care, and specifically within hospitals *(Refer to **Section 1** of this toolkit).*
3. Why is WPV so important?	▪ The cost of WPV in terms the impact on the workforce and health care organizations. Approaches to preventing and controlling WPV in health care *(Refer to **Section 1** of this toolkit).*
4. Do I & should I have to do anything about WPV?	▪ What you know about the scope of WPV at your facility in terms of injuries and associated monetary costs, and any other data you have collected to this point *(**Steps 1 & 2**).* ▪ What has the organization done to address WPV to date for example, hiring or security personnel, employee training, or changes to the physical design of the facility to enhance controlled access etc. Include where feasible, information about the impact of these efforts to reduce and/or control WPV. ▪ Legislative and accreditation related requirements i.e., Oregon OSHA, the JC, etc. *(Refer to **Section 1** of this toolkit).*
5. How much will it cost?	▪ Explain that until you have evaluated the full scope of the issue at your facility and developed your program plan you won't be able to answer this question. However, it may be important to highlight resources likely needed for program elements that you know should be implemented or enhanced e.g., implementation of a robust employee training program.
6. What will the results be?	▪ Provide the high-level, broad strategic objectives of the WPV program efforts, and how they can enhance or work in synergy with other programs at the facility, and support the organization's mission and goals e.g., reduce injuries and costs related to WPV, improve employee morale and reduce turnover.
7. What is our strategy?	▪ Identify a WPV program champion or sponsor from senior leadership and

Question	Response
	▪ A WPV project or program coordinator. ▪ Form an interdisciplinary WPV committee or team to determine the scope of the issue at your facility. Describe how the scope of the issue will be determined (for example, as suggested in ***Section 3*** of this toolkit). ▪ Develop a draft WPV program plan that will include the recommended scope of the program, how and who will implement and manage the program, the cost and return on investment of program activities, implementation timeline, and how the program will be measured and sustained. ▪ Present the draft plan to the senior leadership group for approval.

Question
8. What do I need to do? ***(or what do you need from senior management?)***

Response
a) That senior management understand that they are responsible for providing visible commitment, accountability, and resources, to ensure a culture of staff *and* patient safety. That is, a management climate where there is clear commitment that WPV will not be tolerated, and that supports *all facets* of implementation, ongoing evaluation, and maintenance of the WPV program. Thus, support is given to investigate the scope of WPV at the facility and to recommendations to develop or enhance an existing WPV program plan.
b) Identify a WPV program champion or sponsor from senior management who supports the position that WPV in any form will not be tolerated e.g., the chief nurse executive or nursing officer or vice president of quality services. Having a program champion or sponsor from a department such as nursing versus employee safety and health, can assist to aid the integration of WPV efforts within an organization, and promote WPV as an employee *and* patient safety initiative.

Response
Therefore, this person should be able to facilitate communication and partnership across all departments within a facility or organization, and to senior management. They should be able to remain engaged and effective in their role such as, being able to assist in leading the change management process throughout the organization. The program champion or sponsor assists the WPV committee and program coordinator to be effective by providing resources and visible support to facilitate successful implementation and sustainability of the WPV program. This includes engaging nursing management and staff in program activities, and communicating WPV program needs, progress, and outcomes with executive leadership. In addition, they should be easily accessible to the WPV program coordinator and committee and be able to engage with them on a regular basis.
c) **Identify a WPV program coordinator** for this initial planning phase, who can organize and manage the WPV committee and facilitate activities. If the program plan is approved a WPV program coordinator will be needed to oversee implementation and management of the program. The program coordinator should ideally have expert knowledge about the topic of WPV, or at least a knowledge of risk management as related to occupational health and safety. Alternatively, ensure that there is at least one person on the WPV committee with expertise in violence prevention and management. The program coordinator should also have proven project management skills. Provide the program coordinator opportunity for the further education about effective WPV programs and project management, etc., as needed. The program coordinator must have the authority and knowledge to convene the committee and require participation; sufficient time and resources to coordinate and lead the program; and the authority to make decisions when planning and implementing the program and ensure its effectiveness. However, it is important that management understand that *one person* cannot be responsible for implementing and managing the WPV program. All employees or stakeholders must be engaged so that WPV processes such as, patient assessment for risk of violence becomes institutionalized within the organization.
d) **Approval and resources to form an interdisciplinary WPV committee and investigate the issue further**. This includes allocation of appropriate time for WPV committee members

Response
to attend meetings, scheduling meetings, taking and distributing minutes and action plans etc., and resources to conduct activities such as, surveying employees and analyzing data. Highlight that the benefits of a well-structured and managed interdisciplinary WPV committee can**:** ▪ Solidify program support ▪ Contribute to program compliance ▪ Provides more human resources in developing and implementing the program ▪ Capitalize and engage a broad base of skills and expertise to ensure consideration of best-practice outcomes (OSACH, 2006) Discuss the tentative structure of the team, how long they may be working together, and specific responsibilities *(refer to **Step 4** in this Section*).
e) Who do they want to see involved on the committee and with program efforts in general? Make sure that leadership approve connecting with community stakeholders such as, local law enforcement and EMS, behavioral health organizations and professionals in the planning phase.
f) How should mid-level management be engaged at this preliminary stage of program planning? For example, how will unit/department directors and manager be notified about initial program efforts such as staff surveys and walkthrough safety and security assessments?
g) Are there upcoming changes within the organization that may compete with resources you are requesting such as, budget for additional security staff; physical changes to a building; commitment to a comprehensive staff training program etc? For example: – Changes within senior leadership – Addition or change within a service line – Patient safety initiatives or new work processes and or technology that are going to be introduced on a house-wide scale – New building or remodeling projects

Response
– More opportunity in use of capital budgets or in operating budgets – Revenue focus for the current year on controlling costs versus growth You should request that leadership set the criteria for solutions development in advance, and state what resources are available.
h) What is the timeline for development of a draft WPV plan to be presented to senior management?

Table 2.2

STEP 4

Identify a program champion or sponsor, and a program coordinator, and form an interdisciplinary WPV committee

Identify a program champion or sponsor and a program coordinator - Refer to Step 3 above.

WPV committee structure

Identifying key stakeholders to be part of the WPV program planning committee is important for success. The Joint Commission call for a collaborative and structured approach to address WPV that includes departments such as employee health, quality and security, whose functions and goals may not typically overlap or are sometimes 'siloed'.

Stakeholders are individuals, groups or organizations can affect or be affected by WPV and the WPV program overall or specific program activities.

Ensuring that staff from areas impacted or at risk for WPV are part of the committee can help to define the full scope of the issue at the facility. This can include managers from key departments such as, the emergency room, intensive care and behavioral health units. However, direct care staff such as staff nurses, aides, technicians, and other staff who have contact with patients and visitors, ***must*** be involved as they bring important knowledge and perspective about day to day experiences related to WPV to the planning process. Involving these staff facilitates employee buy-in as the WPV program is implemented and supports the culture change that will be needed. In addition, this collaborative approach to

problem solving helps ensure the solutions and strategies chosen are user-centered and applicable to specific work environments.

Figure 2.2, shows the stakeholders (i.e., disciplines, expertise and departments), that may be represented in a WPV committee at this stage of program planning stage.

Figure 2.2 Example of WPV Committee Membership

Although having key stakeholders involved in the planning phase of a WPV is critical, it is important that the committee is not so large that it is a challenge to organize and manage during this 'fact finding' investigation stage of program planning.

To address this, a smaller group of individuals with expertise in employee safety and health, security, behavioral health, human resources, risk management or quality or environment of care, and nursing management, and staff from key areas where violence occurs such as the emergency room, may form the core WPV planning committee. Membership should also include representation from existing WPV threat assessment and response teams.

Other stakeholders can be engaged on an 'ad hoc' basis during this investigation stage. Once detailed program planning, and implementation begins following approval of the WPV program plan by senior management, committee membership can be expanded as needed.

To facilitate communication during the program planning, implementation, and evaluation process, include stakeholders on the committee (in an 'ad hoc' role), that can provide linkage to other patient and employee safety committees.

In smaller organizations, one person may be responsible for multiple services and cover several areas of expertise on the committee.

At least one committee member should have subject matter expertise in violence prevention and/or is willing to attend additional training/education (e.g., de-escalation techniques, behavioral management).

Other 'ad hoc' members of the committee should include external stakeholders such as local law enforcement, behavioral health professionals, and the organization's insurance carriers. Developing a relationship with these stakeholders can assist you when completing WPV risk assessments such as, walkthrough security reviews, and developing WPV prevention processes such as, threat or violence response plans including active shooter protocols, and assistance to develop and conduct employee training.

WPV Committee 'Ad Hoc' membership – examples of departments/stakeholders

- Legal and regulatory systems
- Patient/customer services
- Finance
- Pharmacy
- Information technology
- Facilities maintenance
- Admissions
- Patient billing
- Dietary
- Laboratory services
- Transportation
- Environmental services (housekeeping)
- Marketing, communications and public relations support
- Facilities designers & architects
- Purchasing/procurement/material management
- Social work
- Clinical specialty departments: such as physical therapy, respiratory therapy, imaging
- Volunteer services

WPV reporting structure

Typically, a WPV committee reports to, or is a subcommittee of the facility employee safety and health committee. If this is not the case, make sure there is representation/communication between both committees

WPV committee roles and responsibilities

Overall Purpose

To provide interdisciplinary insight and assistance to the WPV program champion, the WPV program coordinator, and other groups of stakeholders in the design, implementation and evaluation of the WPV program.

Table 2.3, lists examples of the roles and responsibilities of a WPV committee.

Specific roles and responsibilities of the committee may be further defined after the WPV program plan is drafted and approved by senior management.

Once the program is implemented and evaluated, the committee structure and function should be reevaluated and membership, role, and activities, defined in relation to maintenance of the WPV program.

WPV committee roles and responsibilities can include:
▪ Identifying, consulting, and engaging key stakeholders through the activities outlined in this toolkit ▪ Identifying immediate and future goals and objectives for the WPV program ▪ Assessing current WPV policies and procedures, job tasks and work processes, and physical work environment, to identify and prioritize areas for improvement ▪ Identifying solutions to prevent and control WPV ▪ Assessing organizational readiness for the WPV program and associated changes ▪ Identifying barriers and facilitators to program implementation and maintenance ▪ Establishing timelines and deliverables ▪ Developing a draft WPV program plan

WPV committee roles and responsibilities can include:
▪ Assisting the WPV program champion and the program coordinator: – To solicit appropriate allocation of resources (time, staff and finance) – To develop and implement a communication plan – With implementation of WPV polices and processes and other interventions – To report and address barriers in program implementation and maintenance – With ongoing program evaluation, revision and communication (to management and employees) of process and outcome measures – To sustain and spread improvements ▪ Providing guidance, direction and support to the teams such as a threat response team or managers and employees in departments or jobs with higher risk for violence

Table 2.3

Meeting structure

It may be necessary to meet frequently at this stage of program planning e.g., every 1-2 weeks, to get the committee established and educated about WPV, and to collect and analyze data before drafting a WPV program plan. Meeting frequency will also be dependent on direction given by senior management. Meetings could be monthly as the program is implemented and evaluated.

In smaller health care facilities, it may be feasible to have the employee safety and health committee provide WPV program oversight once the program is implemented and evaluated.

Effective teams

Borrill et. al, describes a team as a group of individuals who work together to produce products or deliver services for which they are mutually accountable. Team members share goals and are mutually held accountable for meeting them, they are interdependent in their accomplishment, and they affect the results through their interactions with one another. Because the team is

held collectively accountable, the work of integrating with one another is included among the responsibilities of each member.

The following factors tend to enhance teams in health care:

- Clear and shared goals and vision
- Strong leadership
- Members understand their role and responsibilities
- Effective communication and decision-making processes
- Mutual respect
- Individual accountability for specific actions
- Shared accountability for team outcomes

Individual members of the WPV committee will vary in their experiences and approaches to working as part of a team. There will be perceived differences in hierarchy and status for example between front-line employees and managers or leaders on the committee and between members from non-clinical and clinical disciplines.

Tool 2e, provides some tips for effective meetings and to assist committees in their work together

The following resources provide more information about developing and managing effective committees:

- **Working with Task Groups. Working Efficiently with Committees and Teams (2010). The Benchmark Institute.**
  http://www.benchmarkinstitute.org/t_by_t/free_stuff/working_with_task_groups.pdf
- **Productive Work Teams. HR Council for the Nonprofit Sector (HR Council).**
  http://hrcouncil.ca/hr-toolkit/workplaces-teams.cfm
- **Team Working and Effectiveness in Health Care (2002). Findings from the Health Care Team Effectiveness Project.** Borrill et al.
  http://homepages.inf.ed.ac.uk/jeanc/DOH-glossy-brochure.pdf

STEP 5

Educate the team about WPV in health care, the components of successful WPV programs, the proposed approach to addressing WPV at your facility and function of the team

Once the WPV committee is formed provide them with information about the:

1. Scope and impact of workplace violence in health care, and elements of programs to prevent and control WPV. Use information provided in this toolkit including free web-based videos such as the NIOSH '*Workplace Violence Prevention for Nurses'* interactive training course listed in ***Section 6 Education and Training***.

2. Steps taken to start WPV program development at the facility

3. Purpose of the WPV program and proposed strategy to develop a draft program plan – Use information developed in ***Step 3*** and an understanding of requirements by senior management as identified in ***Step 3.***

4. Understanding of how a WPV program can support the organization's strategic goals and mission.

5. Roles and responsibilities among the members of the WPV committee; of the WPV program champion and the program coordinator etc.

6. Meeting schedule and communication methods between team members and the project coordinator etc.

Develop a draft project charter for the committee. Use your organization's existing project charter template (if one exists).

A project charter demonstrates the commitment of the organization and senior management to the WPV program and committee activities, and provides formal agreement about the project details. A charter assists as a communication tool to employees about this commitment and goals, scope and high-level deliverables of the WPV program overall.

It also assists the WPV committee to *stay on course* during program development and implementation.

Typically, a project charter summarizes the:

- Need for a WPV program
- Program objectives

- Role of the program champion
- Authority of the WPV manager
- Main stakeholders
- Committee function and roles etc.

Once the WPV program draft planned is completed, the project charter can be updated to include the:

- Performance improvement approach to problem solving
- Potential barriers to a successful WPV program
- Anticipated resources
- Project milestones
- Specific performance measures and improvement goals
- **Tool 2f,** provides an example of a project charter for a WPV committee.

The charter should be amended as needed and approved by senior leadership as part of the process to finalize your WPV program plan **(Refer to Section 4).**

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Resources Related to this Section – Other

The Agency for Healthcare Research and Quality (AHRQ)

- **AHRQ Webinar: Reducing Workplace Violence with TeamSTEPPS® (2016)**
  https://www.ahrq.gov/teamstepps/events/webinars/dec-2016.html
- **The Comprehensive Unit-based Safety Program (**CUSP**)** toolkit**–** *Tools for Engaging Senior Executives*
  https://www.ahrq.gov/professionals/education/curriculum-tools/cusptoolkit/index.html

The American Hospital Association (AHA)

- **"Hospitals Against Violence" Resources from the AHA.**
  http://www.aha.org/advocacy-issues/violence/index.shtml

The American Organization of Nurse Executives (AONE)

- **Mitigating Violence in the Workplace (2014).** The American Organization of Nurse Executives Guiding Principles, AONE with the Emergency Nurses Association. http://www.aone.org/resources/PDFs/Mitigating_Violence_GP_final.pdf

Emergency Nurses Association (ENA)

- **Workplace Violence Resources** http://www.ena.org/IENR/Pages/WorkplaceViolence.aspx
- **Workplace Violence Toolkit** https://www.ena.org/docs/default-source/resource-library/practice-resources/toolkits/workplaceviolencetoolkit.pdf?sfvrsn=6785bc04_16

Health Employers Association of British Columbia (HEABC)

- **Violence Prevention Resources** http://www.heabc.bc.ca/Page4270.aspx#.VS1r8qN0w6Y
- **Health Authority & Providence Health Care Employees - E-Learning Modules** http://www.heabc.bc.ca/Page4272.aspx#.WUwTe2ciz8o
- **Provincial Violence Prevention Initiative Final Report – July 2012.** http://www.heabc.bc.ca/public/HSIA/HSIA_Initiative4_FinalReport.pdf

The Joint Commission

- **The Essential Role of Leadership in Developing a Safety Culture. Sentinel Alert Issue 57, March 1, 2017.** https://www.jointcommission.org/sentinel_event.aspx
- **Preventing violence in the health care setting (2010).** http://www.jointcommission.org/assets/1/18/SEA_45.PDF
- **Emerging Health Care Concern: Preventing Workplace Violence** Presentation on Workplace Violence https://www.jointcommission.org/assets/1/6/PreventingWPV_081816.pdf

Minnesota Department of Health

- **Prevention of Violence in Health Care Toolkit**
  http://www.health.state.mn.us/patientsafety/preventionofviolence/toolkit.html
- **St. Cloud - Committee Structure and Purpose**
  http://www.health.state.mn.us/patientsafety/preventionofviolence/stcloudcommitteestructurepurpose.pdf
- **HealthEast - Violence Prevention and Intervention Presentation (PDF)**
  http://www.health.state.mn.us/patientsafety/preventionofviolence/healtheastviolpreventionpresentation.pdf

Minnesota Department of Labor and Industry

- **Workplace Violence Resources** http://www.doli.state.mn.us/wsc/Wvp.asp
- **Workplace violence prevention A comprehensive guide for employers and employees**
  http://www.doli.state.mn.us/wsc/PDF/WorkplaceViolencePreventionGuide.pdf

U.S. Department of Labor Occupational Safety and Health Administration (OSHA)

- **Hospital Safety and Health Management System Self-Assessment Questionnaire (2013)**
  https://www.osha.gov/dsg/hospitals/mgmt_tools_resources.html
- **Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers. 2015**. https://www.osha.gov/Publications/osha3148.pdf
- **Caring for Our Caregivers. Preventing Workplace Violence: A Road Map for Healthcare Facilities (December 2015).** https://www.osha.gov/Publications/OSHA3827.pdf
- **OSHA Hospital Safety e-Tool, Workplace Violence Module**
  https://www.osha.gov/SLTC/etools/hospital/hazards/workplaceviolence/viol.html
- **OSHA's Safety and Health Management Systems and Joint Commission Standards - Comparison** https://www.osha.gov/dsg/hospitals/documents/2.2_SHMS-JCAHO_comparison_508.pdf

Washington State Department of Labor and Industries

- Workplace Violence Prevention in Health Care Settings
  http://lni.wa.gov/Safety/Topics/AtoZ/WPV/wpvhealthcare.asp