

## Workplace Violence Toolkit – Section 3

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### Step 6

#### Hazard Identification and Assessment

#### Introduction

Initial and ongoing identification and assessment of hazards for WPV provides the foundation of a comprehensive violence prevention program by:

1. Identifying risk factors that increase the likelihood that violence will occur.  
Although no one specific diagnosis or type of patient is a predictor of future violence, a thorough hazard assessment can identify combinations of risk factors that increase the risk for employee exposure to WPV. For example, working in an emergency room with patients who are withdrawing from drugs or alcohol abuse. (OSHA 2015).
2. Providing a basis for prioritizing problems by risk and severity or likely outcome, and informs decision making when choosing and implementing controls to prevent and manage WPV.
3. Identifying barriers to removing the risk factors and formulating approaches to address barriers (McPhaul et. al., 2013).
4. Allowing comparison of the current state of WPV prevention activities in your facility and within individual units and departments and comparing them to recommended best practices in violence prevention.
5. Providing an opportunity to engage employees in the development and ongoing management of a WPV program, and allow the WPV committee with leadership support, to tailor a program that will serve the needs of your facility.

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#### Tools that support content in this Section

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- 3a. [Gap analysis tool](#)
  - 3b. [Employee WPV survey sample](#)
  - 3c. [Employee WPV survey report contents and sample format](#)
  - 3d. [Employee WPV survey summary report sample](#)
  - 3e. [Employee WPV survey marketing flier](#)
  - 3f. [Safety and security assessment checklist](#)
  - 3g. [Prioritizing level of risk for WPV and solutions](#)
  - 3h. [Tips for choosing solutions](#)
  - 3i. [Project template](#)
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As discussed in **Sections 1 and 2** evidence shows that using a multidisciplinary approach that engages employees and is supported by management, can facilitate the success of occupational safety and health programs.

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Hazard identification and assessment is an ongoing process within a WPV program. Continuous program evaluation is discussed further **Section 8**.

### ***WPV hazard identification and assessment activities***

This section of the toolkit focuses on the primary hazard identification and assessment activities that hospitals in the WSI project conducted in addition to analysis of WPV injury and incident data as described in **Section 2**. The following assessment activities are highly recommended because they capture a broad range of critical information and facilitate evaluation of current WPV prevention activities and determination of future desired activities from a systems perspective.

- Comprehensive Gap Analysis of existing WPV program efforts and related policies (this includes assessment of an organization’s culture and readiness for change)
- Employee survey to engage employees and determine their perception of WPV
- Safety and Security Assessment of the Physical Work Environment to identify hazards that may increase the likelihood of violence occurring

The following are examples of additional data sources that can also be used to assess the risk of WPV in your facility. What data source you choose to evaluate will depend on availability and quality of data, and resources available to evaluate the data.

- Formal employee focus groups
- 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)
- Patient focus groups and/or surveys to elicit information about what triggers may contribute to violence and what would make them feel the most comfortable and safe
- Patient and visitor reports or quality surveys e.g. Press Ganey
- Oregon OSHA consultation or enforcement reports related to WPV

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- Security and safety rounding and inspection reports (conducted by facility staff and/or external agencies e.g. law enforcement, insurance carriers etc.)
- Police reports if available
- Grievances (harassment, discrimination)

Once completed, information collected from **the Gap Analysis together with data from the employee survey and walkthrough hazard assessment** and the earlier review of **WPV injury and incident data** etc., will provide a framework to develop or a violence program or enhance an existing program. *Refer to Step 7 for more information.*

### Gap Analysis

#### Why conduct a Gap Analysis?

**The purpose** of a gap analysis is to determine current state or *what's actually happening* and desired future state or *vision* of a WPV program. The Gap Analysis tool provided includes details of published recommended elements and current best practices of effective WPV programs, including the elements of a WPV program that are required by Oregon law.

Conducting a gap analysis allows the WPV committee and other stakeholders to determine:

- What violence prevention best practices exist
- Completeness and effectiveness of existing WPV policy and procedures
- Which WPV program elements and practices should be developed and implemented.

Conducting a Gap Analysis also provides an opportunity to **assess organization culture and readiness for change**. Determining culture and assessing readiness for the implementation or enhancement of a WPV program and associated processes, is important to help the WPV committee determine and prioritize implementation strategies.

The organization's culture and readiness for change should be evaluated and discussed throughout the WPV program planning process, so that the WPV committee can develop strategies to address potential barriers that can then be discussed when presenting the draft WPV program plan to senior leadership.

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Change in a health care organization’s leadership and/or delivery of business services necessitates that an organization’s culture and readiness for change is evaluated on an ongoing basis after WPV program implementation.

Refer to **Figure 3.1**, for more information on assessing your organization’s culture. Determining how **ready a health care facility** is to implement a WPV program is discussed at the end of this section.

The first section of the Gap Analysis tool provided i.e., ‘Violence Prevention Program Foundation and Management’, identifies behaviors and practices that help determine if a culture of patient and employee safety exists, and the potential barriers to implementation of a successful program and associated procedures.

**It is recommended** that a gap analysis is also completed periodically as a part of an ongoing program evaluation, and as a tool to facilitate program sustainability as discussed in **Section 8** of this toolkit.

### Completing the Gap Analysis

Have each member of the Workplace Violence committee (WPV committee) and any other key stakeholders complete the entire gap analysis or assign program section(s) to individuals for completion. This allows you to gather different perspectives on current violence prevention practices within your facility before establishing program priorities.

Once individual responses are collected use a brainstorming approach to review responses to each question as a committee and discuss overall ‘gaps’ identified in each program component section to arrive at consensus to determine what program elements and activities:

- Exist and are functioning well
- Are only partially implemented
- Need to be developed
- Will not be implemented or are not applicable

Once complete, rank items in each program component section by:

1. Need to be developed
2. Are only partially implemented

3. Exist and are functioning well
4. Will not be implemented or are not applicable (note you may want to review these items again in the future to determine if they are applicable or should be addressed)

### Assessing an organization's culture

Assessing the organization's culture and readiness for change involves reviewing the organization's approach to a 'culture of safety'. OSHA summarizes an organization's culture as the product of individual and group beliefs, values, attitudes, perceptions, competencies, and patterns of behavior that determine the organization's commitment to objectives such as quality and safety. Healthcare organizations that foster a "culture of safety" characterized by an atmosphere of mutual trust, shared perceptions of the importance of safety, confidence in the efficacy of preventive measures, and a no-blame environment are more successful at implementing programs that reduce injuries to both patients and workers.

Typical attributes of a culture of safety include:

- Staff and leaders who value transparency, accountability, and mutual respect
- Safety as everyone's first priority
- Not accepting behaviors that undermine the culture of safety
- A focus on finding hazardous conditions or "close calls" at early stages before injuries occur
- An emphasis on reporting errors and learning from mistakes
- Careful language to facilitate conversation and communicate concern
- Principles of High Reliability Organization (HRO) and Just Culture are embraced

The following provides a good review about HROs and Just Culture and the relationship to a culture of safety and will assist you to review the culture of safety at your facility.

- **The essential role of leadership in developing a safety culture.** Sentinel Event Alert. The Joint Commission. Issue 57, March 1, 2017  
[https://www.jointcommission.org/sea\\_issue\\_57/](https://www.jointcommission.org/sea_issue_57/)
- **Workplace Violence Prevention and Related Goals. The Big Picture.** OSHA 2015.  
<https://www.osha.gov/Publications/OSHA3828.pdf>

*Figure 3.1 Assessing an organization's culture*

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**The next step is** to determine as a committee what you think must be done to move from the current state to desired future state of the violence prevention program at your facility or within your organization. *This is discussed in Step 8 on page 16.*

### The Gap Analysis Tool

The WPV Gap Analysis tool provided, highlights the important components of a violence prevention program to *address violence from patients and visitors*. You can use the checklist to help identify those components of your violence prevention program that are well developed, as well as those that need further development.

The *Gap Analysis* tool was developed from several resources (provided as references) and includes all elements of the assault prevention program required by Oregon State law ORS [654.412 to 654.423](#) ‘Safety of Health Care Employees’.

The tool is provided in several formats however, the MS Excel version allows you to prioritize responses to individual questions and then offers a project planning format to identify specific strategies to address identified gaps; potential barriers and how anticipated problems will be averted or minimized?); those responsible to carry out the strategies; timeline for implementation and resources needed.

**The Gap Analysis tool** can be customized by adding or deleting components specific to your facility for example, smaller hospitals may not have resources to hire security staff, etc.

This tool focuses primarily on violence prevention programs in hospitals. Additional information may be needed if reviewing a violence prevention program for a home health services as defined in ORS 654.412 to 654.423.

### Conducting WPV Employee Surveys

#### The goal of conducting WPV employee surveys

The goal of conducting employee surveys is to gain further insight about the type and frequency of violence in the facility, and employee perceptions of violence and of prevention efforts. This activity will further help to identify potential hazards that may lead to violent incidents and related ‘gaps’ in WPV prevention processes and procedures. Surveying employees can also provide insight into changes they deal with on a daily basis related to WPV and solicit feedback from employees about the ways they think WPV can be addressed in their work area.

Conducting employee surveys is one method to engage employees in the WPV program and prepare employees for changes in work practices that is, a culture change.

#### When to conduct employee surveys

Employee surveys can be used as part of WPV program planning and during periodic evaluation of the WPV program (**Refer to Section 8**).

#### Developing an WPV employee survey

The **Employee Survey tool (3b)** provided, was developed using information from current WPV literature and input from the hospitals in the WSI project. It is a comprehensive survey, in that it aims to solicit employee responses about all major elements of a WPV program. Additionally, the survey was designed to be completed by employees in any department in a hospital.

Your WPV committee should review the survey and adapt it to your program needs. Consider how the data will be used and frame questions in a way that will elicit the most helpful information. Consider the stakeholder audience and departments you are targeting in your program efforts. Ensure language and terminology used can be understood by the employees you are surveying.

Once drafted, senior management, and in some facilities the legal department, will need to approve the survey content before launching the survey.

Note: The sample survey provided takes about 20-25 minutes to complete if conducted as a computer based survey.

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WPV employees survey – topics included	
<ul style="list-style-type: none"><li>▪ Demographics</li><li>▪ Employees overall experience related to WPV at the facility</li><li>▪ Types of violence employees have experienced and their perception of cause</li><li>▪ The perpetrators of WPV</li><li>▪ Frequency of exposure to violence</li><li>▪ Management support and employee awareness of WPV program efforts</li></ul>	<ul style="list-style-type: none"><li>▪ Risk assessment</li><li>▪ Education &amp; training</li><li>▪ Incident response</li><li>▪ Knowledge about how to report and respond to WPV</li><li>▪ Response post incident</li><li>▪ WPV prevention</li><li>▪ Additional questions for Home Health Employees related to Oregon WPV law if applicable</li></ul>

### Conducting WPV employee surveys

In addition to designing a survey that is meaningful and readily understood by employees, marketing the survey well is critical to gaining a good response rate from employees.

**Tool 3e**, is a **sample flier** that can be adapted to market your survey. Find out the most effective method(s) used in your facility to communicate with employees in various departments e.g., bulletin boards, newsletters, email and management and employee meetings, etc.

Make sure all department/unit managers have been notified about the survey launch and rationale. **Employees** should have a clear understanding of why the survey is being conducted; the importance of their participation; and how data collected will be used. Communicate that you will provide a summary report of survey findings (see below), and the projected timeline for publication of that report.

**Timing the launch** of a survey is also critical. If your facility is already conducting or planning to conduct other surveys that impact your target audience such as, Press Ganey surveys, then these activities may negatively impact the response rate to the WPV survey. Health care employees are often surveyed regularly on a broad range of topics leading to ‘survey fatigue’.

**Offering the survey** via web based applications such as 'Survey Monkey®' can facilitate response rate and assist to expedite data analysis. Check with the Information Technology (IT) department at your facility to find out what application is available to help conduct the survey.

It is recommended that surveys are conducted on a **voluntary basis**, and are confidential and anonymously so that employees feel comfortable sharing their responses and experiences etc. You can add the option of allowing employees to provide their name and contact information if they choose to so that you can find out more about their responses as needed.

**Include the contact information** of the WPV program coordinator or other member of the WPV committee on the survey as a resource for employees that may have questions about contents of the survey or survey process etc.

Allowing employees to **complete surveys on work time** can also increase participation.

It's suggested that the survey is conducted for 2-4 weeks and then demographic data reviewed, to determine if more responses are desired from specific departments or units, shifts and/or job categories. Consider marketing the survey again and allowing another 2 weeks to increase response rate as needed.

### Who should complete a WPV survey?

When planning a new, or enhancing an existing WPV program, it can be beneficial to survey all staff within a facility, versus just those who provide direct care to patients or have direct contact with patients and families etc.

This allows you to gain information about the prevalence and scope of *all* types of violence that employees may be experiencing i.e., violence from patients, visitors, coworkers and domestic relationships.

Although patient/visitor to employee violence was the focus of the WSI project, participating hospitals found that conducting a WPV survey of all staff was helpful in highlighting the need for violence prevention efforts related to lateral violence or bullying in specific work areas.

If conducting periodic survey of all employees is not feasible as part of WPV program evaluation e.g., due to lack of available resources, then target surveys to groups of employees who are impacted by program interventions. For example, conducting follow up surveys of employees in departments where the presence of security staff and surveillance equipment was enhanced and/or a WPV patient assessment tool was implemented.

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### Analyzing and reporting the WPV survey data

An important facet of planning to conduct the survey is to **identify who and how data will be analyzed and a report(s) developed**. Some survey tools such as Survey Monkey will provide analysis of data and supporting graphs, but often additional analysis is needed especially when analyzing data for specific units. Find out if your IT department or departments who survey employees regular such as, Quality or Human Resources, can assist you with data analysis and report development.

Contents of the comprehensive WPV survey reports developed for hospitals in the WSI project is provided (**Tool 3c**) together with a sample survey summary (**Tool 3d**).

The comprehensive written report is typically shared with the WPV committee and senior management (as requested), and the written survey summary is designed to be shared with all employees. In addition, meeting with management and employee groups to share survey findings helps to engage leadership and employees in program development efforts.

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A summary of staff survey data from participating hospitals in the WSI project can be found in *Tool i*. 'Violence Prevention in Health Care: Sharing Lessons Learned from the OAHHS Worker Safety Initiative'.

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### **Safety and Security Assessment of the Physical Work Environment**

#### **The goal of conducting a walkthrough safety and security assessment**

To assess the physical design and layout of the hospital or work environment, and identify existing or potential conditions or hazards, that may increase the likelihood of violence occurring in a specific location.

Work environment assessments can also assist the WPV committee to ‘fill gaps’ or expand their understanding about information collected from the review of injury data and existing WPV related policies, the employee survey, and the gap analysis. For example, to further identify patient characteristics that might be a risk factor for violence, and work tasks, point-of-care work, clinical or nursing practices and procedures, that may put employees at a higher risk of exposure to violence.

Employees have knowledge and familiarity with facility operations, process activities and potential threats for WPV. Therefore, interviewing employees during a walkthrough assessment provides invaluable insight about hazards and procedural activities that they feel can increase their risk for violence in their workspace. They can also provide suggestions for changes to the physical environment and procedural changes, that may reduce the risk of violence and/or improve response when managing violence. Thus, work environment assessments also provide another opportunity to engage employees in the WPV program and prepare them for change.

#### **When to conduct a walkthrough safety and security assessment**

A walkthrough safety and security assessment should be conducted at the start of the WPV program during the planning phase, and then periodically as part of a proactive approach to hazard prevention.

Safety and security assessments can also be used as part of the investigation process following a workplace violence related incident to help determine if the physical design or maintenance of the work environment and/or procedural issues contributed to the event and can be changed to prevent further incidents etc.

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### Conducting a walkthrough safety and security assessment

The ‘Walkthrough Safety and Security Assessment’ tool provided was developed from multiple resources (See *References* at the end of this section) and is focused on acute care facilities. The tool can be customized for other health care environments as needed such as outpatient clinics and/or additional security related measures can be added as needed.

WPV Walkthrough Assessment Tool – Work Areas Included	
<b>A.</b> Exterior Building Areas	<b>G.</b> Other treatment areas/offices where patients are interviewed etc.
<b>B.</b> Parking Areas	<b>H.</b> Other Rooms and Storage Areas
<b>C.</b> Interior Building (Non-Patient Care Units/Treatment Areas)	<b>I.</b> Individual Offices
<b>D.</b> In Patient Care Units (use only as a basic list for behavioral health)	<b>J.</b> Files/Records in non-patient unit areas.
<b>E.</b> Emergency Room	<b>K.</b> Cafeterias
<b>F.</b> Pharmacy	<b>L.</b> Other areas as identified during the walkthrough

### ***Tips for conducting a WPV walkthrough assessment***

- Before conducting an assessment, have the WPV committee (or at least the members who will be involved in the walkthrough), review the assessment tool to become familiar with it, and to make any relevant additions. They should also be familiar with the work areas, tasks, and patient populations, you have identified as a ‘risk’ during the review of incident data etc., in **Section 2**.
- Communicate the purpose of the assessment with unit and department managers and determine when the assessment is to be scheduled. When scheduling the assessments consider when it will be the best time to gain access to all areas of the unit or department and to interview employees.
- Have a small group or several small groups from your WPV committee conduct the assessment. Small groups are least disruptive when assessing busy work areas such as the emergency department.
- Conducting the assessment during all shifts also helps to engage employees and will highlight variations in work tasks and demands, and procedures.

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- In a larger facility it can be helpful to divide assessment activities by units or areas of a facility e.g., the exterior of the facility; interior building non-patient care/treatment areas and patient care units, and assign a group to review a specific work area.
- Having committee members with differing professional expertise involved in the assessment process can provide a broad insight about the work area being reviewed. In addition, committee members can become familiar with the worksite from a safety perspective and gain insight into employee's perspectives about WPV. Information gathered from the employee survey (if completed) can also be clarified or investigated further during the walkthrough.
- Ideally employee safety and security staff should be involved in assessment of all work areas, and at least one person should have experience of, or be familiar with work environment audits for safety and security purposes.
- It's helpful to have at least one person in each group be familiar with the work area being reviewed to expedite the assessment process, share insight into procedural activities, and ensure the complete work space is reviewed. The unit or department manager can assist in this role.
- Members of local law enforcement and the organization's workers compensation or general business insurance carrier, may also be able to assist the walkthrough assessment process. This is particularly helpful if a hospital doesn't have internal security expertise.
- Note potential solutions while completing the assessment. If there are any issues that need to be addressed immediately make sure that this occurs.
- The assessment should be conducted without assigning fault or blame for deficiencies that may be found. The process should be considered as an opportunity to improve the environment (ASIS, 2010).

### Analyzing and prioritizing data collected during a WPV walkthrough safety and security assessment

After completing the walkthrough assessment:

- List the items that are identified as needing to be addressed.
- As a committee (or a subgroup of the WPV committee) discuss the items you identified as needing to be corrected.

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- Rank or prioritize the risks identified to determine the most serious safety hazards or issues that could contribute to or facilitate WPV and that should be addressed first. That is, prioritize these items based on risk level considering the *consequence* if an item is not addressed i.e., the likelihood of that item contributing to or facilitating a negative event (WPV related event), and the *seriousness* of the outcome if this event occurred.

The walkthrough safety and security assessment form (Tool 3f) is provided in document and spreadsheet format. The spreadsheet version of this tool allows you to sort checklist responses, so you can easily list and prioritize items that may need to be addressed. The tool also offers a project planning format to identify corrective action to be taken and the associated fiscal impact, those responsible for the corrective action, and deadline for completion.

**For example,** employees such as ED staff who work with patients with poorly managed mental illness or drug and alcohol intoxication and abuse, may be a higher risk of physical WPV that may result in a serious injury, is typically a high priority when developing solutions, than medical billing specialists who are exposed to frequent verbal abuse by patients via telephone or written correspondence.

**Tool 3g** provides examples of how to categorize risk.

### Step 7

#### Analyze all data collected and prioritize hazards and needs

Once injury/incident and cost data; completion of the Gap Analysis, employee surveys, walkthrough safety and security assessment, and any other data, is collected and analyzed, the WPV committee will need to summarize findings to describe areas of concern/risk and program gaps, and where WPV prevention efforts are to be directed overall.

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An example of the work or task related characteristics, culture and program elements that may be included in a **risk assessment summary** is shown below.

<b>Risk Assessment Summary</b> <b>Work or Task Related Characteristics, Culture and Program Related</b>	
<ul style="list-style-type: none"> <li>▪ Department(s)</li> <li>▪ Work area(s) within each department</li> <li>▪ Job categories/titles of employees at risk</li> <li>▪ Job tasks/activities/point of-care work practices where violence occurs</li> <li>▪ Time of shift/day</li> <li>▪ Characteristics of high risk patients</li> <li>▪ How often violence occurs</li> <li>▪ Type of violence reported; perpetrator; the nature and severity of employee injuries reported and associated incident rates</li> <li>▪ Direct costs of injuries and estimate the indirect costs were feasible</li> <li>▪ Management leadership i.e., organizational/safety culture               <ul style="list-style-type: none"> <li>– Within senior leadership and within units identified. Consider unit level work organization: job demands, overtime, staffing, supervisor support for safety, team work, employee training competence</li> </ul> </li> <li>▪ Employees participation -employee perception of WPV and knowledge of prevention processes etc.</li> <li>▪ Written WPV policy</li> <li>▪ Program management organization</li> </ul>	<ul style="list-style-type: none"> <li>▪ Communications structure (<i>Addressed in Section 4</i>)</li> <li>▪ Hazard identification/assessment processes</li> <li>▪ Hazard control and prevention - <i>Engineering Controls</i>: Physical environment</li> <li>▪ Hazard control and prevention <i>Administrative and Work Practice Controls</i>:               <ul style="list-style-type: none"> <li>– Incident reporting</li> <li>– Identifying and tracking Patients/visitors at high risk for violence</li> <li>– Tracking employees working alone or in secure areas</li> <li>– Entry procedures</li> <li>– Employee dress code</li> <li>– Transportation procedures</li> <li>– Security rounding</li> <li>– Incident response/post incident procedures</li> <li>– Incident investigation</li> <li>– Other controls as identified</li> <li>– For Home Care employees if applicable</li> </ul> </li> <li>▪ Education &amp; training (<i>Addressed in Section 6</i>)</li> <li>▪ Ongoing program evaluation and improvement</li> </ul>

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### Step 8

#### Developing solutions to address and control hazards

#### Developing Solutions

WPV committee will then need to:

1. Determine what WPV program elements, processes and environmental changes (i.e. program activities) need to be developed and implemented to reduce hazards and risk factors, and achieve a comprehensive and successful WPV program. You will have likely started to discuss and note which program activities need to be addressed during completion of the Gap Analysis and Safety and Security Assessment.

Determine goals and develop measurable outcome(s) for each program activity identified. These will be important when conducting ongoing program evaluating and continuous improvement.

More information about measuring program activities can be found in **Section 8** of this toolkit.

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**Quick Tip:** The sample project plans found in the Emergency Nurses Association (ENA) **Workplace Violence Toolkit** offer excellent examples of goals and outcome statements [https://www.ena.org/docs/default-source/resource-library/practice-resources/toolkits/workplaceviolencetoolkit.pdf?sfvrsn=6785bc04\\_16](https://www.ena.org/docs/default-source/resource-library/practice-resources/toolkits/workplaceviolencetoolkit.pdf?sfvrsn=6785bc04_16)

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2. Prioritize the program activities identified above with consideration to addressing any high hazard or risk issue that creates an immediate and/or emergent threat to employee safety. When prioritizing risk consider:
  - How often an employee is exposed to the situation or conditions i.e., frequency of exposure
  - The probability or likelihood that the situation will occur
  - The degree (severity) of harm likely to result from the exposure
  - How many or percentage of employees that are exposed to the situation or risk

The risk assessment methods offered in **Tools 3g and 3h** can be used to assist you to prioritize activities.

### ORS 654.412 to 654.423 'Safety of Health Care Employees' Overall WPV Program Elements Required

1. Conduct periodic security and safety assessments to identify existing or potential hazards for assaults committed against employees
2. Develop and implement an assault prevention and protection program for employees based on assessments conducted above with consideration to
  - a. Physical attributes of the health care setting;
  - b. Staffing plans, including security staffing;
  - c. Personnel policies;
  - d. First aid and emergency procedures;
  - e. Procedures for reporting assaults; and
  - f. Education and training for employees.
3. Provide assault prevention and protection training on a regular and ongoing basis for employees. Minimum training content is detailed.
4. Required records of assaults against employees as required in OAR 437-001-0706, "Recordkeeping for Health Care Assaults"
5. Protection of employee of health care employer after assault by patient.
6. Refusal to treat certain patients by home health care employee
7. Use of physical force by home health care employee in self-defense against assault

3. Determine potential strategies/solutions (and supporting rationale) for each of the program activities identified.

Consider the following:

- Are there some solutions/strategies that must be implemented before other recommendations? *For example*, in work areas where a higher incident of violence is identified through a review of incident and injury data, the WPV employee survey, and from feedback from employees during a walkthrough hazard assessment.

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- Solutions or program elements that should be implemented to meet ORS 654.412 to 654.423 'Safety of Health Care Employees' that pertains to prevention of *intentional assault* of health care workers that can be found in Tool 3a, the Gap Analysis tool or accessed at <http://www.orosha.org/standards/ORS654.htm>
- Are there solutions/strategies that are based on a higher level of evidence than others? *For example*, research indicates that the program foundation components as outlined in the gap analysis tool, and patient assessment for violence processes, are evidenced based program elements that contribute to program sustainability, culture change and violence prevention.
- Will some solutions/strategies take longer to implement? *For example*, hiring security personnel, training all employees, and/or developing a patient assessment alert system in an electronic health record.
- Are there hazards or risks that can be easily corrected? Effective solutions to highly visible safety issues that are implemented early in program adoption can assist to gain employee and/or management "buy in" to program efforts.

**Tool 3h** provides Tips for Solution Development. **Section 5** provides information about specific solutions and processes to control and prevent WPV.

Note the rationale or evidence that supports your decision to identify specific hazards as high hazard and the interventions chosen e.g., prior WPV incidents that could have been avoided or outcomes less severe if specific WPV controls had been in place, or an intervention that is strongly supported by published evidence or required by law. Noting the rationale will help gain support for the intervention that may be needed when requesting and justifying budget and resources from senior leadership.

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**Quick Tip:** Refer to the following resources to assist with developing solutions:

- Tool 3g. for ways to prioritize program needs and
  - Tool 3i Project template to summarize project plan
  - Tool 3h. for tips on choosing solutions
  - Tool 3a the Gap Analysis and the
  - Tool 3f the Safety and security assessment checklist tool and
  - Section 5 Solutions to Address and Controls Hazards for details about recommended program elements and design of the physical environment etc.
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4. Identify potential barriers to implementation of solutions/strategies identified and how they will be addressed. Barriers can be related to budget, skills, leadership, workload and staff resources, competing projects, cultural or attitudinal issues. Refer to *'Assessing Readiness for Change'* at the end of this Section for more information to assist you with identifying potential barriers to program implementation.
5. Identify the person(s) willing and able to carry out the strategies.
6. Identify strategies and resources that will be needed to implement, evaluate, and maintain strategies/solutions. Consider budget, staff, sample documents & templates, external assistance etc. Refer to **Sections 7 and 8** for more information about implementing and evaluating the WPV program.
7. Draft a proposed timeline for implementation and completion; how the strategies/solutions will be monitored, evaluated and revised as needed.

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**Quick Tip:** When identifying barriers to developing and implementation WPV solutions, use the diverse expertise within your committee and have members share their experience and lessons learned related to implementation and maintenance of other employee and patient safety initiatives or programs.

The above activities provide the framework for your draft WPV program plan that you will present to senior leadership (refer to **Section 4**).

Solicit assistance from appropriate stakeholders on your team to address issues e.g., from security, human resources, safety, nursing and leadership, to determine and implement solution(s).

You will likely find that 1 or 2 specific strategies/solutions identified may address several individual program elements.

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Don't wait until the WPV program plan is approved by leadership to address serious WPV related issues.

It may be necessary to continue development of some solutions and/or implementation strategies, resources required and timelines as the committee finalizes the draft WPV program plan and starts program implementation. More research may be needed related to feasibility of some solutions, and stakeholder feedback during program implementation may require you to adapt plans and timelines etc.

A sample project management form is provided in **Tool 3i**.

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### ***Assessing Readiness for Change***

As the WPV committee is prioritizing needs and developing solutions, they should evaluate the organization's readiness for change i.e., to implement and sustain a WPV program. Solicit input as needed from non-committee members who are or will be impacted by the WPV program including senior leaders.

Ensuring readiness prior to beginning the finalization and implementation of the WPV program plan, eliminates potential time and resources wasted, and further identifies gaps in the safety culture and organizational structure that may need to be addressed.

The following is a summary of key questions to consider when assessing readiness for change (Adapted from various AHRQ Toolkits – refer to References at the end of this Section).

The WPV committee should have addressed some of the questions below as they completed the program planning activities described in **Sections 2 and 3**.

- Does senior administrative leadership support this initiative?
- Who will take ownership of this effort?
- What is your current state, what do you want to accomplish, and why?
- Which WPV prevention and management practices do you want to use?
- What resources are needed?
- How will you measure WPV program practices implemented and program management strategies?
- How do you sustain an effective WPV program?
- What are the challenges and opportunities that you are facing?
- Is the organization ready for change?

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**Quick Tip: Appendix 3.1 – Facilitators and Barriers: Questions to Guide You** in the Registered Nurses' Association of Ontario (RNAO) guide to **Implementation of Best Practice Guidelines (2nd ed.)**, provides a good review of how to address barriers to change when implementing new programs and practices.

<http://rnao.ca/bpg/resources/toolkit-implementation-best-practice-guidelines-second-edition>

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- How will you prepare the organization for and manage change?
- Does your organization have the right infrastructure to begin the intended change process?
- Does your organization have the right culture to embrace the work?
- What if you are not ready and unable to implement some of the program elements recommended?

When reviewing the above questions consider how your organization has implemented new patient and employee safety programs and associated best practices in the past.

Determine as a team which element of a WPV program are most important for success, and which elements may be harder to implement at the current time and in the future, due to resource or cultural related challenges. This will increase the likelihood of approval of the WPV program plan by senior leadership and successful implementation of program elements.

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**Quick Tip:** The Agency for Health Care Research and Quality Indicators (AHRQ) have published several toolkits related to patient safety initiatives that provide good information about how to assess and healthcare organization’s culture and readiness for change that can be adapted for use with any patient or employee safety program or initiative. Refer to ‘Reference’ for links to AHRQ resources and guides from other organizations that provide further information about approached to project management in healthcare.  
[www.ahrq.org](http://www.ahrq.org)

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### References and Resources Related to this Section – Articles

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**Optimizing a Business Case for Safe Health Care: An Integrated Approach to Safety and Finance (2017).** Institute for Healthcare Improvement / National Patient Safety Foundation. Cambridge, Massachusetts. [www.ihf.org](http://www.ihf.org)

**The OSSIE Toolkit for the implementation of The Australian Guidelines for the Prevention of Infection in Health Care (2010).** Australian Commission on Safety and Quality in Healthcare. <https://www.safetyandquality.gov.au/publications/the-ossie-toolkit-for-the-implementation-of-the-australian-guidelines-for-the-prevention-of-infection-in-health-care-2010/>

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**Preventing Violence in Health Care Gap Analysis Tool (2014).** Minnesota Department of Health, MN. <http://www.health.state.mn.us/patientsafety/preventionofviolence/>

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