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Program Improvement & Sustainability

Step 15

Sustaining the WPV Program

It is critical that there is a clear plan of activities that will be conducted to facilitate the organization’s ability to sustain WPV program efforts.

One of the greatest challenges to sustaining any safety program is the impact of frequent employee turnover that occurs in health care. Changes in senior leadership can impact overall organizational safety culture and shift the service focus within an organization, and changes in mid-level management can impact safety culture within units and departments. Ongoing turnover of other employees can present a challenge when maintaining standardized hazard prevention procedures, and safety culture within a team or work groups. Employee turnover also impacts program resources (budget, personnel etc.), as related to ongoing employee education and training etc.

The information about WPV program development provided in this toolkit is modeled on evidence based best practices for the design of sustainable employee and patient safety programs. If you use the program elements and related activities recommended in this toolkit to develop and implement a WPV program that is customized to your organization or facility, then you will have built a strong foundation that will allow you to successfully sustain your program.

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Remember, a safety program cannot be sustained effectively by one person e.g., the WPV program coordinator, or a safety or security manager. Successful safety programs are those that use an interdisciplinary and multifaceted approach that is integrated into the organization's culture. In other words, WPV prevention and control becomes just a normal *part of everyday work*.

Chapter 6 'Sustain Knowledge' of The Implementation of Best Practice Guidelines (2nd ed.). (2012). *Toolkit by the Registered Nurses' Association of Ontario (RNAO)*, provides further discussion about best practice to sustain best practices in health care.

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

Proactive injury prevention

Tracking injury rates and reviewing incident reports when performing ongoing evaluation of your WPV program allows you to determine if the frequency and severity of WPV related injuries are declining, and to plan strategies to prevent hazards or situations from occurring again after an incident. However, these are measurements of *past performance* (i.e., lagging indicators). They are not reliable indicators of what will happen related to the future performance of the organization or facility, nor do they allow you to mitigate hazards and risk before an incident occurs.

One of the key activities in sustaining a successful WPV program is the implementation of activities that allow you to *prevent* WPV related incidents instead of *reacting* to them.

You have already started to incorporate proactive strategies into your WPV plan when conducting staff surveys, and safety and security assessments of the physical environment, to identify and address hazards before WPV related incidents occur.

Proactive strategies as identified in **Tool 8a**, that should be used to sustain your WPV program include periodic:

- Safety and security assessments of the physical environment
- Staff and patient surveys and interviews
- Review of your program and all related processes

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- Implementing a process to facilitate development and integration of design principles facility wide that enhance security and employee safety when work areas/departments are remodeled and when new construction occurs.

Note: This process should involve design and construction departments or facilities planning and engineering, and other key departments as necessary, the WPV committee, and the managers and employees, affected by the change.

The process should mandate that the WPV committee be notified at the concept phase of a construction project so that they can review safety and security needs immediately. Incorporating safety and security design principles at the concept stage of a project is far less costly than having to retrofit or incorporate a solution after construction is completed etc.

In addition, design a process that ensures the WPV Committee is notified and involved if someone e.g., a department manager, is considering purchasing any safety or security related equipment or tools; developing or changing existing WPV related procedures; or when new patient care processes are to be implemented etc.

Do not forget when implementing changes to work areas or introducing new safety/security equipment etc., to conduct user testing/evaluation before the change or purchase occurs to facilitate successful implementation. Considerations for conducting *Pilot Testing* are discussed in **Section 7**.

Other activities that can assist to proactively address WPV hazards and risk include:

- Identifying security/violence prevention related issues as part of regular safety and Environment of Care rounds.
- Ensuring that a process is in place to address hazards that are identified e.g., high hazard issues are addressed immediately with report back to the WPV Committee. Non-immediate issues are elevated to the WPV Committee to be addressed.
- Establishing an ongoing relationship with local law enforcement and educating them about the nature and challenges of working with potentially violent patients.
- Periodic review by local law enforcement representatives, workers compensation insurer, private consultants and/or other expert third-party experts to evaluate program processes and procedures. *Note:* Oregon OSHA consultation services can also provide a consultant *free of charge* to review of your WPV program.

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Activities that can assist to sustain a WPV Program

Patient and employee safety literature provides many other examples of activities that can assist to facilitate culture change and sustain safety related programs, that the WPV Committee can review, and incorporate into the program based appropriateness for your organization.

These include:

- Executive rounding and other existing rounding practices that engage employees and include a focus on worker and patient safety.
- Department based, and organization wide safety huddles.
- Hand-off practices at shift change that incorporate clear communication about patients (and visitors/families) at risk for violence etc.
- Unit based safety coaching conducted by members of the WPV Committee and/or unit based safety champions or coaches. Coaches can review how employees are addressing care needs and management of patients at risk of violence etc., and provide ‘just-in’ time training as needed.
- Ongoing staff training including training for new hires, periodic refresher training, and training when there is a change in practice or procedure etc. (as detailed in the WPV Education plan). Adapt periodic training to keep it ‘fresh’ and new as feasible, to facilitate continued employee support and enthusiasm about the program.
- Ongoing marketing and communications efforts (as detailed in the WPV Communications plan).
- Processes to develop and implement recommendations/actions from safety huddles/employee ideas and suggestions.
- Continued celebration of successes and sharing of program activities, milestones met, outcomes, and lessons learned, with all stakeholders. This includes incorporating program goals on the senior leadership dashboard or other primary communication tool for monthly or quarterly review.
- A process to recognize and reward employee ideas and safety behaviors and to disseminate learnings i.e., how they made an impact on a patient, family member, or another employee as appropriate. For example, having employees or teams that demonstrate safety behaviors or have ideas that prevent WPV etc., share them with leadership or have a place recognize these employees that is visible to their coworkers, management and patients e.g., safety boards on units.

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Take care not to reward employees or departments for the achieving the lowest injury rate as this can motivate employees *not to report* safety related incidents including those related to WPV. Given that WPV is hugely underreported in health care it is important that recognition programs reward desired safety behaviors etc. This approach can help to facilities further change and compliance with WPV program process and policy.

As your WPV program matures (after initial successes and high-risk hazards are addressed) revisit the structure and membership of your WPV committee. Do some members want to be replaced with other coworkers from the same department? Are there other stakeholders that should be on the committee? Could the work of the WPV be conducted by the facility employee safety committee? This may be necessary in smaller facilities where personnel resources are limited etc.

As the program matures consider how to use employee or department based safety teams to audit work areas and solve problems.

Keep up to date about new strategies and evidence available to prevent and respond to violence in the health care as they develop.

All of the above activities, and many of those already described throughout this toolkit help to achieve ongoing management and employee engagement and support for the WPV program.

As discussed in **Section 1** of this toolkit, WPV prevention is relatively new in health care so consider sharing information about your WPV program and lessons learned with other health care professionals and organizations through:

- Publication of articles in peer review safety and health, nursing and health care leadership journals, and other service trade publications.
- Presentations made at local, state, and national health care related conferences, for example, the Oregon Governor’s Safety and Health conference which is held every two years in Portland (*the next one is in 2019 – contact Oregon OSHA for more information*).

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Facilities Design

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