**GRADY MEMORIAL HOSPITAL: MANAGING WORKPLACE SAFETY AND REDUCING WORKPLACE VIOLENCE IN HOSPITALS**

Violence is a significant public health issue and of great concern to hospitals caring for victims of violence. It also is a major concern for those who work in hospitals. Among state-run hospitals, which are predominantly psychiatric and substance abuse hospitals, the most common event leading to injuries in 2015 was violence. Over half of these injuries were sub classified as "intentional injuries by other person."[i] A 2016 GAO report concluded, "Workers in health care facilities experience substantially higher estimated rates of nonfatal injury due to workplace violence compared to workers overall."[ii] According to an American Hospital Association report by Milliman Research, it is estimated that proactive and reactive violence response efforts cost U.S. hospitals and health systems approximately $2.7 billion in 2016.[iii]
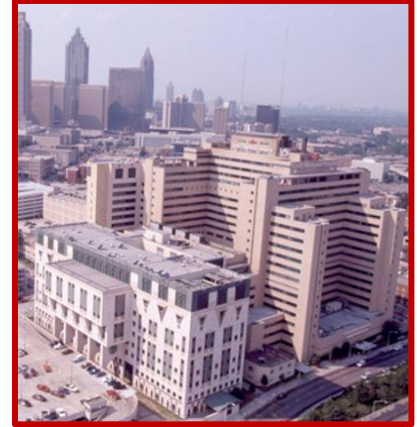
Grady Health System, located in Atlanta, GA, stands as one of the largest urban safety net providers in the United States. Managing nearly 600,000 patient visits each year, the majority of Grady's revenue is generated through Medicare and Medicaid reimbursement. Still, millions of dollars in indigent and charity care are provided each month; Grady must shoulder these costs. Thirty percent of Grady's patient base is uninsured.

The Grady Plan for Workplace Safety

Grady Health recognized rising community and hospital violence and its obligation to keep employees, visitors and the community safe. Violence and its threat adversely affected recruitment and retention of staff at all levels. In 2015, Grady embarked on an aggressive strategy to assess and minimize violence and improve workplace safety with the goals of ensuring patient and visitor safety and empowering staff confidence and well-being.

Grady's workplace safety and reduction of workplace violence initiative began with strategic discussions at the executive level. John Haupert, FACHE, president and CEO and Rhonda Scott, RN, PhD, EVP recognized the urgent need to plan and invest in bold, operational, procedural and policy changes to empower employees to feel safe within their work environment. They began by sharing their concerns with stakeholders including executive management and partners in all facilities on Grady's campus. A strategic hire was made to facilitate Grady's workplace safety efforts. Kevin August, a former FBI executive with a background in management, law enforcement and corporate security, was recruited to help create and facilitate the vision.

They retained a security consulting company with expertise in health care settings. The consultants worked over several months, including spending time at the hospital campus at varying times of the day and night. In January 2018, they completed an enterprise-wide risk assessment, focused on identifying security and safety deficiencies, which also included strategies that could assist in the mitigation of violence in the workplace, the results of which, was shared with senior executives. This included an analysis of CAP (Crimes Against Persons/Crimes Against Property) and report of the high-risk locations.

Strategic Priorities

After report analysis and stakeholder review, the priorities of the risk management report were organized into two parts, (1) operational needs initiatives and (2) staff needs and initiatives. The first step was addressing some immediate concerns such as lighting outside the emergency department; a review of all hospital entrances; and unsecured construction areas. These high-priority items were handled quickly, allowing other strategic priorities to be addressed including drafting policies and procedures and establishing reasonable expectations for implementation.

Operational Initiatives

A concentric approach, from the outside in, was taken to address operational needs. Three goals emerged in this approach: improved visibility of safety and security staff; improved response efficiency and the implementation of a visitor management system. This approach paved the way for many significant changes.

An important part of the team's success in establishing strategic priorities was acceptance and communication with principle stakeholders to include executive leadership, partners, and clinic leadership of those facilities located on their campus. Together, they reviewed recommendations to further strengthen infant abduction prevention; redesign nursing stations; ensure safety of other parts of the campus including neighborhood health systems, SNFs and clinics; and include directors and line managers in the process.

The concentric approach yielded significant enhancements to Grady Health's safety and security team. The initiatives taken include:

- Establish visibility: This began with new uniforms for public safety officers; to establish presence and uniformity within the hospital and around the hospital campus. An investment was made in transportation to patrol the campus to include Segways, golf carts and bicycles.

- Comprehensive training and re-training: The efficacy of training also depends on retraining to practice and maintain skills in the areas of firearms, de-escalation, patrol techniques, self-defense and customer relations.

- Infrastructure: A significant investment was made in a computer-aided dispatch (CAD) system to respond, prioritize and dispatch. Cameras were also added and upgraded to reach all parts of the campus with enhanced images.

- Access: It was determined that abundant entrance and access points posed a significant security risk. Many entrances have been closed and future planning includes further limiting access points. A sophisticated visitor management system using access cards was instituted to monitor and track all incoming and outgoing traffic to the hospital campus.

Staff Needs and Initiatives

Staff needs were also of the highest priority; prior to these efforts; Grady Health had an attrition rate of 13% per year. The goals of staff safety, workforce retention and growth and a desire for a culture shift led to several initiatives:

- Training: Staff received de-escalation training; behavioral health training; customer-service and patient-centered training; and safety tips.

- Schwartz Rounds: Schwartz Rounds which are designed by and for front-line practitioners, this program brings caregivers from different disciplines together on a regular basis to discuss the complex emotional and social issues they face in caring for patients.

- 2nd Victim Syndrome: Particular attention was paid to 2nd Victim Syndrome, mental trauma common to practitioners after a patient's adverse health event. A steering committee was formed to focus on workplace violence and staff who were considered "second victims."

- 1st Victims: Grady's leadership team is currently drafting policies and procedures related to staff directly involved in workplace violence.

Response of Staff and Inclusion of the Community

Rising violence and security concerns resulted in staff feeling vulnerable, isolated and not supported. Grady Health acted swiftly, instituting "We Care," a three-tiered approach with primary, secondary and tertiary consideration.   At the primary level, response is immediate; teammates are dispatched directly following an incident to support affected staff. The secondary level includes front-line staff with identified leaders conducting a debriefing session. The tertiary approach usually involves a larger group and are led by clinical staff with backgrounds in crisis management. These sessions are typically scheduled in advance, and draw an audience from all departments and shifts within Grady Health.

This immediate, secondary and longer-range response has resulted in positive staff feedback. To date, 40 staff have volunteered to become peer responders; responders are drawn from all areas within Grady Health. All training is done in-house, enabling a more focused, swifter and aligned approach.

In addition to staff, community partnerships include local law enforcement. After an incident has occurred, staff has the option to press charges. While this may not be chosen, the partnership further reinforces with staff that their safety and security is the highest priority and provides them with all options available.

Lessons Learned

Grady Health's workplace safety and violence initiatives have made an enormous impact on the lives, health and well-being of their employees, patients and visitors to their hospital campus. Although their efforts are ongoing, there are several lessons learned to share:

Pushback is to be expected. Change does not come naturally for many, continue to educate and communicate reasons for the changes and outcomes expected.

Culture change is a must. Workforce safety and security measures must be practiced by everyone and accepted as part of the organization's culture.

Train, train and retrain. One-time training for staff is never enough. Education and skills must be refreshed to remind and learn new information and techniques.

Buy-in is critical. Without support and understanding from the executive staff, change is difficult.

Involve clinical staff. In addition to the executive team, clinical staff support and education is necessary to achieve successful outcomes.

Get the right staff. Grady Health invested in their safety and security by hiring those with extensive experience in law enforcement and corporate security.

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[i] Michelle A. Dressner, "Hospital workers: an assessment of occupational injuries and illnesses," *Monthly Labor Review,* U.S. Bureau of Labor Statistics, June 2017, https://doi.org/10.21916/mlr.2017.17.

[ii] "Workplace Safety and Health: Additional Efforts Needed to Help Protect Health Care Workers from Workplace Violence," U.S. Government Accountability Office, Washington, DC, March 2016

[iii] Jill Van Den Bos, et. Al., "Cost of community violence to hospitals and health systems," Milliman Research Report for the American Hospital Association, Chicago, Illinois, July 26, 2017.