



St. Elizabeth
HEALTHCARE

Training & Education Center



2024 THERAPEUTIC CRISIS INTERVENTION & WORKPLACE VIOLENCE

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Organizational Development & Education

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Conflict in Healthcare ...



Patients and their families may sometimes present us with challenging and potentially dangerous situations. *Loss, fear, chronic pain, chemical dependency/withdrawal, or psychiatric condition can lead to difficult behaviors.*



While no training or online learning can substitute for experience and judgment, the following module may provide a useful starting point for the de-escalating process.



For additional information, please contact:

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OBJECTIVES

- Define Workplace Violence.
- Review the new Patient and Visitor conduct policy & Tools.
- Review risk factors and triggers of aggression.
- Recognize behavioral warning signs of violence in individuals.
- Identify the importance of Cultural Diversity and Sensitivity
- Identify verbal and nonverbal de-escalation and prevention techniques.
- Provide tools to help you de-escalate a volatile situation.

St Elizabeth Healthcare strives to provide a safe workplace, free of verbal or physical threat. Your safety and welfare are important to us.



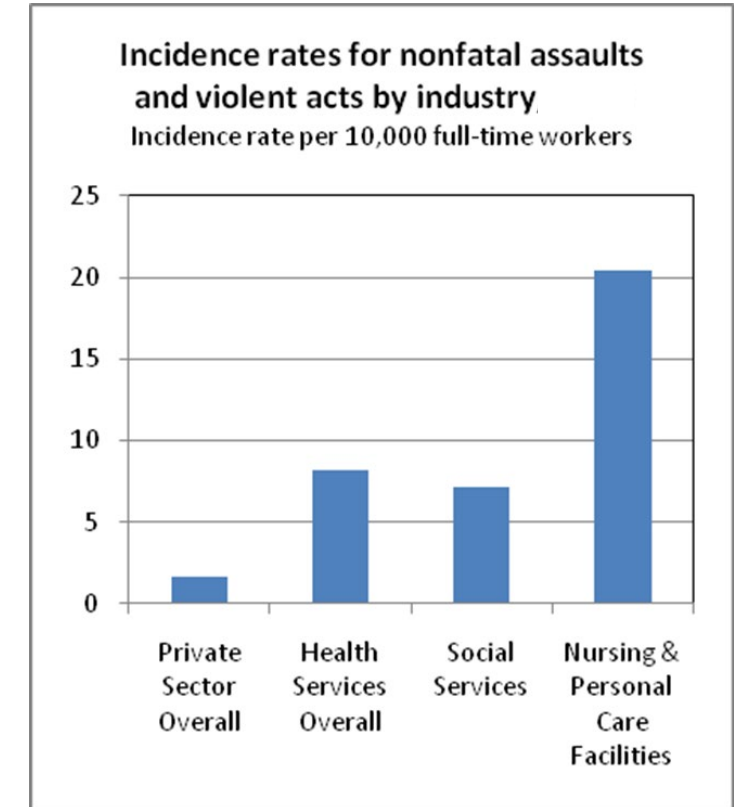
WORKPLACE VIOLENCE

IS DEFINED AS ANY SITUATION THAT MAY:

- Threaten the safety of an associate.
- Have an impact on any associate's physical, emotional or psychological well-being.
- Cause damage to company property.
- Horizontal violence (HV) is a familiar term used in nursing. Meissner (1986) first coined the expression “nurses eating their young, it can be covert or overt i.e., intimidating behavior, eye rolling, gossiping etc. it occurs among those who share the same status in a hierarchy. It can have an impact upon the ability of a nurse to practice safely.

PREVALENCE

Over the last decade, healthcare workers have accounted for approximately two-thirds of the non-fatal workplace violence injuries involving days off work



Source: Bureau of Labor Statistics, U.S. Department of Labor (BLS, 2014)

CLINICAL RISK FACTORS

The clinical setting is one of intensified emotions. Patients who are at risk of perpetrating violence include those who:

- Are under the influence of drugs or alcohol which may decrease impulse control.

- Are in pain.

- Have a history of violence.

- Have cognitive impairments or a psychiatric illness.

- Feel like they are not in control or have lost independence.

Any physically or mentally ill (acute or chronic) person may pose a risk to others. This could include patients, family members or visitors.



ENVIRONMENTAL RISK FACTORS

- Accessible, open environment
- Wide range of clientele
- High stress circumstances
- Gaps in communication
- Environmental stressors: noise, rules, lack of privacy
- Prolonged waiting times
- Overcrowded, uncomfortable waiting rooms
- Isolated work with clients during exams or treatment

Be alert to any changes in your environment

ENVIRONMENTAL RISK FACTORS

- SEHC is working to ensure staff safety by consolidating and updating the policies and procedures that currently guide our associates on patient belongings, valuables, and lost items.
- The 2 changes to the patient belongings flowsheet, includes separating out storage of nicotine products and including and separating out potentially harmful items.



MANAGING AGGRESSIVE BEHAVIOR

- Know your patient!
- Form therapeutic relationships.
- Prevent communication failures by increasing communication among all members of the healthcare team including patients and families.
 - Handoff/SBAR
 - Chart review
 - Partners in Care
 - Listen to patients & families
 - Communication Boards
 - Bedside report

SIGNS OF ESCALATION

- Early recognition of risk factors, potential triggers and warning signs are **critical** to your health and safety.
- Early identification is key to prevention.

Verbal Cues

- Speaking loudly or yelling
- Swearing
- Threatening tone of voice

Non-verbal or Behavioral Cues

- Arms held tight across chest
- Clenched fists
- Heavy breathing
- Pacing or agitation
- A fixed stare
- Aggressive or threatening posture
- Sudden changes in behavior



SIGNS OF ESCALATION

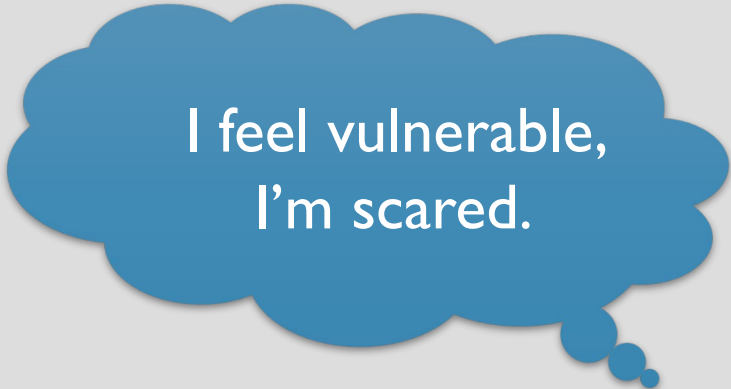
Displaced Anger

- Anger is *a response to feeling vulnerable, threatened, scared or hurt.*
- People displace their anger on a “safe target”.
- People are upset that they are in the “patient” role and displace their anger on those who are providing their care and healing.

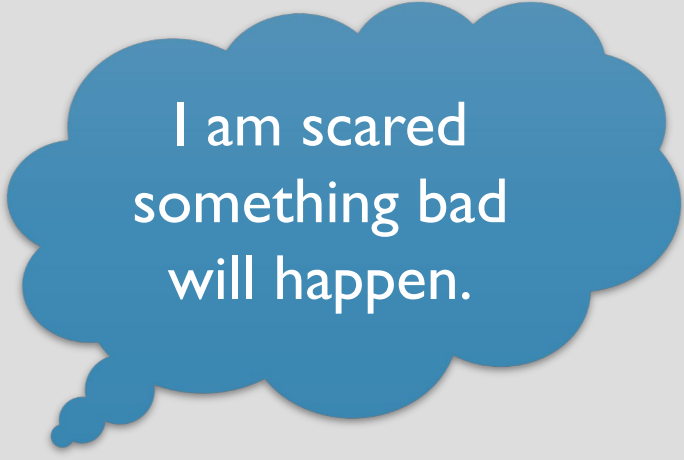


PATIENTS AND FAMILIES

- Feel vulnerable and distressed
- Fear of unknown
- Have feelings of powerless
- May be unfamiliar with and intimidated by the healthcare system
- Not always at their best
- Emotionally raw due to circumstance



I feel vulnerable,
I'm scared.



I am scared
something bad
will happen.

TOP 10 DE-ESCALATION TECHNIQUES

CRISIS PREVENTION INSTITUTE

RESPECT

Respect personal space

AWARE

Be aware of your own
body position

KEEP

Keep nonverbal cues
nonthreatening

STAY

Stay composed, avoid
overreacting

EMPATHETIC

Be empathetic to
others' feelings

PERMIT

Permit verbal venting
when possible

IDENTIFY

Identify real reason for
the behavior

IGNORE

Ignore challenging
questions

ENFORCE

Set and enforce
reasonable limits

USE

Use physical
techniques only as
A last resort

NEVER attempt a physical intervention unless you have received proper training and are following organizational policy and procedure.

DE-ESCALATION TIPS

Identify yourself and role



Anticipate their questions using your experience. People want to know what to expect.



Explain the process and procedures in plain terms.



Acknowledge their emotional pain, feelings of helplessness and fears.



Apologize if appropriate.



Maintain a respectful and professional attitude.



Empathize with their “plight”.

BE EMPATHETIC

Empathy – identifying with the feelings, thoughts, attitudes of another.

- Listen to the person's frustration
- Understand how they perceive the situation
 - What do they want that they are not getting ?
 - Address their concerns
 - Offer a solution or an alternative
 - How would you feel in that situation?

Empathy is patiently and sincerely seeing the world through the other person's eyes. It is not learned in school; it is cultivated over a lifetime.

- Albert Einstein -

Be kind and patient

- Be caring
- Be interested
- Be honest
- Be attentive
- Be non-judgmental

CULTURAL DIVERSITY AND SENSITIVITY

- *St. Elizabeth Associates respects the dignity and diversity of our associates, physicians, patients, family, and community members. We promote trust, fairness, and inclusiveness through honest and open communication.*

*Implicit bias is an **unconscious belief** that tends to favor one's own group.*

An implicit bias is a **discriminatory bias** that is largely based on **implicit attitudes or stereotypes** and can be either favorable or unfavorable.

BE ATTUNED TO YOUR OWN RESPONSES



Part of violence prevention is to be aware of your own feelings, responses, and sensitivities.



Pay attention to your instincts.



Your “fight or flight” response can be an early warning sign of impending danger, to get help, or get out.



Be Proactive not Reactive.



Be aware that the way you express yourself can have a significant effect on how others respond to you.



It is very stressful to deal with threatening, volatile or out of control patients/families.



Debriefings after such an incident may be beneficial.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Connecting associates to appropriate resources when life situations become challenging

- Counseling
- Referral to Community Resources
- Departmental Workshops

For more information or a confidential appointment, please call: (859) 301-2570

To access link, log on to St Elizabeth Intranet.
EAP Menu is in the Department Sites tab

#StESTRONG

Employee Assistance Program

- Educational Topics
- Bibliotherapy
- Documents and Forms
- DOT Requirements
- Drug Screening Procedures
- Drug/Alcohol Testing
- FAQs
- Hours/Location/Directions
- Selecting an EAP
- Warning Signs of Violence
- Resource Center



St. Elizabeth
PHYSICIANS



St. Elizabeth
HEALTHCARE

PATIENT & VISITOR CONDUCT POLICY & TOOLS

When interacting with our patients and visitors, all associates, physicians, providers, volunteers, and staff have **the right to feel safe and free from discriminatory or insensitive conduct** while working on St. Elizabeth's private property.

POLICY HIGHLIGHTS

PATIENT & VISITOR CONDUCT

- When any staff member encounters behavior that is disrespectful, derogatory or discriminatory, the behavior should be addressed in the moment (if safe to do so).
- The behavior should be reported to a supervisor.
- The incident should be addressed verbally or in writing with the patient or visitor and documented in MIDAS for SEH associates or to SEPPatientExperience@stelizabeth.com for SEP associates.
- If the behavior continues, reiterate expectations, up to and including that care will be terminated and/or visitors who engage in the behavior may be asked to leave the property.



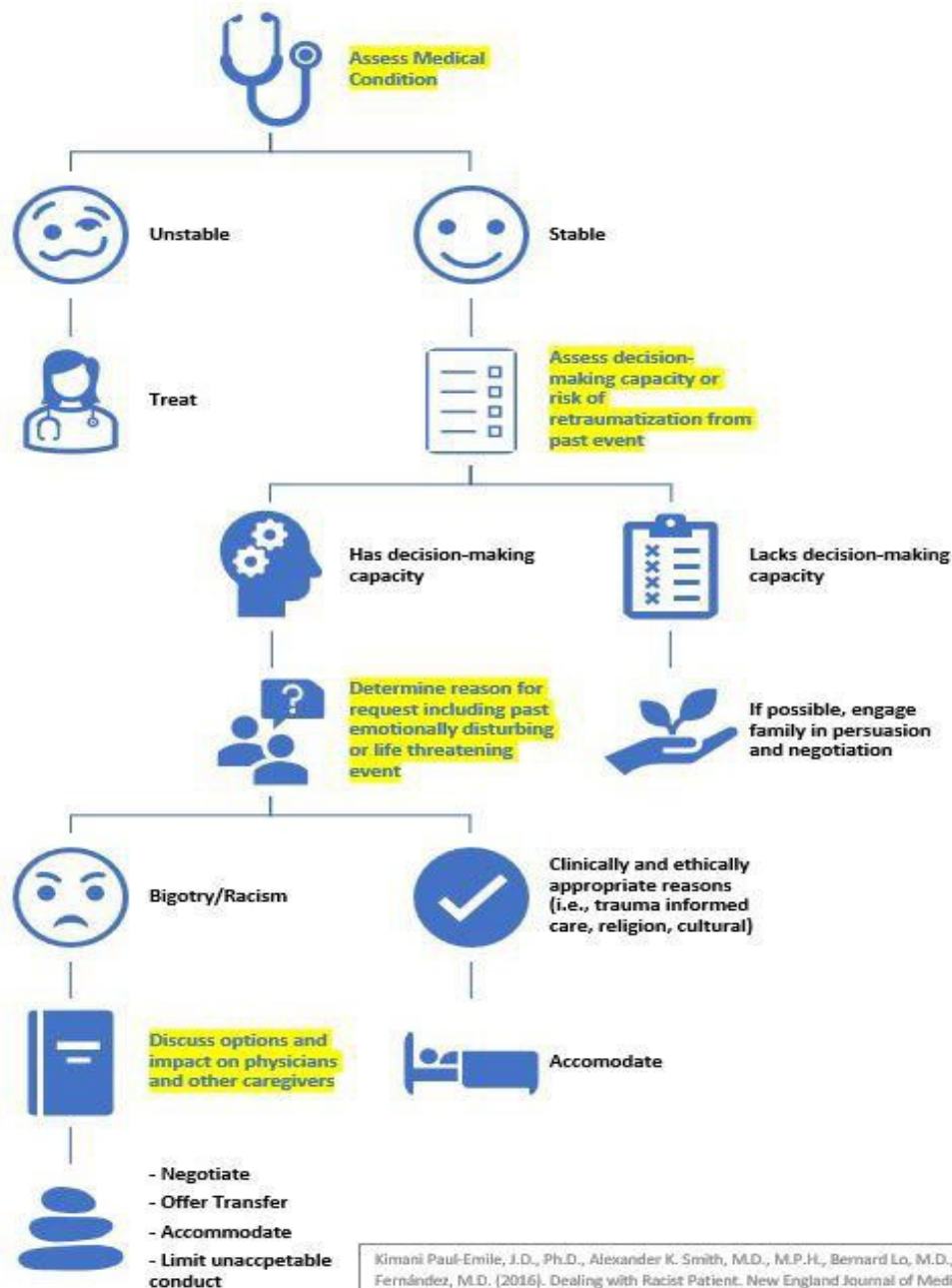
POLICY HIGHLIGHTS (CONT.)

PATIENT & VISITOR CONDUCT

- Requests for caregiver reassignment may occur for many reasons, some of which are not based in bigotry such as religious accommodations, cultural norms, or instances where PTSD or trauma may be present. In the event of a request, utilize the assessment tool as a guide.



Patient Request for Caregiver Reassignment



PATIENT REQUEST FOR CAREGIVER REASSIGNMENT

Requests from patients or visitors for a specific gender, race, religion, sexual orientation or other personal attribute of any staff member should be addressed using this assessment tool.*

* Exceptions to the policy should be reviewed with a manager with escalation (if warranted) to Human Resources, the Behavioral Assistance Response Team (BART), and/or the department of Diversity, Equity, and Inclusion.

*Adopted from the Mayo Clinic

SAFER MODEL AS A GUIDE

*SAFER

S

- **S**tep in when you observe behavior that does not align with our values

A

- **A**ddress the inappropriate behavior with the patient or visitor
 - Use the assessment tool as a guide
 - For in-patient settings, utilize BART as a resource for de-escalation
 - For SEP out-patient settings, engage the Office Manager (an Outpatient Safety Work Plan is forthcoming)

F

- **F**ocus on St. Elizabeth's values of Accountability, Respect, Teamwork and Excellence

E

- **E**xplain St. Elizabeth's expectations and set appropriate boundaries

R

- **R**eport the incident to your supervisor or leader and document the event in MIDAS (SEH) or SEPPatientExperience@stelizabeth.com (SEP)

GET INVOLVED

According to OSHA (2015), employee involvement is an essential element for the success of any workplace violence prevention program. At a minimum, staff should:

- Be familiar with workplace violence prevention programs and hospital policies.
- Regularly attend safety training programs offered by our organization.
- Participate in safety and health committees.
- Alert supervisors to any concerns and report all incidents to Security as soon as possible.

DE-ESCALATION OVERVIEW



Prevention is the best way to promote a culture of caring and a safe and respectful workplace for everyone.



The art of conflict management is a skill that can be developed.



There is the potential for any patient or visitor to become verbally or physically assaultive under extreme distress.



Not every crisis may be successfully de-escalated, but trained staff members who know these key principles are much more likely to influence behavior in a positive way, defusing potential crisis situations before they become dangerous.



Remember, your safety is of the utmost importance. Take care of yourself and each other.

PHYSICAL CONTAINMENT

DRAFT 10/17/23 WA

In some situations, verbal de-escalation is ineffective, to provide a safe environment for the patient/visitor and staff, physical intervention is required.

Staff should refer to the PolicyStat (**Restraint and/or Seclusion, ACLIN-R-03**)

SELF CARE

It is important for us as practitioners and service providers to take care of ourselves.

Work-life balance can be challenging.

What have you done for yourself today ?

SO WHAT ABOUT YOU?

Vicarious trauma is real.

It is what happens to you over time as you witness cruelty and loss and hear distressing stories, day after day, and year after year.

**Simply put, it changes you.
It changes ALL OF US.**

Symptoms include:



Hyper arousal-trouble sleeping or concentrating, easily startled, anxious, agitated, depression



Physical problems such as aches & pains, various illnesses, weight gain, accidents



Difficulty feeling connected to what's going on around and within you



Cynicism; loss of idealism; anger; disgust



May lead to Burn Out, Counter-transference, or Compassion Fatigue

TAKING CARE OF YOURSELF

- Relate, Rest and Relax.
- ESCAPE and UNPLUG.
- Remind yourself of the importance and value of the work we do.
- Stay connected with family, friends, and colleagues.
- Taking time to reflect (e.g., by reading, writing, prayer, and meditation). Noticing and deliberately paying attention to the “little things”.
- Identifying and challenging your own cynical beliefs .
- Maintain a healthy balance of work, play, and rest.
- Increase physical activity, maintain a healthy diet, and get enough sleep.
- Ask for help when needed – EAP services are available and free of charge.

COMPLETING MIDAS WORKPLACE VIOLENCE (WPV) REPORTS

Requests

[New Shortcut](#)
[My Shortcut Requests](#)

Categories

[Common](#)
[HR](#)
[Lab](#)
[Marketing](#)
[Revenue Cycle Operations](#)
[SharePoint](#)
[Web Apps](#)

 References	 Allscripts	 CM CARE MANAGEMENT	 ARIP	 Ask Mayo Expert	 Availity	 BART	 BD HealthSight Viewer	 BD HealthSight Viewer TV Mode	 Biomed Clinical Eng Work Request	 Blood Mgmt and Transfusion Safety References	 Business Analytics	 CHIRP	 Ciox Health XSource Coding GYM	 Experian health ClaimSource
 ClinicalKey for Nursing	 St. Elizabeth Clinical Ladder Program	 ClinicalPath	 Clinical Skills	 Compliance 360 Login	 Compliance 360 Login	 COVID-19 Patient Care Resources	 COVID-19 Updates	 Cove Federal Credit Union	 CS-iQ CSC	 CS-iQ EDG	 CS-iQ ESC	 CS-iQ FLO	 CS-iQ FTT	 E>Priv
 E>Priv Dearborn	 ECMO	 St. Elizabeth Edgewood Comprehensive Cardiac Care Joint Commission	 Elsevier Learning	 Employee Injury Report	 Epic SEH Epic BCA Web Access	 Epiphany cardio	 Fidelity On-Site Appointment Scheduler	 Fidelity Sign-In	 genesight	 getwell network GWN	 GREENLIGHT MEDICAL	 GROWING UP WITH US	 Healogics Hub	 Health Sciences Library
 HealthStream	 hfma	 iCare - Beyond Excellence	 i-heal	 Indiana Online Licensing	 INDIANA MEDICAID	 iris Intelligent Retinal Imaging Systems	 IS Service Desk	 The Joint Commission Manuals	 Kentucky.gov Kasper Reports	 Kentucky Board of Dentistry	 Kentucky Board of Nursing License Check	 Kentucky Board of Medical Licensure	 Kronos	 Kronos Time Stamp
 CHFS KY Report Abuse	 CHFS KY State Social Worker On Call Schedule	 LAB Contacts	 St. Elizabeth Laboratory Test Directory	 LEADERSHIP ACADEMY	 Lexicomp	 LifeCenter I-Referral	 MARKETING ASSETS	 MAYO CLINIC CareNetwork Member	 MedEx	 Medical Check In	 St. Elizabeth Mentor IRB	 Micromedex	 Midas+	 MDSonline
 American Messaging MyAirMail	 MyChart	 NEC Encore System	 NICU MANUAL	 Nursing and Patient Care Services Intranet	 Nursing Data Entry DASHBOARD	 NURSING WELCOME LETTERS PARTNERS IN CARE	 State Medical Board of Ohio	 McKesson OneContent	 oneSOURCE SOLUTIONS	 Experian health OneSource	 Organizational Development	 Pathways	 PATIENT TOOLKIT	 PeopleSoft Self Service

Step-by-step in MIDAS

COMPLETE WPV IN MIDAS

1. Access MIDAS through SharePoint
2. Click MIDAS Tile

The screenshot displays the 'Shortcuts' page of the St. Elizabeth Healthcare intranet. At the top, the St. Elizabeth Healthcare logo is on the left, and a search bar is on the right. Below the logo, a green navigation bar contains links: Shortcuts, Intranet, Azure MFA, Office Portal, Outlook Online, Teams, and SEH IS Online Resource Center. The main content area is divided into a left sidebar and a grid of shortcut tiles. The sidebar includes sections for 'Requests' (New Shortcut, My Shortcut Requests) and 'Categories' (Common, HR, Lab, Marketing, Revenue Cycle, Operations, SharePoint, Web Apps). The grid contains numerous tiles for various services and systems. A yellow arrow points from the 'SharePoint' category in the sidebar to the 'E>Priv Dearborn' tile. Another yellow arrow points from the 'MIDAS' tile in the grid to the 'MIDAS' tile in the grid.

St. Elizabeth HEALTHCARE Shortcuts

Search this site

Shortcuts Intranet Azure MFA Office Portal Outlook Online Teams SEH IS Online Resource Center

Requests

- New Shortcut
- My Shortcut Requests

Categories

- Common
- HR
- Lab
- Marketing
- Revenue Cycle
- Operations
- SharePoint
- Web Apps

Shortcuts Grid:

3M References	Allscripts	CARE MANAGEMENT	ARIP	Ask Mayo Expert	Availity	BART	BD HealthSight Viewer	BD HealthSight Viewer TV Mode	Biomed Clinical Eng Work Request	Blood Mgmt and Transfusion Safety References	Business Analytics	CHIRP	CIOX HEALTHXSOURCE Coding GYM	experian.health	ClaimSource
ClinicalKey for Nursing	St. Elizabeth Clinical Ladder Program	ClinicalPath	Clinical Skills	Compliance 360	Compliance 360 Login	COVID-19 Patient Care Resources	COVID-19 Updates	cove Federal Credit Union	CSC	EDG	ESC	FLO	FTT	E>Priv	
E>Priv Dearborn	ECMO	St. Elizabeth Edgewood Comprehensive Cardiac Care Joint Commission	Elsevier Learning	Employee Injury Report	Epic SEH Epic BCA Web Access	Epiphany cardio	Fidelity On-Site Appointment Scheduler	Fidelity Sign-In	genesight	getwell.network GWN	GREENLIGHT MEDICAL	GROWING UP WITH US	Healogs Hub	Health Sciences Library	
HealthStream	hfma	iCare - Beyond Excellence	i-heal	Indiana Online Licensing	INDIANA MEDICAID	iris Intelligent Retinal Imaging Systems	IO Cardiac Desk	The Joint Commission Manuals	Kentucky.gov	Kasper Reports	Kentucky Board of Dentistry	Kentucky Board of Nursing License Check	Kentucky Board of Medical Licensure	Kronos	Kronos Time Stamp
CHFS KY Report Abuse	CHFS KY State Social Worker On Call Schedule	LAB Contacts	St. Elizabeth Laboratory Test Directory	LEADERSHIP LEADER	Lexicomp	LifeCenter I-Referral	MARKETING ASSETS	CareNetwork	MedEx	Medical Check In	St. Elizabeth Mentor IRB	Micromedex	MIDAS	SDSOnline	
American Messaging MyAirMail	MyChart	NEC Encore System	NICU MANUAL	Nursing and Patient Care Services Intranet	Nursing Data Entry DASHBOARD	NURSING WELCOME LETTERS	State Medical Board of Ohio	McKesson OneContent	oneSOURCE	experian.health OneSource™	Organizational Development	Pathways	PATIENT TOOLKIT	PeopleSoft Self Service	

COMPLETE WPV IN MIDAS

3. Log in or Bypass Log in

The screenshot shows the 'Midas+ Remote Data Entry' application window. The title bar reads 'Remote Data Entry'. The main window has a purple header with the Midas+ logo and the text 'Remote Data Entry'. Below the header, the window displays the 'Active Directory Login' dialog. The dialog title is 'Active Directory Login'. The main title is 'Midas+™ Remote Data Entry'. Below that, it says 'Version 10.0.9' and 'Server: 53MIDAS02, Database: MAA'. There are three input fields: 'Domain:' with the value 'jchpntelizabeth.com', 'User ID:', and 'Password:'. To the right of the 'Domain:' field is a 'Log In' button. To the right of the 'User ID:' field is a 'Bypass Log In' button. A yellow arrow points from the text '3. Log in or Bypass Log in' to the 'Log In' button. Another yellow arrow points from the same text to the 'Bypass Log In' button. At the bottom of the dialog, it says 'Copyright© 1987-2017, MidasPlus, Inc. Midas+™ System. Certain restrictions may apply.'

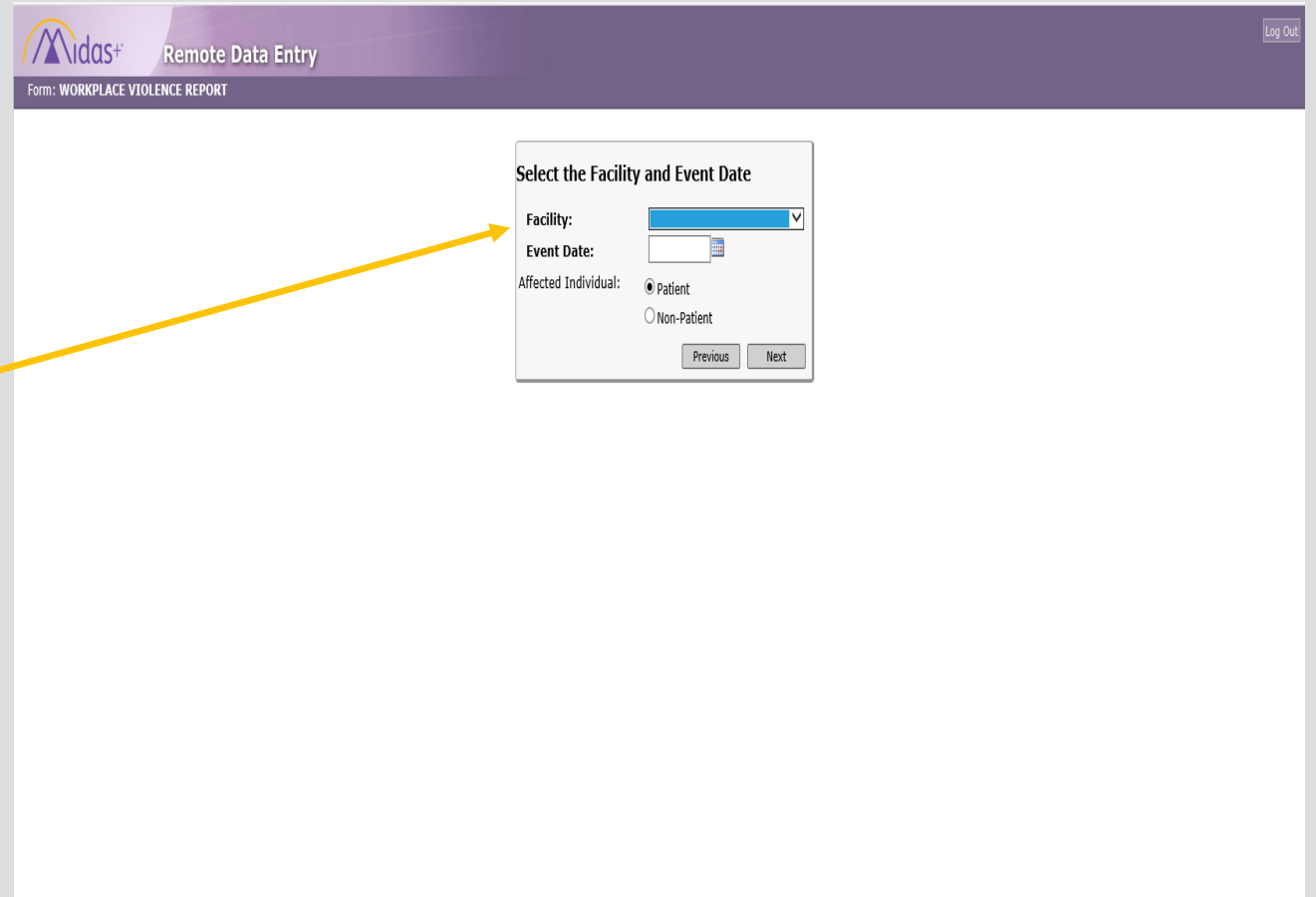
COMPLETE WPV IN MIDAS

4. Choose Workplace Violence Report

The screenshot shows the MIDAS Remote Data Entry interface. At the top, there is a purple header bar with the MIDAS+ logo on the left and 'Remote Data Entry' in the center. On the far right of the header is a 'Log Out' button. Below the header, a 'Select a Form' dialog box is open. This dialog has two main sections: 'Risk' and 'Patient Relations'. The 'Risk' section contains a list of medical events, including 'ADVERSE DRUG REACTION', 'DIALYSIS EVENT', 'EXTUBATION UNPLANNED', 'FALL EVENT ALL FACILITIES', 'HOSPITAL ACQUIRED INFECTION', 'HOSPITAL ACQUIRED PRESSURE ULCER', 'IV EVENTS', 'MEDICATION VARIANCE', 'OTHER PT/VISITOR ALL FACILITIES', 'PATIENT COMPLAINT', 'PUMP ISSUE', and 'WORKPLACE VIOLENCE REPORT'. The 'WORKPLACE VIOLENCE REPORT' option is currently selected and highlighted. The 'Patient Relations' section is an empty list. At the bottom right of the dialog box is a 'Help' button. A yellow arrow originates from the text '4. Choose Workplace Violence Report' on the left and points directly to the 'WORKPLACE VIOLENCE REPORT' option in the 'Risk' list.

COMPLETE WPV IN MIDAS

5. Choose location/facility



The screenshot shows the Midas+ Remote Data Entry interface for a Workplace Violence Report. The header includes the Midas+ logo, the text 'Remote Data Entry', and a 'Log Out' button. Below the header, the form title 'Form: WORKPLACE VIOLENCE REPORT' is displayed. The main content area features a dialog box titled 'Select the Facility and Event Date'. This dialog box contains the following fields and options:

- Facility:** A dropdown menu with a blue arrow icon on the right.
- Event Date:** A date input field with a calendar icon on the right.
- Affected Individual:** Two radio button options:
• ☒ Patient
• ☐ Non-Patient
- Navigation:** Two buttons at the bottom: 'Previous' and 'Next'.

A yellow arrow originates from the text '5. Choose location/facility' on the left and points directly to the 'Facility' dropdown menu in the dialog box.

COMPLETE WPV IN MIDAS

6. Indicate *affected individual*:

Patient: a current patient in the system who exhibited WPV

Non-patient: any one other than a patient that has exhibited WPV, i.e. visitor, family member

7. By selecting patient:

- Type last name
- Click lookup
- Select correct patient
- Click OK

Midas+ Remote Data Entry
Form: WORKPLACE VIOLENCE REPORT

Select a Patient and Encounter

Lookup By: ☒ Name ☐ Number

Facility: Event Date:

Last Name: First Name:

Encounters

Patient Name	Birth Date	Encounter Type	Enc. Start Date	Discharge Date	Location
JONES, ALICE S.	11/18/2015	LAB	11/18/2015	11/18/2015	EDS LAB LAB
JONES, ALICE S.	<Blocked>	LAB	11/16/2015	11/16/2015	EDS LAB CRCT
JONES, ALPHIE S.	<Blocked>	LAB	11/14/2015	11/14/2015	EDS Laboratory
JONES, AMANDA S.	<Blocked>	LAB	11/14/2015	11/14/2015	PLD MOB LAB
JONES, AMBER S.	<Blocked>	LAB	11/17/2015	11/17/2015	PTD MOB CRCT
JONES, AMBER S.	<Blocked>	LAB	11/14/2015	11/14/2015	PLD MOB
JONES, AMY S.	<Blocked>	LAB	11/17/2015	11/17/2015	EDS Mob Lab
JONES, ANITA S.	<Blocked>	LAB	11/13/2015	11/13/2015	PLD MOB LAB
JONES, ASHLEY S.	<Blocked>	LAB	11/16/2015	11/16/2015	EDS Laboratory
JONES, BARBARA J.	<Blocked>	LAB	11/13/2015	11/13/2015	PLD MOB LAB
JONES, BETTY J.	<Blocked>	LAB	11/13/2015	11/13/2015	EDS LAB CRCT
JONES, BRADLEY S.	<Blocked>	LAB	11/17/2015	11/17/2015	PTD LAB
JONES, BRITTNEY P.	<Blocked>	LAB	11/14/2015	11/14/2015	EDS Laboratory

19:49 until timeout User: NOT AUTHENTICATED Version: 2014.2.2 (MAA on 53MIDAS01)

COMPLETE WPV IN MIDAS

Fill all fields in by either free text or selecting options.

If free texting, please be as specific as possible to ensure flagging.

Do not put “See Epic Note”
Security has NO access to Epic.

If Staff Injury occurred fill out an employee incident form

Event Date:	11/7/2018
Time:	
Event No.:	18-6417
Event Type:	
Facility:	ST. ELIZABETH FT. THOMAS
Location:	
Non-Patient ID:	
Non-Patient Name:	
Entered by:	
Info Source:	
Specific location of incident:	
Violence Directed toward [select all that apply]:	
Patient/Assailants Name if known:	

This will only show if non-patient is selected on opening screen.

**Note employees do not put your name in the “non-patient box” This makes it look like you committed the WPV.

This is for visitors, family, etc.



Drop down for options



Free text

RESOURCES AND REFERENCES

The National Child Traumatic Stress Network www.NCTSNet.org

The Crisis Prevention Institute www.crisisprevention.com

Department of Health and Human Services

Centers for Disease Control and Prevention www.cdc.gov

Occupational Hazards in Hospitals. (2012). National Institute for Occupational Safety and Health. www.ced.gov/niosh

SAMHSA www.SAMHSA.gov

Headington Institute www.headington-institute.org

Lipscomb, J. & London, M. (2015). Not Part of the Job: How to Take a Stand Against Violence in the Work Setting. Distributed by the American Nurses Association.

National Center for Trauma Informed Care www.SAMHSA.gov/nctic

Center for Study of Traumatic Stress www.cstsonline.org

Preventing Workplace Violence in Healthcare www.osha.gov/dsg/hospitals/workplace_violence

The Joint Commission. 2010. Preventing Violence in the Healthcare setting. Sentinel Event Alert (45)

Occupational Safety & Health Administration (OSHA) www.osha.gov/SLTC/healthcarefacilities/violence

The impact of horizontal violence on the individual nurse: A qualitative research study: Nurse Education in Practice, 2021-07-01, Volume 54, Article 103079, Copyright © 2021 Elsevier Ltd

Horizontal Violence Among Hospital Staff Nurses Related to Oppressed Self or Oppressed Group: Journal of Professional Nursing, 2012-09-01, Volume 28, Issue 5, Pages 306-314, Copyright © 2012 Elsevier Inc.

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Attestation Statement

I have read this module and agree to abide by the expectations of this module.

