# Effective Data-Driven Management of Workplace Violence Prevention Programs in Healthcare

## West Virginia Hospital Association

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## Objectives

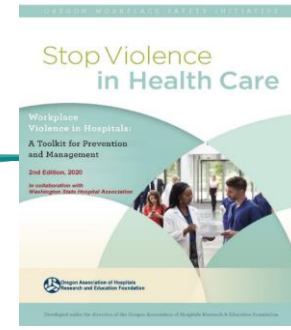
1. Define the key elements of data collection necessary for facilitate an effective workplace violence prevention (WPV) program
2. Identify how to use quantitative and qualitative data to identify, prioritize and evaluate program activities that mitigate WPV
3. Discuss common barriers to effective data collection and use







## For More Information



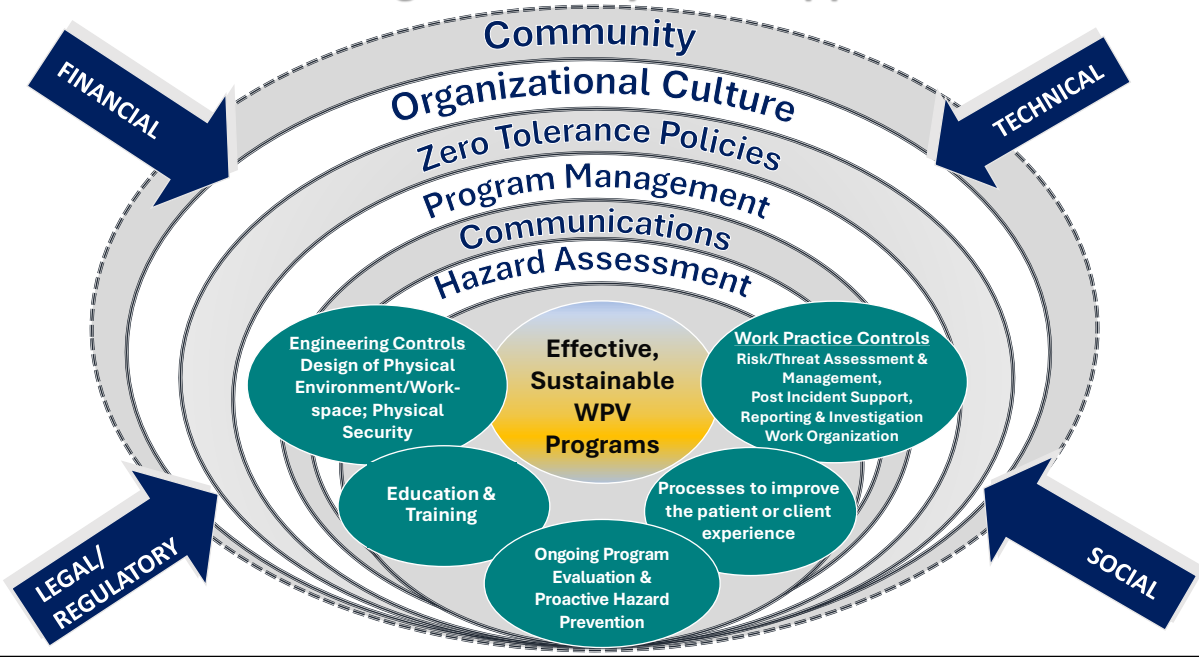

**Refer to: A Toolkit for Prevention and Management of WPV**
https://www.oahhs.org/safety

- **Sections 2, 3, 4 & 8**

**Useful Tools**

- 2a - Hospital Master Data Spreadsheet Template
- 2b - Injury Data Report Summary
- 2c - Calculating Direct & Indirect Injury Costs
- 2d - Analyzing Injury Data and Direct Costs
- 3a - Gap Analysis
  - F. Hazard Identification and Assessment &
  - I. Ongoing Program Evaluation
- 3b, c, d, & e. WPV Employee Survey
- 3f - Safety and Security Checklist
- 3g - Prioritizing Level of Risk for WPV and Solutions
- 3h - Tips for Choosing Solutions
- 8a - Program Measurement Plan

## WPV Programs – A Systems Approach

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## Why Collect & Evaluate WPV Related Data?

- **Overall Goal:**
  - To identify the scope, cost & causes of the WPV
  - Inform problem solving & prioritization of solutions to address WPV related hazards & risk
  - Evaluate program implementation and process activities; outcomes and overall effectiveness
  - Ensuring compliance and accountability
  - Facilitate program sustainability & foster a culture of safety
  - Benchmarking and Collaboration


**Remember that measuring WPV injury and incident data alone is not sufficient to effectively manage a WPV program**



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## When Should Data be Collected and Evaluated?

- At program start to determine feasibility and baseline metrics
- During and after WPV program implementation (unit/dept., facility-wide assessment)
- Ongoing – to elicit support to sustain the program and correct issues (e.g., monthly; quarterly; annually)
- Formally and in-depth at least annually
- At concept stage for new equipment, processes, and facility design
- Expansion of the program
- Change in patient populations/service line/structural modifications to building etc.
- As a result of recommendations from investigation of violence related incidents
- Whenever the employer is made aware of a new or previously unrecognized violence-related hazard



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## Who Should Conduct Data & Evaluation?

- The WPV program coordinator and WPV Committee
- Other key stakeholder groups including security, patient quality/risk management, HR, unit/department managers, IT/nurse informaticist

Engaging a diverse group of stakeholders with a variety of backgrounds, skills, and experience will assist in providing a range of perspectives and insights when determining program metrics, the impact of the program and sustaining program improvement.



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## What Should We Measure to Start & Sustain a WPV Program?


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## What Should We Measure?

Lagging Measures (Past Performance & Reactive)

*Program Outcome Measures*

- Injury and severity rate (LWD, RWD cases etc.) by facility and unit/dept.
- Worker comp costs
- First aid cases
- Code Grey/White Reports
- Replacement costs
- Job turnover & absenteeism

Leading Measures (Predictive & Proactive)

*Program Process Measures*

- WPV safety and security audits/rounding
- Near-miss reporting
- Employee surveys, interviews, focus groups
- Employee & patient satisfaction
- Program gap analysis
- Proactive safety huddles
- Program process measures e.g., patient assessment to predict risk of WPV

**Measurement of a WPV Program Should Move From Reactive to Proactive as Program Matures**

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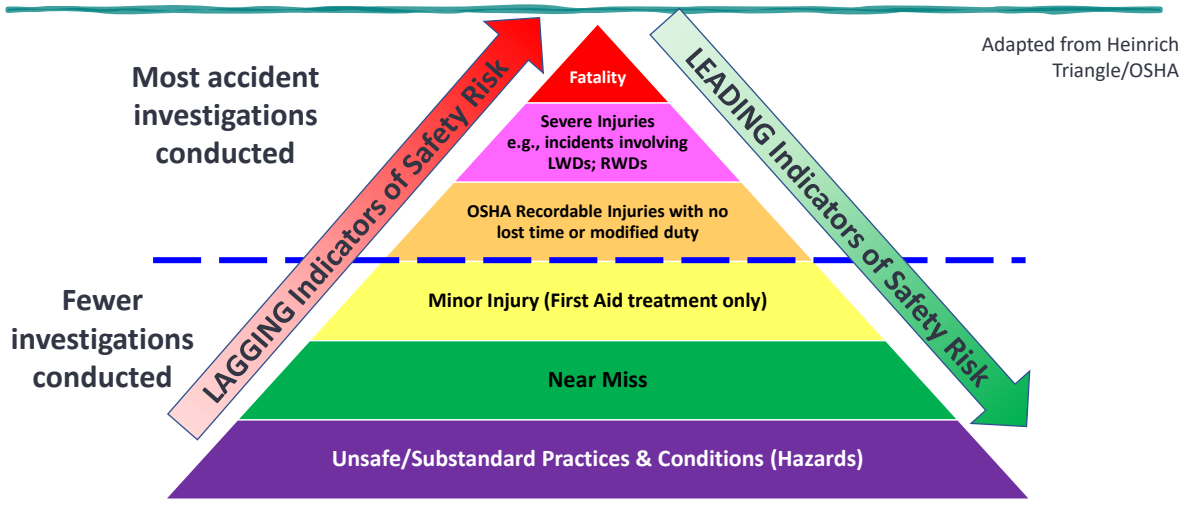
## What are Leading and Lagging Metrics?




Biggest percentage of injury causing potential



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## Direct Costs:
## Collect Baseline WPV Incident/Injury and Cost Data

**Goal: To Define the Scope of the Problem -**
**What, Where, How Many, 'How', & Cost**

- OSHA 300 log/Workers Comp loss run report/First Aid and Near Miss Data/Code Grey or White reports
- # Incidents (recordable & first aid only); # lost workday cases & days lost;# restricted workday cases & days restricted
- Total recordable incident rate (TRIR) & severity (DART) rates
- Coding incidents by basic cause and type of injury e.g., WPV and assailant
- By Facility; by Department; by Location of Event; by Job Title; by Shift
- By Incident Description



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## Collect Baseline Incident/Injury and Cost Data

| Sources of employee injury data | Departments where the data is usually located |
|---|---|
| OSHA 300 log and 300A Summary of Work-Related Injuries and Illnesses) http://www.osha.gov/recordkeeping/RKforms.html | Human Resources or Employee Health |
| First aid only/Near Miss logs | Human Resources or Employee Health |
| Workers' compensation report forms -First Report of Injury (WV - Form OIC-WC-2) | 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/White and Silver reports | Human Resources; Employee Health; Security Services; Quality/Risk Management |
| Security logs | Security Services |



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## Data Collection & Review - Challenges

- Data in non-electronic form!
- OSHA log data alone doesn't always provide enough information e.g. details of incident
- Inaccurate collecting of data
- Non-standardized reporting of data
- OSHA recordable data collected only
- Data not updated e.g., as days lost accrue
- Data is rarely coded by source of injury e.g. WPV
- Data is not collected by one dept.
- Lack of knowledge about/limited access to Loss Run data from TPA or Worker's Comp Carrier
- Injury costs are rarely analyzed
- Incidents/severity rates are not understood/used; lack of benchmarking
- Data not used effectively to trend and track injuries & provide effective basis for managing worker safety programs
- Underreporting of WPV incidents


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## Data Collected/Needed for Management of Worker Safety Programs (Refer to OR WPV Toolkit - Tool 2a)

- Case #*
- WC Claim Number/Status
- Employee Name*
- Employee Job (see list)/Job Title*
- Date of Incident/Injury/Onset of Illness*
- Time of Incident
- Location of Incident*
- Dept/Unit where employee assigned
- Dept/Unit Code where employee assigned
- Nature of Injury Desc
- Body Part Affected
- Object or Substance That Caused Injury
- Incident Description Employee*
- Incident Description Manager
- Activity before the Incident
- Death*
- Days away from work*
- Job transfer or restriction*
- Other recordable cases*
- # Days away from work*
- # Days job transfer or restrictions*
  - Injury*
  - Skin Disorder*
  - Respiratory Condition*
  - Poisoning*
  - Hearing Loss*
  - All other illnesses*
  - Needlestick*
- OSHA Recordable Case
- Incurred
- $ Reserves
- Total $ Paid to Date

*Per OSHA 300 Log



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## Data Collected/Needed for Management of Worker Safety Programs (Refer to OR WPV Toolkit - Tool 2a)

Then include additional data fields that can be used to code any type of incident e.g.,

- BFE (Body Fluid Exposure)
- Burns
- Chemical Exposure/Chemical Burn
- Contact with Animals or Insects (Dog Bite, Bee Sting, etc.)
- Contact with Radiation
- Contact with Temperature Extremes - Hot Objects or Substance
- CTD ( Cumulative Trauma Disorder/Repetitive Motion Injury)
- Disease exposure or positive TB confirmation
- MH (Material Handling e.g., pushing, pulling, carrying equipment or object or handling of object with physical exertion)
- MVA (Motor Vehicle Accident)
- NS (Needle stick or similar with BBP)
- O = all other injuries
- PH (Patient Handling) sub code by task
- STF (Slips, Trips, Falls)
- Stress
- Struck or Caught between Caught Between objects or materials
- Unknown (Unknown Cause or Undetermined)
- Workplace Violence (sub code by perpetrator e.g. P=patient; V=visitor)



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## Example WPV Incident Log
### *(SCHA/Antum Risk WPV Collaborative)*

- Facility
- Incident Date
- Incident Time
- Unit/ Dept Type (drop down)
- Location Code (drop down)
- Position Code (drop down)
- Category of Workplace Violence (drop down)
- Type of Violence (drop down)
- Person who committed the violence (drop down)
- Parties injured during incident (drop down)
- OSHA Recordable (drop down)
- Insurance carrier notified (drop down)
- Estimated total incurred cost
- Severity
- Restricted Days (employee injury)
- Lost work Days (employee injury)
- EAP / supportive resources provided to employees involved (drop down)
- Contributing Factors (drop down)
- Known history of violence by assailant? (drop down)
- Assailant restrained? (drop down)
- Was the incident diffused? (drop down)
- Were restraints deployed due to incident? (drop down)
- Did anyone leave the area because of the incident? (drop down)
- Were any of the following contacted as a result of this incident? (drop down)
- After the incident the assailant: (drop down)
- Charges Filed? (drop down)
- After action review of incident completed? (drop down)

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## Examples of How to Evaluate WPV Related Incident Data & Costs

**The following data can be presented in several ways e.g.,**

- **For a specific time period e.g. aggregate data for past 3-5-years or for 1 year**

- **Trends over time of 1 or more variable**

- **Facility wide- or by specific unit(s)/dept(s**

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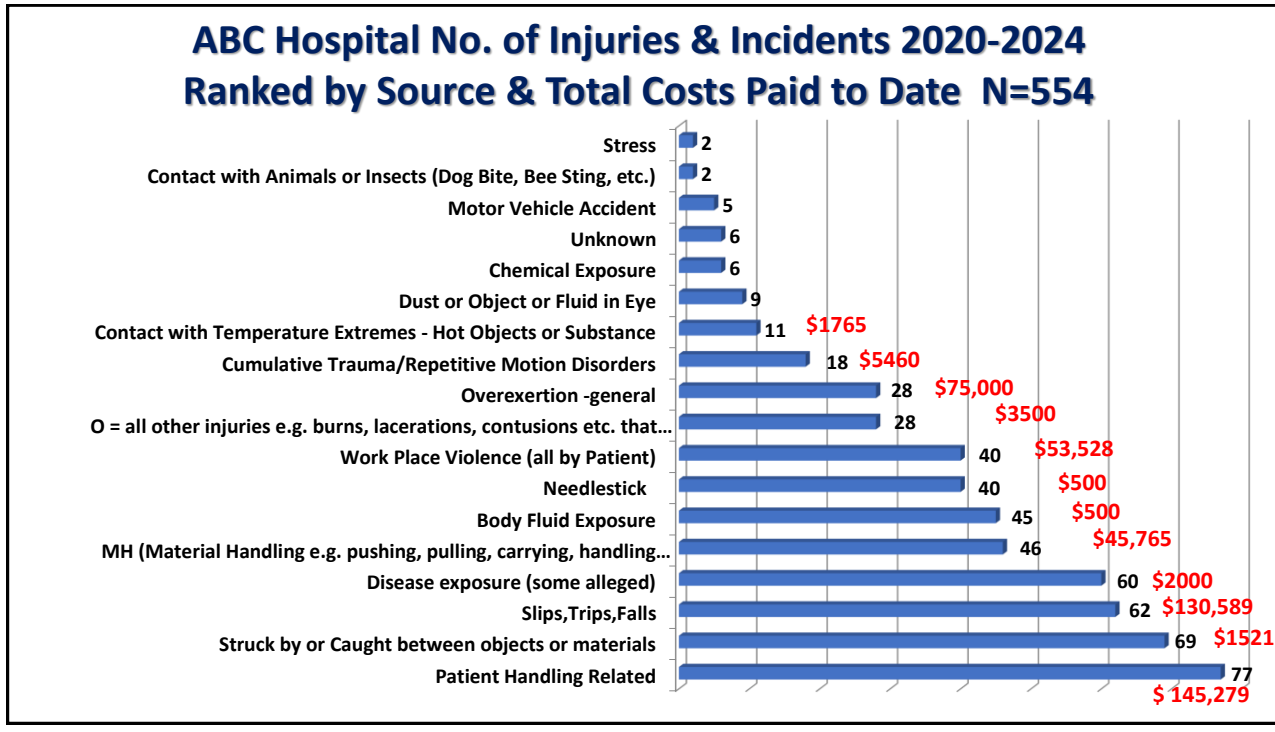


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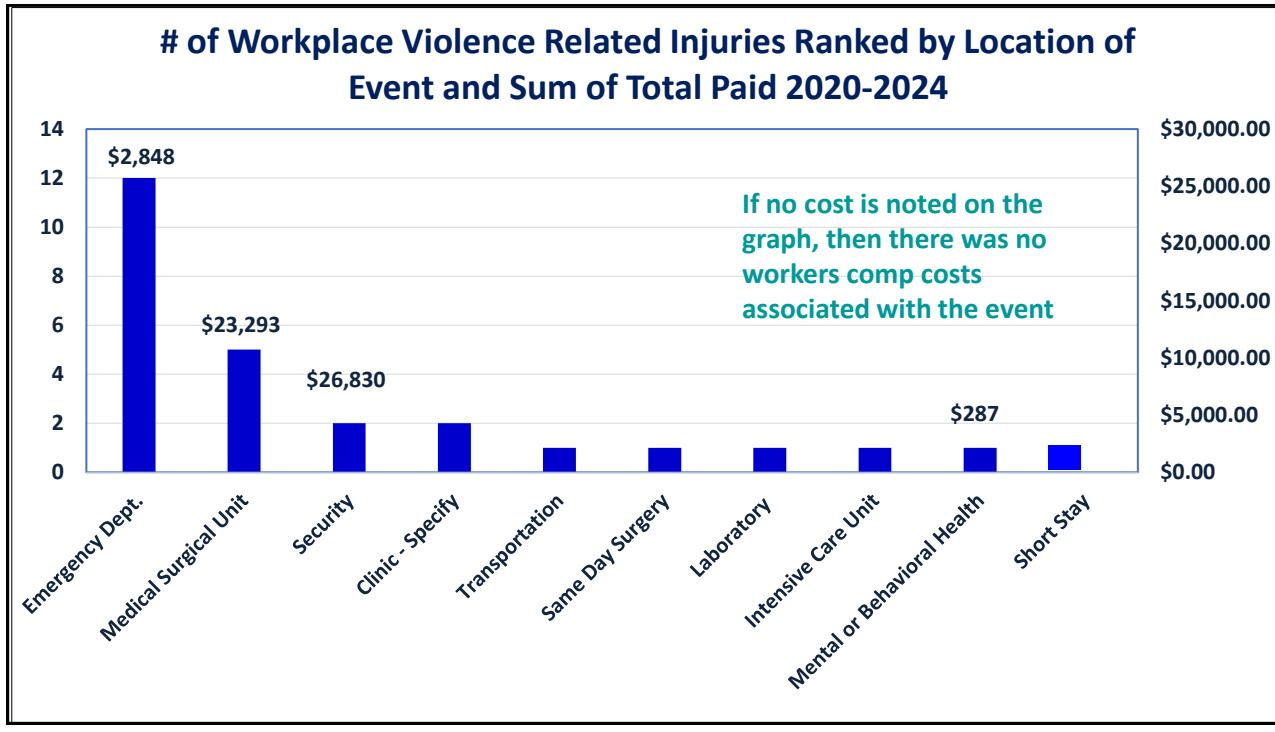


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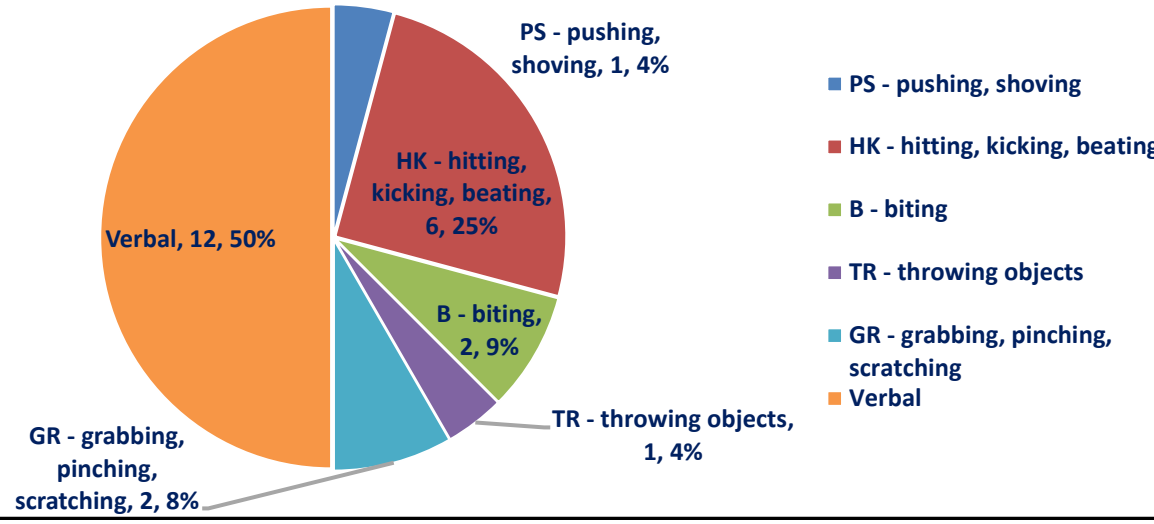
## Workplace Violence Related Incidents by Assailant Action
## Number of Injuries, Percentage 2020-2024
## Source: WPV Incident Log, OSHA 300 logs, Code Grey Log

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## Direct Costs: Incident Rates

- Total Recordable Injury Rate (TRIR)
  - Can be used for comparison against other health care classifications/organizations or internally between departments/facilities

  *Obtain Productive hours worked by dept or cost center*

- Days away, restricted or transferred to another job cases (DART) Incident Rate

- Severity Rate
  - Can use to track reduction in the number of lost and restricted workdays

**Allows Us to Compare Apples to Apples!**



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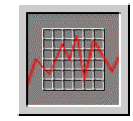
## Incident Rate (IR)



Calculation is based on the number of incidents per 100 full-time (equivalent) employees (FTEs) per year, i.e., (100 people working 50 weeks per year, and 40 hours per week = 200,000 exposure hours).

$$IR = \frac{\text{Number of incidents per year x 200,000 hours of work}}{\text{Number of productive hours worked by target population}}$$

example: 5 WPV injuries in a population of 200 workers

$$IR = \frac{5 \times 200{,}000}{400{,}000} = 2.5 \text{ (injuries per 100 FTEs)}$$

Productive hours "Hours worked" should not include any nonwork time, even though paid, such as vacation, sick leave, holidays, etc.
For staff on salary, commission etc., hours worked may be estimated on the basis of scheduled hours or 8 hours per workday (https://www.bls.gov)

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## Benchmarking with Incident Rates for ABC Hospital vs. Federal and State Rates for Hospitals (Private) for 2023

### All Nonfatal Occupational Injuries and Illnesses

| Private Industry/ NAICS code | Total recordable cases 2020 Rate per 100 Full Time Equivalent Employees Injuries (FTE) | | | Cases with days away from work & restricted 2020 i.e., DART Rate Rate per 100 Full Time Equivalent Employees Injuries (FTE) | | |
|---|---|---|---|---|---|---|
| | National Rate | West Virginia | ABC Hospital | National Rate | West Virginia | ABC Hospital |
| Hospitals 622 | 5.2 | 5.2 | 7.6 | 2.3 | 2.4 | 4.25 |

- Source: Bureau of Labor Statistics (BLS). Note: BLS data is reported 18 mo-2 years behind correct year so we can only benchmark to 2023 at this time.

https://www.bls.gov/iif/ https://osha.llr.sc.gov/BLS/injuryillness/2022ii.aspx

Note: At this time, there is no Federal or State benchmarking data for WPV related injuries

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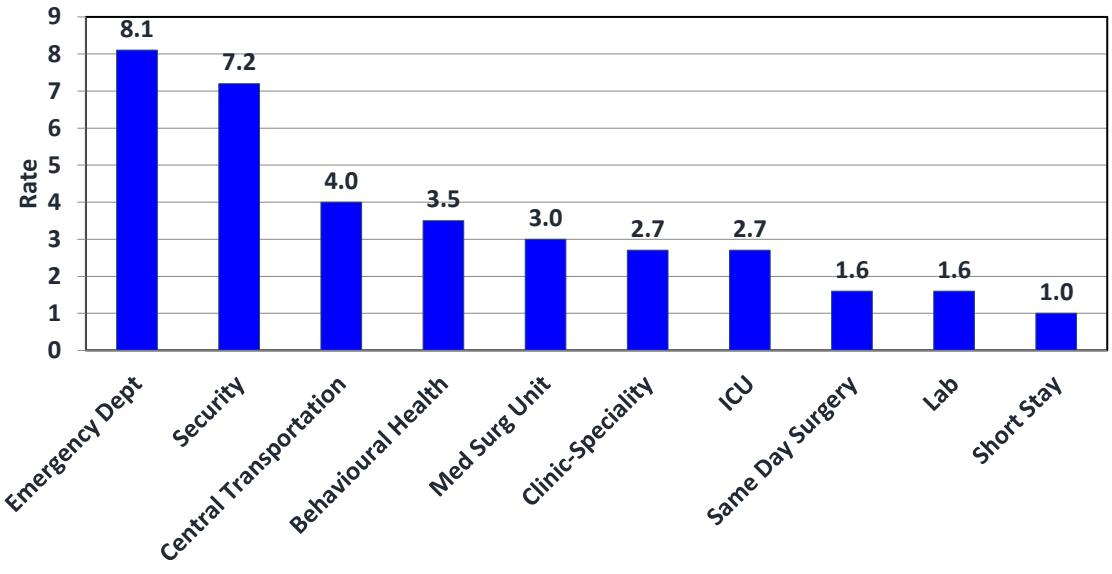
## WPV Related Injuries Ranked by Location of Event/Dept and Incident Rate (Per 100 FTEs) 2019-2023

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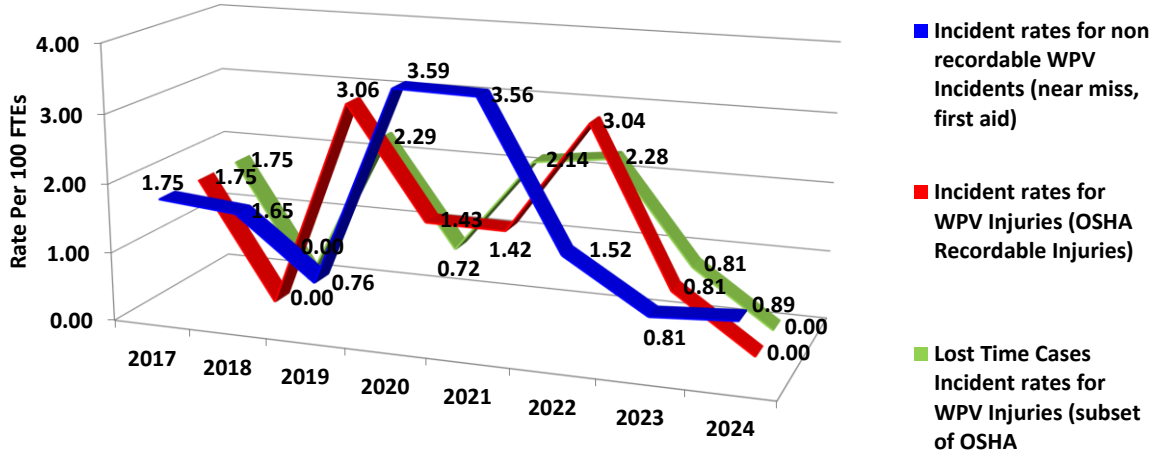
## Medical ICU Workplace Violence Related Incident and Injury Rates Per 100 Full Time Equivalent Employees (FTEs)




WPV Program Go Live June 2021

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## Other Metrics to Use

As with incident rates, the following metrics can help examine the context of WPV incident trends within locations/departments:

- ED WPV incidents per 1000 patient visits
- Inpatient WPV events per 1000 patient days



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## Workers Compensation Costs

- Calculate costs of violence related injuries (Paid to Date & Reserves)
- Calculate ***average*** costs violence related injuries
- Look at trends (3-5 years)
- Impact of WPV Injuries on WC premiums (Experience Modification Rate - EMR) if not self-insured
- Information from:
  - Insurance Carrier
  - Loss Run Report
  - Occupational/Employee Health Nurse/HR
- Don't forget cost of care not billed to Workers' Comp



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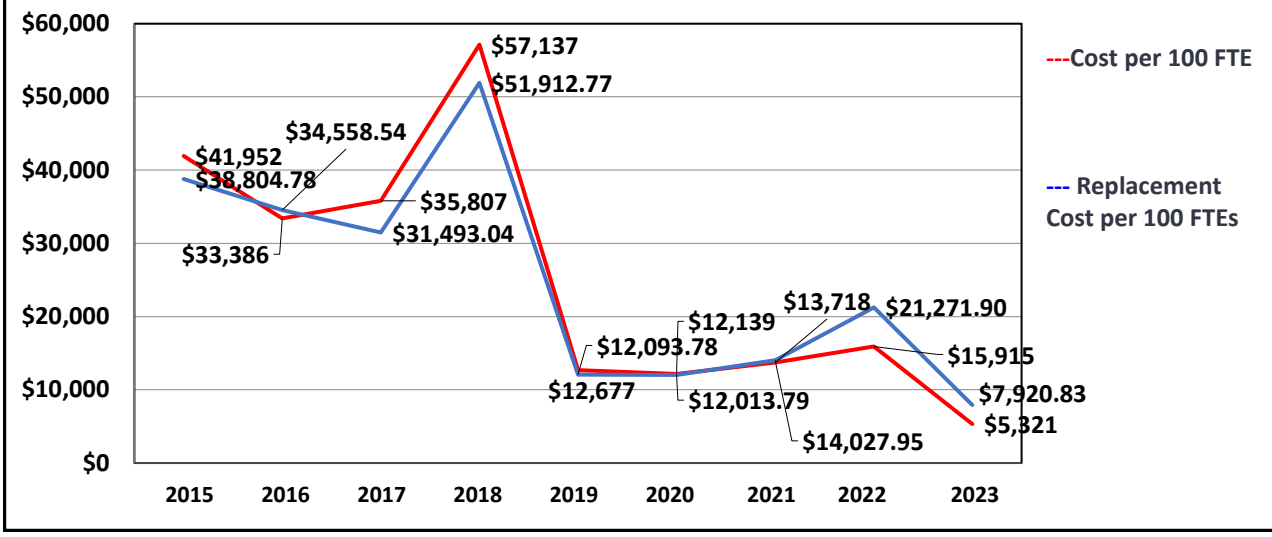
## 2015-2023 All WPV Related Injuries & Incidents
## Cost Total Incurred & Replacement Costs To Date per 100 FTEs

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## Data Summary and Graphs for *Workplace Violence Related* Incidents and Injuries Only (Refer to OR WPV Toolkit - Tool 2b)

For the calendar years 2020-2024 cumulatively:
Violence related injuries as a subset of all injuries (above)

| | Total Count of Workplace Violence (WPV) related injuries & Average Count per year | | | | | | | Injury Rates i.e., the # of violence related OSHA Recordable cases per 100 FTEs (average rate per year) | | Cost of medical care and days away from work (average cost per year) for violence related injuries Source: Workers Compensation Data | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Total # WPV Non-Record-able incidents i.e. first aid, near miss | Total # WPV OSHA Record-able Injuries and Illnesses | Total # WPV OSHA Record-able *Cases* with Lost Workdays (LWDs) | Total # WPV Lost Workdays | Average days away from work per Lost Workday *WPV* case (Severity Rate) | Total # WPV OSHA Recordable *Cases* with Restricted Workdays (RWDs) only | Total # WPV Restric-ted Work-days | Incident Rates WPV Injuries per 100 FTE | DART rate (*Days Away/Restricted or Job Transfer Rate i.e., the # of* LWDs & RWDs WPV-whichever is most severe) per 100 FTE | Costs: WPV Injuries Total Paid (to date) No *Reserves are included* | Average cost WPV Injuries | Costs: WPV dollars reserved for payment of open claims (to date) |
| Total Count | 16 | 14 | 3 | 110 | 28 | 1 | 240 | 0.38 | 0.11 | $53,258 | $2803 | $47,800 |
| Average Year | 5 | 4 | 1 | 37 | N/A | 0 | 80 | N/A | N/A | $17,753 | N/A | $15,933 |

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# ABC Medical Center WPV Related Injury Data 2020-2024 Summary

- 23.3% of all incidents and OSHA recordable injuries appear to be related to WPV.
- 2.7% of all lost time cases were related to WPV
- Average days away from work (lost time) per WPV lost day case = 37 days
- 1.6% of all workers' compensation costs paid to date are attributed to WPV
- Majority of injuries are related to violence perpetrated by patients

Tool 2b Injury Data and Summary Report provides different ways to share injury data graphically



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# Direct Costs Summary

Analyzing injury and incident data allows you to:

- Prioritize focus of WPV efforts –
  - Identifying the types of injuries & incidents occurring
  - The location of occurrences and cause
- Identify past injury costs
- 'Predict' future costs – what will it cost to do nothing (rising insurance premiums, labor loss etc.)?

Provide a basis for program measurement and 'Return on Investment' calculations etc.

Note: Evaluate at least 3 years of injury data

Provides an opportunity for you to *build alliances and collaborate* with various departments and personnel that will be able to assist you to gather data throughout development and evaluation of your WPV program.



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## Injury Cost Analysis Worksheet – Indirect Costs

1. Time to Provide First Care or Onsite Medical Care
   - Nurse
   - First Aid responder or other
2. Time to transport to medical facility (and stay with employee)
3. Time to complete paperwork
4. Time to secure area
5. Time for any other employees assisting with injury
   - Incident Costs
   - Investigation Costs
   - Damage Costs (if applicable)
   - Injury Management Costs
   - Legal Costs
   - Temporary Replacement Costs

| Item/Activity | Time Spent | Wages ($/hr include % value of benefits if information available) | Total $ Cost |
|---|---|---|---|
| Tool 2c. Calculating direct and indirect injury costs & profit margin Impact (MS Excel) | | | |



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## Indirect Costs

- What is the Indirect Cost to Direct Ratio for Injuries?

**2:1**

**4:1**

**10:1**

**20:1**

- Can you use an estimate, or do you need to calculate indirect cost per incident?



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## Operational Losses

- Impact on Quality of Care or Service Provided
  - Missed nursing care & impact on outcomes
- Decreased Efficiency
  - Due to manual handling and care of combative patients, e.g., extra staff required
  - Impact of low employee morale due to fatigue, workload, presenteeism, etc.
  - Impact of losing staff member from team due to injury
  - Staff Turnover
- Compensating Actions: Training & Safety meetings



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## Operational Losses – Job Satisfaction

- Research supports that job satisfaction among healthcare professionals, particularly nurses, is strongly linked to positive patient outcomes and healthcare employee retention, recruitment, and turnover rates.
- Job satisfaction related to violence prevention efforts can be measured post implementation WPV employee surveys or other employee satisfaction surveys e.g., AHRQ Surveys on Patient Safety Culture® (SOPS®) Workplace Safety Supplemental Items for hospitals (https://www.ahrq.gov/sops/surveys/hospital/supplemental-items/workplace-safety.html)



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## When WPV Injury & Cost Data is Not Enough to Identify Issues and Determine Program Effectiveness?

Use other data e.g.,

- *Lagging Data that may identified where WPV hazards/issues exist:*
  - 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)
  - OSHA consultation or enforcement reports related to WPV
  - Grievances (harassment, discrimination)
  - Patient and visitor reports or quality surveys e.g. Press Ganey



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## When WPV Injury & Cost Data is Not Enough to Identify Issues and Determine Program Effectiveness?

Leading Data is essential to effectively identify, prioritize & address WPV hazards/risks and evaluate program effectiveness.

- Gap Analysis tool
- Staff and Patient Surveys
- Safety/Security Walkthroughs/Audits

Refer to OR WPV Toolkit – Section 3




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## Ongoing WPV Program Evaluation
### (OR Toolkit Section 8 and Tool 8a)

- Is there improvement in reducing the frequency and severity of WPV incidents and meeting other program goals/KPIs?
- Is equipment being used/procedures being following correctly?
- Is the problem (risk factors) resolved or reduced to an acceptable level?
- Talk with people -- how do they feel about it?
- Was there resistance to change & why?
- Did the solution(s) cause new problems?
- Are there non-anticipated costs or benefits?
- Were hazards/risks that were previously unnoticed identified?
- Was the implementation process successful?

**Goal: Ongoing systematic process to determine the relevance, progress, efficiency, effectiveness, and impact of WPV program activities**

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## Choosing WPV Program Measures & Goals

- Evaluate implementation activities, program processes & outcomes

**Consider:**

- The quality of data, its susceptibility to WPV interventions, and the measurable relationship between implementing WPV solutions, program processes, and specific program goals.
- How data will be collected, analyzed and reported
- Methods and tools needed, target population e.g., when surveying employees, patients and/or specific units/departments etc.
- Identify when measurement of program goals will begin; how often will they be measured; and a timeline for expected results.
- Use SMART objectives when developing specific program goals i.e. specific, measurable, achievable, relevant, and time-bound



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## Choosing WPV Program Measures & Goals

### Consider:

- Budget, staff, sample documents & templates, electronic data management assistance needed
- How data will be shared with all stakeholders
- How you will follow-up in response to the data collected and processes evaluated
- What documentation/recordkeeping is needed e.g. all WPV incidents; training records; meeting minutes etc.



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## Ongoing WPV Program Evaluation

### Outcomes Measures

<u>Outcomes from intervention(s)</u> i.e., correct use of safety & security equipment; protocols and specific program procedures e.g., patient assessment and violence response protocols

*Measured using:*

- Injury/Incident data, rates and costs
- Indirect costs e.g. replacement costs
- Safety and security assessments of the physical work environment
- EOC audits that include security/violence prevention
- Staff (and patient) surveys & interviews
- Patient safety metrics (if any)


Toolkit: 8a. Program Measurement Plan



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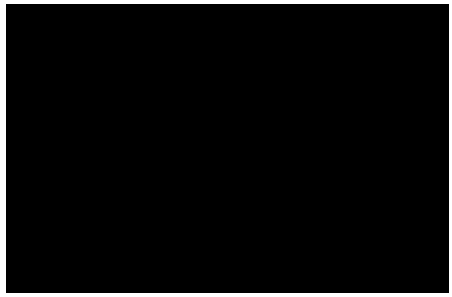
## Ongoing WPV Program Evaluation – Process Evaluation



### Process or Activity measures - examples

- Program Management:
  - Program activities and goals (timelines met; evaluation of project implementation process
  - Communication activities completed
  - WPV committee - membership; # of meetings and attendance etc.; effectiveness of the WPV committee, etc.)
  - Recordkeeping and documentation
  - Management commitment and employee engagement



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## Ongoing WPV Program Evaluation - Process Evaluation

### Process or Activity measures - examples

- Program Processes/Procedures:
  - Utilization (when, what, how, who) & effectiveness of e.g.,
    - Patient assessment & communication protocols
    - Incident reporting
    - Incident response procedures & response to high hazard issues
    - Post incident investigation and review - root cause analysis and tracking of corrective action to completion.
  - Compliance with
    - TJC WPV regulations
    - Other regulatory requirements e.g., CMS, Security personnel related




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## Ongoing WPV Program Evaluation - Process Evaluation

**Process or activity measures – *examples***

**Policy implementation, review/effectiveness, update, and enforcement**

**Worksite Analysis: High risk jobs or tasks identified and analyzed; worksite audits completed with corrective action**

**Hazard Prevention & Control: Proactive identifying, correcting and preventing WPV including proactive building design; security rounding and worksite audits**

**Education & Training: Number of sessions completed & attendance; effectiveness of training**

**Medical Management: Incident reporting, return to work and claims closure goals; management and injured employee services satisfaction**



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## Leading Indicators or Measures Should Be…

- **Accurate - Indicators should be clearly defined and measurable, allowing for a certain understanding of what needs to be improved and by how much. The data collected for leading indicators needs to be accurate, complete, and unbiased to ensure reliable predictions.**
- **Reliable - They must reliably produce consistent results when measured repeatedly under similar conditions.**
- **Valid - Accurately measure what they are intended to measure**
- **Predictive - display a clear correlation with the future outcomes being predicted, i.e., changes in the leading indicator should consistently precede and influence corresponding lagging outcomes.**
- **Understandable -The metrics and what they measure are easily understood by all stakeholders**
- **Meaningful - Easy to interpret across the organization, aligned with the SPHM program's strategic objectives and desired outcomes, and drive improvement**



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## Leading Indicators or Measures Should Be…

- **Adaptable** - Can be easily applied to determine performance at an individual level, a unit/department level, and the aggregated organizational level
- **Actionable** - Provides information that enables and drives stakeholders to take action to reduce patient handling related injuries
- **Easy to collect, collate and report** - Collection processes should be efficient and timely, utilizing existing data collection systems and processes wherever feasible, and amenable to automation and streamlined data processing.
- **Easy to Communicate** - Presented in a manner that provides quick interpretation and understanding of the data and summaries by all stakeholders.
- **Real time** - Monitored in real-time or as close as possible, to support informed decision-making and prompt action aimed at enhancing performance.



Adapted from OSHA, 2016; Rostykus w & Mallon J, 2017[47]

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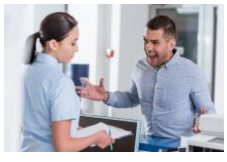
## Setting WPV Program Goals… The Bottom Line



- Are we reducing the severity of WPV incidents (OSHA recordable injuries, time loss, restricted days etc)?
- Are staff reporting WPV incidents?
- Are staff intervening sooner to prevent escalation of violence e.g., before a Code Grey/Security is called?
- Are we reducing the number of OSHA recordable WPV injuries and non-recordable incidents *(as program matures)?*
- Are we seeing reduction in injury costs & operational gains (e.g., staff satisfaction/pt experience etc)?
- Do we have ongoing management commitment and employee engagement & participation in the program?



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## Goals for the First Year of A WPV Program - Example

- Employee injuries related to WPV
  - Reduce the number of OSHA recordable injuries by 20%
  - Reduce the number of lost workday cases injury cases and the severity (# days away from work) by 50%
  - Reduce the number of restricted workday cases and severity (restricted duty days ) by 50%
  - Reduce TRIR and DART rates by 25%
  - Reduce workers' compensation costs (direct costs) by 50%
  - Reduce indirect costs related to temporary replacement of nursing staff who are on restricted duty and/or away from work by 50%
- Note: Encouraging early reporting of work-related incidents and injuries at the start of a safety program can cause an initial increase in the incident rates, but a decrease in severity rates and costs.


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## Key Performance Indicators (KPIs)


- Select WPV related metrics (from chosen WPV program measures) to develop key performance indictors (KPIs)
- Choose the most important metrics that directly relate to achieving the program's strategic goals
- Meaningful to your organization
- Periodically reviewed and revised


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## Key Performance Indicators (KPIs)

Examples (from UC Irvine, CA)

- The percent of OSHA recordable injuries related to workplace violence events versus first aid injuries is less than 5% on an annual (CY) basis
- The average public safety response time to a Code Gray event is less than 5 minutes on a monthly basis
- A post incident debriefing is conducted for 100% of OSHA recordable incidents related to workplace violence which will result in injury
- The percent of staff who were compliant with awareness level training is 95% or greater on a monthly basis
- 100% of identified units have a unit specific WPV environmental hazard assessment completed annually

Examples of more metrics and KPIs from:
William Huey, WPV Prevention Program Manager UC Irvine Health
https://drive.google.com/drive/folders/1AZWjq6JMcWOKFwU9uQvT6naAmbnD07b7


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## Resources

- Agency for Healthcare Research and Quality (AHRQ) Surveys on Patient Safety Culture™ (SOPS®) https://www.ahrq.gov/sops/surveys/index.html
- AHRQ Surveys on Patient Safety Culture™ (SOPS®) Workplace Safety Supplemental Items https://www.ahrq.gov/sops/surveys/hospital/supplemental-items/workplace-safety.html
  - Yount N, Edelman S, Sorra J, Gray L. Action Planning Tool for the AHRQ Surveys on Patient Safety Culture® (SOPS®). (Prepared by Westat, Rockville, MD, under Contract No. HHSP233201500026I/ HHSP23337004T). Rockville, MD: Agency for Healthcare Research and Quality; November 2022. AHRQ Publication No. 23-0011. https://www.ahrq.gov/sites/default/files/wysiwyg/sops/sops-action-planning-tool.pdf
- Agency for Healthcare Research and Quality. Toolkit for Using the AHRQ Quality Indicators. (2017, March). Rockville, MD. https://www.ahrq.gov/patient-safety/settings/hospital/resource/qitool/index.html


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## Resources

- American Nurses Credentialing Center ANCC 2024 Pathway to Excellence® Self-Assessment of Organizational Culture
  https://www.nursingworld.org/organizational-programs/pathway/apply/pre-application/
  - 2020 Pathway to Excellence® Assessment of Organizational Culture
    https://www.nursingworld.org/~48ee59/globalassets/docs/ancc/pathway-to-excellence-organizational-self-assessment-2016-manual.pdf
- American Industrial Hygiene Association. (2020). Best practice guide for leading health metrics in occupational health and safety programs. https://www.aiha.org/best-practice-guide-for-leading-health-metrics-in-oehs-programs
- AIHA Business Case in Environmental Health and Safety (EHS) Tool
  https://www.aiha.org/public-resources/consumer-resources/apps-and-tools-resource-center/business-case-tool






## Resources

- Institute for Healthcare Improvement's 'Quality Improvement Essentials Toolkit' includes freely available tools and templates you can use to assist with problem solving activities.
  https://www.ihi.org/resources/tools/quality-improvement-essentials-toolkit
- Institute for Healthcare Improvement / National Patient Safety Foundation. (2017). Optimizing a Business Case for Safe Health Care: An Integrated Approach to Safety and Finance. Cambridge, MA: Institute for Healthcare Improvement. Retrieved from
  http://www.ihi.org/resources/Pages/Tools/Business-Case-for-Safe-Health-Care.aspx
- Minnesota Department of Health. (n.d.). Objectives and goals: Writing meaningful goals and SMART objectives.
  https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/objectives.html
- Occupational Safety and Health Administration. (2019). Using leading indicators to improve safety and health outcomes. https://www.osha.gov/leading-indicators

## Resources

- OSHA Log of Work-Related Injuries and Illnesses (OSHA Form 300 and 301) – mandatory for some employers with over 10 employees however, certain low-risk industries are exempt. For more information go to https://www.osha.gov/recordkeeping/
- OSHA Safety Pays Tool
  https://www.osha.gov/dcsp/smallbusiness/safetypays/estimator.html
- Registered Nurses' Association of Ontario. (2024) Leading change toolkit (4th ed.).
  https://rnao.ca/bpg/leading-change-toolkit
- University of California Smart Goals a How to Guide https://www.ucop.edu/local-human-resources/_files/performance-appraisal/How%20to%20write%20SMART%20Goals%20v2.pdf
- WorkSafe BC Workplace Incident Cost Calculator
  http://worksafebcmedia.com/media/calculators_html5/wicc/index.html


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