



4160 PATTERSON AVENUE – BALTIMORE, MARYLAND 21215
TELEPHONE: 410-764-3460 FAX: 410-358-1236

Workplace Violence Prevention Public Awareness Campaign Workgroup
MEETING SUMMARY
September 29, 2022
4:00 p.m.

Recording Link: <https://www.youtube.com/watch?v=FtprKdNh7a4>

Attendees

Members

Blair Eig--Chair

Theresa Lee—Vice Chair

Stacie Arigbamu

Lorraine Arikat

Maggie Beetz

Karen Carloni

Erin Dorrien

James Gannon

Amy Goodwin

Matt Hombach

Christina Hughes

Matthew Levy

Mark Marino

Kandy McFarland

Sharon Owens

Lisa Tenney

Pegeen Townsend

Donna Zankowski

MPSC Staff

Anna Koerbel

MHCC Staff

Courtney Carta

Tracey DeShields

Sametria McCammon

Introductions & Opening Remarks- 4:00 p.m.-4:15 p.m.

Dr. Blair Eig, Workgroup Chair, President, and CEO of the Maryland Patient Safety Center, opened the meeting and discussed the goal of the workgroup and expected deliverables.

Theresa Lee, Workgroup Vice Chair, Director of the Center for Quality Measurement and Reporting at the Maryland Health Care Commission (MHCC) discussed the development of the workgroup and described MHCC's role.

Dr. Eig then led the group in formal introductions.

Présentation- MDH – Prevent WPV Awareness Campaign Workgroup- 4:15 p.m. – 4:35 p.m.

Courtney Carta, Chief, Hospital Quality Initiatives at MHCC presented an overview of the senate bill requirements and reiterated the goal of the workgroup (i.e., develop a workplace violence prevention public awareness campaign that highlights the magnitude of incidence, the consequences of workplace violence and urges the public to respect and protect healthcare workers).

Ms. Carta also provided background information on workplace violence including the definition by the Occupational Safety and Health Administration (OSHA), the types of workplace violence, and contributing factors. Ms. Carta also shared the current landscape at the national, state, and facility levels and highlighted various campaigns and initiatives

Ms. Carta concluded by sharing common themes (e.g., campaigns are limited, usually sponsored by nursing unions and geared towards prevention in hospitals) and messaging strategies (e.g., multipronged, multichannel, multiple target audience and not too negatively framed).

Presentation- Workplace Violence Prevention- Maryland Nurses Association Activities- 4:35 p.m.- 4:45 p.m.

Donna Zankowski, Occupational Health Nurse Consultant at the Maryland Nurses Association began her presentation sharing the challenges with defining workplace violence to the public. She reiterated the four primary types of workplace violence and added a fifth, ideological violence. Ms. Zankowski also shared the increase in workplace violence incidences since the COVID-19 pandemic. She then shared the proposed actions by OSHA and the Joint Commission. Ms. Zankowski also highlighted the 2014 Maryland law and its limitations (e.g., no enforcement or agency oversight, data collection strategies). Ms. Zankowski concluded her presentation discussing advocacy efforts and shared the quote “Healthcare Worker Safety is Equal in Importance to Patient Safety”.

Presentation- Workplace Violence Prevention- Maryland Hospital Association Activities- 4:45 p.m.- 4:55 p.m.

Erin Dorrien, Vice President, Policy at the Maryland Hospital Association (MHA) shared the activities of the MHA in workplace violence. MHA began engaging in workplace violence in 2018 with the Safe Harbors Summit. In 2020, they were successful in getting the ID name tag badge requirement passed to protect healthcare worker personal information. In 2021, the peace order extension to hospitals was passed. Ms. Dorrien also shared the results of MHA’s 2019 survey which found the highest risk units are emergency departments, behavioral health units, and labor and delivery units. She reiterated the previously shared sentiments that workplace violence is underreported, challenging to identify and OSHA’s data is limited to the incidences that result in days away from work.

MHA’s 2022 workgroup’s Healthcare Worker’s Crisis Report showed that one in four healthcare positions are vacant, workplace violence contributes to high staff turnover, and nurses and nursing assistants represented most workplace violence incidents. The group recommended the establishment of a statewide workplace violence consortium and to provide training.

Presentation- Workplace Violence Prevention at MedStar Health-4:55 p.m. -5:15 p.m.

Caused

Pegeen Townsend, Vice President, Government Affairs at MedStar Health introduced her colleagues, Christina Hughes, Vice President of Emergency Preparedness and Mark Marino, Director of the Workplace Violence Prevention Program.

Mr. Marino provided an overview of the types of workplace violence and locations (e.g., emergency departments, inpatient units) at MedStar Health facilities. He noted that behavioral health cases represented over half of total incidents caused by patients. Mr. Marino also shared contributing

factors MedStar has identified through their research which include behavioral health, drug use, and medical delirium.

Ms. Hughes highlighted MedStar Health's workplace violence initiatives such as:

- Established a Workplace Violence Committee – a systemwide group consisting of hospital representatives, business partners and corporate leaders designed to review events to learn and make improvements;
- Developed systemwide training programs on verbal and physical de-escalation and in-person 4 and 8-hour courses for high-risk departments;
- Established a new Director for Workplace Violence Prevention position;
- Enhanced the electronic medical record system to identify risk patients and send alerts;
- Created special signage to improve communication (i.e., safety flag signs, campus entry...etc.)
- Implemented new policies to improve safety (e.g., paid time when legal assistance is needed after an incident, barring of violent visitors, use of first name only employee badges, use of personal alarms for safety, and trained violence interrupters through the Safe Streets program)

A group member asked if MedStar has been able to quantify the results of their initiatives. Ms. Hughes replied, anecdotally yes, but incidents are so underreported it is difficult to quantify. She added that as reporting improves, it can make the programs appear ineffective although that may not be accurate.

Another member asked if the de-escalation training was offered to environmental services staff and if it was effective. Mr. Marino replied yes, the training was systemwide but tiered based on the employees' risk level. He added the feedback from the training is extremely positive for increasing employee's comfort in de-escalation practices.

Open Discussion- 5:15 p.m.- 5:40 p.m.

The group shared compelling personal stories and stories of colleagues who experienced workplace violence.

Overview of Next Steps- 5:40 p.m.- 5:45 p.m.

Dr. Eig relayed that the communications experts on the workgroup would meet separately between now and the next meeting to develop the plan for the public awareness campaign. He reminded the group to expect contact from this panel, the MHCC staff or others around the development of the messaging for the campaign. To expedite the process, member feedback on options for messaging may be requested during this time and will be greatly appreciated.

The next meeting is scheduled for October 26, 2022, at 4:00 p.m. EST.

Adjournment

The meeting was adjourned at 5: 45 p.m.