

On the Front Lines: Addressing Workplace Violence in Healthcare

***What Factors put Healthcare Workers
and Settings at Risk?***

***JD Buchert, M.Ed., MS, MSN(s) RN, CNOR
Manager, Workforce Safety
Parkland Health
Dallas, Texas***

Parkland Health

- Founded in 1894
- Licensed for 882 beds
- Safety Net Hospital for Dallas County
- Busiest ED in nation for stand alone hospitals
- Large Behavioral Health, Homeless Population
- Primary teaching hospital for University of Texas Southwestern Medical Center
- Healthcare Provider for Dallas County Jail
- First Burn Center in North Texas verified by American Burn Association and the American College of Surgeons Committee in Trauma.
- First Level I Trauma in North Texas
- Level IV Maternity Center, Level III NICU



Facing the Silent Epidemic in Healthcare: Workplace Violence (WPV)



Violence in healthcare has been understudied until recent years where aggression and violence has reportedly escalated during and after the COVID -19 pandemic.



Recent data reveals only 33% of nurses feel safe and work with many experiencing long-term behavioral impacts from workplace violence.*



Many states have continued to enact workplace violence protection laws at varying stages and penalties for perpetrators.



Chronic violence is a systemic issue which requires foundational changes and embedding staff safety into culture improvements in their organization.



Although nurses and supportive staff are reported to be the highest targets, several other healthcare workers have been negatively impacted.



*American Nurses Foundation Three-Year Annual Assessment Survey: Nurses Need Increased Support from their Employer

Violence Erupts in Society

DISCOURSE | TRANSPORTATION

The unfriendly skies

Flight attendants say travelers are more freaked out than ever.



Air Rage Is Getting Worse, And Airlines Can't Fix It

LIFESTYLE > CARS & BIKES

Road-Rage Violence Is Surging, Data Shows, Often With Deadly Results

How We Can Change the Stigma Around Mental Health

Violence as a Public Health Crisis

Addressing the Problem of Severe Underinvestment in Mental Health and Well-Being from a Human Rights Perspective

Recent Healthcare Headlines!

≡ The Times-Tribune 👤 ▼ 🔍

NEWS > CRIME AND PUBLIC SAFETY

Police: Scranton man attacks staff at Regional Hospital

CHICAGO CRIME

Man charged in stabbing of 2 Chicago hospital workers

Nathaniel Price, 36, is charged with two counts of aggravated battery with the use of a deadly weapon in connection with the attack which happened about 1 p.m. Monday at Provident Hospital in Bronzeville

Published February 19, 2025 • Updated on February 19, 2025 at 2:32 pm

Police officer killed, 5 other people wounded after gunman holds Pennsylvania hospital staff hostage, officials say

By [Alaa Elassar](#) and Taylor Galgano, CNN

🕒 6 minute read

Updated 10:45 PM EST, Sat February 22, 2025

Local News

Jewish Hospital nurse stabbed outside hospital, LMPD says

Kentucky woman accused of repeatedly punching, stomping head of ER nurse

by WZTV Digital Staff | Thu, February 20th 2025 at 12:38 PM

Updated Fri, February 21st 2025 at 5:46 AM

Security guard shot by patient after argument at Arizona hospital

Florida man breaks essentially every bone in nurse's face during brutal hospital attack: Affidavit

By Nancy Gay

| Updated February 19, 2025 6:13pm EST | Florida

| FOX 13 News | ➡

Two dead, including suspect, after shooting at Enid hospital

Recent WPV Publications

Violent Behavior by Patients Often Persists Across Emergency and Inpatient Healthcare Settings

In patients who were violent in out of hospital settings, 41.7% were violent again in the hospital and **26.2%** were violent in the ED.

Patient violence continues across settings: 14 numbers to know

ARTICLE IN PRESS

PHYSICIAN WELLNESS/ORIGINAL RESEARCH

Continuing Violence From the Out-of-Hospital Setting to the Emergency Department and Hospital: A Cohort Study on Longitudinal Violence in Health Care

Sarayna S. McGuire, MD, MS*; Erik J. Wanberg, BS; Fernanda Bellolio, MD, MS; Bou Gazley, MS; Aidan F. Mullan, MA; Casey M. Clements, MD, PhD

*Corresponding Author. E-mail: McGuire.Sarayna@mayo.edu.

Study objectives: To determine the rate of violent patient encounters continued across longitudinal health care settings and to assess for rates of violence among individual care settings.

Methods: We conducted an observational cohort study from December 1, 2022, to November 30, 2023, within a large, quaternary academic center's emergency department (ED), hospital, and affiliated emergency medical services agency. Patients from out-of-hospital encounters who exhibited workplace violence were compared with those being violent within the ED/hospital. *Association for the Study of Healthcare-Related Violence* (ASHV) was used to define workplace violence.

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include (...) verbal, nonverbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults; or other behaviors of violence that disproportionately impacts the health care workforce with no discipline or care setting spared.¹⁻⁴ Prior research seeking to establish the extent of workplace violence within health care has focused on individual care

multidisciplinary ED teams, 76% among hospital system nurses, and 99% among psychiatric hospital staff.^{3,5-7} Prospective literature of workplace violence occurring in the out-of-hospital setting has demonstrated violent events occur on nearly 1% to 4.5% of all patient encounters.^{8,9}

Patients, however, experience care along a continuum. Patients experiencing acute illness in the out-of-hospital setting may contact emergency medical services (EMS) for

The STATISTICS are ALARMING!!

Violence Escalates against Surgeons and Other Healthcare Workers

Jim McCartney
October 9, 2024

ACS
AMERICAN COLLEGE
OF SURGEONS

15 Min Print Share Bookmark



1 IN 4
NURSES
ASSAULTED

Only
20 - 60%
INCIDENTS REPORTED

13% OF MISSED
WORK DAYS
ARE DUE TO **WPV**

Highlights from Survey about Violence in Trauma Centers

The survey was sent to all members of The American Association for the Surgery of Trauma; 212 members responded.

- **42%** personally suffered an assault on duty in the trauma center
- **64%** are aware of a deliberate attack on a healthcare worker in their system
- **40%** knew of an attack on a trauma center healthcare worker that resulted in moderate to severe disability or death
- **19%** were aware of a stalking event; of those events, 65% involved an attending physician and 79% of those stalked were women
- **62%** of trauma centers have armed security or police readily available; 46% have metal detectors at entrances; 36% routinely search for weapons in their systems

American College of Surgeons

The effect of waiting on aggressive tendencies toward emergency department staff: Providing information can help but may also backfire

2023 Senate Bill 240 and Senate Bill 840: Support violence protection against ALL healthcare workers

SB 240: Workplace Violence Prevention in certain healthcare facilities

S.B. No. 240

AN ACT

relating to workplace violence prevention in certain health facilities.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Title 4, Health and Safety Code, is amended by adding Subtitle H to read as follows:

SUBTITLE H. HEALTH FACILITY EMPLOYEES

CHAPTER 331. WORKPLACE VIOLENCE PREVENTION

Sec. 331.001. DEFINITIONS. In this chapter:

(1) "Commission" means the Health and Human Services Commission.

(2) "Committee" means the workplace violence prevention committee or other committee responsible for developing a facility's workplace violence prevention plan under Section 331.002.

SB 840: Increasing criminal penalties for assaults against hospital personnel

S.B. No. 840

AN ACT

relating to increasing the criminal penalty for assault of certain hospital personnel.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. This Act may be cited as the Jacqueline "Jackie" Pokuaa and Katie "Annette" Flowers Act.

SECTION 2. Section 22.01(b), Penal Code, is amended to read as follows:

(b) An offense under Subsection (a)(1) is a Class A misdemeanor, except that the offense is a felony of the third degree if the offense is committed against:

(1) a person the actor knows is a public servant while the public servant is lawfully discharging an official duty, or in retaliation or on account of an exercise of official power or performance of an official duty as a public servant;

Texas Health & Safety Code Chapter 331

Workplace Violence Prevention In Healthcare Settings

- ▶ Enacted under S.B. 240, effective September 1, 2023
- ▶ Amended by S.B. 463, September 1, 2025
- ▶ Applies to various healthcare facilities including:
 - ▶ Hospitals, nursing homes, mental health facilities
 - ▶ Ambulatory surgical centers, freestanding ERs
 - ▶ Home health agencies with ≥ 2 RNs

National Legislation: Safety from Violence for Healthcare Employee Act (SAVE ACT)

► Would provide:

- Healthcare workers would have the same legal protections against assault and intimidation that flight crews and airline workers have under federal law.
- Federal grant funding through the Department of Justice to augment hospital efforts to reduce violence by funding violence prevention programs, coordination of state/local law enforcement, and physical plant improvements (metal detectors, panic buttons).
- **Currently silent with change in Administration.**



Action Alert
November 13, 2024

AHA Asks Congressional Leadership to Fund Hospitals, Protect Health Care Workers

The AHA calls on Senate and House leaders to take on issues such as Medicaid DSH and site-neutral payment cuts, rural program support and ending violence in hospitals

Following the elections, lawmakers are returning to Washington, D.C., to tackle key funding issues, including Medicaid disproportionate share hospital (DSH) payment reductions and support for rural programs. They also will consider site-neutral payment proposals, oversight of health plans, continuation of telehealth and hospital-at-home waivers, and the prevention of violence against health care workers.

Before the lame-duck session ends and the 118th Congress adjourns, it is essential that federal lawmakers understand the challenges hospitals and health systems face and what is at stake for the patients and communities they represent. With several programs facing expiration at the end of this year, quick action is needed to preserve necessary funding and support for the nation's health care organizations.

Here are the issues AHA leaders are [calling on congressional leaders](#) to reinforce. Following is an overview of the issues and what you can do to assist these advocacy efforts.

SUPPORT MEDICAID DSH DEAR COLLEAGUE LETTER

At the beginning of the year, billions of dollars will be cut from the Medicaid DSH program, severely jeopardizing hospitals' finances and threatening communities' access to care. Contact your representative(s) and ask them to sign on to the bipartisan [House Dear Colleague letter](#) being circulated by Reps. Dan Crenshaw, R-Texas, Yvette Clarke, D-N.Y., Gus Bilirakis, R-Fla., and Diana DeGette, D-Colo., calling for Medicaid DSH cuts to be addressed. [Click here](#) to send a message to your representatives.

LEGISLATIVE ACTION NEEDED

Address the Medicaid DSH Payment Reductions. The [Medicaid DSH program](#) provides essential financial assistance to hospitals that care for our nation's most vulnerable populations — children, impoverished, disabled and elderly. The fiscal year 2025 Medicaid DSH payment reductions are scheduled to be implemented on Jan. 1, 2025, when \$6 billion in reductions take effect. The AHA calls on Congress to continue to provide relief from the Medicaid DSH cuts.

Protect Rural Communities' Access to Care. The AHA urges Congress to continue the [Medicare-dependent Hospitals and Low-volume Adjustment programs](#). These

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On the Front Lines: Addressing Workplace Violence in Healthcare

Prevention and Intervention Strategies

***Karen Garvey, MPA/HCA, BSN, DFASHRM, CPHRM, CPPS
Vice President, Safety & Clinical Risk Management
Chair, Promoting a Safe Environment Committee
Executive Sponsor, SPARKS Peer Support Program
Parkland Health
Dallas, Texas***

Parkland's Mission, Vision, and Values



JOURNEY TO HIGH RELIABILITY
Parkland | Care. Compassion. Community.

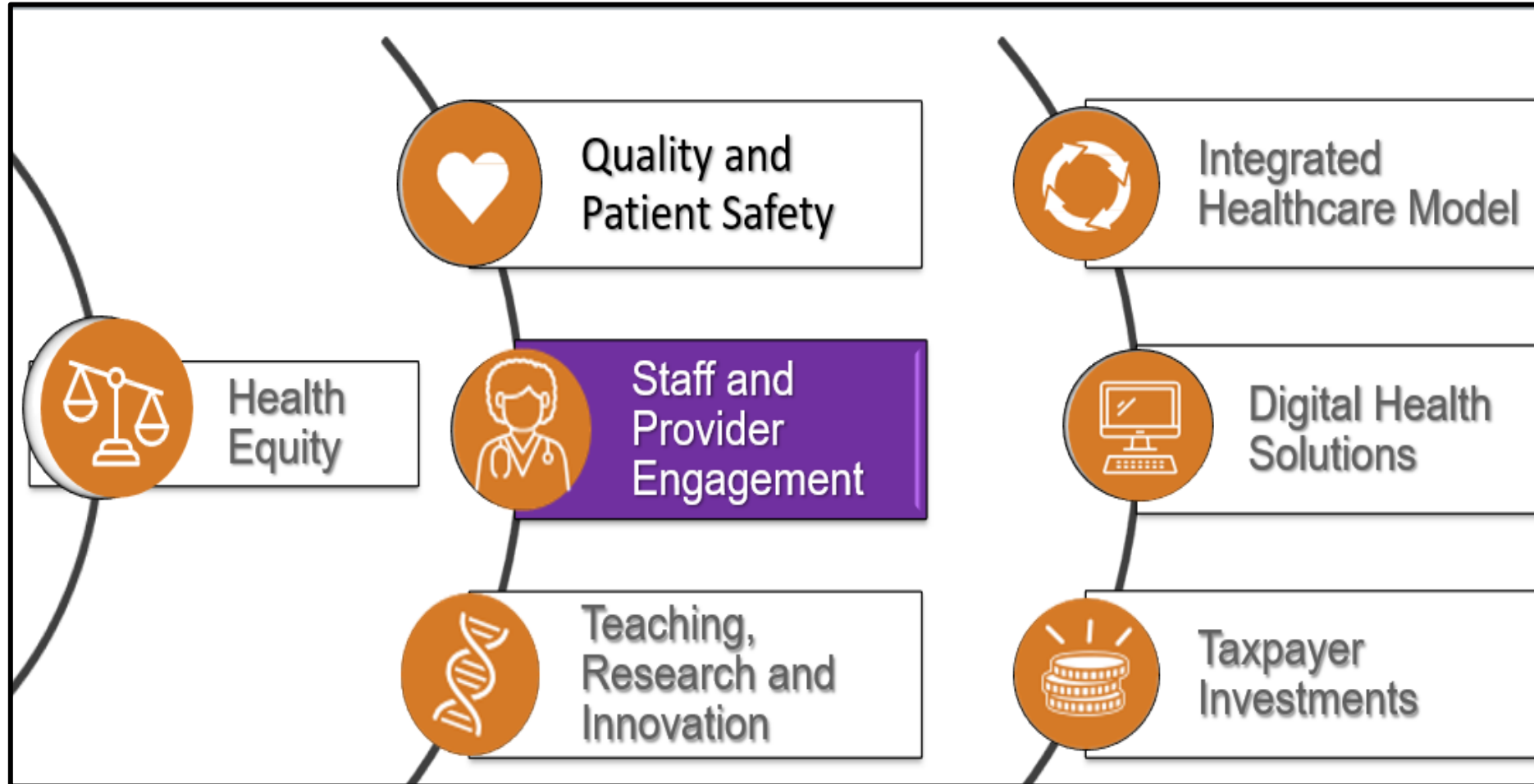
SAFETY FIRST Universal Skills for Everyone

-  **Pay Close Attention**
 - Self-check using STAR (Stop / Think / Act / Review)
 - Cross-check yourself and others
-  **Communicate Clearly**
 - Conduct 3-way repeat back and read backs
 - Use phonetic and numeric clarifications
 - Handoff with SBAR
 - Ask clarifying questions
-  **Speak Up for Safety**
 - Escalate concerns using CUS (Voice a Concern / State I am Uncomfortable / This is a Safety Concern)
-  **Think Critically**
 - Question and confirm using Validate and Verify
 - Use checklists, flowsheets, or other job aids
 - Consult references when unsure (refer to policies and protocols)
-  **Build the Culture**
 - Model the way (Check and Coach)
 - Embrace and reinforce ICARE values

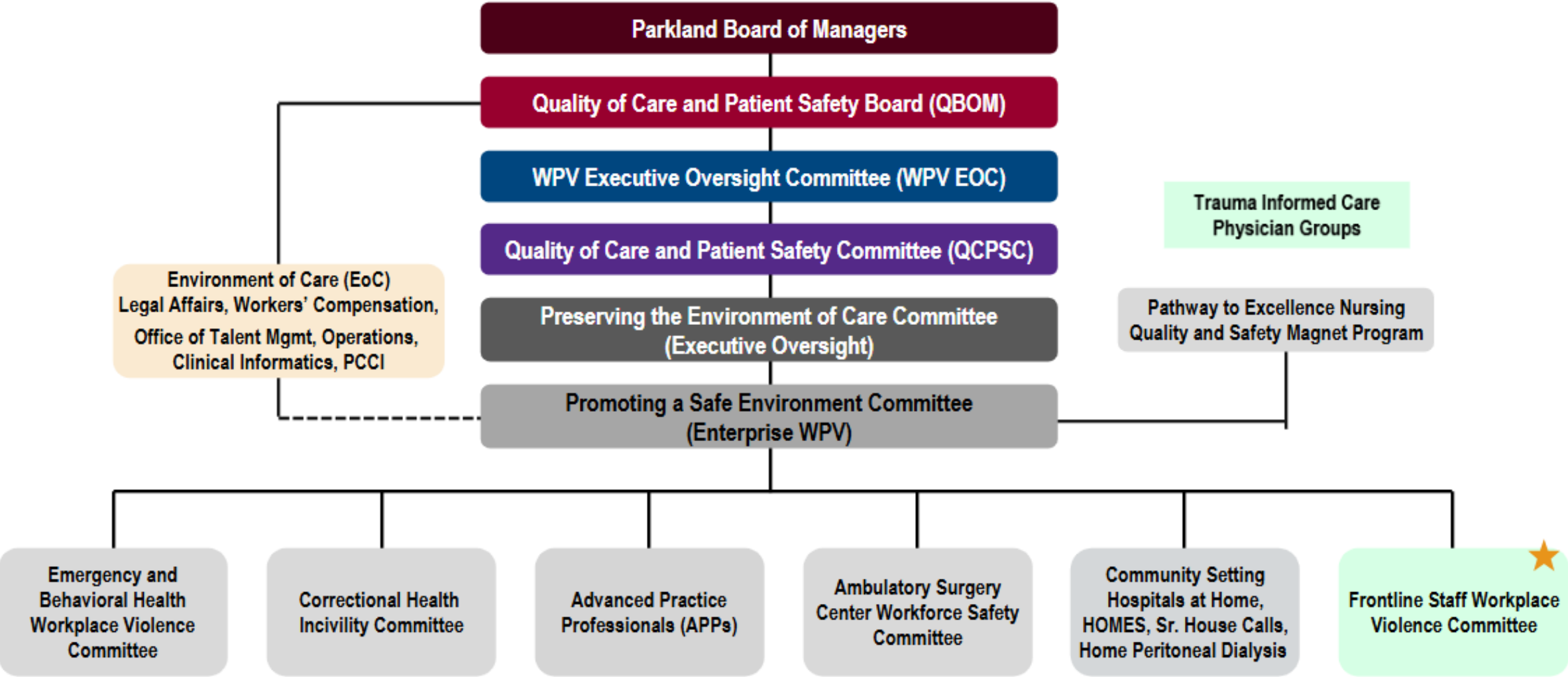
Additional HRO skills and tools available at: <https://phhs.sharepoint.com/HRO/SitePages/Home.aspx>

Version 2, Mar 2023

Strategic Priorities: Workplace Violence



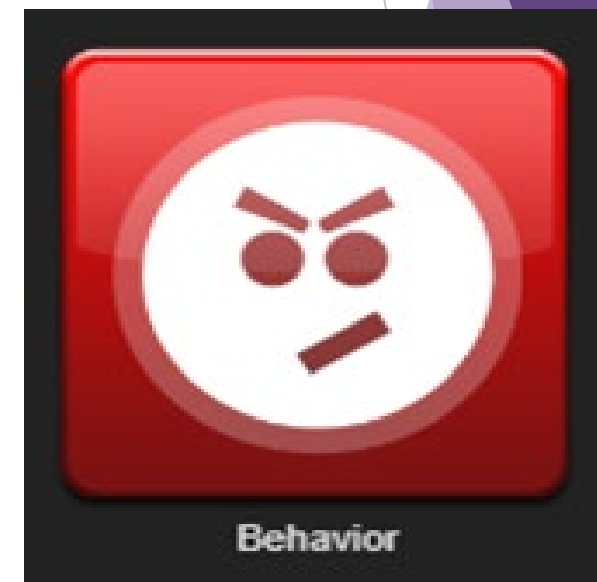
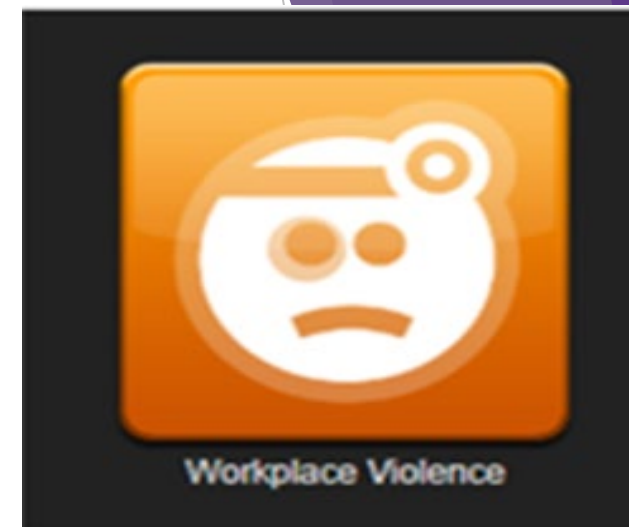
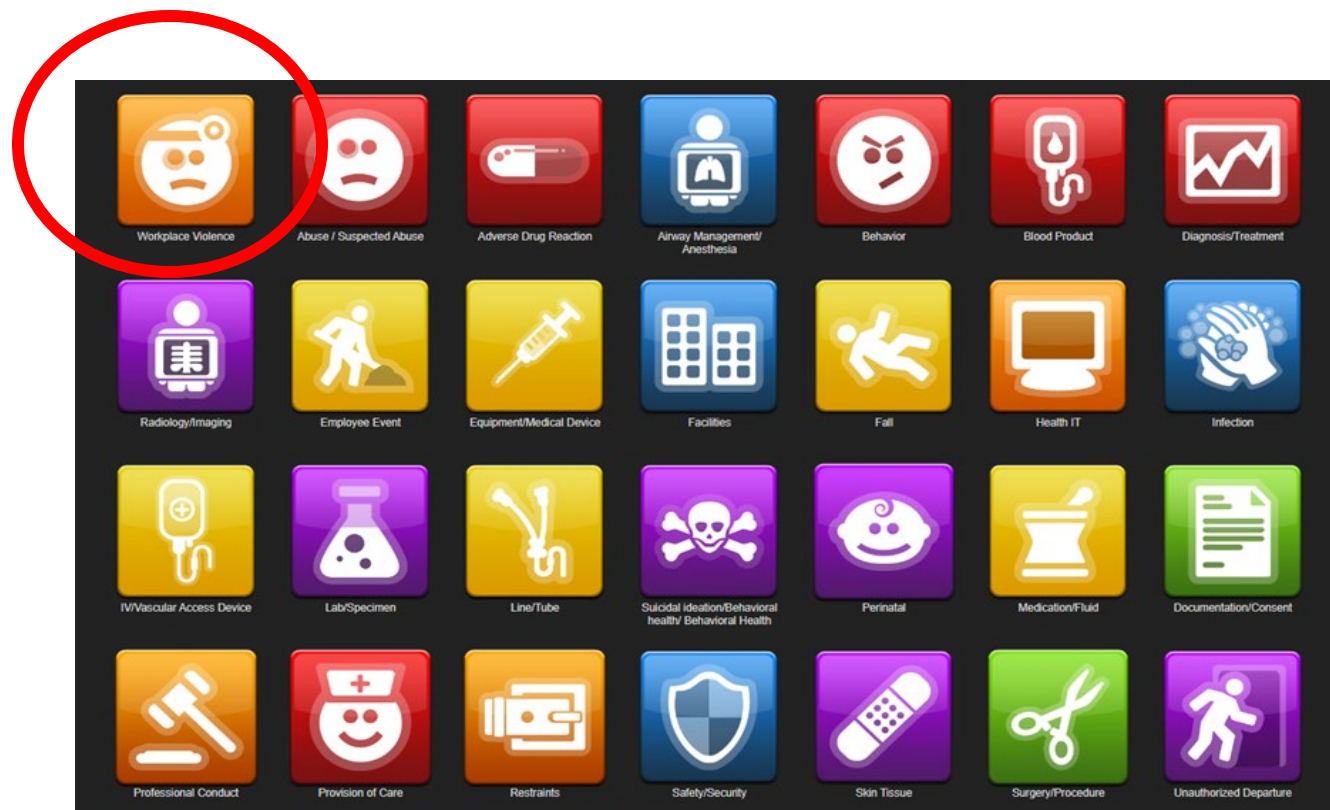
Workforce Safety Reporting Structure



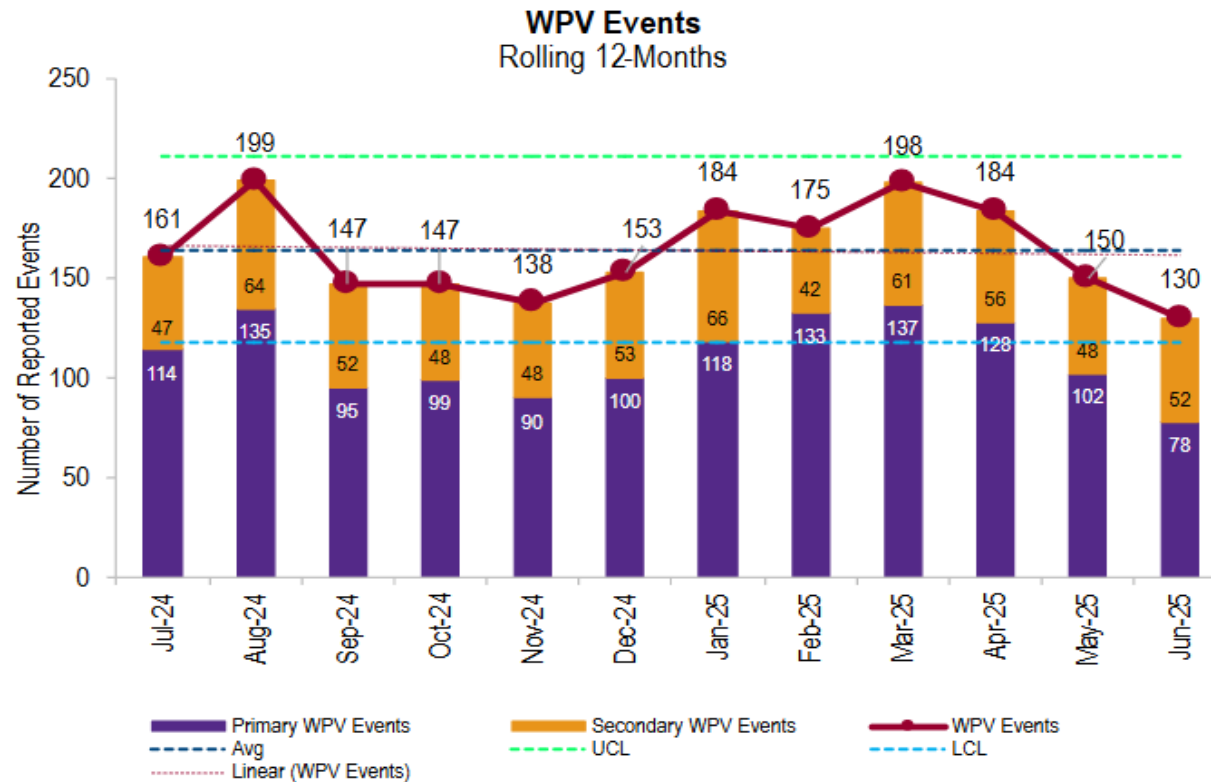
Updated: 09/22/2025

★ = NEW Areas with focused development

WPV Event Reporting



Safety Center: Workplace Violence Reported Events



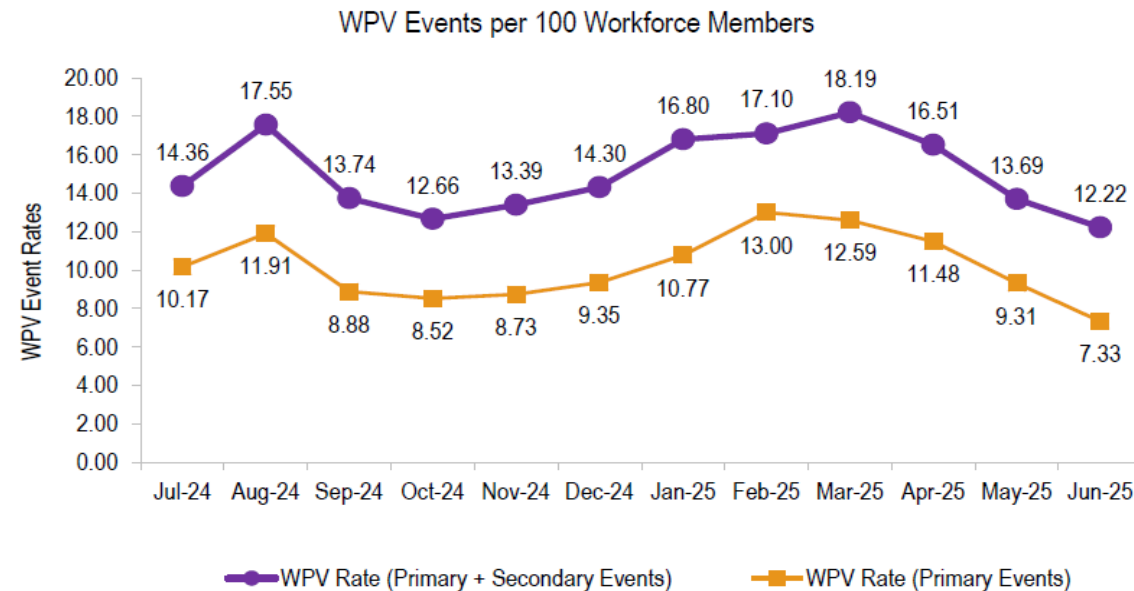
Reporting of WPV events have steadily increased from FY2021 (776) to FY2024 (1,753).

FYTD2025 already shows 1,459 events through June, continuing the upward trend.

The data represent reported events during the specified time period where the incident category included physical assault, verbal assault, property destruction, or disruptive behavior.

Workplace Violence Events per Workforce Member

- As of June 2025, at least 7 out of every 100 workforce members experienced one or more types of workplace violence (WPV).
- A single behavioral incident can involve multiple event types (e.g., verbal and physical abuse, property damage, etc.)
- When all event types are counted, the WPV rate increases to 12 events per 100 workforce members.

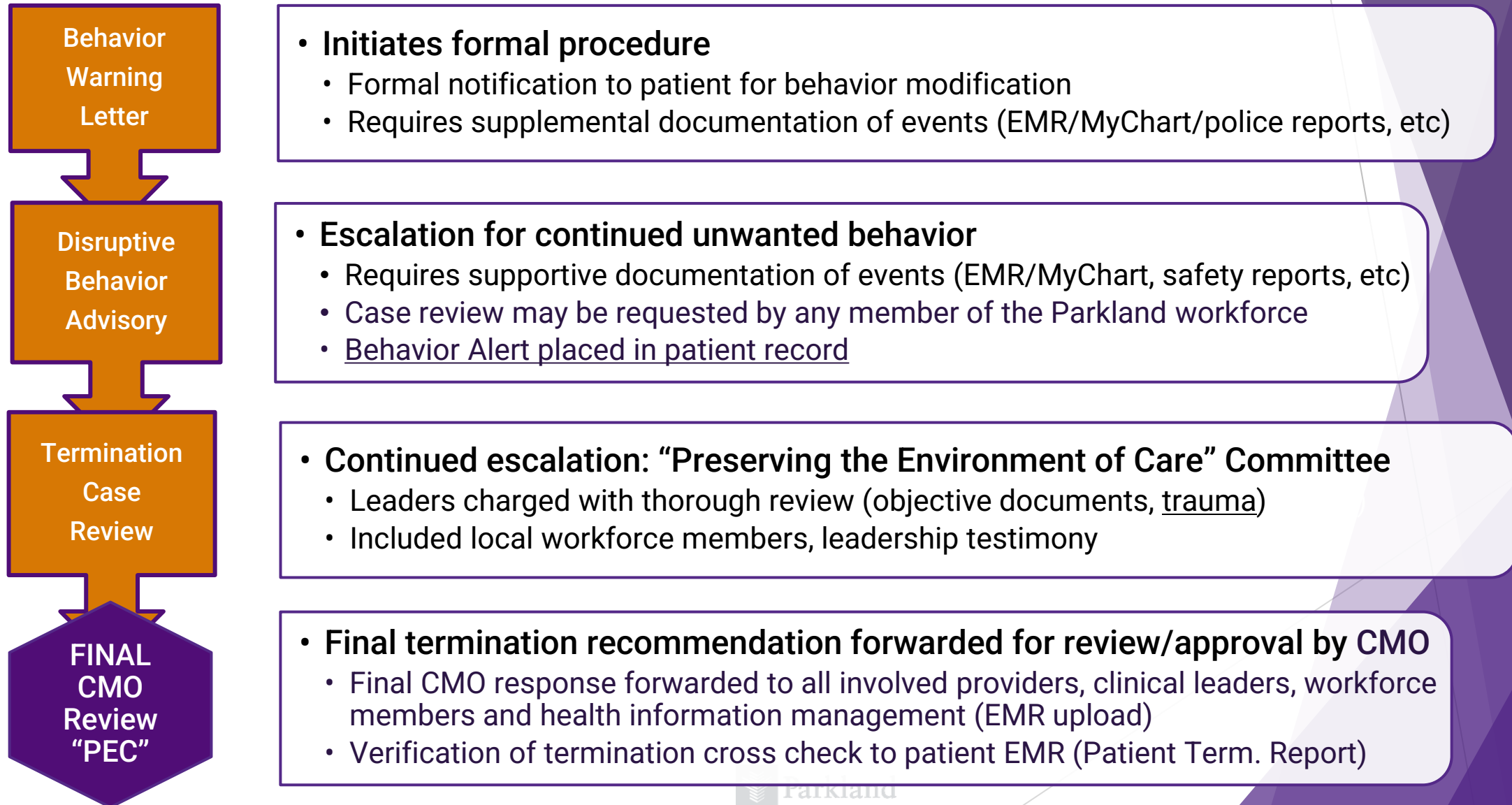


Rate = (Number of WPV incidents × 200,000¹) / Total hours worked
¹ 200,000 represents the standard base for calculating rates per 100 full-time employees, assuming each works 2,000 hours/year.

The data represent reported events during the specified time period where the incident category included physical assault, verbal assault, property destruction, or disruptive behavior.

25

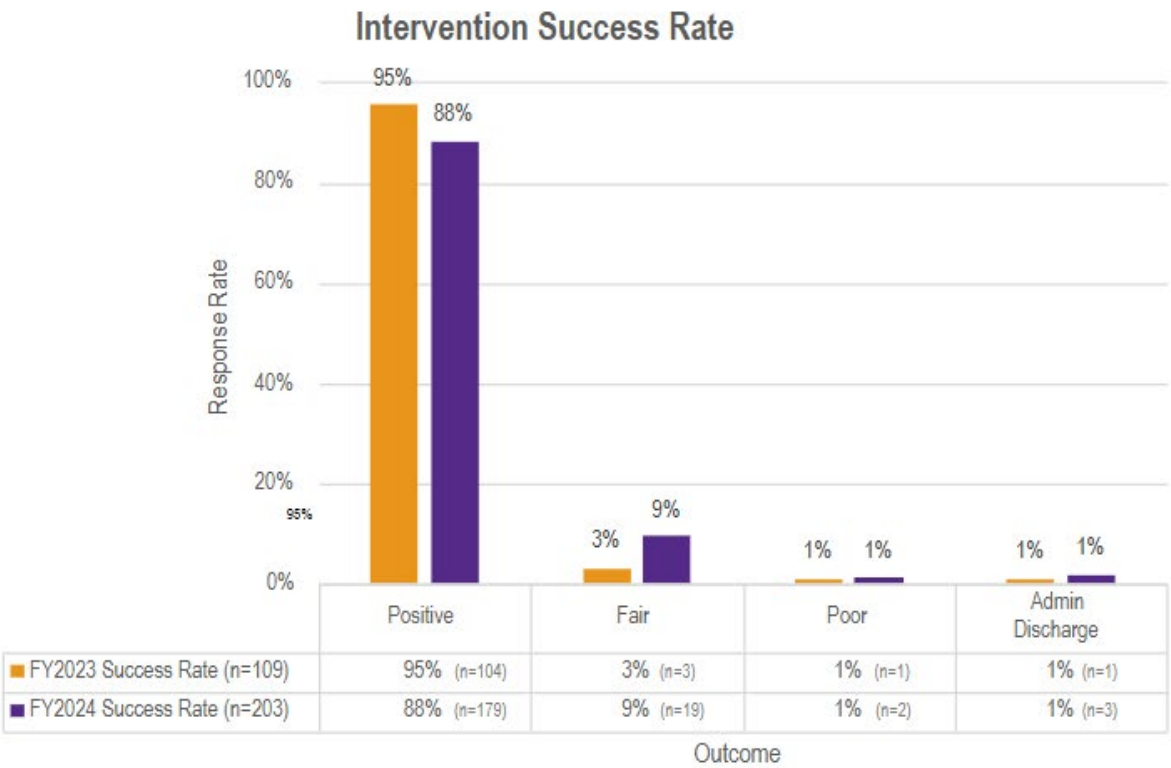
Tiered Process for Managing Aggressive Behavior



Behavioral Intervention Success Rate

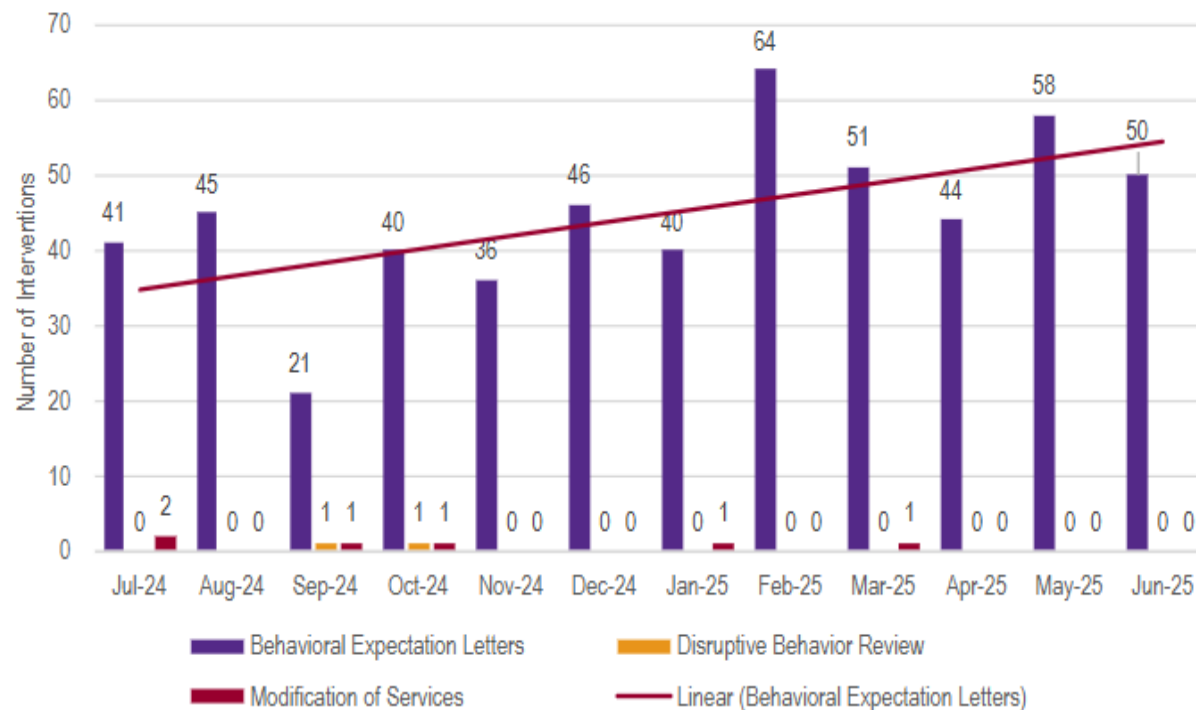


Positive	No documented inappropriate behaviors
Fair	One follow-up letter before behaviors improved
Poor	Additional communication required before behaviors improved
Admin Discharge	Discharged from healthcare system (ED/L&D only per EMTALA)



Progression of Case Reviews

WPV Behavioral Interventions
Rolling 12-Months



1. Behavior Expectation Letters and Investigations
(n=890 from inception)



2. Disruptive Behavior Review
(n=17 from inception)



3. Modification of Services: up to and inclusive of formal administrative discharge through the PEC* Committee
(n=33 from inception)

*PEC – Preserving the Environment of Care Committee

2025 WPV Plan Goal Status Update

2025 WPV Plan Goals:

On Track

Completion of an environmental safety risk assessment for the pediatric patient population in the Burn Unit.

Completed

Assess and evaluate initial patient facing structures to include but are not limited to 1) Needed protection barriers and 2) Panic Alarms (assess, availability and functionality)

Completed

Deployment of PCCI Brøset Violence Checklist across all medical/surgical units (Phase III)

Completed

Completion and implementation of Policy 4000-1400 Paid Time Off policy update (WPV PTO)

Completed

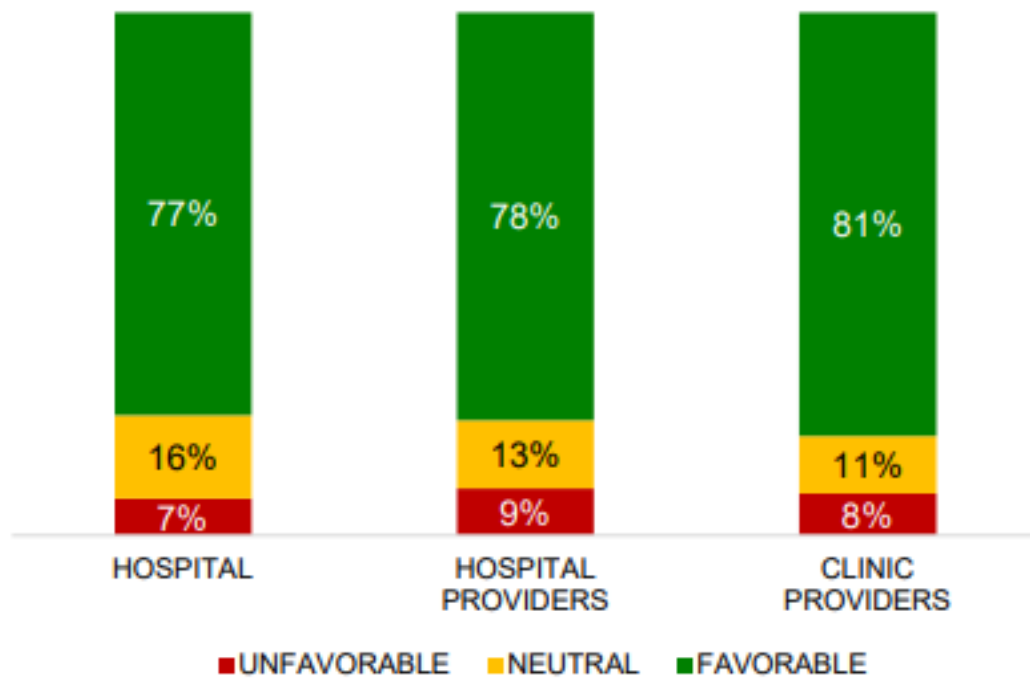
Sustainment or improvement of the score of 3.96 for the 2024 Pulse Survey questions focused on safety and workplace violence.

Completed

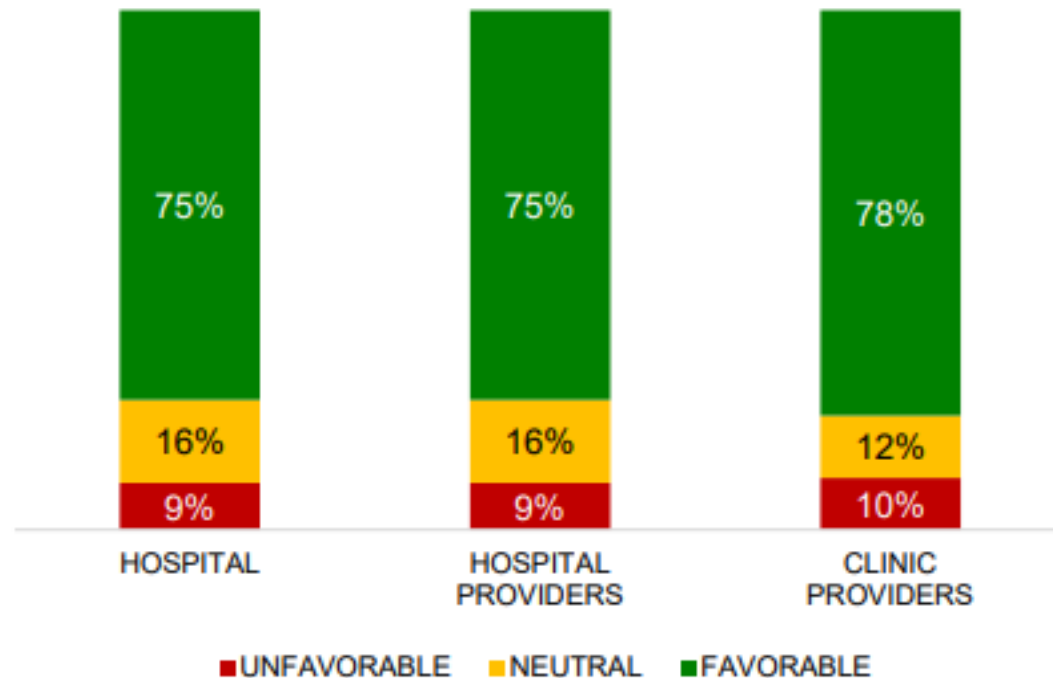
100% Goal Completion

Focus on Workplace Violence Efforts

This organization has **effective processes** for responding to patients or their family displaying **violent behavior**.



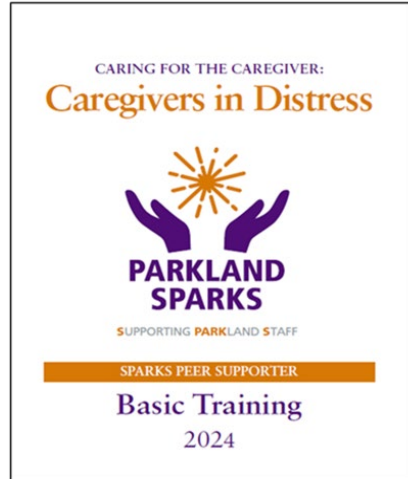
This organization has **good security measures** in place that help prevent **violent behavior** from patients or their families



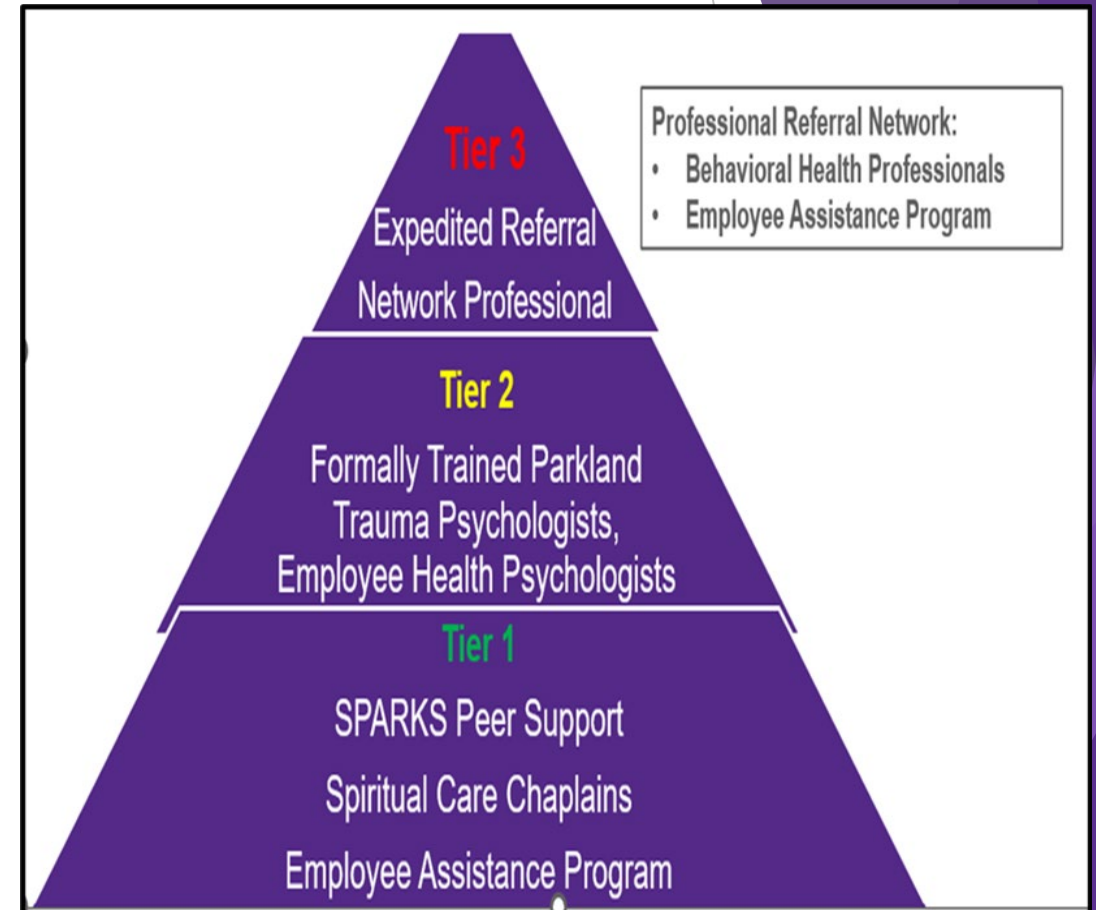
					2025				
WPV Response & Prevention Items	Item Mean	Percent	Percent	Percent	Responses	vs 2024 Results Survey		Nat'l SafetyNet Hosp Avg 2025	
Employees	Score	Favorable EI	Neutral EI	Unfavorable EI	within Rows	Mean Score	Difference from History	Difference from Benchmark	
This organization has effective processes for responding to violent patients or their family.	4.07	80 %	13 %	7 %	9754	3.98	0.09	N/A	
This organization has good security measures in place that help prevent violence from patients or their families.	4.05	79 %	14 %	7 %	9909	3.95	0.10	N/A	
							P < 0.05		
					2025				
	Item Mean	Percent	Percent	Percent	Responses	vs 2024 Results Survey		Nat'l Phys SafetyNet Avg 2025	
CLINIC PROVIDERS	Score	Favorable EI	Neutral EI	Unfavorable EI	within Rows	Mean Score	Difference from History	Difference from Benchmark	
This organization has effective processes for responding to violent patients or their family.	4.09	84 %	7 %	9 %	243	4.06	0.03	N/A	
This organization has good security measures in place that help prevent violence from patients or their families.	4.05	82 %	11 %	7 %	243	4.00	0.05	N/A	
							P > 0.05		
							ns		
					2025				
	Item Mean	Percent	Percent	Percent	Responses	vs 2024 Results Survey		Nat'l Phys SafetyNet Avg 2025	
HOSPITAL PROVIDERS	Score	Favorable EI	Neutral EI	Unfavorable EI	within Rows	Mean Score	Difference from History	Difference from Benchmark	
This organization has effective processes for responding to violent patients or their family.	4.02	81 %	11 %	8 %	909	3.97	0.05	N/A	
This organization has good security measures in place that help prevent violence from patients or their families.	3.98	78 %	14 %	8 %	922	3.91	0.07	N/A	
							P > 0.05		
							ns		
2025 mean scores were higher than 2024 for both questions for all Service Lines, although only significantly higher for employees									

SPARKS: Supporting PARKland Staff

Caregivers caring for others

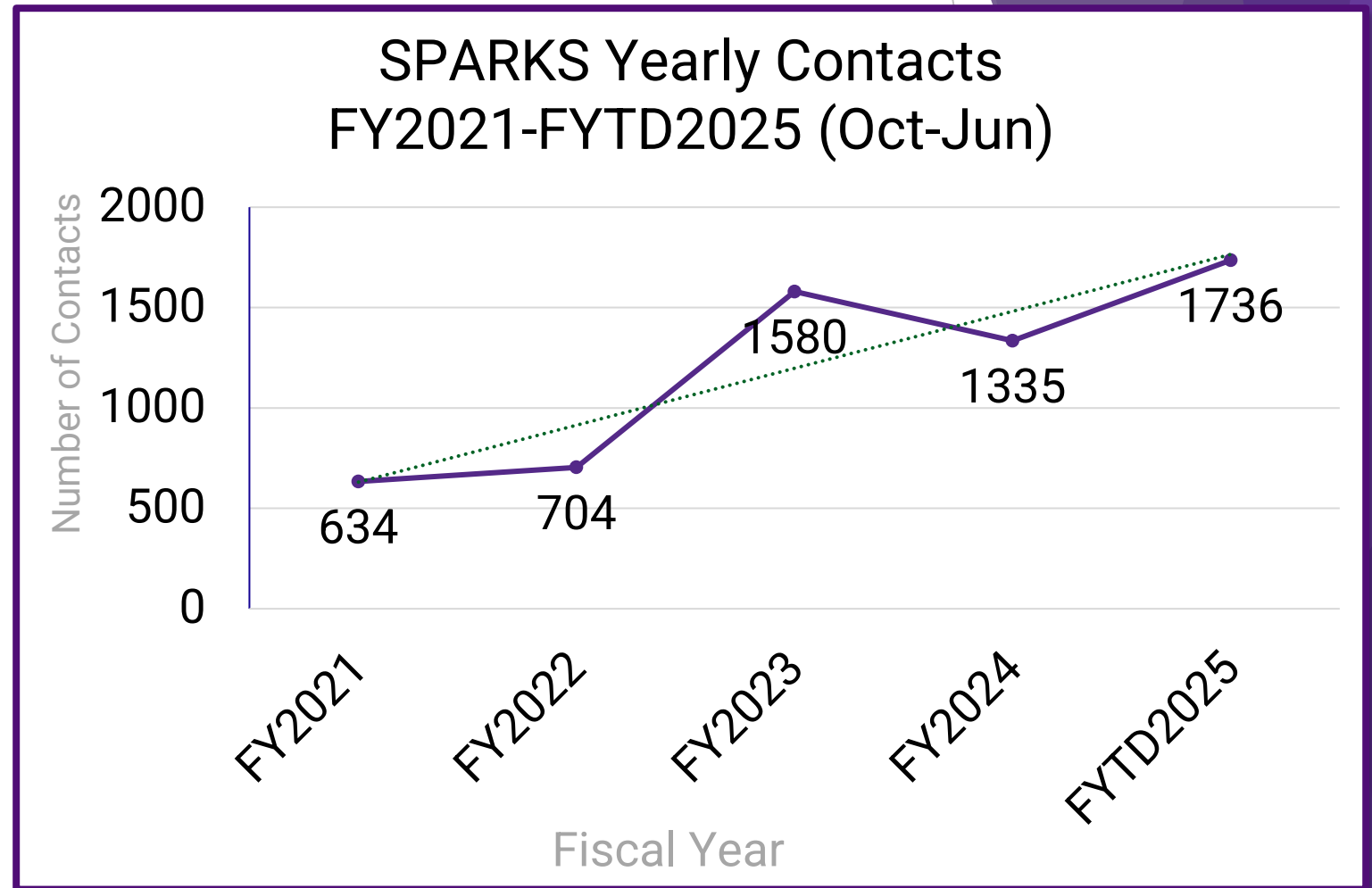


SPARKS Peer Support Program: Why needed?



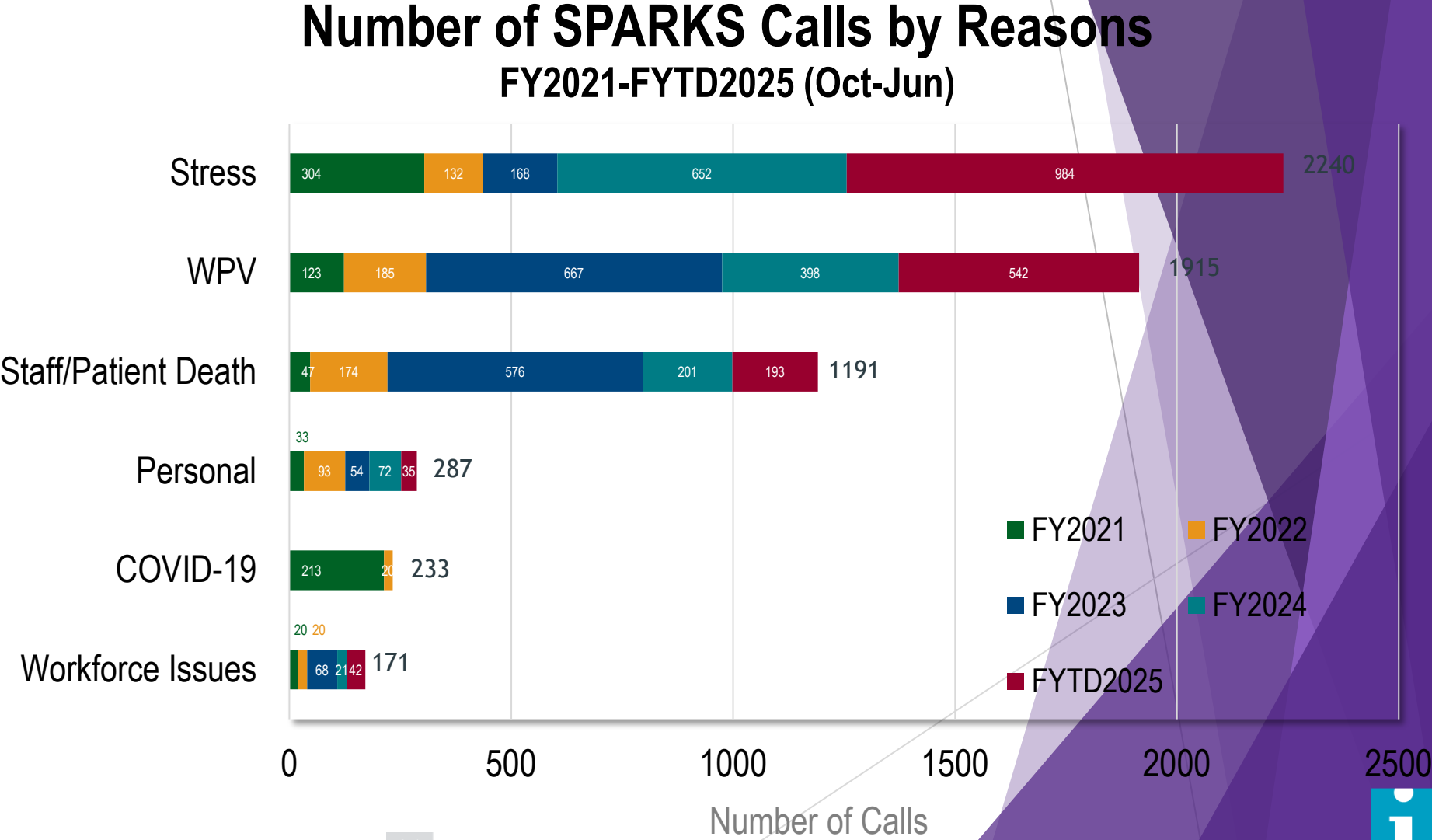
SPARKS Data: Contacts

- ▶ SPARKS annual contacts rose steadily from FY2021 to 1736 by June FY2025.
- ▶ This indicates growing engagement and demand for support.
- ▶ SPARKS is one of several support modalities for the workforce.



SPARKS Data

- Stress and WPV (Workplace Violence) have consistently been the top reasons for SPARKS calls from FY2021 to FYTD2025, with noticeable increases in both categories over time.
- COVID-19 declined after FY2021, while Staff/Patient Death, Personal, and Workforce Issues reasons remained relatively stable.



Workforce Safety

► Post Event Support:

- Spiritual Care
- SPARKS On Call
- Employee Health Center
- Employee Assistance Program
- WPV Care Packages
- Badge Buddies
- Lavenders Carts
- Meditation Rooms (Main Hospital and Correctional Health)
- Comprehensive Resource List
- Evaluation of role change for impacted victims
- Trauma Informed Care

THE SPARKS TEAM: PEER SUPPORT FOR STAFF

The SPARKS (Supporting Parkland Staff) team provides Parkland Health & Hospital System employees who have experienced a stressful, patient-related incident with confidential peer-to-peer support. An adverse patient event, such as a medical error, escalation to a higher level of care or death, can have a profound impact on care providers, any of whom may become a "second victim" of the situation.

WHAT IS A SECOND VICTIM?
When a healthcare team member is traumatized by an adverse patient event or stressful situation, he or she is considered a "second victim."

Second victims often:
• Feel personally responsible for the patient's outcome
• Feel as though they have failed the patient
• Second guess their clinical skills and knowledge

HOW CAN SPARKS HELP?
All employees, supervisors and colleagues are encouraged to contact the SPARKS team after any traumatic patient event. It's critical to get timely support after such events. Peer support gives employees a safe space to talk about troubling situations. Recipients report that such support reduced feelings of anxiety and blame and helped them recover more quickly. The SPARKS team can also help identify other available resources.

WHO MAKES UP THE SPARKS TEAM?
The SPARKS team is composed of volunteer Parkland staff from a variety of disciplines and work settings. Every SPARKS peer supporter has been trained to provide peer support to those who encounter a stressful or traumatic patient-related event.

REACTIONS TO A STRESSFUL EVENT
The following symptoms are common responses to a stressful situation. If you or a colleague is experiencing these symptoms, SPARKS can help.

PHYSICAL SYMPTOMS:	PSYCHOLOGICAL SYMPTOMS:
• Changes in sleep patterns	• Irritation
• Difficulty concentrating	• Frustration
• Changes in eating habits	• Fear
• Headache	• Grief or remorse
• Fatigue	• Discomfort returning to work
• Diarrhea	• Anger and irritability
• Nausea or vomiting	• Depression
• Rapid heart rate	• Extreme sadness
• Rapid breathing	• Self-doubt
• Muscle tension	• Headaches

COPING WITH STRESS
The SPARKS team can help you cope with stress. Some examples of healthy ways to handle stressful situations include:
• Get physical exercise, as well as relax, to help alleviate some physical reactions to stress
• Eat regularly. Minimize use of sugar and caffeine
• Do something nice for yourself
• Remind yourself that it is okay that you are experiencing expected reactions to a stressful event
• Keep to your routines
• Avoid alcohol and drug use
• Give yourself permission to rest; don't try to hide your feelings

Self-regulation Strategy

<input type="checkbox"/> Peer Support	<input type="checkbox"/> Open Hands
<input type="checkbox"/> Muscle Relaxation	<input type="checkbox"/> Relax Tongue
<input type="checkbox"/> Use Rhythm	<input type="checkbox"/> Use App
<input type="checkbox"/> Touch Lips	<input type="checkbox"/> "Drop 3"
<input type="checkbox"/> Relax Palate	<input type="checkbox"/> Breathing
<input type="checkbox"/> Pelvic Floor	<input type="checkbox"/> Body Scan
<input type="checkbox"/> Half Smile	<input type="checkbox"/> Containment
<input type="checkbox"/> Peripheral Vision	<input type="checkbox"/> STOP technique

Staff Support Resources page



Workforce Members Resources

Mental & Emotional Health

Parkland Internal Resources

Spiritual Care
Urgent Needs: 24/7 Call Chaplain Pager: 214-786-8108
Non-Urgent Needs: Monday - Friday, 8 a.m. - 8:30 p.m. Call: 214-590-8512

Emergency Psychosocial Services
Resources to provide education and easy-to-learn strategies to manage potential reactions to tragedy
Contact: jessica.george@phhs.org
214-590-2926
Crisis Line: 214-590-0430

Behavioral Health Clinic, Moody Outpatient Center, 6th Floor
Call: 214-590-2538; Option 6

Institutional Ethics Committee Resources
Page On-Call Ethics Consultant via SmartWeb (Enter ETHICS CONSULT as the group name) <https://phhs.sharepoint.com/ethics>

Employee Health Center - Behavioral Health
Provides access to in-person and virtual psychotherapy services and self-enhancement groups
Call: 214-590-2800

External Resources
24/7 National Crisis Text Line Text "Home" to 741741
Local Peer Support Group <https://www.mhaddallas.org>

The Center for Integrative Counseling & Psychology (Outpatient Therapy on UMR)
214-520-4025
www.thecenterforintegrative.org
National Disaster Distress Line 800-985-5900
Text: "TalkWithUs" to 66746
Here for Texas (Navigation Line) 972-525-8181
<https://herefortexas.com>
North Texas Behavioral Health Authority (NTBHA) 24/7 Support Line: 800-260-8000
<https://ntbha.org/>
Trauma Support Services of North Texas
Free, trauma-informed individual & group sessions available: 972-709-4004
traumasupportservices.org
Telehealth Counseling for Healthcare Workers <https://tritononlineapp.org>

Additional Resources & Support

Back-Up Care: Annie's Place
• Team members are eligible for 15 days of free backup childcare
www.monmonismead.org/anniesplace
• "Apply Now" button
• In the section "I was referred to Annie's Place by," select "other"
• More information on website or call 214-266-8564

Financial Relief & Resources
Parkland Auxiliary Benevolence Fund
• Short-term financial support for full-time Parkland employees with unexpected, life-altering financial hardships
• Contact: Marcy Barnes, 214-590-8990
• ParklandAuxiliaryBenevolence@phhs.org
Financial Hardship Relief Program
• Assists Parkland employees unable to repay a pay day loan for more than three pay periods
• <https://phhs.sharepoint.com/Pages/FinancialHardshipReliefProgram.aspx>
Community Loan Center of Dallas
• Affordable, small dollar loans (\$400-1000) with 12 months to repay and 1-on-1 financial counseling
www.cloaddallas.org
PTO Donation Request - Limited Availability
• Employees who've exhausted their PTO and require an extended absence due to qualifying circumstances may be eligible to receive donated PTO
OTM Service Portal > Helpful Information > COVID-19 OTM Resources > Request Donated PTO

Healthcare Resources
For employees and dependents on the Parkland Employee Health Plan
Teladoc: Telemedicine Provider
• Register and create an account before first consultation
• Teladoc.com, 1-800-teladoc
• 24/7 access virtual consultations (\$24 consultation fee)
UMR Nurse Line
• 1-877-955-5083

New SPARKS Mobile Lavender Carts

Lavender carts are mobile staff support centers intended to provide staff with calming, comforting items and resources during stressful times. In addition to physical resources, the Lavender cart will provide a safe space for staff to indirectly debrief and acknowledge their experiences while receiving informal peer support. These carts include tea, candy, lip balm, stress balls, coloring sheets, resource referral pages, and more.

Lavender carts can be requested by departments or unit leaders for staff who have experienced high stress situations, including but not limited to:

1. Unexpected death of patient, colleague, or loved ones
2. Workplace violence events
3. Patient safety events
4. Cumulative effects of work-related events or stressors

To request a Lavender cart for your unit or department:

- On weekdays from 6:45 a.m. - 6 p.m. Page the On-call SPARKS peer supporter via the online directory.
- On nights and weekends Page the On-call chaplain at 214-786-8108 or the Nursing Administration Officer at 214-590-8962.

Once requested, the Lavender Cart will arrive within 1-2 hours. SPARKS peer supporters, Spiritual Care staff, and/or the Nursing Administration Officer will accompany the cart and assist in their use.

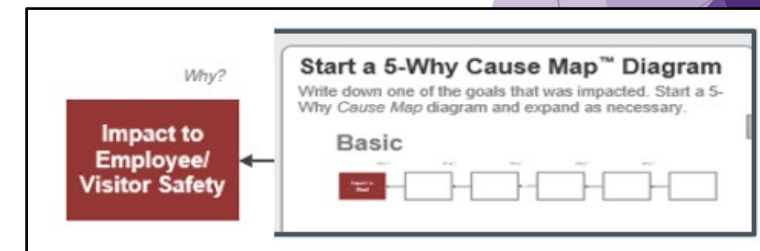
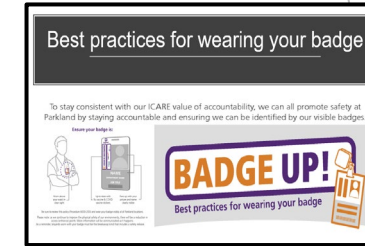
The SPARKS (Supporting Parkland Staff) peer support team provides confidential peer-to-peer support to Parkland staff who have experienced stressful patient-related events. You can reach SPARKS peer supporters 24-7 by paging the On-call peer supporter in the online directory.

Lavender carts are offered through collaboration between SPARKS and Spiritual Care

Parkland Care. Compassion. Community.

Universal Interventions

- ▶ **“Safety Starts with Me”** Employee ID Campaign
- ▶ Third-Party Risk Assessment: Security Enhancements
 - ▶ Weapons Detection System
 - ▶ Enhanced camera, badge access readers
 - ▶ Internal Risk Assessments
 - ▶ High Risk areas (Psychiatry, Emergency Dept.)
 - ▶ Community High Risk areas
- ▶ Training: Onboarding & De-Escalation Training
- ▶ Executive Rounding- query about safety/security
- ▶ Executive Huddle: transparency of days since last WPV event
 - ▶ **Days since last WPV=0**
- ▶ Cause Analysis on all WPV events with employee injury
 - ▶ Evaluation of role change for impacted victims



Patient & Visitor Signage

Patient Responsibility Responsabilidad del Paciente

As a patient of Parkland, no matter the location, you have the responsibility to:

- Be truthful
- Ask questions when you don't understand
- Follow the rules and policies
- Respect others
- Respect Parkland property
- Avoid aggressive or violent behavior
- Avoid making threats
- Do not discriminate or be sexually aggressive
- Parkland is a smoke free campus

Parkland may take the following actions:

- Counsel you on behavioral expectations
- Provide verbal and written warnings on inappropriate behavior
- Place a behavioral alert in your patient chart
- Prohibit disruptive family members or friends from entering healthcare setting
- Suspend Parkland visits for 24 hours or longer
- Call police
- File criminal charges

If you behave aggressively in this facility, you may be removed from the facility and may face prosecution.

Our hospital administration supports staff in pressing charges for aggressive behavior they encounter while caring for patients.

Como paciente de Parkland, no importa el lugar, usted tiene la responsabilidad de:

- Ser sincero
- Hacer preguntas cuando no entienda
- Seguir las reglas y las políticas
- Respetar a los demás
- Respetar la propiedad de Parkland
- Evitar conductas agresivas o violentas
- Evitar hacer amenazas
- No discriminar ni ser sexualmente agresivo
- Parkland es un lugar donde no se fuma

Parkland puede tomar las siguientes medidas:

- Aconsejarlo sobre las expectativas de comportamiento
- Dar advertencias verbales y escritas sobre el comportamiento inapropiado
- Poner una alerta de comportamiento en su expediente
- Prohibir el ingreso de familiares o amigos conflictivos al establecimiento de salud
- Suspender las visitas a Parkland por 24 horas o más
- Llamar a la policía
- Presentar cargos criminales

Si se comporta de manera agresiva en este instalación, es posible que lo retiren de este lugar y que lo enjuicien.

La administración de nuestro hospital apoya al personal en la presentación de cargos por comportamiento agresivo que enfrentan mientras atienden a los pacientes.



BE RESPONSIBLE FOR THE ENERGY YOU BRING

A safe work environment
begins with you and me.



Our Words



Our Behavior

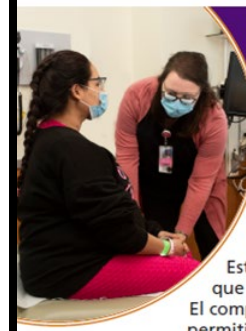


Our Body Language

Take a slow deep breath
and focus on your energy
to make a difference.



Patient and Visitors Pacientes y Visitas



This facility is a healing environment where everyone is expected to treat others with kindness and respect. Abusive, aggressive, or violent behavior is not permitted and may result in legal action, discharge from care, or other restrictions.

Este lugar es un ambiente sanador donde se espera que todos traten a los demás con amabilidad y respeto. El comportamiento abusivo, agresivo o violento no está permitido y puede resultar en acción legal, darle de alta de cuidados u otras restricciones.

Examples of prohibited behaviors are:

- Physical violence or aggression
- Harassment or bullying
- Verbal abuse or threats
- Sexual language or behavior

Ejemplos de comportamientos prohibidos son:

- Violencia o agresión física
- Acoso o intimidación
- Abuso verbal o amenazas
- Lenguaje o comportamiento sexual



Any person who is aggressive and/or has violent behaviors will be removed from the facility. Additionally, the workforce members can take legal actions to include filing criminal charges.

Toda persona que sea agresiva y/o tenga comportamientos violentos será retirada de este lugar. Además, los miembros de la fuerza de trabajo pueden tomar acciones legales e incluir la presentación de cargos penales.



STAMP© Assessments in the Emergency Department

S: Staring

T: Tone

A: Anxiety

M: Mumbling

P: Pacing

Test, Marin #7110619 (CSN: 761005632) (16 year old F) (Adm: 05/08/20)
Observation

12HME0-12-609-01

STAMP Screen Positive

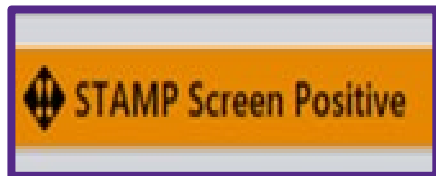
STAMP Screen Positive

STAMP Assessment - 05/24/22 1700

STAMP Assessment Positive screen !



Management of Patient Behaviors: Early Identification & Alert Notifications



Universal Precautions

Patients with known trended aggressive behaviors and meet specific criteria, have a add a Behavioral Advisory Safety Alert (BASP) added to the electronic medical record in SBAR format.

Behavior Alert

Situation:

- Patient has threatened physical violence, verbal threats and/or destruction of property.

Background:

- On XX/XXXX, while in the Emergency Department, patient exhibited agitation during the physical exam and threw articles at the nurse as she departed the room. Patient then yelled expletives and stormed out after damaging workstation on wheels.

Assessment:

- Patient exhibits violent and aggressive behavior towards workforce members.

Recommendation:

- Keep voice even, calm. Do not match patient's tone
- Maintain distance. Ask permission to approach patient.
- Seek two-person team for safety
- Call Police, if feel risk of imminent harm
- Report additional events of workplace violence

Electronic Medical Record

Appointment Desk

Book It Walk In Request Reports Patient Options Printing Link Appt to Requests Review

Violence Precautions: Call x7777 and Notify PHHS Police if Patient is Here

- Patient has been known to exhibit violent, disruptive, threatening /aggressive/abusive behavior.
- Patient to have 1:1 Police Officer standby at all times / PHHS Police will be with patient 24/7, even with admission
- DO NOT schedule new appointments
- Notify NAO at Extension 28962

Ambulatory Scheduling Notification

Behavior Warning Flag

Behavior Alert

The screenshot displays a medical chart for John Doe, a 35-year-old male. The interface includes a top navigation bar with tabs for Summary, Results, Chart Review, Problems, Notes, Orders, Order Review, MAR, Flowsheets, Avatar, Care Plan, Education, and History. A left sidebar contains patient information, including name, MRN, language, and a search bar. The main content area shows the patient's status as 'Inpatient' and a 'MyChart Status' section. A prominent black banner reads 'TERMINATED PATIENT: EMTALA must be followed in the emergency setting'. Below this, the 'Terminated Patient' section contains a warning: 'TERMINATED PATIENT: EMTALA must be followed in the emergency setting'. To the right of this warning, a red circle with a white 'X' and a blue notification bubble with the number '4' is visible. A red arrow points from this icon to a green bar at the bottom of the chart labeled 'Behavior Alert'. Another red arrow points from the 'Behavior Alert' bar to the 'Behavior Alert' text in the 'MyChart Status' section. The 'Behavior Alert' text is repeated twice.

John Doe
Male, 35 year old, 3/6/1988
MRN: 7111506
Language: English
Bed: RADPROC-RADPROC
Code: FULL
Inpatient
PHI Des: None

Summary
Pt Summary Link Mom Pt Summary Link Baby COVID-19 Overview Lab Requisition Cancer Registry Rpt IP Summary

MyChart Status

TERMINATED PATIENT: EMTALA must be followed in the emergency setting

Terminated Patient
TERMINATED PATIENT: EMTALA must be followed in the emergency setting

Patient has exhibited violent, disruptive, threatening, aggressive and/or abusive behavior at Parkland.
Patient should be seen by two-member team whenever possible.
DO NOT schedule new appointments.
Notify NAO at x28962 and Workforce Safety Manager at x29787.
Consider opportunities to expedite care.

Behavior Alert
Behavior Alert
Behavior Alert

Administrative Discharge/Termination Alerts

JD

John Doe

Male, 35 year old, 03/06/1988
214-656-8744
7111506

Language: English

RADIR / RADPROC / RADPROC

Virtual: NONE

Patient Types: None

Last Login: None

RSH Vol: None

Payment Plan: NO

Infection: Testing for C-Difficile

Isolation: Extended Droplet

MyChart: Code expired

No blood pressures/venipunctures in LEFT arm, No blood pressures/venipunctures in RIGHT arm (+5)

Med Adh Score: None

Outpatient MEDD: 28.8 MME/Day

FYI: Hearing Imp; Vision Imp; L arm: no BP; R arm: no BP; Suicide; Behavior; Elopement; H R D/T Fall; Patient FALL; TERMINATED: Comm w/Meds; IV Filter; BTG

Appt Desk

Appointment Desk

Book It Walk In Request Reports Patient Options Printing Link Appt to Requests Review

TERMINATED PATIENT: EMTALA must be followed in the emergency setting

- Patient has exhibited violent, disruptive, threatening, aggressive and/or abusive behavior at Parkland.
- Patient should be seen by two-member team whenever possible.
- DO NOT schedule new appointments.
- Notify NAO at x28962 and Workforce Safety Manager at x29787.
- Consider opportunities to expedite care.

Patient Summary (Edit)

Doe, John

MRN: 7111506

1234 Main

DOB: 3/6/1988

Dallas TX 75235

SSN: xxx-xx-xx

Future Admissions Past Orders Active Requests Finalized Requests

Dismissed Pt eCheck-In Status Mode Rfl Encounter Date Time Len Dept

Patient Summary (Edit)

Test, Marin


Acct Sts: 5200 Harry Hines

MRN: DOB:

DRAFT

Name	Description
☆ TERMINATEDPATIENT	To be used in Terminated Patient FYI Flag. Update ETX
☆ TERMINATEDPPT	To be used in Terminated Patient FYI Flag. Update ETX

18%
3 of 17

 Parkland

Parkland WPV Work Products Benefiting Others



Parkland

Advanced Practice Provider Workplace Wellness Toolkit



Protecting Health Care Workers: Creating Policy for Patient Behavior

 [News](#) / [Voice of Nursing Leadership](#)

PUBLISHED NOV. 1, 2024

Parkland Health Care's mission, vision and values focus reported a widespread increase in aggressive behaviors including those who are homeless, and many with co-occurring mental health conditions. In the past year, nearly a quarter million patients annually for the past year has led our leaders to pivot from a longstanding philosophy identified as another significant vulnerable population with

FIGURE 1: Parkland Health Care

- **Our Mission:** Advance wellness, relieve suffering, develop, and educate.
- **Our Vision:** Advancing health equity through a public health system.
- **Our Values:** (ICARE) Integrity, Compassion, Collaboration, Accountability, Respect, and

FIGURE 2: Safety Sign



FIGURE 3: Behavior Alert Flag

TERMINATED PATIENT: EMTALA must be followed in the emergency setting	
TERMINATED PATIENT: EMTALA must be followed in the emergency setting	Patient has exhibited violent, disruptive, threatening, aggressive and/or
Patient should be seen by two-member team whenever possible. DO NOT schedule new appointments. Notify NAO at x28962 and Workplace Safety Manager at x29787. Consider opportunities to expedite care.	
Behavior Alert	

Development of one systemwide standard for management of behavioral alert flags (Figure 3) placed in the EMR v alerts assigned to patients undergo an annual review to determine the flag's status: remain or discontinue.

TEXAS WORKPLACE VIOLENCE LEGISLATION

In 2022, amid the COVID-19 pandemic, Parkland embarked on several states to enact legislation, Texas Senate Bill (SB) 1515, not solely those in the clinical, patient-facing role of violence and aggression. Parkland representatives testified to not only Parkland's staff experiences related to work at the beginning of the pandemic in 2018 and developed an initiative that was signed into law effective Sept. 1, 2023, with compliance enacted law before the governor officially signed the bill approved by the Parkland health system executives.

As social norms shifted during and after the COVID-19 pandemic, from patients and visitors entering the health system an reviewed updated policies and procedures focused on addressing workplace violence. The focus groups consisted of workforce members from acute care, ambulatory care, and correctional health, representing all levels of various roles. Members provided explicit examples of what they endured while also endorsing support group participants collaborated on policy revisions and provided commentary for new policy development. Members' comments helped with the development of new workers and supported the implementation of these processes throughout the health care system.

MANAGEMENT OF PATIENT BEHAVIORS

The outcomes of the collaborative efforts included one systemwide workplace violence policy evolving from disparate localized policies and processes. The instituting behavior alerts benefitting the acute care and ambulatory settings. Processes were built to focus on the individual's inappropriate behaviors in addition to expectations for mutual respect in the collaborative patient-centered relationship. Additional proactive and reactive actions included:

- Screening for violence propensity — Screening patients for slurring, tone, anxiety, mumbling and pacing (STAMP), (Luck et al, 2007) in the ED setting. A patient with a positive STAMP screen is highlighted with a flag and orange banner in the electronic medical record (EMR) and a visual agnostic Safety Sign (Figure 2) is placed outside the patient room to proactively alert workforce members the patient may have propensity for aggression. This is a valuable tool for all workforce members but more specifically for the approximate 50%



Preventing Workplace Violence in Health Care

Proceedings from AONL Foundation's 2024 Leadership Symposium
December 12, 2024

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Questions?



Thank you!