US DEPARTMENT OF VETERANS AFFAIRS

Giving Voice to Behavioral Safety Concerns: Considerations for Disruptive and Violence Behavior Reporting Systems in Health Care Workplaces

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February 2021

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There is a long-standing, internationally recognized challenge of under-reporting disruptive behavior and violence in health care and social services workplaces. Creating a simple, short, and centralized reporting tool for all staff to use is essential step in implementing and improving meaningful workplace violence prevention programming that engenders a culture of safety for all persons. The US Veterans Health Administration (VHA) has created such a tool. The following content highlights key components VHA's electronic reporting system for behavioral safety concerns.

Users

The electronic reporting system (ERS) is available to all VHA employees to enter reports about behaviors that cause safety concerns. The ERS allows for anonymous reporting, a documented strategy for increasing the likelihood that employees will be willing to enter reports.

Additionally, there are elevated access levels for specific ERS users that allow them to leverage additional functionality in the ERS (e.g., case status tracking tools, statistical analyses tools, etc.). This elevated access is designed specifically to support the ethical and efficient operations of the multidisciplinary behavioral threat assessment and management team that assesses ERS reports and makes treatment recommendations to promote the delivery of safe and effective health care. Access levels are:

- Staff Reporter: Can enter event reports for a given facility.
- Team Member: Can review and edit event reports for a given facility.
- Facility Administrator: Can define facilities and team members for a given facility.

Two modes, "report" and "review," were developed to improve the user interface based on these different access levels. The "report" mode is for event entry *only*. The "review" mode covers all other functionality and is not available to users with "staff reporter" access only.

Report Mode

The ERS report form itself is divided into five distinct pages to make it more user-friendly. Comprised of approximately thirty-two questions, the ERS relies almost exclusively upon radio buttons, check boxes, and drop-downs to facilitate an employee's ability to enter a meaningful report quickly and accurately. Explained in greater detail in the following sections, these five ERS pages are:

- Location & Time,
- About the Reporter,
- About the Experiencer,
- About the Disruptor, and
- Event Details.

The “Location & Time” page allows the reporter to enter where the event occurred and then choose from a list of customized locations to obtain a more granular understanding of workplace violence within their health care system. The next fields capture data about the date and time of the event, the environment in which the event occurred (e.g., in person, by phone, over the Internet, etc.), and whether the person reported to have engaged in disruptive behavior was an employee or a patient.

The “About the Reporter” page automatically populates the name of the person entering the report unless the user requests anonymity. The reporter is also prompted to identify his/her role in the event: the person experiencing the event directly, the person observing the event, or the person reporting an event not experienced or observed. These options were added to the system to overcome underreporting cited in literature related to witnessing but not experiencing events, and knowledge about events gained through informal communications. The last field on the reporter page asks about the overall level of distress, both emotional and physical, that was experienced during the event.

On the “About the Experiencer” page, the reporter identifies the person experiencing the disruptive behavior as an employee, a patient, a family member, or other. As in the “about the reporter” section, the page about the experiencer also provides an “anonymous” option to keep the identity of the person experiencing the event out of the reporting system. Additional information on the “about the experiencer” page includes the severity of injury or distress experienced and if more than one person experienced or was affected by the event.

On the “About the Disruptor” page, the reporter identifies if the person whose behavior was reported to have caused a safety concern is a patient, family member, or other. Additional information gathered about the disruptive individual includes age and severity of injury (if injury occurred at all).

The “Event Details” page collects information about the behavioral event itself, including whether or not a behavioral response team was needed, if there was police involvement, identification of the type of disruptive behavior occurring (e.g., verbal, physical, sexual, etc.) and a free text box to describe the event. The last page concludes with questions about presence or absence of prior events by the same person or if a weapon was involved.

Report completion takes approximately 5-10 minutes. If the reporter is unable to complete the entire report, the completion of the first page alone notifies the multidisciplinary behavioral threat assessment team that a report has been initiated, and then they are able to go back and capture the missing data at a later point.

Review Mode

In the review mode called “status and assessment,” the multidisciplinary team has numerous options for evaluating the event and creating treatment recommendations if necessary. The first of these options is the status of the case. Case status options signify cases that are:

1) not yet reviewed,
2) under active review,
3) complete,
4) completed but require ongoing monitoring,
5) secondary reports
6) entered erroneously,
7) entered as tests of the system.

After identifying the status, the team assigns a unique location chosen from a list of pre-populated areas representing general clinical and non-clinical areas within VHA. This allows for standardization of the data across the health care system for a macro level understanding. Then the multidisciplinary team assesses the impact of the event on the experiencer as well as on the person who engaged in the behavior, and determines whether associated medical diagnoses such as delirium, depression, brain injury, or other medical conditions may have contributed to the behavior that caused a safety concern. After assessing impact and contributing factors, the team makes an informed decision, based on a structured professional judgement tool, about the person’s risk for both impromptu and intended violence. Teams must also classify the type of behavior in which the person was engaged, ranging from inappropriate communication to sexual assault, and are permitted to rank as many behaviors as are applicable from “most significant” to “less significant” to “even less significant.”

The next section describes interventions recommended by the team for the person engaging in the behavior and the experiencer or reporter. Intervention options are based on evidence-based best practice literature. The final sections of “status and assessment” include other information such as the occupation of the experiencer, whether or not safety officers were notified of environmental concerns, police case report numbers, and contributing social factors (e.g. undesired outcome from compensation & pension exam, problems accessing care in a timely manner, denial of requested prescription medication, etc.).

One of the additional functions built into the review mode at the request of the end users was a quick link allowing users to view the original event report at any point while completing the evaluation of the case. This ensures reviewers have all the key elements of the case readily available without having to toggle between the two modes.