

It Shouldn't Hurt to Go to Work

Creating Safe Circles of Care

NOVEMBER 1, 2025

Ric Cuming, Ed.D., MSN, RN, NEA-BC, FAAN
Chief Operating Officer, ChristianaCare



Objectives

Learning objectives:

- Understand the scope and effects of workplace violence in health care.
- Identify effective strategies and tactics that can support leaders and staff in preventing and responding to workplace violence.

About ChristianaCare

We Serve Together
With Love & Excellence

Regional community-based academic
health system serving Delaware, Maryland,
New Jersey and Pennsylvania

Committed to:

- Putting our caregivers and patients first.
- Serving exceptionally.
- Improving access.

14,000+

Caregivers

200+

Clinical sites including
practices and urgent
care locations

Top 15

Admissions, births and
ED visits on East Coast

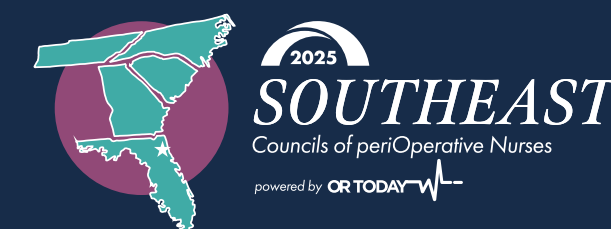
Delaware
ranked #1 for
hospital quality





OPINION

What Is Workplace Violence?



What Is Workplace Violence?

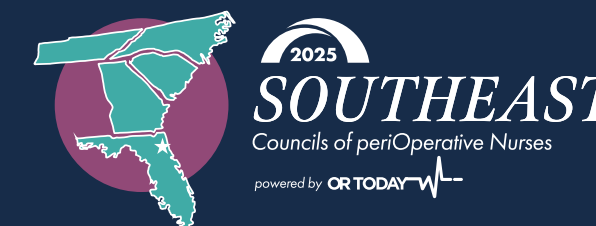
Any act or threat occurring at the workplace and may include: verbal, nonverbal, written or physical aggression; threatening, intimidating, harassing, discriminatory or humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults; or other behaviors of concern.



“An Epidemic in Our Field”

“We shouldn’t work in a profession where people are afraid to come to work ... It’s something we need to address if we want to attract and retain people in this field.”

- JASMIN ORANGE, BSN, RN, CCRN, ChristianaCare



TVLine

THE PITT

Courtesy of Max



How Did We Get Here?



Workplace Violence in Health Care: A Growing Crisis

Not a New Problem¹

- First documented in psychiatric/mental health settings (1970s–80s).
- Recognized in general health care settings as an occupational risk by the 1990s.
- Research and awareness have grown exponentially.

Not Getting Better

- Incidents have increased, especially during the COVID-19 pandemic.²
- Violence now spans all health care environments.³

Workplace violence is a recognized hazard in the health care industry

5x

Healthcare workers are 5 times more likely to experience workplace violence than workers overall.¹

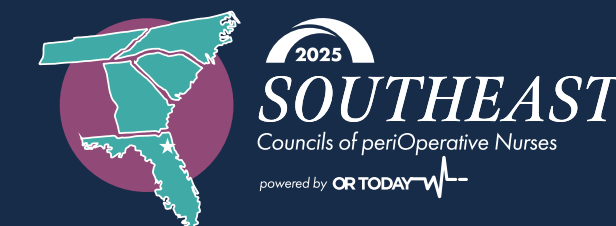
2 OUT OF 3

Number of emergency department physicians reported being assaulted in 2022. One quarter of them reported being assaulted multiple times a week.²

50%

Percentage of nurses report experiencing physical violence, verbal abuse or both.³

1 U.S. Bureau of Labor Statistics, 2 American College of Emergency Physicians, 3 American Hospital Association



COVID: A Turning Point¹

2x

More than double the number of health workers reported harassment at work in 2022 than in 2018.

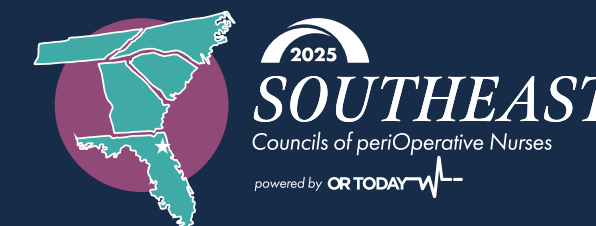
46%

Nearly half of health workers reported often feeling burned out in 2022, up from 32% in 2018.

44%

Nearly half of health workers intended to look for a new job in 2022, up from 33% in 2018.

¹ Source: Centers for Disease Control and Prevention



Contributing Cultural Factors



Underreporting

- “It’s just part of the job”
- Fear of retaliation or inaction
- Confusing policies/process
- Time constraints



Leadership Needed

- Everyone deserves safety
- Leading by example
- Reporting is a strength, not a liability
- No tolerance for abuse

Impact of Workplace Violence



Employee physical & emotional harm
Employee turnover
More medication & clinical errors
More patient infections



Employee wellbeing
Employee job satisfaction
Patient satisfaction
Patient safety

In 2023, hospital violence cost an estimated **\$18.27B** driven by lost productivity, turnover and security expenses.



It Has to Stop – Circles of Care for Workplace Civility



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Creating Circles of Care

Federal Progress

Federal legislation in progress

- The Workplace Violence Prevention for Health Care and Social Service Workers Act would mandate health employers to adopt plans to prevent workplace violence. – *Currently in House committees.*
- The Safety From Violence for Health Care Employees Act (SAVE Act), modeled on protections in the airline industry, would create federal criminal penalties for people who assault health care workers. – *Currently referred to House Judiciary Committee.*





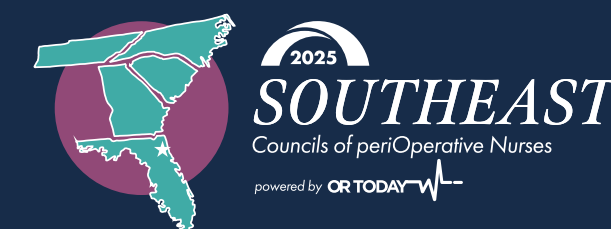
Progress in Delaware

- Delaware General Assembly passed Hospital Violence Prevention Bill (HB 324)
- Expanded the offense of Assault in the Second Degree to include **all** health care treatment providers and employees.



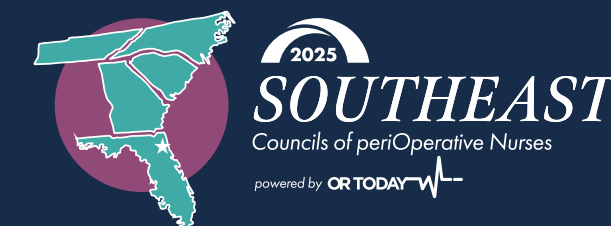


An Organizational Call to Action



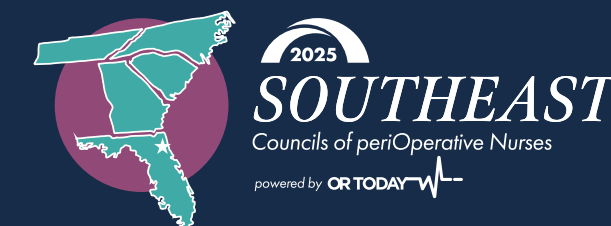
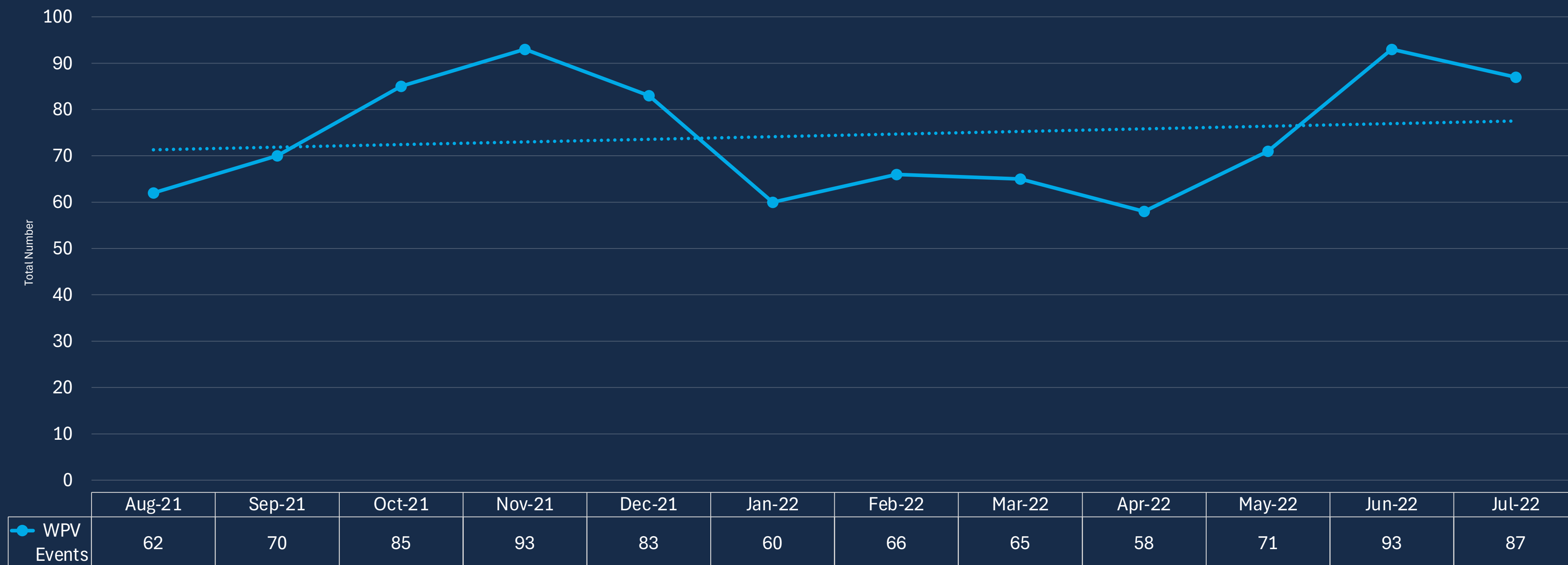
Goal at ChristianaCare

Provide a safe, supportive environment for all caregivers to thrive, while prioritizing resources and support for workplace violence prevention at the highest level of the organization.



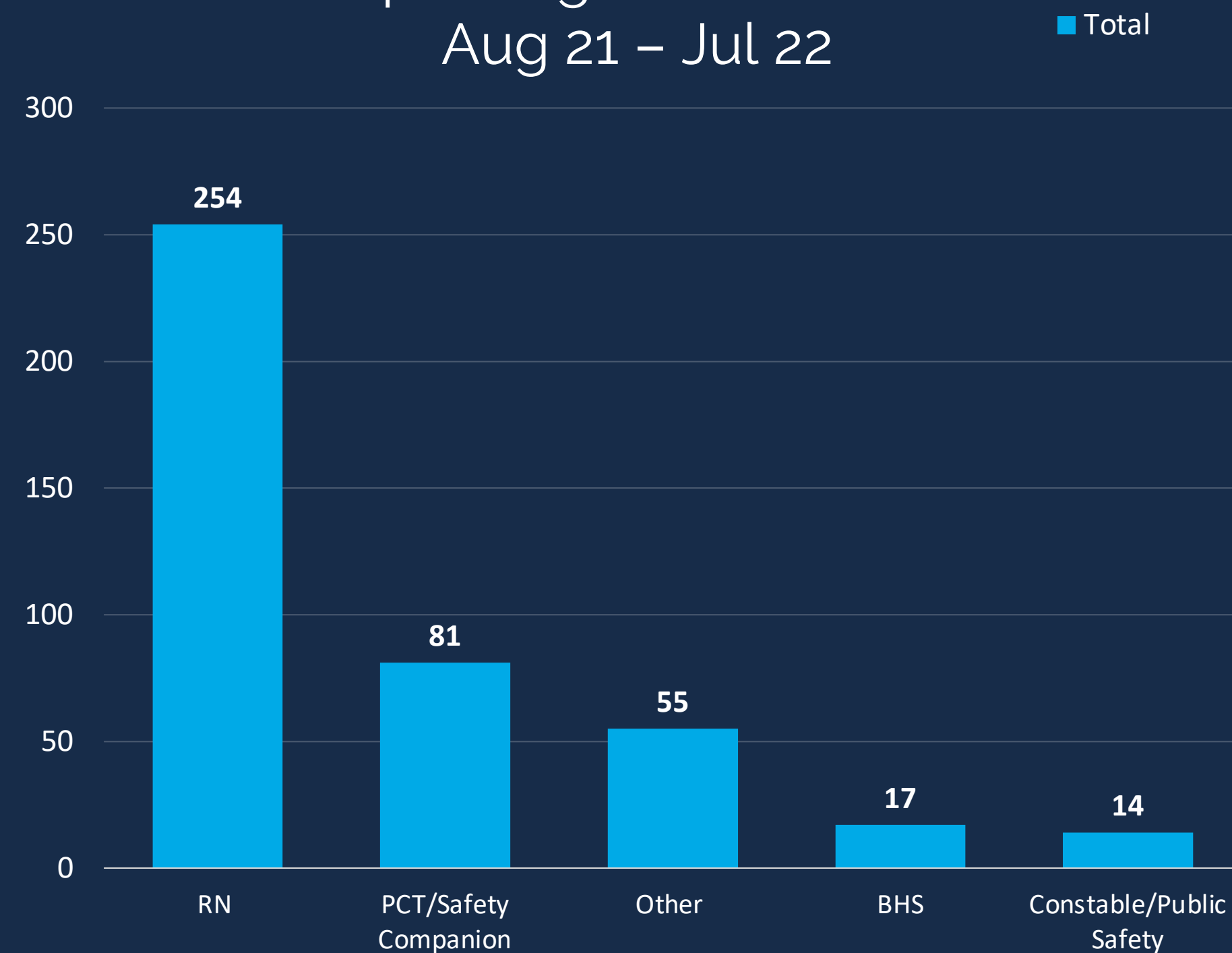
We Measured Workplace Violence Events

Workplace Violence Events
Aug 2021 - Jul 2022

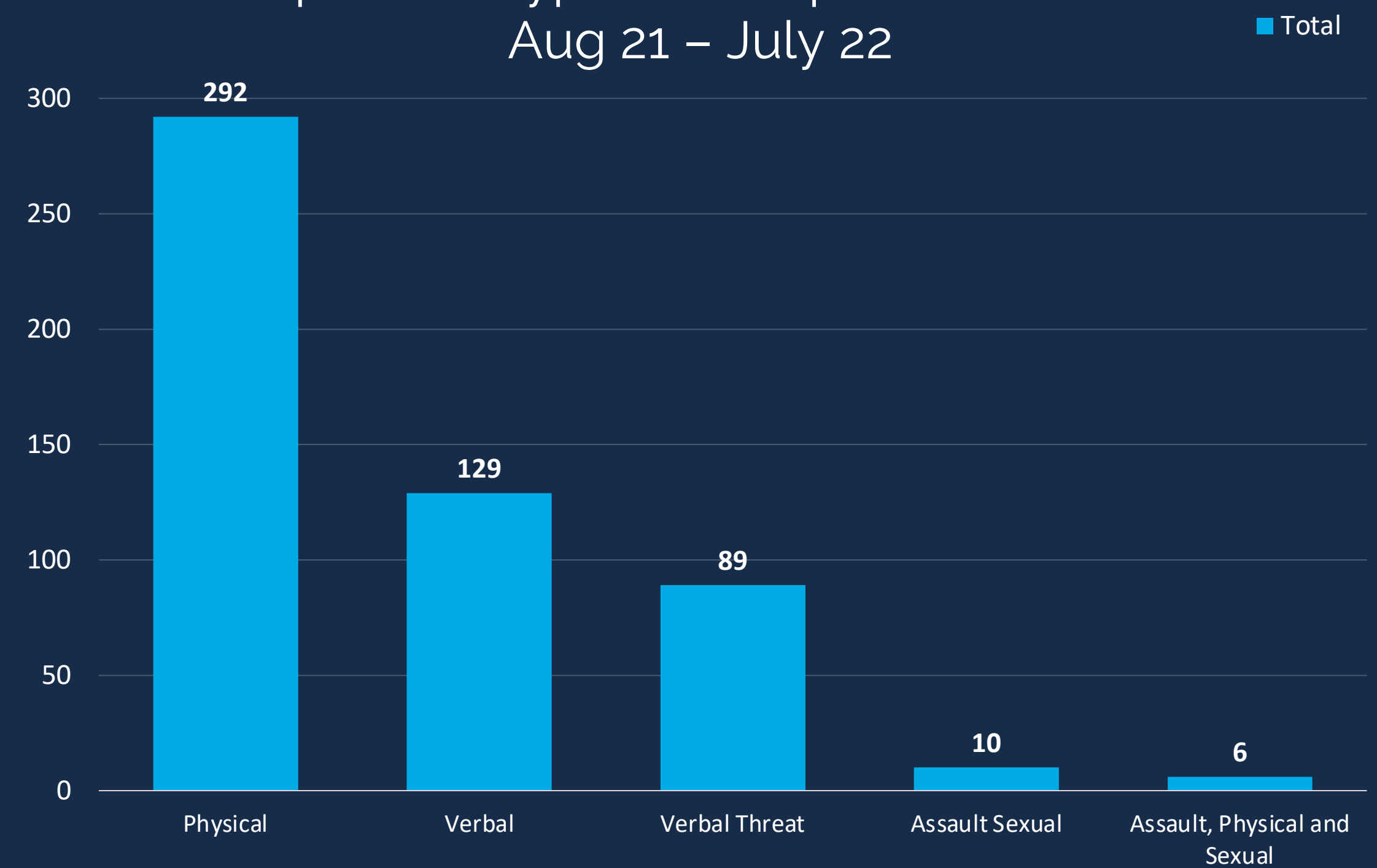


We Measured Workplace Violence Events

Top Caregivers Affected Aug 21 – Jul 22



Top Event Types- Workplace Violence Aug 21 – July 22





How We Turned the Tide

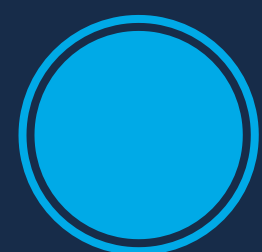


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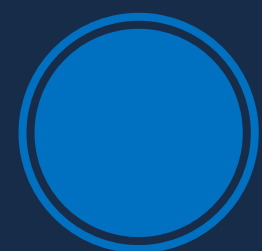


ChristianaCare Framework

ChristianaCare's commitment to caregiver wellbeing is the foundation for our systemwide Workplace Violence Prevention Program.



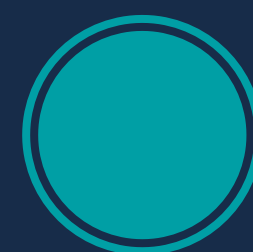
Responding and learning from events



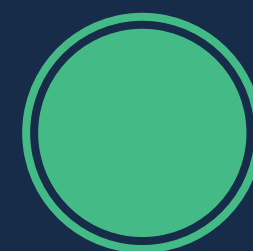
Aligning with leading/best practices



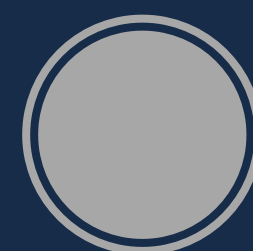
Focusing on prevention and risk mitigation



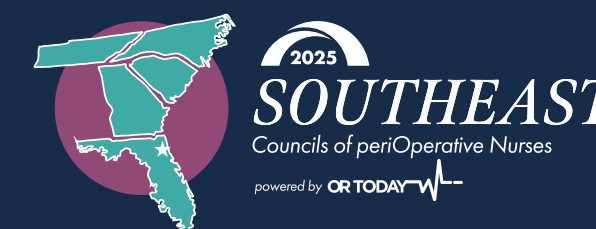
A foundation for zero tolerance



Education and training



Support of our caregivers



Patient & Visitor

Code of Conduct

ChristianaCare is committed to providing patients and their families with high-quality care in a safe, effective, caring and inclusive environment. This Patient & Visitor Code of Conduct helps us to meet that goal.

Any behavior that does not follow the Code of Conduct will be reviewed, and individuals involved will have the chance to explain their point of view. These responses may be used in making decisions about future care and visitation. We reserve the right to ask individuals to leave or make other plans for care. We also reserve the right to restrict visitation, prosecute or take other action in accordance with the law.


We show respect to everyone and do not tolerate violence, aggression, discrimination, disrespect or harassment.



The following will not be tolerated:

- Behavior that makes it hard to provide safe patient care.
- Behavior that creates an environment that is not safe.
- Behavior that disrupts the care and treatment of patients.
- Behavior that is threatening or destructive.
- Verbal assault or harassment such as yelling, foul or sexual language or name-calling.
- Making disrespectful or discriminatory comments, actions or requests about others' race, accent, religion, gender, gender identity, sexual orientation or any other identities.
- Physical assault such as hitting or unwanted touching.
- Having or using drugs or alcohol.
- Filming, photographing and/or recording anyone without permission.
- Carrying weapons of any kind.
- In addition, during home-care visits, pets, non-service animals and firearms must always be locked away and smoking is not permitted.

Guided by our ChristianaCare values of love and excellence, all caregivers, patients and visitors are expected to abide by this Code of Conduct.



Governance Structure

Workplace Civility Steer

Sub-Committee Structure

Data Transparency
Measures of Success



Event Analysis
Learning



Education



Practice & Process



Sub-Committee Accountability

Areas of Focus:

- Identify relevant data sources including caregiver perception of safety
- Create a dashboard or reports for trending purposes
- Identify measures of success (baseline and outcome measures)
- Present data at regular intervals to the Workplace Civility Team

Areas of Focus:

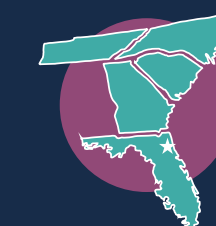
- Behavior contracts
- Increase reporting
- Assess / review events including pre-incident events
- Support for staff pressing charges
- Code 81
- R2L Reporting Content
- Follow-up / support of events (debriefing and counseling)

Areas of Focus:

- De-escalation skills / knowledge
- Staff education
- Define who gets what education and training and when

Areas of Focus:

- Identify and address gaps in policy and process
- Aggression Alert and interventions
- Care Planning
- Behavior Risk Assessment
- Facility hazard analysis
- Visitor sign-in and messaging
- Engineering controls to remove physical hazards



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ChristianaCare Workplace Violence Prevention Program System Overview

- Executive leadership support, commitment to caregiver safety and resource allocation
- Organizational workplace violence definition
- “Respect Everyone” signage
- Patient and Visitor Code of Conduct
- Policies and procedures
- Annual proactive risk assessment, gap analysis and action plan



Education & Training Program

**Verbal and
Non-Verbal
Crisis Prevention
Intervention
Training**

**ALICE/Active
Shooter
Education**

**All-Caregiver
Annual
Education**

**No Harm
Intended
Storytelling**

Reporting Events

At ChristianaCare, reporting Workplace Violence is:

- Non-punitive
- Learning opportunity (we use RL format and made it easy to report)
- Designed to help promote a safe environment

Workplace violence and incivility should always be reported in R2L.

- Report all workplace violence events of any type using the Workplace Violence/Assault form
- If you are **injured** as a result of workplace violence, complete **BOTH**:

✓ Workplace Violence/Assault form

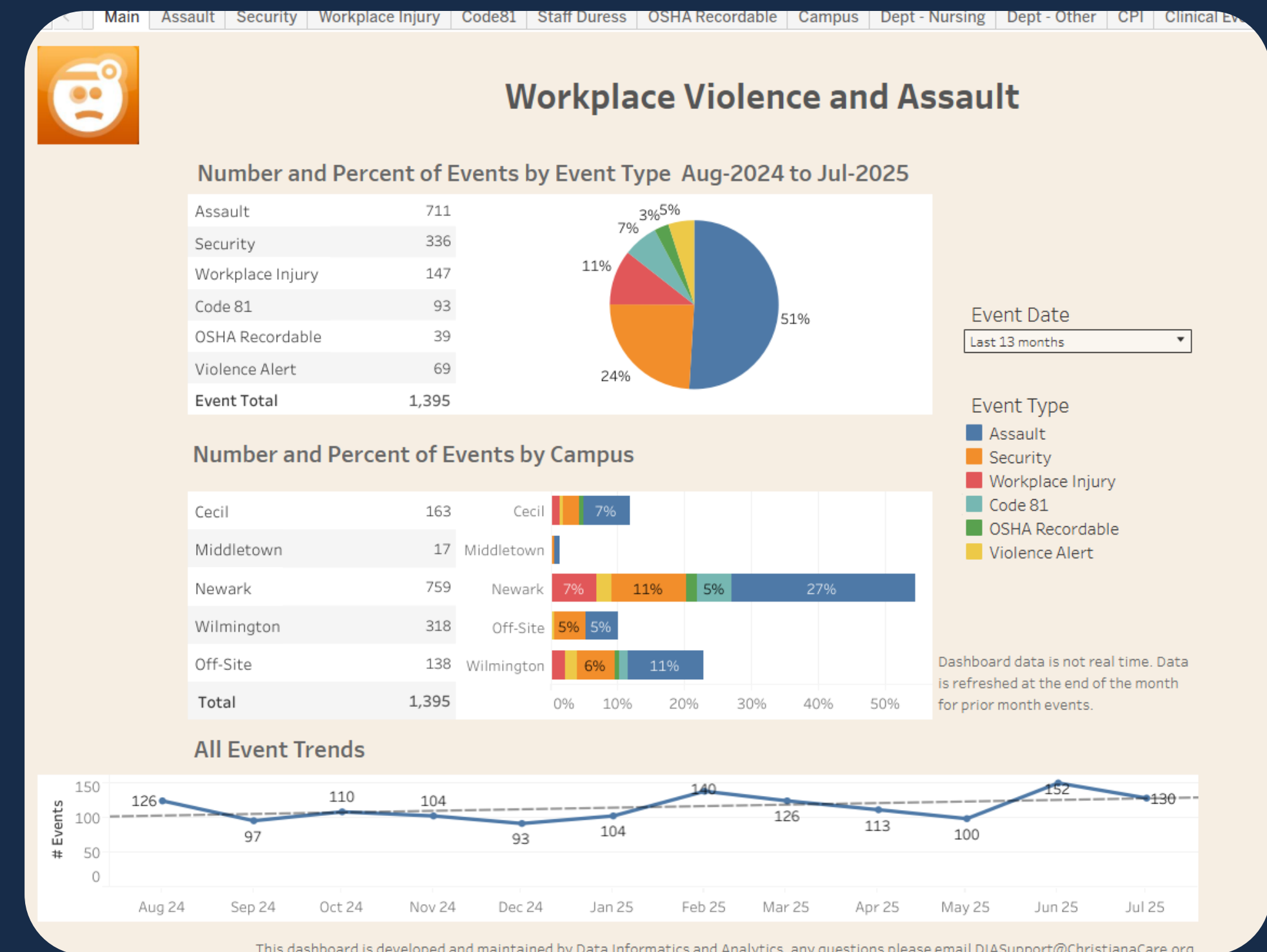
AND

✓ Workplace Injury form



Reporting & Program Evaluation

- Consolidated and standardized reporting
- Developed comprehensive Workplace Violence Dashboard
- Created event review and analysis team



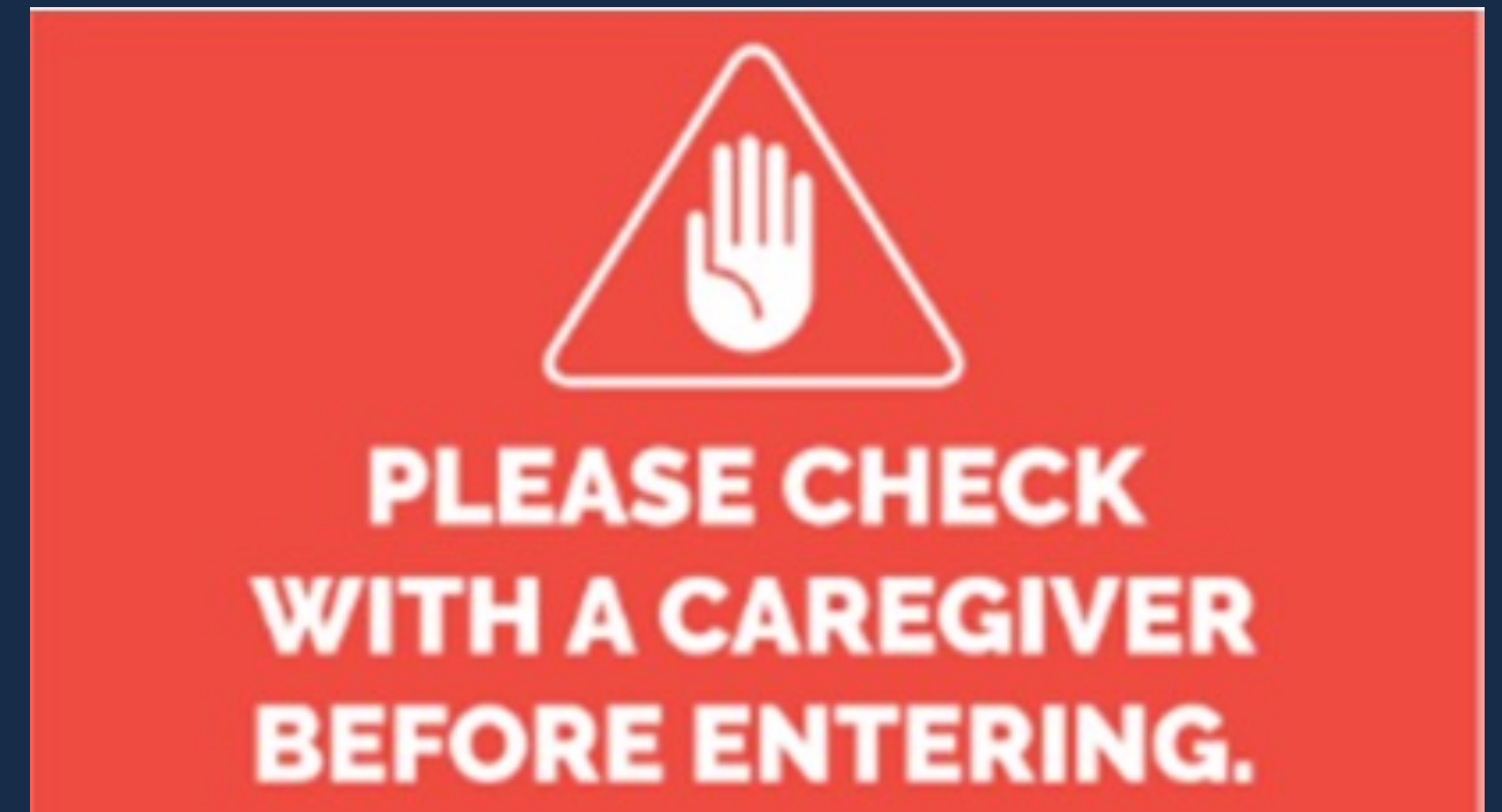
Environmental Risk Prevention & Control



- General caregiver safety guidelines
- Environmental safety/security assessments and monitoring, controls and enhancements
- Panic buttons (ambulatory), individual staff duress buttons (inpatient and ED)
- Weapons screening

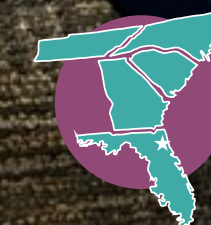
Prevention & Risk Mitigation

- Dynamic Appraisal of Situational Aggression (DASA) risk assessment with caregiver alert signage
- Behavioral Health Rapid Response Team
- Clinical Safety Nurse Coordinators, proactive specialty care planning
- EMR Violence Alert and bi-weekly review process
- Workplace violence huddle escalation response
- Restraint removal assist process
- Interprofessional safety plans of care
- Visitation restriction
- Behavior contracts and administrative discharge



Caregiver Support & Wellbeing

- Partnership with ChristianaCare's Center for Worklife Wellbeing
- Wellbeing support and resources for caregivers
- Post-event emotional support guidelines
- Workplace Violence Peer Support Program



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Caregiver Communication

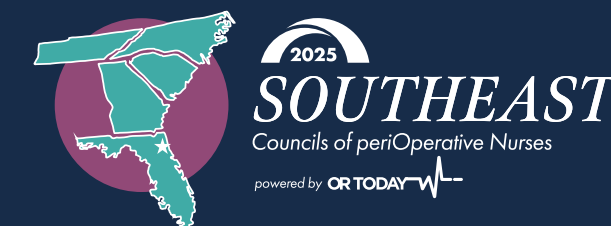
- Comprehensive workplace violence prevention intranet site with tools and resources
- Unit, campus and system presentations
- Quarterly updates
- The Bulletin: Workplace Violence Prevention monthly e-newsletter

Workplace Violence Event Analysis *Take a Deep Dive*

Determine “WHY” the patient is aggressive, agitated or violent and “WHAT” can be done about it.

Strategies:

- Holistic Approach, inclusive of trauma-informed care - Therapeutic, patient-centered, use of de-escalation techniques
- Delirium Management - Prevention is key, CAM assessment, delirium workup, non-pharmacologic interventions such as use of diversional activities, mobility
- Altered Mental Status Management - Sleep, bladder and bowel management
- Medication Management - Optimization, use of PRN medications, anxiety and pain management
- Restraint Management - Temporary intervention, use of PRN meds, clinical care assessment with plan for restraint removal
- Comprehensive Care Planning - Multidisciplinary, expectation management, behavior safety plan of care



Clinical Safety Nurse Coordinators

Improve caregiver and patient safety by:

- Serving as a specialized clinical expert
- Developing safety plans
- Providing education



Proactively support caregivers and patients through:

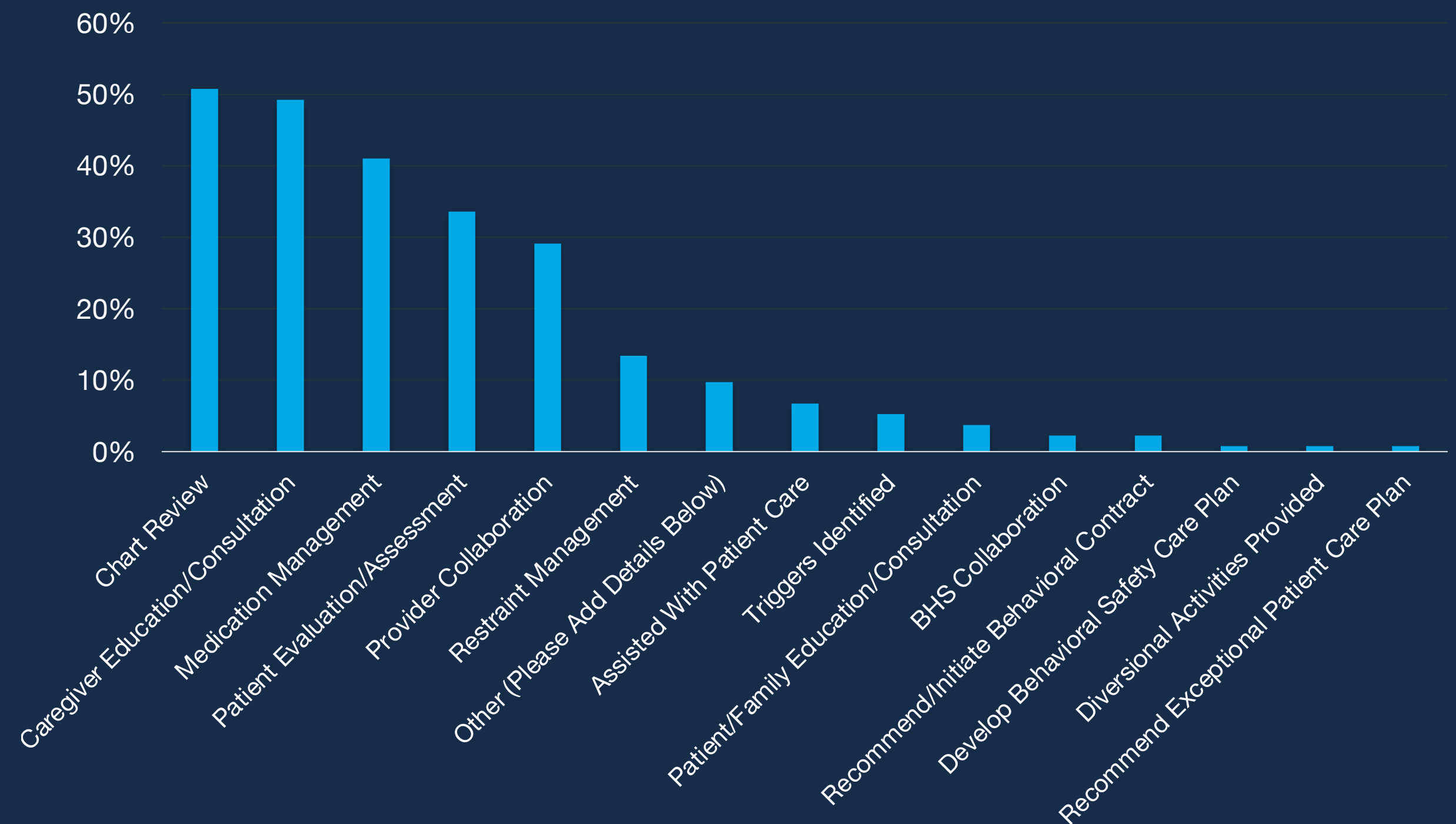
- Violence alert
- DASA Score >4
- Appropriate restraint use



Clinical Safety Nurse Coordinators

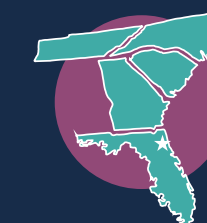
- June 1, 2025-August 25, 2025
 - 134 unique patients received Initial Proactive Rounds
 - 60 unique patients received a total of 123 Follow-up Rounds

Clinical Actions Performed During Initial Proactive Rounds



**257 rounds
completed**

The Clinical Safety Nurse Coordinators play a vital role, with their impact largely stemming from caregiver education/consultation, medication management and collaboration with providers.



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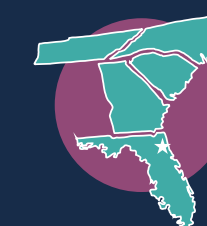
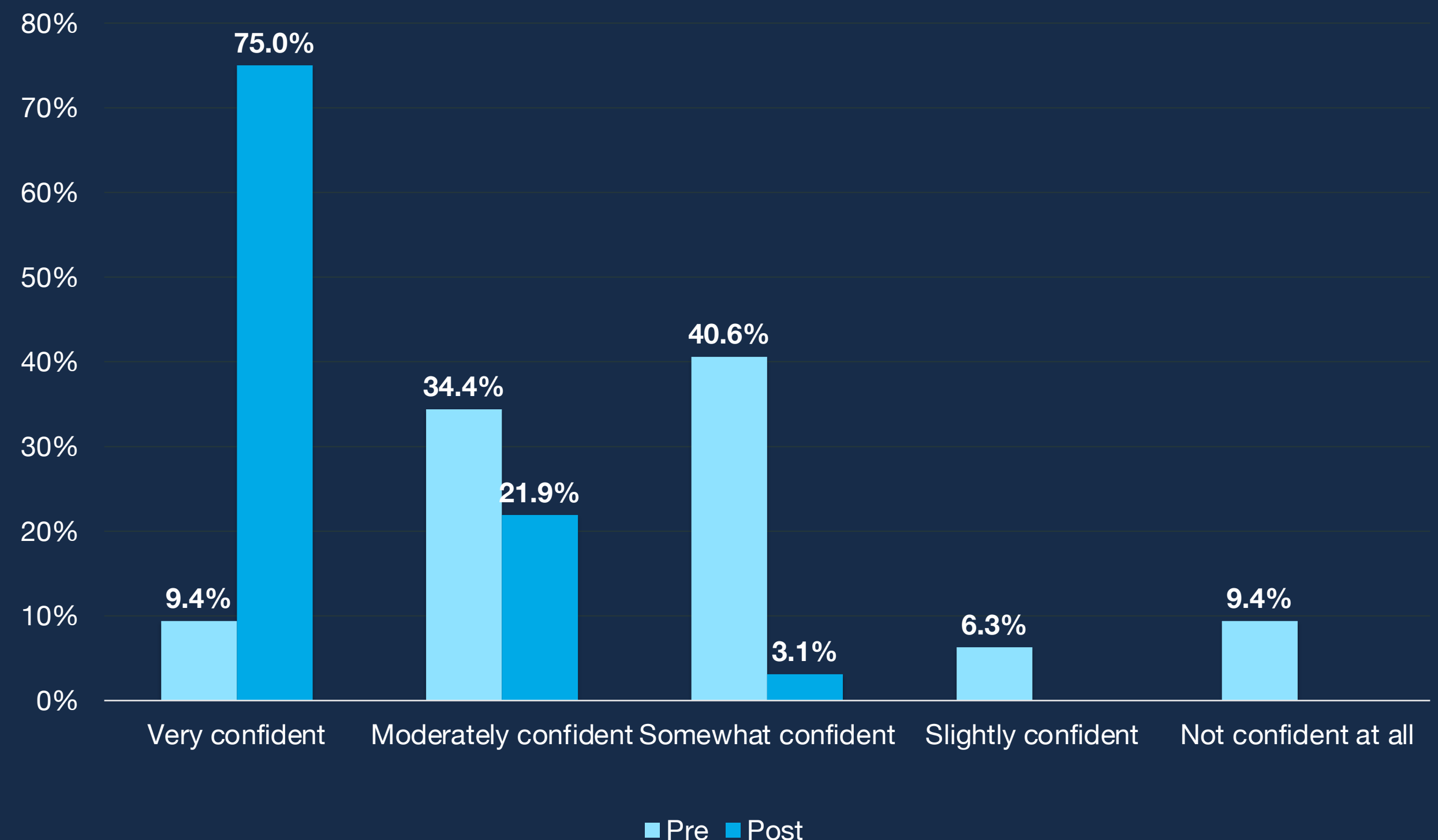
Clinical Safety Nurse Coordinators

Nurse Perception of Impact of CSNC Role
on Proactive Behavior Management for
Patients With Aggression and/or Violence

**700%
increase**

96.9% of respondents felt very confident or moderately confident in identifying and managing safety concerns after their engagement with Clinical Safety Nurse Coordinator.

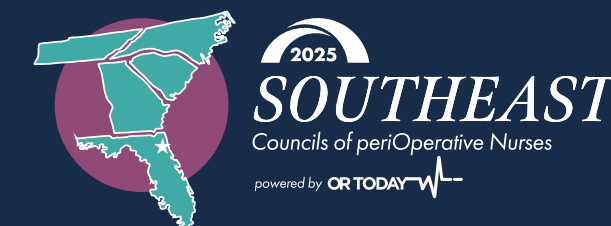
How confident are you in identifying and managing your safety concerns for patient with or at risk of violence and aggression?





Outcomes:

From Awareness ... to Change



Outcomes

Perception of workplace aggression safety and security is measured in the Culture of Safety Survey.

Outcome Data: 2024 Culture of Safety Survey Results

Positive change in 6 of 7 measures. There is an ongoing opportunity with patients and visitors being verbally and physically aggressive towards caregivers.

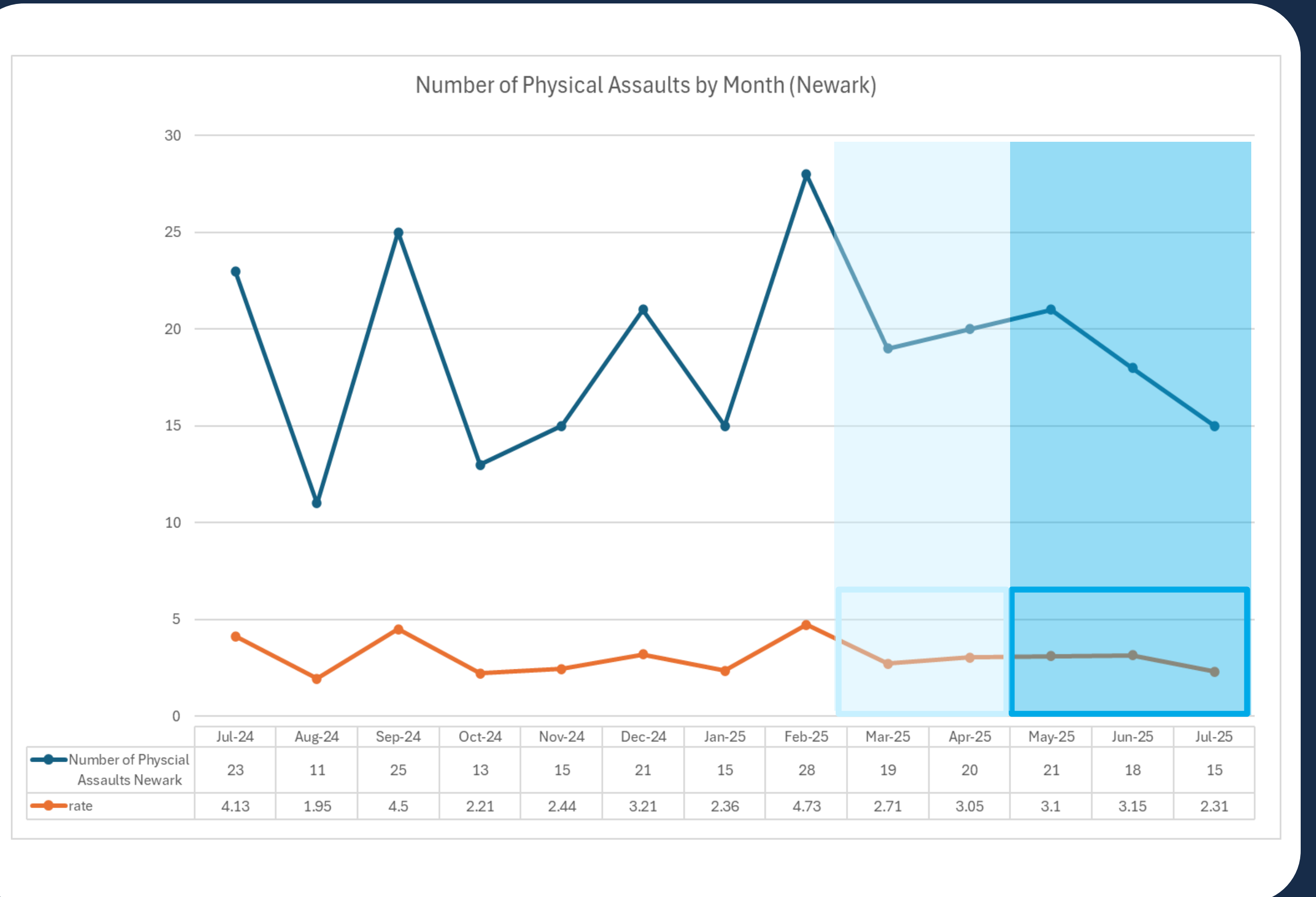
Measure	Baseline 2022	2024	Change
Workplace Aggression Composite	62.1	65.9 (+3.8)	Significant Positive Difference
Workplace violence events are reported	77.0	78.7 (+1.7)	Significant Positive Difference
There is a problem with patients and visitors being physically and/or verbally aggressive towards caregivers	38.4	36.1 (-2.3)	Significant Negative Difference
There are effective policies and procedures to keep caregivers safe from aggressive patients and visitors	60.4	66.4 (+6.0)	Significant Positive Difference
Caregivers are trained on how to deescalate or calm down aggressive behavior from patients and visitors.	57.8	70.6 (+12.8)	Significant Positive Difference
There is a problem with caregivers being physical, verbally aggressive, or displaying threatening behavior towards other caregivers.	77.1	77.9 (+0.8)	Non-Significant Positive Difference

Meaningful Reduction in Assaults

Impact of the Clinical Safety Nurses on Physical Assaults

1st CSNC starts March 2025
2nd CSNC starts April 2025

Downward trend (May-July 2025)
for physical assaults & physical
assault rates noted post
implementation of the Clinical
Safety Nurse Coordinators

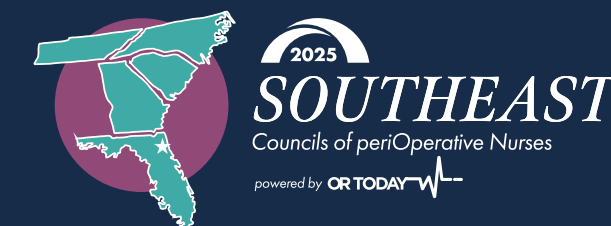


ChristianaCare's Path Forward

**Implement visitation
management system**

**Increase support for
caregivers pressing
charges, 4-hour
administrative PTO**

**Research on caregiver
perception of policies,
procedures and
response to workplace
violence prevention**

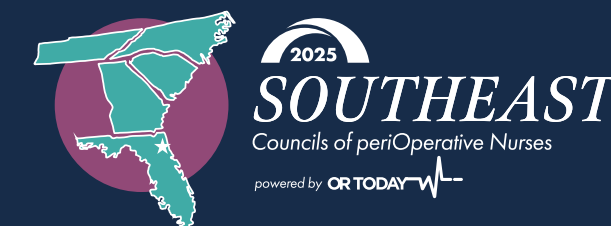




Creating Circles of Care at Your Organization

It Shouldn't Hurt to Go to Work

Questions | Feedback



Contact Information

SMascioli@ChristianaCare.org

