

A Risk Assessment Screening Tool for Community Health Care Workers

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Abstract

Given the shift to community-based care, health care providers are facing an increased risk of workplace violence. The process of minimizing risk for staff providing home visits is a challenge and has not been extensively studied. The authors describe the development and implementation of a risk assessment instrument in a regional health authority in Newfoundland. The instrument aids community workers to identify and manage potential workplace violence risks. The process and risk assessment instrument may be useful to other health care organizations interested in promoting workplace safety.

Keywords

risk assessment screening tool, workplace violence, community health care providers, safety programs

Introduction

There is general consensus throughout the literature that important factors to enhance safety for workers in any health care setting include the health care organization's commitment to safety and employees' awareness of safety issues. Various definitions of workplace violence exist. The Canadian Centre for Occupational Health and Safety (CCOHS; 2007) defines workplace violence as "any act in which a person is abused, threatened, intimidated, or assaulted in his or her employment" (p. 1). Included in this definition is a range of violent physical and psychological acts such as threatening behaviors, verbal or written threats, and/or physical attacks (Di Martino, 2002; Leck, 2002).

Although violence in the workplace affects all professions, health care and social service employees are at a higher risk (Canadian Nurses Association [CNA], 2002; Di Martino, 2002; Kinross, 1992; Munson, 2002; Occupational Safety and Health Administration, 2003; Rippon, 2000; Whitehorn & Nowland, 1997). In fact, the CNA reports that health care workers are 16 times more likely to experience workplace violence than any other profession, and Di Martino (2002) reports that almost one quarter of all violent incidents in the workplace is experienced by the health sector. Although violence or threats are sometimes minor in nature, this violence can produce long-term psychological consequences (Brillhart, Kruse, & Heard, 2004; Rippon, 2000) and can have a negative impact on sick leave, absenteeism, retention, productivity, and motivation (Di Martino, 2002; Leck, 2002; Lundstrom, Pugliese, Bartley, Cox, & Guither, 2002).

Although it is somewhat difficult to reliably identify predictors of violence, there is widespread agreement about the type of clients or their families and or situations that may pose the greatest risk to health care workers. For example, high-risk clients include individuals with a history of assault or criminality, possession of weapons, alcohol or substance abuse; people exhibiting psychosis with dementia; poor social supports; or for whom past contact with health care organizations has resulted in mistrust of the system (CCOHS, 2007; Elliott, 1997; Galloway, 2002; Henry & Henry, 1997; Occupational Safety and Health Administration, 2003; Public Health Agency of Canada, 2002; Workers Compensation Board of British Columbia, 2005). Instances where health care providers work alone also pose risks.

Western Health, like other organizations that provide community-based health care services, recognized the need to promote employee safety by reducing the risk of workplace violence. Western Health is a regional health authority serving a population of 79,460 on the west coast of Newfoundland (Statistics Canada, 2006). It provides both institutional and community-based health and social services (including communicable disease control, health promotion,

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continuing care, mental health and addiction services, environmental health, rehabilitative services, child welfare, and corrections services) within a geographically diverse, rural area. In 2007, a survey of Western Health employees who conducted home visits revealed an ongoing concern for personal safety; 61.9% of the respondents reported incidents of verbal abuse over the previous 6 months, 16.7% reported a threat of physical violence, and 7.3% reported an actual physical assault or attack. In response to the survey, the Organizational Safety Committee recognized the need to develop proactive measures, such as a risk assessment screening tool, to minimize employee risk. The risk assessment tool is part of a larger staff safety program, which also includes a sign-in/sign-out system and a buddy system.

Risk assessment is an integral part of any program that promotes occupational health and safety, and there are many samples of assessment forms and guidelines provided by various organizations. Workers Compensation Board of British Columbia (2005) recommends that any strategy for violence prevention be tailored to the unique needs of each organization. A review of the literature revealed many examples of risk assessments tools; however, none of the assessment tools addressed the diverse needs of Western Health.

In this article, we describe the process we used to develop and implement the Western Health Risk Assessment Screening Tool (WHRAST). This evidence-based tool helps individual health care workers identify the level of risk associated with community-based home visits and identifies appropriate protocols. WHRAST is a simple, easy-to-use instrument that can be used by a range of health care professionals in urban and rural communities.

Development of the Screening Tool

We invited a panel of individuals from the health authority and experts in the community to assist with the development of a risk assessment screening tool. The panel consisted of representatives from branches of Western Health such as Public Health Nursing; Child, Youth and Family Services; Community Supports, as well as other agencies: Women's Council, Transition House for Abused Families, and the local police force (the Royal Newfoundland Constabulary). These representatives provided a comprehensive coalition of views regarding violence in the community and the workplace.

We used a modified Delphi approach to develop the WHRAST. The classic Delphi technique suggests anonymity of the panel while prioritizing the issues at hand (T. Burns, Fiander, & Audini, 2000). The goal of the classic Delphi approach is to gain consensus through successive questionnaires (N. Burns & Grove, 2001; Hasson, Keeney, & McKenna, 2000). The researcher analyzes and returns a summary of the questionnaire to the participants. This process continues until consensus is gained. However, we chose to gain consensus through group meetings. There were several reasons

for choosing group sessions as opposed to the individual questionnaires. We recognized that many of the experts chosen to participate on the panel frequently collaborate on safety issues given that this is a rural community. Therefore, it was felt that anonymity might be difficult to achieve regardless of the mode of consultation. Although staff safety issues were discussed in a group setting, the investigators encouraged individual input. Group meetings facilitated discussion on safety issues in the community and items to include in the risk assessment tool. By using a modified Delphi approach over the course of three meetings, we reached consensus and prioritized risks.

In the first meeting, we identified potential risk factors by asking each panel member to speak on perceived risks for those conducting home visits followed by a group discussion and brainstorming session. We then drafted a series of questions for assessing risk. During the second stakeholder meeting, the panel members were asked to prioritize and rank the risks as being low, moderate, or high. They also identified appropriate precautions and protocols to follow to minimize low-, moderate-, and high-risk situations. Following the second stakeholder meeting, we revised the risk assessment tool and the necessary safety protocols. During the third stakeholder meeting, the risk assessment screening tool was presented and finalized through stakeholder consensus.

Validation of the Tool

To validate the items in the risk assessment screening tool, following the first meeting of the panel, we compared the risks factors identified by the panel with the risk factors identified through a literature review. In addition, we distributed an early draft of WHRAST to two managers in Child, Youth, and Family Services and Public Health Nursing. These managers reviewed the tool with their staff and provided feedback on the risk assessment questions. We also presented the final draft of the risk assessment screening tool to the Population Health Branch Directors and Managers. This group had years of experience working in the community and providing guidance to staff about safety issues. During this meeting, revisions were discussed, and the tool was approved through consensus.

The screening tool was piloted for 1 month with staff who provided home visits from three areas representative of the community types within this diverse geographical area: one larger population base, one medium population base, and a small, rural community. Inclusion of small, medium, and large population bases provided information as to whether this tool would be effective throughout most communities within the region. Following the 1 month pilot, an evaluation was conducted through participant focus groups and individual feedback provided on the comment section of the risk assessment screening tool. The researchers made minor

Table 1. Western Health Risk Assessment Screening Tool

Reason for visit: _____				<ul style="list-style-type: none"> If apprehending a child, consult with a manager to discuss the need for a police escort.
High Risk	Yes	No	Don't Know	
1. Is there a potential for violence or aggression in the home (i.e., domestic violence, sexual abuse, violence/aggression with service providers, etc.)?				<ul style="list-style-type: none"> If Yes, consult with a manager to develop a safety plan (i.e., buddy system, police escort, etc.). If Don't Know, carry a cell phone, consult with staff who know the family, or consult with a manager. Reminder: complete the Sign-In/Sign-Out Sheet before conducting the visit.
2. Is there a history of weapon-related incidents?				
Moderate Risk	Yes	No	Don't Know	
3. Has the client or client's family been verbally abusive to service providers?				<ul style="list-style-type: none"> If Yes to more than one of the questions in this category, consult with a manager to discuss safety precautions. If there are false allegations from this client about service providers, consult with a manager to discuss safety precautions. If there are dangerous animals on the property, request an office visit with the client (if possible) or request that the client restrain the animal. If the client refuses to restrain the animal, leave the home. If Don't Know, carry a cell phone, consult with staff who know the family, or consult with a manager. Reminder: complete the Sign-in/Sign-Out Sheet before conducting the visit.
4. Are there any illnesses/conditions that might affect client's behavior (e.g., dementia, psychosis, brain trauma, etc.)?				
5. Is there a history of drug or alcohol abuse in the home?				
6. Have there been false allegations from this client about service providers?				
7. Is the cell phone service inadequate?				
8. Is the home located in an area that one might consider dangerous?				
9. Are there dangerous animals on the property?				
Low Risk	Yes	No	Don't Know	
10. Is the home in an area that is physically isolated from other homes?				<ul style="list-style-type: none"> If Yes, take the necessary safety precautions before conducting the visit. Reminder: complete the Sign-In/Sign-Out Sheet before conducting the visit.
11. Are there any factors affecting access to the home (e.g., lighting, broken stairs, parking, etc.)?				

Source: Lundrigan, E., Hutchings, D., Lynch, A., Goosney, J., & Mathews, M. (2008). Table developed by authors.

revisions to the tool following the evaluation. Following the pilot, the WHRAST was implemented regionally.

The Western Health Risk Assessment Screening Tool

The WHRAST (Table 1) is designed to be completed by individual health professionals prior to carrying out each community-based visit. For each item, individuals are asked to answer a series of questions related to risk factors that have been grouped into high, moderate, and low

risk. Depending on the response to each risk factor and the number of "yes," "no," or "don't know" responses to specific items, appropriate safety protocols are identified. It should be noted that the WHRAST is intended to be used as part of a larger safety program that includes protocols such as a sign-in/sign-out system, buddy system, as well as ongoing education about staff safety.

The sign-in/sign-out system was a means of tracking employees when leaving their site for home visits. Completion of a Sign-In/Sign-Out slip was mandatory for all home visits regardless of risk. The appropriate administrative

support person monitored the sign-in/sign-out system through a master list and contacted the manager or designate if the employee did not return by the scheduled time.

The buddy system was a support system for staff conducting home visits. This support system included access to a support person via phone (administrative support, coworker, manager), joint home visit with staff member of the same program or another program, family member of client present at home visit, and/or police escort. This list was not meant to be all-inclusive. The safety plan was developed by the staff member and manager based on the assessment of the situation.

Prior to regional implementation of the WHRAST in other areas of Western Health, staff were provided with training on the use of the tool and safety protocols. These training workshops in themselves were an important means of raising awareness of potential safety risks faced by health care professionals. Future evaluations will assess the sensitivity and specificity of the tool and the appropriateness of recommended protocols.

Discussion and Conclusion

There are many strategies that can be taken to help a lone worker stay safe, such as managers discussing safety issues with workers, avoiding working alone in high-risk situations, ensuring that workers are trained in crisis intervention and prevention (CCOHS, 2007). Prevention programs should be encouraged and supported to enhance organizational performance and efficiency and to create healthy work environments. The development of a risk assessment screening tool was one strategy for this organization to enhance the safety of their staff conducting home visits.

From an organizational perspective, staff safety is of utmost importance. The commitment of staff, community partners, and organizational leaders is integral to the successful development of such a tool as described in this article. The use of a modified Delphi as well as consultations with staff served not only to develop and validate the WHRAST but also to generate support for its use. Engaging staff enhances the participation and thereby success of such projects. The support and encouragement from management and leadership of the organization is necessary to enhance staff involvement (Mathews & Lynch, 2007). In addition, the inclusion of other stakeholders, such as agencies outside Western Health, in the development of the tool leads to community-wide awareness of the potential risks faced by community-based health care workers.

The WHRAST is a straightforward, user-friendly instrument designed to be used by community-based health care professionals to enhance personal safety. It serves as a key component of a staff safety program. The instrument and/or its development process may serve as a model for other health care organizations.

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Bios

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