

Workplace Safety in the Healthcare Setting

With Janelle Barowski

Episode 76

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Janelle (00:00):

And I also think that some healthcare workers are afraid they don't want to lose their jobs, rock the boat, or be targeted by their peers or administrators. I think there is a definite feeling of fear of reporting, and thinking that their shifts are going to get cut or that they're going to be assigned really heavy patients, or that there's going to be some sort of a retaliation.

Introduction (00:20):

Welcome to the Healthcare Leadership Experience podcast, hosted by Lisa Miller and Jim Cagliostro.

Lisa is the founder of VIE Healthcare Consulting and now managing director at SpendMend. Lisa and her team has generated over \$1 billion in financial improvements for VIE's clients since 1999.

Since 2007, Jim has been a registered nurse working in critical care, perioperative services and outpatient settings at nationally recognized medical facilities across three states.

You'll hear conversations on relevant and trending topics in healthcare and much more. Now here's your hosts, Lisa and Jim.

Jim (01:00):

Hi, this is Jim Cagliostro, and you're listening to the Healthcare Leadership Experience.

Today's guest is Janelle Barowski,, MSN registered nurse. She's the founder and CEO of Willow Bark Writing and medical writer for Haymarket, serving as their Infectious Disease Advisor. Janelle speaks to and writes about a number of healthcare topics, but today's episode I asked her if we could cover the topic of workplace safety — specifically in the healthcare setting. So Janelle, welcome and thank you for joining us today.

Janelle (01:29):

Thank you so much for having me, Jim. This is such an important topic. It's so close to my heart. There's so many healthcare workers that struggle with workplace safety, so I think it's so nice to be highlighting the importance of it and what we can do and what leadership can do about it.

Jim (01:44):

Great. Looking forward to it. So let's begin by learning a little about you, Janelle. I like to start our episodes like that so our audience can get to know our guests. I know you are a big proponent of health writing. You're a medical writer for Haymarket, like I mentioned, and you recently started as a freelance health content writer for Medical News Today. What background and experience led you to the place you're in now, giving you the opportunities to write on such a wide variety of healthcare topics?

Janelle (02:11):

So I started with an interest in nursing at a really young age. I was introduced to it in a little bit of a weird way. My mom went back to school to be an ultrasound tech when I was about four, and she didn't have a babysitter for me. So I would sit in on all of her classes. So I would have my coloring book and I would be in her anatomy class and everything. So I would be in the labs while she was doing dissections and stuff, and then I would hear about it in class. And a lot of people would be really freaked out. But I would go home after seeing the dissection and then listening to it while coloring. And then

she had all these medical encyclopedias and I would just flip through it. And I was just always so fascinated about the knowledge behind it.

Janelle (02:57):

Also, the practicality of implementing what I learned, but always so fascinated with the knowledge piece of it. So I think just from a super young age, I always had that bodily anatomy kind of mindset. So it just made sense that I was going to go into this arena of healthcare.

So I started off with an Associate's and then I got a Bachelor's and a Master's, and my Master's is actually in nursing leadership and management. And then I got my first job at a rehab facility, and I liked a lot of it. There were certain aspects I really liked. Before this, I was a waitress, so I'm used to running around. I'm used to long hours and I actually really do enjoy that. A part of me loves doing a million things at once and multitasking, but I just found that it wasn't the best for my mental health.

Janelle (03:53):

Coming back from a shift, I struggled to sleep and I felt like I was really anxious, but there was no reason to be anxious. And I think it was that fight or flight that would follow me home from the bedside. Even though I really enjoyed the work, and I was having fun while I was doing it, I just feel like the chronic stress and the burnout was just starting to lay the foundation. So I recognized those early signs and decided to hop out of that.

So then I found school nursing. So I was a special needs pediatric nurse, which I absolutely loved, and I still do that as a diminished role. I think that that's my little niche within nursing and so many other nurses. I love having a million jobs at once. So I was also a tutor for nurses online. I was like helping nurses learn about complex nursing subjects, and I loved that.

Janelle (04:51):

And then I was also a preceptor while I was working too. So I would show new nurses how to do healthcare procedures because we were working with the medically fragile population. So I was still doing trachcare, G-tube stuff, catheterizations daily, all of that stuff. So it was a really good learning environment. And I really do love the concept of doing away with eating our

young in the healthcare industry, especially with nurses. I think if we're ever going to solve the nursing shortage, one of the multiple things we need to address is definitely nurses eating their young. So I always say I want to be part of the solution. And that's kind of what nursing tutor and nursing preceptorship kind of came into play.

Janelle (05:36):

And then I was just kind of looking for more things. And how I got started with medical writing is kind of a funny story too. I really like Reddit and I really like reptiles. So I was on a reptile subreddit, and someone asked if they wanted to get paid to write about reptiles, and I was like, yes, totally. I'm bored. I would love to get paid. But the rate was so low, I think it was like \$30 for a thousand words. I was like, absolutely, totally. So I did that for six months and then the wheels were turning, and I was like, how can I get paid to write about health content? And I share that story because I think it's really important. I get the question all the time, where did you start? And I'm now this polished medical writer, and I want everyone to know that I started writing Reddit's reptile pages.

Jim (06:25):

I love it. That's great.

Janelle (06:27):

It does not matter where you start at all, just get your foot in the door. And then after that, I started writing curriculum for nurses NCLEX test prep for nurses, and then it just kind of snowballed. So that first job led to so many other facets, and then I started writing health content. And then most recently I have an interest in medical writing, which is a lot more medically dense than the health content side. So I'm doing a lot of news briefs and working with pharmaceutical companies and medical device companies to get their data to clinicians and the appropriate stakeholders. I think that's my cool story.

Jim (07:06):

Hey, I love it. And that's interesting. I didn't know that about you with, when we talk about lifelong learner, you really did start at a young age, and I know you're on the other end of that now. We're constantly learning. But that's awesome, and I'm glad you explained the connection between the reptile and Reddit and how that got you where you're today. But you're right, you got to start somewhere, right?

Janelle (07:25):

Yeah, I always say that, and I never want to look too polished because I definitely want people to remember that we're all people that had to start somewhere. So I think that's important to highlight.

Jim (07:36):

Absolutely. So let's get specifically talking about safety in the workplace. Some would argue that we've talked about this, that it's not the most exciting topic, but it is essential to healthcare. It's the reason I ask that we haven't done an episode on workplace safety, but I thought you would be great to speak to it. I believe it really is so important for us to be talking about and have that at the forefront of our minds.

So what would you say are the most common workplace safety hazards specific to healthcare? And then in your opinion, are there any safety issues that are more pressing than others or some that maybe we're failing to address today in healthcare?

Janelle (08:11):

Absolutely. So I actually did some research, and I went on the CDC website on this because I was curious too. I already had my opinions on what I thought the most pressing workplace safety hazards were, but I wanted to see what the officials were saying on this. And according to the CDC, the most common workplace safety hazards were: sharps injuries; chemical and drug exposure, so for cancer medications, radiation exposures; back injuries from repetitive tasks, which has happened to me multiple times so I can definitely speak to that; violence, which we've seen in the news lately, stress and latex allergies from exposure over time, which I learned in school, but I

had totally forgot. And in my opinion, I have really zoned in on stress because that's something that I speak to all the time, is chronic stress and burnout, particularly in acute healthcare facilities where they might not have much of a work-life balance or control on patient ratios in order, things like that.

Janelle (09:20):

And I just want to highlight that unsafe ratios can lead to unsafe choices due to not having enough support. And that can compound some of those other issues that we mentioned there. So not having enough support might lead you to pick up a patient that you really shouldn't be picking up, in a way that isn't supportive for body mechanics. So suddenly you have a back injury. And that also relates back to having to miss work, which can cost the facility money having a robust per diem pool to have people to plug into those spots. So it also always comes back to what affects the facility as well as what affects the floor and the cohesiveness there. And I actually found another interesting statistic from the CDC, and it said that working long hours, particularly for nursing, doesn't give the body time to recover from fatigue and can also increase the risk for other musculoskeletal disorders.

Janelle (10:19):

So it's interesting that those long hours which can contribute to the chronic stress and the burnout can also contribute to the back injuries. So I think that so many of these workplace safety hazards are actually really interconnected. So I think that when you would start to fix one, you would see a chain reaction and you would start to see other facets being fixed. So just to really promote an overall safe work environment, you might start to see improvements in other areas.

Jim (10:52):

That's great. I love that you brought that out. The interconnectedness of it and how one improvement can really address a few issues. And I think naturally we think workplace safety, we think of the physical sharps and falls or injuries physically, but then also the mental stress, the emotional stress. Actually, in a previous episode we talked about compassion fatigue and burnout and things like that. So there's so many contributing factors to so

many end results, if I can put it like that, to these safety issues. That we address one issue and then focus on that one issue. Let's get it right. You mentioned the staffing ratios. If we had the support staff that we need, that could minimize the stress, it could minimize the back injuries because you have the help that you need. So I love that. Thank you for bringing that out.

Jim (11:38):

So what steps would you say, Janelle, can we take to minimize the occurrence of these issues? And maybe I'm oversimplifying it, maybe there's a mindset shift that we need and maybe a reprioritization that needs to take place first. In your opinion, what should be our response to these things?

Janelle (11:55):

I think it definitely has to start with the mindset shift. I think that so many things need to be shifted in the mindset, especially with the healthcare industry. I understand that profit is so important. We really can't run anything without profit, but at what point are we sacrificing the healthcare workers that have our feet on the ground? And I was actually listening to one of the previous people that you had on here, I believe, Alexander Preston?

Jim (12:22):

Okay.

Janelle (12:23):

And he was saying that, you can fix the nursing shortage by bringing in more nurses, but if you don't fix the root problem, those nurses are just going to leave the next year. So I think that really speaks so loudly to the issue. And I also looked up another statistic and it said, the average cost of turnover for a bedside nurse is \$40,000, and that can range from 28,000 to 51,000. So the average hospital can lose 3.6 million to 6.5 million per year just on nurse turnover, which I think is wild. So even if you don't necessarily shift that mindset from profit, if you're still thinking about profit, it's still a huge loss. So I think we should shift from profit, but even if you're not.

Jim (13:14):

I think a lot of that, it's a big picture rather than, okay, you think of this nickel and dime right here, how can I save some money today? Let's think long term, how much is it going to cost to replace these nurses that we're losing...or other staff?

Janelle (13:26):

Yeah, absolutely. Absolutely. And fixing these issues also can reduce medication errors. It can reduce the OSHA fines, which sometimes are over a \$100,000 for these hospitals. Never mind jury awards, which can be more than \$3 million. So these fines, they really stack up on top of losing a good nurse, which is really expensive too.

Janelle (13:50):

So while I would love the mindset shift to take place, I do understand that it is a profit industry, but I do think that we do need to shift away from the healthcare workers being martyrs. That type of mindset shift where, I mean, I don't know if you've seen this meme, I just saw it the other day and it was like, I haven't used the restroom in 10 hours. I got three new admits and I haven't eaten lunch yet. Just a typical day of a nurse. No, yeah, this should not be the typical day of a nurse. Why is this a badge of honor that we wear? Martyrdom is not acceptable in any other industry. Why is it acceptable in ours? And this is what is leading to the nursing shortage among other things. I also read a crazy statistic that, I can't remember the numbers, but it's like X amount of nurses will leave by their second year, which is wild.

Jim (14:44):

I've heard that too.

Janelle (14:45):

Yeah, yeah. So it'll really help with retention if we can start to create a safe workplace for the nurses who want to be there. There are people that want to help people. There are people that want to be nurses, and they're being scared away from unsafe working conditions. So I think that the mindset

shift needs to come from nurses too, that shouldn't wear their martyrdom as a badge of honor, and also from leaders in hospitals that also need to honor the boundaries of nurses. And I also have some examples for management path.

Obviously, the most obvious one is increased staffing so that everyone feels safe. No one should want to call out for help for lifting a patient, for anything like that, and not to get anything back. Increasing the wages to make it a more competitive field, especially because you see other areas right now, like tech, that are just soaring past the wages for nurses. In other growth industries too, engineers, other growth industries where nursing has stayed pretty stagnant.

Janelle (15:53):

We do get that pay scale, but it's not the same as being able to negotiate and see that real straight upward trajectory that other industries are seeing right now. I also think that there should be limits on shift duration just across the board. I think it's wildly unsafe for nurses to have to stay past their 12-hour shifts if someone calls out, because they legally can't leave their patient. And that also leads to unsafe choices like needle stick injuries, back injuries, chronic stress. No one should be working these 16-hour shifts. It's just not safe. And then in a perfect world, mandating staff ratios too, where you're not running around for hours and doing long med passes to the point where you can't take care of your own physiological needs like hunger or using the restroom. I think that that should just be a basic human that's built into your nursing day.

Janelle (16:52):

And then there should be training and education and policies on proper lifts, reminders like that. And also, I think it should be more commonplace to say "no" to shifts from management, because it just compounds on that chronic stress and also that guilt. I've heard so many nurses say, "Well, I picked up that shift because they needed me. What would they do without me? They needed me." And suddenly they're working six days, seven days, fourteen days on, which is wild. I think that instead of nurses plugging the holes, that management needs, it's management's job to find a way to fix those issues

without causing chronic stress and burnout in their nursing pool. So I think that that's another big one.

Jim (17:38):

Wow, you hit some great points there. That whole concept of the longer hours, I mean, that's something I haven't thought about recently in terms of you're working longer hours, you're picking up extra shifts, or you're on your 15th or 16th hour. And okay, every once in a while, sometimes with any industry, you might have that random day where I really got to stretch myself and push myself. When it's the exception, okay, we understand that. But if it becomes the rule, and this is now the expectation, like you said, this martyrdom mentality where, oh yeah, this is just what nurses do, that's very dangerous territory to get into. So I like how you shared that mindset shift in terms of addressing that and how it does fall on leadership and management to say, "Hey, it's not your job as the one at the bedside to be stretching yourself each and every shift, but how can we support it? How can we solve this issue?" And everything else you touched there was perfect. I love it.

Janelle (18:32):

So another issue that's come out in recent years related to this workplace safety topic, is whether or not employees feel free, maybe empowered is the right word, whether or not employees feel empowered to express concern or to bring to light potential hazards in the workplace. What are the challenges that healthcare workers face in terms of reporting workplace safety concerns, and how do you think Janelle, how can organizations create a supportive system or supportive environment that promotes this reporting? Say, "Hey, I see an issue that we need to do something about."

Janelle (19:06):

Sure. So one interesting thing that I found when I was researching this, is that the General Duty Clause of the OSHA Act actually addresses workplace safety issues and requires employers to furnish employees with employment in a safe employment place, by recognizing hazards that are likely to cause death or serious physical harm. I feel like a lot of people don't know that, and

I feel like I didn't know that until I saw those words and I was like, they're supposed to do that? It makes sense. But to see that clause that there's actually a built-in clause that says that your employer is supposed to recognize and fix hazards that cause death and physical harm. So it's their responsibility, and I think that's saying that there's a clause out loud, just brings that light to it. So yeah, I think that's huge to just recognize that for a second.

Jim (20:01):

It seems common sense, but we need to have that in black and white and say, "Yes, this is needs to be a priority."

Janelle (20:07):

Yeah, totally. I think there's a lot of caveats and there's a lot of issues to why these things aren't addressed and why nurses and healthcare workers face issues in reporting safety concerns. I think that sometimes there's not a shift manager. I know that when I was on the floor, I could not find my manager. There were sometimes that I had a question, I needed supplies to do my job, I could not find the manager. Sometimes there was one manager for the entire facility, especially after certain amount of time. So sometimes it's just physically not being able to find someone. Sometimes I was also a...agency worker for a little bit, and when you're an agency worker, you don't know who to report to. That's the other thing. You're going into a facility and you're almost blind. So who do you report to when you're an agency worker? That's another big thing.

Janelle (20:57):

And I also think that some healthcare workers are afraid. They don't want to lose their jobs, rock the boat, or be targeted by their peers or administrators. I think there is a definite feeling of fear of reporting and thinking that their shifts are going to get cut or that they're going to be assigned really heavy patients or that there's going to be some sort of a retaliation.

Jim (21:18):

But yeah, you're about to put in for that vacation, but you also see an issue. Maybe I'll wait until after they grant that. Yeah, there's a lot of things that you fear naturally.

Janelle (21:27):

Yes, totally. And then for what admin can do. I think the first thing that they can do is develop a no retaliation policy and let their facility know that they will not be retaliated on for bringing their concerns to light, and have that policy posted. And I think also having shift meetings or team meetings to bring up issues periodically in case people don't want to find the time or can't find the time. Because also, like we said before, nurses sometimes don't even have time to use the restroom. So really, when do you have time in your shift to find a manager, when you don't even know where they are, to tell them this thing? Sometimes it's out of sight, out of mind. So I also think it's the responsibility of the administrator to find the time to check in with their employees. And I think sometimes a group meeting could be helpful because one nurse might speak up and then three other nurses are like, "Oh my gosh, yes, I experienced that too, but I'm just whizzing through my day and I didn't think to say it."

Janelle (22:28):

So having that group setting too, is really helpful. And then also having open hours where people can contact a manager and know that they can respond back within 24 hours. I think having that timeframe is really important too, to have a promptness to it. Whether it be phone call, email, or open office hours, to have a specific policy in place where they know that they can get a prompt result. Because sometimes these unsafe working hazards need to be addressed quickly so the next nurse doesn't also find themselves in that same position. And then I think also providing support programs for employees that have been assaulted and debriefing moments and everything like that. And then also having an alarm system and a policy in place for when these issues happen, knowing exactly what we're going to do if someone is verbally assaulted, physically assaulted, and having a code and

having a response team and having a very clear policy in place, I think would all be really beneficial.

Jim (23:26):

Sure. Oh, all great points. And what you said it brought to mind when we're addressing these workplace safety issues and when we're thinking about how can employees feel empowered to report it, there's three things that you've touched on.

One, they're legally required to do it. Hospitals, health systems, administrators, they're legally required to do it. Two, there's fines involved if something is not being done, there's fines, there's potential lawsuits, there's all these things. But number three, I think the most important, it's simply the right thing to do for your patients, the right thing to do for your employees. And you've touched on all those, whether it's the actual safety of the workplace, but also the ability, the support for employees to say, "Hey, I feel free, and I don't feel like there's going to be retaliation if I notice something going on." So I love everything that you shared right there.

Jim (24:15):

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Jim (24:50):

Janelle, thinking beyond frontline workers now, healthcare leaders, and we've touched on this a little bit, healthcare leaders have a responsibility to create a culture of safety. How can hospital administrators, department heads, unit managers, anyone in leadership, how can they create this culture

but also maintain this culture of a safe work environment day after day, especially in a stressful healthcare environment?

Janelle (25:14):

Sure so we've touched on some of these, but I just want to recap them because they are so important and some of these are new. So the first one is definitely increased staffing so that everyone feels supportive and everyone knows that they can ask for help and that no one feels like they're drowning in a sea of patients and that they can't take the time to decompress, take a couple of deep breaths and really deal with that stressful situation, especially if they need to debrief for a second. And also, especially if they're being verbally assaulted or anything like that, you might need to tap out and have someone else take your patient for a couple of minutes. Increase wages, make it competitive, make nurses want to be in the field and make nurses proud to be in the field, not just martyrs, but competitive wages.

Janelle (25:55):

Mandate staff ratios. It goes back to increasing staffing. Don't just increase it, mandate staff ratios. Limits on shift duration, like we spoke about, it's okay if it's every once in a while, but if you're constantly getting called back for shifts, it's just going to bite you in the end because you're going to lose a good nurse. And it goes back to those increased loss in profit, because you're going to have to train a new nurse. Check in on your staff. Make yourself available, make yourself warm, ask them how they're doing, ask if you can do anything because your experience might be different than their experience on the floor, and you might not know what's going on. So just making yourself available. Help manage fatigue however you can. So that might mean not pressuring people to take shifts, which we talked about earlier. Once again, it is your responsibility as admin to appropriately staff the facility. It is not the responsibility as a floor nurse to plug those holes.

Janelle (26:51):

Adjust schedules to reduce fatigue. Check in with your healthcare workers. Do they like their schedule? Are they absolutely burnt out? Check in with them occasionally and see how you can help with that. And also having a

robust float pool or having more than enough nurses to cover that occasional shift when someone is starting to get burnt out, can really make the difference in retention. Having clear protocols to reduce injuries so that someone knows exactly what they're doing in a specific scenario, so that they can almost go on autopilot and know what to do when this moment arises, can really decrease the risk in a lot of workplace injuries. Workplace training and education goes hand-in-hand, making sure that they have the resources to know what to do too. And then making sure people are appropriately trained and comfortable with their tasks. That's another thing, making sure people are comfortable with what they're doing. A nurse that doesn't know what to do, could get hurt at any second. So that's another really important thing.

Jim (27:51):

That's great. Again, you hit every point there, and you reminded me that yes, the money matters, but it's not just the pay. You want that competitive pay, but it's the quality of the work environment. You want to create this safe environment where nurses and other staff, other healthcare workers, feel free and safe to care for their patients. All great points. Janelle.

Janelle (28:10):

So you mentioned this earlier about workplace violence, and it's in the news. We see it, if you're in the hospitals, you know it's on the rise. This was a quote from the American Hospital Association. They said "Workplace violence has severe consequences for the entire healthcare system. Not only does violence cause physical and psychological injury for healthcare workers, workplace violence and intimidation make it more difficult for nurses, doctors, and other clinical staff to provide quality patient care." So in your opinion, Janelle, how does this rise in workplace violence, especially since 2020, impact the long-term outlook of healthcare in this country? And I'll ask this too, what can and should we be doing about it to address that issue?

Janelle (28:54):

Absolutely. So I think it is making the nursing shortage worse. I think there is definitely a broader gap that's happening, and I'm starting to see a lot of

nurses turn into non-traditional nursing roles. So roles that are against the bedside. I mean, look at me. I am now a writer. I am still at the bedside at a diminished role, but I have left for the most part. And I'm starting to see more and more nurses that are interested in other non-traditional roles like writing, podcasting, consulting, health coaching, that type of thing. So I think I'm definitely seeing a rise in that.

Janelle (29:29):

And you can't blame them. Who wants to be abused, who wants to not use the restroom for 12 hours, who wants to starve their entire shift? When you're working remotely, you're not abused, you're working your own hours, you're setting your own wage, and you're making your own clients. So I mean, it's a no-brainer. And it's sad because we need bedside nurses, but they need to be treated correctly. So it's also sad because you're waiting for the healthcare industry to pick up on these trends, and they're just not, and the nurses are leaving.

Jim (30:03):

No, no. I mean, you really summarized it great there. I think that's exactly right. And your life is a testament to the flexibility that you have within nursing or say, "Hey, I've put in my time." And sometimes we put it like that, but you can only bear with a bad situation for so long. So what can we do to prevent people from leaving? But it is great that with nursing and with other healthcare fields, you have alternative routes that you can take.

So let's look specifically, if you don't mind, maybe walk me through, maybe it's principles or steps to take. You have a situation where a patient or a family member is verbally abusive or physically abusive to a staff member. What are the steps to take to appropriately handle such a situation? And there could be a number of different directions, but maybe even just principles to guide us. How do we respond to something like that on the floor?

Janelle (30:56):

Absolutely. Well, I want to point out that most violence occurs in psychiatric units, emergency departments, waiting rooms and geriatric settings. So I think that there should be targeted interventions for those facilities, and that

includes obviously enough staff, but also making sure that the area is well lit and having counselors present and making sure that every staff member is trained on signs of aggression as well as de-escalation techniques and having debriefing meetings after. So it's important that they know the warning signs before an outburst and that they also do their best to implement their de-escalation techniques to see if they can bring down that situation organically. And then if they can't, then we can go into the protocol of what to do, but also making sure that there are low wait times in those areas, because wait times really increase agitation because who can blame them?

Janelle (31:51):

So once again, I think an increase in staffing really is the root cause of a lot of these issues. So I think if you get to that moment and your de-escalation techniques don't work, you should activate the protocol that you've been trained on. I think that there should be a clear protocol with every single facility. I think that the nurse should immediately remove themselves from the situation and alert an appropriate team that has already been designated to respond. And I don't think it should be that nurse's responsibility to respond. I think that at that point, that nurse should be removed and should start putting their selves into a recovery mode. And I also think that the patient should be taken care of as well. I think it's important to notice that you're not leaving the patient in a deficit and you're not sacrificing the nurse. It's like a two-part system there.

Janelle (32:41):

So whether it be trained security guards that are also trained on an empathetic communication level, or nurses that are somehow like a response team, but you call a code, an alarm goes off, and it's also subtle and someone responds in that way. And then the nurse should be given a break and a cool off period, and their caseload should be temporarily managed by a float nurse so that they just have a moment to just decompress. Because also you have to think about what care that nurse is going to be provided after they have been physically or verbally assaulted. It's not going to be the best care that they can. So it's also about taking care of the nurse, but it's also

about taking care of the patient, patient-centered care. So making sure that their caseload is covered, once again, appropriately staffed.

Janelle (33:27):

And then the nurse should have a debriefing with their manager, and they should also be assessed for any physical injuries. And the nurse should be asked if they want to press charges depending on the severity of the attack. And that was actually taken from the CDC, which I think is really interesting because it also gives the nurse a sense of control over the situation, which I think is important. And it also validates their experience, which is also an important. Why should an assault at your workplace be any different than an assault at the street? I don't think everyone should be charged at every moment for what they do when they're in a hospital. But I think that in some situations, a nurse should be offered the right to pursue charges if it's appropriate, and then the nurse should decide if they want to continue the shift or if they should go home depending on the severity of the attack. I think that they should have that option.

Janelle (34:23):

And then an incident report should be filled out and logged automatically. And I think that that will help with a root cause analysis, and it will also help track any patterns for assault. So say an assault keeps happening on a Thursday night during a shift change, maybe you can buffer with more nurses during that shift change, overlap the nurses, something like that, to reduce that.

Jim (34:50):

Well, the importance of those debriefings and the root cause analysis, let's address the issue now, but let's try to prevent it from happening in the future.

Janelle (34:56):

Totally. Absolutely. Because that's what it's all about too, making sure that what we're doing is sustainable. And then I think that the nurse should be offered free counseling if they want. I think that that also should be a part of

it, and that they should feel supported and that a lot of these recommendations actually come from, sorry, not the CDC, it's the AACN, and that this statistic also comes from the AACN, healthcare workers are five times more likely to be victims of workplace violence than those in other industries. So I think it's really important to have a clear policy in place.

Jim (35:26):

Well, and it's not hard to believe that statistics, and we know the healthcare setting's a very stressful environment, not just for the workers, for all the staff, but for patients too. Pretty much, well, most people don't, there are situations, but most people don't want to be in the hospital. You want to get out of there. The wait times, this loss of control and everything you just covered, it shows how complex the issue is, how complex the solution's going to be. But regardless, we have a responsibility to provide safety for the patients and the staff and all the staff that's providing care for patients. I love everything you just shared there.

So to wrap things up here, I always like to let our guests share any insight, whether what you currently do or in your past experience, any leadership insight, anything that you have learned or carried with you through your career in terms of leadership, that you can leave our audience with.

Janelle (36:17):

Absolutely. I always say that it takes a strong, outspoken, but well-spoken leader. So you need to understand when is a good time to speak out on behalf of your beliefs. So when you see an issue like workplace violence and you know the proper interventions that should be implemented, and other times when you should be compromising. So I think it's definitely like a give and take. And if you see a gap in care, you should definitely be providing a solution to your team, because they are your people and having that sense of community really helps with retention. Also being positive, kind, and forgiving of mistakes, because everyone at the end of the day is a person who's just trying their best. I think that mindset really helps.

Jim (37:02):

Great. That's a great way to wrap it up. Thank you so much for being on the show today, Janelle. And thank you to our listeners who spent time with us today. If you have any questions about VIE Healthcare Consulting, a SpendMend company, or if you want to reach out to me or Lisa Miller, you can find us on LinkedIn. Janelle is also on LinkedIn. I love the stuff that she posts, so find her on LinkedIn.

We at VIE love helping hospitals save money and enhance the patient experience, and we're hoping that the episode today gave you some new insights. I know the episode today gave you new insights or ideas to consider and use in your career and in your own healthcare organization.

Janelle, once again, thank you so much for being on the show with us today.

Janelle (37:39):

Thank you for having me.

Speaker (37:42):

Thanks for listening to the Healthcare Leadership Experience Podcast. We hope you've enjoyed this episode.

If you're interested in learning new strategies, best practices and ideas to utilize in your career and healthcare organization, check out our website at the healthcareleadershipexperience.com.

And oh yeah, don't forget to rate and review us and be sure to join Lisa and Jim next time on the Healthcare Leadership Experience Podcast. Thanks again for listening.



MEET LISA MILLER

"It's important for hospitals to have a clearly defined cost savings strategy with purchased services as a component to that strategy. We provide our clients with a focused roadmap to achieve those savings through our expertise since 1999."

Lisa Miller launched VIE Healthcare Consulting in 1999 to provide leading-edge financial and operational consulting for hospitals, healthcare institutions, and all providers of patient care.

She has become a recognized leader in healthcare operational performance improvement, and with her team has generated more than \$720 million in financial improvements for VIE Healthcare's clients.

Lisa is a trusted advisor to hospital leaders on operational strategies within margin improvement, process improvements, technology/ telehealth, the patient experience, and growth opportunities.

Her innovative projects include VIE Healthcare's EXCITE! Program, a performance improvement workshop that captures employee ideas and translates them into profit improvement initiatives, and Patient Journey Mapping®, an effective qualitative approach for visualizing patient experience to achieve clinical, operating, and financial improvements.

Lisa has developed patented technology for healthcare financial improvement within purchased services; in addition to a technology that increases patient satisfaction through frontline insights.

Lisa received a BS degree in Business Administration from Eastern University in Pennsylvania and a Masters in Healthcare Administration from Seton Hall University in New Jersey.

She is a member of the National Honor Society for Healthcare Administration – Upsilon Phi Delta. Her book *The Entrepreneurial Hospital* is being published by Taylor Francis.



MEET JIM CAGLIOSTRO

Jim joined VIE Healthcare Consulting in 2018 and brings to the role over a decade of critical care nursing experience at highly regarded medical facilities across three states.

During that time, he observed both the 'good and bad' of hospital operations in a number of regions, giving him a unique insight and understanding which he brings to VIE Healthcare Consulting's clients.

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MEET JANELLE BAROWSKI

Janelle is a freelance medical communication writer who's also a registered nurse with an advanced degree. As an experienced health content writer, she researches, edits, and writes health blogs for the general public. Her experience as a nurse makes her a field expert in clinical research, medicine, and overall health and wellness.

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