VOICE of nursing leadership

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JANUARY 2024 PREVENTING VIOLENCE AND PROMOTING SAFETY

Voice of the President

Deborah Zimmermann, 2024 president, AONL Board of Directors

Nursing is my passion and I am honored to serve as president of AONL. Now is the time to amplify the voice and influence of nurses. Our collective impact is greatest when nurses speak with a unified voice. AONL is uniquely positioned to convene and collaborate with others on a common agenda. The nursing profession is now 5 million strong. As president, I will work to bolster collaboration with national nursing and specialty organizations, academia, regulating agencies and industry, to enhance nurses' roles as change agents and facilitators in transforming our health care system.

I am the eldest of four children and the daughter of a registered nurse. I knew from a young age that nursing was my calling. I regularly talked to my mother about her patients, the many specialties within the profession and the impact of advances in bedside technology on her critical care practice. With four children, my family could provide moral, but no financial support for college. When women were first admitted into the military academies, they were offered ROTC (Reserve Officers' Training Corps) scholarships. I accepted a scholarship, and upon graduation, began my nursing career as an army nurse. The military was foundational to both my nursing practice and leadership development. As a young officer, I was given opportunities to lead and advance my practice.

> Ultimately, addressing workplace violence serves as a linchpin for ensuring a robust and healthy profession.

I witnessed firsthand the power of nursing and professional nursing associations in shaping policy when I became actively engaged with the regional and state chapters of AONL more than 30 years ago. From the greats, I learned the power and collective influence of nurses through efforts to obtain prescriptive authority for nurse practitioners and years later when advocating for advanced nursing education standards. In AONL, I found mentors and colleagues who were passionate about strengthening the development and influence of nurses, the creation of collaborative interprofessional care models and quantifying the nurse contributions in improving health outcomes. I am humbled by our AONL members who so generously share their expertise to set standards, drive excellence and transform health care. Their passion for nursing, leadership and improving the health of individuals is inspiring.

Continued on page 18

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AHA News

AONL 2024

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AHA Events

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AONL education calendar

January 2024	
Leadership Lab for Nurse Managers – Virtual	Jan 18 – July 18
Certified Manager and Leader (CNML) Review Course – Virtual	Jan. 30, Feb. 6, 13, 20, 27
February 2024	
Administrative Supervisors: Equip Yourself to Lead From Dusk to Dawn – Virtual	Feb. 21
Transition to Nurse Manager Practice Facilitated Cohort – Virtual	Feb. 22 – June 20
March 2024	
Nurse Manager Institute – Virtual	March 7, 14, 21
April 2024	
AONL 2024 Annual Conference – New Orleans	April 8–11
Certified in Executive Nursing Practice (CENP) Review Course – New Orleans	April 8
Certified in Nurse Manager and Leader (CNML) Review Course – New Orleans	April 8
Finance and Business Skills for Nurse Managers – New Orleans	April 8
Nursing Leaders Innovation and Design Futures Workshop – New Orleans	April 8
Strategic Engagement with Media – New Orleans	April 8
June 2024	
Professional Governance Leadership Conference – Chicago	June 27–28

Visit **aonl.org** for the latest information on AONL virtual, on-demand and in-person programs. Locations and dates are subject to change.

AHA 2024 Environmental Scan Available

The American Hospital Association 2024 Environmental Scan provides key data and insights on the current health care landscape and helps hospitals and health systems explore substantial issues with staff, leaders, boards and community stakeholders. This year's scan includes discussions about financial stability, technology solutions and use of home-based care and telehealth. To download a copy, visit **aha.org/environmentalscan**.

Health Care Workplace Violence Prevention: One State's Journey

Patricia M. Noga, PhD, RN, NEA-BC, FAAN

Violence against health care workers continues to rise across the country. The Bureau of Labor Statistics reports that in 2018, workers in the health care and social service sectors experienced the highest rates of workplace violence-related injuries. Several national organizations and oversight agencies have implemented violence prevention initiatives and published risk assessment tools, violence prevention toolkits and standards and/or regulations (See Figure 1).

As health care leaders and caregivers in Massachusetts noted increasing incidents of violence across their care settings, the Massachusetts Health & Hospital Association (MHA), Burlington, led the creation of the Healthcare Safety & Violence Prevention Workgroup (HSVPW) in 2017.

The comprehensive and progressive work of the HSVPW has led the way across the commonwealth and beyond to offer guidance on developing violence prevention programs. This workgroup has labored on initiatives to collect data on violent events, inform health care leaders of incidents in their organizations, rally facilities around consensus solutions, and provide resources and education. In addition, workgroup members used their united might to develop code of conduct principles for all facilities to adopt. The group also contributed to a violence report calling on the general public to respect health care workers. Further, the workgroup continues to advocate for proposed workplace violence prevention legislation at the state level.

The HSVPW, which meets every two months, is composed of more than 85 security and safety, emergency preparedness, risk management, quality and patient safety, human resources, behavioral health, nursing and other clinical professionals from MHA member hospitals and health systems. Since its inception, the workgroup has pursued meeting its goals (see Figure 2) through four key actions: collaboration and education, data collection, leadership and guidance, and public advocacy.

Collaboration and education

Early in the formation of the HSVPW, members shared best practices in violence prevention and collaborated on the development and release of *Guidance on Developing Healthcare Safety & Violence Prevention Programs in Hospitals* (2019). At the recommendation of the HSVPW the MHA Workforce Well-being Workgroup was formed in 2018 and meets monthly with the mission to advance the well-being of health care workers in Massachusetts by acknowledging their valued contributions and supporting them with resources.

FIGURE 1: Violence Prevention Resources and Toolkits

- American Hospital Association. (2020). *Violence Prevention Initiatives.* aha.org/system/files/media/file/2021/06/HAVhope_2021_infographic.pdf
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- The Joint Commission. (2022). *R3 Report Issue 30: Workplace Violence Prevention Standards.* jointcommission.org/standards/r3-report/r3-report-issue-30-workplace-violence-prevention-standards/
- Occupational Safety & Health Administration. (2023). *Workplace Violence Prevention Programs.* osha.gov/workplace-violence/prevention-programs

FIGURE 2: Massachusetts Hospital Association's Healthcare Safety & Violence Prevention Workgroup Goals

- Improve overall communication and coordination among healthcare providers to advance ongoing violence prevention efforts.
- Share best practices in maximizing safety and violence prevention within health care settings.
- Inform MHA to develop statewide standards for safety and violence prevention that can be adopted in health care settings across the commonwealth.
- Assist MHA with the development of health care safety and violence prevention legislation.
- Establish baseline data and the ability to confidentially trend violence data over time.
- Identify and promote best practices and industry standards in violence prevention programming via periodic evaluation surveys of health care organizations.

The HSVPW's foundational work on safety and well-being informed the efforts of MHA's Caring for the Caregiver Task Force and report (2021). A section on Caring for the Caregiver was built on MHA's PatientCareLink website and serves as a public resource repository for materials under its safety pillar**.** In addition, email management software is used and a resource library was created for HSVPW members to share resources, questions and information.

Workgroup members also collaborated to develop and host the first-ever Healthcare Safety Summit, a full-day education event in 2018. Collaboration and education forums continued with the second and third Healthcare Safety Summits in 2022 and 2023.

Data collection

With member input, a survey to collect monthly data on violent incidents in Massachusetts hospitals was developed and launched in 2019. The tool is considered a living resource and has been revised numerous times. Data points included date of incident, time of incident, type of incident, location of incident, major contributing factor, level of injury, and aggressor and victim, among others.

Regular – usually monthly – data collection of violent incidents has continued since its inception, with the survey tool adjusted to include detailed definitions for injury scale and major contributing factor(s). Further refinements included additional terminolgy and some definitions, with a data submission subgroup of the HSVPW advising on these changes.

With a revised tool and a full year's worth of data, the first hospital-specific Healthcare Violence Reports were sent to each hospital CEO in 2020. These reports informed them of the scope of violence reported in their hospitals and compared their respective hospitals to the state average. These annual data reports were again sent to hospital CEOs in both 2022 and 2023. Many organizations shared this data with their hospital boards, safety committees, workplace violence committees and staff. These reports are utilized for in-depth analysis of violent incidents, with some members examining incidents through a health equity lens to gain insights. The HSVPW also oversaw a series of qualitative surveys, including one on strategies to prevent and mitigate violence in hospitals in 2020, and a pandemic lookback survey to examine how COVID-19 affected violent incidents at hospitals in 2021. A second evaluation survey on prevention training and strategies was fielded in 2022 to learn what had changed from the initial survey. Aggregate data from these surveys were shared with HSVPW members.

Leadership and guidance

With abusive incidents continuing to escalate, members of the HSVPW collaborated with the MHA team to develop a united set of principles that could be adapted within each member's patient and visitor code of conduct. The principles are organized under the areas of promotion of a safe and respectful environment, code of conduct violation examples, potential consequences and code of conduct maintenance.

The MHA Board of Trustees unanimously recommended adoption of the code of conduct principles in January 2023 and its members are actively endorsing these principles on a voluntary basis for inclusion in their respective patient and visitor codes of conduct. Subsequently, Massachusetts hospitals have used the opportunity by publicly releasing their policies with patients, visitors and community members. Codes of conduct have been posted through highly visible signage within health care facilities, shared via online patient portals and social media, and included in patient information materials.

Health care leaders have also been educating their colleagues about the code of conduct expectations and their responsibilities in its implementation. The principles call for patients, families and visitors to treat caregivers with trust and respect at all times. Those individuals who do not abide by the code of conduct principles will be subject to consequences as determined by the individual organization and its review of the violent incident.

Public advocacy

After collecting workplace violence incident data, MHA members took the bold step of sharing the alarming trends and issuing a call for public support. The information was published through a first-of-its-kind report, *Workplace Violence at Massachusetts Healthcare Facilities: An Untenable Situation & A Call to Protect the Workforce.* It showcases cumulative MHA hospital violence incident data from October 2019 to September 2022, the MHA Member United Code of Conduct Principles, and solutions being championed across the state – including comprehensive violence prevention legislation.

The report noted that in 2022, someone — most likely a clinician or employee — was physically assaulted, endured verbal abuse or was threatened every 38 minutes. This is up from every 49 minutes in 2021 and every 57 minutes in 2020. The survey reported that about 96% of all violent incidents at hospitals are carried out by patients, visitors or non-hospital employees. The most common victims of violence in hospitals are nurses, followed by security officers and other health care team members. The most common location for violent incidents is the emergency department, followed by inpatient units and psychiatric units.

This call to action captured widespread attention from the public and the press. It has served as a tool to educate local legislators and emphasize the need for stricter laws to protect health care workers and continue to advocate for statewide solutions to the issue. Following the report release, health care colleagues across the country have sought advice on how to build their own data collection tool, interventional strategies to prevent or mitigate violence and code of conduct principles to ensure a safe working environment for staff.

In 2019, MHA and its members introduced state legislation to address violence in health care settings, a proposal that has been strengthened in each legislative session since. HSVPW members have advocated for stronger local policies, provided input to the proposed legislation and testified at state-level hearings on the proposed legislation.

Key components of current proposed legislation include:

- Develop and monitor new statewide standards for evaluating and addressing hospital security risks, while ensuring inclusivity of patient health equity considerations and the needs of patients in a behavioral health crisis.
- Implement hospital workplace violence prevention and training programs based on those standards.
- Increase penalties for those who intentionally assault caregivers or knowingly and deliberately disrupt the conduct of a hospital.
- Increase support for employees who are pursuing legal action related to an incident of violence.
- Implement regular reporting of all assaults to the Massachusetts Department of Public Health.
- Facilitate robust information sharing between the health care and public safety communities for those with intent.
- Expand care access for patients experiencing a violent behavioral health episode, as well as for patients in need of care from the state's Executive Office of Health and Human Services.

Importantly, criminal charges would be reserved only for patients or visitors who *intentionally* impede the ability of workers to safely deliver care services. MHA and its members believe strongly that behavioral health, a patient's medical condition and equity circumstances must be taken into account as individual incidents are reviewed.

HSVPW members are strongly supporting federal legislation backed by the American Hospital Association and AONL that would provide caregivers with the same protections as aircraft and airport workers. The proposal would make it a federal crime to assault or intimidate health care workers and interfere with their job responsibilities.

The HSVPW has mobilized hospital colleagues at the grassroots level and is leading the way in efforts to reduce violence and protect the health care workforce and communities across Massachusetts. Through data collection, education, leadership and advocacy, identified strategies can be trialed, implemented and customized in health care organizations, with the aim of improving safety for patients, staff and visitors. ◆

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AHA Events

Kentucky SANE Program Benefits Assault Victims, Nursing Staffs

Amanda Corzine, MSN, RN, SANE
Vicki Yazel, BSN, RN, SANE

Sexual assault victim care has long been a challenge for acute care hospitals and nursing leaders. Victims need expert care by specially trained staff, which is often hard to find and keep on-site. Sexual assault nurse examiners (SANEs) have long been the gold standard in victim care since the role was developed in the late 1970s. In 1996, the Kentucky Legislature created the SANE credential as a nursing specialty validated by the Kentucky Board of Nursing. Kentucky is one of just a few states requiring a credential for SANE practice. SANEs provide compassionate care, empowering victims and collecting vital forensic evidence following a sexual assault incident. To be credentialed as a SANE in Kentucky, an RN is required to take a 40-hour class with additional clinical training. This education covers a range of topics such as evidence collection, trauma-informed care and testifying in court. SANE credentials are renewed annually with 5 hours of continuing education. As a result of the additional training and limited opportunities to practice as a SANE throughout the state, Kentucky has long struggled with a shortage of qualified SANEs. While each community's needs are unique, University of Louisville (UofL) Health has spent more than two decades building a SANE response that best meets the needs of its community.

Program start

UofL Hospital, a Level 1 urban trauma center, first began offering SANE services in the early 2000s. Initially, SANEs were only available a few days a month, most of them volunteering their time beyond their other full-time nursing positions. When SANEs weren't available, physicians were responsible for completing the sexual assault forensic exams. This was in addition to their primary patient care responsibilities. In a busy emergency department (ED), the balancing act was difficult. The medical/forensic exam takes several hours to complete, and physicians were forced to prioritize more life-threatening illnesses before sexual assault patients, causing victims to wait hours in the ED. The number of victims presenting for sexual assault care grew over time, and UofL Hospital officially developed the first SANE program in the community to provide timely care to victims. Additional SANE staffing served two purposes: providing better care to victims and allowing providers to focus on other critical needs in the ED. The SANEs work within the hospital's sexual assault forensic examiner (SAFE) services, which is employed for both sexual assault and domestic violence victims.

Although the program experienced growth throughout the first 15 years, providing around-the-clock SANE coverage remained difficult. Most of the SANEs on staff worked full-time jobs elsewhere and held SANE as an as-needed position. The frequency of exams varied every month, and even for the most passionate, it was not a reliable second job. Therefore, turnover remained an issue. To better utilize the SANE nurse's time and support community needs, the program began casting a wider net with an expansion into forensic examinations for domestic violence victims. These exams provided detailed injury documentation that could be used in court or held confidentially as part of the medical record.

Simultaneous to this expansion, UofL was approached by a community partner to create a universal screening tool for domestic violence to capture potential victims who previously would not feel comfortable disclosing domestic violence. SANE leadership worked with ED staff to implemented evidence-based screening triage questions to be asked of every patient regardless of age or reason for their visit. All staff members were trained to ask the questions in a caring and respectful manner and how to proceed with a positive screening. SANE nurses were then called to take photographs of acute injuries and connect the patient with community resources. These additional services created a comprehensive treatment plan for domestic violence victims identified in the ED. Patients reported feeling increased trust and safety during their ED visits because of these wraparound services. Prior to universal screening implementation in the ED, there was no uniform way of tracking the frequency of visits. Federal and local grant funding was budgeted for 30 forensic exams in the first year. In total, 99 forensic exams were completed in 2015, a number that continued to grow exponentially in the years to follow.

An unexpected benefit of improving ED patient domestic violence screening was the improved safety of staff. Through better identification of victims, staff were more aware of the acute risks from perpetrators who may be present during the patient's stay. Domestic violence perpetrators are high-risk individuals who can have unpredictable responses after an acute event. A recent study found more than two-thirds of mass shootings are domestic violence incidents or include a perpetrator with a domestic violence history. (Geller, Booty, & Crifasi, 2021). Heightening awareness of domestic violence allowed staff to feel safer and more informed when working with patients.

Continued on page 10

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AHA Events

continued from page 8

SANE staffing levels grew in response to the increased use of SANEs for domestic violence victims. In 2018, the program finally achieved around-the-clock SANE coverage. Despite achieving this milestone, many victims in the community still lacked access to expert SANEs. The program served victims at the Level 1 trauma center and a small clinic within the local Rape Crisis Center. Patients who presented at other EDs were offered an exam at the clinic after their discharge, but many declined to travel to a second location, or grew frustrated with the long process of being released from an ED only to go to another location for an intensive exam. The program began working with community partners on how to better serve the community with a more victim-centered approach.

Serving patients where they are

With support of UofL Health leadership, the program began conversations with hospitals and community partners to create a community SANE response. The plan allowed UofL Hospital SANEs to practice in partnering hospitals and ensure victims could receive exams wherever they presented for care. This victim-centered approach started with the development of a public phone number (mostly used by hospitals and law enforcement) and memorandums of understanding at local hospitals. Clinicians at partnering hospitals could see the barriers victims faced in getting local ED exams. The burdensome referral process and time investment for providers offering exams on-site slowed patient throughput. As a result, they were eager to invest in this program and improve victim care. The fee-for-service model also made it a fiscally responsible choice, ensuring hospitals were paying only for the services they needed instead of funding their own SANE programs.

As the program developed, it was clear the community SANE response would require more staffing. Facing a statewide shortage of SANEs, the program had to look for creative solutions. The SAFE services leadership team created an internal SANE training and began offering it free to hospital employees in 2020. Previously, nurses interested in becoming SANEs completed their training independently at off-site locations and many struggled to complete the needed clinical requirements. UofL designed a course that would incorporate clinical training to ensure nurses weren't lost in the process. The course has now been offered four times; it trained over 100 new SANEs, both UofL Health employees and other nurses from around the state.

Armed with more nurses and encompassing 17 participating hospitals, the SANE Community Model began in 2020 and has since expanded to include four additional EDs, covering four counties in Kentucky and two in Indiana. The number of sexual assault victims served has increased significantly since the rollout, with more than 450 victims served in 2022. This increase is attributed to fewer victims being lost in the referral to the community clinic. Victims who present to any of the 21 participating locations are now guaranteed to have an expert SANE at their bedside to provide the medical/forensic exam. This radical shift provides a trauma-informed, patient-centered experience and better utilizes the resources available in the community.

Program benefits

Leading the way in sexual assault victim care has taken years of investment from UofL Health. While health care organizations struggle with financial and staffing challenges, it can be easy to overlook small programs like this one. However, care of our most vulnerable patients not only benefits the individuals, but also the staff and the community. Nurses are drawn to UofL Health because of this nursing specialty and full-time staff stay and grow in their careers by taking on this new role. Even nurses who don't work as a SANE benefit from working alongside a SANE, who is providing the needed specialized care. Staff nurses know the care victims need, but they often lack the time and training to provide it, and this can contribute to burnout. Working alongside a SANE allows nurses to focus on other tasks while still ensuring the victim's needs are met.

Much still needs to be accomplished in ensuring victims of sexual assault and domestic violence receive the specialized care they need. Most recently, UofL Health's SAFE services has begun serving pediatric sexual abuse victims. We are also partnering with our employee health and wellness team to ensure hospital staff experiencing violence can access our services. SANEs dream of a day when our services are no longer needed, but until then we will continue looking for innovative ways to serve victims in the community. ◆

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Improving Active Shooter Response Guidelines: Mobilizing Nurse Leaders for Action

Susan Chishimba, MSN, RN

Since 2020, a notable increase in mass shooting incidents throughout the United States has occurred. According to data from The Joint Commission covering the period from 2010 to 2020, 39 reports involving shootings occurred in a health care facility, resulting in 39 fatalities. Health care staff made up more than half of those fatalities. Active shooter events exhibit a wide range of variables, much like the health care settings where they unfold. Each incident presents unique challenges influenced by factors such as facility design, its location, communication processes and the specific circumstances of the event. As a health care improvement company serving 60% of the nation's acute care providers, which includes 97% of the nation's academic medical centers, Vizient Inc., based in Irving, Texas, is in a position to assist health care organizations in their efforts to respond to and prevent acts of violence.

In 2022, at the prompting of a clinical executive, Vizient initiated a survey of its national clinical network members to assess health care facility active shooter response and preparedness. As the data collected during the survey on active shooter preparedness and response was aggregated and analyzed, memories of my days as a critical care nurse came flooding back. I vividly remembered caring for a patient who was being sustained for the purpose of organ donation. The recipient of his life-saving heart was on the way to the hospital. What would happen if there were an active shooter incident at that moment? How would I know there was an active shooter in the hospital? Would I run, hide or fight? Would I stay with my patient? Would I try to move him to safety? How would I even open the doors while performing manual ventilation?

Addressing this situation would necessitate careful consideration, intention and the involvement of at least two additional individuals to guarantee the patient's safety. Yet, in that circumstance, most nurses would be alone, without pre-existing plans to address the patient's intricate clinical requirements. To effectively respond as a nurse, I would concentrate my attention on the patient's needs and attempt to envision a comprehensive communication and response plan based on the patient's perspective.

The gaps identified in the Vizient active shooter response and preparedness survey offer insights on the needed work to ensure the well-being of patients, visitors and staff.

Action plan gaps

The survey results from 60 organizations validated that nearly all health care facilities have active shooter response plans. However, the analysis exposed significant inconsistencies and gaps in these plans. One discovery from the survey was the variability in communication practices, highlighting the need for more standardized, effective and direct communication guidelines to ensure a coordinated response.

Another common observation among respondents was the absence of robust plans for managing care for the most critically ill and immobilized patients during such events. These patients often require specialized equipment and continuous attention, and pose a significant challenge to health care facilities during active shooter incidents.

Many organizations also lacked robust post-event response plans to address the long-standing effects of such traumatic incidents. Addressing these issues is imperative to bolster the overall preparedness and response capabilities of health care facilities in ensuring the safety and well-being of patients, visitors and staff during and after active shooter event.

Key survey findings include:

- **Active shooter protocol and emergency preparedness**: More than 98% of hospital systems surveyed have enacted an active shooter protocol.
- **Communication alerts:** Clear, concise communication in an emergency can be the difference between life and death. Hospitals historically have relied on codes as a simple way to alert staff to an actual or potential emergency. The survey revealed that reliance on these codes can send an ambiguous message and cause confusion.
- **Care for vulnerable patients:** Nearly a quarter of surveyed hospital systems have discussed a dedicated plan to ensure continuity of care for patients who are critically ill or otherwise immobile (such as those in active labor, in the operating room, receiving hemodialysis treatment or ventilator dependent).
- **Real-time preparedness:** Health care organizations that experienced an active shooter event in the past were more likely to practice active shooter response, through drills and simulations, than those health systems that had never experienced an active shooter event.

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AHA Career Resources

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- **Preparedness for the impact and aftermath of active shooter events:** In regard to the psychological aftermath, it is noteworthy that 75% of health care organizations have established plans to address the mental well-being of both patients and staff following an active shooter event. Among those with formalized psychological wellness plans, a substantial 90% outlined comprehensive strategies for connecting staff with dedicated employee assistance programs, trauma counselors and chaplain services. The absence of a comprehensive and robust post-event response plan could have repercussions not only on the immediate recovery and well-being of those directly affected, but also on the long-term resilience and readiness of the health care facility.

Developing guidelines

Vizient hosted a national call to share the survey results with its network members in December 2022. Hundreds of individuals from hospitals and health systems across the nation participated during a closing call to action to join Vizient in developing industry active shooter guidelines specifically to address the gaps and inconsistencies identified in the survey results.

During the following weeks, Vizient developed a member-driven Active Shooter Hospital Preparedness Task Force comprised of a variety of providers, administrators and security staff – including front-line nurses, nurse leaders, surgeons and patient safety officers. The task force met sometimes multiple times per month over the next nine of months.

Though there was limited evidence-based literature, the task force – which consisted of 40 individuals from 27 member hospitals and health systems – reviewed protocols from federal and private organizations to identify and develop focused leading practices, which will be available to the public on Vizient's website in 2024. These guidelines are meant to point hospitals to evidence-based literature and guide hospitals in addressing the gaps and inconsistencies in communications, response plans, drills and post-event responses. Because an active shooter situation can occur anywhere within a health care facility, the guidelines are appropriate in diverse settings, including large and small organizations, inpatient and ambulatory, as well as those in rural and urban settings. Included in the practices are recommendations such as using plain language and sample resources that have been successfully deployed in health care organizations.

The hope is that every health care organization will access and use these resources in its planning. Doing so will help ensure that when the next active shooter incident occurs, every provider – whether they are bedside with an ambulatory patient, providing care to infants in the neonatal intensive care unit (NICU), or in a surgical suite about to begin a life-saving procedure – knows exactly what to do for their patient and for themselves.

The primary objective of the dissemination of national consensus-based guidelines and resources is to accelerate the recognition of knowledge gaps, bolster the effectiveness of response protocols and sustain this crucial conversation to drive meaningful change. By providing comprehensive, up-to-date information, these resources act as a diagnostic tool for pinpointing areas where health care leaders' understanding may be incomplete or in need of refinement. This awareness is essential because it allows health care stakeholders to prioritize safety.

However, this collaborative effort is not limited to health care practitioners alone; it extends to the engagement of the broader community. By making these resources widely accessible, Vizient is empowering individuals at all levels to play a pivotal role in fostering a safer environment for patients, visitors and staff.

Engaging nurse leaders for change

To enact substantial change within hospitals and health care systems nationwide, the dialogue must begin at the unit level. Nurse leaders are responsible for care at the front line and can provide valuable input.

The voice of the nurse leader is a critical component in the development of all phases of the emergency response plan including communications, physical security, drills and simulations, and post-event plans and responses. Of note, post-event plans and responses are crucial because they prioritize the mental health and well-being of those affected by active shooter events, which often are the nurses at the bedside with the patients. The nurse leader has an opportunity to ensure these plans reduce the risk of long-term psychological consequences and contribute to healing and resilience of front-line nurses and other health care facility staff. Taking care of our health care teams is an important aspect of active shooter plans. And for the safely of all – staff, visitors and especially our most vulnerable patients – health leaders should prioritize this vital undertaking to ensure a safer health care environment in the future. ◆

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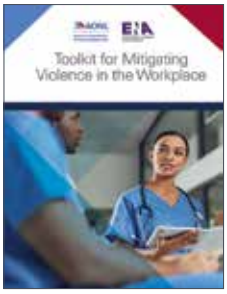
Prepare for the Certified Nurse Manager and Leader (CNML) exam through four facilitator-led virtual sessions covering the four practice areas included on the exam. This course also includes a review of strategies and tips to strengthen exam-taking skills and interactive discussions with faculty and peers. For more information, visit **aonl.org/education/cnml-review**.

Leadership Lab for Nurse Managers

Jan. 18 – July 18

This virtual program focuses on the leadership development of nurse managers. Led by course facilitator Barbara Mackoff, EdD, participants will engage in online discussions, monthly videos and articles around each of six key leadership practices. Read more at **aonl.org/education/leadership-lab**.

Violence Prevention Resources for Nurse Leaders



AONL and its parent organization The American Hospital Association (AHA) offer resources to help hospitals and health systems protect their employees and patients, AONL and the Emergency Nurses Association updated their *Guiding Principles on Mitigating Workplace Violence* in 2022. This update – using new research and incorporating best practices – provides a toolkit for leaders to customize a workplace violence prevention program. Please visit **aonl.org/resources/guiding-principles** to learn more. In addition, the AHA's Hospitals Against Violence initiative offers resources addressing preventing workplace violence, combatting human trafficking, supporting victims of mass violence incidents and using a public health approach to address gun violence. For more information, please visit **aha.org/hospitals-against-violence**.

Administrative Supervisors Program

Feb. 21

Administrative Supervisors: Equip Yourself to Lead From Dusk to Dawn is for administrative supervisors working night and weekend shifts when unit managers and directors are not in the hospital. Presented through a collaboration with the Organization of Nurse Leaders – New Jersey, this virutal program will empower new and experienced administrative supervisors to practice more effectively within 60 days of returning to their practice settings. For more information, visit **aonl.org/education/adminsupervisors**.

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Creating safety

Urgency surrounds the need for sustainable solutions that address the underlying causes of stress and burnout. Given the complexity of the challenges, creating a safe and healthy work environment is essential for patients and clinicians. Addressing workplace violence is paramount for clinicians' well-being and for fostering a healing environment for patients. With health care leaders, caregivers, policymakers, law enforcement and communities, we will systematically address workplace violence. This month's issue of Voice of Nursing Leadership focuses on the work of nurse leaders to make health care environments safer for everyone – staff, patients and visitors.

A few months ago, I asked a conference room full of nurse leaders how many of them had been a victim of verbal or physical violence in the workplace. Nearly three-quarters of the audience raised their hands. I then asked how many had reported the violence. As expected, the raised hands were too few. Many of us, myself included, rationalized that violence was related to our patients' substance abuse, psychiatric illness or dementia.

We know better and need to do better. The U.S. Department of Labor reported that compared to private industry, workers in hospital settings are eight times more likely to experience nonfatal violence-related injuries from other persons (22.8 vs. 2.9 incidents per 10,000 full-time workers). Nurses experienced verbal and nonverbal aggression from authority figures (23%) and peers (31%), as well as verbal and/or physical threats by a patient or patient's family member (35%).

As leaders, we are responsible for protecting our clinical teams and our patients. It is essential nurse leaders recognize workplace violence and institute a comprehensive approach addressing all forms of violence. We need to build a foundation supporting a culture of safety where health care professionals, patients and visitors feel safe. AONL and the Emergency Nurses Association developed guiding principles to assist nurse leaders in implementing measures to decrease and mitigate violence within the health care environment. These guidelines are outlined on the AONL website.

It is our responsibility to protect our patients and teams in our own organizations, but our voice is needed to enact federal change. Last year, U.S. Reps. Madeleine Dean, D-Penn., and Larry Bucshon, MD, R-Ind., reintroduced the Safety from Violence for Healthcare Employees (SAVE) Act. This bill, which is modeled after current protections for aircraft and airport workers such as flight crews and attendants, would create legal penalties for individuals who knowingly and intentionally assault or intimidate hospital employees.

Currently, no federal law protects hospital employees from assault and intimidation. This bill would criminalize assault or intimidation of hospital employees – with protections for individuals who may be mentally incapacitated due to illness or substance use. Enhanced penalties for those who knowingly assault and intimidate hospital employees will deter further violence and ensure future offenders are given proper punishments for their crimes.

This quest for a violence-free environment is a collective journey, demanding the unwavering commitment and concerted efforts of interprofessional teams spanning leadership, in addition to staff, patients and visitors alike. Regardless of position or discipline, accountability for upholding nonviolent standards is a universal imperative. Encouraging health care teams to proactively identify and address violence in the workplace is key to building a healthy workplace.

Ultimately, addressing workplace violence serves as a linchpin for ensuring a robust and healthy profession. Nursing is valued for its specialized knowledge, skill and caring; it is based on a social contract from which the nurse is granted privileges and in turn held accountable to the public. Therefore, we need to establish the standards for a safe and healthy care environment for our clinicians and for the patients we serve.

As your president, I will keep safety and a violence-free work environment a priority and look forward to the year ahead. ◆

AHA 2024 Health Care Workforce Scan Available

The 2024 American Hospital Association Health Care Workforce Scan provides trends, expert insights and practical recommendations to aid hospitals in retaining and attracting staff while supporting their well-being and resiliency. The scan is drawn from authoritative reports and contains case studies of hospitals building sustainable talent pipelines and supporting staff well-being, satisfaction and safety. It is available to download at **aha.org./aha-workforce-scan**.

Virtual Nurse Manager Institute

March 7, 14, 21

Nurse managers can develop the critical management skills needed to be an effective leader with the Nurse Manager Institute. Through a blend of online content and live sessions, they will engage with expert faculty and other participants while developing leadership and management skills to increase impact in their organizations. Topics covered include budgeting, the art of negotiation and handling conflict. For more information, visit **aonl.org/nmi**.

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