Decoding the Workplace Violence Matrix: Connecting the Dots Beyond Incident Reports

SPEAKERS

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System Overview

\$11.4B not-for-profit Catholic health system¹





23 hospitals





9 post-acute facilities



15,000 physicians/providers



19 managed hospitals/affiliate relationships



490+ physician office/outpatient sites



58 counties served by SSM Health at Home



17.7M members across 50 states - Navitus PBM



433,000+ covered lives - Dean Health Plan



234,979 virtual visits in 2024

¹2024 Revenue ²2024 Total



How would you rate the current state of workplace violence prevention in your organization?

Ends in:



on total participants | 0 votes 1/1





Könnect

Have you ever been...

- Verbally harassed?
- Intimidated?
- Threatened?
- Obscene phone calls or cyber communication?

- Gang violence?
- Physically assaulted?
- Threatened or attacked with a weapon?

- Property damaged?
- Robbed?
- Bomb threat?
- Stalked?
- Taken hostage or kidnapped?



Barriers to reporting

- It's just part of the job
- Fear of being blamed and/or retaliation
- Belief nothing will change
- Perceived lack of support from; employer, leader, organization, law enforcement

- Belief the event wasn't bad enough to warrant reporting
- Lack of agreement on what is workplace violence





Workplace Violence Defined

Workplace Violence: any threat or act of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs while at the work site. It can affect and involve incidents of violence or aggression between coworkers, people with no connection to the workplace, customers, patients, visitors, former staff, or an individual with personal or domestic relationships with a staff member, and may involve any of the following examples:

- 1. Verbal, physical, or psychological threats including bullying and cyberbullying, threats of violence posted on social media and threats to inflict bodily harm;
- 2. Verbal harassment including abusive or offensive language, gestures, spitting, and slander;
- Disorderly conduct including shouting, throwing objects, pushing objects, damaging of equipment or property, punching walls, and slamming doors;
- 4. Threats or physical attacks with weapons or objects;
- 5. Intentional, or **unintentional** physical attacks and **attempts to cause physical harm** by hitting, pinching, grasping, grabbing, biting, pushing, scratching or any unwanted physical contact; and
- 6. Any threat or act of sexual physical contact, including sexual harassment, sexual assault, or sexual misconduct.

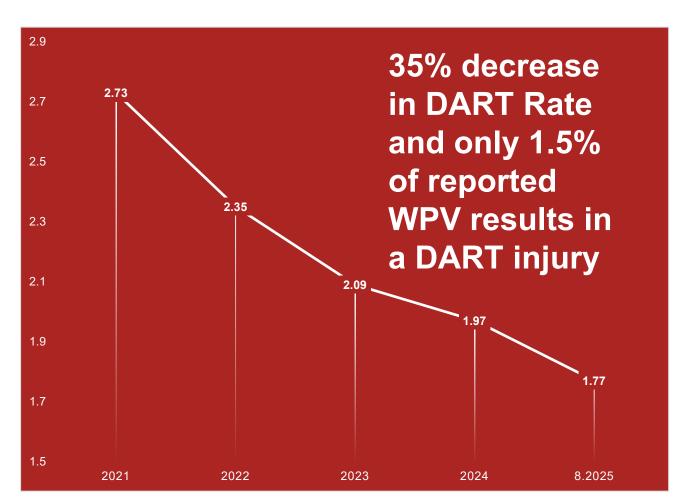


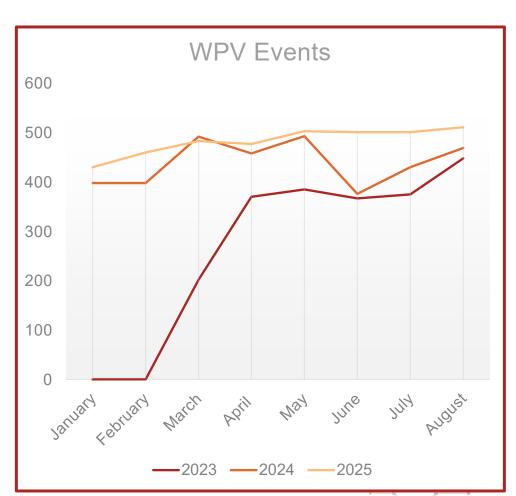
Iterative Process: A Phased Approach





Current State DART and Reporting



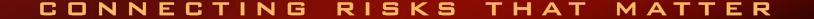


OSHA Days Away, Restricted, or Transferred Rate (DART)





Connecting the Dots with Security





"But it's already in Riskonnect!"

- Risk and Security in a shared database...
- But NOT a shared record
- Events documented, but not reported







Consequences of missed event reports:

- Lack of support for security team members
- Culture: treating violent events as "just part of the job"
- Asking security to double-document
- Underreporting and missed learnings





"Do we actually think this is going to do anything?"

Connecting Reports

Link to Event Reporting

Automated Conversion!







Connecting the Dots with Department Leaders



A Much-Reviewed Process

- Existing Infrastructure: Patient and Employee Event Reviews
- Problems with multiple reviews:
 - Double-documentation
 - Loss of trust/effort
- No specific Workplace Violence review!

Why ask for a review?





Why do we ask for a review?

- Nudge leaders to look at and participate in debrief forms and other tools
- Get leaders thinking about prevention work
- Create opportunities to see interesting/unexpected combinations of data
- Ultimately, promote customization of care to prevent future episodes

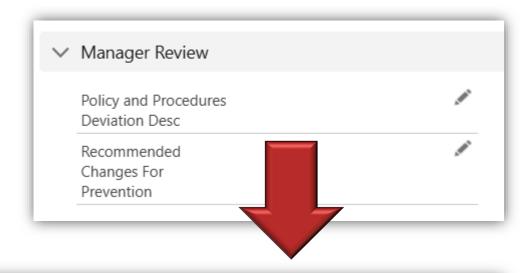




A Focused Review

- Fewer questions
- Plain language (not field names)

Separate reviews for injury / non injury



✓ What do we need to change or	add to keep this from happening again?
Recommended Changes for Prevention	
→ Did we follow procedure? Describe any potential gaps from policy / procedure.	
Policy and Procedures Deviation Desc	



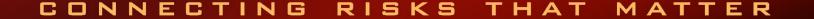
Learning Teams – Names Matter

- Reduce stress and risk of retraumatization
- Foster a mindset of curiosity, compassion and continuous improvement
- Small expert laden nimble teams:
 - Security
 - Behavioral Health (BH)
 - Risk Management
 - Care for Caregivers
 - Non-BH Clinical Leader





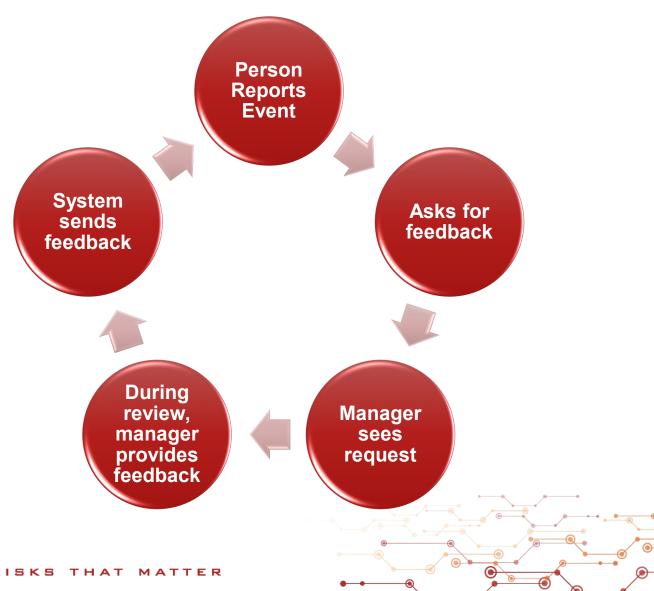
Connecting the Dots: Closing the Loop





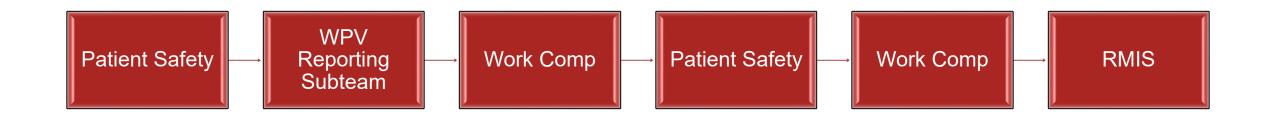
Closing the Loop: A Personalized Response

- Reporter Feedback
 - Actively check a box for feedback
 - Tells them this is possible!
 - Limits the ask for managers
 - Lets us track request vs action
 - Part of the Manager Review
 - Automatically send to reporter





EAP Information: A Successful Collaboration



Success!

Thank you for reporting the event.

SSM Health offers comprehensive well-being resources to support you in both your work and personal life, including Employee Assistance Program (EAP) resources. You may contact EAP at 1-800-356-0845 or access the information via the intranet at https://ssmhealth.sharepoint.com/sites/Wellness/

Your event # is: EV251377895



No More Dodging Let's Design Safety

Workplace violence isn't just an incident—it's a signal



- Understanding the environments, behaviors, and systems that shape them
- "Why" vs. "Who" (learning vs. building)
- Engage your Learning Team—names matter, voices matter
- Use Riskonnect not just to report, but to reveal
- Share what you learn—because safety grows when knowledge flows

In this matrix, the red pill isn't escape—it's awareness. Let's choose to wake up, connect the risks that matter, and rewrite the code for a safer workplace.



Questions?

CONNECTING RISKS THAT MATTER

MATRIX

Thank You!



Connect with us.

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