Work Place Violence Update

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Division of Health Care Improvement
The link between the **work environment** and patient safety is not a new concept *(IOM Report, 2004)*

The IOM report, *Keeping Patients Safe: Transforming the Work Environment of Nurses*, emphasizes the importance of the work environment in which nurses provide care.
State hospital staff labors in fear

Doctors have been assaulted four times since federal control over the facility ended.
<table>
<thead>
<tr>
<th>Category</th>
<th>2013-2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Reported</td>
</tr>
<tr>
<td>Homicide</td>
<td>events</td>
</tr>
<tr>
<td>Assault</td>
<td>reported</td>
</tr>
<tr>
<td>Rape</td>
<td>events</td>
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</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
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<tbody>
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<tr>
<td>Other Patient</td>
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<tr>
<td>Relative or</td>
<td>12</td>
</tr>
<tr>
<td>significant</td>
<td>other</td>
</tr>
<tr>
<td>Staff member</td>
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</tr>
<tr>
<td>Other</td>
<td>4</td>
</tr>
<tr>
<td>Assault</td>
<td>38</td>
</tr>
<tr>
<td>Patients</td>
<td>assaulted</td>
</tr>
<tr>
<td>by other</td>
<td>patients</td>
</tr>
<tr>
<td>assaulted by</td>
<td>patient</td>
</tr>
<tr>
<td>Staff</td>
<td>10</td>
</tr>
<tr>
<td>Other</td>
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<tr>
<td>Patient Injury</td>
<td>74</td>
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<tr>
<td>Vision loss</td>
<td></td>
</tr>
<tr>
<td>Brain/spine</td>
<td>injury</td>
</tr>
<tr>
<td>Fractures</td>
<td></td>
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<tr>
<td>Staff Injury</td>
<td>74</td>
</tr>
<tr>
<td>Brain/nerve</td>
<td>injury</td>
</tr>
<tr>
<td>Fractures</td>
<td></td>
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<tr>
<td>Stab wounds</td>
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<tr>
<td>Rape</td>
<td>74</td>
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<tr>
<td>Patients</td>
<td>raped</td>
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<td>Patients</td>
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<tr>
<td>staff</td>
<td></td>
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<tr>
<td>Other</td>
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<tr>
<td>Relative or</td>
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<tr>
<td>significant</td>
<td>other</td>
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Common causes: Breakdowns in staff communication, psychiatric assessment, patient observation, team training, policy compliance.
“Iceberg” of Workplace Violence Reporting

- Fear/Anxiety
- Stress/Vigilance
- Verbal Hostility/Bullying
- Threat of Assault
- Threat w/Weapon
- Assault
- Injury
- Lost-time Work Injury
What is Work Place Violence

- The National Institute for Occupational Safety and Health (NIOSH)
  - Any physical assault, threatening behavior or verbal abuse occurring in the workplace.

- The US Department of Labor
  - An action (verbal, written, or physical aggression) which is intended to control or cause, or is capable of causing, death or serious bodily injury to oneself or others, or damage to property. Workplace violence includes abusive behavior toward authority, intimidating or harassing behavior, and threats.
OSHA

OSHA requires employers to mitigate or prevent “recognizable hazards” which include workplace violence by:

- Insuring employees are involved and educated on process
- Evaluating worksites to ensure safety requirements are met
- Hazard prevention through the use of “panic alarms” or metal detectors
- Safety and Health Training is provided
- Compliance with the program must be documented
- OSHA fined a hospital $78,000 for ‘dozens’ of incidents involving patients and staff; one nurse sustained severe brain injuries
Types of Workplace Violence

- Threat
- Vandalism
- Sabotage
- Stalking
- Physical Assault
- Sexual Assault

- Domestic violence
- Attempted Homicide
- Homicide
- Product Contamination
- Arson/bombing
- Terrorism
Typology From U.S. Workgroup

**Type I** – Criminal intent

**Type II** – Customer/client/patient

**Type III** – Co-worker

**Type IV** – Personal (Domestic Violence coming to work)
# Examples of Work Place Violence in the USA

## Types of Workplace Violence

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
<th>Example</th>
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</thead>
<tbody>
<tr>
<td>I</td>
<td>Perpetrator has no association with the workplace or employees</td>
<td>Person with criminal intent commits armed robbery</td>
</tr>
<tr>
<td>II</td>
<td>Perpetrator is a customer or patient of the workplace or employees</td>
<td>Intoxicated patient punches nurse’s aid</td>
</tr>
<tr>
<td>III</td>
<td>Perpetrator is a current or former employee of the workplace</td>
<td>Recently fired employee assaults former supervisor</td>
</tr>
<tr>
<td>IV</td>
<td>Perpetrator has a personal relationship with employees, none with the facility</td>
<td>Ex-husband assaults ex-wife at her place of work</td>
</tr>
</tbody>
</table>

Aggravated Assault by Workplace Violence Type in U.S. Hospitals 2012-2015

Source: 2016 Healthcare Crime Survey produced by the International Association for Healthcare Security and Safety
2016 Healthcare Crime Survey

Source: 2016 Healthcare Crime Survey produced by the International Association for Healthcare Security and Safety
Shootings in Hospitals

- From 11 years of data researchers found that 23% of shootings in the ED occurred from the perpetrator’s taking of a gun from Security Personnel or Police.
  - 73% of these shootings occurred in non-rural areas.
  - The ED and the area around it was the most frequent location of hospital shootings.

*IOFM, Security Director’s Report- December 2012
Shootings in Hospitals

Most frequent victims are:
1. Perpetrators (45%)
2. Hospital Staff (20%)
3. Patients (13%)
4. Visitors (8%)
5. Security Officers/Police (5%)

*IOFM, Security Director’s Report- December 2012
Shootings in Hospitals

The most common motives are:
1. A grudge (27%)
2. Suicide (21%)
3. Ending the life of an ill relative (14%)
4. Escape attempts by patients in police custody (11%)

*IOFM, Security Director’s Report- December 2012
The magnitude of workplace violence among healthcare occupations:

- **21 percent** of registered nurses and nursing students reported being physically assaulted—and over **50%** were verbally abused—in a 12-month period (n=3,765 nurses).

- **12 percent** of emergency nurses experienced physical violence—and **59%** experienced verbal abuse—during a seven day period (n=7,169).

- **13 percent** of employees in Veterans Health Administration hospitals reported being assaulted in a year (N=72,349 at 142 facilities).
Estimated Rates of Nonfatal Workplace Violence in Health Care by Industry Using Three Federal Data Sets

Bureau of Labor Statistics Data 2013 (per 10,000)

- Private: Overall 2.8, Hospitals 14.7, Nursing Care 35.3
- State Government: Overall 32.8, Hospitals 156.8
- DHHS: Overall 10.6, Nursing Care 1.8
- BOJ: Overall 32.9, Hospitals 2.8, Nursing Care 5
Rates of Work Place Violence with Injury Requiring Missed Work Days

Rates shown are rates of violent episodes resulting in injury-related missed work-days per 10,000 workers in private industry, state industry, private health care and social services and state health care and social services 2012-2014.

Estimated Number of Health Care Workers Reporting at Least One Nonfatal Workplace Violence-Related Assault, 2009-2013

Source: GAO analysis of Bureau of Justice Statistics (BJS) National Crime Victimization Survey (NCVS) data | GAO-16-11
By Health Care Related Occupation

Number of Injury Cases per 1,000 workers

- **Nursing Assts**
  - Private Industry: 26.6
  - State Govt: 156.7
  - Local govt: 57.7

- **Psychiatric techs**
  - Private Industry: 122.6
  - State Govt: 134
  - Local govt: 157.3

- **Psychiatric aides**
  - Private Industry: 439.5
  - State Govt: 579.5
  - Local govt: 116.6

- **Workers overall**
  - Private Industry: 1.5
  - State Govt: 18.1
  - Local govt: 8.2

Number of nonfatal workplace violence cases in healthcare 2011 (by source)

**BLS SOII**
- Employees
- Injuries related to taking days off work
- **22,250**

**HHS NEISS-Work**
- Hospitals
- Injuries resulting in employees going to emergency department for treatment
- **64,600**

**BJS NHVS**
- Individuals
- Assault while working on duty
- **80,710**

States With Enhanced Penalties For Violence Against Health Care Workers

- No enhanced penalties
- Protection for first responders and EMS only
- Protection for nurses and others (laws vary by state)
Illinois Law

Illinois (405 ILCS 90)

Who is covered: Mental health and developmental disability facilities

Penalties for perpetrators: Yes

Illinois' law requires a violence prevention plan to be implemented based on findings from a risk assessment and record review. The plan must be reviewed at least once every three years and must take into account the facility's physical layout, personnel policies, first-aid and emergency procedures, reporting of violent acts, and employee education and training. All affected employees must be trained within 90 days of their start date, and they must receive periodic refresher training. The facility must keep records of workplace violence incidents.

Source: OSHA 2016
Accreditation

Environment of Care

EC 02.01.01

• The hospital manages safety and security risks.

Emergency Management

EM 02.02.05 EP3

• The emergency operations plan describes how the hospital will coordinate security activities with community agencies (police, sheriff, national guard, fire and rescue, federal agencies).

Leadership

LD 03.01.01 and LD 04.04.05

• Leaders create and maintain a culture of safety and quality throughout the hospital.
• The hospital has an organization wide, integrated patient safety plan within it’s performance improvement activities (enables reporting, tracking and analyzing incidents to inform proactive and reactive risk reduction).
Joint Commission Recognizes Importance of Healthy Work in Health Care (JC, 2013)

- Consistent with Principles of High Reliability Organizations
- Encourages leaders to make patient and worker safety core organizational values
- Identifies opportunities to integrate patient and worker safety activities across departments and programs
- Implementing and maintaining successful worker and patient safety improvement
- Identifies Research Gaps
- Case Examples of Interventions (some in VHA)
Medical Center Shooting

- The Medical Center campus covers a large tract of land.
- The hospital owned Ambulatory Center (AC) sits across the street from the medical center and is connected by a pedestrian bridge.
The ambulatory center consists of three stories with the third floor leased to private physician practices.

On the day of the shooting a patient, accompanied by his case worker, went to the third floor of the ambulatory center for an appointment.
Medical Center Shooting (cont.)

- During the visit with the psychiatrist, the patient became loud and argumentative.
- The patient fatally shot the case worker and injured the psychiatrist.
- The psychiatrist returned fire and injured the patient.
Systems Improvements and Follow-Up Actions

- Improve staff reporting of potential safety risks
- Develop a Field Safety Policy
- Complete a Safety Risk Assessment
- Enhance Video Surveillance
- Implement Mental Health First Aid Training
- Implement Crisis Emergency Response Team Training Program
- Implement Work Place Violence Prevention and Colleague Safety Program
Workplace Violence Prevention is a comprehensive process involving multiple stakeholders

- Employees/Unions
- Security and Law Enforcement
- Occupational Safety Professionals
- Clinical Care Services
- Patients/Customer Services
- Legal and Regulatory Systems
- Leadership (all levels)
## Environmental Safety/Hazard Assessment

### Location

<table>
<thead>
<tr>
<th>Facility</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Staffing</td>
<td>• Weather</td>
</tr>
<tr>
<td>• Census</td>
<td>• Traffic</td>
</tr>
<tr>
<td>• Floor Plan</td>
<td>• Address</td>
</tr>
<tr>
<td>• Alarms</td>
<td>• Reception</td>
</tr>
</tbody>
</table>

**Factors**

- **Dynamic**
  - Staffing
  - Census
- **Static**
  - Floor Plan
  - Alarms
  - Weather
  - Traffic
  - Address
  - Reception
Disruptive and Violent Behavior Incident Reporting

**Challenge**

**20% Reporting Rate**
- Similar rate internationally, across health care systems
- Multiple probable causes:
  - Competing demands—reporting takes time
  - Not want to “label” patients
  - Concern for own reputation
  - Beliefs as to whether reporting will do any good

**Solution**

**Successful Reporting Systems:**
- Accessible
- Short and Simple
- Trusted and Secure
- Optional Anonymity
- Result in Identifiable Outcomes
- Labor *and* Management Support

Mario Scalora, PhD
Association of Threat Assessment Professionals, 2014
OSHA Framework for Workplace Violence Prevention

- Management Commitment and Worker Involvement
- Worksite analysis
- Record Keeping and Program Evaluation
- Safety and Health Training
- Hazard Prevention and Control
Work Place Violence Prevention Training

Should include the following:

- Review of facility’s relevant policies
- Techniques to de-escalate/minimize violent behavior
- Verbal and physical self defense skills
- Reporting requirements/procedures
- Warning signal recognition
- Resources to cope with post-incidents
## Safety and Health Management System: Summary

<table>
<thead>
<tr>
<th>Safety and Health Management System</th>
<th>Overview</th>
<th>Work Place Violence Prevention Element</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Management and Leadership</strong></td>
<td>Communicate commitment to safety and health, document performance, make WPVP a top priority, establish goals and objectives, provide resources and support and set a good example.</td>
<td>Management commitment and worker participation</td>
</tr>
<tr>
<td><strong>Employee Participation</strong></td>
<td>Employees are involved in all aspects of the program, feel free to communicate and report safety concerns to management.</td>
<td>Management commitment and worker participation</td>
</tr>
<tr>
<td><strong>Hazard Identification and Assessment</strong></td>
<td>Policies and procedures are in place to continuously evaluate risks. There are initial and ongoing assessment of hazards and controls.</td>
<td>Work site analysis and hazard identification</td>
</tr>
<tr>
<td><strong>Hazard Prevention and Control</strong></td>
<td>Processes, procedures and programs are implemented to eliminate or control work place violence. Progress is tracked.</td>
<td>Hazard prevention and control</td>
</tr>
<tr>
<td><strong>Education and Training</strong></td>
<td>All employees have education and training on hazard identification and controls and their responsibilities under the program.</td>
<td>Safety and health training</td>
</tr>
<tr>
<td><strong>System Evaluation and Improvement</strong></td>
<td>Processes are established to monitor the systems performance, verify implementation, identify deficiencies and opportunities for improvement and take actions to improve overall safety and health performance.</td>
<td>Record keeping and program evaluation</td>
</tr>
</tbody>
</table>

Review and Conclusions

- Improve understanding of violence in health care settings
  - No universal strategy exists to prevent violence
  - Risk factors vary from facility to facility
- Review of current standards and tools
- Consider new alliances
- Disseminating prevention strategies and toolkits
- Collaborate with stakeholders
Application of Lessons Learned

- *Sentinel Event Alert*, Issue 45: Preventing violence in the health care setting

- *Quick Safety*, Issue Four, July 2014: Preparing for active shooter situations

- *Quick Safety*, Issue Five, August 2014: Preventing violent and criminal events
TIME FOR QUESTIONS
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