

Collective Medical

Helping Providers Take a Stand Against Workplace Violence

Over 70 percent of workplace assaults annually occur in the healthcare and social service settings.¹ But people don't go into healthcare to get hurt at work. There are strategies that can be implemented to better protect staff, not only in individual locations or communities but across the nation.

Challenges that make the health sector more vulnerable to violence include the opioid epidemic, financial stressors, crowded or chaotic emergency departments (EDs), and gaps in care for those struggling with behavioral or mental health conditions.

In 2016, U.S. hospitals and health systems spent over \$1.5 billion on proactive and reactive efforts to address workplace violence.² This includes \$1.1 billion spent on security, training, and procedure development. An additional \$429 million was spent as a result of staff turnover, needed medical care, and absenteeism after violent acts against healthcare workers were committed.

All healthcare professionals, especially those interacting directly with patients, are at significant risk of experiencing workplace violence.

Workplace Violence in Different Care Settings

A 2018 American College of Emergency Physicians (ACEP) survey shows that nearly 70 percent of emergency physicians believe violence in the ED has increased in the last five years.⁴ In another survey, 78 percent of emergency medicine residents and physicians reported at least one incident of workplace violence occurred in the last twelve months.⁵

While the ED is at particularly high risk, workplace violence can occur in any healthcare setting:

- Hospitals
- Long-term care facilities (nursing homes)
- Ambulatory facilities (primary care or community clinics)
- Patient homes (social and home healthcare workers)
- Mental, behavioral, or substance use disorder (SUD) clinics

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Workplace Violence: Defined

There isn't one clear definition of workplace violence. However, the majority of existing definitions include physical (including sexual) assault, threats, and homicide. Many definitions also include aggressive behavior, harassment, stalking, offensive language, bullying, or any event involving firearms or weapons.

Occupational Safety and Health Administration (OSHA), part of the U.S. Department of Labor, defines workplace violence as:

"...any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. It ranges from threats and verbal abuse to physical assaults and even homicide. It can affect and involve employees, clients, customers and visitors."³

A Widespread Problem, Without Widespread Legislation

The only federal law around workplace violence prevention is the General Duty Clause of the Occupational Safety and Health Act (OSHA) of 1970. The clause states that employers are required to provide an employment environment "free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees."⁶

OSHA doesn't currently require employers to implement prevention plans but may cite those who don't comply with the General Duty Clause. To warrant a violation, OSHA inspectors would need to decide an employer had failed to protect employees from hazards known to cause harm.

However, 97 percent of workplace violence assaults in the ED are committed by patients, making patients the "hazard."⁴ This barrier makes it difficult for hospitals and health systems to address the issue and protect staff who have normalized violence as just part of the job.

On the state level, seven states require employer-run workplace violence programs.⁷

Most states have laws with established or increased penalties for assaulting nurses. However, the reporting rate of incidents is only 30 percent for nurses and 26 percent for physicians.⁸ Appropriate legal action for assaulting healthcare professionals can't effectively be taken when *70 percent or more of workplace violence incidents aren't reported.*

Reasons for not reporting incidents or pressing charges⁹ include:

- Not thinking the perpetrator is responsible for their actions
- Being unaware that pressing charges was an option
- Complex legal systems
- Fear of retribution
- Staff or administrative disapproval

California currently has the strictest workplace violence law in place. SB 1299, which went into effect in 2017, requires hospitals to adopt a workplace violence prevention plan that includes education, training, coping resources, reporting, and a system for responding to and investigating incidents.¹⁰

National legislation, such as H.R. 1309, has been introduced and supported by organizations like ACEP.¹¹ H.R. 1309 would require the Department of Labor to address workplace violence in healthcare by requiring certain employers to implement workplace violence plans.¹² Employers would be required to provide training and education, investigate incidents and potential risks promptly, keep records, and prohibit discrimination against employees who report incidents or concerns.

CHI St. Anthony Hospital

“I convinced the staff that if they would document the level of workplace violence that was actually occurring, the hospital would recognize that there was an issue and do something about it.”

**-Steve Hardin
ER and RT Manager**



For CHI St. Anthony, the first step toward a safer workspace was to change the attitude and culture surrounding workplace violence. Steve Hardin, ER and RT Manager at CHI St. Anthony explains:

“It’s taken us a year and a half to instill the culture that any time someone yells at [the staff], abuses them verbally, is sexually inappropriate, or is physical, we need to document an incident report. The charge nurses follow up on it, and we follow up on it to document all those. That is the single biggest obstacle to any facility because the nurses will say ‘I’m busy. I don’t have time.’”

Collective provided a faster way, more streamlined way to report workplace violence using a platform that was part of existing workflows. Incident reports filed by charge nurses could be housed within the platform, and alert staff of potential risk for violence in the future. This increased reporting by 20 percent as staff finally began taking the time to accurately document these incidents in the platform.

With a more accurate understanding of the security risks present at the hospital, corporate staff at St. Anthony took notice. Hospital leadership granted additional resources to address the issue, allowing the rural Oregon hospital to get its own security team—including guards on nights and weekends—which helped decrease response times in the event of a safety incident.

Recording safety events has also helped nurses and physicians at St. Anthony (and beyond) identify patients with a history of violence when those patients return. In addition, staff members are being sent to de-escalation, violence prevention, and restraint classes. This gives nurses and physicians knowledge of how to address issues, set patient expectations, and respond in the event of workplace violence.

Torrance Memorial Medical Center

“There are a lot of workplace threats taking place that are alarming. I think a lot of us in medicine have adopted the attitude that behaviors we wouldn’t tolerate in normal society are okay in the ED, including verbal and physical abuse. Taking care of patients has become a dangerous job, and it’s not supposed to be.”

**-David Presser
MD, Emergency Medicine**



Without a clear knowledge of a patient’s medical history, it can be nearly impossible to properly care for patients, especially complex patients with a history of violence.

Case managers, nurses, social workers, and physicians at Torrance Memorial Medical Center, a non-profit medical facility in Southern California decided on unified care plans that meet the needs of vulnerable complex patients with patterns of high ED utilization. They agreed to store these plans in the Collective Platform, where they’d be accessible for staff both inside and outside of the four walls of the medical center.

Torrance Memorial staff are able to flag patients that have had or may have a violent incident and alert security when these patients present at the ED. Patients are then moved to an isolated area where security personnel can screen the patient for weapons or other harmful objects.

The patient is then escorted to an examination room where a nurse or physician can safely and confidently provide quality care. Dr. David Presser, Emergency Medicine at Torrance Memorial Medical Center explains:

“Knowing the plan beforehand has given our providers the confidence beforehand to know that they can handle these situations with violent patients if they arise and helped us feel like we have control over the safety of our environment. But it has also helped us work from our points of strengths. With patient info readily accessible, we can prescribe medications and treatments from a point of knowledge, better transition patients to appropriate outpatient care settings, and look at the patient health holistically for overall better outcomes.”

Using Collective, Torrance has not only been able to track and address workplace violence but has reduced unnecessary ED utilization by 57 percent.

Strategy for Success

Integrate Security Alerts Into Existing Workflows

Knowing that a patient could potentially pose a workplace threat is often half the battle. But in an age of heightened technological advances, a flood of informative “alerts” has led to alert fatigue. Between EPIC boards, computerized provider order entry (CPOE) systems, and physiologic monitoring systems alone, the average patient triggers a minimum of 187¹⁴ warnings to hospital providers per day. Which means more and more of these alerts are being overlooked in the fast pace of the ED.

Knowing this, one prominent Oregon hospital network decided to integrate security notifications into their widely-used EPIC board. Having these alerts as part of existing workflow makes it easier for staff to see and act accordingly while avoiding additional alert fatigue. One ED physician shares:

“There are further steps in the work to make this process of identifying and caring for high-risk patients more uniform for those participating. As we continue to streamline access to, and sharing of, these notifications and actionable care plans, we’ll be better able to meet the clinical needs of our patients coming in while maintaining staff safety.”

Strategy for Success

See Something, Say Something

It’s important to communicate with nurses, physicians, security personnel, and others dealing with workplace violence regularly. Fear of disapproval of other staff or administration was one reason that nearly 79 percent of surveyed mental health employees cited for not pressing charges after considering it. Including those who regularly face workplace violence when creating these plans or committees for safety will ensure the staff feels supported and prevent staff turnover.⁹

A hospital in northern California adopted an “if you see something, say something” mentality, which empowered staff to report incidents. This helped the hospital start tracking safety and security events, which may ultimately allow for more accurate reports and trend analysis.

Encourage all employees to adopt a similar attitude and give them the resources they need to handle situations, both during an act of workplace violence and afterward. These resources could include:

- Medical care
- Coping resources
- De-escalation techniques
- How and where to document incidents
- How to intervene
- When to call security or 911
- Codes to use in case of violence
- How to file police reports or press charges

Establish a Zero-Tolerance Policy

According to OSHA, “One of the best protections healthcare employers can offer their workers is to establish a zero-tolerance policy toward workplace violence.”¹³ Effective policies should cover all workers and anyone who comes into contact with workers.

In a worst-case scenario, patients can be asked to seek care elsewhere unless they’re in an emergency situation. For those working in emergency medicine, reviewing hospital rules and asking patients to sign a behavioral contract can help enforce a zero-tolerance policy and keep staff safe.

At one California hospital, a patient assaulted seven different staff members within a 72-hour window. The second time he presented at the ED, staff received a notification from Collective the moment he checked in. A senior manager apologized for the patient’s bad experience during his prior visit. He also went over hospital rules, outlined consequences for violent and other inappropriate behavior, and told the patient to let him know if he was dissatisfied during this visit.

The patient didn’t assault anyone over the next 96 hours he was at the hospital, allowing staff to effectively care for him and all other patients during that time. Using this zero-tolerance policy, the hospital has reduced instances of assault by 40% and increased employee retention.

Increase Security & Decrease Avoidable Risks

Nearly half of surveyed emergency physicians believe increasing security is the most important thing hospitals can do to increase safety in EDs.⁴ While circumstances and concerns may differ, increased security is a simple thing that can be implemented in virtually every healthcare setting.

Minimize risk and keep employees safe using these OSHA guidelines:¹

- Install metal detectors and alarms
- Have uniformed and/or plainclothes security guards on site
- Require key card access throughout the facility
- Enclose nurses’ stations
- Require workers to report incidents
- Add curved mirrors and security cameras
- Protect reception areas with bullet and shatterproof glass or other enclosures

About Collective Medical

Collective Medical provides the nation's largest and most effective network for care collaboration.

Collective allows healthcare providers to help keep one another safe by notifying care teams across health systems, communities, states, and the country of safety or security risks. Types of events captured in the Collective Platform include physical assault, verbal threats, theft, sexual assault, self-harm, and infectious disease.

Collective's risk-adjusted event notification and care collaboration platform spans across all points of care—including hospitals, payers, behavioral and physical ambulatory, and post-acute settings. The Collective Platform pulls from the network to identify at-risk, complex patients and shares actionable, real-time information with diverse care teams, leading to better care decisions. With Collective, provider decisions and plans become a collaborative effort between team members—improving patient outcomes by executing on a single, shared, and consistent plan of care.

Learn more about how you can protect your staff, address the workplace violence crisis, and better support patients.

www.collectivemedical.com

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