WHITEPAPER

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]

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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]

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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

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.

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]

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 charges[9] 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

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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.

Without clear legislation, it can be difficult to confront workplace violence in healthcare. However, there are things providers and staff can do right now to better protect staff. Care collaboration technology is one solution at the forefront of addressing safety and security concerns in healthcare. In the following section, you'll find success stories of hospitals using ADT-based collaboration technology to document, track, and prevent events of workplace violence.

Strategy for Success: CHI St. Anthony Hospital

For CHI St. Anthony, the first step toward a safer workspace was to change the attitude and culture surrounding workplace violence. Charge nurses started filling out incident reports, which a community worker then added to Collective's platform. St. Anthony saw a 20 percent reporting increase once staff began accurately documenting these incidents in the platform.

"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," said Steve Hardin, ER and RT Manager at CHI St. Anthony Hospital. The corporate staff at St. Anthony took notice, and leadership granted additional resources to address the issue. This allowed the rural Oregon hospital to get security—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.

CHI St. Anthony Outcomes

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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.[9]

Sutter Roseville Medical Center 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 ultimately allows for more accurate reports and trend analysis.

Resources to Give Employees

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

Strategy for Success: 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 a large medical center in Northern California, a patient assaulted seven different staff members within a 72-hour window. The second time he presented at the ED, staff received a real-time, ADT-based notification the moment he registered. 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, allowing staff to effectively care for him and all other patients during that time.

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Strategy for Success: 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

Dedicated Security Team

A health system in Northern California brought on several former DEA, FBI, law enforcement, and military professionals to work on security teams. These teams use Collective's platform to track security trends, identify threats, and create strategies to keep hospital staff safe. Real-time ADT data allows the security team to act quickly and has resulted in *a 40 percent reduction in assaults.*

Success Story: Torrance Memorial Medical Center

Providers at Torrance Memorial Medical Center in Southern California needed to find a way to better care for patients walking through hospital doors, particularly those with a history of violence. An interdisciplinary team of case managers, social workers, nurses, and physicians started meeting to discuss the needs of vulnerable patients. They created unified care plans that allowed providers to access insights wherever the patient went.

Torrance Memorial Medical Center Outcomes

Focusing on collaborative care plans not only helped staff address workplace violence, but also led to preliminary results showing a 57 percent decrease in ED utilization.

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About Collective Medical

Collective Medical provides the nation's largest and most effective ADT-based network for care collaboration. Our risk-adjusted event notification and care collaboration platform spans across all points of care—including emergency departments, hospitals, payers, behavioral and physical ambulatory, and post-acute settings. This technology integrates seamlessly with existing workflows and allows providers to identify and support at-risk patients in real time—avoiding preventable admissions and utilization and providing better care.

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

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