Workplace Violence in Healthcare
Disclaimer

The content and information presented in this program is intended to be used for general information and is not intended to be legal advice. Consult a licensed attorney-at-law to assist with specific situations that require legal advice or counseling.
Workers in hospitals, nursing homes, and other healthcare settings face significant risks of workplace violence.
Forms of violence to health care workers

- Biting
- Kicking
- Punching
- Pushing
- Pinching
- Shoving
- Scratching
- Spitting
- Name Calling

- Intimidating
- Threatening
- Yelling
- Harassing
- Stalking
- Beating
- Choking
- Stabbing
- Killing

Prevalence in Health Care

- A 2014 survey on hospital crime attributed 75% of aggravated assaults and 93% of all assaults against health care workers to patients or customers.
- According to OSHA, approximately 75% of nearly 25,000 workplace assaults reported annually occurred in health care and social service settings.
- Workers in health care are four times more likely to be victims than workers in private industry.
- The National Crime Victimization Survey showed health care workers have a 20% higher chance of being the victim of workplace violence than other workers.

Prevalence in Health Care

- Incidences are underreported
- Only 30% of nurses report incidences of WPV
- 26% of emergency department physicians report WPV
- Scope of WPV is difficult to recognize because of reporting mechanisms

Emergency departments, behavioral health care settings, extending care facilities, and inpatient psychiatric units

Common root cause of violence—lack of or inadequate behavioral health assessment to identify aggressive tendencies in patients.

Sentinel event data show 68 incidences of homicide, assault or rape of hospital staff workers over an eight-year period.

Worker-to-worker as well as patient-health care worker verbal abuse is common.
Unique Challenges

• Difficult to mitigate or prevent due to lack of information
• “Do no harm”
• Patient population
• “Part of the job” mentality
• Employees must react to unpredictable events with split-second decisions
• Compromises patient care
The faces of perpetrators
The faces of perpetrators
Most Common Characteristics

• Altered mental status
  – Dementia
  – Delirium
  – Substance intoxication
  – Decompensated mental illness
• Patients in police custody
• Providing care for potentially violent individuals
Other factors

- Stressful situations
- Lack of organizational policies and training
- Gang activity
- Domestic disputes
- Presence of firearms or other weapons
- Inadequate security
- Long wait times or crowding
Other factors

- Understaffing
- Staff working in isolation or areas without an escape
- Poor lighting or factors restricting vision
- No access to emergency communication
- Unrestricted public access
- Lack of community mental health care
Physician Practice Incident

- Parent and physician
- Negative reviews
- Response
- Future care
WPV comes with a high cost

- Harms workers—physically and emotionally
- Workman’s comp $$
- Replacement cost in overtime, temporary staffing, recruiting and training a replacement
- Higher turnover
- Deterioration of productivity and morale
- Compromised patient care
- Regulatory and accreditation requirements
“The organizational culture, principles, methods, and tools for creating safety are the same, regardless of the population whose safety is the focus.”


- Sentinel Event Alert 40: Behaviors that undermine a culture of safety
- Sentinel Event Alert 57: The essential role of leadership in developing a safety culture
- Sentinel Event Alert 59: Physical and verbal violence against health care workers
- Numerous standards that relate directly or indirectly to workplace violence.

The Joint Commission

• Leadership (LD) and Rights and Responsibilities of the Individual (RI)
  – Establish the framework for safety and security of all persons in the organization

• Provision of Care, Treatment and Services (PC)
  – Provide guidance addressing patient assessment interventions

• Environment of Care (EC)
  – Address the physical environment and practices that enhance safety

• Emergency Management (EM)
  – Address planning for more extreme risks of workplace violence
    • Active shooters, community unrest and terrorist attack
Det Norske Veritas Germanischer Lloyd (DNV-GL) quality management standards require accredited hospitals to "maintain safe and secure facilities that are designed and maintained in accordance with national and local laws, hospital policy, regulations and guidelines."

Standards further specify that "the Security Management System shall address issues related to abduction, elopement, visitors, workplace violence, and investigation of property losses and [shall] be proportional to the risk." (DNV-GL, PE 4, SR 3)
OSHA
Occupational Safety and Health Administration
No specific standard on the prevention of workplace violence

General duty to “furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees.”

Section 5(a)(1) of the Occupational and Health Act of 1970 (OSH Act)

Section 11(c) of the OSH Act provides protection for employees who exercise a variety of rights under the Act
OSHA Issues Largest Workplace Violence Citation in 2017

- $207,690 failure to abate citation and fine against UHS of Westwood Pembroke, Inc.-doing business as Lowell Treatment Center
- Failed to comply with multiple terms of a formal settlement to resolve violations identified in a 2015 inspection
- Follow-up inspection after hospital failed to provide documentation to show it had implemented a workplace violence program
Among other methods, feasible abatement measures include, but are not limited to the following:

- Evaluation and modification to the workplace violence policy;
- Review workplace violence incidents;
- Develop reporting structure for WPV concerns;
- Provide employees with readily available means of communication;
- Perform a workplace hazard assessment;
- Develop a recordkeeping system designed to report any violent incident;

Time frame for response 15 days
It’s not a matter of if...it’s a matter of when

- Calculate
- Avoid
- Reduce
- Transfer

Risk
Comprehensive Workplace Violence Prevention Programs: Building Blocks

1. Management commitment and employee participation
2. Worksite analysis and hazard identification
3. Hazard prevention and control
4. Safety and health training
5. Recordkeeping and program evaluation
Building Block #1: Management Commitment and Employee Participation

1. Commitment by management

2. Environment of trust

3. Create a written WPV policy and post it visibly - include verbal abuse

4. Joint management-employee committee

5. Address employee’s safety concerns in a timely manner

Building Block #2: Worksite Analysis and Hazard Identification

1. Risk factors
   a) Patients, clients and settings
   b) Organizational

2. Reviewing records, procedures and employee input
   a) Anonymous employee surveys
   b) Work-related injury logs
   c) Incident reports (include near misses)

Building Block #2: Worksite Analysis and Hazard Identification

d) Procedures

e) Look for trends or “hot spots”

3. Patient input
4. Walk through assessment
5. Include all locations

Building Block #3: Hazard Prevention and Control

Engineering Controls:

• Improve sightlines for staff
• Changing floor plans
• Improving lighting in remote areas or outdoor spaces for better visibility
• Installing mirrors
• Controlling access
• Enclosing areas or installing deep counters

Building Block #3: Hazard Prevention and Control

Administrative and work practice controls:

- Procedures/tools for assessing and reassessing patients for violent behavior
- Communicating information regarding patient behavior
- Adequate staffing
- Training on de-escalation
- Emergency procedures

Building Block #4: Safety and Health Training

• Objectives
  – Increased confidence among workers in de-escalating aggressive behavior and in managing aggressive behavior when it occurs

• Topics
  – Review of workplace violence policy
  – Risk factors that cause or contribute to assaults
  – Location, operation and coverage of safety devices/alarm systems.

Building Block #4: Safety and Health Training

- Topics
  - Proper use of safe rooms
  - Self-defense procedures when appropriate
  - Importance of early assistance
  - Progressive behavior control methods


Building Block #4: Safety and Health Training

- Who
  - Nurses and other direct caregivers
  - ED staff
  - Support staff
  - Security personnel
  - Supervisors and managers

Building Block #4: Safety and Health Training

• Format and frequency
  – Classroom plus hands-on instruction
  – Just-in-time training
  – Web-based training
  – Blended

• Evaluation and improving training programs

Building Block #5: Recordkeeping and Program Evaluation

- Reporting
  - Internal
  - External
    - Injury Tracking Application-OSHA
    - https://www.osha.gov/injuryreporting/

- Recordkeeping

- Program evaluation

Tools and Resources

ASHRM Workplace Violence Toolkit
   – www.ASHRM.org

ECRI Institute
   Violence in Health Care Facilities
   https://www.ecri.org/components/HRC/Pages/SafSec3.aspx

ENA Workplace Violence Toolkit
How Safe is Your Hospital for Workers?

- A Self-Assessment
  - Total Case Incidence Rate (TCIR)
  - Days Away, Restricted, or Transferred (DART)
  - Injuries and Costs
  - Safety Programs

OSHA 3690  www.osha.gov
Tools and Resources

OSHA Guidelines for Health Care
– [https://www.osha.gov/Publications/osha3148.pdf](https://www.osha.gov/Publications/osha3148.pdf)

Preventing Workplace Violence: A Road Map for Healthcare Facilities
OSHA 3827  December 2015
www.osha.gov

Sentinel Event Alert, Issue 59 includes actions suggested by TJC
References


References


