Combating Workplace Violence in Healthcare

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Combating Workplace Violence
Where is the Awareness?

Despite recent education, legislation, and research to increase awareness and understanding of the issue, emergency nurses in one study admitted they did not report incidents of WPV because they believed they “did not sustain an injury”; reporting is laborious, inefficient, and futile; and WPV is part of the job.

https://www.ena.org/SiteCollectionDocuments/Position%20Statements/ViolenceintheEmergencyCareSetting.pdf
No Shortage of Healthcare Issues

- Employee bad acts
- Accident or death
- Epidemic/illness
- Shootings/violence
- HIPAA/privacy issues
- Identity theft
- Community complaints
- Malpractice
- Cyber breaches
- Charity Care issues
- Facility closing
- Labor unrest
- Regulatory investigations
- Fire, flood, earthquake damage or loss
- CEO/key executive departure
- Ideological conflicts

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Objectives

• Deeper awareness of the current state of workplace violence in healthcare
• Define the different types of workplace violence
• Identify techniques and strategies to mitigate and prevent violence in healthcare organizations
• Understand the importance of reporting and tracking/trending data on workplace violence
• Recognize and understand the elements of an active shooter response plan
Workplace Violence in Healthcare Today
How is Workplace Violence Defined?

- **Occupational Health and Safety Administration (OSHA):** “Workplace violence is 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.”

- **International Labour Organization:** “Any action, incident or behavior that departs from reasonable conduct in which a person is assaulted, threatened, harmed, injured in the course of, or as a direct result of, his or her work.”

- **World Health Organization:** “The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has the likelihood of resulting in injury, death, psychological harm, mal-development or deprivation.”
What Types of Workplace Violence Exist?

• **Type I: Criminal Intent**
  • Perpetrator usually has no legitimate relationship with the business or its employee(s)
  • Violence is incidental to another crime. e.g. robbery, mugging, theft, trespassing

• **Type II: Customer/Client**
  • Violent person has legitimate relationship with the business. e.g. patient

• **Type III: Worker-on-Worker**
  • Perpetrator is an employee or former employee who attacks or threatens co-workers or former co-workers

• **Type IV: Personal Relationship**
  • Perpetrator usually does not have a relationship with the business but has a personal relationship with the intended victim
Where Can Violence Occur?

Violence can occur in any type of healthcare organization, but it is most frequent in the following areas:

• Psychiatric wards
• Emergency rooms
• Waiting rooms
• Geriatric units
• Clinics
Stats & Facts

• 2 million American workers are victims of violent crime in the workplace each year

• Between 2011 and 2013, workplace assaults ranged from 23,540 and 25,630 annually
  – 70% to 74% occurred in healthcare and social service settings
  – 10-11% of the healthcare injuries involved days away from work

• “The healthcare industry leads all other sectors in the incidence of nonfatal workplace assaults, and the emergency department is a particularly vulnerable setting.”

• OSHA: Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers

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Stats & Facts

• 2014 Survey - 76% of nurses reported being attacked on the job within the past year
  – Verbal abuse by patients: 54.2%
  – Physical abuse by patients: 29.9%
  – Verbal abuse by visitors: 32.9
  – Physical by visitors: 3.5%

• 2011 ENA Study:
  – Half of the nurses said that the hospital took no action after they were assaulted, and in another 20% of cases, the perpetrator was issued a warning
  – 10% of nurses said they were blamed for the incident

• Journal of Emergency Nursing Volume 40, Issue 3, May 2014, Pages 218-228
Guidelines & Mandates


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## Guidelines & Mandates

### State legislation
Several states recently have passed legislation to better protect health care workers. Among them:

<table>
<thead>
<tr>
<th>State</th>
<th>Legislation Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CALIFORNIA</strong></td>
<td>Senate Bill 1299 was approved in the State Senate in August and at press time had moved to the desk of Gov. Jerry Brown (D) for signing. The bill would require the California Occupational Safety and Health Standards Board to adopt standards requiring hospitals to establish workplace violence prevention plans to protect health care workers and other personnel, patients, families and visitors.</td>
</tr>
<tr>
<td><strong>IDAHO</strong></td>
<td>A bill passed in March makes it a felony to assault a health care worker, with a penalty of up to three years in prison.</td>
</tr>
<tr>
<td><strong>ILLINOIS</strong></td>
<td>Effective Jan. 1, 2014, assaulting a nurse was classified as aggravated battery – a third-degree felony carrying a prison sentence of two to five years.</td>
</tr>
<tr>
<td><strong>LOUISIANA</strong></td>
<td>Effective Aug. 1, committing battery against emergency personnel or health care professionals carries a $1,000 maximum fine and prison sentence of 15 days to 6 months. If the battery produces an injury requiring medical attention, the offender can be fined up to $5,000 and imprisoned for one to five years.</td>
</tr>
<tr>
<td><strong>MARYLAND</strong></td>
<td>Effective Oct. 1, specified nursing homes are required to assign a committee to conduct an annual assessment of workplace safety issues, make recommendations and consult specified employees. The bill also requires specified health care facilities to establish a workplace safety committee and program.</td>
</tr>
<tr>
<td><strong>TEXAS</strong></td>
<td>On Sept. 1, 2013, assaulting emergency department personnel became a felony. Previously, assault against a medical employee in an emergency department was a misdemeanor, and only assault against emergency services personnel working in the field was considered a felony.</td>
</tr>
</tbody>
</table>

Guidelines & Mandates: CMS

- Centers for Medicare & Medicaid (CMS)
  §482.13 Condition of Participation: Patient's Rights.
  (c) Standard: Privacy and Safety.
    (2) The patient has the right to receive care in a safe setting.
    (3) The patient has the right to be free from all forms of abuse or harassment.
Guidelines & Mandates: Joint Commission

• The Joint Commission’s Environment of Care
  – Require health care facilities to address and maintain a written plan describing how an institution provides for the security of patients, staff and visitors.
  – Also required to conduct risk assessments to determine the potential for violence, provide strategies for preventing instances of violence, and establish a response plan that is enacted when an incident occurs.
  – (EC 01.01.01, EC 02.01.01; EM 02.02.05, EM 02.02.07; HR 01.04.01)

• The Rights and Responsibilities of the Individual standard RI.01.06.03 provides for the patient’s right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse.
Guidelines & Mandates: OSHA

• Compliance with hazard-specific standards, and
• General duty to provide “...a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm...”
• Section 5(a)(1) of the OSH Act, the "General Duty Clause," used for enforcement authority for workplace violence.
  – Failure to implement guidelines is not in itself a violation of the General Duty Clause.
  – However, employers can be cited for violating the General Duty Clause if:
    • There is a recognized hazard of workplace violence.
    • They do nothing to prevent or abate it.
Why the Increase?

Recent literature attributes the recent increase to:

- More psychiatric patients are visiting hospitals because they are not institutionalized
- Long wait times in the ED
- Increase in substance abuse
- Economic stress
- Gang violence
- Law enforcement using hospitals to hold unruly/intoxicated patients
- Boarding patients in ED
Techniques & Strategies to Mitigate & Prevent Violence
Enterprise Risk Management

Enterprise Risk Management (ERM) uses a process or framework for assessing, evaluating and measuring all of an organization’s risks. ERM quantifies risks to assist in prioritizing significance, groups them into components or “domains” looking for inter-dependency and devises strategies to manage each risk across the enterprise.
Violence Prevention Program Components

• A written workplace violence prevention program should include, but not be limited to:
  – Ownership and accountability - Just Culture
  – Worksite analysis
  – Hazard prevention and control
  – Safety and health training
  – Recordkeeping
  – Program evaluation and regular reassessment
Management Commitment & Employee Participation

• Assign responsibility and authority for the various aspects of the workplace violence prevention program to ensure that all managers and supervisors understand their obligations

• Ensure the reporting, recording, and monitoring of incidents and near misses and that no reprisals are made against anyone who does so in good faith - Just Culture

• Establish a comprehensive program of medical and psychological counseling and debriefing for workers who have experienced or witnessed assaults and other violent incidents and ensure that trauma-informed care is available

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Management Commitment & Employee Participation

• Create safety committees
• Make facility inspections mandatory
• Start the conversation with the local law enforcement
  – Provide them with a tour of your facility as well as maps and badges to support a more timely and accurate response
  – Educate them on the types of incidents they might respond to
  – Have the Police Department collaborate with your security department
  – Create nonemergency opportunities to interact
  – Meet with External Agencies to establish a Standard Response Protocol

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Management Commitment & Employee Participation

• Respond to staff recommendations with corrective strategies and communicate back to front-line staff
  – Examples - walkarounds and newsletters

• Identify the daily activities that employees believe put them most at risk for workplace violence

• Ensure that there is a way to report and record incidents and near misses, and that issues are addressed appropriately
  – Create a communication contact tree
  – Incident reporting system

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Worksite Analysis

• Information is generally collected through:
  – Records analysis
  – Job hazard analysis
  – Employee surveys
  – Patient/client surveys

• Collaborative analysis conducted by front-line staff and senior management and supervisors

• Advice of independent reviewers

• Review outcomes for improvement such as # of events reported - Loss of Work Days and Restricted Work Days should decrease
How Do I Assess My Facility?

The following tools can help you conduct a multifaceted assessment of your organization that documents objective data (observations and facts) and subjective information acquired from your staff (bias and beliefs). The findings from the assessment tools should be used to determine what needs to change in your facility.

- **Haddon’s Matrix**: identifies the factors that contribute to workplace violence and corresponding mitigation strategies that can be implemented before, during and after the event that may influence the outcomes

- **ENA’s Workplace Violence Toolkit**: assesses your own department/facility’s status in a variety of ways - staff, culture, environment - to create an action plan targeted for your department's specific needs
How Do I Assess My Facility?

- **Minnesota Hospital Association’s Preventing Violence in Healthcare Gap Analysis**: helps healthcare facilities implement best practices in order to prevent violence from patients to staff

- **OSHA’s Workplace Analysis**: contains a checklist to help identify present or potential workplace violence


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Analysis & Trending

• Review Records
  – Medical, safety, specific threat assessments, workers compensation and insurance records
  – Work-related injuries from your OSHA logs
  – Police reports relative to departments/units and job titles

• Incident reporting including near misses
  – Trending and outcome metrics

• Strategize
  1. Determine your high-risk areas from reviews and aggregate data
  2. Prioritize
  3. Develop a violence rapid response team
     • Example - emergency departments, behavioral health and other high-risk areas
Joint Commission Alert & Findings - 2010

• Contributing factors regarding criminal events:
  – Policy & procedure development
  – Implementation
  – Human resource issues
  – Lack of staff education and competency assessments
  – Flawed patient observation protocols
  – Inadequate assessment tools
  – Lack of psychiatric assessment
  – General communication failures
Reporting Violence is Everyone's Business!
Example – Disruptive Behavior by Physician

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Example – Employee Safety/Security
Example – Employee Assaulted

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Date/Time:</td>
<td></td>
</tr>
<tr>
<td>To whom did this happen:</td>
<td>Employee</td>
</tr>
<tr>
<td>Event Type:</td>
<td>Employee Assaulted</td>
</tr>
<tr>
<td>Sub Event Type:</td>
<td>Assault/Threat by Patient</td>
</tr>
<tr>
<td>What type of event was this?</td>
<td>Incident</td>
</tr>
<tr>
<td>Type of Workplace Violence Report:</td>
<td>Physical</td>
</tr>
<tr>
<td>Type of physical violence:</td>
<td>Punched</td>
</tr>
<tr>
<td>Were weapons used?</td>
<td>No</td>
</tr>
<tr>
<td>Did this event cause injury?</td>
<td>Yes</td>
</tr>
<tr>
<td>Site of Injury:</td>
<td>None</td>
</tr>
<tr>
<td>Type of Injury:</td>
<td>Unknown</td>
</tr>
<tr>
<td>Description of Injury (include treatment):</td>
<td>Patient brought her hand/fist up and hit me in the nose.</td>
</tr>
<tr>
<td>Any property damage?</td>
<td>No</td>
</tr>
<tr>
<td>Police notified?</td>
<td>No</td>
</tr>
<tr>
<td>How was the perpetrator handled?</td>
<td>Incident was Defused</td>
</tr>
<tr>
<td>Patient MV #:</td>
<td>Unknown</td>
</tr>
<tr>
<td>Physician / Practitioner Involved:</td>
<td></td>
</tr>
<tr>
<td>Where did this happen?</td>
<td></td>
</tr>
<tr>
<td>Department:</td>
<td></td>
</tr>
<tr>
<td>Sub Department:</td>
<td></td>
</tr>
<tr>
<td>Do you feel another department has involvement with or needs notification of this event?</td>
<td>Yes</td>
</tr>
<tr>
<td>Other Location:</td>
<td></td>
</tr>
<tr>
<td>Other Department:</td>
<td></td>
</tr>
<tr>
<td>Other Sub Department:</td>
<td></td>
</tr>
<tr>
<td>Was a Physician/Provider notified?</td>
<td>NO ANSWER</td>
</tr>
<tr>
<td>Description of Event:</td>
<td>Employee let the patient know what we were going to do. I was removing the blanket when she brought her hand/fist up and hit me in the nose.</td>
</tr>
<tr>
<td>Prevention Ideas:</td>
<td>NO ANSWER</td>
</tr>
<tr>
<td>Suggestions for Improvement:</td>
<td>NO ANSWER</td>
</tr>
<tr>
<td>Would you like any other treatment/assistance?</td>
<td>NO ANSWER</td>
</tr>
<tr>
<td>Name of Person Submitting Report:</td>
<td></td>
</tr>
</tbody>
</table>
Example – Employee Assaulted – Another View

* Event Type:
  Employee Assaulted

* Sub Event Type:
  Please select Sub Event Type:
  - Assault/Threat by Employee
  - Assault/Threat by Patient
  - Assault/Threat by Visitor/Family

Incident: A patient safety event that reaches the patient, whether or not the patient was harmed.
Good Catch: A patient Safety Event that did not reach the patient or a hazardous environmental condition that has the potential to affect patient safety.

* What type of event was this?
  Incident ☑️ Good Catch

* Type of Workplace Violence Report:
  ☑️ Physical ☑️ Verbal

Did this event cause injury?
  ☑️ Yes ☐ No

Any property damage?
  ☑️ Yes ☐ No

Police notified?
  ☑️ Yes ☐ No

How was the perpetrator handled?

How was the perpetrator handled?

- Incident was Defused
- Perpetrator Voluntarily Left
- Perpetrator was Escorted Away
- Perpetrator was Arrested

* Who or what was threatened?

* What was said?

Did this event cause injury?
  ☑️ Yes ☐ No

Site of Injury:

Type of Injury:
  ☑️ None ☐ Laceration/Cut/Puncture
  ☑️ Hematoma ☐ SDO/SCI
  ☑️ Rash/Itches ☐ Bruise/Constitutional Trauma
  ☑️ Abrasion/Scratch ☐ LOC
  ☑️ Internal Injuries ☐ Sprain/Strain/Sprain
  ☑️ Skin Tear ☐ Dental Injury
  ☑️ Agitation ☐ Pain

Specify ‘Other’ type of injury:
Hazard Prevention & Control

• Prevention
  – Analysis of job tasks or positions for specific areas known to be of high risk
  – Conduct periodic employee surveys
    • Establish baseline tasks that put employees at risk; help identify new or undetected risk factors
  – Use EMR to flag patients with violent history
    • Screening tool that lists risk factors or Broset Violence Checklist
      – Document every 12 - 24 hours while awake
Hazard Prevention & Control

• Control
  – After an incident or near miss occurs, analyze the procedures that were followed and not followed
  – Identify if staff are adequately trained
    • Examples:
      – Competency Questions
      – Interviews
      – Debriefing
  – Have immediate support protocols in place as well as delayed support protocols to support employees after the event
    • Immediate examples - debriefing, time off work, buddy assignment
    • Delayed examples - check in 1-2 weeks, formal debriefing, EAP, assess staff education needs
Recordkeeping

• As of January 2015, employers must report to OSHA:
  – All work-related fatalities within 8 hours
  – All work-related inpatient hospitalizations, all amputations and all losses of an eye within 24 hours

Injuries caused by **assaults** must be entered on the log only if they meet the above criteria
Training

• Elements of a Training Program:
  – Review of policies and procedures
  – Education on early recognition of behavior/warning signs
  – Awareness of risk factors
  – De-escalation techniques
  – Self-defense
  – Standard response action plan for violent situations

• Re-evaluate training annually
Training

• Provide training during employee orientation
  – Include contract workers and visiting staff in training

• Role-playing, simulations, table top exercises and drills using evidence-based training techniques
  – Invite law enforcement from surrounding hospital communities to participate
Training – Addressing Risk Factors

• Examples of Triggers:
  – Acute vs. long term stay
  – Feelings of helplessness or despair
  – Mental or behavioral services
  – Long waits, over crowded areas
  – Unrestricted movement

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Training - Examples of Basic De-escalation Techniques

General response to disruptive behavior (no threats or weapons)

• Respond quietly and calmly
• Do not take the behavior personally/nonjudgmental
• Use nonthreatening nonverbal behavior
• Focus on feelings
• Ignore challenging questions/redirect
• Set limits
• Summarize what you hear the individual saying
• Allow silence/allow time for decisions

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Other Training Techniques & Strategies

• MOAB - Management of Aggressive Behavior
  – Train for pre-event, in the event and post-event scenarios

• Staff duress alarms

• Radio communication among sensitive areas

• All patients with risk have a plan coordinated by staff, assessed shift-to-shift

• Education on the use of restraints both physical and pharmacological

• Online education of de-escalation and safety techniques
  – Follow up with classroom education with a focus on demonstration
Anticipate What’s Next

• Even when responding to one issue, anticipate all contingencies and unrelated issues
  – Is it possible another “shoe will drop?”
  – Will there be a snowball effect?
  – What’s next?
Active Shooter Response Plan
Stats & Facts

• Annals of Emergency Medicine - 154 shootings in or outside of American hospitals between 2000 and 2011

• 2014 - 14 active shooter incidents in US hospitals
  – 15 people died in those incidents

“A” for Anticipating

• Response time for police is generally 5 – 8 minutes
• Active shooter incidents last 6 – 8 minutes

Prevention

• Training
  – Employee orientation

• Drills
  – Example - paintball facilities

• Implement safety measures
  – Examples:
    • No firearms signs
    • Metal detectors
    • Security cameras
    • Panic alarms

• Job descriptions
  – Employee requirements, training criteria, continuing education requirements

• Architecture of new facilities
Policies & Procedures

• Address all aspects of operations regarding violence prevention, training, education, screening, reporting, responding, investigation, discipline, monitoring and review

• Address how and when to lockdown

• Identify a common language to be used during incidents as well as special code names

• Incorporate an active shooter drill into the organization’s emergency preparedness procedures
Recovery

• Healthcare facilities need a crisis communications plan that includes staff, patients, visitors, law enforcement agencies, and the media (don’t forget social media)

• Know when to say “all clear” and who it is that says it

• After an incident, it’s critical to have a plan for those affected - not just immediate emergency medical care, but ongoing support and counseling as well
Things to Consider

• Provide facility access and information to local law enforcement
• Design-standardize naming entry points
• Security staff should be aware of the location of Prisoner patients
• Serve only finger foods if patient has known risk/prison history
• Ensure all security officers have 24/7 access to security video
• Have alternate locations available for the Incident Command Center
• Designate specific emergency parking areas
• Create a crisis management/response plan for the media
Root Cause Analysis

- Conduct a Root Cause Analysis on every incident resulting in an injury
- Expected outcomes:
  - Identify high-risk situations/behaviors
  - Develop Quality Improvement Process
  - Collaborative effort between workplace violence leaders, risk management, human resources and front-line staff

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The Consequences
OSHA Penalties

• OSHA fined Franklin Hospital Medical Center in Valley Stream, NY, $4,500 for failing to protect its staff from violence after a nurse was attacked and injured.

• The nurse was giving psychiatric patients a group therapy session when she was attacked, OSHA reports. After OSHA inspected the facility, they found that Franklin Medical Center had not instituted any workplace violence prevention measures such as weapon screening, violent patient screening or staff training on violence.
Regulatory Investigations

• For one violent incident, multiple regulatory agencies (OSHA, CMS, Dept. of Health) may investigate the incident, and all of them will issue/expect different violations, fines and action plans, such as:
  – Recommendations for stand alone written violence program
  – Controls and prevention strategies
    • Example - training requirements
  – Incident reporting and investigation
  – Periodic review of program
Liability

• Liable for negligence
  – Failure to implement security plan, provide training or take appropriate actions
• Workers compensation claim
• Lawsuit against patient
• Third party witness experienced subsequent physical or emotional distress
• Other staff can file workers compensation claims
Liability – What Carriers Get Placed on Notice?

- Workers compensation
- Professional liability
- General liability
- Employer’s liability
- Directors and Officers

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Conclusion
Strategize

Drill

Prioritize
Thank You!

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Questions?