

Multifaceted Initiative to Prevent Workplace Violence

FOR SSM OKLAHOMA AND ITS FLAGSHIP ST. ANTHONY HOSPITAL, THE JOURNEY HAS INCLUDED A STATE LEGISLATIVE SUCCESS, THE ADOPTION AND ONGOING TESTING OF NEW PERSONAL SECURITY TECHNOLOGY, AND MODIFIED PROCEDURES AND BUILDING DESIGN ELEMENTS

To learn more about the workplace violence prevention program at SSM Health Oklahoma, see the blog [“Winning Practices in Workplace Violence Prevention”](#) on [JointCommission.org](#).

Workplace violence statistics for the health care sector are dire, with the US Bureau of Labor Statistics reporting in 2018 that health care and social service staff experience a rate of workplace violence five times that of other occupations.¹ Nurses, in particular, are vulnerable to violence on the job. More than 50% of registered nurses report being verbally abused or bullied by patients or patients’ family members, while approximately 25% report being physically assaulted.² But even those numbers belie the extent of the problem and the tremendous toll on health care workers.

For SSM Health Oklahoma and its flagship St. Anthony Hospital in Oklahoma City, it’s the personal stories of staff who’ve experienced physical and verbal violence and sheer terror that give such statistics meaning. The power of their experiences helped SSM Health Oklahoma successfully lobby the Oklahoma Legislature to make assault or battery, as well as assault *and* battery, against “medical care providers”^{*} a felony rather than a misdemeanor. The Medical Care Provider Protection Act was signed into law by Oklahoma’s governor on May 19, 2020, and became effective November 1, 2020.

One ordeal shared with the Oklahoma legislators was that of a St. Anthony Hospital nurse. “Where she worked previously at another hospital, she was actually taken hostage by a patient, who ended up shooting himself in the head while she was there,” noted George Benard, regional vice president—emergency services for SSM Health Oklahoma St. Anthony Hospital, in a conference call about the regional health system’s workplace violence prevention program.

During the call, a number of similar incidents were revealed. “Several of us have personal knowledge of a colleague—a physician who was injured so badly as a result of disclosing that a trauma patient had not survived—that he sustained a head injury and was not able to [perform surgery] after that. He had to take another line of work because he was beaten so severely,” said Elain Richardson, regional chief nursing officer for SSM Health Oklahoma.

^{*}Oklahoma’s Medical Care Provider Protection Act defines *medical care providers* as the following: “doctors, residents, interns, nurses, nurses’ aides, ambulance attendants and operators, paramedics, emergency medical technicians, laboratory technicians, radiologic technologists, physical therapists, physician assistants, chaplains, volunteers, pharmacists, nursing students, medical students, and members of a hospital security force.”

Benard pointed out that SSM Health caregivers (clinical and support staff) interact with many patients who have behavioral health problems, including alcoholism and drug addiction. St. Anthony Hospital, which has 773 licensed beds, is one of the largest behavioral medicine facilities in Oklahoma, with 269 beds for behavioral health alone. In addition to the emergency department (ED) on the main St. Anthony Hospital campus, which treats many individuals without housing who live in the community, the hospital has five freestanding EDs.

Compassion is integral to the philosophy of SSM Health, a Roman Catholic health ministry, and to the health care profession as a whole. Due to empathy for those in distress, clinical staff at all health care organizations, including SSM Health, tend to underreport verbal and physical violence by patients, Benard said. But all too often, these incidents can have devastating consequences for the staff involved.

An oncology nurse by background, Richardson shared a personal experience in which her own life was endangered by a patient prior to her joining SSM Health. “The patient got a hold of my bandage scissors, got them out of my pocket, and didn’t want me to leave the room,” she recalled. “It was a person I knew. This person had some disease in their brain, which I knew was causing them not to be thinking straight. But that doesn’t mean I was in any less danger in trying to get out of that room or to signal my colleagues that I needed help.” Experiencing such incidents is life-changing, even more so if the health care worker is wounded, Richardson emphasized.

Although most health care staff are not cornered by patients wielding weapons or instruments that can be used for that purpose, the cumulative day-to-day trauma of being screamed at by patients acting out or by frustrated, angry family members is significant. Such verbal aggression increased substantially during the COVID-19 pandemic.

Deterrent effect

A highlight of the Medical Care Provider Protection Act is that it requires every hospital, health clinic, or ambulance service in Oklahoma to “display at all times in a prominent place” a sign that reads as follows:

“WARNING: ASSAULTING A MEDICAL PROFESSIONAL WHO IS ENGAGED IN THE PERFORMANCE OF HIS OR HER OFFICAL DUTIES IS A SERIOUS CRIME.”

SSM Health Oklahoma makes clear on its signage that it will prosecute anyone who assaults a health care staff member and that this crime is a felony, said Benard.

“Being a faith-based ministry, our goal isn’t to incarcerate people; it’s to get them the help they need,” noted Jimmy Durant, director of government affairs for SSM Health Oklahoma. But at the same time, he pointed out, some people “use their condition as a shield” to get away with harming others. And often those who commit violence on health care campuses are not patients or their family members but trespassers.

Benard said that one assailant was convicted under the Medical Provider Protection Act last year, and the law has had deterrence value.

Ongoing process improvement

SSM Health Oklahoma has long prioritized workplace violence prevention, initiating many policies, procedures, and practices that continue to evolve over time. The organization is constantly testing process improvements in this realm. A few examples include the following:


- ▶ **Personal panic devices.** Each staff member carries a panic device that, when activated, lets out a high-decibel alarm, intended to both alert nearby colleagues and security personnel and startle the perpetrator so the victim can get away. In addition, the health system is beta testing a personal motion-sensing device invented to help individuals detect when they are being approached from behind.
- ▶ **Building design features.** The design of the ED on St. Anthony Hospital's main campus reflects the organization's commitment to preventing on-site violence. Access to the ED is controlled, with a single entry point, and within the ED is a secure ligature-resistant holding area for behavioral health patients. Counseling staff in the ED help identify these patients so that they get the care they need. "We have these patients change into disposable scrubs so that we can secure their belongings and then do a safety check of the belongings they brought in," Benard added.
- ▶ **Security department location.** The hospital's security department is also based in the ED, relocated from another part of the facility. Security staff practice "purposeful rounding" (which is also implemented throughout the rest of the SSM Health enterprise), in which they frequently visit the behavioral health unit and other units and talk with nursing staff about any concerns the nurses have regarding particular patients or visitors.
- ▶ **Elimination of weaponizable items where possible.** Equipment, devices, and other items to be installed or placed in patient rooms are first assessed for their potential use as weapons, said Kayla Alston, regional director of regulatory compliance and accreditation for SSM Health Oklahoma. "I would not have thought that you could weaponize hand sanitizer dispensers," she stressed. "But we have seen them ripped off the wall and wielded as a weapon. So we really are trying to become savvier about what poses a risk in the environment."

Alston pointed out that SSM Health infection preventionists worked with a vendor to develop a customized hand sanitizer or soap dispenser for the behavioral health environment and the secure holding area in the ED. The dispenser is made of metal, with no potential pull points, and cannot be yanked off the wall or used as a ligature anchor point.

- ▶ **Employee assistance program.** SSM Health encourages staff who have experienced verbal or physical violence at work to avail themselves of the enterprise's employee assistance program. "If you need counseling for whatever reason, it's available," said Benard. "It's a systemwide initiative to put these things in place to help our staff."

In addressing workplace violence, perhaps the most important consideration is the commitment and accountability of health care leadership, such as the SSM Health Oklahoma leaders who took part in the conference call.

“Workplace violence is so multifaceted, so how do you measure your success?” Benard asked. It may not be simply about measuring a decrease in incidents, he said, because staff may now be more inclined to report acts of verbal or physical violence, given that better, more convenient reporting systems are in place.

“I want to say that we’ve made many strides,” Benard said. “Are we where we want to be? No. How long is this journey? I don’t know.” 

References

1. US Bureau of Labor Statistics. [Fact Sheet: Workplace Violence in Healthcare](#). 2018. Accessed May 31, 2022.
2. Al-Qadi M. [Workplace violence in nursing: A concept analysis](#). *J Occup Health*. 2021 May 7;63(1):e12226. Accessed May 31, 2022.