Work Place Violence Update
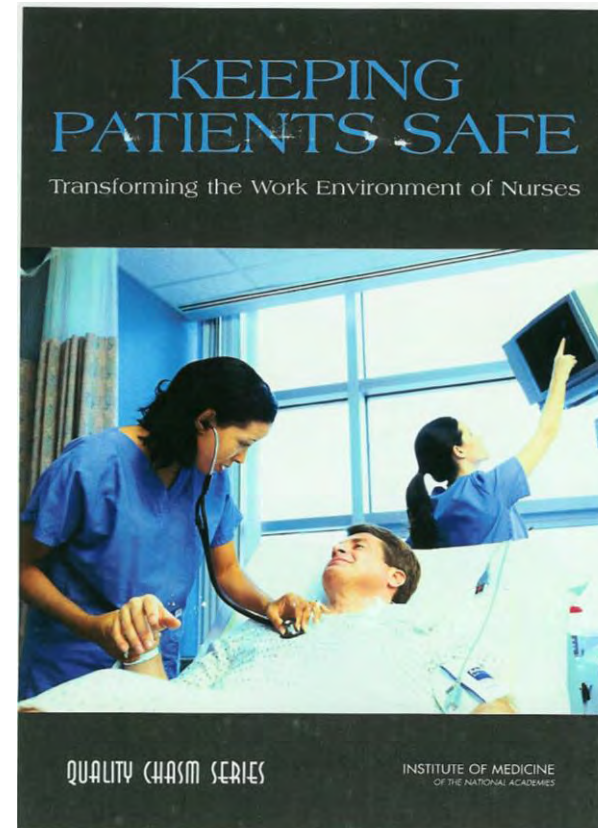
23rd State Hospital Association Forum
Hotel Chicago, Chicago Illinois
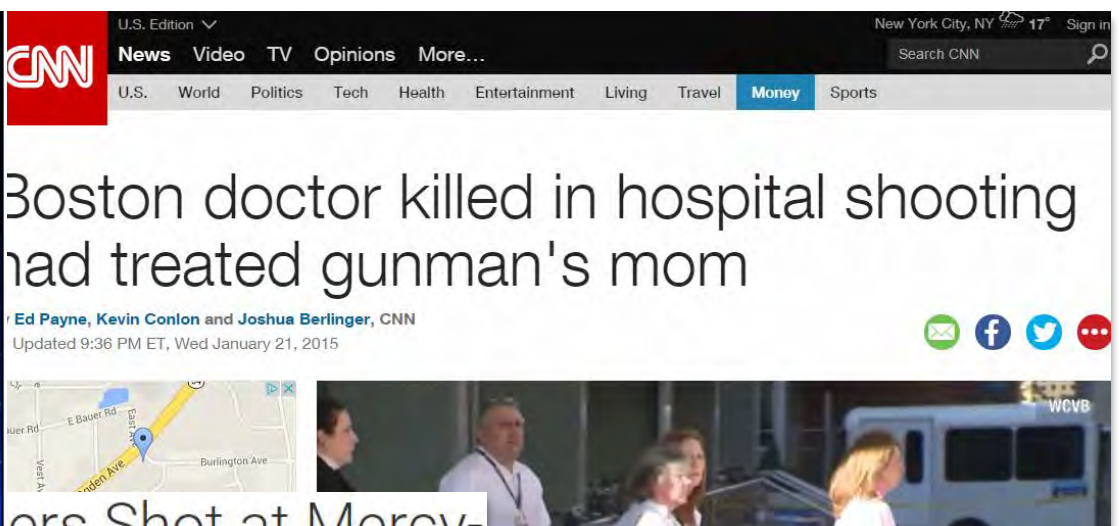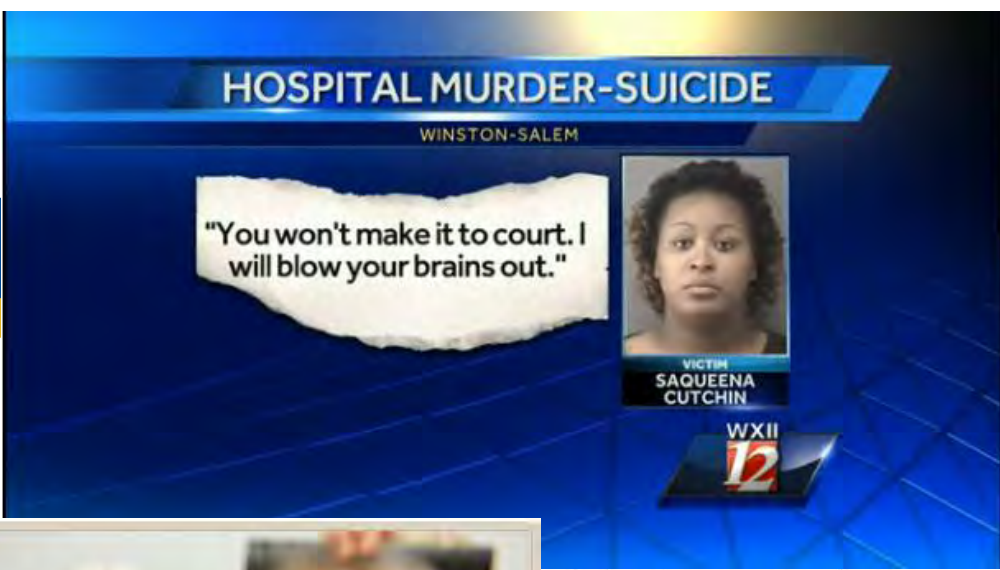**May 13, 2016**

Ronald M. Wyatt MD MHA
Patient Safety Officer and Medical Director
Division of Health Care Improvement

The link between the work environment and patient safety is not a new concept (IOM Report, 2004)

The IOM report, *Keeping Patients Safe: Transforming the Work Environment of Nurses*, emphasizes the importance of the work environment in which nurses provide care.

KEEPING PATIENTS SAFE
Transforming the Work Environment of Nurses

QUALITY CHASM SERIES

INSTITUTE OF MEDICINE OF THE NATIONAL ACADEMIES

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HOSPITAL MURDER-SUICIDE
WINSTON-SALEM

"You won't make it to court. I will blow your brains out."

VICTIM
SAQUEENA CUTCHIN

WXII 12

Boston doctor killed in hospital shooting had treated gunman's mom

By Ed Payne, Kevin Conlon and Joshua Berlinger, CNN
Updated 9:36 PM ET, Wed January 21, 2015

...ers Shot at Mercy-...ald Hospital Campus

...he doctor pulled out his gun and returned fire on the man

RICHARD WALKER / RWALKER@STARBULLETIN.COM
Terry Evans, a former nurse at Hawaii State Hospital who was assaulted on the job, listened yesterday as her injuries were described by state Sen. Clayton Hee, who was holding a photo of her wounds, at a news conference at the state Capitol about working conditions at the hospital. CLICK FOR LARGE

State hospital staff labors in fear

Doctors have been assaulted four times since federal control over the facility ended

...opened fire inside a wellness center in Darby, PA, Thursday, according to ...ker was killed, and a doctor suffered a graze wound to the head. In the ...l NBC10 the doctor returned fire with his own gun, critically wounding the ...eorge Spencer has the latest on the investigation. (Published Thursday, Jul 24,

El Paso VA clinic shooter had threatened doctor

Parents says veteran changed after Iraq War

By Daniel Borunda and Aaron Martinez / El Paso Times
POSTED: 01/07/2015 08:54:32 PM MST

Homicide

	33	14	12	3	4
	Reported events	Other Patient	Relative or significant other	Staff member	Other

Assault

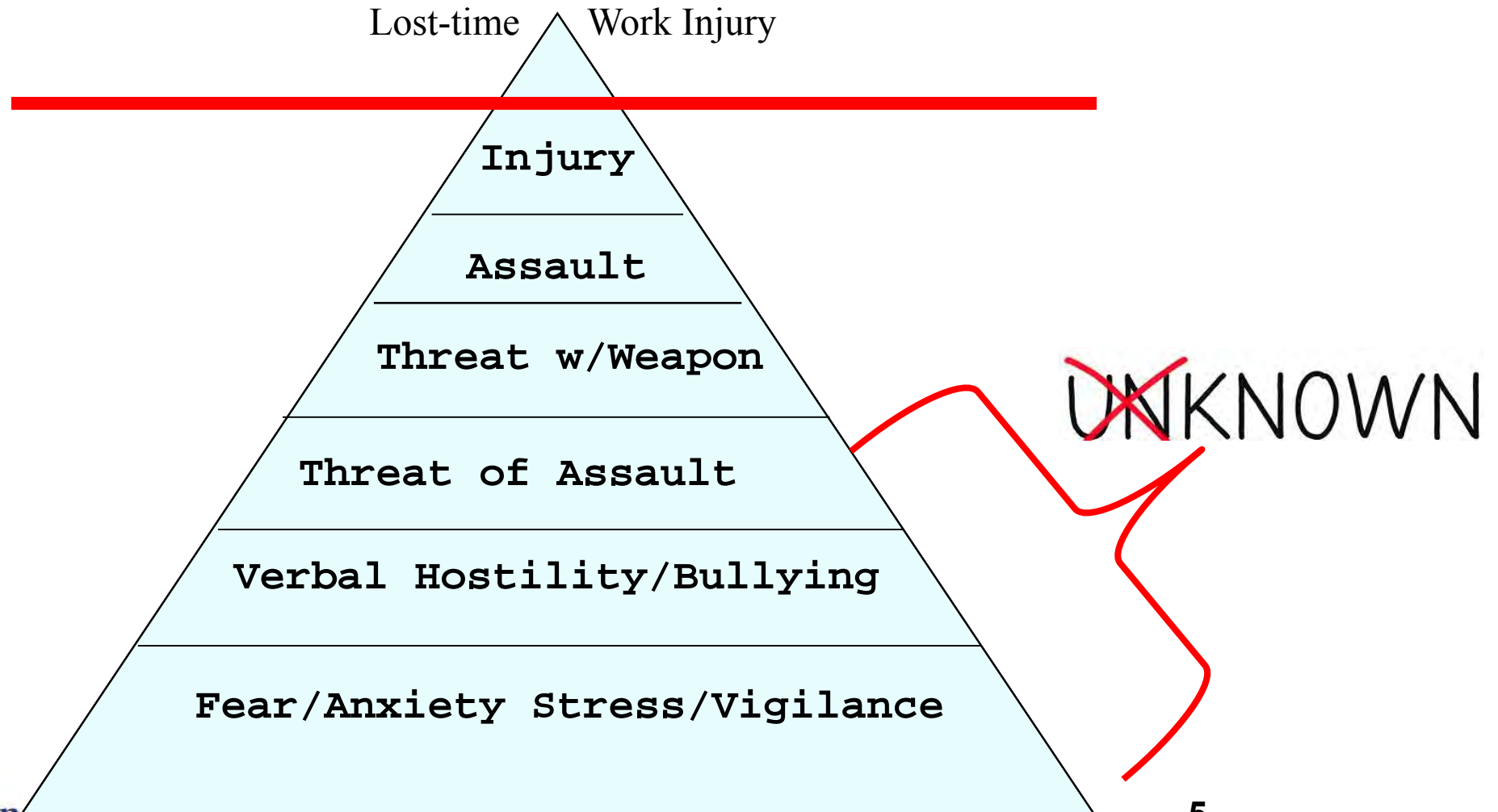|	38	23	10	5	Patient Injury	Staff Injury
	Reported events	Patients assaulted by other patients	Staff assaulted by patient	Other	Vision loss Brain/spine injury Fractures	Brain/nerve injury Fractures Stab wounds

Rape

	74	74	49	19	5	1
	Reported events	Patients raped	Patients raped by other patients	Patients raped by staff	Other	Relative or significant other

Common causes: Breakdowns in staff communication, psychiatric assessment, patient observation, team training, policy compliance

"Iceberg" of Workplace Violence Reporting

Lost-time   Work Injury

Injury

Assault

Threat w/Weapon

Threat of Assault

Verbal Hostility/Bullying

Fear/Anxiety Stress/Vigilance

UNKNOWN

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What is Work Place Violence

- **The National Institute for Occupational Safety and Health (NIOSH)**
  - Any physical assault, threatening behavior or verbal abuse occurring in the workplace.
- **The US Department of Labor**
  - An action (verbal, written, or physical aggression) which is intended to control or cause, or is capable of causing, death or serious bodily injury to oneself or others, or damage to property. Workplace violence includes abusive behavior toward authority, intimidating or harassing behavior, and threats.

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OSHA

- OSHA requires employers to mitigate or prevent "recognizable hazards" which include workplace violence by:
  - Insuring employees are involved and educated on process
  - Evaluating worksites to ensure safety requirements are met
  - Hazard prevention through the use of "panic alarms" or metal detectors
  - Safety and Health Training is provided
  - Compliance with the program must be documented
  - OSHA fined a hospital $78,000 for 'dozens' of incidents involving patients and staff; one nurse sustained severe brain injuries

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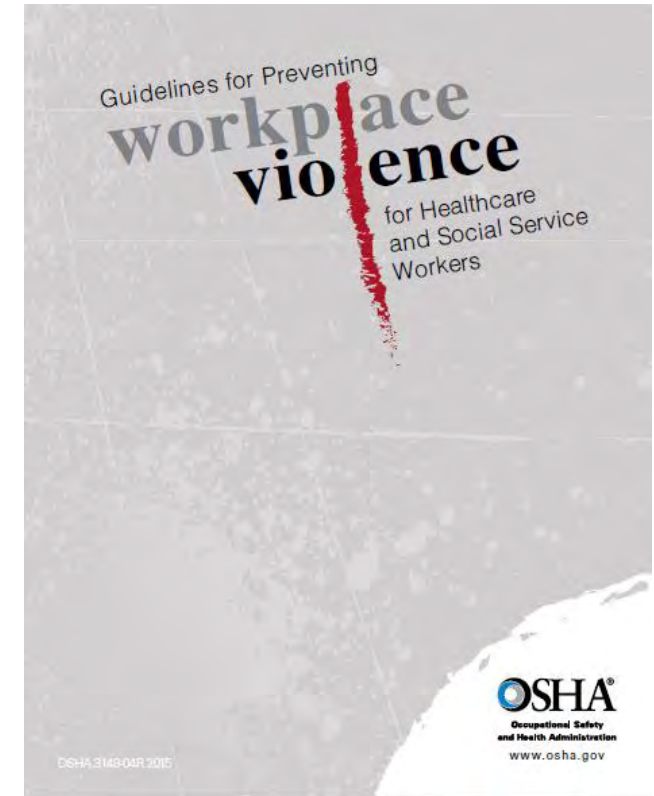
Types of Workplace Violence

- Threat
- Vandalism
- Sabotage
- Stalking
- Physical Assault
- Sexual Assault

- Domestic violence
- Attempted Homicide
- Homicide
- Product Contamination
- Arson/bombing
- Terrorism

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Typology From U.S. Workgroup

Type I – Criminal intent

Type II – Customer/client/patient

Type III – Co-worker
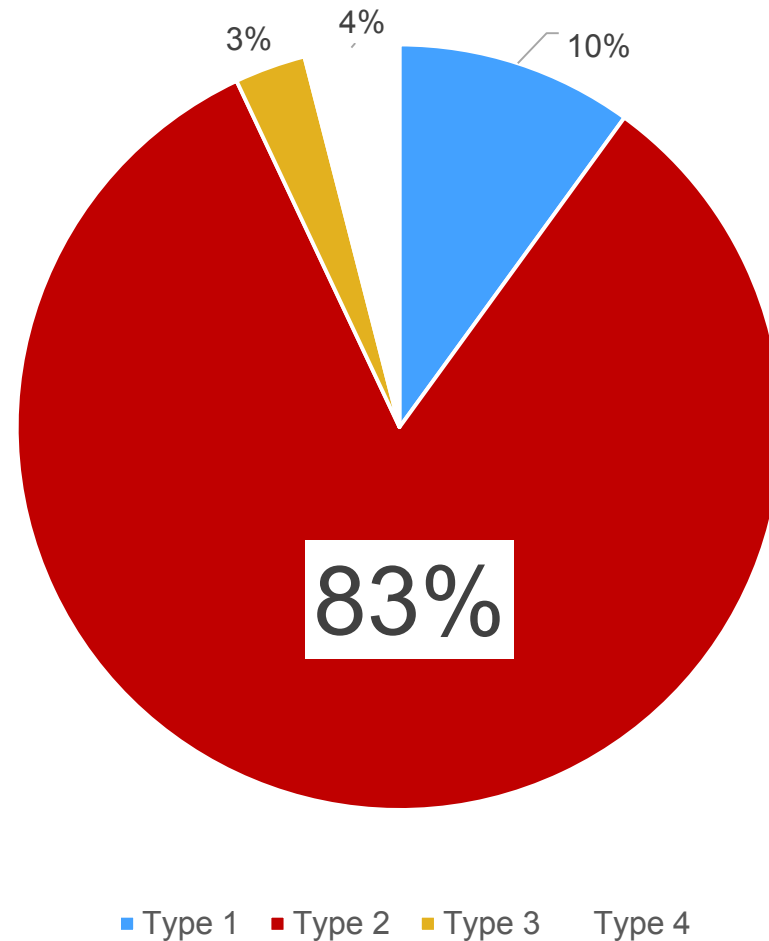
Type IV – Personal (Domestic Violence coming to work)

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9

Examples of Work Place Violence in the USA

Types of Workplace Violence

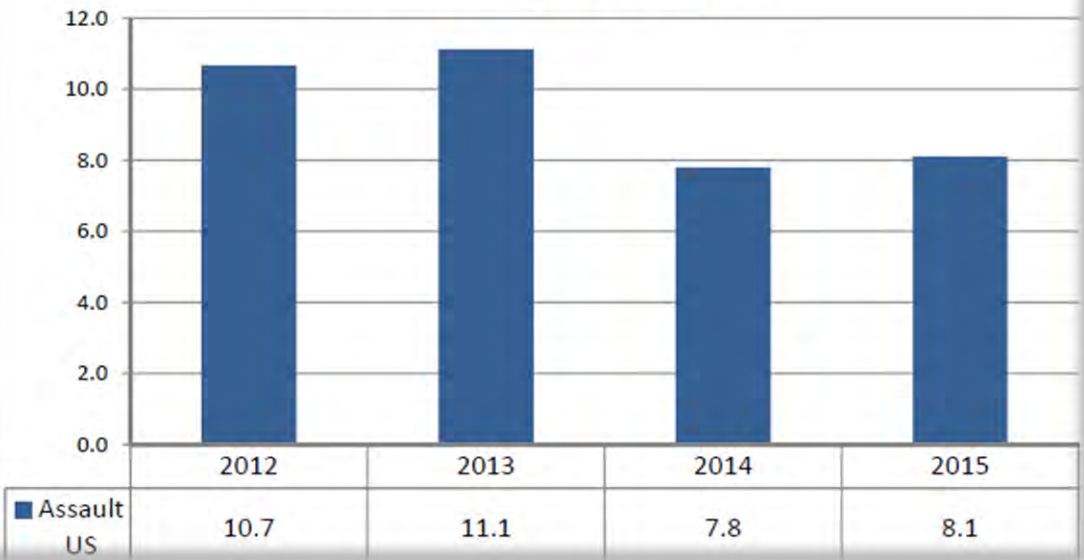| Type	Description	Example
I	Perpetrator has no association with the workplace or employees	Person with criminal intent commits armed robbery
II	Perpetrator is a customer or patient of the workplace or employees	Intoxicated patient punches nurse's aid
III	Perpetrator is a current or former employee of the workplace	Recently fired employee assaults former supervisor
IV	Perpetrator has a personal relationship with employees, none with the facility	Ex-husband assaults ex-wife at her place of work

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Source: Phillips JP. Workplace Violence against Health Care Workers in the United States. *N Engl J Med* 2016;374:1661-9.

10

Aggravated Assault by Workplace Violence Type in U.S. Hospitals 2012-2015

3%   4%   10%

83%

Type 1   Type 2   Type 3   Type 4

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Source: 2016 Healthcare Crime Survey produced by the International Association for Healthcare Security and Safety

2016 Healthcare Crime Survey

Assault Rate per 100 Beds

	2012	2013	2014	2015
Assault US	10.7	11.1	7.8	8.1

Disorderly Conduct Rate per 100 Beds
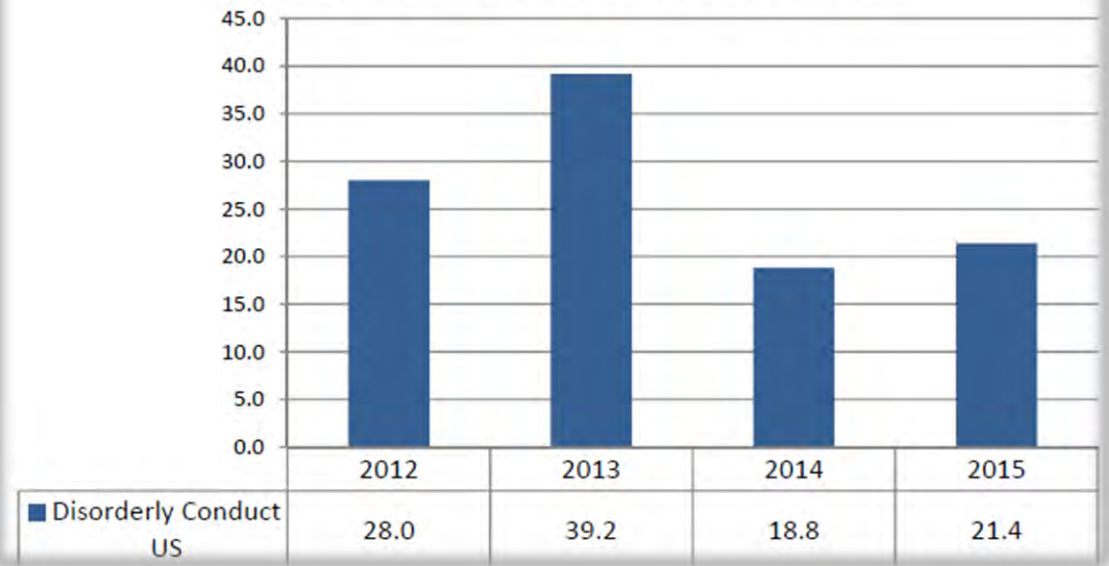
	2012	2013	2014	2015
Disorderly Conduct US	28.0	39.2	18.8	21.4

Source: 2016 Healthcare Crime Survey produced by the International Association for Healthcare Security and Safety

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Shootings in Hospitals

- From 11 years of data researchers found that 23% of shootings in the ED occurred from the perpetrator's taking of a gun from Security Personnel or Police.

  - 73% of these shootings occurred in non-rural areas.

  - The ED and the area around it was the most frequent location of hospital shootings.

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Shootings in Hospitals

Most frequent victims are:
1. Perpetrators (45%)
2. Hospital Staff (20%)
3. Patients (13%)
4. Visitors (8%)
5. Security Officers/Police (5%)

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Shootings in Hospitals

The most common motives are:

1. A grudge (27%)
2. Suicide (21%)
3. Ending the life of an ill relative (14%)
4. Escape attempts by patients in police custody (11%)

*IOFM, Security Director's Report- December 2012

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15

The magnitude of workplace violence among healthcare occupations:

- **21 percent** of registered nurses and nursing students reported being physically assaulted-and over **50%** were verbally abused-in a 12-month period (n=3,765 nurses).

- **12 percent** of emergency nurses experienced physical violence-and **59%** experienced verbal abuse-during a seven day period (n=7,169).

- **13 percent** of employees in Veterans Health Administration hospitals reported being assaulted in a year (N=72,349 at 142 facilities).
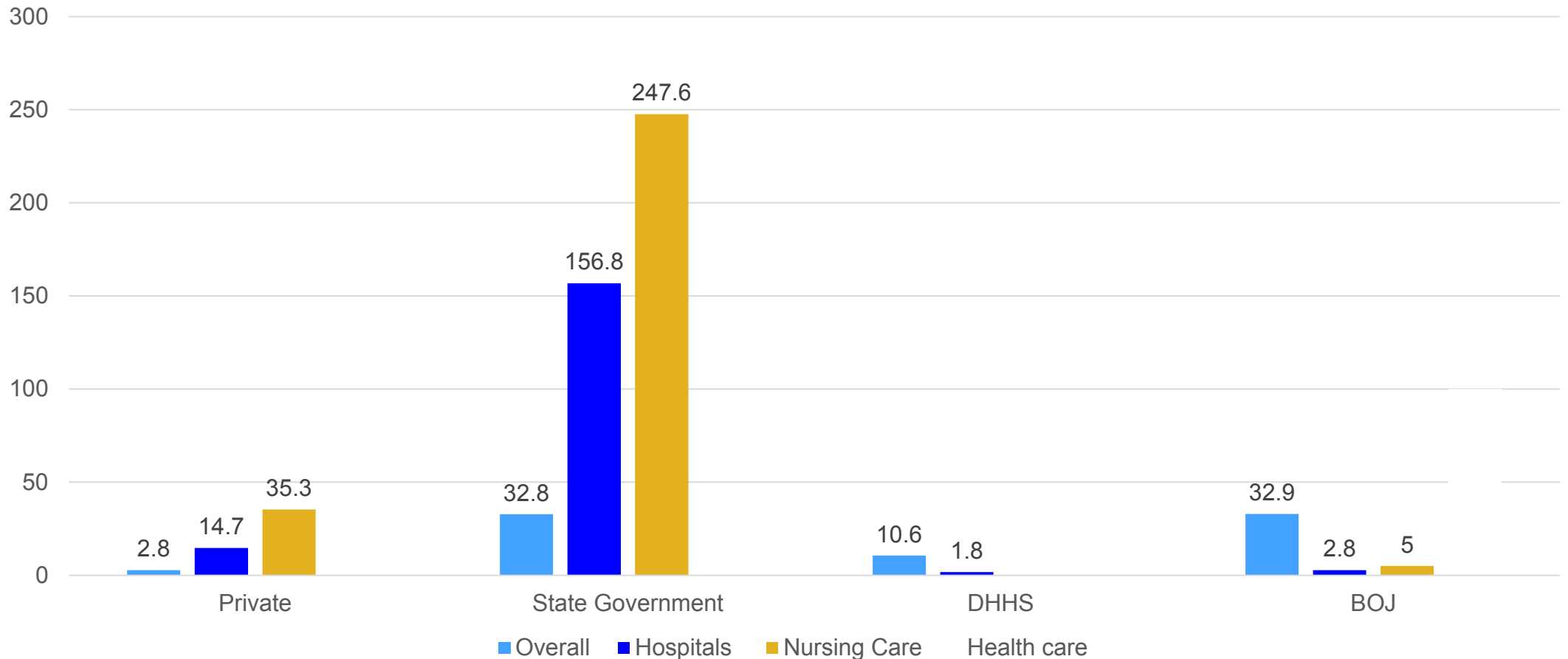
American Nurses Association. 2014. *American Nurses Association Health Risk Appraisal (HRA): Preliminary Findings October 2013–October 2014.*

Emergency Nurses Association and Institute for Emergency Nursing Research. 2010. *Emergency Department Violence Surveillance Study.*
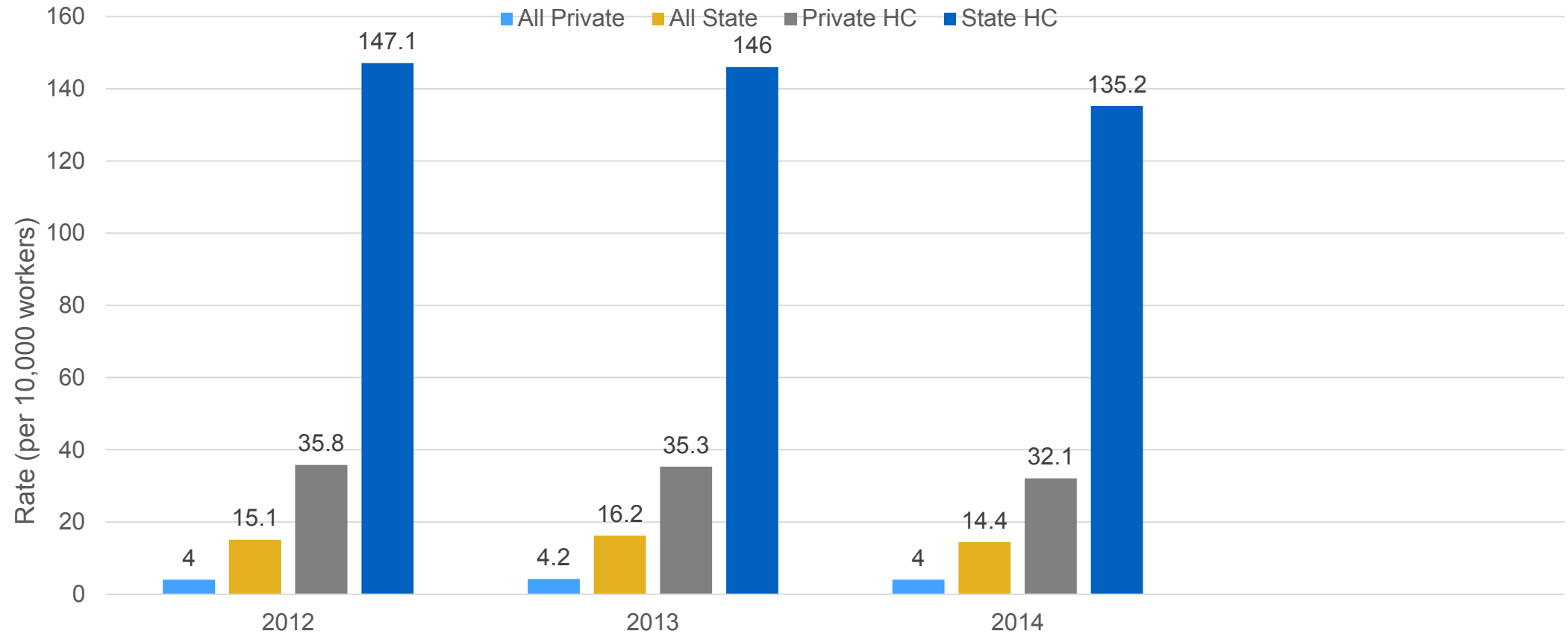
Hodgson, M.J., Reed, R., Craig, T., Murphy, F., Lehmann, L., Belton, L., and Warren, N. 2004. Violence in healthcare facilities: Lessons from the Veterans Health Administration. *Journal of Occupational and Environmental Medicine.* 46(11): 1158–1165.

Estimated Rates of Nonfatal Workplace Violence in Health Care by Industry Using Three Federal Data Sets

Bureau of Labor Statistics Data 2013 (per 10,000)

Legend: ■ Overall ■ Hospitals ■ Nursing Care   Health care

Data values by group:

| Industry	Overall	Hospitals	Nursing Care
Private	2.8	14.7	35.3
State Government	32.8	156.8	247.6
DHHS	10.6	1.8	
BOJ	32.9	2.8	5

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Rates of Work Place Violence with Injury Requiring Missed Work Days

Rates shown are rates of violent episodes resulting in injury-related missed work-days per 10,000 workers
In private industry, state industry, private health care and social services and state health care and social services 2012-2014.

Source: Phillips JP. Workplace Violence against Health Care Workers in the United States. *N Engl J Med* 2016;374:1661-9.
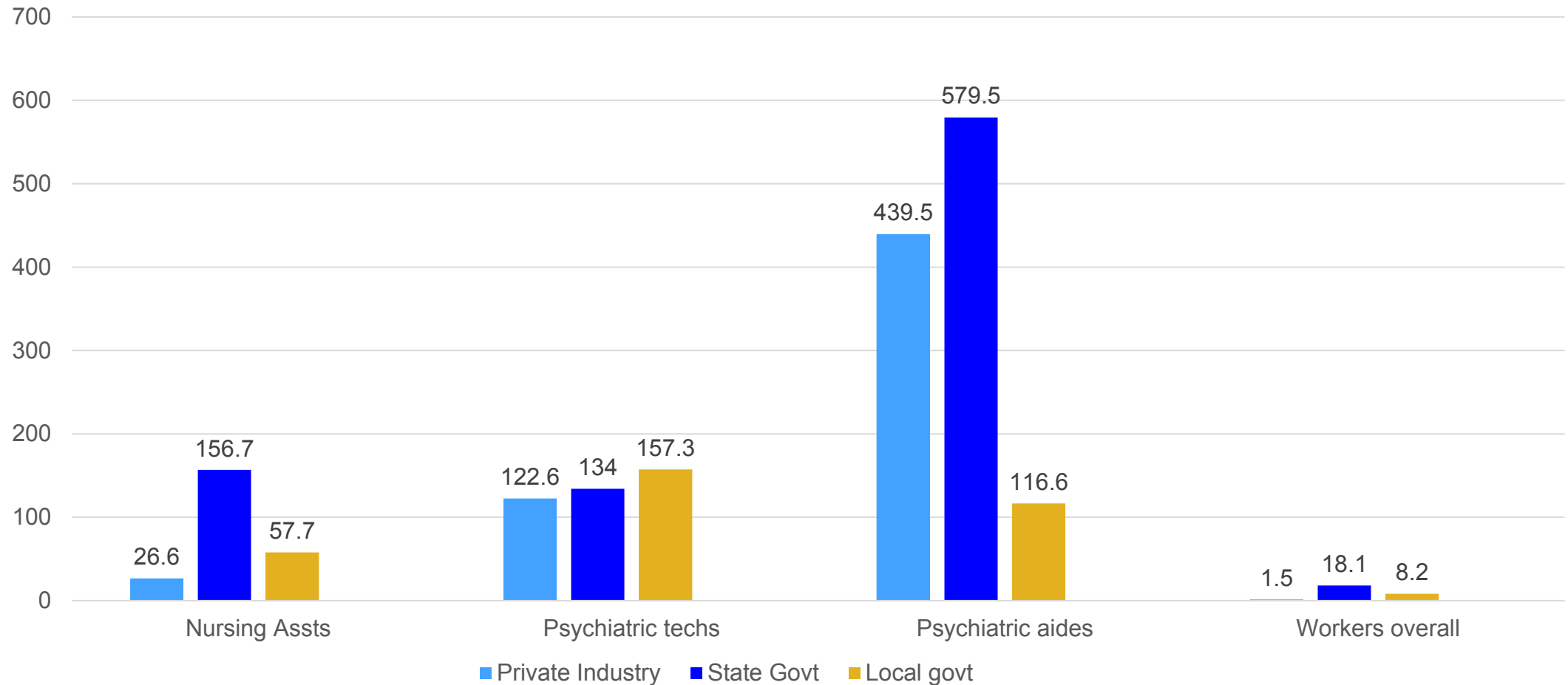
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18

Estimated Number of Health Care Workers Reporting at Least One Nonfatal Workplace Violence-Related Assault, 2009-2013
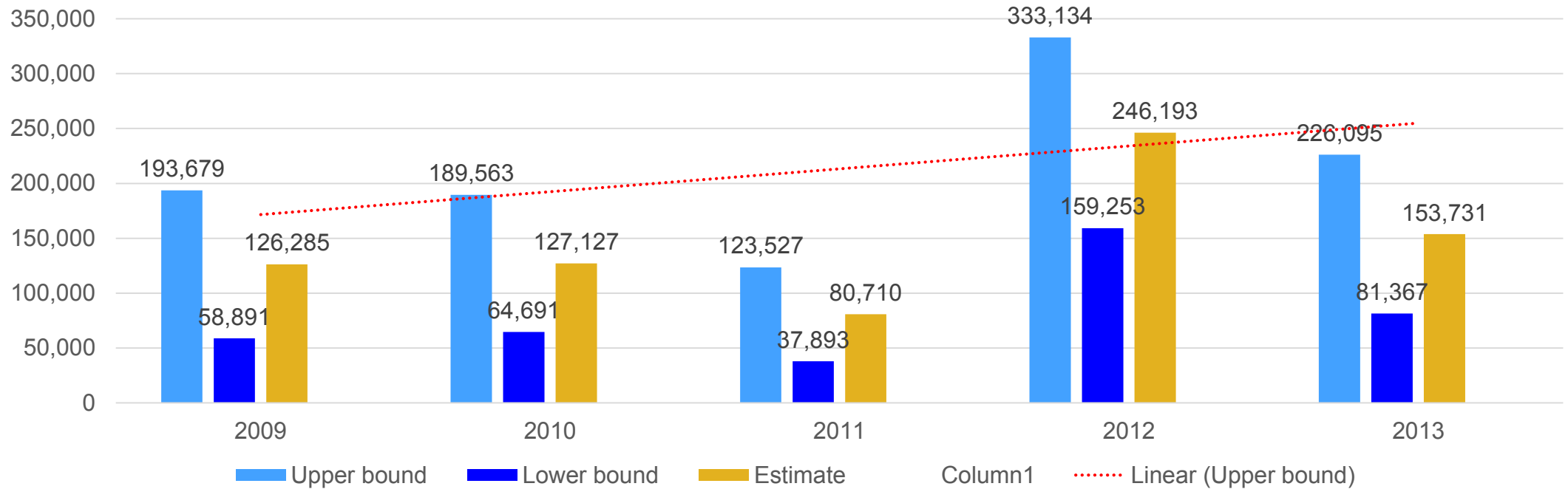
By Health Care Related Occupation

Number of Injury Cases per 1,000 workers

Source: GAO analysis of data from Bureau of Labor Statistics (BLS) Survey of Occupational Injuries and Illnesses (SOII) | GAO-16-11

20

Number of nonfatal workplace violence cases in healthcare 2011(by source)

BLS SOII Employees

- Injuries related to taking days off work
- **22,250**

HHS NEISS-Work Hospitals

- Injuries resulting in employees going to emergency department for treatment
- **64,600**

BJS NHVS Individuals

- Assault while working on duty
- **80,710**

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States With Enhanced Penalties For Violence Against Health Care Workers

Washington
Oregon
Idaho
Montana
North Dakota
Minnesota
Wisconsin
Michigan
Vermont Maine
New York
New Hampshire
Massachusetts
Rhode Island
Connecticut
New Jersey
Delaware
Maryland
Washington, D.C.
Nevada
Utah
Wyoming
South Dakota
Iowa
Nebraska
Colorado
Illinois Indiana
Ohio
Pennsylvania
California
Kansas
Missouri
West Virginia Virginia
Kentucky
North Carolina
Arizona
New Mexico
Oklahoma
Arkansas
Tennessee
South Carolina
Texas
Louisi-ana
Missis-sippi Alabama Georgia
Florida
Alaska
Hawaii

Legend:
- No enhanced penalties
- Protection for first responders and EMS only
- Protection for nurses and others (laws vary by state)

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Illinois Law

Illinois (405 ILCS 90/)

<u>Who is covered</u>: Mental health and developmental disability facilities

<u>Penalties for perpetrators</u>: Yes

Illinois' law requires a violence prevention plan to be implemented based on findings from a risk assessment and record review. The plan must be reviewed at least once every three years and must take into account the facility's physical layout, personnel policies, first-aid and emergency procedures, reporting of violent acts, and employee education and training. All affected employees must be trained within 90 days of their start date, and they must receive periodic refresher training. The facility must keep records of workplace violence incidents.

Source: OSHA 2016

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Accreditation

Environment of Care EC 02.01.01

- The hospital manages safety and security risks.

Emergency Management EM 02.02.05 EP3

- The emergency operations plan describes how the hospital will coordinate security activities with community agencies (police, sheriff, national guard, fire and rescue, federal agencies).

Leadership LD 03.01.01 and LD 04.04.05

- Leaders create and maintain a culture of safety and quality throughout the hospital.
- The hospital has an organization wide, integrated patient safety plan within it's performance improvement activities (enables reporting, tracking and analyzing incidents to inform proactive and reactive risk reduction).

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Joint Commission Recognizes Importance of Healthy Work in Health Care (JC, 2013)

Improving Patient and Worker Safety
Opportunities for Synergy, Collaboration and Innovation

- ▸ Consistent with Principles of High Reliability Organizations
- ▸ Encourages leaders to make patient and worker safety core organizational values
- ▸ Identifies opportunities to integrate patient and worker safety activities across departments and programs
- ▸ Implementing and maintaining successful worker and patient safety improvement
- ▸ Identifies Research Gaps
- ▸ Case Examples of Interventions (some in VHA)

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Medical Center Shooting

▸ The Medical Center campus covers a large tract of land.

▸ The hospital owned Ambulatory Center (AC) sits across the street from the medical center and is connected by a pedestrian bridge.

BREAKING NEWS

MEDICAL CENTER SHOOTING

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Medical Center Shooting (cont.)

- The ambulatory center consists of three stories with the third floor leased to private physician practices.

- On the day of the shooting a patient, accompanied by his case worker, went to the third floor of the ambulatory center for an appointment.

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Medical Center Shooting (cont.)

- During the visit with the psychiatrist, the patient became loud and argumentative.

- The patient fatally shot the case worker and injured the psychiatrist.

- The psychiatrist returned fire and injured the patient.

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Systems Improvements and Follow-Up Actions

- Improve staff reporting of potential safety risks
- Develop a Field Safety Policy
- Complete a Safety Risk Assessment
- Enhance Video Surveillance
- Implement Mental Health First Aid Training
- Implement Crisis Emergency Response Team Training Program
- Implement Work Place Violence Prevention and Colleague Safety Program

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Workplace Violence Prevention is a comprehensive process involving multiple stakeholders

- Employees/Unions
- Security and Law Enforcement
- Occupational Safety Professionals
- Clinical Care Services
- Patients/Customer Services
- Legal and Regulatory Systems
- Leadership (all levels)

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Environmental Safety/Hazard Assessment

Location

	Facility	**Community**
Dynamic	• Staffing • Census	• Weather • Traffic
Static	• Floor Plan • Alarms	• Address • Reception

Factors

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Disruptive and Violent Behavior Incident Reporting

Challenge

20% Reporting Rate

- Similar rate internationally, across health care systems
- Multiple probable causes:
  - Competing demands—reporting takes time
  - Not want to "label" patients
  - Concern for own reputation
  - Beliefs as to whether reporting will do any good

Solution

Successful Reporting Systems:

- Accessible
- Short and Simple
- Trusted and Secure
- Optional Anonymity
- Result in Identifiable Outcomes
- Labor *and* Management Support

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OSHA Framework for Workplace Violence Prevention

Work Place Violence Prevention Training

Should include the following:

❑ Review of facility's relevant policies

❑ Techniques to de-escalate/minimize violent behavior

❑ Verbal and physical self defense skills

❑ Reporting requirements/procedures

❑ Warning signal recognition

❑ Resources to cope with post-incidents

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Safety and Health Management System: Summary

Safety and Health Management System	Overview	Work Place Violence Prevention Element
Management and Leadership	Communicate commitment to safety and health, document performance, make WPVP a top priority, establish goals and objectives, provide resources and support and set a good example.	Management commitment and worker participation
Employee Participation	Employees are involved in all aspects of the program, feel free to communicate and report safety concerns to management.	Management commitment and worker participation
Hazard Identification and Assessment	Policies and procedures are in place to continuously evaluate risks. There are initial and ongoing assessment of hazards and controls.	Work site analysis and hazard identification
Hazard Prevention and Control	Processes, procedures and programs are implemented to eliminate or control work place violence. Progress is tracked.	Hazard prevention and control
Education and Training	All employees have education and training on hazard identification and controls and their responsibilities under the program.	Safety and health training
System Evaluation and Improvement	Processes are established to monitor the systems performance, verify implementation, identify deficiencies and opportunities for improvement and take actions to improve overall safety and health performance.	Record keeping and program evaluation

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36

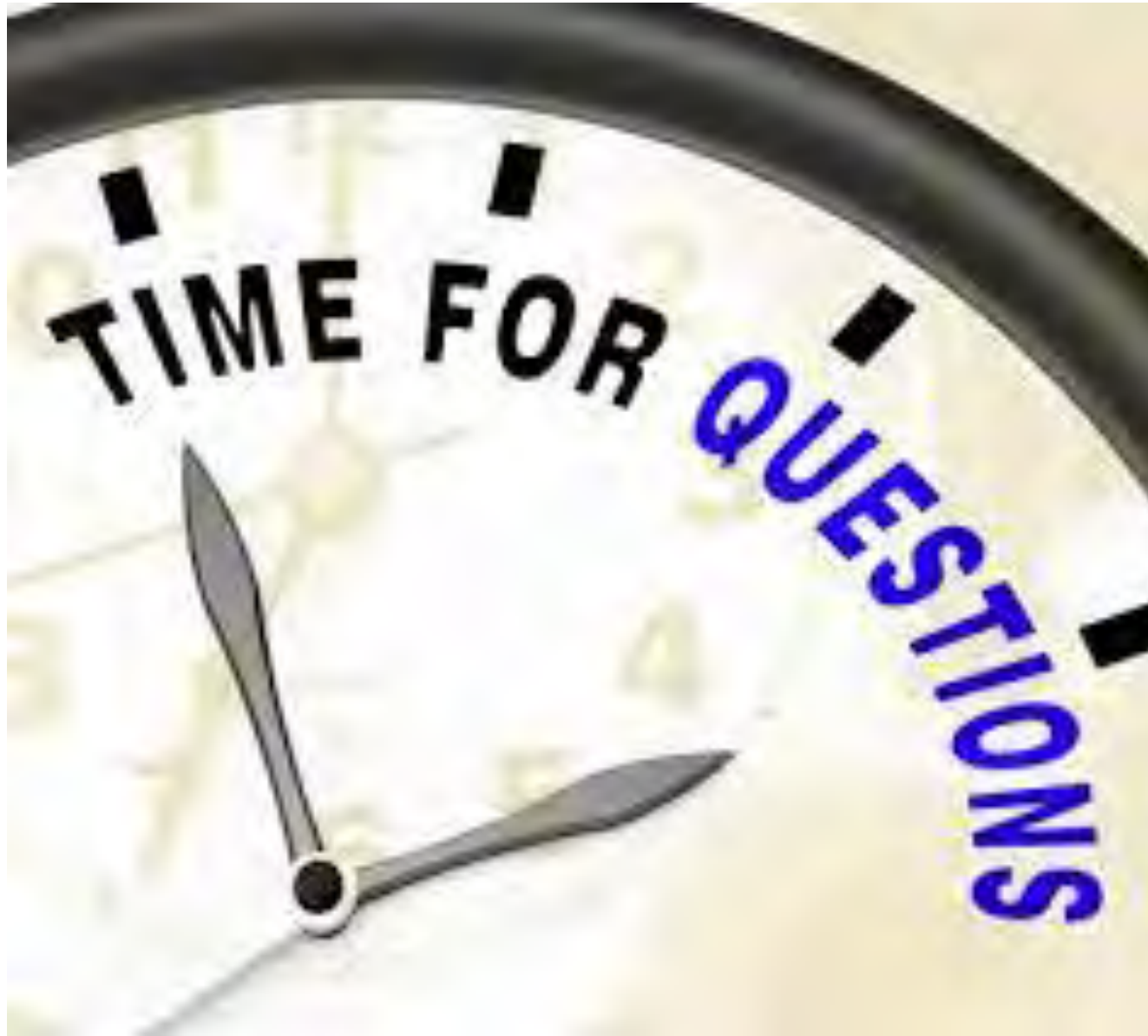Source: OSHA "Work Place Violence and Related Goals: The Big Picture" 2016

Review and Conclusions

- Improve understanding of violence in health care settings
  - No universal strategy exists to prevent violence
  - Risk factors vary from facility to facility
- Review of current standards and tools
- Consider new alliances
- Disseminating prevention strategies and toolkits
- Collaborate with stakeholders

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Application of Lessons Learned

- *Sentinel Event Alert*, Issue 45: Preventing violence in the health care setting

- *Quick Safety*, Issue Four, July 2014: Preparing for active shooter situations

- *Quick Safety*, Issue Five, August 2014: Preventing violent and criminal events

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