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Violence in Healthcare & Keeping Staff Safe

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CSOEMA
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Disclosures

- No financial interest
- Images used in this presentation are from Mayo Clinic held resources for Mayo business (MAUD, Shutterstock), or are publicly available and cited.

Objectives:

1. Explain the problem of violence in healthcare, including prevalence and key factors contributing to violent acts

2. Describe barriers to improvement for violence in healthcare, both internal to healthcare organizations and within communities

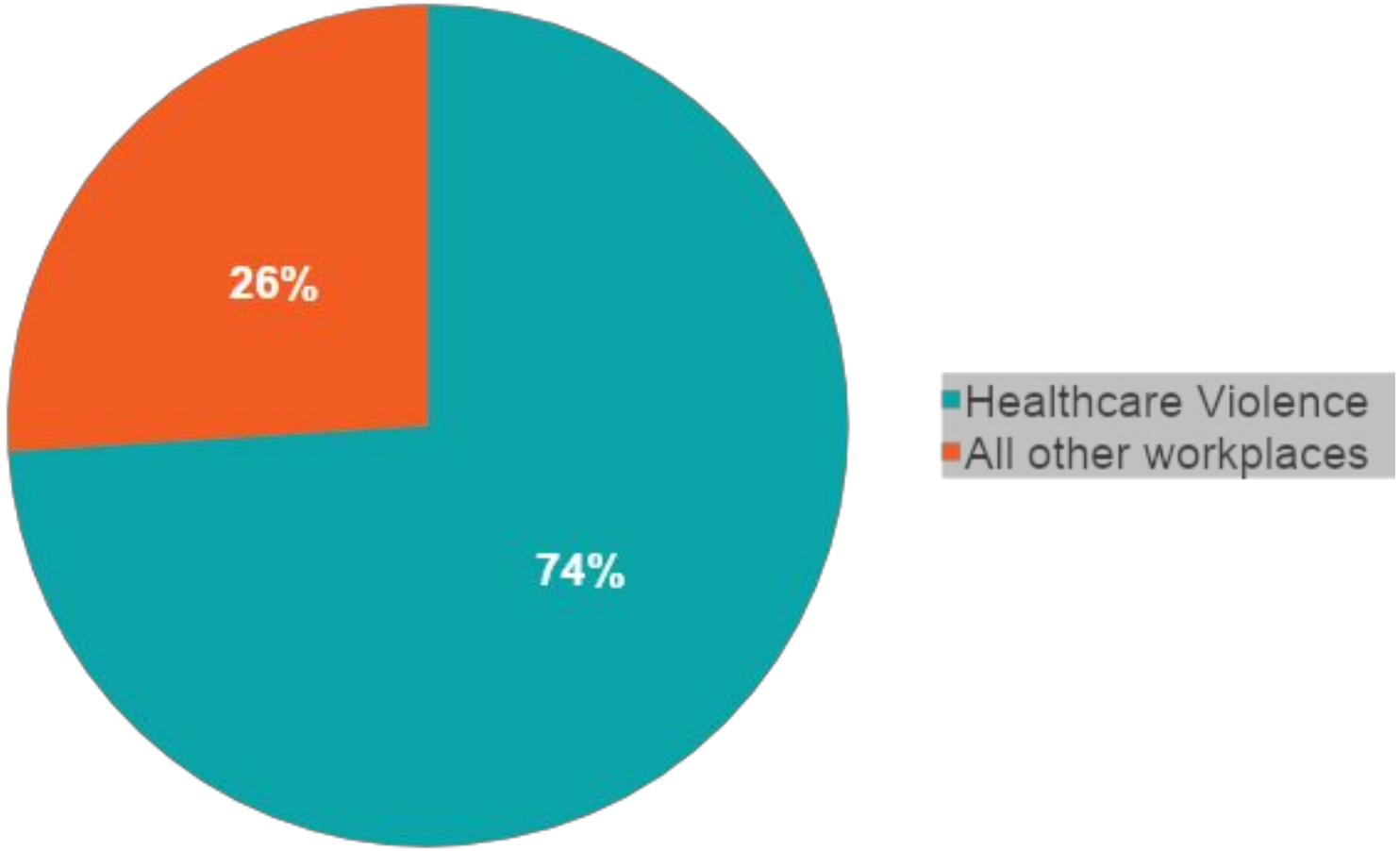
3. Outline violence prevention and mitigation efforts and the effect on staff and patients

Workplace violence (WPV) annual data

- 1.7 million nonfatal assaults
- 900 homicides
- Cost: $4.2 billion each year

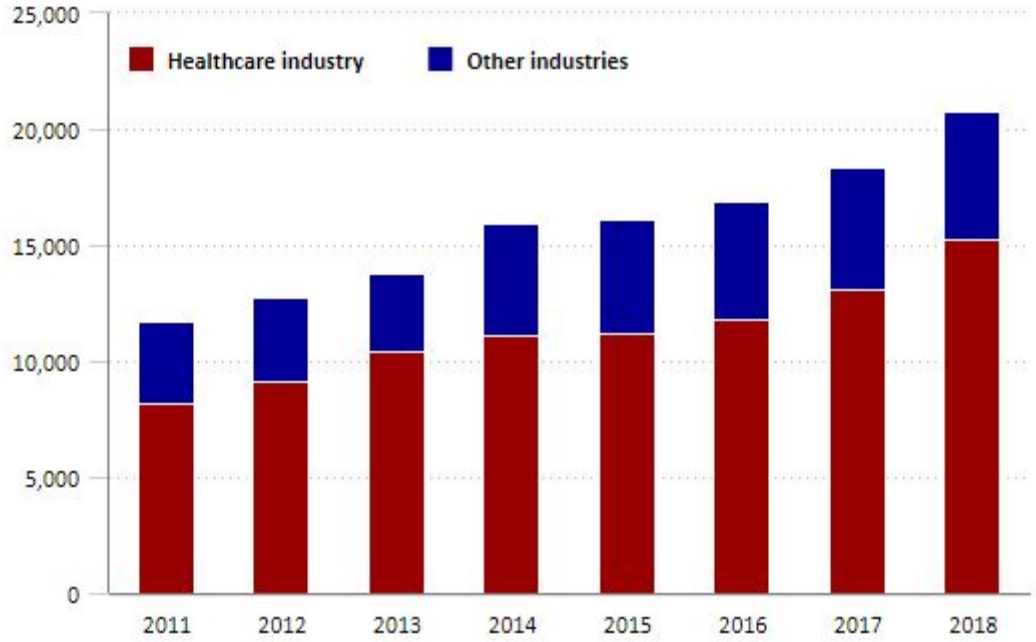
US Department of Labor, Occupational Safety and Health Administration. Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers. OSHA 3148-06R. 2016.

Workplace violence (WPV) – 2011-2013



US Department of Labor, Occupational Safety and Health Administration. Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers. OSHA 3148-06R. 2016.

Chart 2. Number of nonfatal workplace violence injuries and illnesses with days away from work, 2011-18



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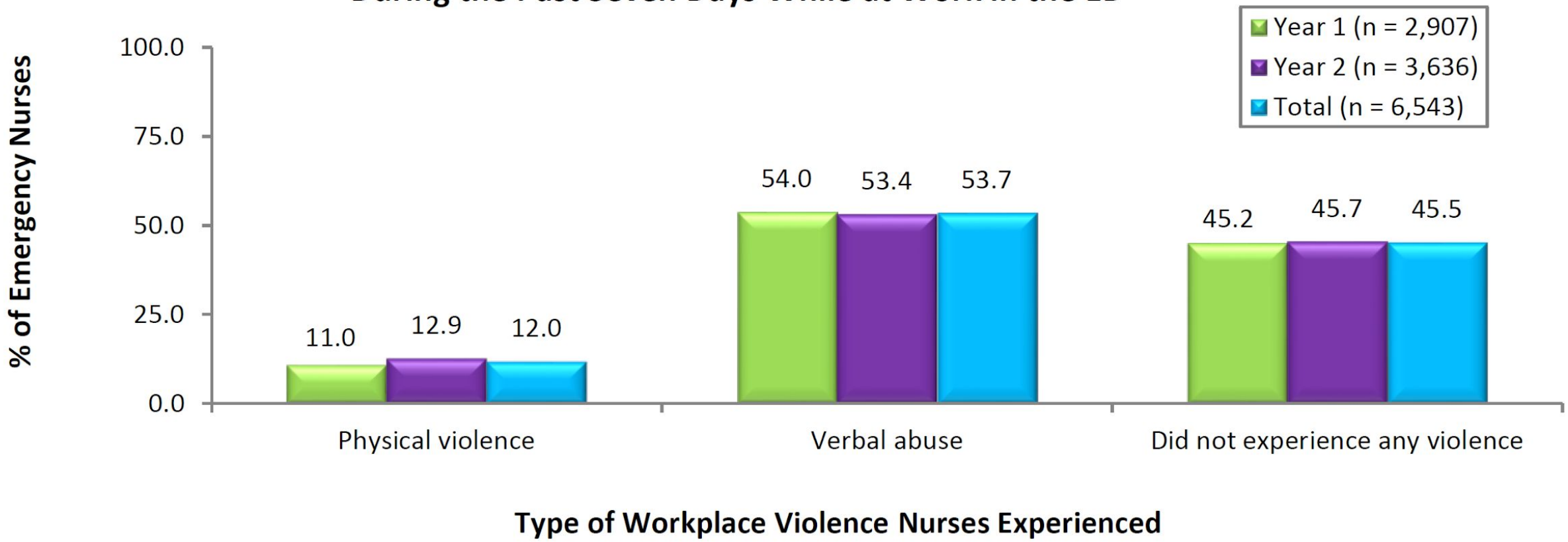
U.S. Bureau of Labor Statistics

Risk factors for workplace violence

- ☐ Do employees have contact with the public?
  Do they work alone?
- ☐ Do they work late at night or during early morning hours?
- ☐ Is the workplace often understaffed?
- ☐ Is the workplace located in an area with a high crime rate?
- ☐ Do employees perform jobs that might put them in conflict with others?
- ☐ Do they ever perform duties that could upset people?
- ☐ Do they deal with people known to have or suspected of having a history of violence?

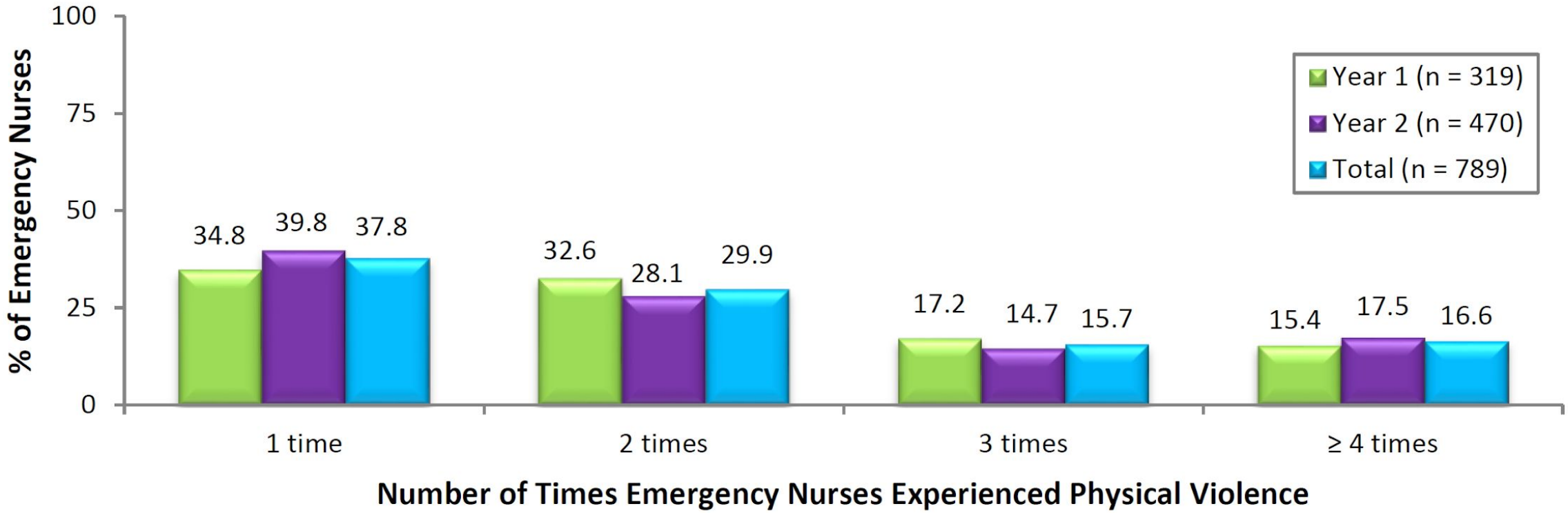
Source: Occupational Safety and Health Administration

Figure 9. Workplace Violence Experience of Emergency Nurses During the Past Seven Days While at Work in the ED



†*Percentages do not equal 100% as respondents could select more than one response.*

Figure 10. Frequency Emergency Nurses Experienced Physical Violence During the Past Seven Days While at Work in the ED



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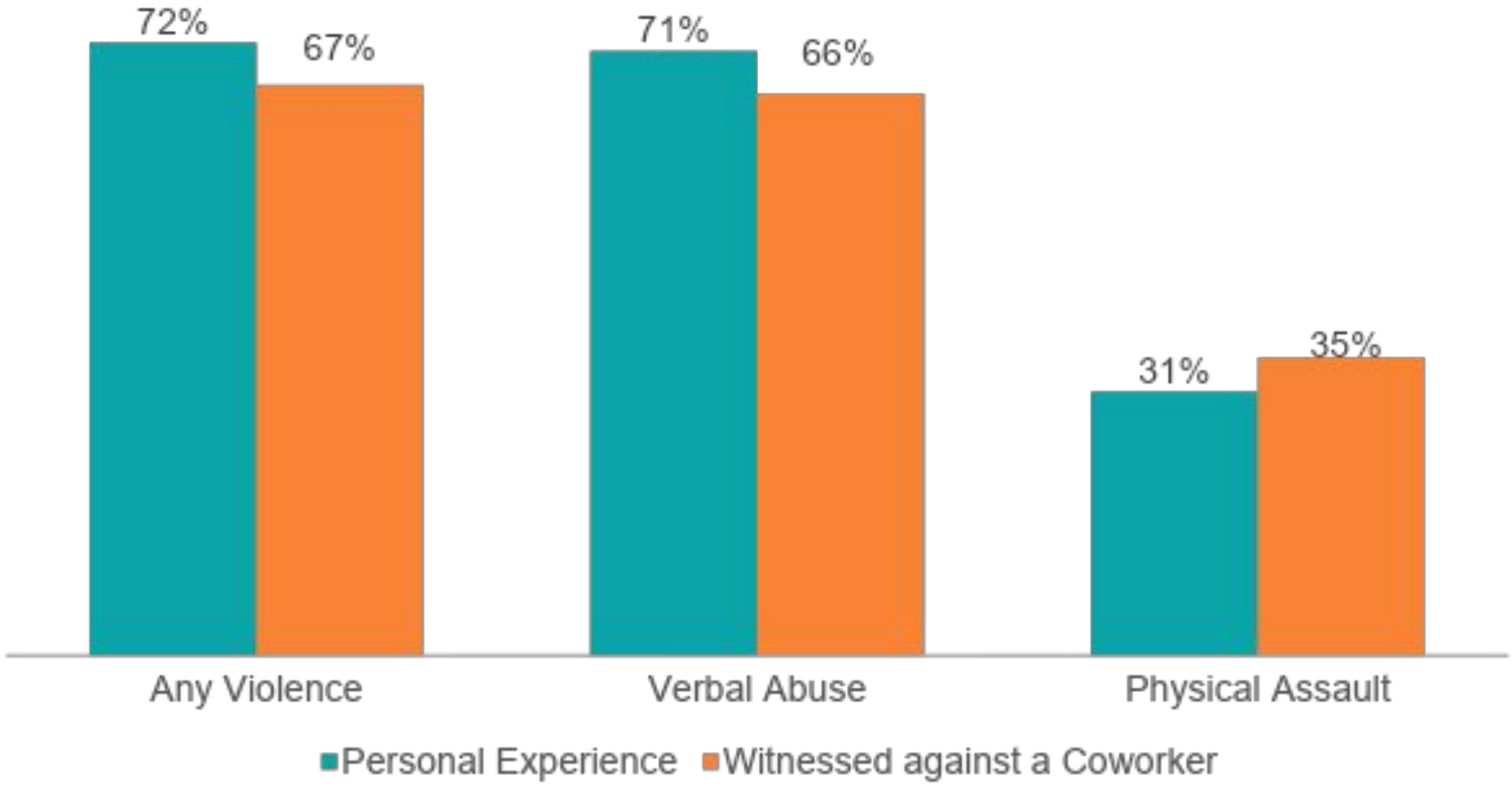
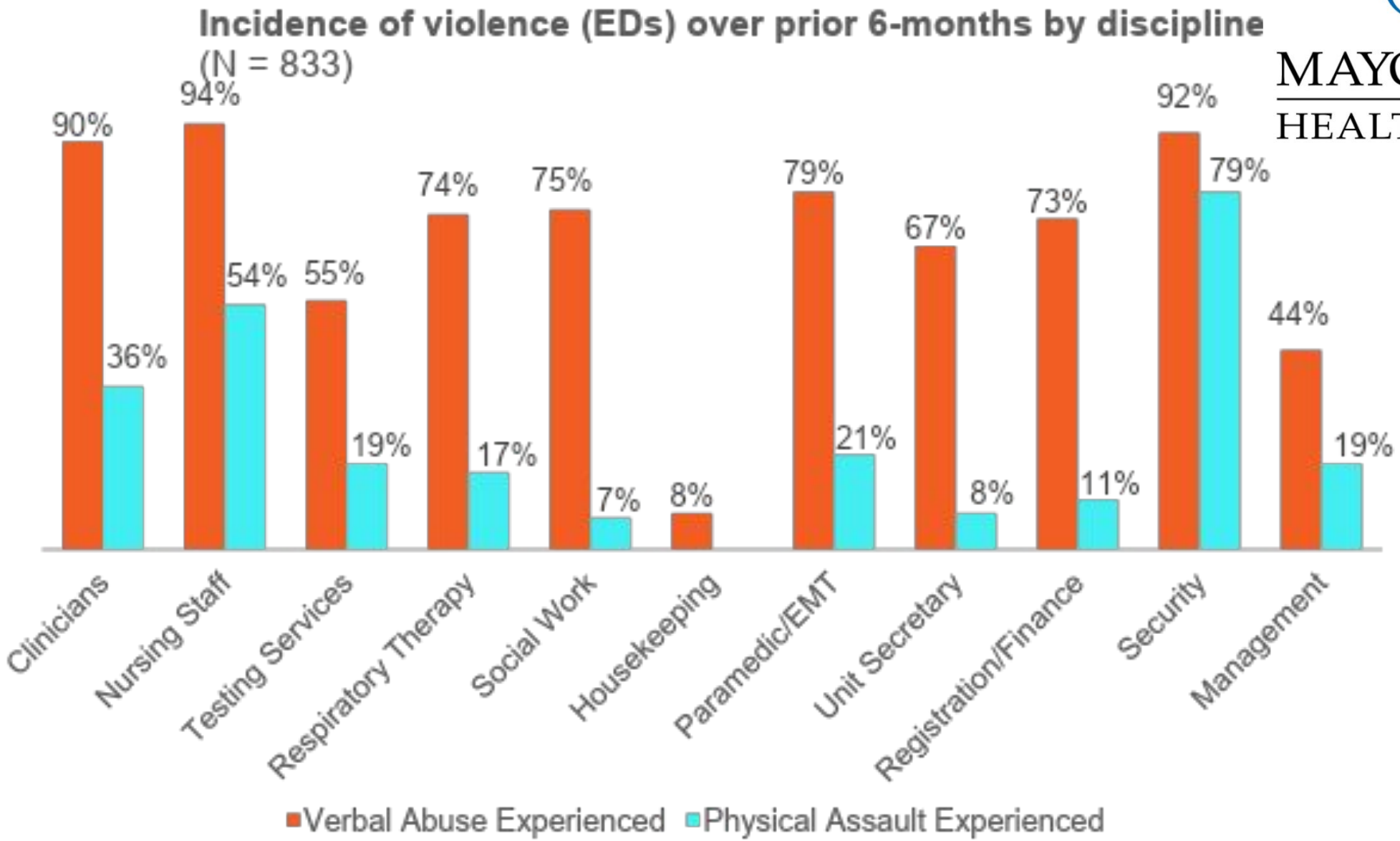
HEALTH SYSTEM

Incidence of violence (EDs) over prior 6-months
(N = 833)



McGuire et. al. West J Emerg Med. 2023 Feb 1;24(2):169-177.



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McGuire et. al. West J Emerg Med. 2023 Feb 1;24(2):169-177.

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HEALTH SYSTEM

Being the victim of WPV has affected
the ability of 22% in performing their job

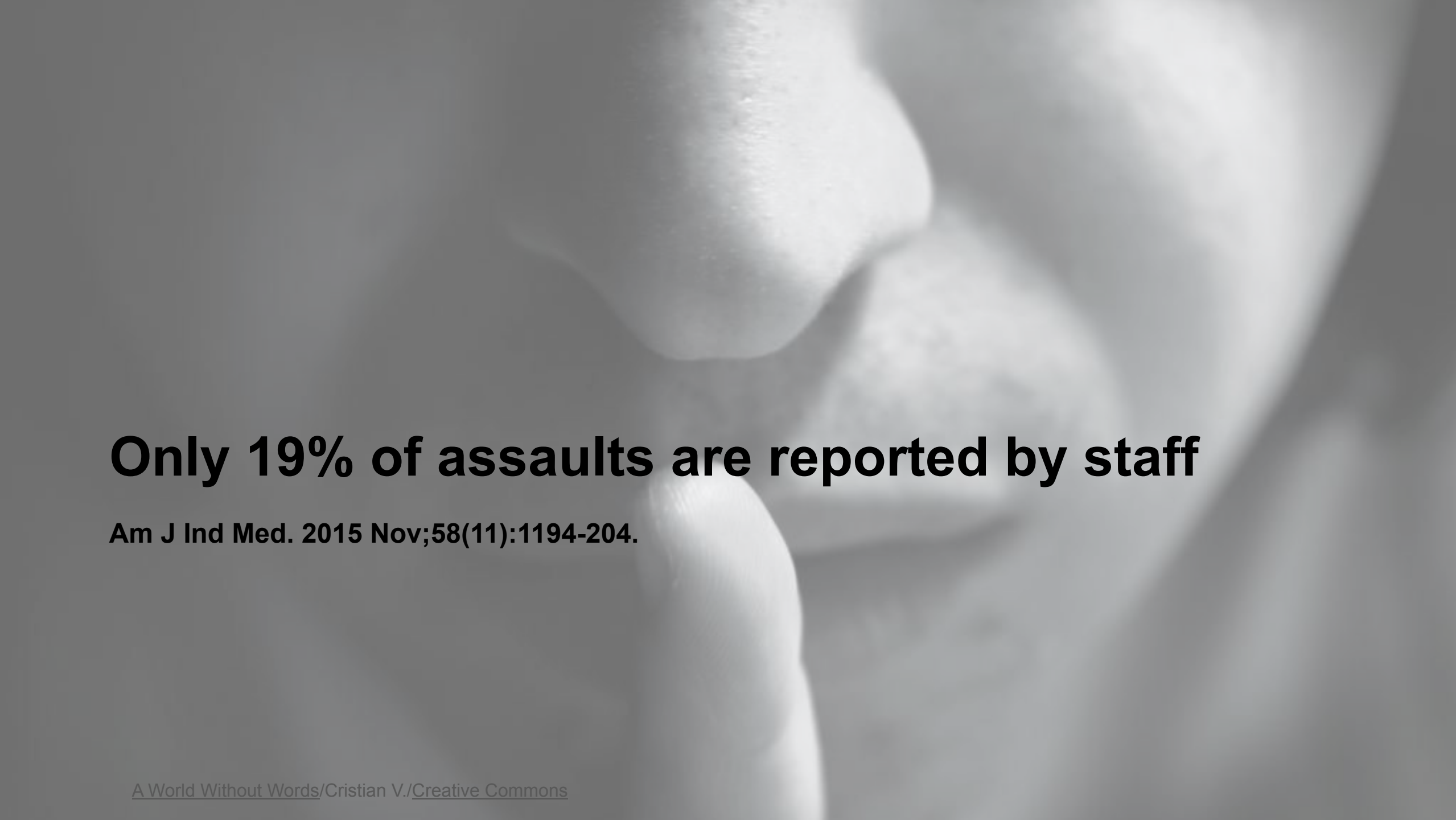
48% indicated that WPV has changed the way
they interact with or perceive patients

21% experience symptoms of post-traumatic stress
as a result of an incident of WPV

18% have considered leaving their position due to an incident

McGuire et. al. West J Emerg Med. 2023 Feb 1;24(2):169-177.

Majority of ED cohort (77%) indicated never *or* rarely reporting incidents



Only 19% of assaults are reported by staff

Am J Ind Med. 2015 Nov;58(11):1194-204.

A World Without Words/Cristian V./Creative Commons

TABLE 3
WPV causes (N = 762)

Cause type [a]	Emergency nurses (n = 92 [12.1%])	Non-emergency nurses (n = 670 [87.9%])	All nurses (N = 762)
Patient with dementia or Alzheimer disease	42 (45.7%)	338 (50.4%)	380 (49.9%)
Patient with drug-seeking behavior	71 (77.2%)	294 (43.9%)	365 (47.9%)
Patient/visitor under alcohol influence	65 (70.7%)	278 (41.5%)	343 (45.0%)
Patient/visitor with unrealistic expectations	43 (46.7%)	285 (42.5%)	328 (43.0%)
Patient/visitor under influence of drugs	64 (69.6%)	239 (35.7%)	303 (39.8%)
Nurse shortage	21 (22.8%)	183 (27.3%)	204 (26.8%)
Patient/visitor with staff behavior misconception	27 (29.3%)	172 (25.7%)	199 (26.1%)
Prolonged wait times	34 (37.0%)	152 (22.7%)	186 (24.4%)
Cultural aspects	12 (13.0%)	164 (24.5%)	176 (23.1%)
Grieving families/visitors	6 (6.5%)	169 (25.2%)	175 (23.0%)
Patient/visitor with perception staff is uncaring	17 (18.5%)	148 (22.1%)	165 (21.7%)
No or poorly enforced visitor policy	13 (14.1%)	111 (16.6%)	124 (16.3%)
Patient/visitor felt not being kept informed	8 (8.7%)	116 (17.3%)	124 (16.3%)
Crowding/high patient numbers	24 (26.1%)	93 (13.9%)	117 (15.4%)
Patient/visitor illiteracy/language problem	9 (9.8%)	91 (13.6%)	100 (13.1%)
Perceived prejudice from nursing staff	12 (13.0%)	85 (12.7%)	97 (12.7%)
Holding/boarding patients	19 (20.7%)	67 (10.0%)	86 (11.3%)
Lack of patient privacy	4 (4.3%)	72 (10.7%)	76 (10.0%)
Insufficient number of or no quiet rooms	7 (7.6%)	60 (8.9%)	67 (8.8%)
No smoking policy	12 (13.0%)	47 (7.0%)	59 (7.7%)
Staff removing personal items from patients	7 (7.6%)	36 (5.4%)	43 (5.6%)
Critically ill children	2 (2.2%)	29 (4.3%)	31 (4.1%)
Violent crime rates	10 (10.9%)	21 (3.1%)	31 (4.1%)
Limited or no access to food and beverages	1 (1.1%)	29 (4.3%)	30 (3.9%)
Physician shortage	3 (3.3%)	25 (3.7%)	28 (3.7%)
Collecting cash payment	3 (3.3%)	23 (3.4%)	26 (3.4%)
Mental health issues	5 (5.4)	17 (2.5%)	22 (2.9%)
Confusion/delirium	1 (1.1)	14 (2.1%)	15 (2.0%)
Other	0 (0.0)	45 (6.7%)	45 (5.9%)

[a] The categories are not mutually exclusive.

J Emerg Nurs. 2014 May;40(3):218-28

Figure 13. Perpetrator of the Physical Violence Was Lucid

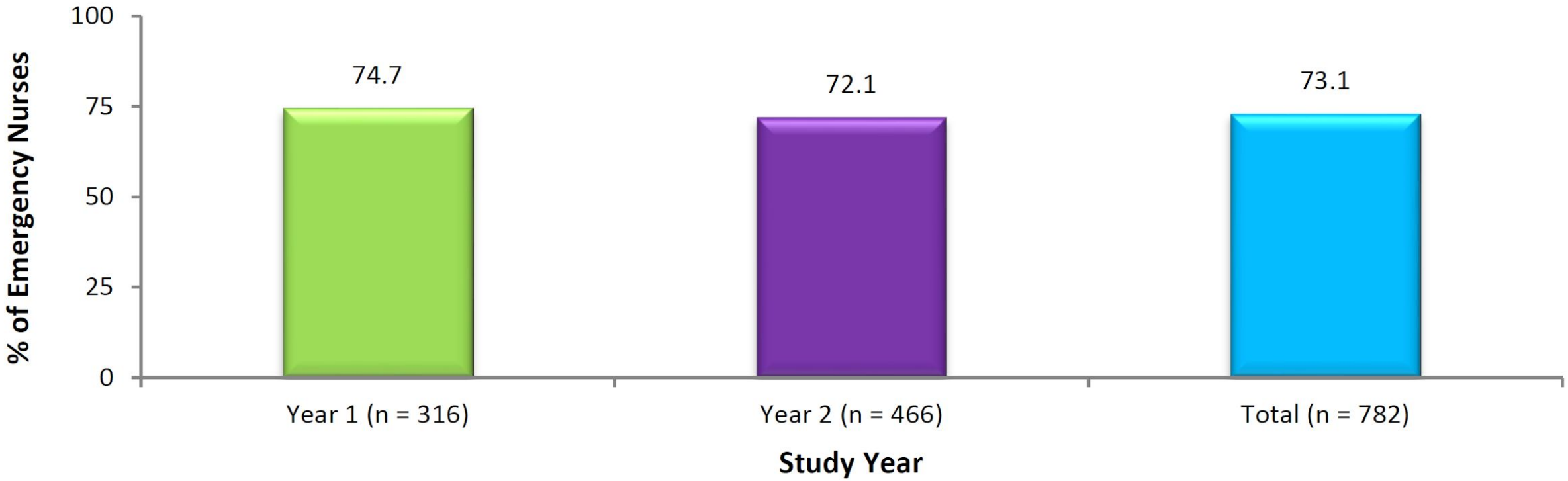


TABLE 5

Workplace violence incident-reporting barriers

Barrier type [a]	Emergency nurses (n = 92 [12.1%])	Non-emergency nurses (n = 670 [87.9%])	All nurses (N =762)
Did not sustain injury/no proof of injury	63 (68.5%)	314 (46.9%)	377 (49.5%)
Inconvenient/time-consuming	35 (38.0%)	164 (24.5%)	199 (26.1%)
Violence comes with the job	29 (31.5%)	120 (17.9%)	149 (19.6%)
No one reports/nothing will be done	29 (31.5%)	109 (16.2%)	138 (18.1%)
Unclear reporting policies	7 (7.6%)	74 (11.0%)	81 (10.6%)
Did not want to draw attention to myself	10 (10.9%)	62 (9.2%)	72 (9.4%)
Perceived as a sign of weakness	7 (7.6%)	40 (6.0%)	47 (6.2%)
Fear of retaliation from unit management	5 (5.4%)	31 (4.6%)	36 (4.7%)
Fear of retaliation from patient or visitor	4 (4.3%)	32 (4.8%)	36 (4.7%)
Fear of personal humiliation	2 (2.2%)	30 (4.5%)	32 (4.2%)
Fear of retaliation from hospital administration	4 (4.3%)	28 (4.2%)	32 (4.2%)
Perceived as a sign of incompetence	4 (4.3%)	24 (3.6%)	28 (3.7%)
May impact patient satisfaction reports	1 (1.1%)	19 (2.8%)	20 (2.6%)
Fear of retaliation from physicians	1 (1.1%)	16 (2.4%)	17 (2.2%)
Fear of retaliation from nursing staff	1 (1.1%)	15 (2.2%)	16 (2.1%)
Other	8 (8.7%)	24 (3.6%)	32 (4.2%)

[a] The categories are not mutually exclusive.

J Emerg Nurs. 2014 May;40(3):218-28

Nothing Changes, Nobody Cares: Understanding the Experience of Emergency Nurses Physically or Verbally Assaulted While Providing Care

Authors: Lisa A. Wolf, PhD, RN, CEN, FAEN, Altair M. Delao, MPH, and Cydne Perhats, MPH, Des Plaines, IL

J Emerg Nurs. 2014 Jul;40(4):305-10.

Healthcare violence affects everyone

Table 2. Incidence of verbal abuse in the prior six months by position.

Position	Any abuse	Threatening tone	Abusive language	Harassment	Verbal threats	Reported abuse
Clinician	44 (90%)	42 (86%)	38 (78%)	19 (39%)	17 (44%)	1 (2%)
Attending physician	25 (89%)	23 (82%)	23 (82%)	9 (32%)	10 (4%)	1 (4%)
Resident physician	16 (89%)	16 (89%)	12 (67%)	10 (6%)	6 (33%)	0 (0%)
Advanced practice provider	3 (100%)	3 (100%)	3 (100%)	0 (0%)	1 (33%)	0 (0%)
Care team assistant	8 (73%)	7 (64%)	7 (64%)	2 (18%)	1 (9%)	1 (13%)
Nursing	76 (95%)	74 (93%)	72 (90%)	41 (51%)	44 (55%)	8 (11%)
Patient care assistant	9 (90%)	8 (80%)	9 (90%)	3 (30%)	3 (30%)	0 (0%)
Phlebotomist	18 (75%)	12 (50%)	17 (71%)	6 (25%)	2 (8%)	4 (22%)
Radiology/ECG	12 (50%)	10 (42%)	10 (42%)	3 (13%)	1 (4%)	0 (0%)
Registration	2 (50%)	2 (50%)	1 (25%)	0 (0%)	0 (0%)	0 (0%)
Security	39 (98%)	38 (95%)	38 (95%)	27 (68%)	27 (68%)	22 (56%)

Note: Reported abuse is given as the percent of respondents who indicated any abuse that reported the incident.
ECG, electrocardiogram.

McGuire SS, Mullan AF, Clements, CM. West J Emerg Med. 2021 May 7;22(3):702-709.

Reporting is low, and worse in some disciplines

Table 4. Incidence of physical assault in the prior six months by position.

Position	Any assault	Assault-weapons	Assault-fluids	Assault-body	Reported assault	Reported abuse
Clinician	12 (24%)	1 (2%)	8 (16%)	8 (16%)	2 (17%)	1 (2%)
Attending physician	7 (25%)	1 (4%)	5 (18%)	3 (11%)	1 (14%)	1 (4%)
Resident physician	4 (22%)	0 (0%)	2 (11%)	4 (22%)	0 (0%)	0 (0%)
Advanced practice provider	1 (33%)	0 (0%)	1 (33%)	1 (33%)	1 (100%)	0 (0%)
Care team assistant	0 (0%)	0 (0%)	0 (0%)	0 (0%)	N/A	1 (13%)
Nursing	39 (49%)	5 (6%)	14 (18%)	34 (43%)	12 (31%)	8 (11%)
Patient care assistant	3 (30%)	0 (0%)	1 (10%)	3 (30%)	1 (33%)	0 (0%)
Phlebotomist	4 (17%)	0 (0%)	3 (13%)	3 (13%)	1 (25%)	4 (22%)
Radiology/ECG	3 (13%)	0 (0%)	0 (0%)	3 (13%)	0 (0%)	0 (0%)
Registration	0 (0%)	0 (0%)	0 (0%)	0 (0%)	N/A	0 (0%)
Security	29 (73%)	2 (5%)	18 (45%)	28 (70%)	24 (83%)	22 (56%)

Note: Reported abuse is given as the percent of respondents who indicated any abuse and reported the incident.
ECG, electrocardiogram.

McGuire SS, Mullan AF, Clements, CM. West J Emerg Med. 2021 May 7;22(3):702-709.

A comprehensive program

Prevention

Mitigation

Response

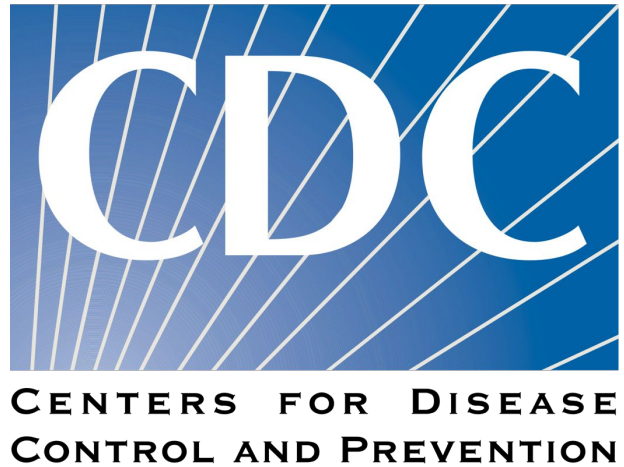
Types of workplace violence

Type 1 – Criminal intent

Type 2 – Customer/Client

Type 3 – Worker-on-worker

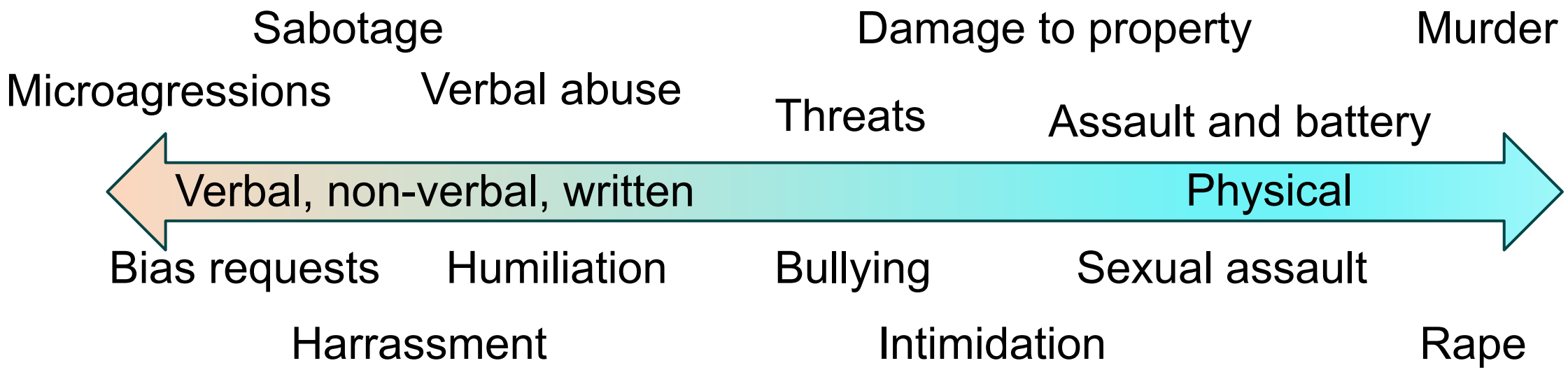
Type 4 – Personal relationship



What is workplace violence?

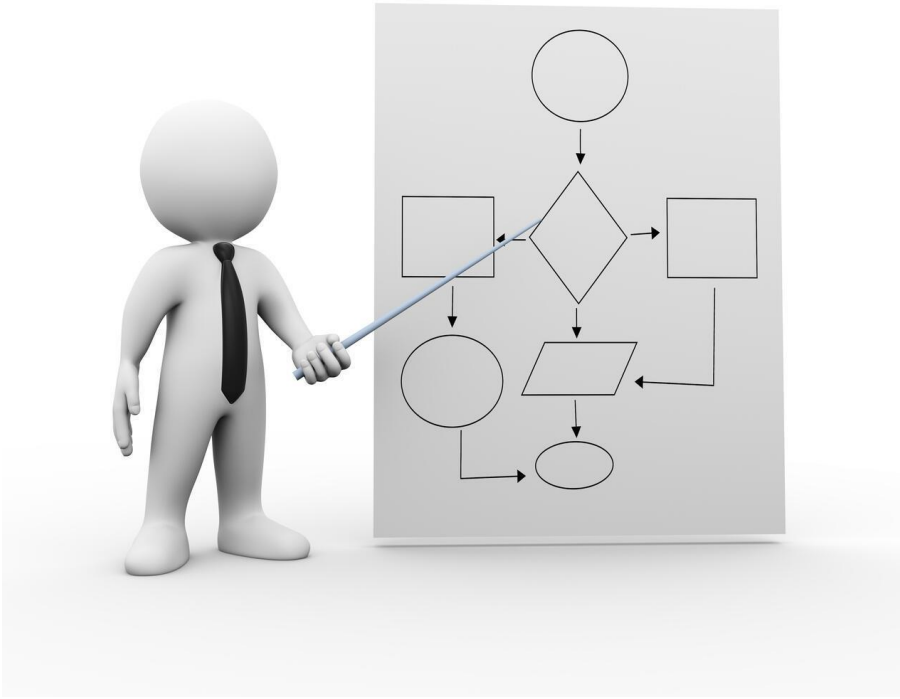
"An act or threat occurring at the workplace that can include any of the following: verbal, nonverbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults; or other behaviors of concern involving staff, licensed practitioners, patients, or visitors."

Complex Behavior: a spectrum of misconduct

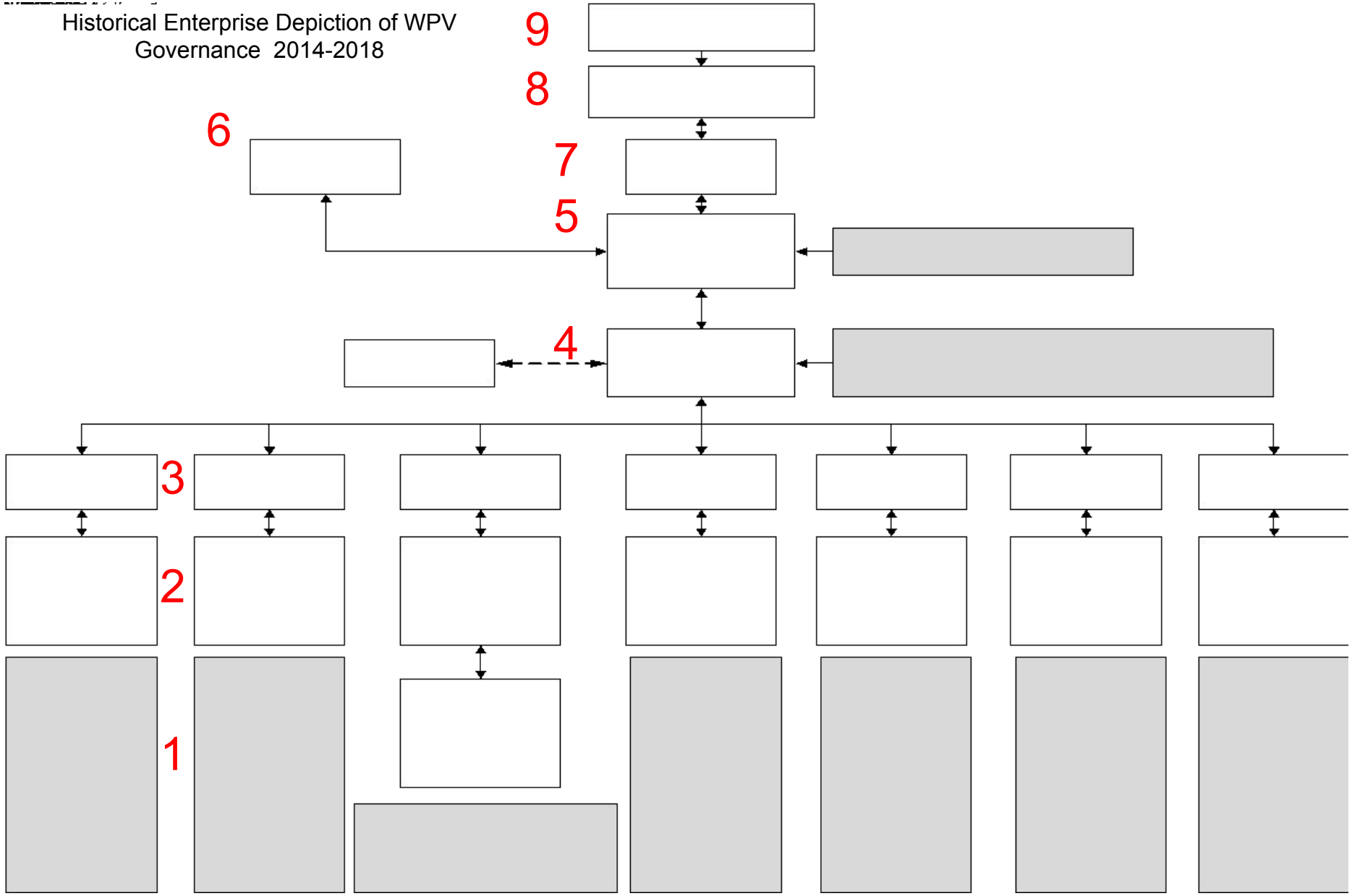


Note: spectrum is not from less severe to more severe.
Words and fear can often harm more than physical injury.

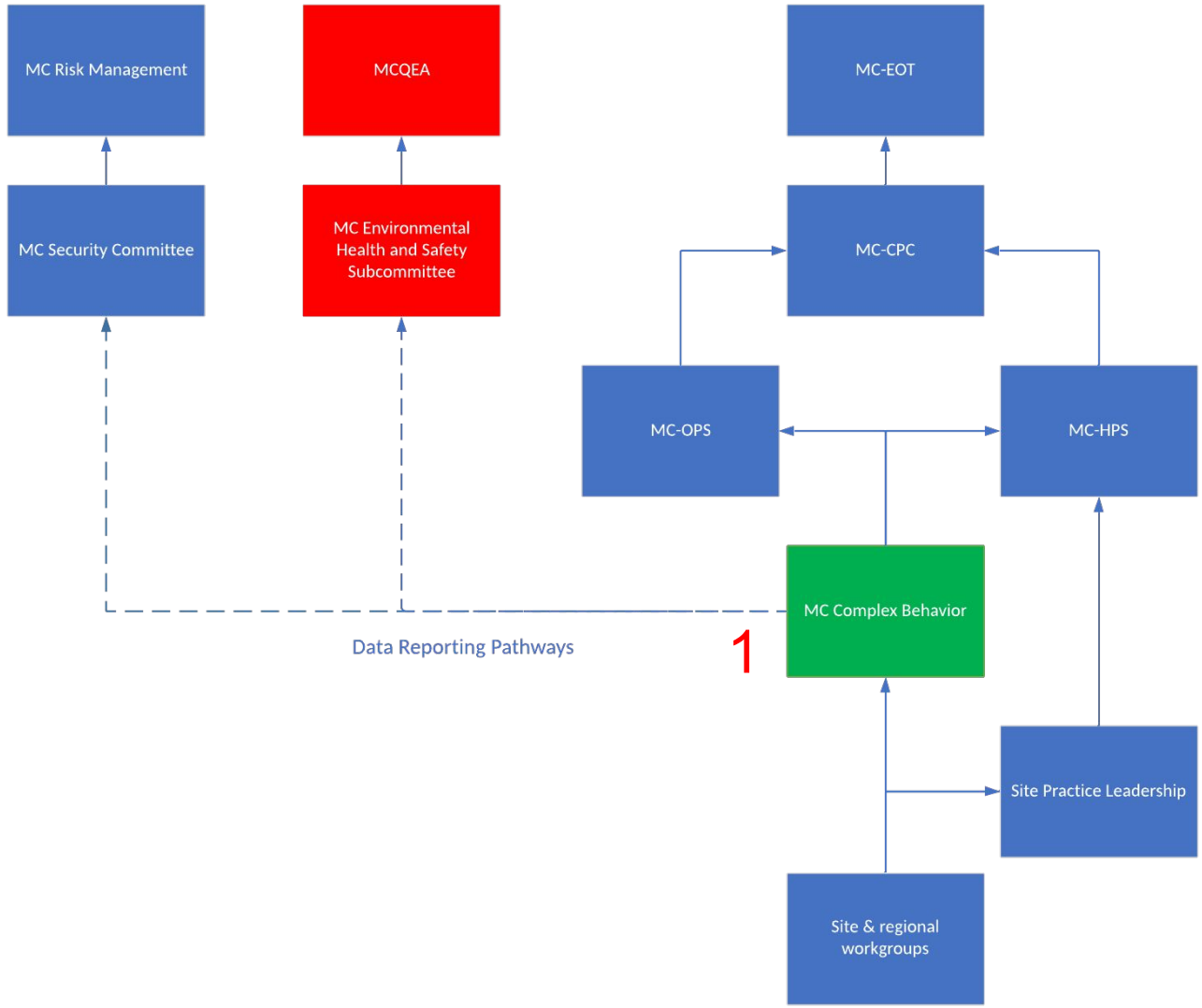
Are we ‘organized’ for success?



Historical Enterprise Depiction of WPV Governance 2014-2018

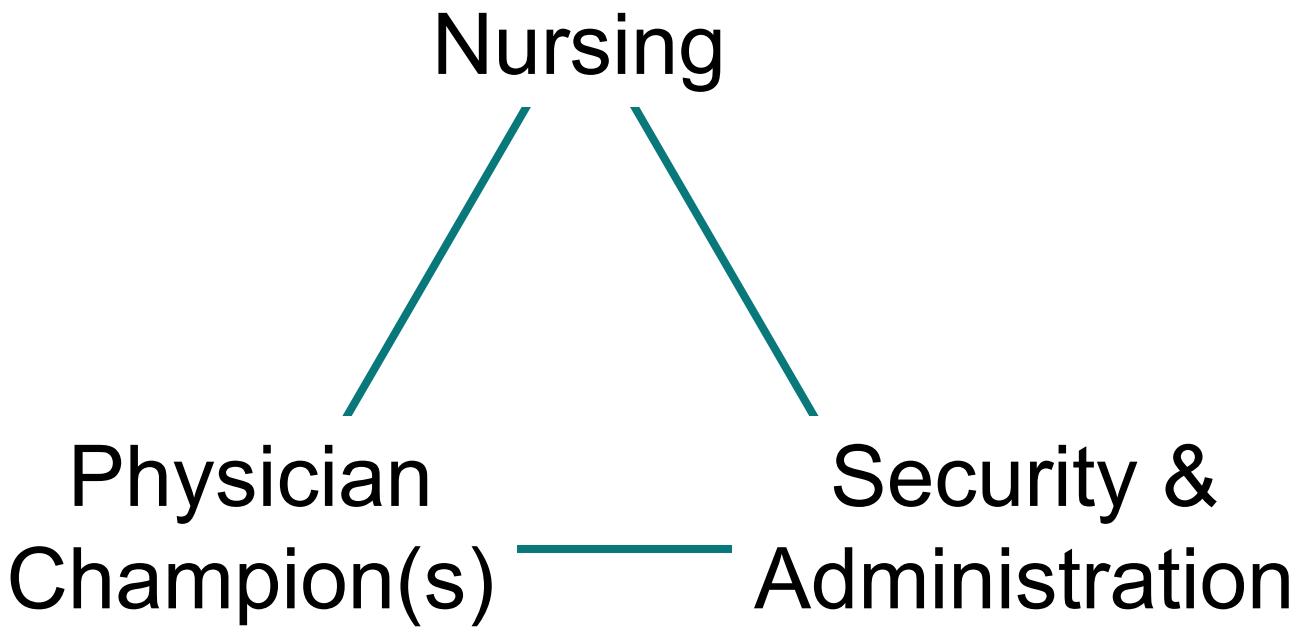


Evolving with a purpose

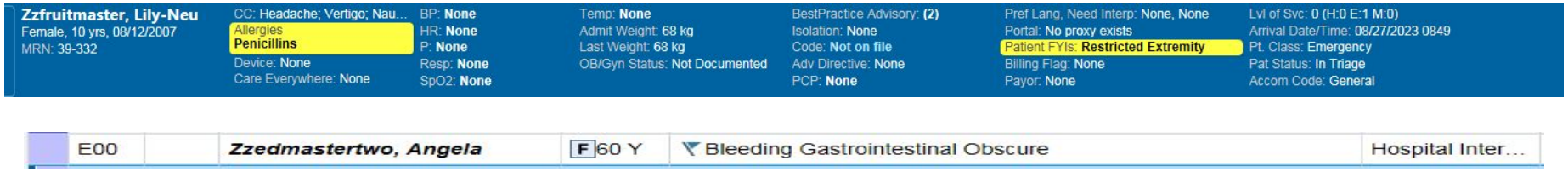


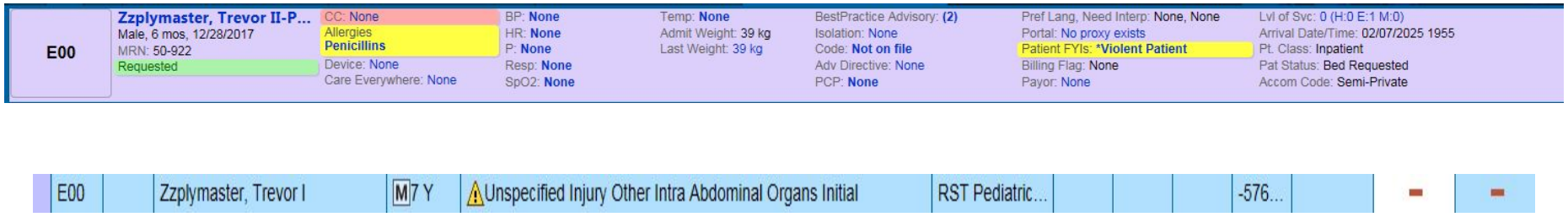
- Close the gap between the bedside and the boardroom.
- Create a formal pathway to practice leadership.
- Eliminate administrative redundancies.
- Remain aligned with key stakeholders in Quality.

The importance of triad leadership



Violet for violence





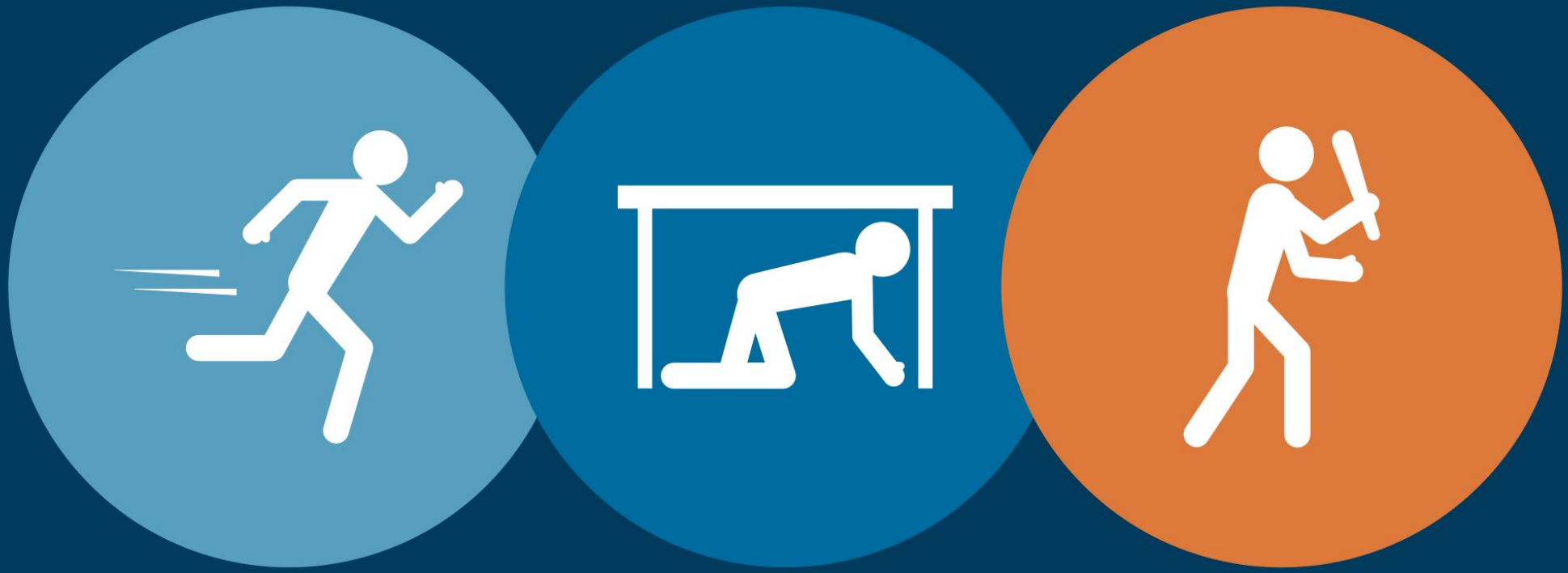
Healthcare based shootings

2 types:

- Targeted
  - Planned
  - Requires concealment from point of entry to target
- Fit of rage
  - Unplanned
  - Victims ‘at hand’

ACTIVE SHOOTER RESPONSE

LEARN HOW TO SURVIVE A SHOOTING EVENT

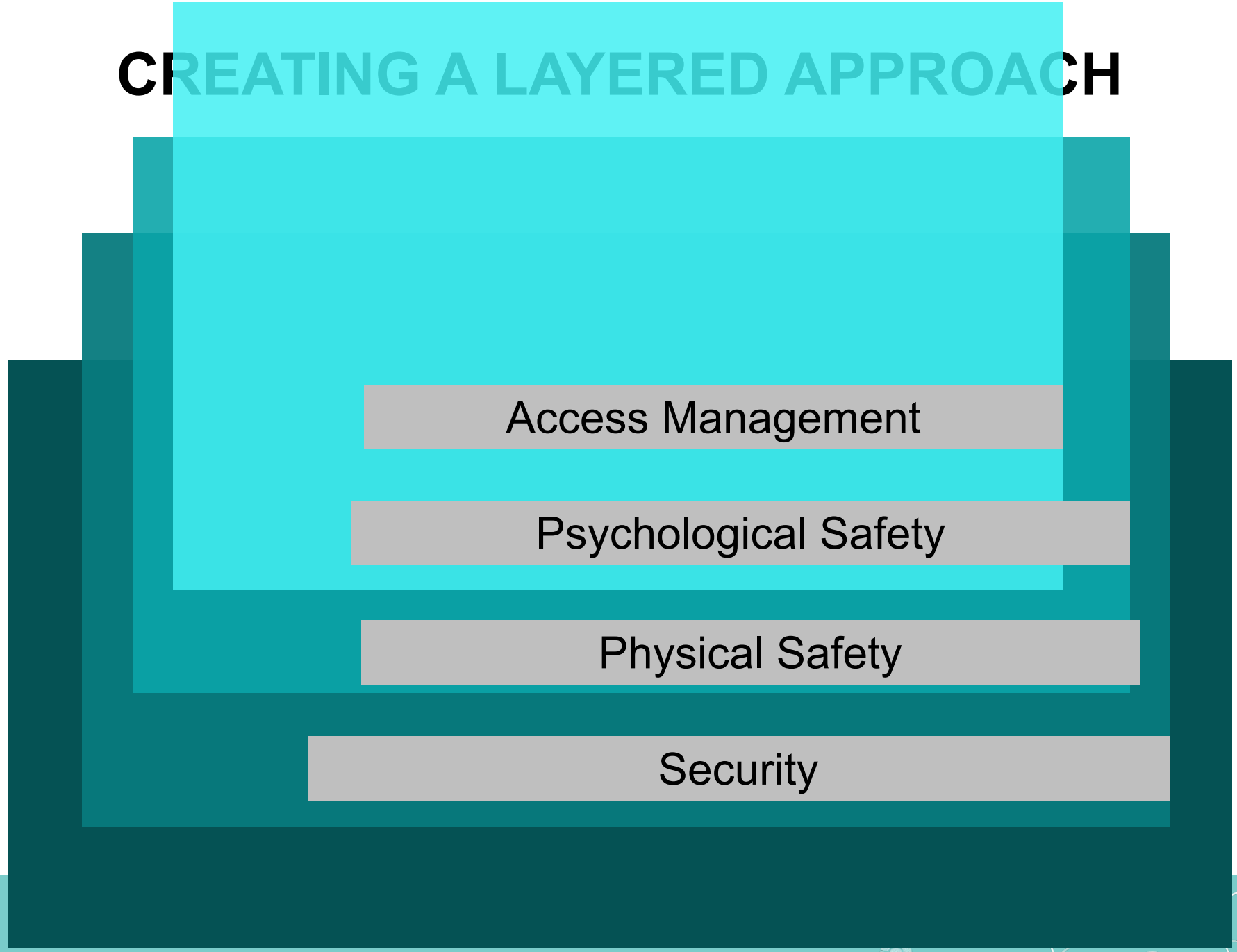


RUN

HIDE

FIGHT

CREATING A LAYERED APPROACH



Layer 3: Access Controls

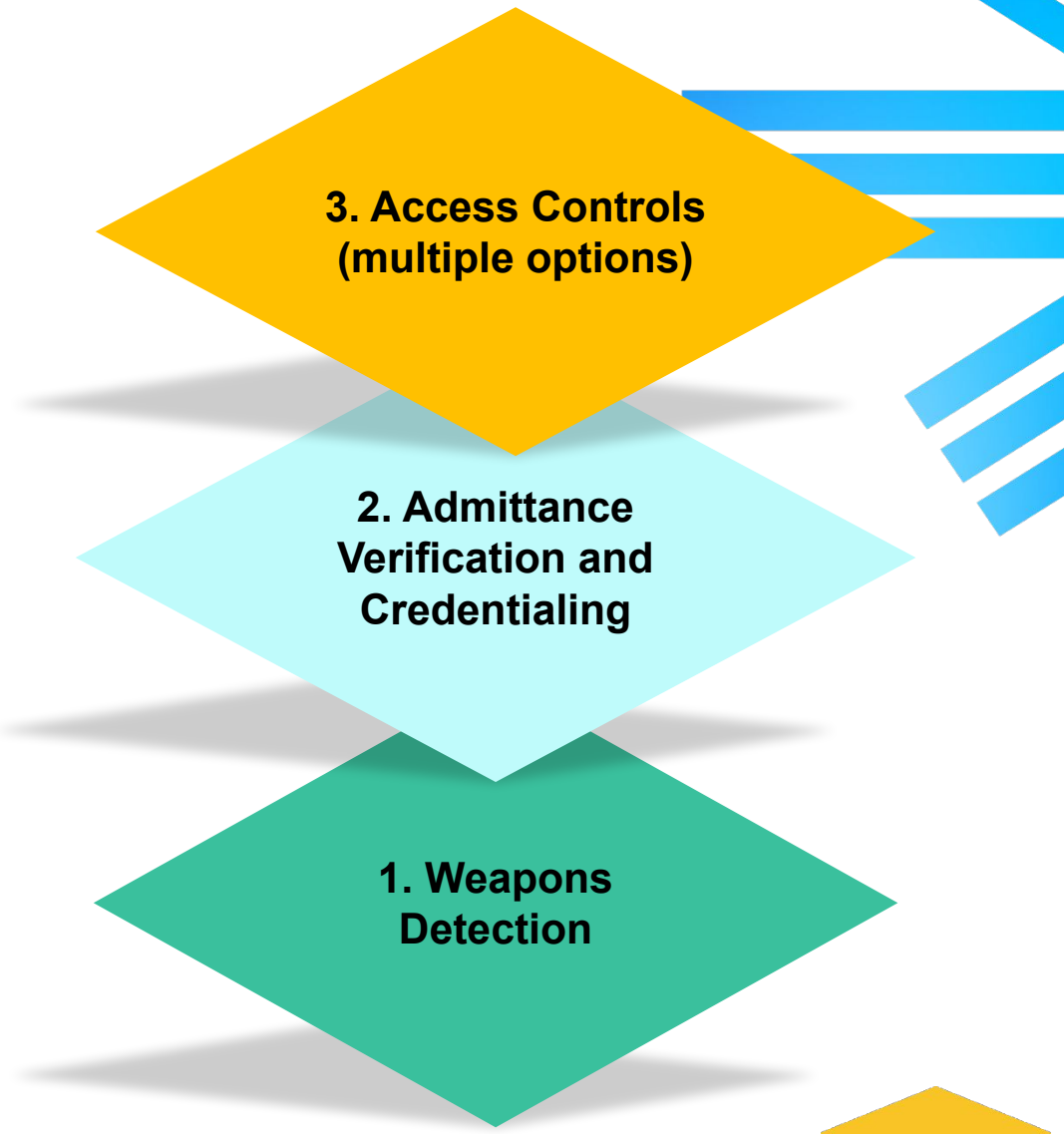
- Must be deployed in conjunction with Admittance Verification and Credentialing software (level 2)
- Options include elevators, doors/revolving doors, optical barriers
  - Apply best option for each environment

Layer 2: Admittance Verification and Credentialing

- May or may not be paired with access controls
- Verifies who is entering and for what reason
- Issues a badge
- Bar codes, QR codes, Bluetooth, Facial recognition if pairing with access control tools (not required)

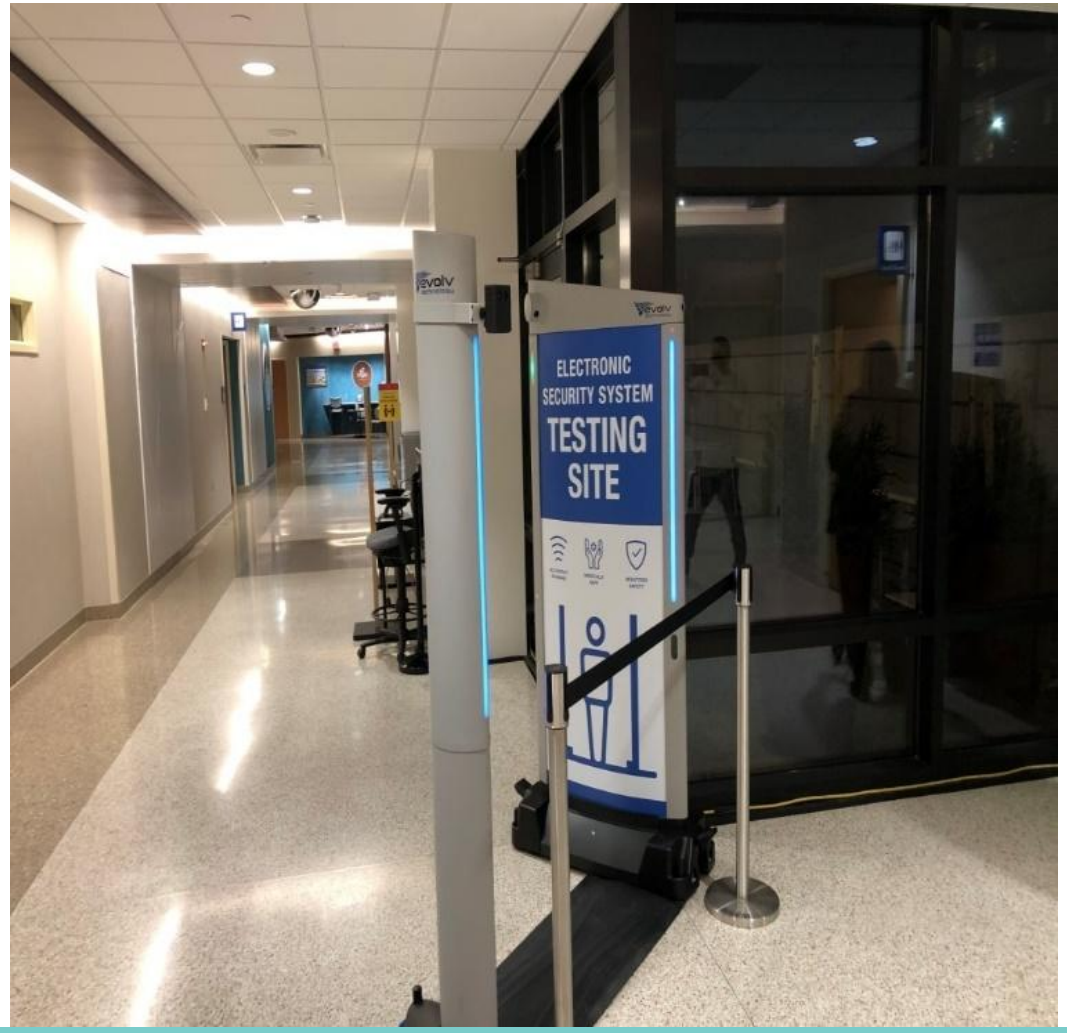
Layer 1: Weapons Detection

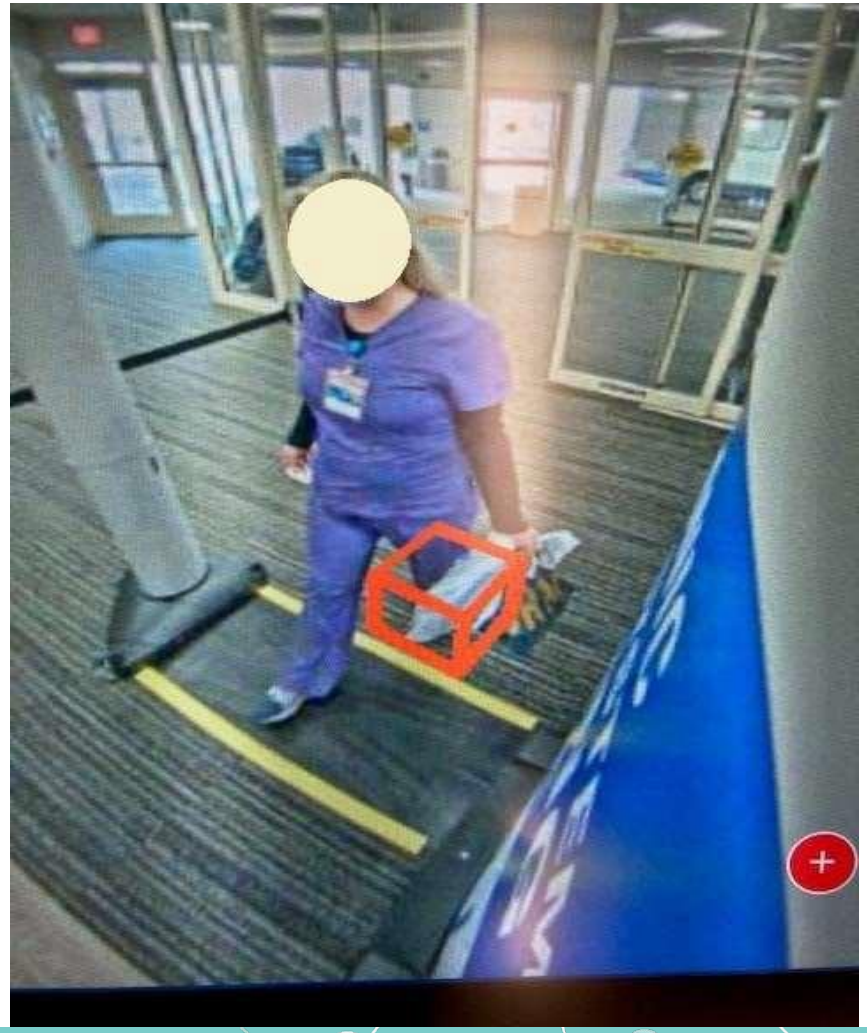
- Operates independent of other technology
- Opportunity to enforce long standing weapons policy
- Enhances physical and psychological safety for patients, visitors, business partners and employees
- Technology is able to differentiate between a medical device/hardware and weapon



Layers of Security

Passive Weapons Detection





Complex Intervention Unit (CIU)

- Cooperative project between hospital medicine, emergency medicine, and psychiatry
- Hospital based unit with ‘closed’ staffing model & dedicated medical service
- Physical plant for behavioral and medical complexity
- Voluntary staff, trained and experienced with both medical and behavioral complexity

CIU: Physical Environment

CIU: Physical Environment

CIU: Physical Environment

Maximize ‘internal’ resources/teams

- ED leadership
- Hospital leadership
- Social work
- Security
- Legal
- Psychiatry

Map of public safety services

Law enforcement	Social services	The courts	Community partners
Police Dept.	Adult & Fam Svc.	County Atty	Hospitals
Sherriff's Ofc.	Child & Fam Svc.	City Atty	Comm. psych
Jail	HHS	Judiciary	Detox/Addiction
State Police	DECO	CBHH	Shelters
Fed. Med. Cntr.	Mobile Crisis		EMS
	CREST		

The bottom line:

- Violence is an epidemic and is one of the biggest challenges facing healthcare in the US
- The culture in healthcare and in the public has to change
  - This requires administrative and public action
- There are steps we can take to prevent and mitigate the risk of violence

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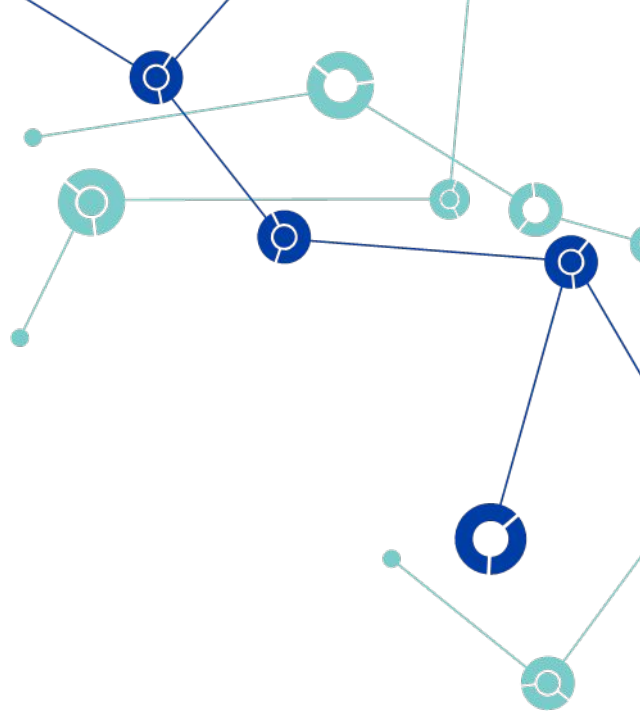

It is not ‘part of the job’ to be assaulted

Questions and discussion