Impacts from Workplace Violence in Healthcare
New Joint Commission Requirements

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- Questions

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Workplace Violence in Healthcare

Chart 1. Incidence rate of nonfatal workplace violence to healthcare workers, 2011-18

■ Incidence rate per 10,000 full-time workers
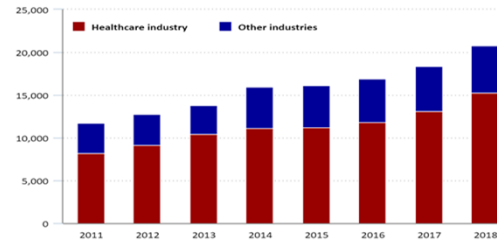
Source: US Bureau of Labor Statistics, 2020

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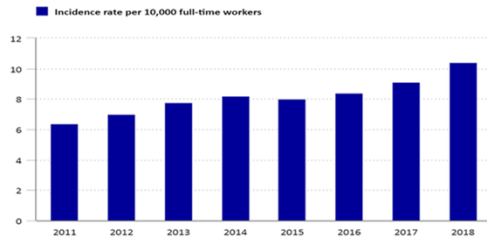
Workplace Violence in Healthcare

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

■ Healthcare industry   ■ Other industries

Source: US Bureau of Labor Statistics, 2020

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Workplace Violence in Healthcare

A 2019 report by *American Nurse Today,* in which 5,262 nurses nationwide were surveyed, found that 59% of respondents experienced verbal assault by a patient within the last two years, and 43% experienced verbal assault from a visitor.

A 2019 *American College of Emergency Physicians* poll of more than 3500 emergency physicians across the nation found that close to 50% of emergency doctors experienced assault, and 70% of emergency nurses reported getting hit or kicked while working.

Surveys such as these reflect the groups they represent, however WPV impacts ALL healthcare workers; associates, providers, contractors, volunteers, patients and visitors at some point.

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Workplace Violence in Healthcare

According to *U.S. Bureau of Labor Statistics* reporting, between 2005 and 2014 there was a 110% increase in workplace violence for healthcare workers.

This reporting also highlights that health care and social service industries experience the highest rates of injuries caused by workplace violence and are 5 times as likely to suffer a workplace violence injury than all other industries workers overall.

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Workplace Violence at SCL Health

PEARL (RL6) Workplace Violence Events Reports
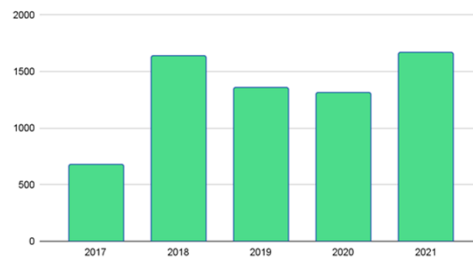
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Impacts of Workplace Violence in Healthcare

- In May 2021, Harvard Business Review released an article referencing a study from Mental Health America in which 1,119 healthcare workers were surveyed between June and September 2020. The results revealed;
  - 93% of health workers were stressed,
  - 86% experienced anxiety,
  - 77% reported frustration,
  - 76% reported exhaustion/burnout
  - 75% felt overwhelmed all from the effects of the pandemic and the subsequent incivility from co-workers and workplace violence from patients and visitors.

- Another study of the impact of disruptive behaviors on patient safety in which 4500 Doctors and Nurses were polled revealed that
  - 71% of them saw a link between incivility and medical errors
  - 27% linked such behavior to patient deaths.

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Impacts of Workplace Violence in Healthcare

- Worker's Compensation insurance data is a misleading and incomplete indicator of the financial impacts of WPV in healthcare due to a number of factors;
  - Certain locations have requirements that healthcare workers take paid time off prior to receiving WCI benefits.
  - Additional staffing to cover shifts missed by injured associates, or overtime paid to these persons are rarely calculated in the total costs.
  - The long term emotional, physical and impacts are not captured by dollar figures.

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Impacts of Workplace Violence in Healthcare

Exposure to workplace violence is linked to both physical injury and fatalities and to negative psychological outcomes, including decreased well-being and job satisfaction, and increased depression, post-traumatic stress disorder symptoms, and employee turnover. Ultimately exposure to violent behavior undermines the integrity of a hospital, leading to mistakes that may result in decreased safety for patients.

NCBI, US National Library of Medicine, NIH

The cost of turnover can have a profound impact on diminishing hospital margins. The national average cost of turnover for a bedside RN is $40,038 and ranges from $28,400 to $51,700 resulting in the average hospital losing between *$3.6m – $6.5m/yr*. Each percent change in RN turnover will cost/save the average hospital an additional $270,800/yr.

2021 NSI National Healthcare Retention & RN Staffing Report

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Impacts of Workplace Violence in Healthcare

- One of the greatest impacts to WPV occurrences in healthcare is a reluctance or fear of reporting.
  - There is still a mentality that violence, assault, incivility or bullying is part of the job. We must stop this.
  - Healthcare workers should have an *EXPECTATION* that they will witness and experience violence in the careers, but we as healthcare workers and as an industry should not *ACCEPT* violence.

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Workplace Violence and the Pandemic

- The totality of the effects of the pandemic and the impacts on workplace violence in healthcare are not yet complete or well calculated. But we can point to the direct impacts that have been felt by healthcare organizations;
  - Fear and misinformation
  - Visitor restrictions and elective procedure delays.
  - Reluctance of seeking medical care, exacerbation of medical conditions
  - Impacts of releasing of incarcerated persons, reduction of mental health resources and increased homelessness
  - Under and unemployment impacts
  - Increases in drug, alcohol use/misuse
  - Domestic violence incidence increases from Stay at Home orders, school closures
  - Healthcare worker fear, stress, fatigue
  - Differences in public health rules, government restrictions
  - Many, many more….

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Workplace Violence and the Pandemic

- Additionally, as restrictions lifted and public health orders changed, we experienced a mentality that the pandemic was over and certain persons believed they no longer needed to comply with mask requirements, social distancing practices, etc.
  - This lead to increased confrontation at COVID screening stations, healthcare entrances, etc.
  - Continued visitor restrictions lead to anger amongst some persons
  - Vaccine roll out then created more anxiety and misinformation

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SCL Health Responses to WPV and the Pandemic

- Secure Campuses or Restricted access entry locations
  - This limited access points to ensure COVID symptoms screening and helped ensure that we identify all persons who entered our facilities. (TJC EC.02.01.01)
- Notification to all persons that WPV will not be tolerated.
  - Signage, communication.
- Additional Security/Healthcare Associates
  - Utilized non bedside associates to provide support for transportation, screening, safety attendants, etc to lessen the burden of bedside associates.
- We implemented a beta test of K9 Security at a single care site
  - This was very successful and is being implemented across the system
- Law Enforcement staffing of PRN Security became less reliable
  - Increases in need for LE in the communities, increased retirements/resignations across LE

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Zero Tolerance Signage

ATTENTION
PATIENTS & VISITORS

Our facility is a healing environment. Aggressive behavior will not be tolerated.

Examples of aggressive behavior include:
Physical Assault
Verbal Harassment
Abusive / Offensive Language
Threats

There is **zero tolerance** for all forms of aggression. Aggressive behavior may result in a security or police response, removal from the premises and/or charges being filed.

Thank you for choosing SCL Health and for helping to promote our healing environment.

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Prevalence of K9 teams in healthcare

K9 Teams in Healthcare

- K9 Security teams are estimated to be a persistent presence within less than 5% of Healthcare facilities across the nation.
- Questions around Infection Prevention, Allergies, Aggression, Perception, Liability, Effectiveness and others often lead Healthcare organizations to ignore K9 Security.
- Many Healthcare organizations will either firearm their Security teams or hire off-duty law enforcement. Firearm security comes with its own risks and **50%** of all shootings that take place in the Emergency Department settings come from a Security Officer or Law Enforcement Officer's weapon. (34% of all shootings inside healthcare facilities occur in the ED.)
- Additionally, healthcare organizations should consider the impact that law enforcement presence may have on certain persons seeking medical treatment. Persons with concerns of criminal activity (drugs & ETOH use) persons with immigration status concerns, etc.

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Use of K9s in Healthcare

What do K9 Security teams do in a Healthcare setting

- **K9 teams can provide a visual and psychological deterrent to crime.**
  - Persons are more compliant with a K9 handler and K9 instructions than an individual Security or Police Officer alone.
  - People know that dogs can detect weapons, contraband and contain person better than an Security officer alone.

- **K9 teams provide calm and reassurance to associates and visitors**
  - This can increase care provider's sense of safety and retention.
  - Some persons will have fear of a dog and it is the responsibility of the handler to withdrawal the K9 from the scene if that is recognized.

- **K9s position themselves between a violent person and care providers**
  - This means there is a reduced likelihood for care provider injuries from Workplace Violence events.
  - This also means persistent education /communication to the care provider teams must include that they should not come between the k9 and the handler.

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What K9 Security is not

K9 Law Enforcement vs K9 Healthcare Security

- Law Enforcement K9 Teams
  - Suspect apprehension
  - Bomb detection
  - Missing persons detection
  - Vocalization for all criminal interactions

- Healthcare K9 Security Teams
  - WPV prevention
  - Conflict Resolution
  - Contraband detection
  - Visible Security presence

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St. Mary's K9 Beta Test

- **Intent**
  - Our Goal is to reduce incidence of Workplace Violence (WPV) and Associate Harm.
  - Deescalate a situation so care/treatment can be provided.

- **St. Mary's BETA Test – A K9 Security Team collaborated with our ED**
  - A K9 and Handler worked 4 hour shifts in the ED in an effort to proactively reduce WPV incidents and criminal activity with "Officer presence"
  - Shifts were scheduled during peak hours (Thurs-Sun, 6 pm to 10 pm, 7 pm to 11 pm, 8 pm to midnight, & 9 am to 1 am)
  - The test ran for several months to collect data supporting or refuting decrease in WPV and criminal activity

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Patrol Location and Breeds of K9

K9 Patrol
- The primary focus was in the Emergency Department with patrols and rounding *near* other high risk areas such as the ICU, Maternity, etc.
  - The K9 teams will not patrol inside IP sensitive areas like NICU, OR, or COVID units.
  - The patrols also included the exterior of the hospital main campus to include the parking structures and other high crime risk areas or sheltering areas.
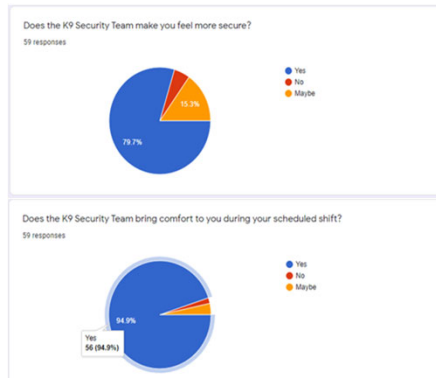 - These K9s are not for disease detection.

Breed of K9
- Because of the Healthcare setting and the scope of the K9s, certain breeds will not be selected to be a part of any future Healthcare Security teams within SCL Health
  - Belgian Malinois, Dutch Shepherds and similar high prey drive dogs will be excluded. (will be continuously evaluated)
  - German Shepherds, Labradors, and other level behaviored dogs will be selected as K9s for purchase and training.

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St. Mary's & National Data

- St. Mary's ED experienced a **27% decrease** in WPV events.

- Healthcare K9 teams, have been shown to reduce WPV by more than 30 percent over Security or Police alone.

- National Center for Biotechnology Information; K9 have effectively **reduced** crime/violence by **75%** percent in Midwest and East Coast hospitals.

Does the K9 Security Team make you feel more secure?
59 responses

Does the K9 Security Team bring comfort to you during your scheduled shift?
59 responses

Yes
56 (94.9%)

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Workplace Violence – A Standard Approach

- Workplace Violence Prevention Program
  - From inception to delivery and continuous process improvement
- Leadership Oversight
  - Not knowledge, sponsorship, advocacy, extensively understood.
- Policies & Procedures
  - The foundation for which all successful programs exist and build from
- Post-incident Strategies
  - How is this prevented in the future? How to we help the impacted recover?
- Data Collection & Analysis
  - Reporting still lags. WPV is "**NOT**" a part of the job.
- Education & Training
  - For every associate, provider and contractor. Continuous and specialized or advanced education as needed.

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Workplace Violence – Definition

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

- The Joint Commission Glossary, 2021

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Workplace Violence – New Requirements

Leadership LD.03.01.01:

- Leaders create and maintain a culture of safety and quality throughout the hospital (new EP 9).
- The hospital has a workplace violence prevention program led by a designated individual and developed by a multidisciplinary team that includes the following:
  - Policies and procedures to prevent and respond to workplace violence
  - Process to report incidents in order to analyze events and trends

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Workplace Violence – New Requirements

Leadership LD.03.01.01:

- Leaders create and maintain a culture of safety and quality throughout the hospital (new EP 9)
- The hospital has a workplace violence prevention program led by a designated individual and developed by a multidisciplinary team that includes the following:
  - Process for follow-up and support to victims and witnesses of workplace violence including trauma and psychological counseling if necessary
  - Reporting of workplace violence incidents to the governing body

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Workplace Violence – New Requirements

Human Resources HR.01.05.03:

Staff participate in ongoing education and training (new EP 29).

- As part of its workplace violence prevention program, the hospital provides training, education, and resources **(at the time of hire, annually, and whenever changes occur regarding the workplace violence prevention program)** to *leadership, staff, and licensed practitioners*. The hospital determines what aspects of training are appropriate for individuals based on their roles and responsibilities.

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Workplace Violence – New Requirements

Human Resources HR.01.05.03:

- Staff participate in ongoing education and training (new EP 29).
- The training, education, and resources address:
  - What constitutes workplace violence
  - Education on roles and responsibilities of leadership, clinical staff, security personnel, and external law enforcement
  - Training in de-escalation, non physical intervention skills, physical intervention techniques •
  - Response to emergency incidents
  - Reporting process

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Workplace Violence – New Requirements

Environment of Care EC.04.01.01:

- The hospital collects information to monitor conditions in the environment (revised EP 1).
- The hospital establishes a process for continually monitoring, internally reporting, and investigating the following: … Safety and security incidents involving patients, staff, or others within its facilities, including those related to workplace violence….

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Workplace Violence – New Requirements

Environment of Care EC.04.01.01:

- The hospital collects information to monitor conditions in the environment (revised EP 6).
- Based on process(es), the hospital reports and investigates the following: Safety and security incidents involving patients, staff, or others within its facilities, including those related to workplace violence….

![SCL Health logo]

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Workplace Violence – New Requirements

Environment of Care EC.02.02.02:

- The hospital manages safety and security risks (new EP 17).
- The hospital conducts an annual work-site analysis related to its workplace violence prevention program. The hospital takes actions to mitigate or resolve the workplace violence safety and security risks based upon findings from the analysis.

- *Note: A worksite analysis includes a proactive analysis of the worksite, an investigation of incidents, and an analysis of how the program's policies and procedures, training, education, and environmental design reflect best practices an conform to applicable laws and regulations.*

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Conclusion

Workplace Violence in Healthcare is not a new phenomenon. This has been a long standing issue that has proven impacts on the wellbeing of healthcare workers, medical errors, patient outcomes and mortality, not to mention the financial costs from all of this.

Healthcare organizations are well regulated on the environment in which healthcare is delivered, the quality of healthcare given and so much more. What has been less regulated is the protections and programs we provide to the heroes that serve our communities and missions everyday. The new TJC requirements are a step in the right direction, but still, even more is needed.

Advocacy for enhanced penalties for persons who assault our healthcare workers, additional mental health and addiction services, shelters for homeless persons are just a few of these items. Organizational investment in security design, technology, staffing and response is still vastly underutilized.

If we are to deliver safe, effective healthcare, we must FIRST provide a safe and effective environment for our people.

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Questions

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