

Managing Violence in the Healthcare Setting



Is Your Facility Prepared?

Healthcare workers today are faced with an elevated level of workplace violence. According to recent research included in a report from the Joint Commission, the incidence of violence has increased from 2.0 events/100 beds in 2012 to 2.8 events/100 beds in 2015.ⁱ This violence occurs across healthcare settings in the United States. The National Institute for Occupational Safety and Health defines workplace violence as “violent acts, including physical assaults and threats of assault, directed toward persons at work or on duty.”ⁱⁱ Working in the healthcare industry can be stressful, but it is important to consider that the added stress of workplace violence can lead to an unhealthy workplace environment which has negative effects on the staff, the patients, and the healthcare facility.

Healthcare workers have an ethical duty to “do no harm” to patients. This same standard must be upheld by the healthcare facility to its employees. “Given that poorer safety culture and working conditions are associated with undesirable outcomes for workers, and undesirable worker outcomes are associated with poorer patient outcomes, it stands to reason that health care organizations preoccupied with safety should not focus on patient safety alone.”ⁱⁱⁱ

The current epidemic of workplace violence in the healthcare setting has led to recent more stringent guidelines and standards emphasizing the necessity of increased standards across all health care facilities. Many of these healthcare facilities are enacting programs, guidelines, and technology designed to reduce the prevalence of violent incidences.^{iv} These programs require careful consideration and significant resources to implement and manage. Some considerations include:

- Analysis of facility risks
- Cost of workplace violence
- Understanding of regulatory guidelines and standards
- Key elements of a safety program
- Environmental and technology assessment

What Are Your Facility Risks?

According to the U.S. Department of Labor there are various risk factors that can increase the likelihood of workplace violence which include:

1. Working directly with people who have a history of violence, abuse drugs or alcohol, gang members, and relatives of patients or clients
2. Transporting patients and clients
3. Poor environmental design of the workplace that may block employees' vision or interfere with their escape from a violent incident
4. Poorly lit corridors, rooms, parking lots and other areas
5. Lack of means of emergency communication

These and other risks are identified by OSHA and can be mitigated with technology and prevention programs.^v Understanding your facility's risk factors can enable a safety program to be developed that addresses your needs. Resources are available to help healthcare organizations assess their safety needs and implement safety and violence prevention programs.^{vi}

Hospitals click [here to reference the OSHA Self-Assessment Tool](#) that measures the safety of the hospital compared to other hospitals.

Subacute healthcare facilities click [here to reference the U.S. Dept. of Labor Occupational Injuries and Illnesses Incidence Rate Calculator and Comparison Tool](#)

The Cost of Workplace Violence

Workplace violence occurs in various healthcare settings including acute care, sub-acute care, long-term care facilities, skilled nursing facilities, clinics, mental health centers, and correctional facilities. Incidents can be fatal however, according to data from the Bureau of Labor Statistics, the vast number of incidents led to serious injuries.^{vii}

Violent incidents are not only detrimental to the individual but they are also costly to the facility. This cost occurs when an employee needs medical treatment or there is a loss of work days because of the injury. "For example, one hospital system had 30 nurses who required treatment for violent injuries in a particular year, at a total cost of \$94,156 (\$78,924 for treatment and \$15,232 for lost wages)"^{viii}

These incidents also can lead to further costs that occur from caregiver stress and fatigue that result from being exposed to unsafe situations. Many caregivers that experience stress and violence within a healthcare setting opt to leave the facility. “The estimated cost of replacing a nurse is \$27,000 to \$103,000.¹¹ This cost includes separation, recruiting, hiring, orientation, and training.”^{ix}

According to the research by Taylor et al., “lower perception of safety and teamwork among nurses was associated with increased odds of decubitus ulcers in patients and increased nurse injury.”^{x xi}

Government and state regulators are holding healthcare facilities responsible for ensuring patient and worker safety. OSHA has leveraged substantial fines against facilities for “failing to develop and implement adequate measures to reduce or eliminate the likelihood of physical violence and assaults against employees by patients or visitors.”^{xii} Programs, guidelines and technology are available that can provide a safer workplace environment.

OSHA has developed an online program called “Safety Pays” that assesses the cost of injuries and illnesses on your facility’s profitability. This resource is a tool that can be used to gain recognition of how injuries can decrease a facility’s profit margins.^{xiii}

[Click here for the OSHA Safety Pays program and tools.](#)

Guidelines and Standards

The death of Cynthia Palomata, RN, in 2010 due to a workplace violence incident raised awareness among healthcare workers and incited new legislation to be passed.^{xiv} The state of Michigan has enacted Criminal Laws Protecting Health Professionals that designates a penalty to anyone who assaults a healthcare professional. Now there is legislation that holds individuals accountable for inflicting injury on hospital staff.

Healthcare facilities also have some culpability in preventing injury to staff. According to the Joint Commission “Quality and Safety are inextricably linked.”^{xv}The Joint Commission Standard **LD.03.01.01** maintains that “Leaders

Story of Cynthia Palomata

Cynthia Palomata worked for 15 years as a nurse at San Francisco General Hospital until she injured her back while lifting a patient. After a disability leave, Palomata took a job as a nurse treating inmates at Contra Costa County Jail in Martinez, CA.

During one of her shifts, a man who had just been booked on burglary charges at the detention facility faked a seizure in the hopes of being released from the holding cell where he was being held and was transferred to the nursing station. Palomata took his vital signs in an intake area. When she turned her back, the man smashed her in the head with a metal lamp. Palomata never regained consciousness and died two days later.

create and maintain a culture of safety and quality through the (organization).”^{xvi} One of the key elements of this standard is “safety as everyone’s first priority.”^{xvii} This standard can be met by enacting a proactive safety system in which the facility’s safety risks are identified and reduced. The Joint Commission’s Accreditation not only establishes confidence within the community of the quality of care that a facility offers, but also the accreditation may “reduce liability insurance costs”.^{xviii} The guidelines and standards enacted assist various healthcare facilities in developing a safety culture that can reduce workplace violence.

Ways to Reduce Risk of Violence

OSHA has recommended strategies and tools for healthcare facilities to enable a safer environment for patients and workers which include:

1. Creating and maintaining a violence prevention program which includes the insight of management and employees
2. Completing a worksite analysis to identify areas that need improvement
3. Prevention of hazards and control of hazards
4. Training and education of staff on safety measures
5. Engineering controls which include security systems, alarm systems, cell phones and personal alarm devices

The above are a few ways in which a facility can reduce the number of violent incidents.^{xix}

Further resources can be found on [OSHA’s etool “Healthcare Wide Hazards: Workplace Violence”](#)

Utilizing Technology to Reduce Workplace Violence

Imagine an everyday scenario where a physician encounters a patient. The physician enters the room by themselves. The patient becomes agitated with the physician and the situation quickly escalates. The patient blocks the entrance to the room and begins to physically attack the physician. The physician is not able to reach for a call button and the other staff does not hear the calls for help. This is just one scenario of a violent situation that could occur in a healthcare facility.

Does your facility have the technology to help to prevent this example of workplace violence?

OSHA provides a workplace violence checklist to help identify present or potential workplace violence problems^{xx}. Many of the items on the checklist can be addressed with the proper technology:

- Restricted Access and freedom of movement within the workplace
- Effective security system (door locks, secure windows, physical barriers and or containment systems)
- Alarm systems such as panic alarm buttons, silent alarms, or personal electronic alarm systems
- Close circuit cameras and mirrors to monitor dangerous areas
- Cellular phones or other communication devices for staff to request aid

Today many facilities are utilizing real-time locating system (RTLS) technology. There are many uses for RTLS technology, one of which are badges that can be worn by the healthcare provider to signal for help at the press of a button. In the above scenario, if the physician had been wearing an RTLS badge, the physician could have pressed the button at the first sign of the patient agitation and appropriate staff and security would have been notified immediately of the need for assistance and the location of the physician. These alerts can be sent to computer monitors as well as wireless communication devices.

The Trinitas Regional Medical Center in New Jersey conducted a review of their data before a RTLS system was installed and compared the data from post implementation of an RTLS system. In this facility over 300 physicians, RNs, LPNs and technicians wore the RTLS badges.^{xxi}

The RTLS implementation was so successful in improving the safety in the facility that the Joint Commission requested John Dougherty, BA, MAS, Director of Security for Trinitas, to write a best-practices report. This report, “Workforce Violence in Healthcare Not Always Preventable: A Plan for Mitigation”, outlines the results of the RTLS technology on workforce violence. The report indicated “..the number of days lost from work decreased by 101 days. This represents a 93.5 % decrease. There was also an associated decrease in the cost of wages by \$12,718.00, an 89% decrease.”^{xxii} According to this data the system produced a financial return on investment. The staff at Trinitas reported “feeling safer and more confident that they can receive immediate assistance”, whereas the hospital “felt the system was likely mitigating and lessening the effect of violent incidents.”^{xxiii}

Other forms of technology are also available to help reduce workplace violence. The ECRI Institute is a nonprofit organization that researches best practices to improve patient care. The Institute publishes a journal called Healthcare Risk Control. The journal discusses strategies that can be implemented to help prevent violent incidents. These strategies include improving

the physical areas of facilities such as locks, windows, and doors to create a safer environment. The Institute also suggests video surveillance, alarms, and access controls systems that can increase the security of a facility to help decrease the potential for violent incidences.^{xxiv} Many of these prevention programs can utilize and improve upon your facilities' existing technology.

Conclusion

According to a recent ECRI Institute report, managing violence in the healthcare setting should be one of the top concerns for healthcare organizations.^{xxv}

A multifaceted approach to establishing workplace safety that involves initiatives, guidelines, team work and technology can reduce workplace violence incidents while decreasing associated costs for the healthcare facility.

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- ⁱ (Wyatt R 2016)
 - ⁱⁱ (Occupational Safety and Health Administration 2015)
 - ⁱⁱⁱ (The Joint Commission November 2012)
 - ^{iv} (The Joint Commission November 2012)
 - ^v (US Department of Labor 2015)
 - ^{vi} (Occupational Safety and Health Administration and the United States Department of Labor n.d.)
 - ^{vii} (US Department of Labor 2015)
 - ^{viii} (Occupational Safety and Health Administration 2015)
 - ^{ix} (Occupational Safety and Health Administration 2015)
 - ^x (The Joint Commission November 2012)
 - ^{xi} (Taylor JA 2012; 21(2))
 - ^{xii} (Occupational Safety and Health Administration 2014)
 - ^{xiii} (Occupational Safety and Health Administration and the United States Department of Labor n.d.)
 - ^{xiv} (National Nurses United Press Release 2016)
 - ^{xv} (The Joint Commission 2016)
 - ^{xvi} (The Joint Commission November 2012)
 - ^{xvii} (The Joint Commission 2016)
 - ^{xviii} (The Joint Commission n.d.)
 - ^{xix} (US Department of Labor 2015)
 - ^{xx} (US Department of Labor 2015)
 - ^{xxi} (The Joint Commission 2016)
 - ^{xxii} (The Joint Commission 2016)
 - ^{xxiii} (Versus n.d.)
 - ^{xxiv} (ECRI Institute 2005)
 - ^{xxv} (ECRI Institute 2015)

Bibliography

- ECRI Institute. 2015. *Top 10 Patient Safety Concerns for Healthcare Organizations*. April. Accessed February 3, 2017. https://www.ecri.org/EmailResources/PSRQ/Top10/2015_Patient_Safety_Top10.pdf.
- ECRI Institute. 2005. "Violence in Healthcare Facilities." *Healthcare Risk Control*. Plymouth Meeting, PA, September. https://www.ecri.org/Forms/Pages/Violence_in_Healthcare_Facilites.aspx.
- National Nurses United Press Release. 2016. "National Nurses United Petitions Federal OSHA for Workplace Violence Prevention Standard." *National Nurses United*. June 16. Accessed January 30, 2017. <http://www.nationalnursesunited.org/press/entry/national-nurses-united-petitions-federal-osh/>.
- Occupational Safety and Health Administration and the United States Department of Labor. n.d. *Healthcare Wide Hazards: Workplace Violence*. Accessed February 19, 2017. <https://www.osha.gov/SLTC/etools/hospital/hazards/workplaceviolence/viol.html>.
- . n.d. *OSHA's Safety Pays Program*. Accessed February 19, 2017. <https://www.osha.gov/dcsp/smallbusiness/safetypays/estimator.html>.
- . n.d. *Worker Safety in Hospitals*. Accessed February 19, 2017. <https://www.osha.gov/dsg/hospitals/>.
- Occupational Safety and Health Administration. 2014. *OSHA News Release – Region 2*. August 11. Accessed February 3, 2017. https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=NEWS_RELEASES&p_id=26514.
- Occupational Safety and Health Administration. 2015. "Workplace Violence in Healthcare." Accessed February 1, 2017. <https://www.osha.gov/Publications/OSHA3826.pdf>.
- Occupational Safety and Health Administration, US Department of Labor. 2013. "How Safe is Your Hospital for Workers?" Washington, D.C. Accessed February 19, 2017. https://www.osha.gov/dsg/hospitals/documents/1.3_Self-assessment_508.pdf.
- OSHA Publication 3148, (1996). 1996. *United States Department of Labor*. Accessed February 14, 2017. <https://www.osha.gov/SLTC/etools/hospital/hazards/workplaceviolence/checklist.html>.
- Taylor JA, Dominici F, Agnew J, Gerwin D, Morlock L, Miller MR. 2012; 21(2). "Do nurse and patient injuries share common antecedents? An analysis of associations with safety climate and working conditions." *BMI Qual Saf.*, 101-111.
- The Joint Commission. n.d. *Benefits of Joint Commission Accreditation*. Accessed February 19, 2017. https://www.jointcommission.org/accreditation/accreditation_main.aspx.

The Joint Commission. 2016. "Comprehensive Accreditation Manual for Hospitals Update." Accessed February 19, 2017. https://www.jointcommission.org/assets/1/18/PSC_for_Web.pdf.

The Joint Commission. November 2012. "Improving Patient and Worker Safety: Opportunities for Synergy, Collaboration and Innovation." The Joint Commission, Oakbrook Terrace, IL. Accessed January 30, 2017. <http://www.jointcommission.org>.

The Joint Commission. 2016. "Workforce Violence in Healthcare Not Always Preventable: A Plan for Mitigation." *Lending Practice Library*. July 20.

US Department of Labor. 2015. "Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers." *OSHA*. Accessed January 30, 2017. <https://www.osha.gov/Publications/osha3148.pdf>.

Versus. n.d. *The Joint Commission & Trinitas Regional Medical Center Publish 'Leading Practice' on Portable Panic Alert System*. Accessed February 19, 2017. <http://www.versustech.com/rtls-news/blog/the-joint-commission-trinitas-regional-medical-center-publish-leading-practice-paper-on-portable-panic-alert-system/>.

Wyatt R, Anderson-Dreves K, Van Male LM. 2016. "Workplace violence in health care." *JAMA* 316 (10): 1037-1038.

About SVT

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