



Workplace Violence: Helping Washington Hospitals Respond



Presenters

Nancy Steiger

CEO/Chief Mission Officer

PeaceHealth St. Joseph Medical Center



Annie Bruck

Assistant Director of Continuing Education

NWCOHS

University of Washington



**Northwest Center for
Occupational Health &
Safety**

Gladys Campbell

CEO, NWONE

CNE & Sr. Leader, Clinical Strategy, WSHA



Northwest Organization
of Nurse Executives



Program Objectives



- 1) Hear the CEO perspective
- 2) Introduce workplace violence (WPV) typology, risks, and consequences
- 3) Explore data related to WPV in Washington
- 4) Learn about workplace violence prevention and mitigation strategies
- 5) Hear the Nurse Executive perspective





CEO Perspective



The CEO Perspective: Nancy Steiger

- Not a matter of if workplace violence will happen, but when.



The CEO Perspective: Nancy Steiger

April 16, 2009

Long Beach Memorial Medical Center:
Hospital pharmacy worker known for being quick with a joke and a smile brings a gun to work and kills two of his managers, then himself.



The CEO Perspective: Nancy Steiger

August 15, 2009

Providence St. Peter Hospital, Olympia:
Police officer and his patient in custody
engage in struggle in ER. Officer shoots
and kills the man.



The CEO Perspective: Nancy Steiger

September 16, 2010

Johns Hopkins Hospital: Son of patient shoots surgeon, then mother in hospital bed, then himself. Surgeon survives; mother and son die.



The CEO Perspective: Nancy Steiger

- **Governing Board Executive Leadership and Management**
 - Must create a culture of patient and worker safety
 - Own responsibility for prevention
 - Move people to action
 - Security cameras
 - Secure access to building, and particularly Emergency Department
 - Education for managers and house managers



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Introduction to Workplace Violence



Defining “Workplace Violence (WPV)”

- NIOSH defines workplace violence as “*violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty*”.
 - (NIOSH, 2002, Violence: Occupational Hazards in Hospitals)



Defining the “Workplace”

- “Workplace” may be any location either permanent or temporary where an employee performs any work-related duty.
- “Worksite” includes:
 - Building/work area
 - Remote areas of business (i.e., field locations)
 - Vehicles, either employer-owned or privately owned, when used for business purposes.

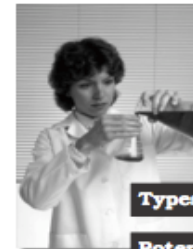


Typology of WPV

- Type 1 - Violence by Strangers
- Type 2 - Violence by Customers/Clients
- Type 3 - Violence by Co-Workers and Supervisors
- Type 4 - Violence by Personal Relations

Workplace Violence

Awareness and Prevention for
Employers and Employees



Types of Violence

Potential Risk Factors

Case Scenarios

Sample Prevention Program

Response Plan



April 2000



WPV: A Growing Concern

- WPV affects workers across all occupations:
 - Retail, agriculture, healthcare, service industries and school communities
 - International and national news
 - Germany, Oklahoma, Columbine, Yale, Arizona, Washington



Scope of the Problem

- 1.7 million workers/year - assaulted at work
- 1992-2004: Homicide events per year
 - Most common: retail workers
 - Other workplace homicides: co-workers, former co-workers, customers, clients, patients, and current/former domestic partners
- 2008-2009: In the public service sector - a 23% increase in fatalities



BLS Survey of WPV Prevention

Approximately 5% of the 7.1 million U.S. businesses reported incidents

- 33% – Negative impacts
- 9% – Lacking WPV programs and/or policies
- Majority – NO procedural changes after an incident





Data Related to WPV in Washington



The High Costs of WPV

- Assaults and Violent Acts in 2008
 - Among the top 10 causes of disabling injuries
 - Accounted for 1.1% at \$603 million
- 2009 - L&I Allowed State Fund Claims: Assaults and Violent Acts by Person(s)
 - Total across *all job* classifications = 2,003
 - Total Cost = \$9,567,711
 - Average cost per claim = \$4,777



Washington Claims Data

Claims for Assaults and Violent Acts by Person(s)

Year	# Claims	Incurred Costs Total	Average Cost/Claim
2009	2,003	\$9,567,711	\$4,777
2008	1,761	\$7,649,242	\$4,344
2007	1,722	\$7,668,940	\$4,454
2006	1,661	\$9,747,487	\$5,868

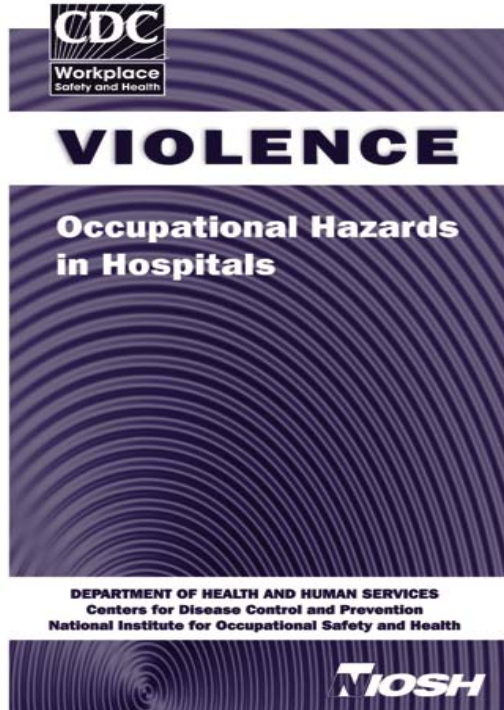


Additional Costs & Impacts Associated with WPV

- Grief, stress, anxiety resulting in reduced productivity
- Loss of professional confidence
- Straining of work and personal relationships
- Potential loss of trust in the organization/management
- Substance abuse
- Departure from employment
- Organizational disruption



WPV in Healthcare and Hospitals



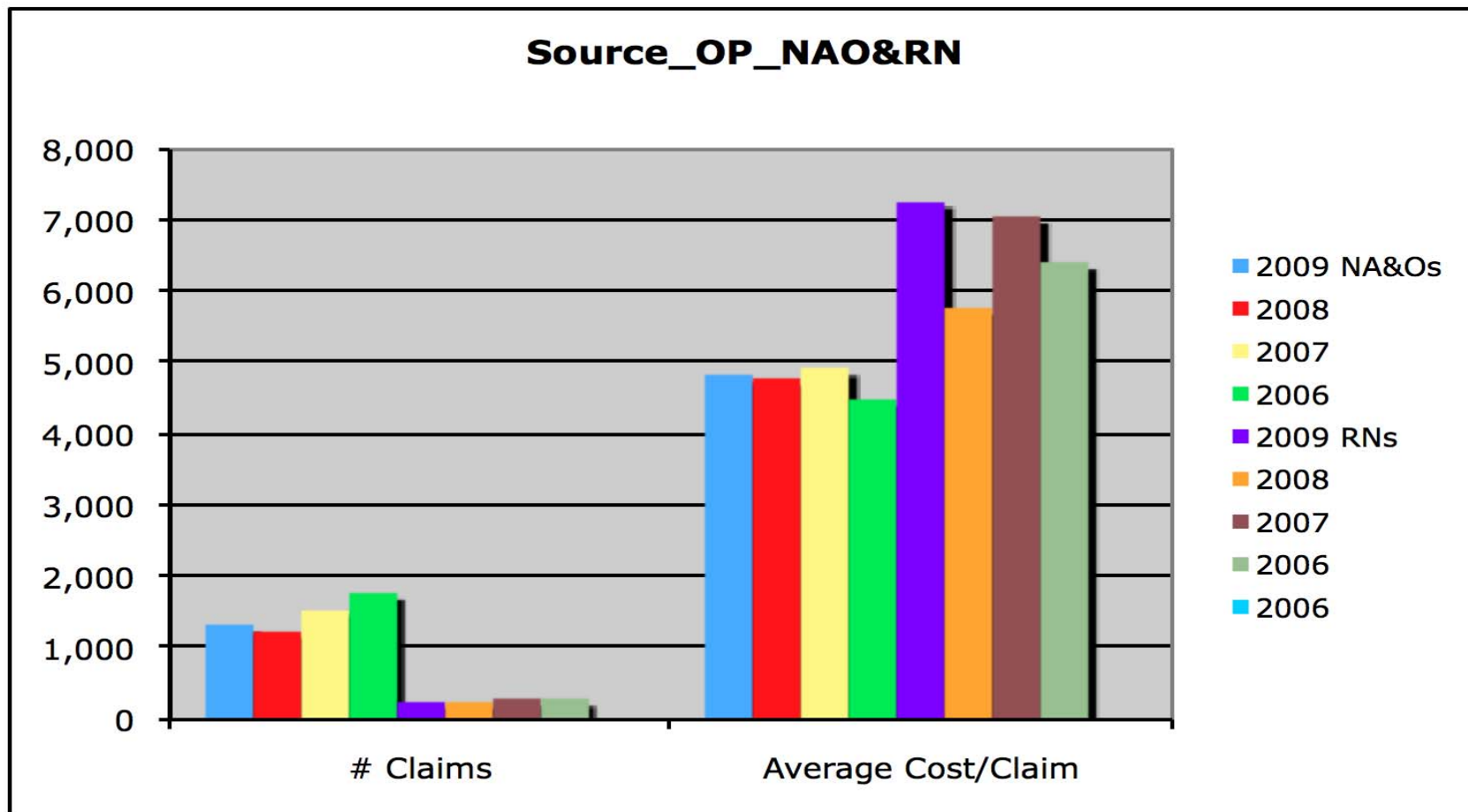
- Assault rates for healthcare workers is 8/10,000 compared to 2/10,000 for private sector
- Highest risk - nurses & aides (most direct contact with patients)
- Others at high risk - ER response personnel, hospital safety officers, all other healthcare providers

WPV in Healthcare and Hospitals

- **Healthcare: A leader with 45% of all nonfatal assaults resulting in lost work days**
- **Emergency Nurses Association Survey (2010)**
 - 50% of respondents have experienced physical/verbal abuse in previous 7 days
 - Risks included triaging, restraining or subduing a patient, and performing an invasive procedure
 - Where policies were in place the number of incidents declined



Injury Source and Claim Costs: Other Person for NAO & RN



Facility/System Risk Factors

- Access to firearms
- Interaction with volatile and/or potentially volatile persons
- Understaffing; working alone; lack of adequate security
- Lack of training, policies and procedures, program monitoring
- Long waits
- Environmental issues



Domestic Violence and the Workplace

- Domestic and sexual violence do not often result in workplace violence, but when they do, it can be lethal
- Violence outside the workplace interferes with ability to work
- Costs ~ \$4.1 billion/year





Workplace Violence: Prevention and Mitigation Strategies



Joint Commission Sentinel Event Alert #45 – June 2010

- Assault, rape or homicide of **patients and visitors** perpetrated by staff, visitors, other patients, and intruders to the institution
 - Such events – consistently among the top 10 types of sentinel events reported to the Joint Commission
- Since 2004 - significant increases in reports of assault, rape and homicide
 - Greatest number reported were in the last three years



Joint Commission Sentinel Event Alert #45: Contributing Causal Factors

- Leadership
- HR-related factors
- Assessment
- Communication failures
- Physical environment
- Care planning, information management and patient education deficits



Sentinel Event Alert #45: Prevention Strategies

- Conducting a violence assessment and audit
- Techniques for identifying potential violence
- De-escalation tools
- Violence management training
- Responding in the wake of a violent event



Regulations to Prevent and Address WPV

- OSHA General Duty Clause
- Washington Administrative Codes
 - WAC 296-800-140 – Core Safety Plan
 - WAC 296-800-11005 – Recognized Hazards
- Washington State Regional Directives
 - 5.07 – Workplace Violence in Prevention Healthcare
 - Chapter 49.19 RCW – Healthcare Settings



Chapter 49.19 RCW: Healthcare Settings

- Healthcare settings – ***MUST*** develop and implement plans, “to reasonably protect employees from violence.”
- “Healthcare settings” – hospitals; home health, hospice, and home care agencies; evaluation and treatment facilities; and community mental health programs.



Chapter 49.19 RCW – Required Plan

- Healthcare settings must:
 - Have a violence prevention plan
 - Keep records of violent acts with training provided to affected employees
 - Before implementation of the plan - conduct a security and safety assessment
- Healthcare settings failing to comply are subject to citation.



Chapter 49.19 RCW – Healthcare Settings Plan

The plan shall address:

- (a) The physical attributes of the setting;
- (b) Staffing, including security staffing;
- (c) Personnel policies;
- (d) First aid and emergency procedures;
- (e) The reporting of violent acts; and
- (f) Employee education and training.



Violent Acts Record Keeping - Requirements for healthcare settings

[http://www.Ini.wa.gov/Safety/Topics/AtoZ/WPV/
RCW49-19.asp](http://www.Ini.wa.gov/Safety/Topics/AtoZ/WPV/RCW49-19.asp)

Interpretive Guidance

[http://www.Ini.wa.gov/Safety/Rules/Policies/PDFs/
WRD507.pdf](http://www.Ini.wa.gov/Safety/Rules/Policies/PDFs/WRD507.pdf) - 2010-08-26



RCW 49.76 – Leave for Victims of Domestic Violence, Sexual Assault and Stalking

- **Victims of DV, sexual assault or stalking:**
 - Reasonable leave from work; with or without pay
- Covers all employers, public/private
- Advance notice, when possible
- Prohibits firing or demoting for time off due to domestic violence, sexual assault or stalking
- **Family members - reasonable leave to help a victim**
- <http://www.wscadv.org/>
- www.lni.wa.gov/WorkplaceRights/LeaveBenefits/FamilyCare/DomViolence/default.asp



Strategies for WPV Prevention and Mitigation

- Prevention
 - Hazard/Risk Assessment
 - Hierarchy of Controls
 - Elimination
 - Engineering
 - Administrative
 - Personal protection
- Mitigation
 - Communication
 - Internal / external supports



Essential to All WPV Prevention Efforts

- **Top down and bottom up commitment, involvement, and accountability**
- **Evaluation for continual quality assurance**



Evaluation - Essential to All WPV Programs

- **Core Evaluation Elements to Consider:**
 - *Structure*
 - *Process*
 - *Outputs*
 - *Outcomes*



Take Home Lessons from Select Literature Sources

- Program design/evaluation
 - a multi-level approach, highly individual
- Determine measures of effectiveness in planning stages and involve stakeholders
- Knowledge gain does not amount to behavior change
- Changes over time lead to a profile of successes, identification of gaps, and potential for sustainability



Final Thoughts on Planning for “When”

- Hazard/Risk Assessment – it all starts here
- Empowering employees
 - for reporting incidents and perceptions of risks
 - by providing them with training
- Collaboration
 - across organizational levels
 - externally with community agencies
- Continual assessments and improvements



Additional Resources for Seeking Solutions

- NIOSH - Workplace Violence in Hospitals

www.cdc.gov/niosh/pdfs/2002-101.pdf

- OSHA - Healthcare Wide Hazards Workplace Violence

<http://www.osha.gov/SLTC/etools/hospital/hazards/workplaceviolence/viol.html>

- Hospitals: Solutions to Common Safety and Health Violations

<http://www.ini.wa.gov/Safety/Topics/AtoZ/Hospitals/FreqProblems.asp>



Additional Resources for Seeking Solutions

International Association for Healthcare Security
and Safety (2007):

Healthcare Security: Basic Industry Guidelines

A resource for healthcare institutions in developing and managing a security management plan, addressing security training, conducting investigations, identifying areas of high risk, and more.

(<http://www.iahss.org/>)





Nurse Executive Perspective



Nurse Executive Perspective – Gladys Campbell

- Concerns for us today
 - A hospital culture that is resistant to the notion of violence as a problem
 - A nursing culture that accepts violence as “part of the job”



Nurse Executive Perspective – Gladys Campbell

- Our obligations
 - Creation of a Healthy Work Environment
 - www.aacn.org – Clinical Practice > HWE
 - www.aone.org – Resource Center > Resource Library



Nurse Executive Perspective – Gladys Campbell

- Creating a full culture of safety
 - Patient safety
 - AND employee safety





Thank You!





Questions?

