

# PREVENTING WORKPLACE VIOLENCE IN HOSPITALS

Oregon's Experience

Presentation to SAGRO

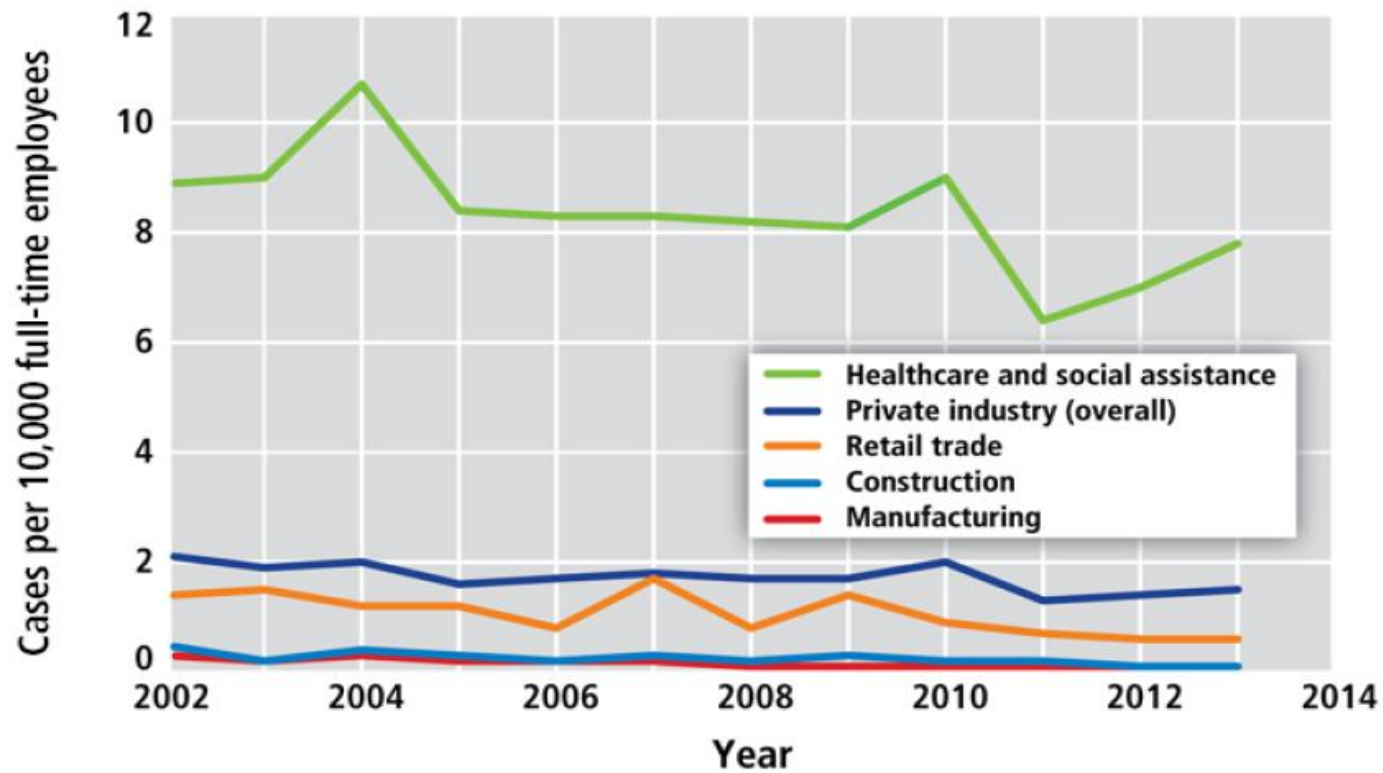
November 12, 2018

# WORKPLACE VIOLENCE IN THE HEALTH CARE INDUSTRY



# IMPACT OF VIOLENCE BY INDUSTRY

Violent Injuries Resulting in Days Away from Work, by Industry, 2002–2013



Data source: Bureau of Labor Statistics data for intentional injuries caused by humans, excluding self-inflicted injuries.

# THE COST OF VIOLENCE TO HOSPITALS

**FIGURE 1: ESTIMATED TOTAL COST OF VIOLENCE TO U.S. HOSPITALS AND HEALTH SYSTEMS, 2016**

COST CATEGORY	TOTAL, IN MILLIONS	PER HOSPITAL	% OF TOTAL
<b>GRAND TOTAL</b>	<b>\$2,679.6</b>	<b>\$481,596</b>	<b>100.0%</b>
<b>PUBLIC VIOLENCE: PREVENTION AND PREPAREDNESS</b>	<b>\$279.5</b>	<b>\$50,234</b>	<b>10.4%</b>
EMERGENCY PREPAREDNESS TRAINING	\$174.6	\$31,380	6.5%
COMMUNITY BUILDING RELATED TO VIOLENCE PREVENTION	\$67.6	\$12,150	2.5%
TRAINING TO IDENTIFY VIOLENCE-RELATED TRAUMA	\$37.3	\$6,704	1.4%
<b>PUBLIC VIOLENCE: POST-INCIDENT</b>	<b>\$852.2</b>	<b>\$153,163</b>	<b>31.8%</b>
<b>COST OF UNCOMPENSATED OR UNDERCOMPENSATED CARE</b>	<b>\$752.4</b>	<b>\$135,226</b>	<b>28.1%</b>
MEDICAL CARE	\$651.0	\$117,002	24.3%
BEHAVIORAL CARE	\$101.4	\$18,224	3.8%
CASE MANAGEMENT	\$99.8	\$17,937	3.7%
<b>IN-FACILITY VIOLENCE: PREVENTION AND PREPAREDNESS</b>	<b>\$1,119.4</b>	<b>\$201,186</b>	<b>41.8%</b>
SECURITY STAFF AND INFRASTRUCTURE	\$846.7	\$152,175	31.6%
STAFF TRAINING	\$175.1	\$31,470	6.5%
PROCEDURE DEVELOPMENT	\$97.6	\$17,541	3.6%
<b>IN-FACILITY VIOLENCE: POST-INCIDENT</b>	<b>\$428.5</b>	<b>\$77,013</b>	<b>16.0%</b>
STAFF TURNOVER	\$234.2	\$42,092	8.7%
MEDICAL CARE	\$42.3	\$7,602	1.6%
INDEMNITY	\$7.6	\$1,366	0.3%
DISABILITY	\$90.7	\$16,301	3.4%
ABSENTEEISM	\$53.7	\$9,651	2.0%

Source: <https://www.aha.org/guidesreports/2018-01-18-cost-community-violence-hospitals-and-health-systems>

# THE COSTS OF WORKPLACE VIOLENCE

## ▶ Direct Costs

- ▶ Workers comp claims

## ▶ Indirect Costs

- ▶ Staff replacement costs (temp or permanent)

## ▶ Operational Costs

- ▶ Impact of psychological stress, PTSD, burnout, presenteeism
- ▶ Increased sick leave & staff turnover
- ▶ Lower quality of care
- ▶ Decreased efficiency
- ▶ 'Human' error & accidents
- ▶ Insurance costs
- ▶ Property damage
- ▶ Litigation
- ▶ Security needs – personnel & equipment; modifying facility design

# THE JOINT COMMISSION: WORKPLACE VIOLENCE PREVENTION IS A PRIORITY

- ▶ Organizations to recognize and acknowledge workplace violence directed against health care workers, better prepare staff to handle violence and more effectively address the aftermath.
  - ▶ Standard EC.02.01.01 The hospital manages safety and security risks. Elements of Performance for EC.02.01.01 A
- ▶ *Sentinel Event (Alert 59)*
- ▶ The Joint Commission has linked to Oregon's toolkit on their WPV resource page




# OREGON'S EXPERIENCE

- ▶ The Background
- ▶ The Toolkit
- ▶ The Hospital Commitment
- ▶ The Politics

# OREGON WORKPLACE VIOLENCE LAW

## Workplace Violence Against Health Care Employees or “Safety of Health Care Employees” (2007)

1. Conduct periodic security and safety assessments
  2. Develop and implement an assault prevention and protection program
  3. Provide assault prevention and protection training
  4. Maintain a record of assaults
- 

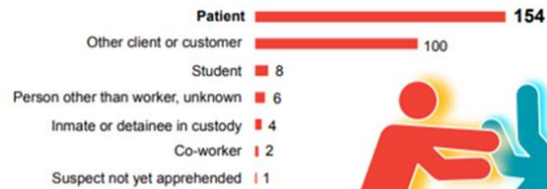


# OREGON'S COLLABORATIVE APPROACH

## Health care: Workplace violence injuries in Oregon



### Aggressors



### Victims



### Where



Data: Accepted disabling workers compensation claims, acceptance year 2014. Source: Central Services Division, Oregon Department of Consumer and Business Services, July 2015.

▶ In 2014 OAHHS formed the WSI work group with member hospitals, SEIU Local 49, and the Oregon Nurses Association.

▶ Triple Aim workgroup affirmed the collaboration and work

▶ Goal: To collaboratively address two of the leading causes of health care worker injury in Oregon

▶ Manual patient handling

▶ Workplace violence

# WORKPLACE SAFETY INITIATIVE OBJECTIVES

- ▶ Identify and implement **evidence-based programs** to reduce injuries from patient handling and workplace violence and foster **sustainable cultural change**.
  - ▶ **Strengthen relationships** with partner organizations around health care worker and patient safety issues.
  - ▶ **Disseminate lessons learned** and tools developed to all hospitals in Oregon to assist implementation of sustainable effective workplace safety programs.
- 

# WORKPLACE SAFETY INITIATIVE PROJECT PROCESS

- ▶ Eight volunteer hospitals in 10 pilots sites
  - ▶ Workplace violence prevention & Safe patient handling – five sites each
- ▶ Variety of differences between hospital pilot sites
  - ▶ Level of established program, hospital facility size, region of the state
- ▶ Hospitals worked on pilots from fall 2015 to mid-2017

OREGON WORKPLACE SAFETY INITIATIVE

# Stop Violence in Health Care

Workplace  
Violence in Hospitals:  
A Toolkit for Prevention  
and Management

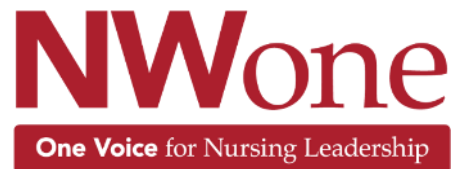


 Oregon Association of Hospitals  
Research and Education Foundation

Developed under the direction of the Oregon Association of Hospitals Research & Education Foundation

## NATIONALLY RECOGNIZED TOOLKIT



- Tools that were developed and trialed by Oregon hospitals
- Roadmap of all program elements need to implement a comprehensive program
- User Friendly
- <https://www.oahhs.org/safety>



BROAD  
SUPPORT  
FROM MULTI-  
HEALTH CARE  
DISCIPLINES

# THE HOSPITAL COMMITMENT

- ▶ Hospitals were asked for a:
  - ▶ Commitment to proactively address and prioritize workplace violence prevention
  - ▶ Seek a board resolution
- ▶ 30 hospitals sign and return the pledge form
- ▶ 3 Workshops; 57 hospitals participated; 114 registrants

**Hospital Pledge**  
**To Address Workplace Violence Prevention**

I, \_\_\_\_\_  
*Name, Title*

on behalf of \_\_\_\_\_  
*Hospital/ Health System*

1. Pledge our commitment to proactively address and prioritize workplace violence prevention within our facility(ies) to preserve the safety of our staff, patients, and visitors using evidence-based tools, including, but not limited to the Workplace Violence Prevention Toolkit.

2. Additionally, my organization will seek to pass the following (or similar variation) board resolution in 2018:

*HOSPITAL/HEALTH SYSTEM NAME is committed to providing an environment that is free from violence. No individual may engage in any verbal or physical conduct which intimidates, threatens, or harms any patient, staff member, or visitor. HOSPITAL/HEALTH SYSTEM NAME underscores that enduring physical or verbal abuse is not expected of any staff, visitor, or patient, and clearly accentuates that tolerating violence is not "part of the job." All threats of violence or violent episodes will be taken seriously.*

*Furthermore, we support a culture of safety wherein:*

- *Staff and leaders value transparency, accountability, and mutual respect;*
- *Safety and the prevention of violence is everyone's priority;*
- *Behaviors by patients, staff or visitors that undermine or threaten the culture of safety are not acceptable;*
- *Identifying, reporting, and resolving hazardous conditions at early stages before injuries occur is a focus;*
- *Communicating errors and learning from mistakes is emphasized;*
- *Conversation and communication around concerns are carefully facilitated.*

\_\_\_\_\_  
Signature

# THE POLITICAL DANCE: LABOR VS PROVIDERS

- ▶ Politics for labor :
  - ▶ New leader, lacking confidence in membership
  - ▶ Nurse members want a sense of security and being safe
  - ▶ Perception that all nurses are represented in Oregon. When the truth is about 63% of Oregon hospitals have a nurses represented.
  - ▶ Legislature favors labor as a result of 2018 elections
- ▶ Politics for employers:
  - ▶ Management wants stronger penalties to deter assailants
  - ▶ Costly and disruptive when a health care worker is out due to violence

# THE POLICY DANCE: WHAT WILL REDUCE VIOLENCE

	Labor	Employers
Modify current law so it clearly specifies who has access, within an organization, to the healthcare assault log;	X	X
Modify current law codifying non-retaliation for reporting of incidents of workplace violence;	X	
Designated tool and requirement for flagging and assessing patients at risks for violence;	X	
Set minimum standards for security personnel in EDs or other high incident of violence areas	X	
Make an assaults against a health care worker a felony ( <i>currently it's a mister meaner that isn't followed through by DA or police</i> )		X
<u>Does not want</u> to criminalize patients	X	



# THE DANCE FOR 2019 LEGISLATURE

## Policy Next Steps

- ▶ OAHHS Public Policy Committee meets Nov 28 to define our principles

## Advocacy Next Steps

- ▶ OAHHS continues to push for no legislation, demonstrating implementation of the tool kit
- ▶ Should we need legislation, OAHHS is committed to working with ONA on defining what should/could be in statute
  - ▶ Examples: 24/7 security; anti-retaliation notices; sharing of data

# WHAT ARE YOUR STATES AND HOSPITALS DOING TO PREVENT WORKPLACE VIOLENCE?

Interactive conversation

The background is a solid blue color. On the right side, there are several white, parallel diagonal lines that create a sense of movement and depth, extending from the top right towards the bottom right.

# DISCUSSION STARTER

## ▶ 9 States Require Workplace Violence Prevention Programs:

California	Connecticut	Illinois
Maryland	Minnesota	New Jersey
Oregon	New York – public employees only	Washington – reporting on incidents only

## ▶ 33 states make it a felony to assault a health care worker

- ▶ Is your state one of them? If so, have you seen a decrease in assaults towards health workers? An increase? No effect at all?

## ▶ Does our state require hospital security 24/7/365 in specific units?

- ▶ Have you experienced a decrease or prevention of assaults in these areas?