Violence in Hospitals and Ambulatory Care

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Session Objectives

- Assess and heighten your awareness of current data and research on violence in the hospital and ambulatory clinic among nurses, emergency department personnel, physicians and other health care workers
- Provide environmental design, administrative control and behavior modification training strategies to prevent workplace violence in health care settings.
- Define and identify the role of a hospital victim assistance advocate for employees, patients and visitors
What is Workplace Violence?

Any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site.

– Occupational Safety & Health Administration (OSHA)
Types of WPV

- Type I: Criminal intent
- Type II: Customer/client
- Type III: Employee/employee
- Type IV: Personal relationship

Continuum of Violence

- Verbal Abuse
- Threats of Violence
- Physical Assault
- Homicide
Examples of Workplace Violence

- Verbal threats to inflict bodily harm, including vague or covert threats

  I had an elderly patient who was pushing, kicking, and verbally threatening to kick me in my stomach so I would lose my child (I was about 7-8 months pregnant)...

Examples of Workplace Violence

- Attempting to cause physical harm: striking, pushing, and other aggressive physical acts against another person

  An elderly patient grabbed my arm and dug her nails in deep enough to draw blood. What was more upsetting to me was the response I got from the manager, who stated, Oh yes, she has been doing that to everyone...
OSHA Examples, continued

- Verbal harassment: abusive or offensive language, gestures or other discourteous conduct towards supervisors, fellow employees, or the public
  
  A certain lady we have had here for a few weeks yells at us daily. She is not confused, but that is just how she is. Yet, we endure it every day. This is not new.

- Disorderly conduct: shouting, throwing or pushing objects, punching walls, slamming doors
  
  A gentleman came to the front desk with his stool culture card. When he was informed he had to drop it off at the lab, he proceeded to curse me out and threw his used stool card at me.
Making false, malicious or unfounded statements against coworkers, supervisors, or subordinates which tend to damage their reputations or undermine their authority.

Being bullied and intimidated in the workplace is a real problem, everywhere, and this should be dealt with more than it currently is. People who witness and experience it are too afraid of retaliation to report.

What isn’t included in the definition of workplace violence...

**INTENT**
Workplace Violence in the News

Boston doctor killed in alleged feud

By Ed Payne, CNN CORRESPONDENT

27 out of 100 fatalities in healthcare/social service sector due to violent acts

Gunman Shoots Himself and Mother

Healthcare Workers Fed Up With Violence at Hospitals

Op-Ed: Violence against healthcare workers ‘endemic’ — New study

Cleveland hospitals share in nearly 6,000 violent attacks inside hospitals nationwide yearly

Nurses say violence is under reported

Nurse Stabbings Spur Calls for Workplace Violence Prevention

“It’s a job we all love and you just want to come to work and do it and be safe,” said Maggie Keenan, a nurse of 40 years

By Will Wagner and William Ockle | Monday, Apr 21, 2014 | Updated 0 30 PM PDT
Why has violence permeated health care?

- Reflection of society?

- Hospitals have traditionally been viewed as safe-havens with workers drawn by a calling to serve

- This deferential view is eroding..

Workplace Violence by the Numbers

- According to the Bureau of Labor Statistics:
  - Workplace violence-related nonfatal occupational injuries involving days away from work -- 15.1 per 10,000 full-time workers.
  - Healthcare accounts for almost 60% of non-fatal workplace violence incidents across all industry sectors
Workplace Violence by the Numbers

According to the Bureau of Labor Statistics (2013):

- Over 23,000 significant injuries due to assaults in the workplace
- 70% were in the healthcare and social service settings
- Healthcare and social service workers are almost 4 times as likely to be injured as a result of violence than the average private sector worker

WPV in hospitals is different

- In contrast to taxicabs, convenience stores, etc. where violence most often relates to robbery
- In hospitals, violence usually results from:
  - Patients and occasionally family members
  - Who feel frustrated, vulnerable, and out-of-control
Where does violence most frequently occur?

- Psychiatric units
- Emergency Departments
- LTACs/SNFs/Geriatric units/Rehab/Neurology units
- Waiting rooms
- Anywhere

Caregiver Panel Survey

- Purpose: explore Caregiver perceptions and experiences with workplace violence
- 2,128 Caregivers completed in June 2014
Workplace Violence Quiz

A man with a gun enters your work area and fires two shots into the ceiling

You are helping an intoxicated patient in the Emergency Department change into the hospital gown when they suddenly reach for you, call you an offensive name, and tell you that they don’t need your help.

You witness a car being broken into in the parking garage after you finish your shift. The perpetrator runs away from you as you yell for help.

A family member of a patient pays you a compliment about your appearance and asks you out on a date. Despite his efforts to remove yourself from their presence, they follow you down the hall making bold remarks.

A coworker has confided to you that she is being abused at home. Her partner does not work here but comes to your work area lasting several times and asking to talk to her right now.

Your supervisor yells at you in front of your coworkers saying that you’re the worst worker in the group.

A clearly emotionally distraught visitor runs up to you in the lobby asking for directions. As you try to help her, she becomes irate and begins screaming at you.

You’re made a mistake and now have to tell the patient’s physician. When you do, the physician calls you stupid and storms off muttering under their breath about your work performance.

You’re standing in line at the outpatient pharmacy and you are asked to pick up a prescription when two people walk in, grab some things off a shelf, and run out.

An elderly patient with dementia scratches your face.

Caregiver Panel Results

- **Physical- overall** 12%
  - 5% experience daily

- **Verbal- overall** 54%
  - 5% experience daily

- **Clinical employees experience at higher rates:**
  - Physical - 28% (vs. 12% average)
  - Verbal - 78% (vs. 54% average)
The Occupational Safety and Health Act's General Duty Clause requires employers to provide a safe and healthful workplace for all workers...

free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees.

August 2014: Brooklyn medical facility cited by US Department of Labor's OSHA for inadequate workplace violence safeguards

July 2015: Alabama social services organization cited & fined

July 2015: Minnesota Security Hospital investigation for series of violent incidents

“Workers at the security hospital feel like getting hurt has become part of the job description”
The Continuum of Prevention

Three phases:
- Before the incident
- During the incident
- After the incident

Prevention Before the Incident
Prevention Before: Patient Risk Factors

- Altered sensorium – drugs, alcohol, psychiatric illness, brain injury, dementia, delirium
- Long waits
- Pain
- Anxiety
- History of violence
- Grief reactions

Prevention Before: The Escalating Patient or Visitor

- Recognizing the escalating patient or visitor
- De-escalating them
- Know your limits
Prevention Before: Setting Risk Factors

- Working alone in a facility or in home
- Poor environmental design that blocks vision or escape route
- Poorly lit rooms, halls, parking lots
- Problems in communicating an emergency
- Prevalence of weapons
- High crime neighborhoods

Prevention Before: Employee Risk Factors

- Occupational Group
- Caregiver’s communication style
- Clothing, jewelry, hairstyle, stethoscope
- Lack of vigilance
- Inadequate training
- Previous experience with violence outside the workplace
- Gender
- Tenure
Prevention Before: Mitigating Factors

- Unit/department design
- Well-trained, responsive security force
- Zero tolerance policy
- Training
- Panic buttons, code call pseudonym
- Chart flags / documentation
- Visitor ID tags

Prevention During Incident

PROTECT AND DEFEND YOURSELF!!

You are the most important person in the room!
Prevention After the Incident

Prevention After: Reporting

- Fill out an incident report
- Document in the chart or note
- Tell your co-workers
- Tell your manager
- File a police report
Prevention After: Reporting

Research attributes underreporting to:
- Lack of institutional reporting policies
- Perception that assault is part of the job
- Reporting will not be beneficial
- Victim blaming

Prevention After: Impact of Leadership

- Focus on the health and well-being of the victim regardless of the incident
- **No blaming the victim**
- Make it known to all staff members that tolerating violence is not part of the job
- Recognize the impact with the **entire staff**
- Leadership from manager and admin **#1 factor** in feeling safe at work
Impact of Violence

“I was caught off guard… You hear about these things happening, but you never think it will happen to you.”

“It made me really question if this is the right job for me. I need to take some time to figure that out.”

“I didn’t expect to react the way that I did. I can’t sleep and when I do fall asleep, I have nightmares.”

“I had to switch hospitals, I just didn’t feel safe going back there.”

Prevention After: Impact of Violence

- Victims report mixed responses:
  - Anger
  - Helplessness
  - Isolation
  - Anxiety
  - Apathy
  - Self-blame
  - Negative attitudes towards employer
  - Psychosomatic complaints
  - Decreased work productivity

- Can occur regardless of physical injury
Prevention After: Impact of Violence

1/3 of ED nurses considered leaving after being victimized

Cost to employer:
- Increased turnover
- Absenteeism
- Decreased morale
- Cost of medical, psychological, worker’s compensation
- Increased security
- Litigation

Gillespie et al. (2013): All participants (208) had experienced verbal abuse during the preceding 6 months of their employment, 76% also experience physical

40% of participants report at least 1 symptom of PTSD, primarily re-experiencing
- Inability to meet cognitive demands of work
- Triggers common
- No significant difference between verbal and verbal + physical
Prevention After: Support Services

- In study with IPV victims, adequate **actual and perceived support** can buffer the impact of PTSD development
  - “Stabilization” phase immediately following incident increased perceived support most significantly. Includes:
    - Psychoeducation about trauma, rebuilding routines, increasing safety & sense of control

Why Follow Up Matters

- We can decrease the risk of PTSD!
  - Professional groups and peer social support
  - Personal reflection
  - Education/training on PTSD for employee
  - Training for staff on defusing / debrief
  - Recent research has shown that playing a spatial relations game, such as Tetris or Candy Crush, immediately after the event
  - Personal defense and de-escalation hasn’t shown to decrease violence but it has been shown to decrease the likelihood of PTSD afterwards
Resources for WPV Victims

- Manager/Administration
- Human Resources
- Employee Assistance
- Security/Police
  - Victim Assistance Program
- Wellness
- Peers
- Occupational Health

What is a Victim Advocate?

Challenge: Acceptance of violence as part of the job

This is just part of the job and I don’t ever see it changing.

We sometimes get swung at by patients for various reasons. It is just part of the ED environment at times.

I was once told by a physician that sometimes we get hit at work. It’s a shame but that’s the way it goes.
Victim Advocacy Challenges

- Ability to press charges may depend on patient/client's intent, mental state
- Fear of retaliation or losing job
- Embarrassment: colleagues treating injury
- Self-blame
- Time off work
- Safety returning to work

Victim Advocacy

- Support
- Believe
- Validate
- Safety
- Ask
- Educate
Systems Advocacy

- OSHA Recommendations for Healthcare and Social Service Organizations
  - Zero tolerance policy
  - Management commitment and employee participation
  - Worksite analysis
  - Hazard prevention and control
  - Safety and health training
  - Recordkeeping and program evaluation

Focus on prevention & creating change within your organization:
- Committees: Enterprise Prevention, “Code Violet” Team, Unit-specific WPV Committees
- Training: Behavior Safety Training Programs, Crime Prevention, Grand Rounds, Orientation, Online Education
- Increasing awareness: Worker Compensation, Incident Reporting Systems, Corporate Communications
Systems Advocacy

- Collaboration between and among professional groups within your community
- Collaborating with hospitals within your community and your state
- Collaborating with local law enforcement, district attorney offices, and judiciary
- Political advocacy at the local, state, and national levels

State Laws and Workplace Violence

[Map showing state laws and workplace violence]

Source: American Nurses Association
Cleveland Clinic Protective Services

Lessons Learned

Role of Security: Risk Factors

- Know the risk factors specific to your facility
- Assess worksite for safety and security
- Use OSHA Checklists as guide

https://www.osha.gov/Publications/osha3148.pdf
Role of Security

- Security measures & environmental design
  - May include:
    - Cameras
    - Panic button
    - Magnetometers
    - Badging & visitor management system
    - Escape routes

Police Response: Case Study

- Patient to Employee Violence
- Patient to Employee (Police Officer) Violence
- Employee to Employee Harassment/Violence
- Employee Domestic Violence
Cleveland Clinic Police

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Multidisciplinary Approach

Threat assessment team must include all key players
- Meet regularly
- Be proactive & provide education
- Investigate, mitigate, intervene
Questions?

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References

- Costs of Intimate Partner Violence Against Women in the United States, Department of Health and Human Services, Centers for Disease Control and Prevention, March 2003
Appendix

Training resources

- NAPPI - Non abusive psychological and physical intervention – training [www.nappi-training.com](http://www.nappi-training.com)
- Lalemand Behavior Scale
- SMART Principles / Physical SMART Principles
  - Stay one step Ahead
  - Move one step at a time
  - Always make it safer / Accelerate 0-100
  - Refocus the Attention
  - Together TLC / TLC Take Control
A.L.I.C.E. Active Shooter training: Code Silver

- Alert police / security
- Lockdown / secure in place
- Inform / update as possible
- Counter / disrupt shooter actions
- Evacuate if safely able

ALERT

ALERT police and fellow employees about the situation.
- Main Campus call CCPD at 4-2222
- Health Centers and other outlying facilities:
  - Dial 9-1-1 for local police; then,
  - Security, if it is safe to do so; then,
  - CCPD to notify Main Campus, if it is safe to do so.
- Provide the dispatcher with detailed information about the aggressor. If possible, include: physical description, location of person, weapons, number of people involved
LOCKDOWN means to secure in place. If you cannot escape-
- Close and lock the outer door and
- Barricade the door using chairs, desks, or any other heavy furniture
- Place belt over handle of doors that swing out and hold the door shut from off to the side
- Spread out and prepare to distract or swarm the assailant in the event entry is gained
INFORM

INFORM as many people as possible using any means available (examples):

- eNotify/mass notification systems
- Fire alarm paging system/overhead paging system
- Intranet
- Web-alerts

COUNTER

COUNTER by disrupting the ability of the shooter to use their weapon:

- Distractions, Movement, Noise, Numbers
  - Throw something at the shooter’s head (chair, purse, book, backpack, laptop, etc.)
  - Scatter and try to evacuate OR
  - Swarm and subdue the shooter
  - If the weapon comes free, put it in a trash can away from the shooter
EVACUATE

**EVACUATE formula**: Distance = Time

- Don’t hide under a desk!
- Be familiar with the room, locate exits
- Will the windows open?
- Can they be broken out?
- Scatter and run toward exit
- Do not go to your car—go to a designated department rally point

A.L.I.C.E. Training

- Proactive, not passive
- Not a linear approach
- It’s all about choices
National Quality Forum (NQF)
Serious Reportable (Never) Events

To qualify for the list of Serious Reportable Events in Healthcare—2011 Update events must have been determined to be unambiguous, largely if not entirely preventable, serious, and any of the following:

- adverse
- indicative of a problem in a healthcare setting’s safety systems
- important for public credibility or public accountability

Categories of Events

- Seven categories
  1. Surgical or Invasive Procedure
  2. Product or Device
  3. Patient Protection
  4. Care Management
  5. Environmental
  6. Potential Criminal
  7. Radiologic
3- Patient Protection

- Discharge/release of patient (any age) who is unable to make decisions to unauthorized person
- Patient elopement
- Suicide, attempted suicide, self-harm w/serious injury

6- Potential Criminal

- Care ordered or provided by physician, nurse, pharmacist or other licensed healthcare provider impersonator
- Abduction of patient of any age
- Sexual abuse/assault on a patient or staff member within or on grounds of healthcare setting
- Death or serious injury of patient or staff resulting from physical assault within or on grounds of healthcare setting
Other resources

- Free CDC workplace violence education (http://www.cdc.gov/niosh/topics/violence/training_nurses.html), useful information for any healthcare provider
- MOAB (Management of Aggressive Behavior)
- CPI (Crisis Prevention Intervention)
- NIOSH, JCHAO Std 45, AMA resolutions
- U of CA Davis workplace violence prevention program

Violence including war as a medical and public health issue / WPV
Other issues

  - Physician gag laws
  - Reporting laws, etc
- Guidelines for Terminating an employee
- Termination of physician-patient relationship

Institute of Medicine (IOM)

- Global Violence (2014) IOM - for example, child abuse, intimate partner violence, elder abuse, sexual violence, gang violence, and suicide - is a major public health problem worldwide.
Priorities for Research to Reduce the Threat of Firearm-Related Violence (2013): IOM

- In 2010, > 105,000 people injured or killed in US as the result of a firearm-related incident
- In 2013, President Obama issued 23 executive orders on firearm violence directing federal agencies to address: **causes, prevention, & minimize its burden on public health**
- Characteristics of firearm violence, risk and protective factors, interventions and strategies, the impact of gun technology, and the influence of video games and other media.