

FHA Workplace Violence Task Force

2012 Workplace Violence in Hospitals Survey

Executive Summary

The health care community is experiencing workplace violence at alarming rates pushing efforts to provide a safe and secure place for patients, visitors and staff members. Attention is shifting from acute areas like the Emergency Department to campus wide prevention, response and recovery strategies.

Increased incidence of workplace violence led to The Joint Commission's release of Sentinel Event #45 – Preventing Violence in the Health Care Setting in June 2010. Other government agencies and professional bodies have been examining the incidence and impact of workplace violence in health care systems across the country.

The Florida Hospital Association, joined by the Florida College of Emergency Physicians, the Florida Emergency Nurses Association, the Florida Nurse Association and the Florida Department of Health, Bureau of Emergency Medical Services formed the Workplace Violence Task Force (WPVTF) in November 2011 to address workplace violence across Florida's health care community.

The purpose of the Task Force is to help make Florida's hospitals and health system safer for the community and employees by reducing the incidence of workplace violence through: defining workplace violence; advocating for controls to help reduce violent behavior; providing education about workplace violence recognition, prevention and response; and, by encouraging the reporting of violent behavior.

The WPVTF developed a definition of workplace violence as, *"Any act or threat of physical violence, harassment, intimidation involving an explicit or implicit challenge to personal safety, well being or health; and/or, other threatening, disruptive behavior that occurs at the work site or when commuting to and from work. Workplace violence can affect or involve employees, visitors, contractors and other stakeholders."* (Note – This definition is adopted from existing definitions provided by the World Health Organization, the U.S. Department of Agriculture, the U.S. Department of Justice, Federal Bureau of Investigation and the ECRI Institute).

The Task Force further categorized workplace violence into three main groups:

- **Physical assault** (includes attacks ranging from slapping and hitting to the use of weapons and resulting in any degree of injury, from no visible injury to fatal injury).
- **Threats communicated verbally or by letter, telephone, or e-mail** (includes the expression of intent to cause physical harm, which may be psychologically traumatic even if never carried out).

- **Harassment** (includes the creation of a hostile environment through unwelcome actions, physical contact, and/or words, such as insults and other comments intended to belittle a person, not intended to result in physical harm).

Within each of these categories, different types of violence may exist, such as:

1. Violent acts by criminals who have no other connection with the workplace but enter to commit robbery or another crime.
2. Violence directed at employees by customers, clients, patients, students, inmates, or any others for whom an organization provides services (most common type in healthcare).
3. Violence against coworkers, supervisors, or managers by a present or former employee.
4. Violence committed in the workplace by someone who does not work there but has a personal relationship with an employee (i.e., an abusive spouse or domestic partner).

One goal of the WPVTF focused on building a level of awareness about workplace violence in the healthcare environment supported by information and understanding of the extent of the problem. In April of this year, the WPVTF surveyed all acute care, community hospitals in Florida asking for their response on the incidence of violence in their work environment and the security measures currently in place. This summary captures the information revealed by those hospital responses.

Summary of Data

General Survey Information

- 52 hospitals and health systems responded to the survey from all regions of the state.
- Responding hospitals bed size ranged from 0-99 up to those with 400+ beds.
- The number of employees per hospital ranged from a minimum of 100 to a maximum of 8,000 with an average of 1,764 and a median of 964.

Workplace Violence Incidents

- A total of 3,492 incidences of workplace violence were reported within a 12 month period with an average of 67 incidences per hospital.
- Of these:
 - 86.2% (N = 2,824) were directed at staff employees and medical staff;
 - 6.7% (N = 218) were directed at patients;
 - 4.8% (N = 158) were directed at visitors;

- 2.3% (N = 76) were domestic violence incidents; and,
- 35.8% (N = 1,234) occurred in the ED.
- Responding hospitals reported the following locations where workplace violence incidents occurred in the past 12 months:

	Physical Assault	Sexual Assault	Shot or Shot At	Verbal Assault and/or Abuse
Emergency Department	74.5%	0%	2.1%	72.3%
Intensive Care Units	46.8%	0%	0%	59.6%
Medical Surgical Floor	57.4%	2.1%	0%	63.8%
Other Public Areas	38.3%	2.1%	0%	61.7%

- Other areas reported included: Physician's Clinic; CT room; Medical Records department; Psychiatric Care Unit; City street adjacent to the facility; Staff and/or visitor parking lot; loading dock; Family Birth Unit; Department Manager's offices; Security offices; Behavioral Health Units; Hospital Lobby; Primary Care Unit; and, Rehabilitation Unit.

Policy and Reporting

- 96.2% of responses indicated their hospital has a 'zero tolerance' policy, that is, a policy mandating that any and all violent incidents directed at staff are to be reported.
- 93.6% of responding hospitals indicated they analyze reported acts of violence to determine precipitating incidences.
- Based on that analysis, responding hospitals reported the following common causes:
 - 82.2% - Psychiatric, psychological or mental diagnosis;
 - 77.8% - Drug and/or alcohol abuse;
 - 51.1% - Misconception and/or perception of an action, behavior, or issue;
 - 51.1% - Communication issues;

- 48.9% - Treatment delays;
- 44.4% - Grieving families/visitors;
- 24.4% - Cultural barriers;
- 17.8% - Poor physical environment; and,
- 24.4% - Other issues which include: Altercation between family members; violent patients; Culture of allowing violence without follow-up; Terminated employees; Domestic violence; Patients who are not coherent; Pain management issues; Patient confusion and/or disorientation; Patients acting out for unknown reasons; and, Threats by employees and visitors.

Hospital Security

- The following chart indicates the responses related to hospital security officers.

	Have Security	No Security	24 Hours a day, 7 days a week	Not 24/7
0-99 Beds	58.3%	41.7%	42.9%	57.1%
100-199 Beds	93.3%	6.7%	78.6%	21.4%
200-299 Beds	100%	0%	100%	0%
300-399 Beds	100%	0%	100%	0%
400+ Beds	100%	0%	100%	0%
Total	88.5%	11.5%	84.8%	15.2%

- For hospitals responding they had no security 24 hours a day, 7 days a week, the following reported specific shifts staffed:
 - 100.0% - Night Shift;
 - 42.9% - Evening Shift;
 - 14.3% - Weekends only;
 - 0.0% - Day Shift; and,

- 14.3% - Other: Holidays (24 Hours a day).
- Hospitals responded they use security officers in the following areas:
 - 77.8% - Emergency Department;
 - 68.9% - Main Entrance;
 - 60.0% - Rounding;
 - 46.7% - Medical Surge Floors;
 - 46.7% - Intensive Care Units;
 - 8.9% - Pediatric, Labor and Delivery Units, Women's Health; and,
 - 2.2% - Behavioral Health.
- Hospitals reported various levels of security devices their officers use:
 - 100.0% - Uniforms;
 - 68.1% - Cell phones;
 - 29.8% - Two-way radio;
 - 21.3% - Handcuffs;
 - 12.8% - Restraints;
 - 10.6% - Metal Detectors;
 - 6.4% - Batons;
 - 6.4% - Gun;
 - 6.4% - Pepper spray/mace;
 - 4.3% - Bullet-proof vests;
 - 4.3% - Crisis Prevention Interventions (CPI)
 - 0.0% - Taser/Stun Gun; and,
 - 6.4% - Other: Flashlights, Patrol scan system.
- 30.8% of hospitals responding reported they contract with local law enforcement agencies to provide security.
- Of those contracting with law enforcement agencies 81.3% reported using them in the Emergency Department, 18.8% reported using them at the Main Entrance, 12.5% reported using them in Intensive Care Units and/or Medical Surgical Units

and 43.8% reported using them in other areas (i.e., hospital grounds, parking areas, special events or specific incidents).

Physical Environment

- Hospitals reported the following environmental control measures used:
 - 96.2% - Electronic access control;
 - 94.2% - Security cameras/Video surveillance system;
 - 86.5% - Well-lit/bright areas;
 - 73.1% - Wireless panic button/silent alarm;
 - 69.2% - Security signage;
 - 65.4% - Mirrors;
 - 59.6% - Mass notification system;
 - 46.2% - Gated parking;
 - 28.8% - Metal detectors;
 - 28.8% - Locked treatment rooms;
 - 26.9% - Enclosed nurses' station; and,
 - 11.5% - Other: Marked Security Vehicles, Parking decals/hang tags, Security and/or Police Patrols, locker inspections, package inspections with probable cause, escorts to and from vehicles and/or buildings and staff buddy system to move in pairs.
- 86.0% reported using a vendor management system.
- 66.0% reported limitations on visitation times.
- 66.0% reported using a visitor management system.
- 64.0% reported limiting the number of visitors per patient.
- 28.0% reported conducting personal belongings searches.

Training and Education

- Of hospitals responding, the following indicate the educational programs and/or training that have worked best to prepare staff to mitigate the incidence of violent behavior:
 - 87.5% - Verbal diffusion techniques;

- 75.0% - Early identification of risk factors;
 - 43.8% - Self-defense;
 - 39.6% - Anger management;
 - 37.5% - Stress management; and,
 - 16.7% - Crisis Prevention Intervention.
- Hospitals were also asked to provide additional information about what their hospital is doing for workplace violence prevention, response and recovery. Below are a summary of those responses:
 - Policy revision;
 - Safety committee engagement;
 - Interventional training and education for staff;
 - Development of committees for Workplace Violence and Behavioral Steering / Management;
 - Expanded Human Resource programs to help employees learn coping strategies and mechanisms;
 - Mandatory education for all employees (e.g., workplace violence, 'See Something - Say Something' program, Domestic Violence, Active Shooter, etc.);
 - Expanded emergency codes and response procedures for violent incidents;
 - Implementation of workplace violence scenarios in hospital exercises and/or drills;
 - Conducted Hazard Vulnerability Assessments and Risk Assessments; and,
 - Violence Prevention Plan.

Conclusion

Based on the information gathered in this survey, workplace violence is a widespread issue in Florida's hospitals. Although workplace violence is most frequently reported in EDs, it is definitely not just an ED issue. Hospitals across Florida employ a wide variety of security measures and environmental and educational controls to address the prevention, response and recovery from workplace violence. There is a benefit and opportunity in sharing best practices among hospital security departments across the state. The information presented in this survey is demonstrative of what is currently being done by hospitals to address workplace violence and may be valuable for consideration.

The many issues of workplace violence are recognized and there are several organizations, local and state agencies and professional groups addressing the challenges. The Task Force will continue to examine the issues surrounding workplace violence and provide information and resources for hospitals and health system partners to use. As the Task Force moves forward, attention will be placed on work environments outside of the acute care, community-based hospital. It is believed that violence is prevalent in every aspect of healthcare delivery and examining the issues across the broad spectrum of providers better defines the problems and potential solutions for creating a safe and secure workplace for our patients and their families, visitors, our workforce and the communities we serve.

If you would like more information about the WPVTF or would like to join, please contact John Wilgis at 407-841-6230.