HEALTH CARE: VIOLENCE IN THE WORKPLACE

A Willis Webinar

April 14th, 2011
2 p.m. – 3:30 p.m. EDT
INTRODUCTIONS

Speakers

- Deana Allen, National Health Care Practice, Willis
- Kevin Wilkes, Security Risk Practice, Willis
- Melinda Monson, RN, MSN, JD; Director of Risk Management, Danbury Hospital
- Ben Scaglione, CPP, CHSP, The Security Design Group
Polling Question #1

Does your security force carry guns?
A) Yes
B) No
C) Not applicable

Results

- Yes, 7%
- No, 53%
- N/A, 15%
STATS & FACTS

Workplace Violence has become the fourth leading cause of death in the workplace and is the leading cause of death among women in the workplace.

74% of all employed battered women report that they have been harassed by their partner while at work.


2M American workers are victims of violent crime in the workplace each year.

6M American workers are threatened in the workplace every year.

16K threats are made in the American workplace daily and 700 persons are physically attacked.
THE HEALTH CARE RISK

- The health care sector leads all other industries with 45% of all non-fatal assaults against its workers.

- 2009 ENA survey findings: More than 50% of emergency room nurses reported that they had experienced violence by patients on the job and more than 25% had experienced 20 or more acts of violence within the past three years.

- ANA survey findings: A majority of nurses do not feel safe in their working environments.

- The recent economic downturn has forced increased numbers of displaced and mentally ill persons seeking treatment into hospitals.

- Women are the most frequent victims of all reported cases of workplace violence incidents.
EMERGING RISKS

- Workplace Bullying
- Workplace Suicides
- Stalking
- Cyber Attack
HEALTH CARE REFORM?

- 2006 Illinois: The “Health Care Workplace Violence Prevention Act”
- 2007 New Jersey: The “Violence Prevention in Health Care Act”
- 2010 California: California Health and Safety Code Section 1257.7
- 2011: 22 states are introducing or amending acts of legislation aimed at reducing the risk of violence for health care professionals or creating enhanced penalties for those who would do harm
THE FINANCIAL IMPACT

- The average cost of an incident of workplace homicide is $850K
- The average jury award for a case of negligence involving workplace violence is approximately $3M dollars
- The average out of court settlement for negligence lawsuits is $500K
- Over 1.1M days of lost productivity
- Property damage, diminished public image, credibility, increased security, workforce recovery/wellness= $ Billions
- 60:1 ratio of cost in terms of dealing with the aftermath vs. prevention efforts
Section 5(a)(1) of the Occupational Safety and Health Act requires an employer to furnish to its employees: a place of employment which is free from recognized hazards that are causing or are likely to cause death or serious physical harm to the workforce.
“That’s one of my priorities to get OSHA back into workplace violence. It’s obviously a workers safety issue”

November 20, 2009
BE AWARE!

- OSHA fined Franklin Hospital Medical Center in Valley Stream, NY, $4,500 for failing to protect its staff from violence after a nurse was attacked and injured.

- The nurse was giving psychiatric patients a group therapy session when she was attacked, OSHA reports. After OSHA inspected the facility, they found that Franklin Medical Center had not instituted any workplace violence prevention measures such as weapon screening, violent patient screening, or staff training on violence.
Melinda Monson, RN, MSN, JD
Director of Risk Management, Danbury Hospital
OVERVIEW

- Increased Violence in Health Care Facilities Per Joint Commission Warning.

- Violent patients, visitors and staff.

- Dealing with violence from a legal and security perspective.
SHOOTING AT DANBURY HOSPITAL

Danbury Hospital: 371 bed regional medical center on the NY – CT border.

86 y.o. brought in by police on March 1, 2010 for altered mental status.

Admitted to the cardiology unit for a medical condition. Did not require acute psychiatric admission.
SHOOTING AT DANBURY HOSPITAL

On March 2, 2010, a nurse’s aide saw the patient standing in the hallway with a jacket draped over one shoulder, partially covering his hand.

The aide saw a small handgun pointed at her.

The patient waived the gun and screamed for the aide to get away from him.
SHOOTING AT DANBURY HOSPITAL

ɐ Aide reported to Assistant Nurse Manager that the patient had a gun but wasn’t sure if it was real.

ɐ Two ANM’s walked to patient’s room. Patient pointed gun in one’s face. As she jumped back, the second ANM shoved patient down and struggled to get gun.

ɐ Three shots were fired.
SHOOTING AT DANBURY HOSPITAL

ANM was struck in his neck and hand.

ANM ran into elevator as security officers exited and found patient sitting in hallway pointing gun in their direction.

Officers retreated, approached patient from another direction, and pinned him down – another shot was fired.
SHOOTING AT DANBURY HOSPITAL

Police arrived, subdued patient and secured patient unit.

Patient charged with 1st degree assault and reckless endangerment. Sent to forensic psychiatric facility for evaluation.

Nurse underwent extensive treatment for his wounds but has returned to work at DH.
REGULATORY INVESTIGATIONS

- Connecticut Department of Public Health – arrived the day after the shooting.

- Issued a violation for the Hospital’s failure to follow policies related to patient valuables/belongings to assist in rendering a safe environment.
REGULATORY INVESTIGATIONS

- Admitting nurse did not complete a valuables checklist for a patient who was not capable of looking after his own valuables.

- The nurse should have placed the patients valuables in an envelope, recorded the contents, and sent the valuables to security.

- Had she done so, the gun may have been discovered.

- Action plan required.
REGULATORY INVESTIGATIONS

Centers for Medicare & Medicaid Services

- Received DPH’s report of deficiencies and found that Danbury Hospital was not in compliance with Conditions of Participation for hospitals.

- CMS conducted a full survey and required submission of an action plan.
REGULATORY INVESTIGATIONS

U.S. Department of Labor/ Occupational Safety and Health Administration (OSHA) performed an onsite investigation, including review of policies and staff interviews.

OSHA does not have regulations regarding workplace violence, so relied on general duty clause.
REGULATORY INVESTIGATIONS

- OSHA alleged a serious violation for failing to provide a workplace free from recognized hazards likely to cause death or serious injury to workers.

- OSHA report recommended that DH take more proactive steps to address patient-caused injuries to workers.
OSHA recommended:

- A stand alone written violence prevention program that includes:
  - A hazard/threat assessment;
  - Controls and prevention strategies;
  - Incident reporting and investigation;
  - Periodic review of the program.
OSHA recommended:

- Ensuring that security staff members are trained to deal with aggressive behavior and are readily and immediately available to render assistance.
OSHA recommended:

- Ensuring that all patients receiving a psychiatric consultation are screened for a potential history of violence.

- Using a system that flags a patient’s chart any time there is a history or act of violence.
REGULATORY INVESTIGATIONS

OSHA:

- Required a detailed response plan;

and

- Imposed a $6,300.00 fine.
Polling Question #2

Has your organization experienced a regulatory investigation as a result of a workplace violence incident?

A) yes
B) no
C) not applicable

Results

- Yes, 5%
- No, 89%
- N/A, 5%
LIABILITY CLAIMS

**Nurse:**

- Workers’ Compensation claim filed by nurse to recover for injuries and lost wages.

- Lawsuit filed by nurse against Estate of shooter/patient for general negligence (shooter/patient died in October).
LIABILITY CLAIMS

Nurse:

- Has filed Notice of Intent to sue Police.

- Presumably the action will sound in alleged failure to search the patient in the field and find the gun.
Third Party:

Possible that patients who witnessed the shooting and subsequently developed physical and/or emotional distress could sue for general and/or professional negligence.
LIABILITY CLAIMS

Other Staff:

❖ Other staff who were directly involved and/or witnessed shooting, have filed Workers’ Compensation claims based upon physical and emotional injuries.
INSURANCE CONSIDERATIONS

What Carriers Have Been Placed on Notice?

- Workers’ Compensation
- Professional Liability
- General Liability
- Employer’s Liability
- Directors & Officers
Danbury Hospital had a number of security/safety policies, some dating back to 1995, including violence in the workplace; how to handle assaults on staff; and dealing with violent/threatening persons.

Prior to the shooting, DH had a policy on safety assessment for dangerous items specific to the psychiatric unit, but not to other areas.
AFTER-SHOOTING ACTIONS

Within 3 Days of Shooting

- After-Action plan that included:
  - Mass notification system (Desktop alert)
  - New search procedure
AFTER-SHOOTING ACTIONS

Within 3 Days of Shooting

After-Action plan that included:

- Meeting with local Chiefs of Police re: first responders and EMS safety (pat down weapons search of emotionally distressed persons).
AFTER-SHOOTING ACTIONS

Within 3 Days of Shooting

- After-Action plan that included:
  - Joint training exercise with local police involving an active shooter scenario.
  - Retention of Nationally known Security Consultant.
AFTER-SHOOTING ACTIONS

Within 6 Weeks of Shooting

- Completed and implemented:
  - Comprehensive safety assessment policy for dangerous items (for ED, Inpatient, and Ambulatory Surgery).
  - Personal alarm devices for staff in isolated areas/off shifts.
AFTER-SHOOTING ACTIONS

Within 8 Weeks of Shooting

- Our security consultant completed a seven day assessment of on campus and selected off campus facilities.

- Made recommendations to our Executive Team and Board of Directors.
AFTER-SHOOTING ACTIONS

Security Consultant’s Findings:

Danbury Hospital is “a facility with a stronger than average security program.”

“Unusual situation” that was properly handled by security staff.
Security Consultant’s Focus Group Results:

- Staff had 3 unanimous areas of concern
  - Overall hospital accessibility;
  - How to safely manage aggressive and threatening behavior;
  - Exposure and risks at off-site facilities.
AFTER-SHOOTING ACTIONS

Security Consultant’s Recommendations:

- Electronic Visitor Management System that requires form of official identification, records it, and generates a badge.

- Restrict ability to access hospital from outside and restrict access within.
AFTER-SHOOTING ACTIONS

Security Consultant’s Recommendations:

- Enhanced workplace violence policies.

- Intense mandatory training program on workplace violence for all employees and new hires.
AFTER-SHOOTING ACTIONS

Security Consultant’s Recommendations:

- Add one security officer per shift and install additional cameras.
- Increased visibility of security officers.
- Place security officers in marked vehicle to patrol parking lots.
AFTER-SHOOTING ACTIONS

- Within 4 Months of the Shooting we implemented an enhanced Workplace Violence Prevention Plan that includes the following policies:
  - Violence in the Workplace;
  - Violent/Threatening Persons;
AFTER-SHOOTING ACTIONS

- Assault of Hospital Employee or Medical Staff Member;

- Anti-Harassment Policy and Complaint Procedure;

- Employee Support Team; and

- Safety Assessment for Dangerous Items.
AFTER-SHOOTING ACTIONS

Finally, last Fall Danbury Hospital developed a Workplace Violence Module entitled “Maintaining a Safe Workplace Together” – mandatory on-line training program for all employees and new hires.

On 10/1/10 we affiliated with another area hospital so we are implementing the same practices and policies there as well.
Recently, CT proposed Workplace Violence Prevention and Response Legislation:

- Key provisions:
  - Each health care employer shall establish an ongoing Safety Committee and perform annual risk assessments in cooperation with employees, labor organizations or Safety Committee.
PROPOSED LEGISLATION

- New employee orientation and annual employee training shall include education regarding reports to the appropriate public safety officials/agency(s) and process necessary for the filing of criminal charges.

- A health care employer shall not require a health care employee to treat a patient who has been verbally and/or physically abusive or threatening.
Polling Question #3

Have you had “external law enforcement” respond to your facility in response to a violent incident during the past 18 months?

A) yes
B) no
C) not applicable

Results

Yes, 68%
No, 22%
N/A, 5%
Ben Scaglione, CPP, CHSP, The Security Design Group
“Once considered safe havens, health care institutions today are confronting steadily increasing rates of crime, including violent crimes such as assault, rape and homicide.”

“Each hospital or institution must determine for itself how to protect the environment, and that is accomplished by doing a risk assessment and identifying all the things that can go wrong and how to address them with the least inconvenience and resources.”
RECENT EVENTS

- February, 12, 2010 - Memphis, Tennessee - Firefighter shot nurse in parking lot of Delta Medical Center.

- December 16, 2009 - Police searched for two men who opened fire in the parking lot of Valley Presbyterian Hospital.

- June 16, 2009 - Charleston West Virginia - A woman walked into Charleston Area Medical Center and shot her estranged husband in the head.

- June 8, 2009 – Titusville, Florida - Estranged husband shot wife a certified nursing assistant at a local hospital.

- June 7, 2009 - Rio Vista, California - Police fatally shoot man in Martinez Hospital ER after he threatened staff with a knife.
RECENT EVENTS

April 25, 2009 - North Las Vegas, Nevada - A gun-toting man inside a hospital waiting room was killed by police.

April 16, 2009 - Long Beach, California – A gunman shot pharmacy manager then fatally shot himself.

June 23, 2008 – Jacksonville, Florida - Shooting at Baptist Medical Center parking garage left two people dead and an 11-year-old boy injured.

March 27, 2008 - Columbus, Georgia – Three dead following a shooting at Doctor's Hospital a man went to the 5th floor ward with a gun and began to open fire on hospital workers.
The hospital identifies safety and security risks associated with the environment of care that could affect patients, staff, and other people coming to the hospital's facilities.

Note: Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of annual proactive risk assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts.

The hospital takes action to minimize or eliminate identified safety and security risks in the physical environment.

IAHSS – Risk Assessment Toolkit

ASIS – General Security Risk Assessment

Facilities Physical Security Measures (New for 2011)
FACILITY WIDE RISK ASSESSMENT

1. Determining High Risk Areas
2. Asset Identification
3. Threat Identification
4. Identification of Vulnerabilities
5. Assessment of Risk
6. Determination of Countermeasures
7. Evaluation and Implementation of New Countermeasures
8. Monitoring of Implemented Countermeasures
9. Annual Assessment
WORKPLACE VIOLENCE ASSESSMENT

- OSHA 3148
- DHHS (NIOSH) Publication No. 2002–101
- ASIS – Workplace Violence Prevention and Response
- ASIS Healthcare Council – Managing Aggressive and Disruptive Behavior in Health Care
- JCAHO – Sentinel Event Alert # 45
MANAGING DISRUPTIVE BEHAVIOR AND WORKPLACE VIOLENCE IN HEALTHCARE
Polling Question #4

Have you recently completed a workplace violence risk assessment?
A) yes
B) no
C) not applicable

Results

- Yes, 48%
- No, 46%
- N/A, 5%
VIOLENCE: OCCUPATIONAL HAZARDS IN HOSPITALS

- Prevention Strategies for Employers
- Environmental Designs
- Administrative Controls
- Behavior Modifications
- Dealing With the Consequences of Violence
- Safety Tips for Hospital Workers

April, 2002
WHERE MAY VIOLENCE OCCUR?

Violence may occur anywhere in the hospital, but it is most frequent in the following areas:

- Psychiatric wards
- Emergency rooms
- Waiting rooms
- Geriatric units
WHAT ARE THE RISK FACTORS FOR VIOLENCE?

Common risk factors for hospital violence include the following:

- Working directly with volatile people, especially if they are under the influence of drugs or alcohol or have a history of violence or certain psychotic diagnoses
- Working when understaffed—especially during meal times and visiting hours
- Transporting patients
- Long waits for service
- Overcrowded, uncomfortable waiting rooms
- Working alone
- Poor environmental design
- Inadequate security
- Lack of staff training and policies for preventing and managing crises with potentially volatile patients
- Drug and alcohol abuse
- Access to firearms
- Unrestricted movement of the public
- Poorly lit corridors, rooms, parking lots, and other areas
To prevent violence in hospitals, employers should develop a safety and health program that includes:

- Management commitment, employee participation, hazard identification, safety and health training, and hazard prevention, control, and reporting. Employers should evaluate this program periodically.

Although risk factors for violence are specific for each hospital and its work scenarios, employers can follow general prevention strategies.
ENVIROMENTAL DESIGNS

- Develop emergency signaling, alarms, and monitoring systems.
- Install security devices such as metal detectors to prevent armed persons from entering the hospital.
- Install other security devices such as cameras and good lighting in hallways.
- Provide security escorts to the parking lots at night.
- Design waiting areas to accommodate and assist visitors and patients who may have a delay in service.
- Design the triage area and other public areas to minimize the risk of assault:
  - Provide staff restrooms and emergency exits.
  - Install enclosed nurses’ stations.
  - Install deep service counters or bullet resistant and shatterproof glass enclosures in reception areas.
  - Arrange furniture and other objects to minimize their use as weapons.
ADMINISTRATIVE CONTROLS

- Design staffing patterns to prevent personnel from working alone and to minimize patient waiting time.

- Restrict the movement of the public in hospitals by card-controlled access.

- Develop a system for alerting security personnel when violence is threatened.
Polling Question #5

Do you provide formal violence response training?

A) yes
B) no
C) not applicable

Results

- Yes, 49%
- No, 41%
- N/A, 9%
FACILITY-WIDE RISK ASSESSMENT

Provide all workers with training in recognizing and managing assaults, resolving conflicts, and maintaining hazard awareness.
PREVENTING WORKPLACE VIOLENCE FOR HEALTH CARE & SOCIAL SERVICE WORKERS

- Violence Prevention Programs
- Management Commitment and Employee Involvement
- Worksite Analysis
- Hazard Prevention and Control
- Safety and Health Training
- Recordkeeping and Program Evaluation

2004
APPENDIX A: WORKPLACE VIOLENCE PROGRAM CHECKLISTS

Checklist 1: Organizational Assessment Questions Regarding Management Commitment and Employee Involvement

- Is there demonstrated organizational concern for employee emotional and physical safety and health as well as that of the patients?
- Is there a written workplace violence prevention program in your facility?
- Did front-line workers as well as management participate in developing the plan?
ELEMENTS OF AN EFFECTIVE VIOLENCE PREVENTION PROGRAM

The five main components of any effective safety and health program also apply to the prevention of workplace violence:

- Management commitment and employee involvement
- Worksite analysis
- Hazard prevention and control
- Safety and health training
- Recordkeeping and program evaluation
The team or coordinator should periodically inspect the workplace and evaluate employee tasks to identify hazards, conditions, operations and situations that could lead to violence.

To find areas requiring further evaluation, the team or coordinator should: Analyze incidents, including the characteristics of assailants and victims, an account of what happened before and during the incident, and the relevant details of the situation and its outcome. When possible, obtain police reports and recommendations.

Identify jobs or locations with the greatest risk of violence as well as processes and procedures that put employees at risk of assault, including how often and when.

Note high-risk factors such as types of clients or patients (for example, those with psychiatric conditions or who are disoriented by drugs, alcohol or stress); physical risk factors related to building layout or design; isolated locations and job activities; lighting problems; lack of phones and other communication devices; areas of easy, unsecured access; and areas with previous security problems.

Evaluate the effectiveness of existing security measures, including engineering controls. Determine if risk factors have been reduced or eliminated and take appropriate action.
HAZARD PREVENTION AND CONTROL

- After hazards are identified through the systematic worksite analysis, the next step is to design measures through engineering or administrative and work practices to prevent or control these hazards.

- If violence does occur, post-incident response can be an important tool in preventing future incidents.
ENGINEERING CONTROLS AND WORKPLACE ADAPTATIONS TO MINIMIZE RISK

- Engineering controls remove the hazard from the workplace or create a barrier between the worker and the hazard. There are several measures that can effectively prevent or control workplace hazards, such as those described in the following paragraphs.

- The selection of any measure, of course, should be based on the hazards identified in the workplace security analysis of each facility.

- Among other options, employers may choose to: Assess any plans for new construction or physical changes to the facility or workplace to eliminate or reduce security hazards. Install and regularly maintain alarm systems and other security devices, panic buttons, hand-held alarms or noise devices, cellular phones and private channel radios where risk is apparent or may be anticipated. Arrange for a reliable response system when an alarm is triggered.

- Provide metal detectors—installed or hand-held, where appropriate—to detect guns, knives or other weapons, according to the recommendations of security consultants. Use a closed-circuit video recording for high-risk areas on a 24-hour basis. Public safety is a greater concern than privacy in these situations.

- Place curved mirrors at hallway intersections or concealed areas. Enclose resistant, shatter-proof glass in reception, triage and admitting areas or client service rooms.

- Provide employee “safe rooms” for use during emergencies.

- Establish “time-out” or seclusion areas with high ceilings without grids for patients who “act out” and establish separate rooms for criminal patients.
Administrative and work practice controls affect the way staff perform jobs or tasks. Changes in work practices and administrative procedures can help prevent violent incidents. Some options for employers are to:

- State clearly to patients, clients and employees that violence is not permitted or tolerated.
- Establish liaison with local police and state prosecutors. Report all incidents of violence.
- Give police physical layouts of facilities to expedite investigations.
- Require employees to report all assaults or threats to a supervisor or manager (for example, through a confidential interview). Keep log books and reports of such incidents to help determine any necessary actions to prevent recurrences.
- Advise employees of company procedures for requesting police assistance or filing charges when assaulted and help them do so, if necessary.
- Provide management support during emergencies. Respond promptly to all complaints.
- Set up a trained response team to respond to emergencies. Use properly trained security officers to deal with aggressive behavior.
- Follow written security procedures.
- Ensure that adequate and properly trained staff are available to restrain patients or clients, if necessary.
- Provide sensitive and timely information to people waiting in line or in waiting rooms. Adopt measures to decrease waiting time.
Polling Question #6

What level of priority does workplace violence prevention have in your organization?

A) high, we actively address and support prevention
B) medium, we are doing OK, but could “bump it up”
C) low, aware it needs more attention, but higher priorities

Results

- High, 27%
- Medium, 51%
- Low, 22%
SPEAKER CONTACT INFORMATION

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Thank you!

The Willis Cause

We thoroughly understand our clients’ needs and their industries.
We develop client solutions with the best markets, price and terms.
We relentlessly deliver quality client service.
We get claims paid quickly

...WITH INTEGRITY.