Violence in Healthcare

Objectives

- Define the workplace violence perpetrated against nurses, physicians, and others in the ED
- State factors that contribute to the possibility of violence in the ED
- Review Nebraska law on violence against healthcare providers
- Recognize the value of planning and staff training as a means of mitigating violence in the ED
- Identify best practices to improve ED security
History of Violence

- Violence has always been a way of life
- We are fascinated by violence
- We justify violence by an ideology
  - Domestic terrorism
- We sensationalize violence
- We handle violence with violence
- Violence is in our DNA

Workplace Violence Statistics

- A 2010 IAHSS survey found violent crime sexual assault, robbery, aggravated assault, and simple assault in hospitals increased by 200% from 2004-2009
- TJC’s Sentinel Event Database shows that 2011 had the 2nd highest reported rate of criminal events since the database’s inception in 1995
- A 2011 ENA study found 54.5% of nurses experienced physical and/or verbal abuse at work at some point in the previous seven days
- Workplace violence in healthcare is an epidemic

### Why Healthcare…

- Death, dying, pain, regret, remorse, resentment, fear, anger, sadness, panic, etc...
- The violence follows them into the facility
  - Murder
  - Assault (aggravated and simple)
  - Rape, Sexual Assault, & Human trafficking
  - Domestic violence
  - Societal violence (discrimination, ideologies, etc.)
  - Verbal violence (threats, yelling, belittling)
  - Psychological violence (bullying, exclusion, threats)
  - Drugs & alcohol abuse

### More than \( \frac{1}{2} \) of ER Nurses have been assaulted on the job

- Precipitating Factors:
  - A shortage of ER nurses
  - Patient crowding
  - Prolonged wait times
  - Shortage of mental health facilities nationally

ER Nurses are 3 times more likely to experience WPV than any other profession
**WPV Event**

- Average WPV incident costs employers $250k
- Average jury award = $3.1 per person per serious incident
- The Institute of Finance and Management (2011) reported that healthcare organizations spend nearly $5.50/ per employee on prevention of workplace violence
- The cost of reacting to serious WPV incidents is measured to be 100 times more costly than using preventative measures


**Entering the ED**

WARNING!
Assaulting a healthcare professional who is engaged in the performance of his or her official duties is a felony.

Advertencia!
Agredir a un profesional de la salud que se dedica a la realización de sus funciones oficiales, es un delito.
### What is LB 677?

- LB 677 increases the penalties for assault on a health care provider while the health care provider is engaged in the performance of his or her official duties;
- It defines a health care provider as a practitioner licensed or certified under the Uniform Credentialing Act; and
- It requires signage in all offices and facilities where health care services are offered
- Law took effect July 19, 2012
  - Did NOT create a new offense

### How does LB 677 define a health care professional?

- A physician or other health care practitioner who is:
  - Licensed, certified, or registered to perform specified health services consistent with state law;
  - Who practices at a hospital or a health clinic
Third Degree Assault (Class IIIA felony)

- Person intentionally, knowingly, or recklessly causes bodily injury to a health care professional on duty at a hospital or a health clinic
- Assault in the third degree on a health care provider shall upon conviction be sentenced to not less than six months imprisonment
- Assault in the third degree shall be a Class I misdemeanor unless committed in a fight or scuffle entered into by mutual consent, in which case it shall be a Class II misdemeanor

Second Degree Assault (Class II felony)

- Person intentionally or knowingly causes bodily injury with a dangerous instrument to a health care professional on duty at a hospital or a health clinic
- Requires less bodily injury than class 1D, but weapon must be used
First Degree Assault (Class 1D felony)

- Person intentionally or knowingly causes serious bodily injury to a health care professional who is on duty at a hospital or a health clinic
- Must be serious bodily injury such as permanent disability – per Douglas Co. Atty
- Must be more than laceration, black eye, etc.
- However, anyone has the right to file a police report regardless of severity of injury

General Police Dept. Comments

- Police will only arrest if patient can be safely medically discharged
- Will not arrest patient for a misdemeanor
  - Destruction of property, pushing, belligerent, etc.
  - Exception: Criminal Mischief – Depends on value of property damage and demeanor of individual
- Will arrest patient for felony assault
  - May depend on level of felony, intent, etc.
- File a report if questionable (notify Security)
  - Can file for a warrant after medically discharged
Workplace Violence Spectrum

Rugala and Ramono (adapted from the American Society for Industrial Security International, January 2011)

The Continuum of Violence

Psychological Violence

Verbal Violence

Physical Violence

Situational Awareness

Zero Tolerance

Verbal Intervention

Crisis Intervention Teams

Physical Intervention

Emergency Planning
Questions of De-escalation

- How can I recognize that a person’s behavior may escalate?
- If a person’s behavior escalates, how can I intervene before the person becomes violent or disruptive?
- If a person’s behavior becomes violent, how can I control the violence while ensuring the best safety & security for all involved?
**Verbal Escalation Continuum**

<table>
<thead>
<tr>
<th>Subject Behavior</th>
<th>Staff Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxious</td>
<td>Supportive</td>
</tr>
<tr>
<td>Defensive</td>
<td>Directive</td>
</tr>
<tr>
<td>Acting-out</td>
<td>Physical Intervention</td>
</tr>
<tr>
<td>Tension Reduction</td>
<td>Therapeutic Rapport</td>
</tr>
</tbody>
</table>

*Crisis Prevention Institute, 2007*

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**Do Needs Lead to Conflict?**

- Most people become anxious and agitated because they feel…
  - Their needs are not being met
  - They are not being listened to about their needs not being met

- Excluding criminal intent
Joint Commission

- PC.03.05.01: EP3 - The hospital uses restraint or seclusion only when less restrictive interventions are ineffective.
- PC.03.05.17:EP3 - Based on the population served, staff education, training, and demonstrated knowledge focus on the following:
  - Strategies to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of restraint or seclusion
  - Use of nonphysical intervention skills
- PC.03.05.17:EP4 - Individuals providing staff training in restraint or seclusion have education, training, and experience in the techniques used to address patient behaviors that necessitate the use of restraint or seclusion

CMS – 42 CFR Part 482

- (2) Training content. The hospital must require appropriate staff to have education, training, and demonstrated knowledge based on the specific needs of the patient population in at least the following:
  - (i) Techniques to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of a restraint or seclusion.
  - (ii) The use of nonphysical intervention skills.
- (3) Trainer requirements. Individuals providing staff training must be qualified as evidenced by education, training, and experience in techniques used to address patients’ behaviors.
- (4) Training documentation. The hospital must document in the staff personnel records that the training and demonstration of competency were successfully completed.
OSHA

- Defines workplace violence as violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty
- Will conduct “where there is a complaint, referral, or fatality and/or catastrophic event involving an incident of workplace violence, particularly when it stems from a workplace in industries identified by OSHA as having a potential for workplace violence”
- “feasible abatement methods available to address the hazard”

The Continuum of Violence

- Psychological Violence
- Verbal Violence
- Physical Violence
- Zero Tolerance
- Verbal Intervention
- Physical Intervention
- Crisis Intervention Teams
- Emergency Planning
- Physical Violence
- Situational Awareness
Perceived Shortfalls w/o a CIT

- No coordinated process to handle the “audience”
- The event is not contained
- Injury as a result of physical events could be decreased
- Witnesses are often left wondering what happened

CIT Objectives

- To provide a safe and secure environment for the occupants of the hospital
- To address situations where a person or persons becomes threatening, combative, or violent as efficiently and safely as possible
- To provide a unified and coordinated response serving to de-escalate violent or potentially violent individuals
- To produce a show of force in an attempt to gain the compliance of a verbally abusive or physically assaultive person(s)
- To minimize the impact of the event to witnesses
**CIT Core Tasks**

- Remove the audience from the individual or the individual from the audience
- Implement verbal intervention tactics
- Make the area safe if physical intervention is needed
- Normalize the environment
- Address the witnesses to alleviate anxiety

**CIT Response Goals**

- Limit the individuals exposed to the event
- Limit the amount of time the individuals are exposed to the event
- Normalize the situation/environment as much as possible following the event
- Provide the most safe, secure and dignified outcome for all people involved
Employee Physical Intervention

- Do employees understand what level of physical intervention is acceptable?
- Restraints policy
- EPC/Committals, MD holds, BOHM
- Self defense?
Physical Safety

- Avenue for escape
- Reactionary gap
- Protective barrier
- Stance
  - Non-threatening/Non-challenging
  - Lower profile
  - Aid in ability to defend and move
  - Safety of self

Persons Used for Purposes of Security

- Train/certify all employees involved in physical intervention
  - Pressure Point Control Tactics (PPCT)
- Educate on applicable laws
- Use of force policy
  - Levels of force authorized for use in response to specific subject actions/behaviors
- Scenario based education
Broken Windows Theory

- Significant link between disorder and crime
- Theory that ignoring low-level crime is more conducive to serious crime
- High level criminals take cues from low level criminals
- “One unrepaired broken window is a signal that no one cares, and so breaking more windows costs nothing”

J. Wilson, G. Kelling. (1982). The Atlantic

Kirchner, L. (2014). Pacific Standard

Determining Risk, Mitigation, and Restricting Access
## Determining Risk

- **R** – Review Documentation
- **I** – Interview Key Personnel
- **I** – Inspect security controls/features
- **O** – Observe behavior
- **T** – Test controls/systems/plans
  - Gap analysis
  - Security audit
  - Penetration testing

## Mitigation Program

- Starts with conducting a risk & threat assessment
  - Practices, programs, vulnerabilities, physical security, etc.
- Three E’s of Public Safety
  - Environment (Engineering Controls)
  - Enforcement
  - Education
- Passive Interventions
  - Individuals are not required to undertake any action to be protected
- Active Interventions
  - Involves the human element
Mitigation Program

- Environmental/Engineering Controls:
  - CPTED
  - Access Control systems & practices:
    - That aid in minimizing the random component
    - Layering effect and bottle necks
    - Schedule/Systematic restrictions
  - Site hardening
  - Shelter in Place actions
    - Not accessible from the exterior
    - Metal detection

Mitigation Program

- Enforcement:
  - Workplace Violence zero tolerance policy
  - Accountability for employees, supervisors, visitors, and patients/residents
  - Restricted access plan
  - Develop & execute random security measures (RTMs/RSCs)
  - Visitation policies & practices
  - CCTV systems with a process for detection
Mitigation Program

- **Education**
  - The violence cause categories & sources
  - Violence continuum and the impact
  - Pre-incident indicators, warning signs, sources of motivation, precipitating factors
  - Erratic behavior & behavior change identification
    - Use probing statements to identify Warning Signs
    - Build resident profiles to help identify Warning Signs
  - The indicators of persons carrying weapons
  - Verbal intervention tactics
  - Event response - Shelter in Place actions

- **Interdiction**
  - Process and/or procedure that discourages violence

- **Intervention**
  - Process and/or procedure that modifies or redirects behavior

- **Prevention**
  - Process and/or procedure that addresses the causes of violent acts
Gun Violence

- Somewhere between 12,000 and 16,000 deaths as a result of gun violence each year in the U.S
- “Nothing we’re going to do is going to fundamentally alter or eliminate the possibility of another mass shooting or guarantee that we will bring gun deaths down to a thousand a year from what it is now” - Joe Biden, February 3rd, 2013
- Prevention & Preparedness are the most effective tools for saving lives in shooter events
Violence

- “Mass shootings are a unique feature of American life which have occurred consistently throughout history in every region of the country”

- Of all the animals, man is the only one that is cruel. He is the only one that inflicts pain for the pleasure of doing so – Mark Twain

References:


