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## PRACTICE GROUP: HEALTHCARE

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### STRATEGIES TO PREVENT HEALTHCARE WORKPLACE VIOLENCE

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Imagine for a moment that it is 10 a.m. on a typical Tuesday morning. The healthcare clinic is bustling, everyone is preoccupied with their day, and the unthinkable happens: someone pulls out a gun in the lobby and starts shooting. As a risk manager, what would you do? How well-prepared is your team?

#### WORKPLACE VIOLENCE IMPACT ON HEALTHCARE

Workplace violence occurs in the healthcare industry at a rate of four times that of any other industry according to the Bureau of Labor Statistics, with 7.8 cases of serious workplace violence injuries per 10,000 full-time employees (FTEs) compared to construction, manufacturing, and retail, which all had fewer than two cases per 10,000 FTEs. According to OSHA, workplace violence is any “act or threat of physical violence, intimidation, harassment or other threatening disruptive behavior that occurs at the workplace.” The factors that increase workplace violence in healthcare can include the close proximity between patient and provider (including working alone); providers working with people who have a history of violence or may be under the influence of drugs; the lifting, movement, and transport requirements of patients; and more. Workplace

violence is vastly underreported, with studies showing that only about 70 percent of assaults are being reported. Senior living (nursing/residential care facilities) has the highest rate of assaults within healthcare, accounting for 19 percent of all violent acts in the industry. How is your healthcare organization addressing this significant issue?

**In the majority of healthcare workplaces where risk factors can be identified, the risk of an assault can be minimized or prevented if employers take the appropriate actions.**

From 2011 to 2013, US healthcare workers suffered 15,000 to 20,000 workplace violence related injuries every year that required significant time away from work for treatment and recovery. In hospitals, surgery centers, nursing homes, and other healthcare settings, possible sources of violence include patients, visitors, coworkers, intruders, and business vendors. Verbal threats, physical attacks of abuse, gang violence, and active shooters are all now common examples of workplace violence that is permeating the healthcare industry. Active

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shooters have become prevalent the past several years within healthcare and, with the security of patients and providers at the forefront of every healthcare organization's mind, each entity should have an active shooter risk mitigation policy put into place. All of this violence comes at a significant cost. It harms workers both physically and emotionally, and makes their job more difficult. Employers suffer from significant workers' compensation losses, in addition to the added costs of overtime, recruitment, temporary staffing, et cetera.



#### ACTIVE SHOOTER POLICIES

Active shooter insurance policies, which pay for death and serious injuries like blindness and total disability, came to fruition in 2014. With the increased occurrence of active shooter incidents, such as last year's shooting at a Florida high school in which 17 people were killed, the demand for active shooter policies has grown dramatically. This sort of coverage should be considered by higher risk urban healthcare organizations that are located in areas of higher crime or homicide rates. While healthcare has not seen the same numbers and scale of mass shooting incidents that have occurred in schools, churches, and night clubs, several large healthcare systems have considered and purchased this insurance to mitigate the risks and costs associated with such an incident.

#### OSHA GUIDELINES

In the majority of healthcare workplaces where risk factors can be identified, the risk of an assault can be minimized or prevented if employers take the appropriate actions. OSHA has developed a roadmap for healthcare providers to shore up the risks associated with workplace violence in a publication called Guidelines for Prevention of Violence in Healthcare. The best way to reduce violence in the workplace is through

a solid workplace violence prevention program that includes these five core elements.

1. **Management commitment and employee participation.** Managers need to demonstrate their commitment to prevention, communicate this commitment, and document performance. They should make workplace violence a priority, establish goals and objectives, appoint leaders with authority, and set a good example.
2. **Worksite analysis and hazard identification.** Procedures and processes should be set into place to identify workplace hazards and evaluate risks.
3. **Hazard prevention and control.** Implement procedures, processes, and programs to eliminate or control workplace hazards. Track implementation progress.
4. **Safety and health training.** Train all employees on hazard recognition and control, including what to do in an emergency (e.g. an active shooter scenario).
5. **Recordkeeping and program evaluation.** Keeping an accurate record of injuries, illnesses, assaults, hazards, corrective actions, patient histories, and training can help organizations determine the severity of the problem, identify patterns or trends, and develop solutions.

These five core elements are all interrelated and each one is necessary to the success of the overall program. Setting up an internal committee that oversees the plan can help ensure program success. The internal committee should include management, HR, and people on the "front lines," such as your physicians or nurses. To meet the objectives of the plan, the committee should hold regular meetings, strongly encourage worker involvement in the decisions that affect their health and safety, and address employees' safety

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concerns in a timely manner. Establish quarterly meetings and solicit input from employees with an annual communication campaign. If you have conducted an annual employee feedback survey, be sure to incorporate those results as well. Having this communication from the CEO/management about the importance of this subject matter will drive employee involvement. Engaging employees should in turn lead to enhanced employee perceptions of safety and more proactive workplace violence mitigation.

#### SUCCESSFUL PROGRAM STRUCTURE

Numerous case studies and examples are available that provide real world examples of healthcare organizations implementing workplace violence prevention programs and the benefits of implementing such programs. Take this great example:

A large Catholic and not-for-profit health system has more than 150,000 associates at 1,900 locations, including more than 100 hospitals. It has implemented a standardized a definition of workplace violence across its locations, which has helped to ensure consistency in reporting and subsequent data analysis. The definition includes lateral (employee-on-employee) violence. They define workplace violence as:

*A threat or act of violent behavior, against oneself, another person, or a group that either results in or has a high likelihood of resulting in injury, death, or psychological harm. These events may involve patients or family members, visitors, volunteers, vendors, physicians or other associates. Examples include bullying, hostility, intimidation, or use of physical force, weapons or power.*

All hospitals in the system use an electronic incident reporting system for occupational injuries and illnesses called DOERS (Dynamic Online Event Reporting System), which serves as a point of entry resource available from any computer connected to the hospital's intranet. Every associate can enter a report using a secure login. Each report is routed to the hospital's occupational health staff, security director, and human resources. A report will also go to the associate's manager. However, in events of workplace violence, the associate can check a box to exclude his or her manager if the report concerns a sensitive issue such as bullying by a supervisor. Hospital policies require managers to follow up promptly with any employee who submits a report.

By encouraging reporting, making it easy and accessible, providing confidentiality, following up on every report, and emphasizing a "no fear" environment, the system's hospitals have increased the number of reports they receive, even while injury rates and incident severity have decreased or remained steady. For example, one medical center more than doubled reporting when components of a comprehensive workplace violence prevention initiative were adopted, while another hospital saw a 75 percent increase in reports of workplace violence. Many incidents involve "near misses," or precursor events, which associates are encouraged to report because they provide opportunities for learning and proactive intervention.

This health system's example has been effective because they make a clear effort to prioritize reporting workplace violence. They keep their prevention plan simple and utilize their companywide reporting



system to respond proactively to individuals before a potential event occurs. This type of preemptive risk management is something that other healthcare entities can emulate by allocating appropriate resources and effort to this serious issue.

#### NEXT STEPS

These sorts of workplace violence monitoring and reporting programs start with management and empower all levels of employees to speak up and report. Organizations that do not have a workplace

violence plan in place could be held liable should an individual, who should have had disciplinary action (termination, paid leave, etc.) for prior behavior or incidents, cause an event.

How are you addressing these exposures within your organization? Partnering with a well versed risk mitigation partner, such as an insurance broker, will help your organization in identifying how your operations can reduce workplace violence.

## References and Resources

1. <https://www.osha.gov/Publications/OSHA3827.pdf>
2. <https://www.osha.gov/SLTC/workplaceviolence/>
3. <https://www.osha.gov/Publications/OSHA3826.pdf>
4. <https://www.osha.gov/SLTC/healthcarefacilities/violence.html>
5. <https://www.osha.gov/Publications/osha3148.pdf>