



**9 a Yf []b [' < YU`h \ ' 7 UfY` 7 cbWYfb. ' .
DfY j Ybh]b [' K cf _d` UWY` J]c` YbWY**

**5bb`GWchh`6`c i]bž`FBž`D\8ž` : 57 <9
9 IYW i h]jY` J]WY`DfYg]XYbh
7 i ghc a Yf` FY`Uh]cbg**

**DfYgYbhYX`Uh`J]n]Ybh =bX]UbUdc`]g
5 i [i gh`% , ž`&\$%***



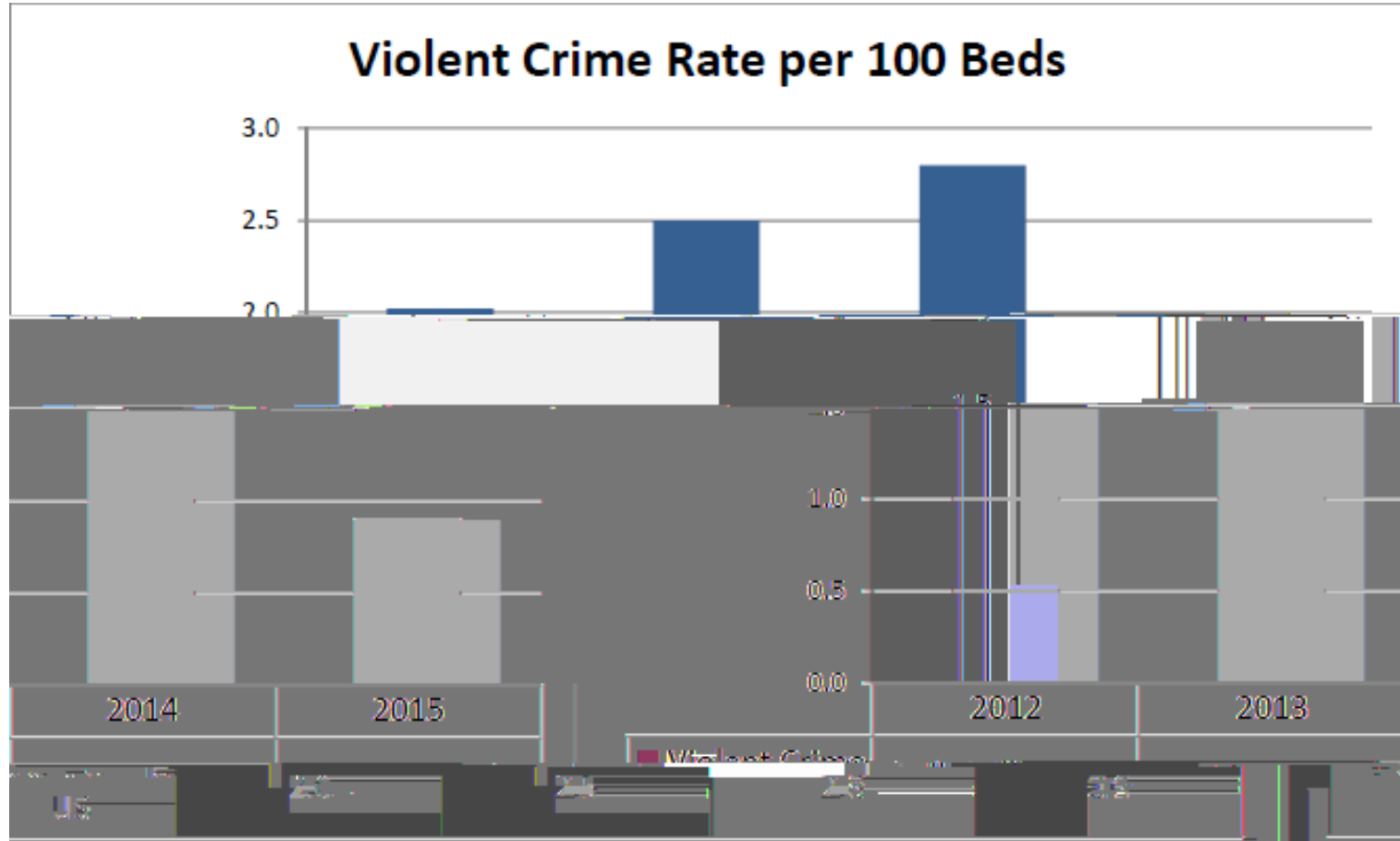
Kcf_d`UWY`J]c`YbWY

A violent act (or acts) including physical assaults or *threats* of assaults directed towards a person at work or while on duty

DUh]Ybh`GUZYhm`9 j Ybhg

Rape, assault (leading to death, permanent harm, or severe temporary harm), or homicide of a patient, staff member, licensed independent practitioner, visitor, or vendor while on site at
t to

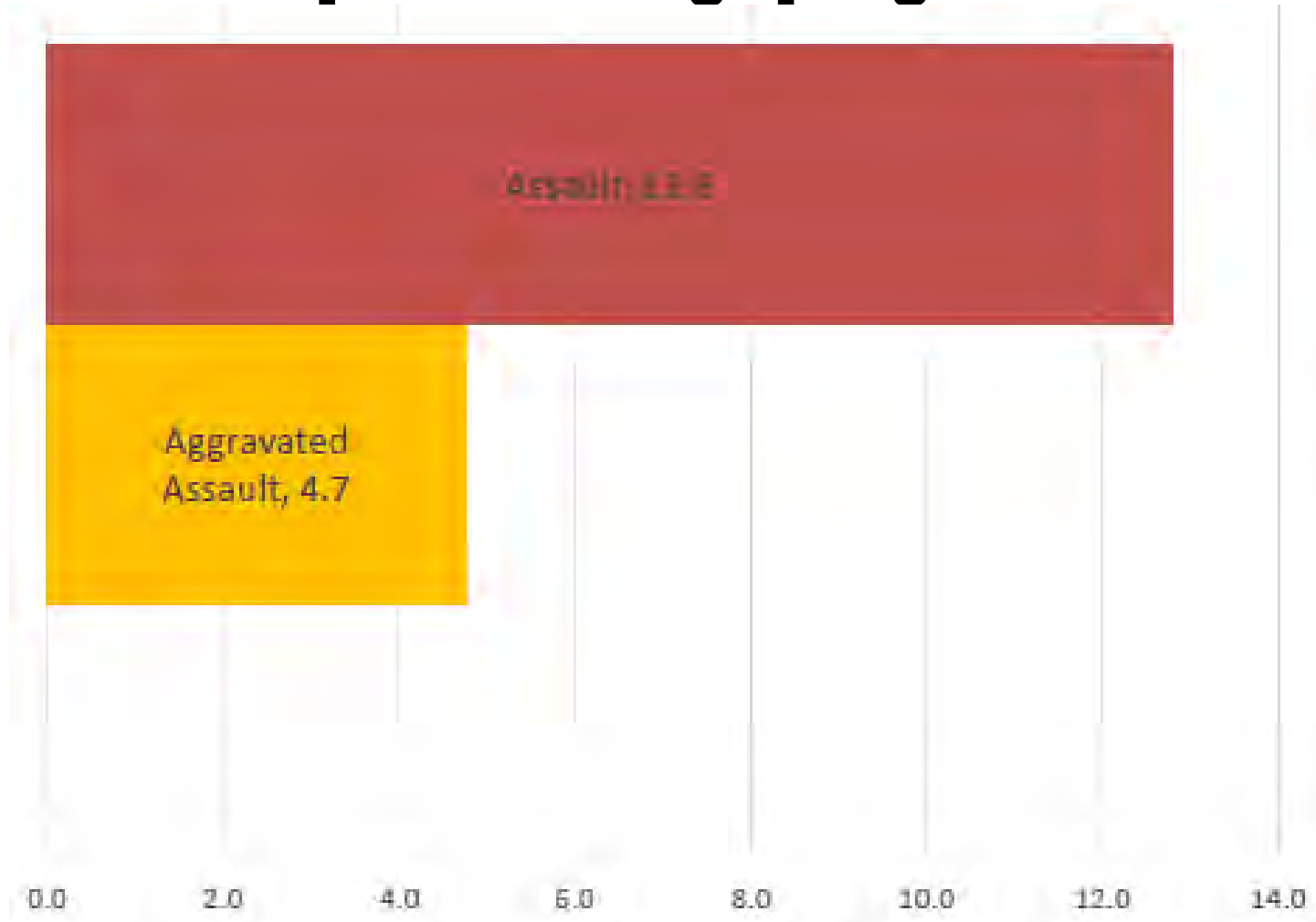
G i f j Y m . ' F U h Y ' c Z ' J] c ` Y b h ' 7 f] a Y '
= b W f Y U g] b ['] b ' I " G " < c g d] h U ` g



2016 Healthcare Crime Survey produced by the International Healthcare Security and Safety Foundation (IHSSF) and reflects health care crime trends for 2012, 2013, 2014, and 2015.



&\$%) 'HmdY' & ' 5 [[fUjUhYX' 5 ggU i `h' UbX
HmdY' & ' 5 ggU i `h' FUhY' dYf' %\$\$' 6 YXg
]b' I "G" < cgd]hU`g



2016 Healthcare Crime Survey produced by the International Healthcare Security and Safety Foundation (IHSSF) and reflects health care crime trends for 2012, 2013, 2014, and 2015.



5,910 incidents occurred in hospitals (**15.6 per 10,000**)

8,990 incidents in nursing or residential care facilities (**37.1 per 10,000**)

1,790 incidents (**3.7 per 10,000**) in ambulatory care centers and offices

In 2012, a total of **2,160** episodes of workplace violence were reported

Kcf_d`UWY`J]c`YbWY`GhUh]gh]Wg UbX`B i fgYg` f]Wcbh]b i YXł

, \$ I` of nurses do not feel safe in their workplace
(Peek-Asa, et al, 2009)

, & I` of ED nurses had been physically assaulted at
work in one year (May and Grubbs, 2002)

&) I` of psychiatric nurses experienced disabling
injuries from patient assaults (Quanbeck, 2006)

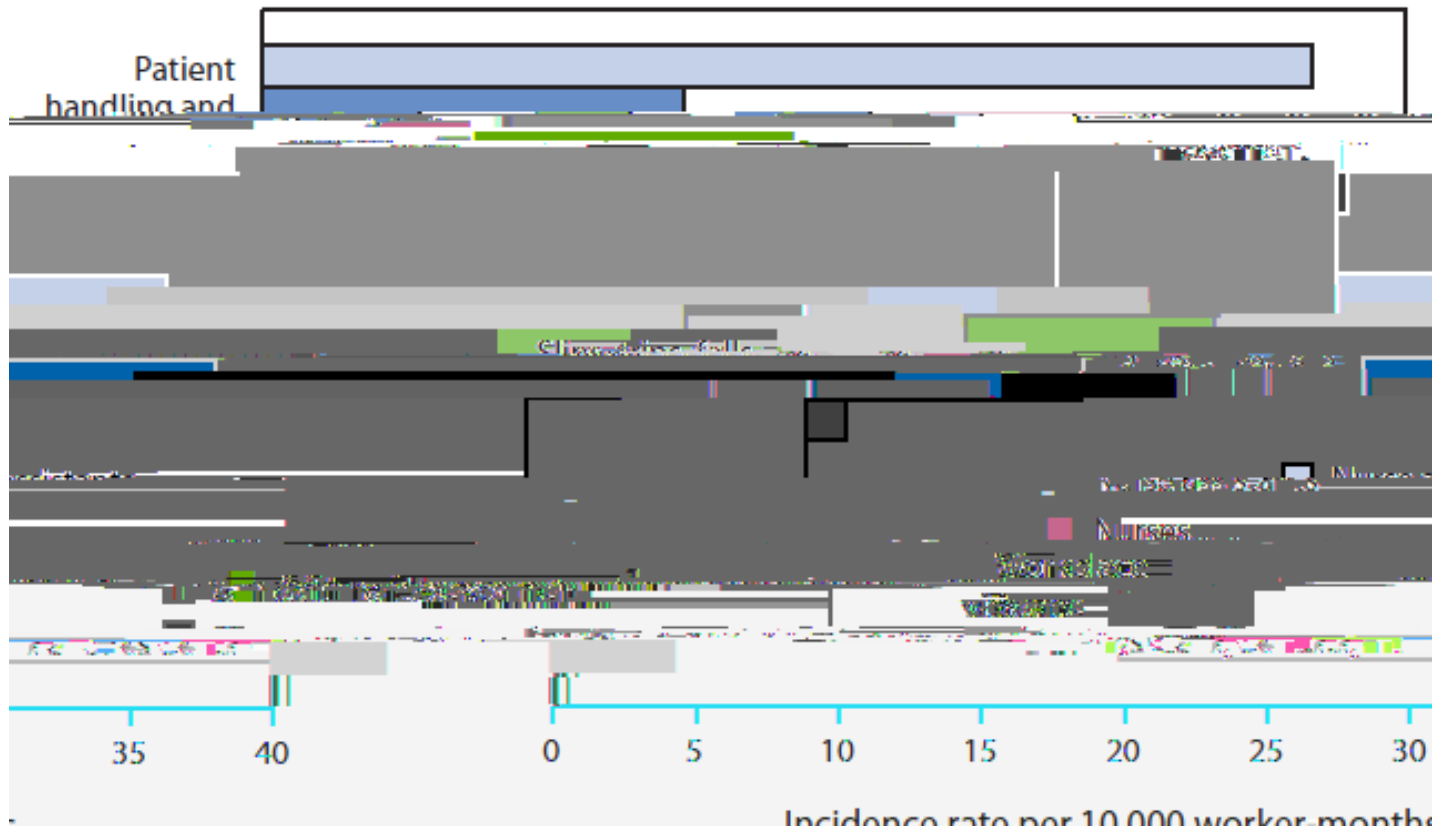
Between ')!, \$ I` of hospital staff have been
physically assaulted at least once during their
careers (Clements, et al, 2005)



**Kcf_d`UWY`J]c`YbWY`5 [U]bgh`
<YU`h\`7UfY`Kcf_Yfg`]b`h\Y`IG
GhUhYg`k]h\`9b\UbWYX`DYbU`h]Yg`Zcf`J]c`YbWY`
U[U]bgh`<YU`h\`7UfY`Kcf_Yfg**


CWW i dUh]cbU`HfU i a Uh]W'=b^ i f]Yg'5 a cb [' Kcf_Yfg`]b' <YU`h \ '7UfY' : UW]`]h]Yg I b]hYX'GhUhYgž'&\$%&!&\$%(

Comparison of OSHA-recordable injury incidence rates per 10,000 worker-months by occupation groups among 112 U.S. health care facilities. Jan. 1, 2012 – Sept. 30, 2014



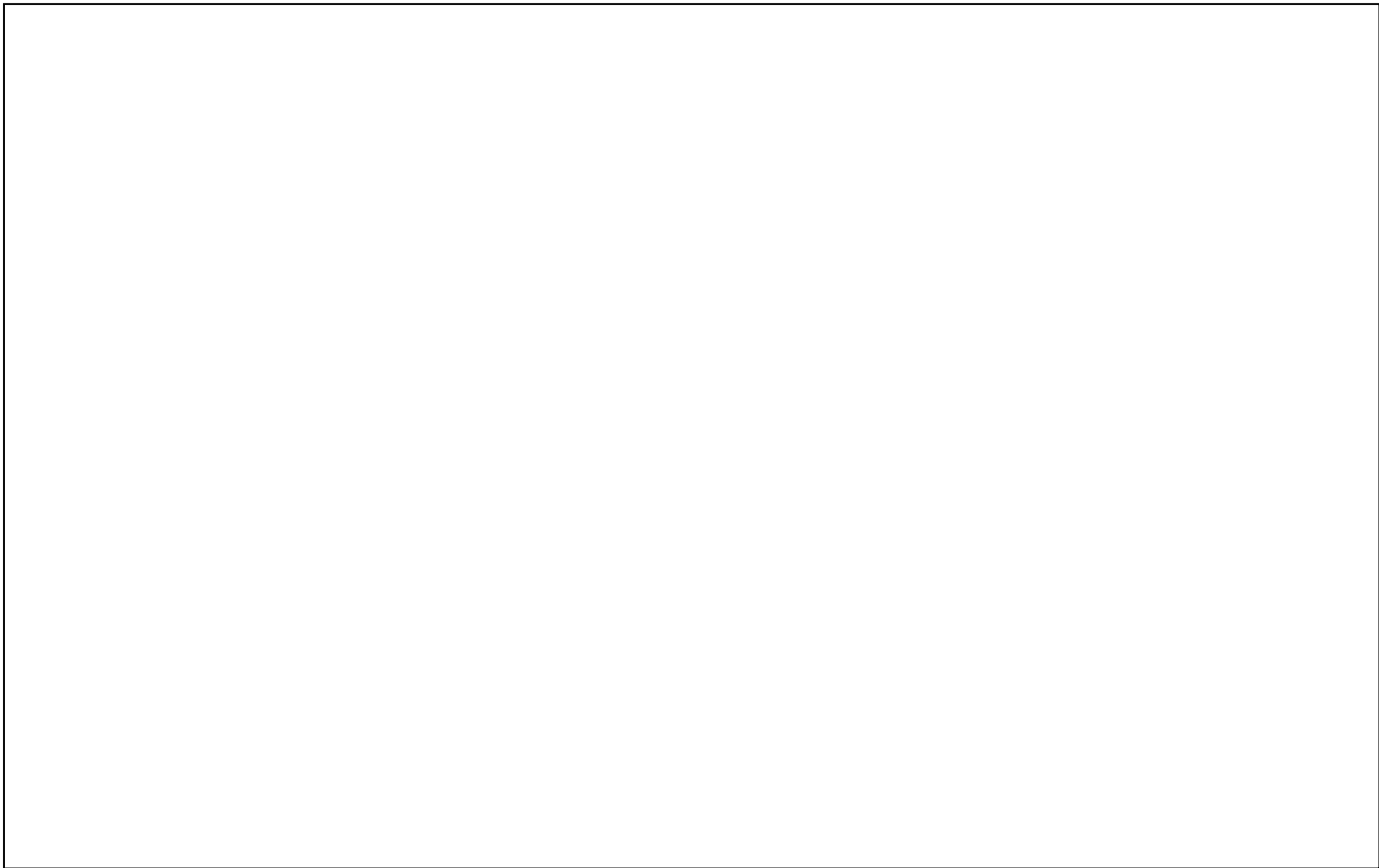
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**Kcf_d`UWY`J]c`YbWY`5 [U]bgh`
<YU`h\`7UfY`Kcf_Yfg`]b`h\Y`IG**

**FUhYg`cZ`Kcf_d`UWY`J]c`YbWY`k]h\`=b^ifm`
FYei]f]b[`A]ggYX`Kcf_XUmg**



Abstract

Introduction

Workplace violence against nurses is a serious problem. Nurses from a US urban/community hospital system

reported an annual incidence of workplace violence against them of 21.4%. The annual cost of workplace violence against nurses was \$1.2 million.

The most common type of workplace violence was verbal abuse (71.4%). Physical assault (21.4%) and sexual harassment (7.2%) were also reported. The most common perpetrator was a patient (61.9%). The most common location of workplace violence was the patient's room (61.9%). The most common time of workplace violence was during the day (61.9%).

Results

The annual workplace violence charges for the 2.4% of nurses reporting workplace violence were \$1.2 million. The most common type of workplace violence was verbal abuse (71.4%). Physical assault (21.4%) and sexual harassment (7.2%) were also reported. The most common perpetrator was a patient (61.9%). The most common location of workplace violence was the patient's room (61.9%). The most common time of workplace violence was during the day (61.9%).

>c]bh'7c a a]gg]cb'GYbh]bY`9 j Ybhg'8UhUVUgY
J]c`YbWY!FY`UhYX`9 j Ybhgž`&\$%\$`hc`&\$%)`

Homicides – 57 incidents

- 25 patients victimized by other patient
- 23 patients victimized by relative or significant other
- 9 patients victimized by staff member and other

Assaults – 59 incidents

- 45 patients victimized by other patient
- 11 patients victimized by staff
- 5 patients victimized by other

Rapes – 146 incidents

- 50 patients victimized by other patient
- 40 patients victimized by staff
- 10 patients victimized by relative, significant other, and other

A YX]WU` ` 7 YbhYf` G \ cch]b [



The Medical Center campus covers a large tract of land

The hospital-owned Ambulatory Center (AC) sits across the street from the medical center and is connected by a pedestrian bridge

A YX]WU` ` 7 YbhYf` G \ cch]b [

f]Wcbh]b i YXł

The AC consists of three stories with
the third

A YX]WU` ` 7 YbhYf`G \ cch]b [

f]Wcbh]b i YXŁ

During the visit with the psychiatrist, the patient became loud and argumentative

The patient fatally shot the case worker and injured the psychiatrist


The psychiatrist returned fire and injured the patient



**AUbU []b ['h \ Y' AYX]U.
DfYdUfY']b ' 5 X j UbWY**

GW]YbWY`cZ`J]c`Ybh`6Y\Uj]cf

Recent discoveries have been made about the invisible workings of the brain in the fields of social psychology, neurology, and epidemiology that have shed some light on how violent behaviors are formed.



K \ Uh`XcYg`gW]YbWY`hY``` i g`UVc i h` h \ Y`WU i gYg`cZ` j]c`Ybh`VY \ U j]cf3

1. Most behaviors – including violent behavior – are actually acquired or learned.
2. Most of this learning is not intentional or classroom-based; rather, they are learned. Behaviors come from modeling, observing, imitating or copying. (This is sometimes call “social learning.”)
3. Most of this social learning is unconscious – meaning behaviors are picked up without our awareness of it.

Figure 1: UWhc f g' z c f' J]c`YbWY`]b <YU`h\`7UfY

The prevalence of handguns and other weapons among patients, their families, or friends

The increasing use of hospitals by police and the criminal justice system for criminal holds and the care of acutely disturbed, violent individuals


The increasing number of acute and chronic mentally ill patients being released from hospitals without follow-up care

F]g_ ' : UWhc f g ' Z c f ' J]c ` Y b W Y '] b
< Y U ` h \ ' 7 U f Y ' f i W c b h] b i Y X Ł

The availability of drugs or money at hospitals, clinics, and pharmacies, making them likely robbery targets

Factors such as the unrestricted movement of the public in clinics and hospitals and long

w e bb e...a© ° y of a




F]g_ : UWhcfg'Zcf' J]c`YbWY`]b <YU`h \ `7UfY' flWcbh]b i YXł

Low staffing levels during times of increased activity such as mealtimes, visiting times, and when staff are transporting patients

Isolated work with patients during examinations or treatment

Solo work, often in remote locations with no backup or way to get assistance, such as communication devices or alarm systems



Lack of staff training in recognizing and managing escalating hostile and assaultive behavior

Poorly lit parking areas

Source: OSHA's Guidelines for Preventing Workplace Violence for Health Care & Social Servif



FY`Uh]cbg \]d`hc`GhUbXUfXg' f|Wcbh]b i YXŁ


Standards that support a safe environment and culture are reflected in chapters:

- Human Resources
- Leadership
- Provision of Care
- Performance Improvement



=bW` i XYg`U``UWWfYX]hUh]cb'dfc [fU a g

FYghfU]b]b [' J]c`Ybh'DUh]Ybhg



Standard PC.01.02.13 that applies to patients receiving treatment for emotional and behavioral disorders states that the patient receives an assessment that would include “maladaptive or other behaviors that create a risk to patients or others.”

PC.03.05.03 states: For hospitals that use Joint Commission accreditation for deemed status purposes: The use of restraint and seclusion is in accordance with a written modification to the patient’s plan of care.

6 U`UbW]b ['GhUZZ'GUZYhm'UbX'
DUh]Ybh' F][\hg



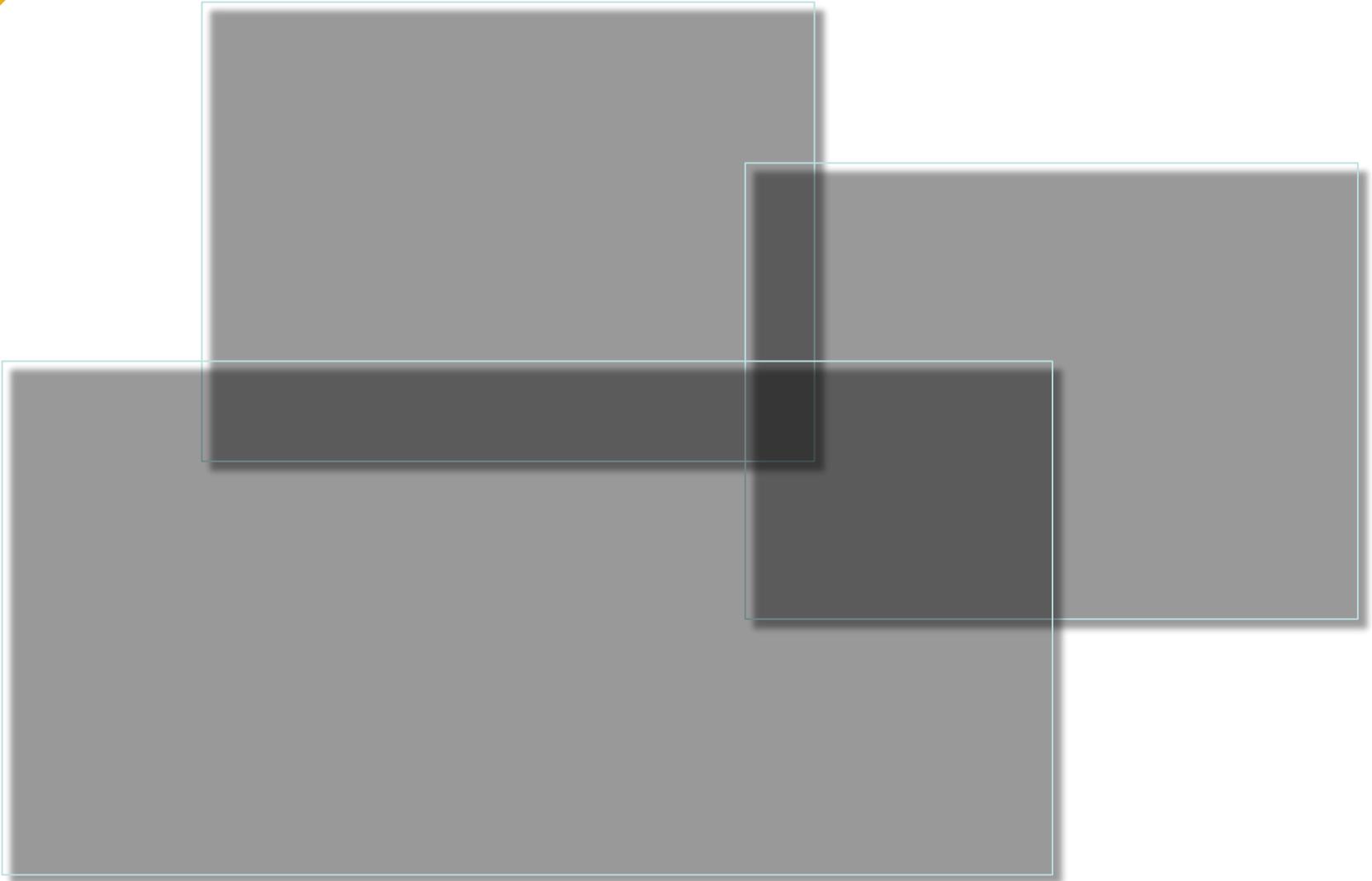





There is no standard regarding tazers. CMS CoP 482.13
(e) stat^a .13



5 dd`]WUh]cb`cZ`@Yggcbg`@YUfbYX






>c]bh' 7 c a a]gg]cb'G i [[YghYX' 5Wh]cbg'
hc' DfY jYbh' 5ggU i `hž' F UdYž' UbX'
<c a]W]XY']b' <YU`h \ ` 7UfY' GYhh]b [g

Work with the security department to audit the risk of violence

Identify strengths and weaknesses and make improvements to the facility's violence-prevention program

Take extra security precautions (points of access)




>c]bh'7c a a]gg]cb'Gi [[YghYX'5Wh]cbg'
hc'DfY jYbh'5ggU i`hž'FUdYž'UbX'
<c a]W]XY`]b' <YU`h \ '7UfY'GYhh]b [g
flWcbh]b i YXł

Work with the HR department to make sure it thoroughly prescreens job applicants and establishes and follows procedures for conducting background checks of prospective employees and staff

- For clinical staff, the HR department also verifies the clinician's record with appropriate boards of registration and practitioner data banks

Source: *Sentinel Event Alert*, June 3, 2010




Confirm that the HR department ensures that procedures for disciplining and firing employees minimize the chance of provoking a violent reaction

Require appropriate staff members to undergo training in responding to patients' family



Ensure that procedures for responding to incidents of workplace violence (e.g.,




>c]bh'7c a a]gg]cb'Gi [[YghYX'5Wh]cbg'
hc'DfY jYbh'5ggU i`hž'FUdYž'UbX'
<c a]W]XY`]b' <YU`h \ '7UfY'GYhh]b [g
flWcbh]b i YXŁ

Educate supervisors that all reports of suspicious behavior or threats by another employee must be treated seriously and thoroughly investigated

- Train supervisors to recognize when an employee or patient may be experiencing behaviors related to domestic violence issues

Source: *Sentinel Event Alert*, June 3, 2010



Ensure that counseling programs for employees who become victims of workplace crime or violence are in place

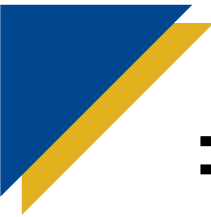
Report the crime to appropriate law enforcement officers

Recommend counseling and other support to

5 CB9!9B5`A]h][Uh]b[` J]c`YbWY`]b`h\Y`Kcf_d`UWY

; i]X]b [`Df]bW]d`Yg

1. Recognition that violence can and does happen anywhere
2. Healthy work environments promote positive patient outcomes
3. All aspects of violence (patient, family and lateral) must be addressed
4. A multidisciplinary team, including patients and families, is required to address workplace violence



:] j Y ' D f] c f] h m ' : c W i g ' 5 f Y U g

% " : c i b X U h] c b U ` ` V Y \ U j c 1 } Y

5 CB9!9B5 ' A]h][Uh]b [' J]c`YbWY`]b`h\Y` Kcf_d`UWY` f]Wcbh]b i YXŁ

:]jY`Df]cf]hm` : cW i g` 5fYUg

&" 9ggYbh]U`Y`Y a Ybhg`cZ`U`nYfc!hc`YfUbWY`ZfU a Ykcf_.

- Top-down approach supported and observed by an organization's board and C-Suite
- Enacted policy defining what actions will not be tolerated, as well as specific consequences for infractions to the policy
- Policy is clearly understood and equally observed by every person in the organization (i.e., leadership, multidisciplinary team, staff, patients and families)
- Lateral violence is prohibited, regardless of role or position of authority (i.e., the standard of behavior is the same for doctors, nurses, staff and administration)

5 CB9!9B5`A]h][Uh]b[`J]c`YbWY`]b`h\Y`Kcf_d`UWY` f]Wcbh]b i YXŁ

:]jY`Df]cf]hm` : cW i g`5fYUg

)" C i hWc a Y` a Yhf]Wg`cZ`h\Y`dfc [fU a dg`g i WWYgg

- Top ranked staff and patient safety scores
- Incidence of harm from violent behavior decreases
- Entire organization (staff) reports feeling “very safe” on the staff engagement survey
- Patients and families report feeling safe in the health care setting
- Staff feels comfortable reporting incidents and involving persons of authority
- The organization reflects the following culture change indicators: employers are engaged, employees are satisfied, and HCAHPS scores increase



GmghY a g' = a dfc jY a Ybhg'UbX'
: c`c k! l d' 5Wh]cbg

Develop an Organizational Safety Policy


Improve staff reporting of potential safety risks

Complete a Safety Risk Assessment

Enhance Video Surveillance

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Encourage and promote courteous interactions Pay attention to behavioral warning signs Consider objects that could be used as weapons Practice and promote a team approach Assess your environment Trust your instincts Educate staff about relevant response protocol

- Encourage and promote courteous interactions
- Pay attention to behavioral warning signs
- Consider objects that could be used as weapons
- Practice and promote a team approach
- Assess your environment
- Trust your instincts
- Educate staff about relevant response protocol

Source: Crisis Prevention Institute, Inc.



K \ Yb` =bhYfUWh]b [` K]h \ ` 5b` 5 []hUhYX`DYfgcb`""""

If possible, before interacting with the agitated person, call for help so that help is on the way

Place yourself (always keep yourself) between the person and the exit

7 D=Ðg'Hcd'%'\$' 8 Y!9gWU`Uh]cb'H]dg

)" : cW i g' Cb' : YY`b [g

Watch and listen carefully for the person's real message.

*" = [bcfY' 7 \U`Yb []b ['E i Ygh]cbg

Ignore the challenge, but not the person. Bring their focus back to how you can work together to solve the problem.

+ " GYh'@] a]hg

A person who's upset may not be able to focus on everything you say. Be clear, speak simply, and offer the positive choice first.

, " 7 \ccgY' KQ iY ú f GYh'd Yf Ú

7 D=Dg`Hcd`%\$` 8 Y!9gWU`Uh]cb`H]dg

- " 5``ck`G]`YbWY` : cf`FYZ`YWh]cb

Believe it or not, silen cn M

B

Source: ©2016 CPI. Crisis prevention.com. Accessed 02-25-2016.
<http://www.crisisprevention.com/media/CPI/resources/CPI-s-Top-10-De-Escalation-Tips/CPI-s-Top-10-De-Escalation-Tips>

G i a a Ufm



Improve understanding of violence in health care settings

- No universal strategy exists to prevent violence
- Risk factors vary from facility to facility

Review of current standards and tools

Consider new alliances (police, crisis centers, FBI)

Disseminating prevention strategies and toolkits

Collaborate with other stakeholders (providers and community resources)