Enough is Enough: Ending Workplace Violence for Healthcare Workers

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THE GEORGE WASHINGTON UNIVERSITY
THE DEPARTMENT OF EMERGENCY MEDICINE
GW MEDICAL FACULTY ASSOCIATES

No Conflicts to Disclose

Average monthly homicide rate in 27 U.S. cities

2 homicides per 100,000 people

1.5

1

0.5

Jan. 2019   Jan. 2020   Jan. 2021   Jan. 2022

Chart shows 12-month averages. | Source: Council on Criminal Justice

Chicago Mayor Lori Lightfoot loses re-election bid

Lightfoot fails to qualify for runoff in mayoral race, where crime in the third largest US city was a top concern.

Karen Bass Becomes First Woman Elected as Los Angeles Mayor

Ms. Bass, a longtime congresswoman and state lawmaker, defeated Rick Caruso, a billionaire developer, to lead a city where frustration levels are high.

'I Have Never Felt Less Safe at Work'

— Violence against healthcare workers is increasing -- it's time for a change

by Rita A. Manfredi, MD   May 11, 2022

https://www.medpagetoday.com/opinion/second-opinions/98649

"Workforce safety is a driver of patient safety.... They are inextricably linked. When the workforce feels safe, they will be able to do their best work."

Stephanie Mercado
CEO of the National Association for Healthcare Quality

Healthcare Industry's #2 Top Concern for 2023:

"verbal and physical abuse against healthcare workers"

(ECRI)

What you will gain:

- A review of the Background & Data associated with workplace violence.

- Organizational and policy solutions for ending workplace violence.

- Hope for a brighter future relative to workplace safety.

BACKGROUND

An act or threat occurring at the workplace, including:

- Verbal, nonverbal, written, or physical aggression.
- Threatening, intimidating, harassing, or humiliating words or actions.
- Bullying; sabotage; sexual harassment; physical assaults.

The Joint Commission (TJC)

R3 Report Issue 30: Workplace Violence Prevention Standards

Effective January 1, 2022, new and revised workplace violence prevention standards will apply to all Joint Commission-accredited hospitals and critical access hospitals. According to US Bureau of Labor Statistics data,

Framework and Concepts

- Defining workplace violence

- Leadership oversight

- Worksite analysis

- Policies and procedures for prevention

- Reporting systems, data collection, and analysis

- Post-incident strategies

- Training and education

DATA

Workplace Violence in Healthcare has Exploded

- More than doubled over the past decade (the Hospital and Health System Association of Pennsylvania).

- 5X more likely to occur in hospital than in rest of nation's workplaces (US Bureau of Labor and Statistics).

- Rate against nurses and personal care facility workers twice that of other healthcare employees.

- In PA, nurses are at far higher risk of workplace injuries from physical assault than nearly every other profession.
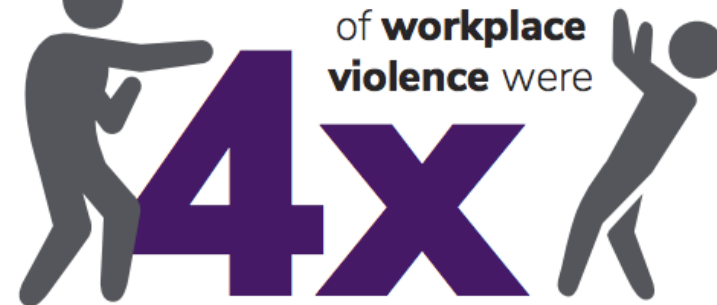
Prevalence of Workplace Violence in Health Care/Emergency Departments

Workers in the **health care** sector make up about

50%
of all victims of workplace assault.[1]

From 2002–2013, serious incidents of **workplace violence** were

4x
more common for workers in the **health care** sector than for all other workers in the U.S.

Studies show that **emergency nurses** and other personnel in the ED experience a **violent event** about

once every 2 months.[2]

ED workers are exposed to **significant rates** of **physical** and **verbal abuse**. Under-reporting of workplace violence in the ED is common and contributes to the difficulty in accurately tracking violence.[5,6]

100%
of emergency nurses reported **verbal assault** and

82%
reported **physical assault** in the past year.

Emergency nurses have the **highest rate of physical assaults** of all nurses.[3,4]

Violence Is Likely Underreported

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Impacts of COVID-19

COVID-19 had a chilling effect on the trust between emergency department staff and patients.

69% of emergency physicians report COVID-19 has decreased the level of trust between patients.

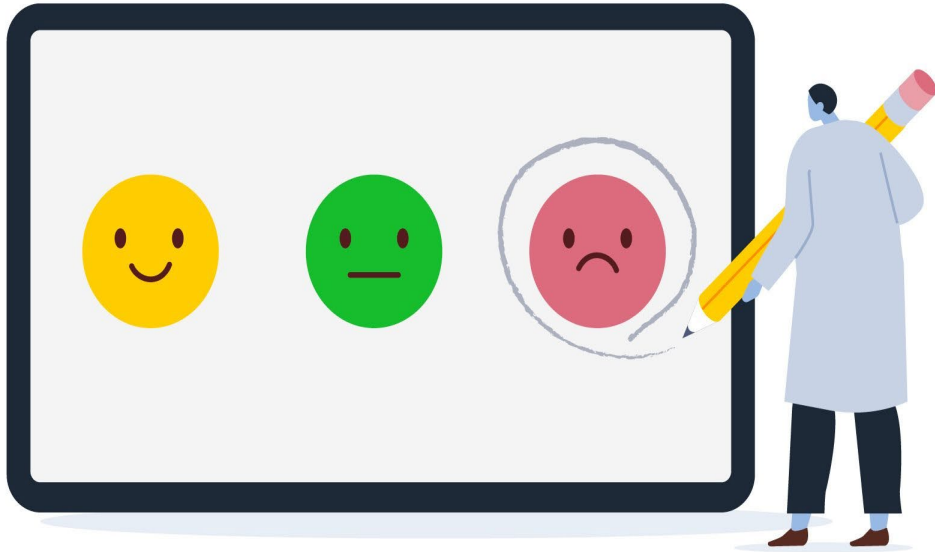2/3 of emergency physicians indicate the pandemic has increased the amount of violence in the ED.

Impacts on Patient Care

9 in 10 emergency physicians report violence in the emergency department directly impacted their job performance and has adversely impacted patient care.

8 in 10 emergency physicians note that violence results in longer wait times.

60% report patients have left the ED without being seen or treated by an emergency physician.

![American College of Emergency Physicians® — ADVANCING EMERGENCY CARE](image)

Lack of Protections

There is not enough support from law enforcement and hospital administration to address the increasing violence.

Only 2% of assaults in the ED have resulted in charges pressed against attackers

Arrests have decreased 5% since 2018

2022   2018

29% of respondents note the most common response from hospitals is to place a behavioral flag on the patient's chart

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Increased Burnout in Health Care Workers

Violence in the emergency department not only threatens the safety of emergency physicians and staff, but also exacerbates the already high rates of physician burnout and impacts their mental health.
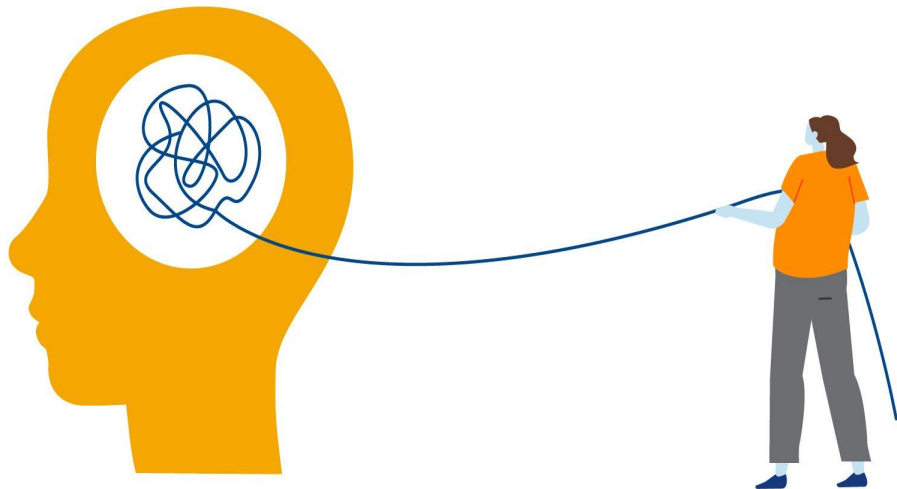
85% of emergency physicians have experienced increased emotional trauma and anxiety.

More than 8 in 10 physicians report a loss of productivity as a result of ED violence.

85% of emergency physicians believe the rate of violence has increased, with 45% noting it has rapidly increased over the past five years.

SOLUTIONS

What works?

A CULTURE SHIFT TO ZERO TOLERANCE FOR VIOLENCE

IT STARTS AT THE TOP

Conflict De-escalation Training

Routine De-briefing

Tools & Protocols

Accountability

Unbiased, equity lens

Learn More About ACEP's ED Accreditation Program

JOIN THE INTEREST LIST

CARE FOR CAREGIVERS

Dr. Lorna Breen Health Care Provider Protection Act Signed Into Law

POLICIES

What is ACEP doing?

- Calling for a two-pronged policy approach that addresses violence in emergency departments:

    1. Strengthening workplace prevention programs for employees

    2. Establishing equitable penalties for assailants

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Protecting Emergency Physicians and Health Care Workers from Violence

ACEP POLICIES

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POLICY STATEMENT

Approved April 2021

Safer Working Conditions for Emergency Department Staff

Originally approved April 2021

The American College of Emergency Physicians (ACEP) supports safety in the working environment for all emergency medicine physicians and staff. The emergency departments (EDs) where emergency physicians lead care teams are particularly vulnerable to safety hazards, and specific considerations should be made to ensure workplace safety. To that end, ACEP supports the following as standards for departmental safety to ensure physicians and staff are protected and supported in reporting safety concerns:

- Leadership promotion of a culture of safety and open reporting of safety concerns.
  - Review of all safety and violence concerns and reports back on outcomes, plans, and resolutions.
  - Development of policies and procedures that encourage reporting of safety concerns.
  - Protections and support for physicians who take personal safety precautions to prevent harm.
  - Protections and support for physicians who raise or report safety concerns.
- Appropriate exterior facility infrastructure.
  - Appropriate entry way and facility lighting.
  - Secure and working means of efficient ingress and egress for staff to the ED.
  - Barriers to rapid and unabated public-entry to the ED.
  - Working doors, exits, and entry pathways.
- Appropriate interior facility infrastructure.
  - Appropriate separation of patient care and staff work areas.
  - Appropriate visibility between and within treatment areas.
  - Secure areas for at risk or violent patients.
  - Working and functioning equipment, clinical tools, and furniture.
- Adequate safety, planning, reporting, and training
  - Trained and empowered security officer or equivalent coverage 24/7/365.
  - Non-staff solutions such as installation of metal detectors, security alarms, other forms of technological security/alert systems, and

ACEP POLICY STATEMENT

Safer Working Conditions for Emergency Department Staff
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- De-escalation training for all members of the care team and support staff in the ED. If possible, development and deployment of a highly trained de-escalation team to include psychiatric and security resources.
- Disaster management training for all members of the care team and support staff in the ED including active shooter training.
- Violence and safety alerts incorporated into the electronic health record.
- Secure and safe storage for any hazardous materials or confiscated items.
- EMTALA compliant written behavioral standards for patients, visitors, and others in the ED that are posted and visible to all comers.
- Appropriate equipment to prevent workplace injury as well as adequate support staff to maintain equipment in working order and keep equipment and work areas clean, etc.
  - Sufficient and ergonomic seating for physicians and clinical staff.
  - Adequate lighting in clinical and staff areas.
  - Adequate and appropriate personal protective equipment.
  - Patient lifting devices.
  - Equipment and systems for fall prevention.

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ACEP Policies

Protection from Violence and the Threat of Violence in the Emergency Department

Revised June 2022 with current title, April 2016 titled "Protection from Violence in the Emergency Department," June 2011, April 2008 titled "Protection from Physical Violence in the Emergency Department Environment"

Reaffirmed October 2001 and October 1997

Originally approved January 1993 titled "Protection from Physical Violence in the Emergency Department"

The American College of Emergency Physicians (ACEP) believes that workplace violence is a preventable and significant public health problem, and that optimal patient care can be achieved only when patients, health care workers, and all other persons in the emergency department (ED) are protected against violent acts occurring within the department. Workplace violence is a preventable and significant public health problem and optimal patient care can be achieved only when patients, health care workers, and all other persons in the emergency department (ED) are protected against violent acts occurring within the department. There are concrete steps emergency physicians (EPs) can take to advocate for safer work conditions in the ED as hospitals are not considered a federal gun free zone and concealed weapon provisions vary among states. To ensure the safety and security of the ED environment, the hospital and its administrators have the following responsibilities:

- Provide an ED security system based upon ongoing institution-specific risk assessment that may include signage, adequate security personnel, timely personnel training, physical barriers, surveillance equipment, and other security components.

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ACEP Policies

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POLICY STATEMENT

Approved April 2019

Violence Prevention and Intervention in Emergency Medical Services Systems

Originally approved April 2019

The American College of Emergency Physicians (ACEP) reaffirms that Emergency Medical Services (EMS) systems provide essential healthcare elements in the health and wellbeing of communities. With innovative, involved physician medical oversight, EMS is capable of serving multiple roles across the spectrum of public health and public safety.

ACEP believes that optimal EMS medical care can only be achieved when patients, EMS professionals, and all other persons in the EMS care environment are protected against violent acts. Such acts constitute a preventable and significant public health problem.

As such, ACEP advocates for specific violence preventions and interventions in EMS, beyond the "awareness level" education that historically has largely constituted EMS violence-related initiatives.

Further, ACEP strongly encourages all states to enact legislation that provides the maximum category of offense and criminal penalty against individuals who consciously commit violence against EMS and all healthcare professionals.

To promote safety and security in the EMS environment, ACEP believes in supporting violence prevention and intervention initiatives that include:

- Attaining and maintaining an EMS culture of patient and personnel safety, based upon community/system specific risk assessments that include:
  - adequate staffing of professionals on emergency apparatus
  - sufficient training for professionals in violence risk assessment, violence avoidance/de-escalation maneuvers, self-defense tactics, and patient and colleague defense tactics
  - provision, training, and utilization of devices designed as physical barriers against bodily injury
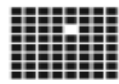 - provision of other security components deemed essential in collaboration with violence/law enforcement experts

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ACEP POLICY STATEMENT

Violence Prevention and Intervention in Emergency Medical Services Systems
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- periodic assessments to measure compliance and effectiveness of violence-related initiatives
- Coordinating with applicable law enforcement agencies, to provide rapid response of law enforcement officers to EMS patients and/or EMS professionals in distress related to violence.
- Developing written operational protocols, with relevant input from EMS professionals, for violent situations occurring in the EMS environment.
- Developing and enforcing mandatory reporting policies that require EMS professionals to promptly report verbal and/or physical assaults to a clearly defined authority established by applicable law and/or within EMS system policy. Such policies should clearly state that reporting will not result in any adverse action by the EMS system such as termination, threatening to terminate, demoting, suspending, or in any manner discriminating against an EMS professional who reports an assault in good faith.
- Adopt a zero tolerance policy for violence against EMS professionals, patients, and others in the EMS environment. Educate EMS professionals that any assault is not considered "part of the job."
- Provide appropriate post-incident support for EMS professionals involved in violent events including prompt medical treatment, debriefing options, counseling resources, and professional assistance as indicated.

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LAWS

ENA, ACEP Applaud Bill to Address Health Care Workplace Violence

ACEP thanks the House of Representatives for passing the bipartisan "Workplace Violence Prevention for Health Care and Social Service Workers Act," and urges Senators to cosponsor the bill when introduced and to swiftly take up this legislation to help protect emergency physicians and our colleagues in the emergency department.

PRESS RELEASE

Sen. Baldwin to introduce workplace violence prevention bill in U.S. Senate during Nurses Week

National Nurses United   May 09, 2022

Sen. Baldwin, Rep. Courtney, NNU President Jean Ross, AFL-CIO Secretary-Treasurer Fred Redmond; AFT President Randi Weingarten, and others to speak at virtual press conference on Wednesday, May 11 at 12 p.m. ET

U.S. Sen. Baldwin: Introduces bipartisan legislation to safeguard health care professionals from workplace violence

📅 April 18, 2023

WASHINGTON, D.C. – Today, U.S. Senator Tammy Baldwin (D-WI) and Representative Joe Courtney (D-CT-02) introduced bipartisan, bicameral legislation to protect health care and social service employees from workplace violence. The *Workplace Violence Prevention for Health Care and Social Service Worker Act* directs Occupational Safety and Health Administration (OSHA) to issue a standard requiring health care and social service employers to write and implement a workplace violence prevention plan to prevent and protect their employees from violent incidents.

Safety from Violence for Healthcare Employees (SAVE) Act (2022)

- Establishes federal penalties for violence against health care workers, criminalizing intentional assault or intimidation against health care workers while ensuring reasonable protections for individuals who may be mentally incapacitated due to illness or substance use.

State Advocacy on Violence Prevention

- Incident Log
- Maintain Records
- Prevention Plan
- Training to Address Violence Risks

Increasing Penalties for Assault Against Healthcare Workers

- Parody with assault of other first responders
- felony in some states
- Some guardrails, specifications

Virginia College of Emergency Physicians

Virginia Passes Bill to Secure Emergency Departments

Today, the Virginia House of Delegates unanimously passed Senate Bill 827, after unanimously passing the Senate earlier. The bill is now on the way to the Governor's desk to be signed into law. Proposed by the Virginia College of Emergency Physicians (VACEP), this priority bill requires every hospital with an emergency department to establish a security plan and security assessment. The security plan must include the presence of at least one off-duty law-enforcement officer or trained security personnel in the emergency department at all times. The process allows for a waiver from the "at all times" requirement, if shown to be appropriate by the security risk assessment.

PARTNERSHIPS

ACEP / ENA
National Campaign
2019-2020

ACEP - NQF
Partnership & Action Team

NATIONAL QUALITY FORUM
Driving measurable health improvements together

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NQP Action Team to Prevent Healthcare Workplace Violence

The National Quality Partners™ (NQP) Action Team to Prevent Healthcare Workplace Violence brings together experts and recognized leaders from the private and public sector committed to improving the safety of the healthcare workforce. Through a series of web meetings and one in-person forum, the NQP Action Team will develop and share priorities, goals, and promising practices to inspire action in others. Read more

WHAT DOES THE HOSPITAL OF THE FUTURE LOOK LIKE?

- Better yet, what does that the workplace of the future look like??

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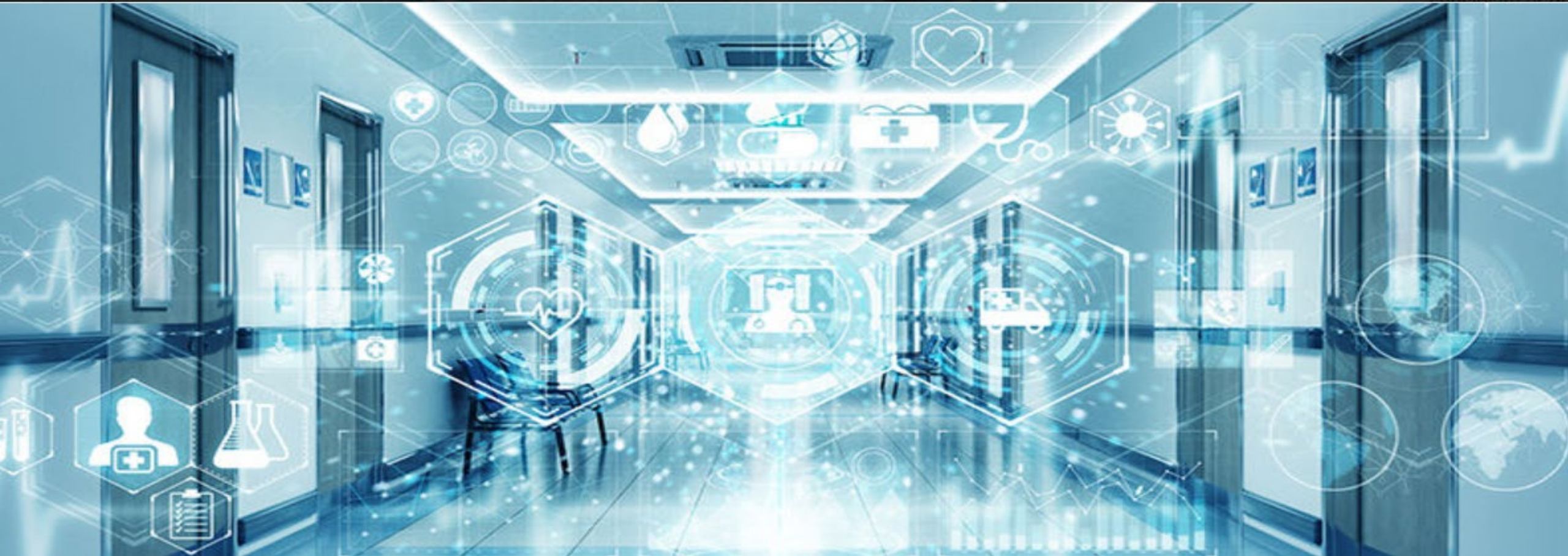
How Safe is Your Workplace?
Checklist for Assessment

This sample checklist, created from national accreditation standards and ACEP policies includes items, controls, and protocols that emergency physicians can ask their workplace about in order to understand what safety and violence prevention measures are in place.

NOTE: Every facility is different and the individual needs for a particular hospital, facility, or community may vary significantly, with some of these listed factors less appropriate for a particular location. Exclusions should therefore not necessarily be construed as a failing or shortcoming, but rather as a starting point to begin the conversation with your facility's administration to ensure emergency physicians and other health care personnel in the ED are protected from harm. If you'd like to help inform ACEP's ongoing advocacy, you can anonymously share your experiences (whether good or bad) with violence prevention policies in your workplace by clicking here or scanning the QR code on the reverse.

Prevention Plans

- [ ] 1. Protocols are in place for handling violent episodes (both physical and verbal assaults) from patients, patient families, or other visitors, and coordinated with local law enforcement.

- [ ] 2. Staff are made aware of and familiar with these protocols as part of new employee onboarding and reinforcement in periodic trainings.

- [ ] 3. Protocols are in place for violence from other health care workers/staff.

- [ ] 4. Policies have been implemented to ensure firearms and/or other weapons are appropriately secured outside the ED.

- [ ] 5. The hospital/facility/system has a mechanism in place to flag potentially violent patients, patient families, or other visitors.

- [ ] 6. Easily accessible processes are in place that empower staff to report incidents.

- [ ] 7. Staff are surveyed regularly and/or offered mechanisms to provide anonymous feedback.

- [ ] 8. The hospital/facility/system administration acknowledge potential threats or workplace safety challenges.

Transparency

- [ ] 9. Results of the worksite analysis required annually by The Joint Commission are readily available to health care workers/staff.

- [ ] 10. (Appropriately deidentified) logs of incidents are available to health care workers/staff.

- [ ] 11. Other transparency measures are in place so that health care workers/staff are aware of overall workplace safety, such as incident frequency, reported physical injuries, facility responses, and law enforcement involvement/actions.

Analysis & Response

- [ ] 12. The hospital/facility/system has taken specific actions and made institutional level-investments to improve workplace violence prevention efforts.

- [ ] 13. Improvements have been made in response to previous incidents or in response to HCW/staff requests.

- [ ] 14. The hospital/facility/system provides individual victims with follow up and support resources (e.g., trauma/psychological counseling, time off for recovery, etc.).

- [ ] 15. Specific threats, more common types of violence, or patterns specific to the location/department inform preparedness training for health care workers/staff.

Personnel & Law Enforcement

- [ ] 16. The hospital/facility/system has a workplace violence prevention program led by a multidisciplinary team.

- [ ] 17. The selection process for this team is transparent and accessible.

- [ ] 18. The hospital/facility/system coordinates with local law enforcement to prevent or respond to assaults.

- [ ] 19. The hospital/facility/system follows up with law enforcement to ensure that assaults are appropriately investigated, charged, and prosecuted as appropriate to ensure that perpetrators are held responsible.

- Boarding & Overcrowding Crisis
- **Workplace Violence**
- Medicare Payment Reform

What you can do

- Share your stories! contact pr@acep.org

ACEP also supports the "Safety from Violence for Healthcare Employees (SAVE) Act," introduced by Reps. Madeleine Dean (D-PA) and Larry Bucshon, MD (R-IN), a bill that establishes federal penalties for violence against health care workers, modeled after protections that exist for aircraft and airport workers.

Visit our Advocacy Action Center to urge your U.S. Representative and Senators to co-sponsor and support these bills.

ADVOCACY ACTION CENTER

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American college of emergency physicians, President-elect