Violent Emergency Department Incident Sparks Legislative Change

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Objectives

- Define workplace violence.
- Discuss prevalence of workplace violence in hospitals and emergency departments.
- List the steps of developing a response to workplace violence.
- Explain the importance of administrative support for protecting staff from workplace violence.
- Trace the evolution of the project from an internal one to involvement of the state legislature.
- Review strategies for successful legislation passage.
- Explore how a single empowered nurse can trigger an avalanche of significant changes to the practice environment.
- Discuss OSHA and state laws across the country in regards to workplace violence in hospitals.
- Highlight what other hospitals are across the country.
Hospitals are microcosm of the communities they serve.

Miniature Community
Violence in the community is spilling into the Hospitals and Emergency Departments (ED’s) across the United States

Increased Violence
Hospitals once seen as **Safe Havens** are no more...
NIOSH & CDC

Defines workplace violence as “violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty.”
The U.S. Department of Labor

Defines workplace violence as an action (verbal, written, or physical aggression) which is intended to control or cause, or is capable of causing, death or serious bodily injury to oneself or others, or damage to property.

Workplace violence includes abusive behavior toward authority, intimidating or harassing behavior, and threats.
Violence is not always Physical
“Healthcare workplace violence is an underreported, ubiquitous, and persistent problem that has been tolerated and largely ignored”
My Journey

“It’s Part of the Job”

In 2003, a violent triage incident led to the beginning of a multidisciplinary approach to ED workplace violence.
2003 Survey Setting

This multidisciplinary approach began with a survey that was anonymously completed by 40 staff members in an inner city emergency department that cares for more than 30,000 patients annually.
Results

Staff did not feel safe
Security Analysis

Security analysis of the ED and surrounding community with the assistance of local law enforcement was performed.
Findings Reported

Findings of the survey and security analysis were presented to Nursing Administration and the Director of Security.
Support and Transparency

The support of administration, management and security eliminated many of the staff’s perceived barriers to reporting the violence.
Perceived vs Real Barriers to Reporting

- Voluntary reporting
- Lack of reporting policy
- Lack of faith in reporting, “it won’t do any good”
- Caregivers feel a professional and ethical duty to “do no harm” to patients. Patient violent due to mental state, unintentional, impairment or not responsible.
- Customer service, fear of retaliation
- Feels it was their fault, guilt...
- Have been told or believe:
  "It’s part of the job!"
A Multidisciplinary WPV Taskforce was formed to confront the issues of violence in the emergency department

- Nurses
- Physicians
- Registration clerks
- Radiology Techs
- Social service
- Lab techs/ nursing assistants
- Security
- Nursing management
Plan

Created a plan for increased safety and heightened awareness to violence and implemented interventions.
Interventions
Started in the ED and program growth system-wide

- Further established relationship with local law enforcement
- Increased and more visible security presence in the ED
- Physical security enhancements
- Post incident debriefings
- Flagging violent patient charts while maintaining confidentiality
- Workplace Violence Policy
- Staff education system-wide, de-escalation techniques
- Levels of Awareness
- Workplace Violence Incident Reports
- System-wide multidisciplinary committee
Interventions

Implemented

Levels of Awareness

Level system used to enhance staff and security awareness of potentially violent patients and/or situations
Levels of Awareness promotes Teamwork

- Collaboration between ED staff and security staff to improve safety
- Enhance relationship between ED staff and security staff
Overarching Goal

To provide a safe healing environment for our patients, visitors, and staff
Outcomes
System-wide

- Increased staff awareness and education of workplace violence
- Implementation of Workplace Violence Incident Reports
- Increased reporting and awareness of workplace violence
- Levels of Awareness program active
- Strong relationship built with local law enforcement and security staff
- Workplace violence consideration in facility design
- Increased safety for patients, staff and visitors
- Workplace Violence Policy
- Team approach to workplace safety
- Physical security measures implemented
Research Involvement

- 2007 Co-investigator on ED Workplace Violence study with The Emergency Nurses Association and published findings

- 2009-2010 Expert Advisor for ED Workplace Violence Research Study with University of Cincinnati and taught interventions to University of Cincinnati, Mercy and Christ Hospital emergency department staff.
The 2007 Emergency Nurses Association (ENA) study indicated that ED workplace violence is prevalent and severely under-reported.
The Emergency Nurses Association reported in an ongoing study during the period of January 2010 to January 2011 out of approximately 7,000 emergency nurses 54.5% reported experiencing some form of physical violence and/or verbal abuse over a 7 day period.
Healthcare workers have a 20 percent higher chance of being the victim of workplace violence than other workers.
The Joint Commission Sentinel Event Alert (2010) “Preventing Violence in the Healthcare Setting” addressed the increased incidence of assault, rape and homicide within the healthcare setting and suggested guidelines for healthcare institutions that would aid prevention.
Regardless of all the changes more needed to be done.....

The Community needed to be involved....

I did some research and discovered....

More.....
Kentucky Law 2010

Felony to assault a school teacher, a school bus driver and a paramedic but
NOT a Nurse....NOT ME
Elevator Speech 2011

I started approaching KY legislators out in the community..... Dragon Boat Race, per phone, Ryle football game ... and gave them my 30 second elevator speech
Community Involvement

Kentucky State Government

- Approached Senator John Schickle in 2011 about increasing the penalty for assaulting an ED healthcare worker.

- He agreed to sponsor an ED workplace violence bill but there was “One Problem”

- Assisted in designing SB-22
Senator Jensen

The Chair of the KY Senate Judiciary Committee
Community Support

- KY Hospital Association
- The KY Police Chiefs Association
- The KY and National Emergency Nurses Association
- The KY College of Emergency Physicians
- The KY Domestic Violence Association
- St Elizabeth Healthcare
- ED nurses across the state!
An “Ah Ha” moment
One Voice became Many
Persistence Pays Off!
”I’m NOT just a NURSE”
Government Testimony

2011 Testified before the KY Senate Judiciary Committee in support of the bill
Respect

What do you want?
Back to the Drawing Board

The revision of SB-22 to SB-58
The KY Hospital Association (KHA) in 2011 surveyed all KY hospitals regarding Workplace Violence and found violence was prevalent.
A return to the Kentucky Capitol 2012

Testified before the
KY Senate and KY House of Representatives
Kentucky State Legislation

Senate Bill 58 which supported tougher penalties for assaulting an ED healthcare worker passed unanimously through the KY General Assembly and was signed by Governor Steve Beshear on April 11, 2012
4\textsuperscript{th} Degree Assault Charge

An assault 4\textsuperscript{th} degree, probable cause misdemeanor is the charge leveled on the perpetrator of an assault occurring in a KY emergency department.
What is a Probable cause Misdemeanor?

An assault that does not occur in the officer’s presence that allows the officer to arrest and remove the violent offender. Thus, returning the emergency department to a safe healing environment, protecting all within.
The Fine

The fine can be up to $1000.00 and/or up to a year in jail
Representatives from the KY ENA, KY ACEP, KHA, KY Police Chiefs Assoc., SEH ED staff, SEH Executive leadership, local Senators and House Representatives with KY Governor Steve Beshear at the June 2012 ceremonial signing
At St. Elizabeth Healthcare there are structures & processes in place that empower nurses to self-govern. Staff are involved in decision-making with regard to standards of practice & they are positioned to address issues of concern.
Findings & Implications

A multidisciplinary and community approach to healthcare violence is crucial to addressing issues of healthcare violence because it increases awareness not only within the hospital but the community as well.
Findings & Implications

The involvement of state and local law enforcement is imperative in order to ensure safety, enforce the law, and make changes that directly affect the amount of violence in the community it serves.
Bureau of Labor Statistics
Healthcare Workplace Violence Survey 2014

- Found that healthcare workers are hit, kicked, scratched, bitten, spat on, threatened and harassed by patients with surprising regularity

- 80 percent of nurses reported being attacked on the job within the past year

- 70 percent of all nonfatal workplace assaults causing days away from work in the U.S

- Data shows that violence-related injuries are four times more likely to cause health care workers to take time off from work than other kinds of injuries.
Prevalence of Workplace Violence in Healthcare OSHA 2015

- approximately 75 percent of nearly 25,000 workplace assaults reported annually occurred in health care and social service settings
- workers in health care settings are four times more likely to be victimized than workers in private industry.
Advisory Board 2016 released:

- Nearly **75 percent** of all workplace assaults between 2011 and 2013 occurred in the health care industry.
- 80 percent of emergency medical workers experience physical violence during their careers.
- 39 percent of nurses report verbal assaults each year.
- 13 percent of nurses report physical abuse each year.
Workplace Violence and Drug Use
2014 Study

- Nurses often have to get uncomfortably close with extremely stressed-out people
- Some assaults come from people experiencing psychosis or other mental crises.
- Almost 50 percent of the violence came from patients and family members who were drunk or on drugs.
- Sadly, many people simply attack nurses out of frustration.

Epidemic of Violence against Health Care Workers Plagues Hospitals
by Roni Jacobson 12/2014
2016-2017

At it again....

- Heroin crisis is at its peak in NKY
- Violence no longer just an emergency department issue
- Violence now spreading throughout KY hospitals
Proven Strategies: Introducing & Passing Legislation

- Research the issue in relation to KY law
- Become a subject matter expert
- Be a driving force
- Research what other states are doing
- Acquire a Senator to sponsor and guide you through the process
- Who are your stakeholders? Identify them. Network with stakeholders across the state
- Who are the experts? Identify them. Network with experts i.e. other supportive government officials, governing bodies, KHA etc.
- Research committee members i.e. judiciary committee or whichever committee would reside over the bill. Contact all committee members and
- Energize, educate and organize out reach efforts of your base, stakeholders, interested parties etc.. Encourage all to communicate with legislative committee members and their district’s Senators and House Representatives.
- Be diligent, stay focused, communicate frequently & effectively with all involved. In person, per phone, email and through pamphlets.
- When you testify before the committee session, the Senate or the House of Representatives build your case, have most effective stakeholders and experts testify. State your case clearly. This should not be a surprise for those there, the committee members should already have spoken to you!
- Don’t give up! Passion and persistence is key!
Networking/Stakeholders

- The KY Hospital Association: Sarah Nicholson
- The KY Emergency Nurses Association: Mary Raley
- The KY Police Chiefs Association: Wayne Turner
- The KY Medical Association: Dr. Nancy Swikert
- The KY American College of Emergency Physicians: Dr. David Brewer unable to attend (sent letter)
- The KY Nurses Association: Amy Herrington
- KY Academy of Medical Surgical Nurses: Sarah Wood
- St Elizabeth Healthcare NKY
- KY Society of Respiratory Care: Lisa Houle
- The Kentucky PT Association: Lisa Volz
Senate Bill 42 was Born!

- Hi Senator Schickle ...its me again!
- SB 42 was formulated to cover hospital-wide workplace violence (which also included the parking lot)
- Testified at the Senate Judiciary Committee Hearing and the House Judiciary Committee Hearing
- The bill passed through the Senate and the House in Feb/March 2017
Governor Matt Bevin signed SB 42 into law on March 16th. The law went into effect on July 1, 2017.
2017
Ceremonial Signing of SB42
At St Elizabeth Healthcare Florence
Sentinel Event Alert 59: 2018

- Focuses on physical and verbal violence, there are a plethora of overlapping behaviors that undermine a culture of safety

- Alert focus is to help recognize and acknowledge workplace violence directed against health care workers from patients and visitors, better prepare staff to handle violence, and more effectively address the aftermath.
Aftermath of Workplace Violence

- Workplace violence is a major health and safety issue for healthcare workers.
- Symptoms of posttraumatic stress disorder and depression are frequent among victims.
- Anger, sadness, fear, disgust and surprise are common emotions felt by victims.
- Major consequences of workplace violence relate to work functioning.
Mindset Change in Healthcare

“It’s NOT part of the JOB!”

Because like all other workers, health care employees have the right to be safe on the job.
Create A Culture of Safety
“Collective Mindfulness and Just Culture”

- Staff and leaders value transparency, accountability, and mutual respect
- Safety is everyone’s first priority
- Not accepting behaviors that undermine the culture of safety
- A focus on “awareness” the ability to identify/prevent/lessen dangerous conditions at early stages before violence/mistakes/injury occurs
- An emphasis on reporting violent situations/errors and learning from mistakes, “no blame”
- Careful language to facilitate conversation and communicate concerns
- Broken Windows Theory
Recommended Actions and/or Tools to further address Workplace Violence

- Expanding the use of hospital metal detectors
- Investing in security infrastructure, such as security guards, security cameras, visitor identification systems
- Encouraging clinicians and staff to report all incidents of violence (healthcare leadership support)
- Innovative use of technology: Interactive Patient Care systems
- Educating patients on safety measures and how we are committed to keeping them safe. (Patient and Family Centered Care)
- Integrate patient safety and worker safety programs
- Walking Safety Rounds multidisciplinary
- Environment of Care Rounds
- Huddle Boards
- Passing legislation and updating accrediting guidelines to require violence prevention policies
Incident Reporting...

- Lack of documentation makes it difficult to recognize the scope of a workplace violence problem, or to track the effectiveness of efforts to mitigate or prevent workplace violence.

- To improve tracking efforts, OSHA in 2017 launched the Injury Tracking Application
OSHA does not require employers to implement workplace violence prevention programs, but it provides voluntary guidelines and has cited employers for failing to provide a workplace free from recognized serious hazards.
Joint Commission Standard
LD.03.01.01

- Leaders create and maintain a culture of safety and quality throughout the (organization).
- A4. Leaders develop a code of conduct that defines acceptable behavior and behaviors that undermine a culture of safety.
- A5. Leaders create and implement a process for managing behaviors that undermine a culture of safety. (Applicable to ambulatory care, critical access hospital, home care, hospital, laboratory, long-term care, Medicare-Medicaid, certification-based long-term care, and office-based surgery programs and behavioral health care programs.)
State Legislation

Kentucky
State Legislation

- States that have legislated that employers develop a WPV program: CA, CT, IL, MD, MN, NJ, OR, NY
- State requires reporting incidents: WA
- State laws designating penalties for assaults in hospitals: AL, AK, AR, AZ, CA, CO, CT, DE, FL, GA, HI, ID, IL, IA, KS, KY, LA, MA, MI, MS, MO, MT, NE, NV, NJ, NM, NY, NV, NC, OH, OK, OR, RI, SC, SD, TN, TX, UT, VT, VA, WV and WY.
- State law ED specific: FL, GA, HI, SC, SD, OK
- State law behavioral health specific: KS
Other Differentiators....

- **OH** also authorizes hospitals to post warnings regarding violent behaviors.

- **HI** passed a resolution urging employers to develop and implement standards of conduct and policies for managers and employees to reduce workplace bullying and promote healthful and safe work environments.
Possible Next Steps for Kentucky

- State law for robust WPV prevention plan
- Mandatory Reporting
- Does the current bill need to be expanded to clinics, urgent cares and physician offices?
- Resources in place for those who suffer from exposure to WPV i.e. PTSD, depression, anxiety, inability to work, etc..
- Posted warnings for those that would be violent
- Specific behavioral health law (further coverage from the current law or for free standing behavioral health facilities)
Safety Initiatives across the United States

- Providence Behavioral Health Hospital, Massachusetts: “Tapping Out”
- University of Southwest Texas: all units have secure entry.
- University Medical Center Brackenridge, Texas: provides high reliability safety training to 100 percent of staff and on-site contractors.
- St Elizabeth Healthcare, Kentucky: utilizes workplace violence incident reports and has a System Workplace Violence Committee that reviews and follows up on reports. Also utilizes technology to ID and badge visitors after 9pm.
- Glen Falls Hospital, New York: visitor sign in and ID.
Continued Safety Initiatives

St. Vincent’s Medical Center in Bridgeport, Connecticut, each day begins with a “safety huddle” led by a senior executive. Representatives from all departments, including both clinical and non-clinical services, are required to attend. Together they review any patient or associate safety events or concerns, recognize “good catches” (near-misses), and share updates on the status of safety-related projects or initiatives. These daily exchanges, fostered in an open, no-blame environment, help create an atmosphere of trust and cooperation.
Florence Nightingale's (1893) intent was to allow nurses the autonomy of purpose to advocate for patients and the nursing profession.  

*Never “Just a Nurse”*