Workplace Violence Prevention: Keeping Healthcare Workers and Patients Safe

A2 Quality Meeting
November 4, 2016
Carol Wagner

Alaska State Hospital and Nursing Home Association

Washington State Hospital Association
It is just part of my job...
Workforce Safety Data

1. Health Care Workers 5 times more likely to be victims than other industries
2. 55.6% of ED nurses report physical and verbal violence
3. 57.6% of ED nurses rate safety of their ED at 5/10
4. 1/3 ED nurses consider leaving ED because of violence
5. Significant staff turnover with a $60,000 to $100,000 cost for RN replacement
6. Workplace violence often underreported because accept conditions as “part of the job” (65.6% to 86.1% victims did not report)

## Nonfatal workplace violence injuries with days away from work, 2005 – 2014

<table>
<thead>
<tr>
<th>Year</th>
<th>All Private Industry</th>
<th>Healthcare/Social Assistance</th>
<th>Healthcare</th>
<th>Healthcare Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>14560</td>
<td>9510</td>
<td>7990</td>
<td>54.9</td>
</tr>
<tr>
<td>2006</td>
<td>15970</td>
<td>9640</td>
<td>8320</td>
<td>52.1</td>
</tr>
<tr>
<td>2007</td>
<td>16840</td>
<td>9950</td>
<td>8420</td>
<td>50.0</td>
</tr>
<tr>
<td>2008</td>
<td>16330</td>
<td>10060</td>
<td>8780</td>
<td>53.8</td>
</tr>
<tr>
<td>2009</td>
<td>15450</td>
<td>10040</td>
<td>8680</td>
<td>56.2</td>
</tr>
<tr>
<td>2010</td>
<td>16910</td>
<td>11370</td>
<td>9740</td>
<td>57.6</td>
</tr>
<tr>
<td>2011</td>
<td>11690</td>
<td>8180</td>
<td>7150</td>
<td>61.2</td>
</tr>
<tr>
<td>2012</td>
<td>12780</td>
<td>9170</td>
<td>7970</td>
<td>62.4</td>
</tr>
<tr>
<td>2013</td>
<td>13800</td>
<td>10450</td>
<td>9220</td>
<td>66.8</td>
</tr>
<tr>
<td>2014</td>
<td>15980</td>
<td>11100</td>
<td>9050</td>
<td>56.6</td>
</tr>
<tr>
<td><strong>10 Year Totals</strong></td>
<td><strong>135750</strong></td>
<td><strong>89960</strong></td>
<td><strong>77330</strong></td>
<td><strong>57.0</strong></td>
</tr>
</tbody>
</table>

Who perpetrates most of the violence against healthcare workers?

• Patients

• Family members

• Visitors

• Co-workers – Lateral/horizontal violence
Emerging Best Practices in Workforce Safety

- **Olympic Medical Center**
  - Safe Rooms
  - Security Sweeps
  - Room beds bolted down

- **EvergreenHealth**
  - Code White: before code green
  - Active Shooter Training – run, hide, fight

- **Mary Bridge Children's Center and Health Network**
  - Clear message to “Protect Yourself First!” – Employee support critical

- **Whitman Hospital and Medical Center**
  - Contract with local law enforcement
This is posted in a hospital.

Yours can do it too.

A sign doesn't stop an individual from assaulting staff.

However, this sign does communicate support from administration.
On-line Workplace Violence Prevention Course

Content from today’s presentation is:

AVAILABLE NOW
FREE COURSE
FREE CEUs

http://www.cdc.gov/niosh/topics/violence/training_nurses.html
http://www.cdc.gov/niOSH/topics/violence/
http://www.cdc.gov/niOSH/topics/violence/training_nurses.html
Data Submission

- Use of standard workers’ compensation “loss runs”
  - Easily available from insurance carriers or third party administrators (w/ WSHA assistance)
  - More accurate than OSHA logs and include the cost component
  - Allows identification of focus injury causes also related to patient safety
  - No claimant names or social security numbers are requested and all data is confidential
    - Patient Handling
    - Aggressive Behavior
    - Slips and Falls

- Hours worked
  - Necessary to calculate injury rates and account for different hospital size/exposure

- Timeline
  - Baseline data will be requested at the onset of the project
    - 2014 through Q3 2016
  - Quarterly data submission requested throughout the project
    - First quarterly submission due mid-January 2017
Data Output

• Frequency Rate
  • Workers’ Compensation **Claims** per 100 FTEs

• Severity Rate
  • Workers’ Compensation **Costs** per 100 FTEs

• Calculated at the Aggregate Level and the Member Level for:
  • All claims
  • Patient Handling
  • Aggressive Behavior
  • Slips and Falls

• Custom Data Analysis for Members
  • Assistance with return on investment calculations
  • Help members focus on primary cost drivers

Members Can Compare Their Data to the Aggregate but Individual Hospital Data Remains Confidential