

CASE STUDY #1

Scripps Health



Communication, Collaboration and Caring: An Effective Strategy for Reducing Violence in Health Care

Background

In the 1980s television series “Hill Street Blues,” a tough but caring police sergeant ended his briefings with prudent advice for his officers: “Let’s be careful out there.”

It’s much the same for health care workers today. While it wasn’t long ago that nurses, doctors and other health care staff were heralded as pandemic heroes, tensions rose nationwide and violence against health care workers at San Diego’s Scripps Health spiked beyond an already rising four-year trend. Violence at Scripps’ five hospital campuses jumped by 31% in 2023, compared with the year before (2,335 total incidents). Assaults quadrupled to 484 the same year.

Scripps’ Approach

Scripps has taken several steps to address the growing violence issue, including the hiring in October 2024 of a retired FBI special agent to lead its efforts in security. Among numerous efforts, the system has further developed security leaders; trained physicians and staff in de-escalation; implemented high-tech metal detection; put limits on building access; created quick-

response behavioral health teams; and updated camera monitoring systems. It also prioritizes communication between its hospitals and law enforcement, part of a local initiative spearheaded by Scripps last year.

“We’re protecting each other,” notes Todd Walbridge, Scripps’ new senior director of safety and security. “Scripps is committed to a safe and secure environment for all.”

A Community Task Force

Recognizing that violence is not unique to any single health system, Scripps president and CEO Chris Van Gorder — himself a former police officer and retired reserve assistant sheriff — took a novel approach in 2024. He spoke to San Diego’s chiefs of police, sheriffs, district attorney staff and other law enforcement leaders.

“I can tell you that violence in our region’s ERs, trauma centers, hospitals and clinics is reaching epidemic proportions,” he reported to the more than 30 in attendance. “For our caregivers and our community, we need to do better.”

The presentation struck a chord. Soon after, the San Diego Hospital Violence Task Force was formed with assistance from San Diego County District Attorney Summer Stephan. The task force now includes representatives from most San Diego health systems and hospitals along with law enforcement from the specific jurisdictions where hospitals are located. Together they review incidents of violence, discuss education and training, recommend new approaches to response and prevention, and advocate for needed policy and practice changes.

A year later, San Diego hospitals are seeing better communication and policy alignment, regular site visits by law enforcement, improved training across the board and a renewed focus on prosecuting violent crimes against doctors, nurses and other health care workers.

“Without safety, nothing thrives,” said District

Attorney Stephan. “Reducing the threats and violence and preventing potential crimes that put health care workers in danger is critical to making our health system the best that it can be.”

Partnership in Practice

It’s one thing for health care and law enforcement leaders to meet with each other. It’s another to see those leaders having regular discussions with health care staff. San Diego’s “Coffee with a Cop” and “Danish with a DA” programs are bringing law enforcement and health care workers together. At Scripps, the regular in-person forums provide an opportunity for front-line caregivers to address concerns and for law enforcement and district attorney staff to hear about issues firsthand. The connections have led to a better understanding of challenges, improved collaboration and an increase in police reports when incidents occur.

While Scripps has long worked with federal, state and local law enforcement on training exercises, disaster preparation and active shooter drills (in unoccupied buildings), the focus today is on communication, mutual learning and understanding. For both, improved safety and security is a shared objective.

Calling for BURT

When Scripps reached outward to grow relationships in the community, it also turned to its internal expertise. The establishment of “Code BURT” (Behavioral Urgent Response Team) was a grassroots effort at one hospital that was soon implemented at all hospital sites. At Scripps, a Code BURT can be issued when a patient’s behavior begins to escalate into a disturbance, such as

increased agitation, or demanding or threatening behavior. The calls are meant to de-escalate a growing concern, and any staff member can call the code for immediate behavioral health assistance.

At the hospital where Code BURT was initially established, BURT calls were issued 70% more often in 2024 than security response calls, and the number of reported assaults was also down.

Next Steps

While efforts taken so far are making a difference, the health system recognizes there is more to be done to help protect its 20,000 employees and medical staff.

The DA’s office has established a new tracking system for hospital workforce violence cases to better understand the volume and nature of these incidents. An AI-based visitor registration system is planned for Scripps later this year. AVADE training (Awareness, Vigilance, Avoidance, Defense, Escape/Environment) is being offered to Scripps staff in direct patient care areas. And the San Diego Hospital Violence Task Force has become a model for other cities.

“Safety is not just a goal; it’s our collective responsibility,” says security leader Walbridge. “By arming ourselves with awareness, preparedness and the right strategies, we can uphold a culture of safety and resilience within our health care community.”

For more information, contact Todd Walbridge (Walbridge.Todd@scrippshealth.org), Senior Director, Corporate and System Safety and Security, Scripps Health.

CASE STUDY #2

Ascension



“We’ve Got Your Back”

Background

Health care facilities serve as important resources for the well-being of the community, where ease of access to quality care is a top priority for patients, staff, providers and support teams. However, acts of incivility and violence by patients, visitors and third parties are, unfortunately, increasingly common. If not mitigated, these acts can impact our ability to provide access to needed care and a place of healing for all.

With 134,000 associates providing care in 18 states plus the District of Columbia, Ascension, like other health systems, is no stranger to such threats. Despite our best efforts to serve as a place of healing, we have seen increasing cases of disruptive patient and visitor events. Our data shows a concentration of reported incidents where patients or visitors, outside of behavioral health settings, were the aggressors. As such, Ascension has been using a collaborative, multi-pronged approach to cultivate a safer environment across care settings.

Ascension’s Approach

In 2015, Ascension first rolled out Threat Assessment Teams (TAT). The key tactic used by the TAT is to create a multi-disciplinary team and to

invite all team members to gather in the same room to work together when assessing a threat. Team members include representatives from a broad cross section of areas including security, behavioral health, clinical services, administrative services, human resources, risk management, environmental/physical safety and spiritual care, as well as ad hoc members such as Ascension Technologies and, when appropriate, local public safety/law enforcement. This collaborative process encourages swift, efficient information sharing and decision-making to identify and address potential threats and mitigate those threats as quickly as possible. The team continues to monitor threats and mitigation efforts until the threat no longer presents a credible danger to self, patients, staff and/or visitors.

For example, last year an Ascension site of care experienced an event where a family became argumentative regarding the patient’s discharge date. A contentious discussion ensued and, despite the unit manager’s proper attempts to de-escalate the situation, a family member threatened to return to the facility with a firearm. Security teams quickly mobilized, gathered key information to help weigh the patient rights’ considerations and validate and assess the level of the threat. The TAT was activated, and the team coordinated with local law enforcement to apprehend the threat actor. The incident was resolved without harm to anyone. The entire event, from threat identification to intervention and resolution, lasted approximately 75 minutes. Collaboration, role clarity and efficiency were key to the response. Follow up was conducted and resources were offered to affected staff through the system’s Employee Assistance Program and Mission Integration team.

As we evolve our Threat Assessment Teams, in 2024 we implemented a new approach that incorporates past learnings and additional proactive approaches. The team reviews prior incidents to learn from them by evaluating and, when necessary, adjusting guidelines used by security programs across the organization. Additionally, program enhancements include risk assessments, data capture and trending, allocation of tiered regional and national resources,

training initiatives and standing meeting cadence. Ascension's program was also workshopped with federal law enforcement partners to help take a more proactive approach to de-escalate potential events before they occur.

"We've Got Your Back"

The most important aspect of a successful threat assessment program is training and

education, and the bedside team is often the closest to real-time information. For this reason, Ascension associates are provided education and leader support to identify, report and respond to threats. All associates complete mandatory Active Shooter and Workplace Violence training upon hire and annually to ensure they are aware of emergency procedures.

In December 2023, Ascension launched the "We've Got Your Back" campaign, which fosters a culture of psychological safety and encourages associates to report safety concerns in good faith. The program also provides associates with alternative methods to report concerns (anonymously or by name) if

they feel their concerns were unresolved or met with disruptive behavior when shared. The program, which has been communicated to all associates, aims to empower associates to act as ambassadors and champions for safety. "At Ascension, everyone is accountable for safety," said Richard Fogel, M.D., Ascension's executive vice president and chief clinical officer. "We want each member of the team to experience trust and respect as well as to feel comfortable asking questions, raising concerns and making decisions without fear. We want associates to know, 'We've Got Your Back.'"

Next Steps

Ascension continues to refine and improve security processes and procedures to build safe and reliable places of care for the communities served. We believe it is critical to our mission to address safety in all forms to maintain healing environments for all.

For more information, contact Sally Deitch (sally.deitch@ascension.org), Executive VP, Nursing and Operations Infrastructure, Ascension.

CASE STUDY #3

Duke Raleigh Hospital



Hospital Violence Prevention and Recovery: A Multi-Faceted Approach

Background

The incidence of violence against health care workers continues to increase across the nation. Staff at North Carolina's Duke Raleigh Hospital have experienced numerous attacks, and the issue took on even greater urgency after a recent serious incident.

A Multi-faceted Approach

"As types and levels of aggression in health care escalated, our response needed to evolve quickly," explained Barbara Griffith, M.D., president of Duke Raleigh Hospital. "We looked inside and outside of our campus to develop a program focused on violence prevention, response and healing."

The program's components include coordination between the hospital's Threat Assessment Team and local law enforcement; limiting the number of accessible entrances to the facility; restricting badge access; and installing metal detectors at entrances. Other steps were implementing a wide scope of staff training that emphasized the importance of incident reporting, and providing trauma support to team members following an incident. Together,

these new actions have led to a significant decrease in incidents and an increased sense of staff preparedness and safety.

Leveraging Security Teams

"Officers with the Raleigh Police Department are members of our team. Daily, they patrol our campus, providing a sense of safety and order," says Jevon Peterson, Duke Raleigh's chief operating officer.

The Health Insurance Portability and Accountability Act (HIPAA) law allows health care facilities to give limited information to a law enforcement official to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public. This proved beneficial when a former patient made a credible threat against a Duke Raleigh physician. Hospital staff worked with Duke University Police, who coordinated the Heath System Threat Assessment Team, and then contacted the Raleigh Police Department, who were able to identify and locate the perpetrator. Effective coordination led to a rapid response and prevented a violent incident.

Acting It Out

"Giving staff the opportunity to role-play certain scenarios helps them mentally prepare to think and act clearly when under stress," explains Katia Ferguson, clinical operations director for inpatient and emergency nursing. Armed assailant drills help staff feel confident in their plan to run, hide or fight in their actual work area. Duke Raleigh also conducts simulation training for behavioral crises, much like mock codes for cardiac arrest.

Always On Alert

"During training and drills, staff are continuously reminded to be aware of their surroundings, even when caring for patients or performing routine tasks," says Amy Ikerd, program manager, emergency preparedness and security.

In situational awareness training, staff are taught to recognize typical sounds, items and people in their

units, and to notice the atypical. *Who is this new person? Why doesn't this person have a badge?* They are also reminded to be prepared to respond with "run, hide, fight" tactics.

Situational awareness thwarted a potential incident when a person, dressed as an employee but without a badge, attempted to gain access to a sensitive area of the hospital. A nurse noticed the absence of a badge, questioned the person and then called the police. This type of training gives every employee a security role by enforcing badge policy, preventing "piggybacking" into secure areas and escalating any safety concerns.

Trauma Support

Duke Raleigh recognizes that victims of workplace violence may experience post-incident trauma. The Caring for Each Other (CFEO) program was developed to provide emotional support and mental health resources by licensed therapists 24/7. CFEO therapists proactively contact team members and round on units/departments to check on their well-being. Additionally, CFEO sends care packages to individuals who have been involved in especially difficult events. "While we can't always prevent

workplace violence, we can ensure that every team member feels valued and cared for when an incident occurs," explains Lauren Johns, RN, CFEO program manager. Duke provides services for any team member who needs emotional support for work-related or personal concerns.

Measuring Success

Over the past two years, this approach has decreased actual or attempted acts of violence by 24% and verbal assaults and threats by 42% at Duke Raleigh Hospital.

The staff's perception of being safe at work has improved, but there is still work to do. The executive team rounds weekly to talk to team members and learn about their safety concerns.

"We were intentional when communicating with our team about workplace violence. We listened, took ownership and responded. The staff felt heard and appreciated, and as a result were more engaged," says Dr. Griffith.

For more information, contact Barbara Griffith, M.D., (barbara.griffith@duke.edu), President, Duke Raleigh Hospital

