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The Need to Curb Rising Violence in Public Hospitals: The Importance of Board Leadership

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The Scope of the Problem

The murder of Dr. Kathryn Hinnant in January 1989 at Bellevue Hospital focused national attention on the problem of violence in hospitals. Dr. Hinnant, a pathologist at the NYU Medical School, was strangled early one evening by a homeless man with a history of psychiatric problems and a cocaine addiction. The man had been squatting in the hospital, dressing as a doctor in order to blend in. Dr. Hinnant's body was found the morning after her death by her husband. She was five months pregnant.[1]

In over three decades since Dr. Hinnant's tragic murder, there has been a continuous stream of headlines about similar high-profile events across the country. In 1993, three providers were shot by a patient who had been denied pain medication in the emergency department of the Los Angeles County USC Medical Center.[2] Just this year, a patient who was angry about his continuing pain after a back operation walked into St. Francis Health System in Tulsa, Oklahoma, and shot to death the surgeon, another doctor, and two others before turning the gun on himself.[3]

But as sensational as headlines like these have been, they are just the tip of the iceberg. Violent incidents of all kinds have been increasing in recent years in hospitals generally, and in urban hospitals in particular. This has been a steadily growing crisis for the nation's health system—a crisis which now calls out for the leadership of hospital board members.

1 David Oshinsky, *Bellevue: Three Centuries of Medicine and Mayhem at America's Most Storied Hospital,* Doubleday, 2016.
2 John Mitchell and Shawn Hubler, "Patient at County-USC Shoots 3 Doctors, Gives Up in Standoff," *Los Angeles Times*, February 9, 1993.
3 Dave Muoio, "5 Dead After Shooting at Tulsa's Saint Francis Hospital," Fierce Healthcare, June 2, 2022.

To put the current situation in context, a 2020 U.S. Bureau of Labor Statistics report declared that healthcare workers accounted for 73 percent of all non-fatal workplace violence-related injuries and illnesses in 2018 and that incidents of workplace violence are five times more likely to occur in hospitals than other workplaces.[4] The Occupational Safety and Health Administration has similarly found that healthcare workers are four times more likely to suffer a serious workplace violence incident than workers in private industry.[5] And more than eight in 10 healthcare workers reported in a recent National Nurses United survey that they had experienced at least one type of workplace violence during the pandemic, when many hospitals were filled beyond capacity amid nationwide staff shortages.[6]

Hospital workplace violence is not limited to newsworthy acts of murder or extreme physical violence. It also includes everyday occurrences such as verbal abuse, bullying, and harassment, as well as other threats and disruptions that can harm safety and quality for hospital staff and patients. And violent acts are not just perpetrated by homicidal outsiders or unhappy patients—there are many incidents in which hospital workers act out against other workers.

The situation now squarely confronts and challenges hospital leadership to take action. Hospital and health system board members are uniquely well placed to consider potential ways to meet these challenges, including the adoption of new policies and procedures to anticipate, prevent, and respond to hospital violence.

Boards can expect many payoffs from heightened attention to hospital violence. Workplace violence has negative implications for patient safety, for employee turnover, and for hospital finances. Caregiver fatigue, stress, and burnout contribute to a higher risk of patient infections and medical errors. Other costs to healthcare organizations include worker compensation claims, absenteeism, property damage, increased building security needs, and insurance costs.[7]

Increased Attention from National Organizations

There are substantial resources available to board members to educate themselves about this steadily growing crisis. Many national healthcare organizations have begun sounding alarms in recent years.

4 U.S. Bureau of Labor Statistics, "Injuries, Illnesses, and Fatalities."
5 Occupational Safety and Health Administration, "Workplace Violence."
6 National Nurses United, "Workplace Violence Prevention."
7 American College of Healthcare Executives, "Healthcare Executives' Role in Mitigating Workplace Violence," Approved by the Board of Governors November 12, 2018.

In national surveys conducted in 2003, 2013, and 2022, the Institute for Safe Medical Practices asked healthcare workers about disrespectful behavior and workplace intimidation. While respondents in early reports cited incidents of being demeaned by fellow workers, in the more recent surveys, workers have noted a rising proportion of more serious insults targeting race, religion, and gender. Reports of physical assaults have doubled since 2013.[8]

The Joint Commission, which accredits hospitals, put new workplace violence prevention standards into effect in January 2022. These new standards focus on identifying security risks, training staff in violence prevention, and collecting information about violent incidents. The standards define "violence" to include "an act or threat occurring at the workplace that can include any of the following: verbal, non-verbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults; or other behaviors of concern involving staff, licensed practitioners, patients, or visitors.[9]

The Association of American Medical Colleges has reported that "threats against healthcare workers are rising" in the nation's teaching hospitals,"[10] and the American College of Healthcare Executives has also recently taken the position that healthcare leadership has a professional responsibility to treat and take steps to mitigate violence and to advocate for cultures of safety.[11] ACHE maintains that hospitals and health facilities serve as "community anchors," so actions implemented to reduce violence are likely to have a ripple effect on the health and safety of national and local communities. This call for enhanced responsibility clearly extents to board members.

In November 2022, the Centers for Medicare and Medicaid Services (CMS) issued a statement on workplace violence in hospitals that said, "Workers in hospitals, nursing homes, and other healthcare settings face risks of workplace violence. Many factors contribute to this risk, including working directly with people who have a history of aggressive behavior, behavioral issues, or may be under the influence of drugs." The CMS memo further stated, "Exposure to workplace violence hazards come at a high cost; however, with appropriate

8 Linda Keslar, "Be Nice," *Proto Magazine*, Massachusetts General Hospital, November 11, 2022.
9 Joint Commission, Workplace Violence Prevention Resources, January 1, 2022.
10 Patrick Boyle, "Threats Against Healthcare Workers Are Rising. Here's How Hospitals Are Protecting Their Staffs," AAMC News, August 18, 2022.
11 American College of Healthcare Executives, "Healthcare Executives' Role in Mitigating Workplace Violence," Approved by the Board of Governors November 12, 2018.

controls in place, it can be addressed. CMS will continue to enforce the regulatory expectations that patient and staff have an environment that prioritizes their safety to ensure effective delivery of healthcare."[12]

➜ Key Board Takeaways

ACHE, AAMC, CMS, the Joint Commission, and other organizations recognize that violence manifests in many ways and mitigating it is a complex issue requiring a multifaceted approach. Healthcare leadership, including boards, should lead efforts to ensure comprehensive violence prevention plans are in place for their facilities. These plans should include:

- A clear definition of workplace violence.
- A realistic assessment of the scope and prevalence of violence within the hospital or health system.
- Steps to raise awareness within the hospital and in the community that workplace violence is a public health issue.
- Establishment of a zero-tolerance policy that specifies actions to be taken against the aggressor staff member, patient, or visitor to ensure stakeholders that violence and safety are being taken seriously.
- A focus on facilitating the changes in culture necessary to prevent violence, promote non-violence, and respond to and support staff when violence occurs, including a commitment to ongoing conversations and dialogues about the issue.
- A process for identifying and remediating risk factors, such as taking steps to secure the physical premises of the facility by incorporating security measures such as access restrictions, visitor screening, and security officers.
- The provision of training on how to recognize and mitigate workplace violence. Such training may include de-escalation techniques, avoiding and preventing assaults, self-defense, and emergency preparedness.
- A willingness to consider innovative approaches, such as the Minnesota Next Step program.
- A commitment to evaluate, measure, and report progress.
- A process to engage with community partners, including security professionals, law enforcement, government and community agencies, non-profits, and grassroots organizations to improve safety in the community.

12 CMS, "Workplace Violence-Hospitals," CMS Memo # QSO-23-04-Hospitals, November 28, 2022.

What Can Be Done?

This multifaceted problem requires board members to consider a wide range of potential solutions. At a November 2022 Harvard Law School Symposium, participants representing various constituencies affected by hospital violence addressed the effectiveness of legislation, technology, and new policies in halting the increase in violence against healthcare workers.[13]

Amend Federal and State Legislation

One potential solution discussed at the Harvard Law School Symposium involved advocating for new federal legislation. In 2022, U.S. Rep. Madeleine Dean (D-PA) joined with Rep. Larry Bucshon (R-IN), an Indiana physician, to introduce a bill to provide legal protection for hospital employees assaulted on the job by making such acts of violence a federal crime. The measure, called the Safety from Violence for Healthcare Employees Act, is modeled on legislation that protects airline workers from violence by instituting stricter penalties for perpetrators. It had more than 55 bipartisan co-signers and was endorsed by several healthcare advocacy organizations.

While there was no Senate counterpart to the House bill, other Senate bills touched on hospital workplace violence. For example, the Workplace Violence Prevention for Health Care and Social Service Workers Act directed the Department of Labor to issue standards on workplace violence prevention in healthcare settings and required covered employers to develop workplace violence prevention standards.

Legislation similar to the U.S. House and Senate bills has been introduced in several states. In 2015, the Minnesota Legislature amended hospital licensing requirements to mandate that hospitals implement preparedness and incident response plans for acts of violence that occur on their premises and provide training to their staff.[14] The law also provided funding to the Minnesota Department of Health to provide training and resources to healthcare providers related to violence prevention and response.

13 Anna Lamb, "Halting Rising Violence Against Healthcare Workers," *Harvard Gazette*, November 18, 2022.
14 Minnesota Statutes, Section 144.566.

Adopt New Hospital Policies

Board members should see to it that their hospitals adopt or update policies that define violence broadly to encompass the full spectrum of harmful acts, including those committed by staff as well as the harm inflicted upon staff by patients and/or perpetrators who come from outside the facility. ACHE suggests that the definition of workplace violence should include, but not be limited to, physical acts, psychological and verbal abuse, intimidation, and threats of physical harm to an individual or object.

Hospital boards should also educate themselves in the various ways in which potentially violent situations can be addressed and, if possible, defused. Different individuals have different styles of handling conflict. A Canadian organization has recently categorized the handling of conflict into various styles of conflict prevention.[15]

Enhance Reporting Systems

Another institutional response to increasing hospital violence is to make it easier to report. More than 180 U.S. healthcare systems (and dozens outside the country) have adopted the Co-Worker Observation Reporting System. Developed by Vanderbilt University's Center for Patient and Professional Advocacy (CPPA), the program compiles complaints electronically, processes the data, and sends back reports to participating institutions. It has accrued data on some 100,000 physicians and advanced practice professionals. Complaints have been made against doctors of all ages, and 93 percent of reports involve acts of disrespect rather than bullying, sexual harassment, or physical threats.[16] UMass Memorial Health is also updating its workplace violence reporting system. So far, UMass Memorial Health believes that the campaign has led to higher scores on patient satisfaction and employee engagement survey items about respect.

15 See Canadian Medical Protective Association, *Good Practices Guide: Safe Care—Reducing Medical-Legal Risk*, "Dealing with Conflict: Styles of Handling Conflict."

16 Vanderbilt University Center for Patient and Professional Advocacy, "Co-Worker Observation Reporting System."

Update the Hospital's Code of Conduct, Training Programs, and Violence Reporting Systems

UMass Memorial Health also overhauled their system's policies affecting workplace violence, using their six standards of respect (listening, being kind, being responsive, being a team player, acknowledging others, and celebrating their success) as a starting point. It included rewriting the employee code of conduct and launching training workshops for the system's 17,000 employees.[17]

Develop Programs Targeting Specific Forms of Violence

Patients often come to public hospital ERs and trauma centers to be treated for wounds inflicted in acts of violence committed outside of the facility, including gun violence, domestic abuse, sexual assault, human trafficking, and many other criminal acts. These warrant post-violence, patient-centered, and post-trauma-informed care for the patients and healthcare workers, which can be influenced directly by healthcare leaders.

A Minnesota program called "Next Step," jointly managed by the city of Minneapolis and the Hennepin Healthcare System (HHS), with a grant from the Department of Justice, is aimed at identifying and de-escalating retributive violence in which gang members and others follow their victims into the emergency department or trauma center, according to HHS counsel Henry Parkhurst.[18] The project has three goals: 1) improve hospital-based violence intervention program infrastructure, staff skills, and capacity to better serve survivors of gun and community violence; 2) fund partnerships to expand the network of gun and community violence survivor services available to participants; and 3) create a seamless network of support services for survivors of gun and community violence.

Explore Strategies for Preventing Violence

The AAMC report cited above described how some teaching hospitals are "identifying security risks, calling in de-escalation teams, and training staff in violence prevention," among strategies hospitals are employing to keep workers and patients safe. The AAMC report described one recent incident in which UC Davis Medical Center staff was able to "call on the hospital's new

17 Keslar, November 11, 2022.
18 Office for Victims of Crime, "Advancing Minnesota's Next Step Hospital-Based Violence Intervention and Prevention Program," September 29, 2022.

Behavioral Escalation Support Team (BEST), comprising care providers trained in mental health care and de-escalating conflicts. The BEST staff calmed the patient and, with the nurse present, explained that nurses must visit frequently to check vital signs and well-being. The patient quieted and agreed to cooperate with the nurses."[19]

Conclusion

As admired leaders in their communities, the governing boards of hospitals and health systems must join with hospital management and clinical leadership to ensure that their organizations are prepared to champion the planning and development of systems, processes, and policies to intervene and mitigate incidents of violence within their workplaces and communities.

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19 Boyle, August 18, 2022.