

# Workplace Violence: Protecting Oklahoma's Health Care Workers

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SSM Health St. Anthony Hospital

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# About SSM Health in Oklahoma

- St. Anthony Hospital (Oklahoma City); Bone & Joint Hospital at St. Anthony (Oklahoma City); St. Anthony South (Oklahoma City), SSM Health Outpatient Center (Oklahoma City) and St. Anthony Hospital - Shawnee (Shawnee, Okla.).
- St. Anthony Hospital was the **first hospital in Oklahoma Territory**, founded in 1898 by the Sisters of St. Francis



## About SSM Health in Oklahoma (Cont'd)



- Mix of **urban** and **rural** facilities and patients
- Four Healthplex locations and one community freestanding ER
- 16 affiliate hospitals
- Nearly 4,500 employees in Oklahoma
- More than 250 physicians and providers in SSM Health Medical Group in Oklahoma

# Our Perspective

*“Through our exceptional  
health care services,  
we reveal the  
healing presence of God.”*

- SSM Health Mission

# Our Priorities

In spite of the reality of workplace violence, it is our duty to:

- Make every effort to **protect** our hardworking employees
- Provide a **safe, healing environment of care** for all patients and their families



## Current Efforts - Precautionary



- Safety measures
- All-staff trainings
- Security staffing

## Current Efforts – In Case of Incident

In the case of an assault or other workplace violence:

- Reporting protocol
- Employee Assistance Program
- Local staff liaison to help connect them with necessary care and resources





... and it's still not enough.

# The Need for Changes to Current Statutes

# On a National Scale

## Annual Statistics

Incident Rate of Violent Events per 10,000 Full-Time Workers:

- All Occupations: **3.8**
- Registered Nurses: **12.7** (*more than three times higher*)

Leading major source of injuries to registered nurses was “person other than injured or ill worker” totaling 8,370 cases

- 8,080 cases were from health care patients

Injuries and Illnesses from Health Care Patients:

- Made up **40.8% of all injuries** and illnesses to registered nurses
- Had incidence rate of 42.5 cases per 10,000 full time workers

*Source: Bureau of Labor Statistics (2016)*

## Annual Statistics

“Person other than injured or ill worker” as most common source of nonfatal injury or illness resulting in days away from work:

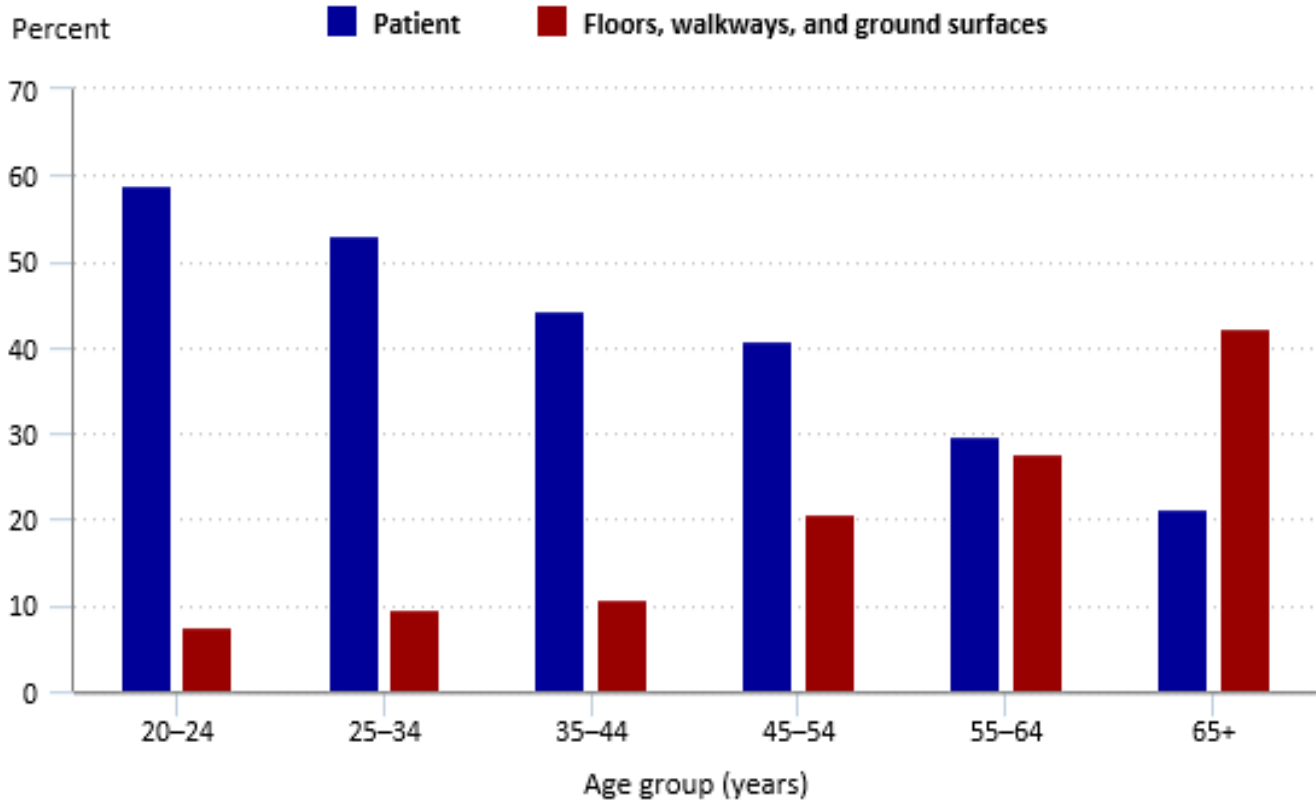
- Private Hospitals: **34%** of cases
- State Government Hospitals: **57%** of cases
- Local Government Hospitals: **35%** of cases

In state government hospitals, the most common event leading to injuries was violence and other injuries by persons or animals (4,590 cases) with **more than 50% due to intentional injuries by other person** (3,050 cases)

- State-run hospitals are predominantly psychiatric and substance abuse hospitals
- Workers in psychiatric hospitals more likely to suffer injuries caused by violence of others

*Source: Bureau of Labor Statistics (2015)*

# Cause of Injury



Percent distribution of nonfatal occupational injuries and illnesses to registered nurses, by age group and selected sources, private industry (Bureau of Labor Statistics, 2016)

## Sources of Injury by Hospital Type

Source of injury	Private hospitals	State government hospitals	Local government hospitals
Person other than injured or ill worker	33.9	57.1	34.8
Floors, walkways, and ground surfaces	19.2	12.4	18.6
Person injured or ill worker	12.5	7.9	14.1
All other	10.8	7.2	10.9
Furniture fixtures	6.8	3.6	5.5
Containers	6.4	3.3	6.0
Vehicles	3.9	4.1	3.3
Machinery	2.4	1.2	1.6
Chemicals and chemical products	1.7	0.6	2.7
Handtools	1.1	0.9	0.9
Parts and materials	0.9	1.2	1.3
Ladders	0.4	0.4	0.7

Note: Percentages may not add to 100 because of rounding.

Source: U.S. Bureau of Labor Statistics, Survey of Occupational Injuries and Illnesses.

# American Nurses Association's Health Risk Appraisal Survey Results

## 2014 Results:

- 21% of registered nurses and nursing students **physically assaulted**
- Over 50% of registered nurses and nursing students **verbally abused**

## October 2013-October 2016 Results:

- 25% of nurses physically assaulted at work **by a patient or patient's family member**
- 9% of nurses **concerned for their physical safety** at work

*Source: Nursing World*



# 2018 American College of Emergency Physicians Emergency Department Violence Poll Results

- 47% emergency physicians were **physically assaulted** while working in emergency department
  - 97% by patients
  - 28% by patient family member or friend
- 71% **witnessed another assault** while working in ER
- 83% of emergency physicians report that a patient has threatened to **return and harm them or staff**

Source: American College of Emergency Physicians (2018)

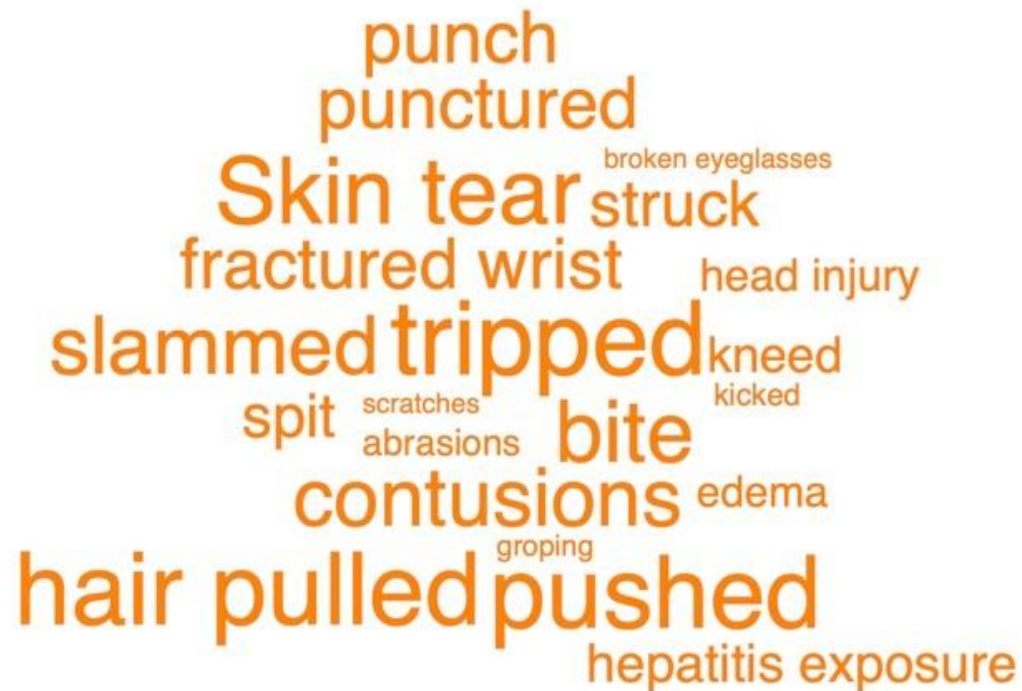
For SSM Health in Oklahoma

# Reported Instances of Workplace Violence



*Based on data through August 31 of each year.*

# Reported Instances of Workplace Violence



*Samples taken from actual employee reports.*

# Increased Incidence of Lockdown Situations

The image is a collage of news content. At the top, there's a banner for 'THE OKLAHOMAN' with a 'SUBSCRIBE NOW' button and a 'BREAKING' alert about Supreme Court abortion regulations. Below this is a 'Fall Savings for a Clean Home' advertisement. The main article is titled 'Threatening text made Sunday against St. Anthony Hospital' and is categorized as a 'STAFF REPORT'. It features a photo of the hospital's emergency entrance and a 'FOMO' (Fear Of Missing Out) graphic. To the right, a video player shows a news anchor reporting on the 'Hospital shooter scare'. Below the main article is another headline: '1 Arrested After Threatening Patient At St. Anthony Hospital', dated Tuesday, August 13th, 2019, by Clayton Cummins. This article includes a 'SUSPECT ARRESTED' graphic with a photo of Joseph Davidson. To the right of this is a social media post from KOCO NEWS 5 abc, titled 'St. Anthony Hospital in OKC put on lockdown during police investigation', which includes a video of a news anchor and a 'SHOW TRANSCRIPT' button. The transcript text reads: 'OKLAHOMA CITY — St. Anthony Hospital in Oklahoma City was put on a lock down Sunday during a police investigation.'

# Impacts of Workplace Violence

# Days Away from Work

Incidence Rates for Nonfatal Occupational Injuries and Illnesses Involving Days Away From Work Per 10,000 Full-Time Workers by Industry and Occupation, and Selected Events Leading to Injury or Illness, Private Industry (Bureau of Labor Statistics, 2017)

Industry/ Occupation	Total	Intentional Injury by Other Person (% of Total)
<b>All U.S. Industries/ Occupations</b>	4.0	<b>1.9</b> (47.5%)
<b>Health Care and Social Assistance</b>	14.7	<b>9.1</b> (61.9%)
<b>Hospitals</b>	17.2	<b>10.7</b> (62.2%)
<b>Outpatient Care Centers</b>	5.2	<b>3.1</b> (59.6%)
<b>Ambulatory Health Care Services</b>	4.7	<b>2.3</b> (48.9%)
<b>Nursing and Residential Care Facilities</b>	34.8	<b>22.5</b> (64.7%)
<b>Nursing Care Facilities</b>	22.8	<b>15.6</b> (68.4%)
<b>Residential Mental Health Facilities</b>	78.0	<b>52.1</b> (66.8%)
<b>Registered Nurses</b>	13.6	<b>8.8</b> (64.7%)

# Estimated Expense of Workplace Violence Claims



*Based on SSM Health in Oklahoma data through August 31 of each year.*



## Costs Beyond Workers Compensation

According to OSHA, workplace violence can lead to less obvious costs – consider:

- **Caregiver fatigue, injury, and stress** are tied to a higher risk of medication errors and patient infections
- Studies have found higher patient satisfaction levels in hospitals where fewer nurses are **dissatisfied or burned out**
- Injuries and stress are common factors that drive some caregivers to **leave the profession**. The estimated cost of replacing a nurse is \$27,000 to \$103,000
- This cost includes separation, recruiting, hiring, orientation and training. Some estimates also account for lost productivity while a replacement is hired and trained.

*Source: Taken Directly from “Workplace Violence in Healthcare, OSHA, 2015*

# Looking at the Bigger Picture

# #2

Oklahoma is ranked second in the nation for Fatal Injury Rate in Educational and Health Services, with 1.8 fatal injuries per 100,000 full-time employees.

*Source: U.S. Bureau of Labor Statistics, 2017.*

# Around the United States



## Recurring themes among state legislatures nationwide:

- Formation of a violence prevention plan by a committee composed of management and health care workers
- Employee training/education in workplace violence identification and prevention
- Annual assessment of violence prevention plan by committee
- Allowing employees to report incidents to law enforcement without employer retaliation
- Post-incident resources for affected individuals (counseling, treatment, etc.)
- Documenting incidents and maintaining them on record for at least five years
- Allowing employees to request additional security measures in order to treat patients who have assaulted them



## Around the United States: Illinois

### Illinois Healthcare Workplace Violence Protection Act (Effective Jan. 1, 2019)

- Broad definition of health care worker
- Health care workers who contact law enforcement or file a report against an individual must inform management within 3 days of contacting/filing
- Management cannot discourage a health care worker from contacting law enforcement/filing a report for workplace violence
- Health care provider must display notice stating verbal aggression is not tolerated and physical assault will be reported to law enforcement
- Health care providers must offer immediate post-incident services for workers directly involved in violent incident, including acute treatment and access to psychological evaluation
- Health care provider must establish work place violence prevention program compliant with OSHA
- Prior to treating a committed person, Department of Corrections institution/facility must notify the medical facility, where he/she will be treated, of significant medical mental health, recent violent actions, or other safety concerns regarding the patient before



## Around the United States: Connecticut

### Public Act No. 11-175: An Act Concerning Workplace Violence Prevention and Response in Health Care Settings (Approved July 13, 2011)

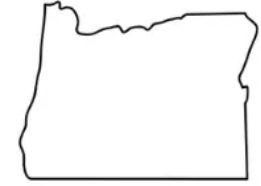
- Broad definition of health care employee
- Health care employer must establish an ongoing workplace safety committee to address issues related to health and safety of health care employees
- Committee must be composed of representatives from the administration; physician, nursing, and other direct patient care staff; security personnel; and any other staff deemed appropriate by the health care employer. At least 50% of the membership should be composed of non-management employees
- Committee should meet quarterly and select a chairperson
- Health care employer must annually undertake risk assessment of factors that put any health care employee at risk for being a victim of workplace violence and then develop a prevention and response plan
  - Hospital can use an existing hospital committee (with at least 50% membership by non-management employees), to assist in preparation of the plan
- Employer must adjust patient care assignments for employees who have been intentionally (meaning the act is not a direct manifestation of the patient's condition or disability) physically abused or threatened by the patient and have requested the adjustment
- Health care employer must maintain records detailing incidents
- Health care employer must report assaults or related offenses to local law enforcement



## Around the United States: New Jersey

### Violence Prevention in Health Care Facilities Act (A-3027/S-1761) (Approved Jan. 3, 2008)

- Broad definition of health care worker
- Covered health care facilities must establish violence prevention programs to protect workers
  - State-specific but similar requirements as described for Connecticut
- Covered health care facility cannot retaliate against worker for reporting incidents



# Around the United States: Oregon

## 2017 ORS Volume 14, Chapter 654 Sections 412, 414, 416, 418, 421, and 423: Safety of Health Care Employees

- Broad definition of health care worker
- Health care employer must assess security, develop an assault prevention and protection program and train employees within 90 days after hire (specific requirements set for training)
- Document assaults and maintain record for at least five years
- If an assaulted employee is directed to provide further treatment to the patient who assaulted him/her, the employee may require a second employee to accompany them. If the request is not met the health care employer cannot require the employee to treat the patient
- Employees providing home health care services may refuse to treat patients unless accompanied by a second employee if based on the patient's past behavior or physical/mental condition, the employee believes patient may assault employee
- Employees providing home health care services may refuse to treat patients unless the employees are equipped with communication device allowing them to transmit one-way or two-way messages indicating they have been assaulted
- Health care employers cannot impose sanctions against employees who used physical force in self-defense against an assault if the force used was reasonably necessary and used the least restrictive procedures necessary under the circumstances



We urge Oklahoma to step up  
to become a leader in  
protecting health care workers  
from violence in the  
workplace.

# Q&A

**Thank You**