

# HEALTHCARE VIOLENCE IN RURAL OKLAHOMA

Violence in rural facilities may look much the same as urban, but they have unique challenges that make it difficult to predict and deal with.



# VINITA POLICE KILL TULSA MAN AFTER HE FATALLY SHOOTS HOSPITAL NURSE (OCTOBER 6, 2001)

This headline was one I remember that seemed to shock not only me but every rural hospital in OK, thinking that could have been us. It was such a senseless loss of life. 45 year old Deanna Dorsey was talking on the phone near the ER entrance when Ricky Martin emptied six shots into her body. Minutes later two officers with the Vinita Police Department shot and killed Martin as he tried to reload the 9mm semiautomatic handgun.

Martin, 48, a paranoid schizophrenic, had been at the hospital for treatment several times before the shooting.




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GOVERNOR KEATING ASKED STATE  
COMMISSIONER OF MENTAL HEALTH FOR A  
FULL SCALE REVIEW OF THE SHOOTING DEATH  
OF A NURSE BY A MENTALLY ILL MAN

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The results of the review would be turned over to the Governor and not released to the public. Some had speculated that with the downsizing of Eastern State Hospital and more emphasis on community based treatment, the mentally ill are ending up in prisons or residential care centers, Vinita has six such centers.

WE HAVE SOME OF THE SAME PROBLEMS THE URBAN CITIES ARE HAVING, BUT WE HAVE SINGULAR EVENTS RATHER THAN A CONSTANT STREAM OF THEM.

- The Rural Challenge is that we can't afford to staff security guards to help with the rare or singular events.
  - The rise of opioid use across the nation which has been worse in some of the rural areas, has caused an escalation in events.
  - Minimal staffing per shift makes it difficult to manage violent or combative patients.
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## Hospital-Based Shootings in the United States: 2000 to 2011

Gabor D. Kelen, MD, Christina L. Catlett, MD, Joshua G. Kubit, MD, Yu-Hsiang Hsieh, PhD

*From the Johns Hopkins Office of Critical Event Preparedness and Response, Johns Hopkins Institutions, Baltimore, MD (Kelen, Catlett); the National Center for the Study of Preparedness and Catastrophic Event Response, Johns Hopkins University, Baltimore, MD (Kelen, Catlett, Hsieh); and the Department of Emergency Medicine, Johns Hopkins University School of Medicine, Baltimore, MD (Kelen, Catlett, Kubit, Hsieh).*

**Study objective:** Workplace violence in health care settings is a frequent occurrence. Emergency departments (EDs) are considered particularly vulnerable. Gunfire in hospitals is of particular concern; however, information about such workplace violence is limited. Therefore, we characterize US hospital-based shootings from 2000 to 2011.

**Methods:** Using LexisNexis, Google, Netscape, PubMed, and ScienceDirect, we searched reports for acute care hospital shooting events in the United States for 2000 through 2011. All hospital-based shootings with at least 1 injured victim were analyzed.

**Results:** Of 9,360 search "hits," 154 hospital-related shootings were identified, 91 (59%) inside the hospital and 63 (41%) outside on hospital grounds. Shootings occurred in 40 states, with 235 injured or dead victims. Perpetrators were overwhelmingly men (91%) but represented all adult age groups. The ED environs were the most common site (29%), followed by the parking lot (23%) and patient rooms (19%). Most events involved a determined shooter with a strong motive as defined by grudge (27%), suicide (21%), "euthanizing" an ill relative (14%), and prisoner escape (11%). Ambient society violence (9%) and mentally unstable patients (4%) were comparatively infrequent. The most common victim was the perpetrator (45%). Hospital employees composed 20% of victims; physician (3%) and nurse (5%) victims were relatively infrequent. Event characteristics that distinguished the ED from other sites included younger perpetrator, more likely in custody, and unlikely to have a personal relationship with the victim (ill relative, grudge, coworker). In 23% of shootings within the ED, the weapon was a security officer's gun taken by the perpetrator. Case fatality inside the hospital was much lower in the ED setting (19%) than other sites (73%).

**Conclusion:** Although it is likely that not every hospital-based shooting was identified, such events are relatively rare compared with other forms of workplace violence. The unpredictable nature of this type of event represents a significant challenge to hospital security and effective deterrence practices because most perpetrators proved determined and a significant number of shootings occur outside the hospital building. [Ann Emerg Med. 2012; xx:xxx.]

Please see page XX for the Editor's Capsule Summary of this article.

## HOSPITAL-BASED SHOOTINGS RESEARCH

While the ER (29%) environment is the most common site, parking lots (27%), and patient rooms (19%) are close behind.

Since current law only protects workers in the ER and EMS workers it is clear all areas of the hospital are being affected.

# THE ORIGINAL REQUEST FOR A CHANGE TO THE LAW CAME FROM THE NURSING PROFESSIONS WORK GROUP

The Nursing Professions Work Group looked to analyze the Supply and Demand, Assess the Training Capacity & Development and Recruitment and Retentions Strategies. One of the recommendations related to retention and addressing increasing violence in nursing was as stated below.

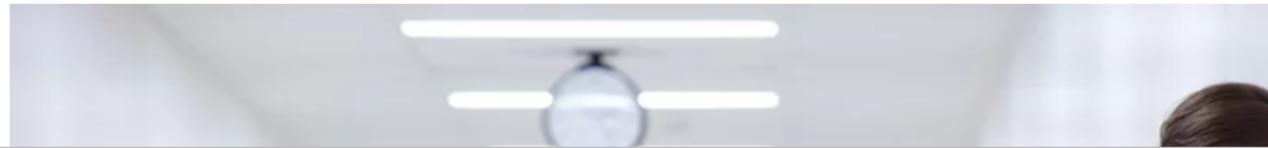
“Expand current Oklahoma law protecting all health professionals against workplace violence within health facilities (e.g. acute care hospitals and skilled nursing facilities). Assert stronger penalties (felonies rather than misdemeanors) and require a training component to assure preparedness of health care employees“

March 11, 2019 12:19 PM

## Healthcare workers face violence 'epidemic'

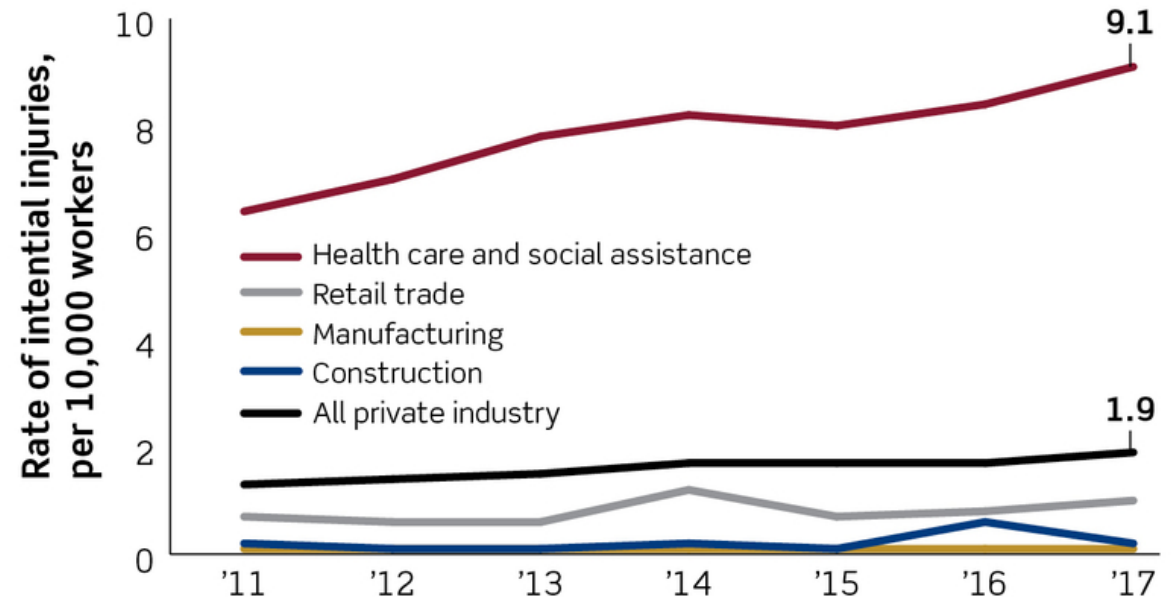
Lydia Courré

TWEET SHARE SHARE EMAIL



### Intentional worker injuries on the rise

Health care and social assistance workers experience intentional injuries by another person at far greater rates than the private industry overall. This includes only injuries involving days away from work.



SOURCE: U.S. Bureau of Labor Statistics



# SOME EXAMPLES OF VIOLENCE IN RURAL FACILITIES THAT HAVE BEEN SHARED

- Frequent verbal abuse, threats, sexual gestures
- Fairview Regional Medical Center reported in their Clinic, a patient was upset he couldn't go back to talk to the Dr. so he jumped over the receptionist desk, knocking the staff out of the way, ran to the back to find the Dr. then back through the lobby cussing & screaming. The lobby was full, children were crying from all the screaming, the staff pushed the panic button but by the time the police arrived he was gone.
- Anadarko reported on the Med/Surg unit a previously convicted felon lay in bed without clothes on & waited for the nurses to come into the room and expose himself. He would say inappropriate things, he would purposely drop things on the floor and ask them to pick them up, and ask for frequent bed baths.



## Continued

- Elderly confused patient hit, kick, bite and spit on anyone who tried to provide patient care, help or assist
- Patient had an elevated Ammonia level, caused liver toxicity and resulted in confusion. Came out of bed swinging and combative, he had to be restrained.

Realize in the above two cases you would not want to press charges but, in those instances where you could, would at least have a chance to reduce the amount of violence being dealt with.

- The change in the opioid laws which restrict prescribing have caused an escalation in the verbal abuse cases.
- Many examples of violence in the ER which is already covered under the current law. One in particular actually ended a nurses career when a cuffed patient in the ER was released from cuffs and hit a nurse in the jaw and she couldn't return to work. Another patient on drugs &/or alcohol kicked a nurse in her side caused significant bruising, loss of work and a Worker's Compensation claim.

# IN CONCLUSION

Nearly 75% of all workplace assaults happen in health care with nurses bearing much of the abuse.<sup>36</sup> The U.S. Bureau of Labor Statistics Census of Fatal Occupational Injuries, at least 58 hospital workers died as a result of violence in their workplaces and that health care workers at inpatient facilities were 5 to 12 times more likely to experience nonfatal workplace violence than workers overall, according to the Government Accountability Office in 2016.

In the rural setting we don't have security guards on staff, many of our police departments aren't staffed around the clock, and we may be waiting for someone to get dressed before coming to the aide of our hospital staff in the night to help us deal with a violent patient or assailant .

We ask that you consider making the penalties tougher on those who are assaulting the workers in all healthcare settings.

36. 2018, ANA Capitol Beat