

It's not "just part of the job."

Workplace Violence in Healthcare



Beth Israel Deaconess
Medical Center



HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

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CME Information

- Physicians who participate in today's webinar are eligible to earn up to 1.0 *AMA PRA Category 1 Credit*™
- This activity meets the criteria of the Massachusetts Board of Registration in Medicine for risk management credit.
- Other health professionals will receive a certificate of attendance
- Information on the evaluation and the CME certificate process will be given at the end of this presentation
- Only registered attendees will be able to receive CME credit



MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

Workplace Violence Against Healthcare Workers in the US November 2, 2016

Summary of Disclosure Information

The Department of Continuing Education and Certification (DCEC) of the Massachusetts Medical Society has determined that none of the individuals in a position to control the content of this CME activity, and/or their spouse/partner, have any relevant financial relationships with commercial interests to disclose.

Speaker Introduction

James Phillips, MD



- Board Certified Emergency Medicine Physician at BIDMC
- Director, Counter Terrorism Medicine Program
- BIDMC Disaster Medicine Fellowship
- Instructor, Harvard Medical School

Workplace Violence in Healthcare

- What is Healthcare Workplace Violence?
- Is HWPV a significant problem?
- What can be done about HWPV?

Close to Home

Perspective

Being like Mike — Fear, Trust, and the Tragic Death of Michael Davidson

Lisa Rosenbaum, M.D.

Around 11:00 a.m. on January 20, 2015, Stephen Pasceri arrived at the cardiovascular center at Boston's Brigham and Women's Hospital, where he had an appointment to speak to Michael Davidson,

brought tissues to the funeral, and when the tears began flowing, the anesthesiologist said, "It's OK — just let them fall."

Davidson's widow, Terri, described her husband as "Mr. Fix-

What is Workplace Violence?

Table 1. Types of Workplace Violence.*

Type	Description	Example
I	Perpetrator has no association with the workplace or employees	Person with criminal intent commits armed robbery
II	Perpetrator is a customer or patient of the workplace or employees	Intoxicated patient punches nurse's aide
III	Perpetrator is a current or former employee of the workplace	Recently fired employee assaults former supervisor
IV	Perpetrator has a personal relationship with employees, none with the workplace	Ex-husband assaults ex-wife at her place of work

* Data are from Howard⁴ and Peek-Asa et al.⁵

How Bad Can It Really Be?





United States Government Accountability Office

Report to Congressional Requesters

March 2016

WORKPLACE SAFETY AND HEALTH

Additional Efforts Needed to Help Protect Health Care Workers from Workplace Violence



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March 2016

WORKPLACE SAFETY AND HEALTH

Additional Efforts Needed to Help Protect Health Care Workers from Workplace Violence

Assault

Attack

Harassment

Emotional Assault

Aggravated Assault

Verbal Disrespect

Verbal Assault

Physical Threat

Sexual Harassment

Sexual Assault

Sexual Battery

Physical Assault

Battery

Assault with Deadly Weapon

Assault on Protected Person



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Getting the Word Out

The NEW ENGLAND JOURNAL of MEDICINE

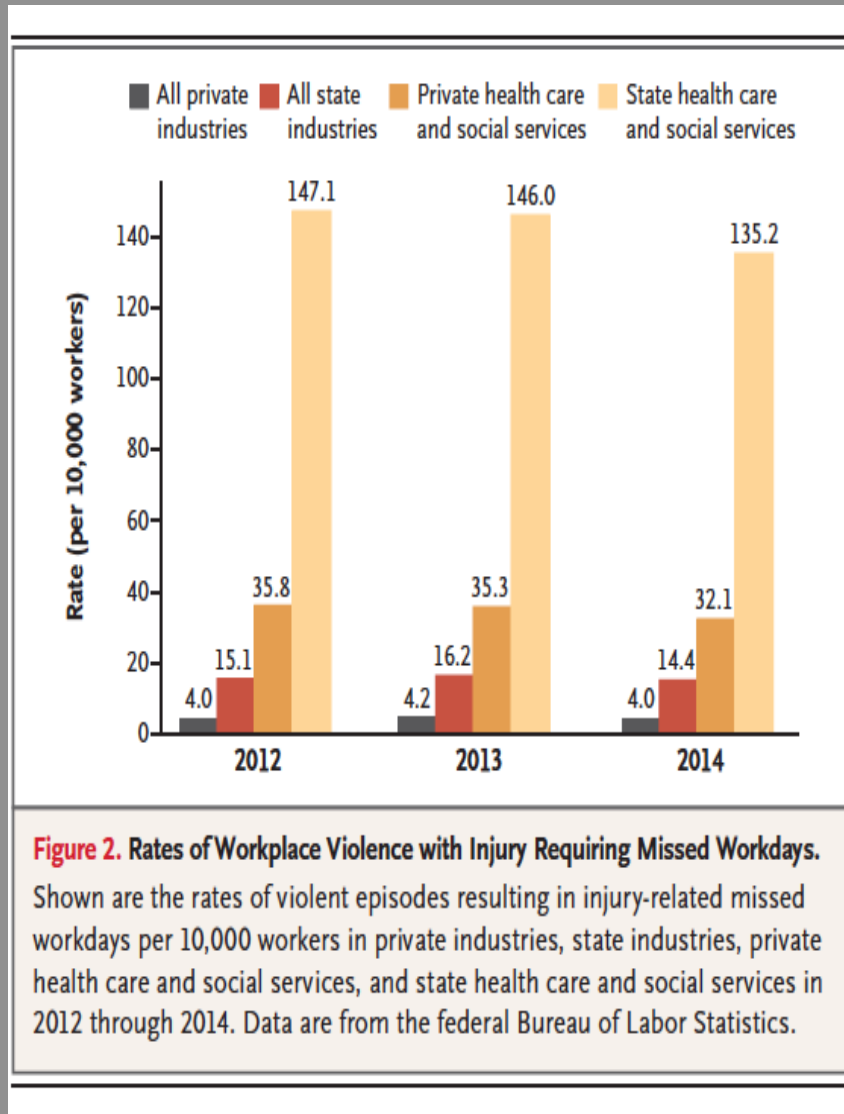
REVIEW ARTICLE

Dan L. Longo, M.D., *Editor*

Workplace Violence against Health Care Workers in the United States

James P. Phillips, M.D.

Comparison to Other Industries



WPV in Non-Hospital Settings

What are non-hospital medical settings?

WPV in Non-Hospital Settings

What are non-hospital medical settings?

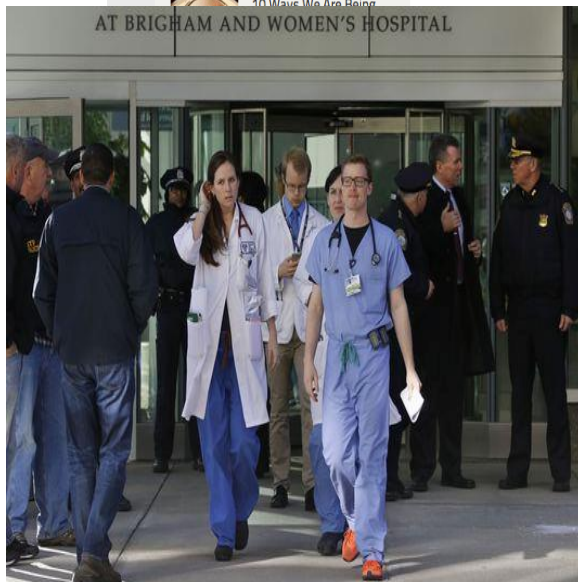
- Emergency Medical Services (EMS)
- Ambulatory Care Clinics
- Physician Offices
- Surgery and Procedures Centers
- Nursing Homes
- Home Health Programs

WPV in Hospital Settings

Which settings are most violent?

Which workers are targeted most frequently?

Type II Violence Against Physicians



POLICY-ISH

5 Years After A Murder, Calif. Hospital Still Struggles With Violence

October 20, 2015 · 4:00 PM ET

Heard on *All Things Considered*

Violence Against ED Residents

ORIGINAL RESEARCH

Workplace Violence and Harassment Against Emergency Medicine Residents

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Type II Violence Against Physicians



Cause and Effect

THE BUFFALO NEWS

CITY & REGION

City & Region Sports Business Opinion Life & Arts Gusto Deaths

SEARCH

City & Region

Rifle-toting man robs Lockport hospital of drugs; suspect charged



PHOTO GALLERIES



UB Football practice



What to say i
inadvertently
Canada

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PHOTO GALLERIES



UB Football practice



What to say i
inadvertently
Canada

Local ERs prepare for deluge of opiate patients

New rules set for prescribing opioids



Area hospitals fear an influx of patients seeking pain medications in the wake of the shutdown of Dr. Eugene Gossy's medical office. (Robert Kirkham/Buffalo News)

STAY IN



PHOTO



Local Pain Doctor Named In A 114 Count Indictment; Accused Of Illegally Issuing Hundreds Of Thousands Of Prescriptions For Controlled Substances



Barriers to Reporting HWPV

Underreporting is due in part to a health care culture that is resistant to the belief that providers are at risk for patient-initiated violence and to a complacency in thinking that violence is “part of the job.”

Barriers to Reporting HWPV

- No reporting mechanism in place
- Reporting takes too long
- No follow up to reports because nobody cares
- Lack of police support
- Lack of administrative support
- Complacency
- Fear of retribution from supervisors
- Complexity of the legal system and court time
- Fear of reprisal from the assailant

“You want fries with that?”

...the current intense focus on customer service in health care serves as a deterrent to reporting workplace violence, since the concept of customer service results in the mentality that “the customer is always right.”

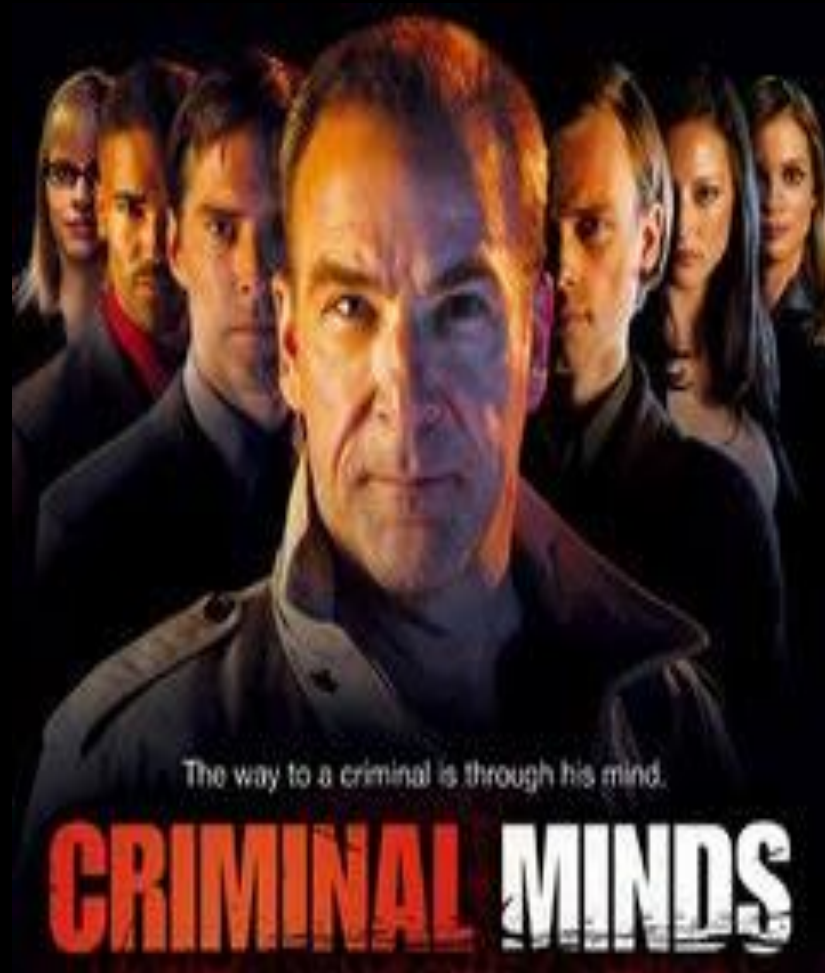
I WATCH DEATH

- ⌘ I Infection
- ⌘ W Withdrawal (alcohol, sedatives, barbiturates etc.)
- ⌘ A Acute metabolic (acidosis, alkalosis, electrolytes)
- ⌘ T Trauma (closed head injury, haematoma etc.)
- ⌘ C CNS pathology (seizures, stroke, encephalitis)
- ⌘ H Hypoxia
- ⌘ D Deficiencies (thiamine, niacin, B12, folate)
- ⌘ E Endocrinopathies (thyroid, glucose, adrenal)
- ⌘ A Acute vascular (hypertensive crisis, arrhythmia)
- ⌘ T Toxins/drugs
- ⌘ H Heavy metals



DELIRIUM

Other Risk Factors



Firearms and Active Shooters



Metal Detectors

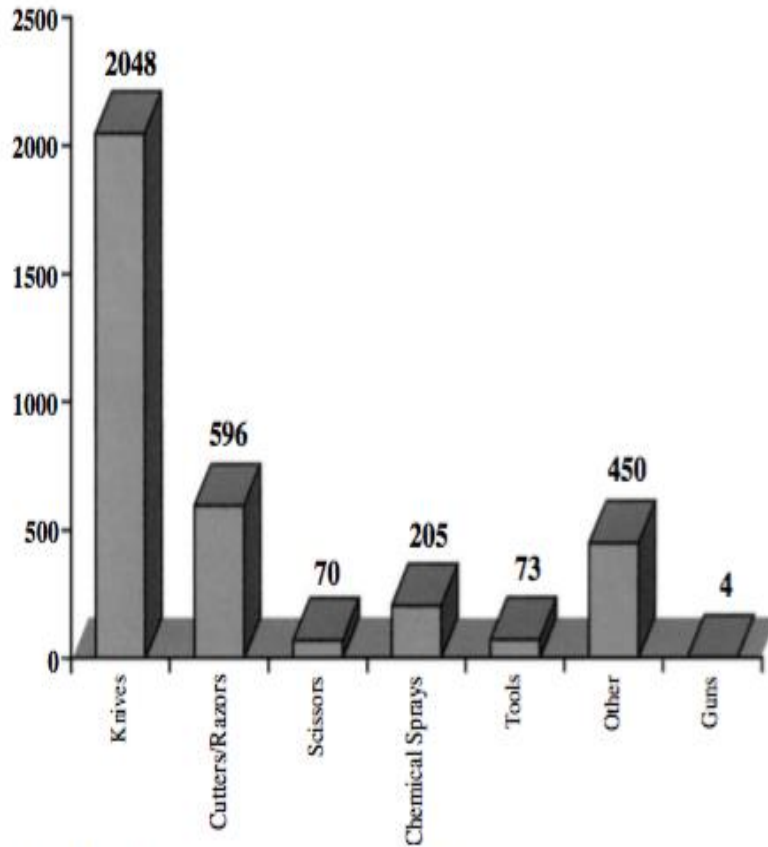


FIGURE 1. Weapons confiscated from the urban general hospital. Number of metallic weapons versus type ($n = 3446$).

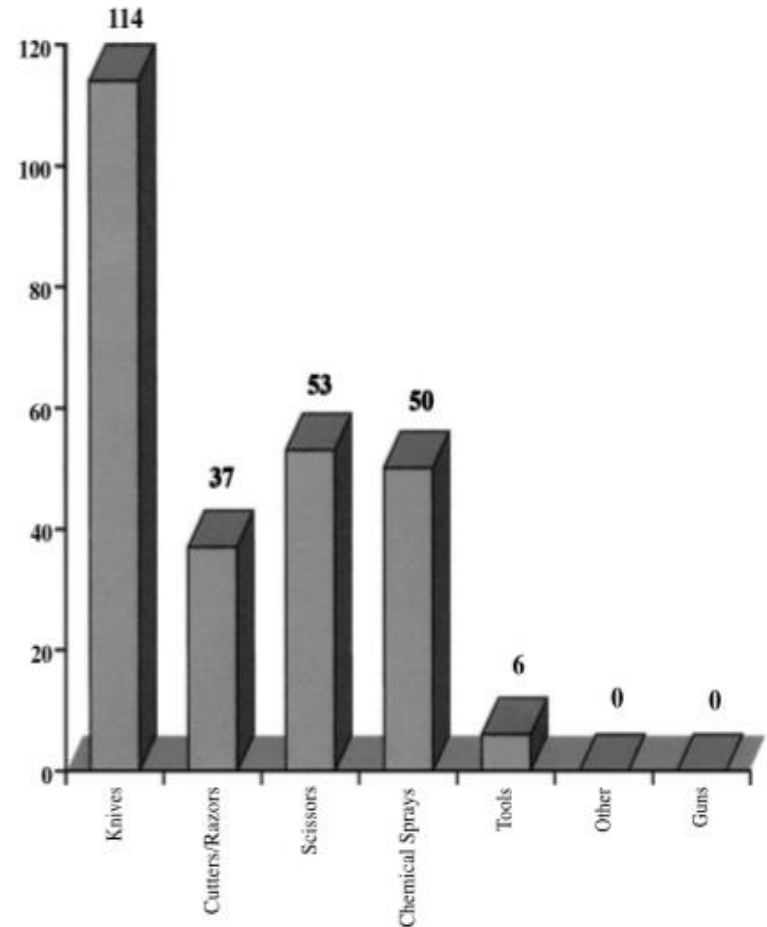
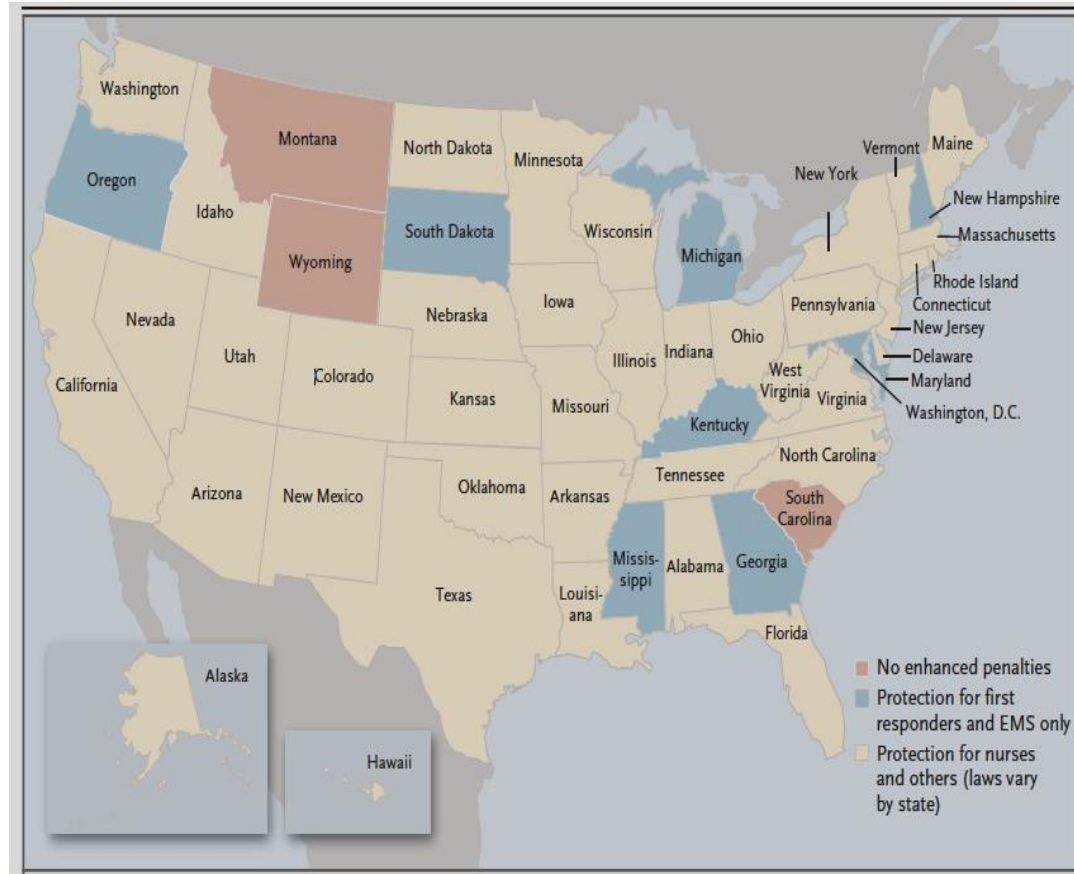


FIGURE 2. Weapons confiscated from the urban children's hospital. Number of metallic weapons versus type ($n = 260$).

Lack of Training



What can be done?



What can be done?

- Clearly disseminated zero tolerance policy toward any form of violence
- Chart flags for violent patients
- Training in recognizing and managing potential and actual violence
- Management commitment and staff involvement
- Comprehensive follow-up for assaulted employees

What can be done?

- Visible security presence
- Visitor sign in and identification tag
- Secure entry doors and locked psych area
- Secure staff work areas
- Visible cameras
- Regular hazard vulnerability analysis (HVA)

let's discuss

Questions?



James Phillips, MD

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- disasterfellowship.org

Thank You

Evaluation and Certificates

- Registered attendees will receive an email from MMS within 5-7 business days with a link to the online evaluation
- After submitting the evaluation, attendees will be directed to the MMS CME Certificate Portal where physicians will receive CME credit; others will receive a certificate of attendance