HEALTHCARE JOURNAL of Baton Rouge

SEPTEMBER / OCTOBER 2012

How Safe Are You?

Violence in the Healthcare Workplace

ALSO INSIDE

A Plan to Succeed

One on One: Warner Thomas
CEO, Ochsner Health System

$8.00

SCAN CODE TO SUBSCRIBE

Healthcare Journal of Baton Rouge
17732 Highland Road, Suite G-137
Baton Rouge, LA 70810-3813

PRSRT STD
US POSTAGE
PAID
US Healthcare Journals

www.HealthcareJournalBR.com

Staying Safe

Addressing Violence in the Healthcare Workplace

by DEBORAH PARDO-KAPLAN

Hope Murchison, RN

WITHIN THE FIRST WEEKS OF HER ORIENTATION at St. Elizabeth Hospital in Gonzales, a young nurse found herself in a dire situation in the Emergency Department (ED). Hope Murchison, RN, 23, stood near an irate female teenager lying on a stretcher who had just been relieved of her restraints. The patient had thrown a Coke bottle at the door and had uttered threats against Murchison and three other nurses in the room who were all there to assuage and care for the troubled teen.

Suddenly, the teen grabbed Murchison's long hair and held her head down on the bed. "She was swinging at all of us, but she grabbed my hair," said Murchison, who usually wore her hair up in a ponytail. "I pulled my head back and a chunk of hair got ripped out." The other nurses had to pry the teen's fingers out of Murchison's hair. The teen eventually went on to a psychiatric facility. >>

It is not uncommon for people with behavioral problems or more serious psychiatric issues to end up in EDs of hospitals. "We're basically a holding block," said Murchison, about hospital emergency rooms. Psychiatric patients must first receive clearance from a medical facility prior to transferring to a psychiatric one, she said. It isn't, however, only psychiatric patients who confront healthcare workers with verbal and physical abuse, but many patients, patient families, and visitors. And although the staff of the ED tends to bear much of the initial violence, once admitted, patients and their entourage submit providers on other units to verbal and physical abuse as well.

Nationwide, those working in healthcare and social assistance have become the most assaulted workers of all American industries. Nearly 60 percent of all nonfatal assaults and violent acts occur in the healthcare and social assistance industry, according to a 2010 U.S. Department of Labor, Bureau of Labor Statistics report.[1] Violence often occurs in the ED, in waiting rooms, intensive care units, nursing homes, long-term care facilities, and psychiatric departments. Being on the frontlines, nurses tend to be the primary victims of both verbal and physical abuse, but anyone who regularly cares for the patients, such as nursing aides and orderlies, are also at risk. In 2009, nurses reported 2050 assaults and violent acts that required an average of four days away from work, according to the American Nurses Association (ANA). Of these, 1830 came from patients and 80 from visitors or someone other than the patients. Eight RNs were fatally wounded between 2003-2009, four of them from gunshot wounds, according to a Bureau of Labor Statistics 2011 report noted on the ANA Web site. Statistics may be low as nursing staff tend to underreport acts, but also due to the lack of mandatory state or federal reporting.

26.6%
of ER nurses have considered leaving their department for another unit or leaving the hospital altogether due to the level of violence

"This problem has been getting worse, much worse... We have to smile and take it."

LESLIE NORMAN, PHD, RN, NEA-BC
St. Elizabeth Hospital

"This problem has been getting worse, much worse," said Leslie Norman, PhD, RN, NEA-BC, Chief Nursing Officer and VP of Patient Care Services at St. Elizabeth, which has 500 team members, including 175 nurses. Norman, who has worked in healthcare for 25 years, seeks to offer quality care, but not at the expense of safety. She feels powerless when patients act out because she cannot respond in kind. "We have to smile and take it," she said, particularly about the verbal abuse. For her, patients have been growing in their expectations of healthcare workers, holding nurses especially to very high standards.

"Nurses spend more time with the patients and so they receive more of it."

TAMMY O'CONNOR, RN, BSN, CEN
St. Elizabeth Hospital

In the ED and in other units of medical facilities, healthcare workers are submitted to a range of abuses that include yelling, cursing, verbal intimidation, name calling, sexual harassment,

kicking, threatening, spitting, hitting with objects, pushing, scratching, pinching, hair pulling, biting, being voided on, shooting, and stabbing. All but the last two acts have occurred at St. Elizabeth. Nurses, physicians, nursing assistants, a housekeeper or even the dietary person delivering the food tray can be targets for violent behavior, Norman said. Nurses spend more time with the patient and so they receive more of it, she added. Fifty percent of ED nurses at St. Elizabeth's have experienced some kind of workplace violence, whether physical or verbal assault, according to Tammy O'Connor, RN, BSN, CEN, the facility's ED Director. According to the ENA Web site a 2006 survey of 1000 Emergency Nurses Association nurses concluded that 86 percent were victims of workplace violence in the preceding three years by not only patients, but family members and visitors as well.

"A show of force oftens deescalates the situation."

JENNIFER SING, RN, BSN
St. Elizabeth Hospital

"So there's no place for people to go when they have an acute psychotic episode. They end up in the EDs of hospitals."

MARY MOLLER, DNP, ARNP, PMHCNS-BC, CPRP, FAAN
Yale University

Patients commit violent acts about 45 percent of the time, whereas family members, visitors, and sometimes other healthcare providers (including physicians) commit one-third of violent acts, according to a 2007 report to the U.S. Department of Health and Human Services and Congress, from the National Advisory Council on Nurse Education and Practice (NACNEP).[2] While the violence has not deterred people from entering the nursing profession, some nurses end up leaving the profession as a result of violence from patients, and also from lateral violence—or abuse from an unsupportive work culture, said Demetrius Porche, DNS, RN, APRN, FAANP, Dean of the Louisiana State University Health Sciences Center School of Nursing (LSUHSC). He confirms the existence of bullying from nurse to nurse or physician to nurse. "It is there, he said, I can tell you that." Fifty-three percent of student nurses have reported being put down by a staff nurse and almost 57 percent of nurses have reported being threatened or being targets of verbal abuse, according to the American Nurses Association.

Nursing organizations and associations are exploring solutions to deal with the violence, offering toolkits and tip sheets to use for education, amassing helpful literature and statistics, as well as seeking legislative measures. They have also clearly defined the meaning of violence in the workplace. The American Nurses Association uses the National Institute for Occupational Safety and Health's (NIOSH) 1996 definition, which defines it as "any physical assault, threatening behavior or verbal abuse occurring in the workplace. Violence includes overt and covert behaviors ranging in aggressiveness from verbal harassment to murder."

Nurses from St. Elizabeth, including Norman, are proactively addressing the issues. O'Connor and others from the ED, such as Murchison, joined together to form an Emergency Department Practice Council in 2011 to combat violence in the workplace. They adapted an ENA 41-slide PowerPoint toolkit which they presented to senior hospital management to create greater awareness and to spark solutions. "They knew we had some issues, said O'Connor about management, but they did not realize the extent of it." The nurses at St. Elizabeth feel deeply supported by hospital leadership who, as a result of the presentation, are currently assessing whether the ED can use police as security during higher incidence days, such as weekends. St. Elizabeth's marketing team has also been constructing zero-tolerance signs that will soon be posted throughout the facility's hallways and ED lobby. It is part of a zero-tolerance towards

violence campaign, said Jennifer Sing, RN, BSN, Chair of the Council. The Council has also put in place strategies such as Crisis Prevention Training, a one-day training program through the Crisis Prevention Institute (CPI), an international organization that prepares healthcare workers to deal with disruptive and assaultive behavior.

Other security features at St. Elizabeth include a Code White, said Sing, which is to be used when violence begins to escalate in order to draw as many healthcare workers to the conflict area as possible. A show of force often deescalates the situation, she said. The ED also locks down its doors to outsiders to manage crowd control when needed. Nurses now wear panic buttons on their name badges with infrared monitoring that when pressed send an alarm to the ED computer screen stating name and location of the nurse. With all those options, St. Elizabeth ED nurses find calls to police most effective during violent outbreaks, with 50 percent calling 911 and 25 percent using the Code White, according to St. Elizabeth's statistics presented in the PowerPoint to management. Calls to police for backup from St. Elizabeth's ED rose from 46 calls in 2010 to 67 calls in 2011. Fourteen percent of the nurses found their CPI training most effective, seven percent noted hospital security, and four percent said lockdown was the most effective practice in the ED, according to the St. Elizabeth presentation. St. Elizabeth has one to two security guards on duty during the day and two at night.

At East Jefferson General Hospital in Metairie, Janice Kishner, RN, MSN, MBA, Chief Nurse Executive and Senior Vice President, feels confident that her hospital's initiatives strongly prevent and deal with violence. She doesn't see violence throughout all the units. "I would say in particular pockets of the patient population, but not in the general population," she said. East Jefferson's 37 psychiatric beds and the ED are the most likely places for violence, Kishner said.

Kishner noted East Jefferson's Magnet status as an aid against violence. The American Nurses Credentialing Center grants Hospitals Magnet Recognition Status for offering an environment that retains quality nursing care. "One of the tenets of a magnet is that you provide a protected environment for nursing staff," Kishner said. Among the United States' 395 Magnet facilities, Louisiana claims four. The three others in Louisiana are the Ochsner Medical Center in New Orleans, Our Lady of the Lake Regional Medical Center, and Woman's Hospital.

60%

Nearly 60 percent of all nonfatal assaults and violent acts occur in the healthcare and social assistance industry, according to a 2010 U.S. Department of Labor, Bureau of Labor Statistics report.

East Jefferson, with 440 beds, 2600 full-time equivalent employees, including 725 nurses, also stations a Jefferson Parish police officer on duty 24/7 in the ED, although he is available for the entire hospital. It also has continual security guards; six to seven during the day and three to four at night, all trained in crisis management. All psychiatric and ED staff are trained in crisis management and can also use Code White, to which all available males respond when needed. In addition, all assaults and near-assaults are recorded with trends and action plans determined on a yearly basis, Kishner said.

With the possible closing of the Mandeville Psychiatric Hospital and its loss of nearly 200 beds, Kishner is concerned about a potential increase in psychiatric patients to the ED. "We're tending to see psychiatric patients who are a little more violent than the ones we have seen in the past," she said, because of the increasingly limited access to psychiatric care. "We will just have to be more vigilant," she noted.

Additionally, Hurricane Katrina in 2005 posed additional pressures on EDs. "Our parish just exploded after Katrina," said Norman, "because everyone moved to the Baton Rouge area," referring to the approximately 200,000 displaced people that tested the region's infrastructure. "Many were homeless and out of their normal element."

Other factors that contribute to violence, particularly in the ED, are its 24-hour accessibility, lack of trained security guards, patient pain, the stress of family members, anger towards hospital policies and the healthcare system in general, cramped space, and long wait times, according to the ENA's Violence in the ED Issue Brief for ENA members. Furthering the strain on the ED, the Emergency Medical Treatment and Active Labor Act (EMTALA), passed by Congress in 1986, requires hospitals to offer care to anyone needing emergency medical attention despite inability to pay and cannot discriminate against non-citizens or illegal immigrants. If an abusive person returns to the ED, they can't be turned away because of EMTALA, said Sing of the ED staff. Patients also view smaller facilities, such as St. Elizabeth, as having the ability to offer shorter wait times similar to a doctor's office, said Norman. "Sometimes tempers flare," she said, "and things get escalated when they don't feel they are getting what they want."

"We were pretty disappointed in light of the fact that there are a number of laws out there speaking to specialty groups."

LISA DEATON, RN, BSN
Health Policy Chairman
Board of Directors, LSNA

"The process of reporting and documenting failure to comply with the law has been arduous."

ERIN SILK
NYSNA

Nationally, the ED has increasingly become an entry point and a resource for psychiatric patients. Certain historical factors contributed to this phenomenon. The Community Mental Health Center Act, passed in 1963, led to the deinstitutionalizing of psychiatric patients in the 1960s and 70s and allowed states to receive funding for community-based care rather than institutional care. The problem, said Mary Moller, DNP, ARNP, PMHCNS-BC, CPRP, FAAN, Associate Professor and Specialty Director for Psychiatric and Mental Health Nursing at Yale University, was the money did not always result in the building of community health centers. The Act was supposed to result in the building of 1800 community mental health centers with a goal to have psychiatric services available within a 50-mile radius of every single citizen, said Moller. But less than 700 were built. In the meantime, state hospitals were closed and patients were deinstitutionalized, often to the streets, she said. A resulting increase in homelessness was exacerbated by a large number of Vietnam Veterans returning with untreated post-traumatic stress disorder, she added.

The bulk of the community health centers were also supposed to have two stories with the second story reserved for extreme exacerbation of illness, such as bipolar disorder or schizophrenia. The East Coast saw the 2-story facilities, but the Midwest and West completed only the first story. "So there's no place for people to go when they have an acute psychotic episode," Moller explained. They end up in the EDs of hospitals.

Reporting of incidents and gathering of information is key to improving the situation for healthcare providers. Statistics can be used for further training or to produce legislation to punish assailants. Seventeen states have enacted laws that strengthen or increase penalties for acts of workplace violence against nurses: Alabama, Arizona, California, Colorado, Connecticut,

Hawaii, Illinois, Nevada, Nebraska, New Jersey, New Mexico, New York, North Carolina, Oklahoma, Vermont, Virginia, and West Virginia. Currently, the Occupational Safety and Health Act of 1970 mandates that all employers provide a safe workplace free from hazards that cause death or physical harm. The Occupational Safety and Health Administration (OSHA) offers guidelines to health facilities for safety that includes violence prevention, but these are voluntary, not federally mandated.

In 2010, The Louisiana State Nurses Association (LSNA) sought legislation against violence toward healthcare providers but it died in Committee, said Lisa Deaton, RN, BSN, Health Policy Chairman and member of the Board of Directors for LSNA. With the aid of Rep. Thomas P. Willmott, Republican District 92, Kenner, who is both a nurse and lawyer, the Association approached the House Criminal Justice Committee of the Louisiana Legislature during its General Session.

Had Bill 361 passed, it would have become law under the Crime and Battery category and would have protected all healthcare providers. The bill defined two kinds of penalties for offenders: the basic fine would have been not more than $500 or not less than 15 days in jail, up to six months, or both a fine and jail sentence, said Deaton. If there was an injury that required medical attention to the healthcare professional then the fine increased to not more than $1000 and time in jail rose to not less than one year and not more than 5 years. The bill specified that the healthcare professional must be on duty when assaulted, she added. The House Committee rejected the bill nearly unanimously. "I don't recall the actual vote," said Deaton, "but if it wasn't unanimous it was a decisive 'no'." The committee reportedly turned down the bill because too many Crime and Battery laws catering to a variety of groups already existed. "We were pretty disappointed," said Deaton, "in light of the fact that there are a number of laws out there speaking to specialty groups." Deaton and others in the LSNA are possibly planning to attempt legislation once more at the 2014 General Session of the Louisiana Legislature, she said, depending on the makeup of the Committee. If they do go forward, nurses plan to actively approach legislators, particularly those on the Committee, to generate awareness of the issues before filing a bill.

Also in 2010, after three to four years of work, the New York State Nurses Association (NYSNA), with its 37,000 members, sought legislation against violent offenders and succeeded. New York State established the Violence Against Nurses Law, which makes assault against nurses a Class D felony. It puts the nurses into the same category as other first responders such as firefighters, EMT workers, and police officers, said Erin Silk, Associate Director of Communications at NYSNA. The first person to be convicted under the New York law, from Capital District Psychiatric Center in Albany, received five years in prison for punching a nurse in the chin, and causing a brain injury after cracking her head open when she fell to the floor. The second was sentenced to 11 years for attacking a nurse with a broken chair leg at Franklin Hospital in Valley Stream. As a result of the attack, the nurse lost sight in her left eye, and has continual head, back, and shoulder pain.

Healthcare workers are more likely to be attacked at work than police officers or prison guards. —NIOSH 2002

The law is fairly new and there's still need for awareness about it, said Silk. The Association is in the midst of a campaign to educate law enforcement and the public about the law against violence. Still, with the law in place some medical facilities in New York are refusing to comply, she added. For example, the nursing association has reported Erie County Medical Center in Buffalo to OSHA and other regulating agencies, Silk said. "They give the nurses a lot of lip service and don't put anything into place," she said. She blames the resistance on an image issue, concern for the bottom line, and the need to get patients in and out quickly. The process of reporting and documenting failure to comply with the law has been arduous, Silk said.

"We're tending to see psychiatric patients who are a little more violent than the ones we have seen in the past, perhaps because of the increasingly limited access to psychiatric care."

JANICE KISHNER, MSN, RN, MBA
East Jefferson General Hospital

"I'm not saying that if they come into the ER and they are violent, they shouldn't be arrested, but I think there'll be a push back from the legislators if we say it's going to be a felony."

DEMETRIUS PORCHE, DNS, PHD, APRN, FAANP, FAAN
LSUHSC School of Nursing

Others find punitive legislation too harsh an approach. Porche recommends creating policy that mandates that each institution provide a safe work environment through implementation of a violence prevention program. He believes that the Louisiana legislators won't approve punitive legislation that makes the offenses a felony. "I'm not saying that if they come into the ER and they are violent, they shouldn't be arrested," Porche said, "but I think there'll be a push back from the legislators if we say it's going to be a felony."

Legislating against psychiatric patients also poses many challenges. "It becomes a problem of competency," said Moller, regarding whether a psychiatric patient can be deemed able to make informed decisions. Psychiatric nurses are reluctant to file charges against patients because they know the violence stems from the illness. "There's a different dynamic behind the violence between someone in an acute psychotic state and someone who's angry and frustrated for other reasons," she said.

Nursing schools are preparing student nurses for what lies ahead for them in terms of violence in the workplace. The subject of violence and communication with patients is thread throughout the curriculum at LSUHSC School of Nursing in the foundational courses, mental health courses, community health course, and in the management course. However, Porche thinks that three years of nursing school can't provide the experience of the workplace. "I think sometimes they're (nurses) a little naïve (to the violence)," he said, "until they get into the clinical and see it upfront."

Porche believes the violence has always been present in healthcare. "But I think that now we have increased awareness," he said, "and with increased awareness I also believe that people are recognizing it's no longer acceptable to just be silent about it." HJBR

Sources:
1 http://www.bls.gov/opub/cwc/sh20100825ar01p1.htm
2 http://www.hrsa.gov/advisorycommittees/bhpradvisory/nacnep/Reports/fifthreport.pdf