

The Joint Commission Sentinel Event Alert

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Preventing violence in the health care setting

Published for Joint Commission accredited organizations and interested health care professionals, *Sentinel Event Alert* identifies specific types of sentinel events, describes their common underlying causes, and suggests steps to prevent occurrences in the future.

Accredited organizations should consider information in an Alert when designing or redesigning relevant processes and consider implementing relevant suggestions contained in the Alert or reasonable alternatives.

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Once considered safe havens, health care institutions today are confronting steadily increasing rates of crime, including violent crimes such as assault, rape and homicide. As criminal activity spills over from the streets, providing for the safety and security of all patients, visitors and staff within the **campus** of a health care institution, as well as on the grounds, requires increasing vigilant attention and action by safety and security personnel as well as all health care staff and providers. **A 2016 study from the U.S. Government Accountability Office found that "health care facilities experience substantially higher estimated rates of nonfatal injury due to workplace violence compared to workers overall."**

While there are many different types of crimes and instances of violence that take place in the health care setting, this Sentinel Event Alert specifically addresses assault, rape or homicide of patients and visitors perpetrated by staff, visitors, other patients, and intruders to the institution. The Joint Commission's Sentinel Event Database includes a category of assault, rape and homicide (combined) with **365 reports from 2010-2018** – numbers that are believed to be significantly below the actual number of incidents due to the belief that there is significant under-reporting of violent crimes in health care institutions.

Of the information in the Sentinel Event Database regarding criminal events, the following contributing causal factors were identified most frequently:

- **Human factors, including failures in staff supervision, competency assessment, staffing levels, as well as complacency, distraction and confirmation bias.**
- **Leadership, most notably problems in the areas of policies and procedures, compliance with policies and procedures, and organizational culture.**
- **Communication, with a lack of communication among staff leading this category, followed almost equally with failures to communicate with administration and with the patient or family.**
- **Patient assessment, particularly failures in psychiatric assessment and patient observation.**

Identifying high risk areas

Because hospitals are open to the public around the clock every day of the year, securing the building and grounds presents challenges since it would be difficult to thoroughly screen every person entering the facility. For many reasons high-traffic areas, **especially nursing floors, are typically the hardest to secure. In addition, organizations have competing priorities when it comes to maintaining security and assuring customer satisfaction.** "A key to providing protection to patients is controlling access," explains Russell L. Colling, M.S., CHPA, a health care security consultant and founding president of the International Association for Healthcare Security and Safety. "Facilities must institute layered levels of control which includes securing the perimeter of the property through lighting, barriers, and fencing; controlling access through entrances, exits, and stairwells;



and positioning nurses stations, to name a few of the steps that organizations need to take.”

Perpetrators of violence to patients

While controlling access to the facility is imperative and ongoing surveillance of the grounds is a necessity, administrators must be alert to the potential for violence to patients by health care staff members. The stressful environment together with failure to recognize and respond to warning signs such as behavioral changes, mental health issues, personal crises, drug or alcohol use, and disciplinary action or termination, can elevate the risk of a staff member becoming violent towards a patient. Though it is a less common scenario, health care workers who deliberately harm patients by either assaulting them or administering unprescribed medications or treatments, present a considerable threat to institutions, even when the patient is unable to identify the responsible person. These situations point directly to the critical role human resources departments have in developing and following through on hiring, firing and disciplinary practices (which should be supported by management), and in performing thorough criminal background checks on all new hires.

Prevention strategies

There are many steps that organizations can take to reduce the risk of violence and prevent situations from escalating. “Each hospital or institution must determine for itself how to protect the environment, and that is accomplished by doing a risk assessment and identifying all the things that can go wrong and how to address them with the least inconvenience and resources,” Russell Colling says. “The most important factor in protecting patients from harm is the caregiver – security is a people action and requires staff taking responsibility, asking questions, and reporting any and all threats or suspicious events.” Colling recommends that organizations establish strong policies mandating staff to report any real or perceived threats. “The roots of violence need to be investigated and evaluated beginning at the unit level. Nurses and other health care staff should question the presence of all visitors in patient rooms and not assume that someone is a family member or friend,” says Colling. **Rounding by security on each shift is another opportunity to discuss and mitigate potential criminal events on nursing units before they occur, and to establish rapport with nursing.**

ECRI Institute, an independent nonprofit organization that researches best practices to improve patient care, publishes a journal for health care risk managers called *Healthcare Risk Control*¹ (HRC). The **May 2017** issue has a focus on “Violence in Healthcare Facilities” that discusses **violence in health care perpetrated by individuals other than patients. It covers risk factors, assessment of objective indicators, consequences, case**

examples and strategies for prevention. Many practical resources for further development of a comprehensive workplace violence prevention program are provided throughout the guidance article.

In addition, the Occupational Safety and Health Administration (OSHA) offers advisory guidelines for preventing patient-to-staff workplace violence in the health care setting.² In January 2007, the International Association for Healthcare Security and Safety issued its first set of *Healthcare Security: Basic Industry Guidelines*, a resource for health care institutions in developing and managing a security management plan, addressing security training, conducting investigations, identifying areas of high risk, and more.³

Existing Joint Commission requirements

The Joint Commission’s Environment of Care (EC) standards require health care facilities to address and maintain a written plan describing how an institution provides for the security of patients, staff and visitors. Institutions also are required to conduct risk assessments to determine the potential for violence, provide strategies for preventing instances of violence, and establish a response plan that is enacted when an incident occurs. The Rights and Responsibilities of the Individual (RI) standard 01.06.03 provides for the patient’s right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse.

Joint Commission suggested actions

The following are suggested actions that health care organizations can take to prevent assault, rape and homicide in the health care setting. Some of these recommendations are detailed in the *HRC* issue on “Violence in Healthcare Facilities.”

- 1) Work with the security department to audit your facility’s risk of violence. Evaluate environmental and administrative controls throughout the campus, review records and statistics of crime rates in the area surrounding the health care facility, and survey employees on their perceptions of risk.
- 2) **Work with local law enforcement to seek their input on risk issues and potential solutions specific to your organization and community. They also can help you plan to address transient crime. For example, a shooting event that spills over to the emergency department (ED) parking area or into the lobby. Consider conducting active shooter drills with local law enforcement (table top or other exercises).**⁵
- 3) Identify strengths and weaknesses and make improvements to the facility’s violence-prevention program. (The *HRC* issue on “Violence in Healthcare Facilities” includes a self-assessment questionnaire that can help with this.)

- 4) Take extra security precautions in the ED, especially if the facility is in an area with a high crime rate or gang activity. These precautions can include posting uniformed security officers, and limiting or screening visitors (for example, wanding for weapons or conducting bag checks).
- 5) Work with the HR department to make sure it thoroughly prescreens job applicants, and establishes and follows procedures for conducting background checks of prospective employees and staff. For clinical staff, the HR department also verifies the clinician's record with appropriate boards of registration. If an organization has access to the [National Practitioner Data Bank or the Healthcare Integrity and Protection Data Bank](#), check the clinician's information, which includes professional competence and conduct.
- 6) Confirm that the HR department ensures that procedures for disciplining and firing employees minimize the chance of provoking a violent reaction.
- 7) Require appropriate staff members to undergo training in responding to patients' family members who are agitated and potentially violent. Include education on procedures for notifying supervisors and security staff.⁴
- 8) Ensure that procedures for responding to incidents of workplace violence (e.g., notifying department managers or security, activating codes) are in place and that employees receive instruction on these procedures.
- 9) Encourage employees and other staff to report incidents of violent activity and any perceived threats of violence.
- 10) Educate supervisors that all reports of suspicious behavior or threats by another employee must be treated seriously and thoroughly investigated. Train supervisors to recognize when an employee or patient may be experiencing behaviors related to domestic violence issues.
- 11) Ensure that counseling programs **and critical incident stress debriefing (CISD) are available** for employees who become victims of workplace crime or violence.

Should an act of violence occur at your facility – whether assault, rape, homicide or a lesser offense – follow up with appropriate response that includes:

- 12) Reporting the crime to appropriate law enforcement officers. **Organization leadership should provide proactive support to aid in accurate reporting.**
- 13) Recommending counseling and other support to patients and visitors to your facility who were affected by the violent act.
- 14) Reviewing the event and making changes to prevent future occurrences.

References

1. ECRI Institute: Violence in Healthcare Facilities. *Healthcare Risk Control*, May 2017, Plymouth Meeting, Pa. Available online at: <https://www.ecri.org/components/HRC/Pages/SafSec3.aspx#>
2. Occupational Safety and Health Administration: Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers. Available online at: <http://www.osha.gov/Publications/osha3148.pdf>
3. International Association for Healthcare Security and Safety: *Healthcare Security: Basic Industry Guidelines*, October 2009
4. American Society of Health-System Pharmacists: Policy Position on Education, Prevention, and Enforcement Concerning Workplace Violence (0810). Available online at: <http://www.ashp.org/DocLibrary/BestPractices/HRPositions09.aspx> (Accessed March 10, 2010)
5. **The Joint Commission: Quick Safety Issue 4: [Preparing for active shooter situations](#)**, July 2014

Resources

Occupational Safety and Health Administration (OSHA)

- [Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers](#)
- [Preventing Workplace Violence in Healthcare](#)

Crisis Prevention Institute

- [Top 10 De-Escalation Tips](#)

The Joint Commission

- [Workplace Violence Prevention Resources](#)
- [Questions & Answers: Hospital Accreditation Standards & Workplace Violence](#)
- [Improving Patient and Worker Safety](#) (Pages 95-108)²⁷
- Quick Safety Issue 4: [Preparing for active shooter situations](#), July 2014
- Quick Safety Issue 5: [Preventing violent and criminal events](#), August 2014
- Quick Safety Issue 24: [Bullying has no place in health care](#), June 2016
- Sentinel Event Alert 69: [Physical and verbal violence against healthcare workers](#), April 17, 2018

Centers for Disease Control and Prevention (CDC)

- [Occupational Health Safety Network](#): A free, web-based system to help health care facilities analyze and track data they already collect on workplace violence; sharps injuries; blood and body fluid exposures; slips, trips and falls; and patient-handling injuries.
- [Workplace Violence Prevention for Nurses](#)
- [Home Healthcare Workers: How to Prevent Violence on the Job](#)

Centers for Medicare and Medicaid Services (CMS)

- [Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers](#)

Patient Safety Advisory Group

The Patient Safety Advisory Group informs The Joint Commission on patient safety issues and, with other sources, advises on topics and content for Sentinel Event Alert.