Operational Security Issues for Healthcare

By Steven Nibbelink, CHPA, CA-AM

As mentioned in our initial paper, healthcare security is a complex and challenging proposition. A safe and secure healthcare environment requires subject matter expertise in a broad spectrum of categories including operational, physical and cyber security controls – while meeting and exceeding the expectations and standards of a wide range of local, state and federal agencies.

In this series of papers, we are exploring some of the more common issues in healthcare security, and in this edition, we will explore two of the most common operational issues that healthcare workers face daily, namely the threat of workplace violence and security-related training for staff to mitigate such incidents when they occur.

Healthcare Workplace Violence

Workplace violence in healthcare is a routine event, and related injuries requiring days off from work occur at an estimated rate at least four times higher than the rate for private-sector workers overall.[1] Since most of the violent incidents and injuries to care providers are caused by patients and visitors, healthcare security professionals must adopt strategies to better understand the circumstances and events leading up to these types of behaviors and create training programs and educational opportunities for preventing and responding to incidents of workplace violence when they occur.

Assaultive behaviors have reached epidemic proportions in the U.S., with 70%-74% of violent assaults in the workplace occurring in healthcare and social service settings.[3]

The Occupational Safety and Health Administration (OSHA) defines workplace violence as "any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. It ranges from threats and verbal abuse to physical assaults and even homicide. It can affect and involve employees, clients, customers and visitors."[2]

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Assaultive behaviors have reached epidemic proportions in the U.S., with 70%-74% of violent assaults in the workplace occurring in healthcare and social service settings.[3] In addition to these figures, assaults on healthcare workers comprise 10%-11% of workplace injuries involving days away from work, as compared to 3% of similar injuries to all private sector employees.[4] Furthermore, information based on the Bureau of Labor Statistics (BLS) and National Crime Victimization Survey data both reveal that workplace violence is not only a threat to those in the healthcare environment, but that most of the injuries from assaults at work that required days away from work (commonly known at many organizations as a DART Score, or Days Away, Restricted or Transferred) occurred in these settings.[5] The expense of workers compensation claims and lost productivity due to workplace violence related issues alone are staggering.

In April 2018, The Joint Commission, a prominent healthcare accrediting body in the US, released Sentinel Event Alert #59 "Physical and verbal violence against healthcare workers," which details not only the prevalence of violence in the healthcare industry but also the contributing factors to the increase in such incidents and recommended actions that healthcare organizations should be taking to combat this growing threat.[6] Another report, OSHA publication #3826 released in the first quarter of 2016 indicated that "In 2013, the broad healthcare and social assistance sector had 7.8 cases of serious workplace violence per 10,000 full-time

employees, while other large sectors such as construction, manufacturing, and retail all had fewer than two cases per 10,000 full-time employees." This is nearly four times the national average of workplace violence incidents for those working in the healthcare profession. Moreover, this same document illustrated that the source for these workplace violence incidents in the healthcare sector were predominantly the patients and those that we provide care for, with "80% of serious violent incidents reported in healthcare settings" having been caused by interactions with patients. The report notes that 12% of workplace violence issues are caused by "other clients or customers," increasing the actual rate of violence from those that healthcare workers are attempting to treat to 92%. Only 3% of incidents are defined as co-worker related, which is unique when compared with other industries. Surprising as these figures are, it is generally believed that workplace violence in the healthcare industry is widely underreported, even at organizations that have robust workplace violence education programs and well-developed reporting procedures in place. The reasons for underreporting include lack of a reporting policy, lack of faith in the reporting system, and fear of retaliation.[7]

Healthcare leaders continue to struggle with these issues, and many professional healthcare advocacy groups have made efforts to better control this growing problem, as it not only threatens the workers themselves, but also negatively impacts the ability of the facility or organization to provide effective and affordable patient care. The American Hospital Association (AHA) and the Emergency Nurses Association (ENA) have teamed up to address this issue in our country through the "Hospital Against Violence" campaign and a national day of awareness recognizing workplace violence in health-care. The campaign marked its second year in June 2018.[8]

It estimated that proactive and reactive violence response efforts cost U.S. hospitals and health systems approximately $2.7 billion in 2016.

While such efforts are important for the safety of staff and patients, there is also a significant financial incentive involved. In July of 2017, the American Hospital Association (AHA) issued a groundbreaking report that compiled the actual costs of workplace violence to healthcare providers as well as to communities.[9] Some of their findings:

- It estimated that proactive and reactive violence response efforts cost U.S. hospitals and health systems approximately $2.7 billion in 2016.
- It also estimated national in-facility violence costs of $428.5 million, including $234.2 million for staff turnover, $42.3 million in medical care and indemnity (compensation for lost wages made to employees who were injured on the job) for employee victims of violence, and $90.7 million in disability and absenteeism costs.

- The report also indicated an annual cost of $17,500 per hospital for workplace violence prevention plan development.

Security-Related Training

Considering the return on investment of $17,500 versus the potential losses due to turnover, indemnity and workers compensation and insurance claims, it is no surprise that security training for healthcare staff is becoming more than just a good idea. In a growing number of states, it's now the law.

Workplace violence training, while vital, simply cannot resolve all security issues that healthcare workers face on their own.

In 2014, California Governor Jerry Brown signed Senate Bill 1299 into law, requiring specified types of hospitals, including general acute care hospitals and acute psychiatric hospitals to adopt a workplace violence prevention plan as a part of the hospital's injury and illness prevention plan to protect healthcare workers and other facility personnel from aggressive and violent behavior. The law includes "strong training policies for employees regarding how to recognize and respond to violence, and resources for employees who are victims of violence."[10] The legislation further requires the posting of a report on the website of the California Department of Industrial Relations, Division of Occupational Safety and Health (DOSH), better known as Cal/OSHA. The report contains specified information regarding violent incidents in California hospitals. The passage of SB 1299 is just one of several legislative changes that have been made to improve the reporting of incidents of workplace violence at healthcare organizations and to better train workers in this industry on how to respond to this known workplace hazard. More recently, Massachusetts bill S 1374, "An act requiring health care employers to develop and implement programs to prevent workplace violence"[11] (commonly known as "Elise's Law", named after the survivor of a horrific workplace violence attack in a Massachusetts Emergency Department) was passed and sent to the Senate Committee on Ways and Means for approval. Like SB 1299, this legislation would require mandatory workplace violence training for all healthcare workers to help to mitigate this issue.

Workplace violence training, while vital, simply cannot resolve all security issues that healthcare workers face on their own. In designing a security training program for healthcare workers, healthcare facilities should consider a multi-tiered approach, in which the basics of security culture are reviewed first to include items such as:

- Not allowing the "tailgating" of unauthorized personnel into access-controlled areas;
- Not leaving work areas and valuables (including Protected Health Information, or PHI) unattended and unsecured; and

- Ensuring that alarm systems, panic buttons, and other security-related technologies are properly located and personnel are trained on their use.

This is also a great time to reinforce your organizational policies and procedures on IT security by emphasizing how employees can best avoid common scams such as the clicking on unknown email attachments or links as well as the dangers of sharing login credentials or passwords with others.

After these initial security and safety topics have been reviewed and explained, workplace violence-related issues can be discussed. Topics such as defining workplace violence and its sources and understanding current trends such as those that have been discussed in this paper. Reviewing the proper way to deal with the unique situations that healthcare workers experience on a routine basis can be discussed as well. These situations include:

- Giving patients and their family members bad news in the form of a poor prognosis, or imposing physical limitations to emotionally unstable subjects or those without sufficient coping mechanisms when such information is discussed;
- Dealing with unpredictable patients that suffer from behavioral disorders or are under the influence of alcohol, medications or controlled substances; and
- Denying narcotics or other controlled substances or refusing to categorize a client's diagnosis based upon their request due to disability claims, insurance reimbursement or other illegitimate purposes.

The most comprehensive training programs include information demonstrating how to de-escalate potentially violent behavior, how to recognize verbal and physical queues that can lead to physical aggression and situations that speak to the dangers of armed subjects and active shooter/assailant scenarios.

In Conclusion

Workplace violence occurs with increasing frequency and impacts many organizations across the US, but none so much as in the healthcare industry. Since it is a recognized hazard by OSHA12 and with many states now passing legislation to help combat the problem, measures should be undertaken to minimize the risk of such events, including the education of staff as to their role when such events occur and the proper physical safeguards that should be in place to provide a reasonably safe work environment. It is just as important, however, to set a solid security foundation for staff prior to delving into specific issues that involve operational, physical and cyber security protections, which we will discuss in subsequent articles.

Please join us for our next paper in the series in which we will explore some common physical security issues and discuss how environmental design and appropriate planning regarding access controls, video surveillance and alarm systems can have a dramatic

effect upon the safety and security of a healthcare facility. Solutions for a safe, secure and welcoming environment Education and Training of your healthcare team in healthcare security and safety best practices is vital to the success of your program and is the fabric behind the scenes that helps to deliver positive patient outcomes, customer appreciation and staff satisfaction. How do you use the experiences and technology of your business partners to leverage their knowledge to support your program? Do they offer customer support and liaison programs to ensure your successful use of technology (both premise based and cloud based)? Do they have the resources to respond to your facilities to support you, when operational challenges arise? How can you use technology, to support the operational challenges of workplace violence and assist in security related training – it is not just technology, it is a force multiplier.

About the Author

Steven Nibbelink, CHPA, CA-AM, is the Business Development Manager of Healthcare for Vector Security Networks. Steven has over 20 years of industry experience and currently serves on the Board of Directors of the International Association for Healthcare Security & Safety Foundation. He is a member of IAHSS and earned his Certified Healthcare Protection Administrator (CHPA) in 2009; and has been recognized for outstanding contributions in the field of healthcare security and safety with the IAHSS Elwood Near Presidential Award in 2011.

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