

Preventive Health and Health Services Block Grant

SUCCESS STORY 2019

Partnering to Reduce Preventable Nonfatal Work-Related Injuries

Preventing Work Related Violence in Hospitals

Public Health Issue: Healthcare workers are at high risk of injury from violent incidents. The risk factors include: working with people having a history of violence or drug/alcohol abuse; dealing with frustrated and angry people in crowded waiting rooms; working in facilities which lack policies and staff training for managing hostile and assaultive behavior; working alone, such as inside patient rooms; working late hours; and inadequate security staff. These injuries can be severe and result in disability or even death, and are costly to workers, their families, and employers.

California, the first state to have a Workplace Violence Prevention in Healthcare Standard¹, received 9,436 violent incident reports from 365 hospital facilities during a 12-month period (October 2017 to September 2018). The standard requires that all hospitals report incidents of workplace violence to the California Division of Occupational Safety and Health (Cal/OSHA). Workplace violent incidents are grossly underreported. The Joint Commission reported that 30% of nurses and 26% of emergency department physicians report violent incidents². One reason for underreporting is that healthcare providers do not want to stigmatize patients due to their illnesses.

Hospitals can reduce the incidence and/or severity of workplace violence by using a comprehensive and systematic approach that addresses the entire spectrum of workplace violence-related behaviors. An effective program includes the establishment of proper incident reporting procedures, hazard identification and control, training, recordkeeping, and program evaluation – all elements mandated by Cal/OSHA's standard.

Intervention: The issue of healthcare workplace violence is complex. Designing effective violence prevention programs is challenging for hospitals as they need to balance security concerns and offering easily accessible facilities for patients and visitors. Achieving the right balance for an individual organization depends on site-specific characteristics such as urban vs. rural location and the type of services (e.g., psychiatric services, drug rehabilitation) a facility provides.

To address this challenge, the CDPH Occupational Health Branch (OHB) formed new multidisciplinary partnerships with the depth to design, implement, and evaluate healthcare workplace violence programs. Partners include the California Hospital

Association, University of California hospitals, Kaiser Permanente, California Nurses Association, Service Employees International Union, and Cal/OSHA.

The intent of OHB's project is to create a venue in which California hospitals can share "best practices" and "lessons learned." Many effective solutions are available, including de-escalation training, panic buttons, badge access to certain areas, police presence, security cameras, emergency preparedness, and more. OHB and partners are assessing the impact of the Cal/OSHA standard by collecting information on successes and challenges experienced by California hospitals during the development and implementation of their programs. A summary report will be submitted to Cal/OSHA by June 30th, 2020, and disseminated through OHB's partners.

Impact: Cal/OSHA will use the final report internally to discuss possible amendments to the workplace violence standard and to guide hospitals in evaluating their workplace violence programs. If stakeholders and Cal/OSHA come to an agreement about amending a standard, legislative change will need to happen. This is good news for protecting the 900,000 healthcare workers² currently licensed in our state. There is also a strong possibility that an advisory committee will form as a result of our project. Furthering the reach, information from this project will be useful to healthcare organizations nationwide, including providing input to Federal OSHA's draft standard on workplace violence prevention in healthcare³.

Footnotes:

1. California Code of Regulations, Title 8, Section 3342
2. The Joint Commission Sentinel Event Alert Issue 59, 2018
3. California Health Workforce Needs Report, Public Policy Institute of California, 2014