Preventing Violence in Hospitals: Applying the Learnings From Safety Data to Drive Change

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Introduction

Health care workers are at high risk of injury from on-the-job assaults and violent acts. Nurses and patient care assistants suffer the most nonfatal assaults resulting in injury.[1] Emergency department nurses experience physical assaults at the highest rate of all nurses.[2-4] Violence in the workplace can result in employee fear and low morale, stress symptoms, and declines in productivity, job satisfaction, and staff retention.[5,6]

Methods

The UHC Safety Intelligence® Patient Safety Organization conducted a retrospective review of event reports on assaults by patients in the hospital setting from 2011 to 2014 to identify common factors and opportunities for prevention. Data were obtained from more than 60 participating organizations.

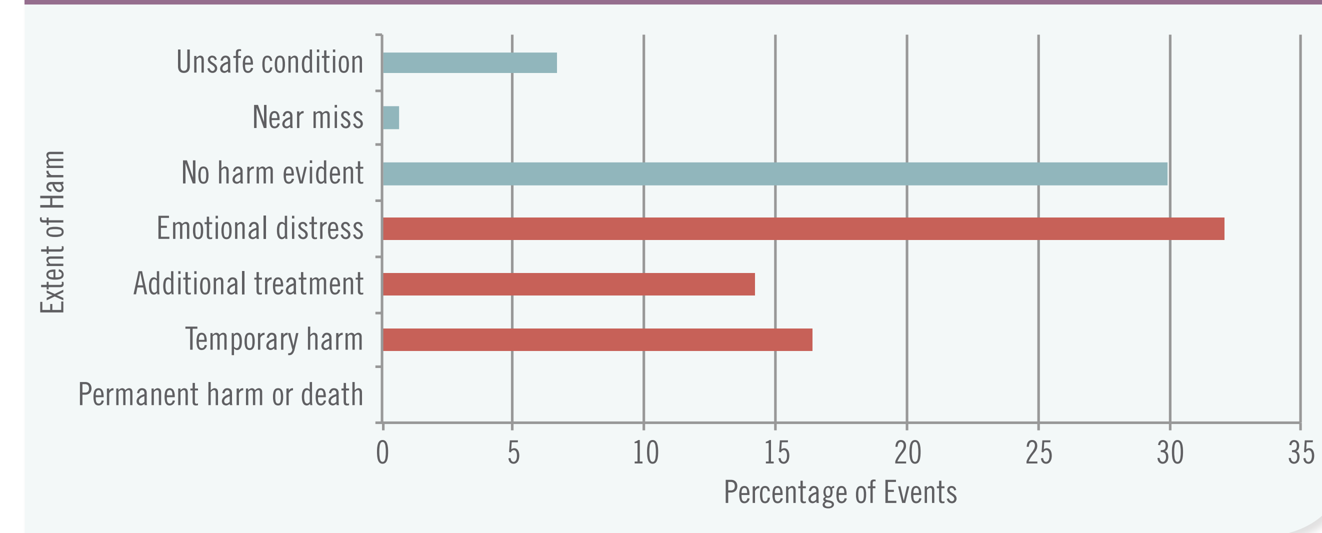
Findings

More than 130 instances of patient violence directed at staff and other patients in the hospital setting were reported over the 3-year period.

Harm

Victims were punched, slapped, kicked, pushed, thrown, bitten, spat at, fondled, and/or struck with an item. In 63% of the assault events, staff or patients experienced emotional distress, injury requiring treatment, or temporary harm (Figure 1). Physical harm included pain, bruising, swelling, abrasions, lacerations, bites, punctures, and head injuries.

Figure 1. Harm[a] Resulting From Patient Assaults on Staff and Other Patients

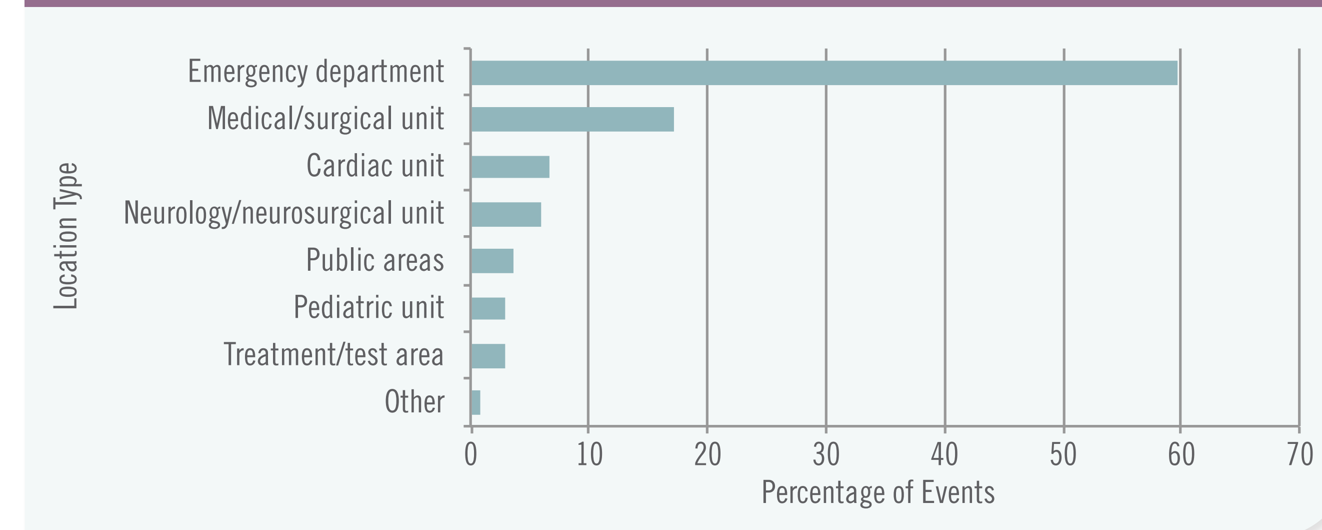


[a] Based on Agency for Healthcare Research and Quality Harm Scale v.1.1.

Location

Assaults by patients were most commonly reported in the emergency department (Figure 2). Patient-on-patient assaults were common in emergency department holding areas. Some assaults occurred during transport to or from medical tests, during those tests, or in public areas when a staff member was alone or it was difficult for him or her to obtain assistance.

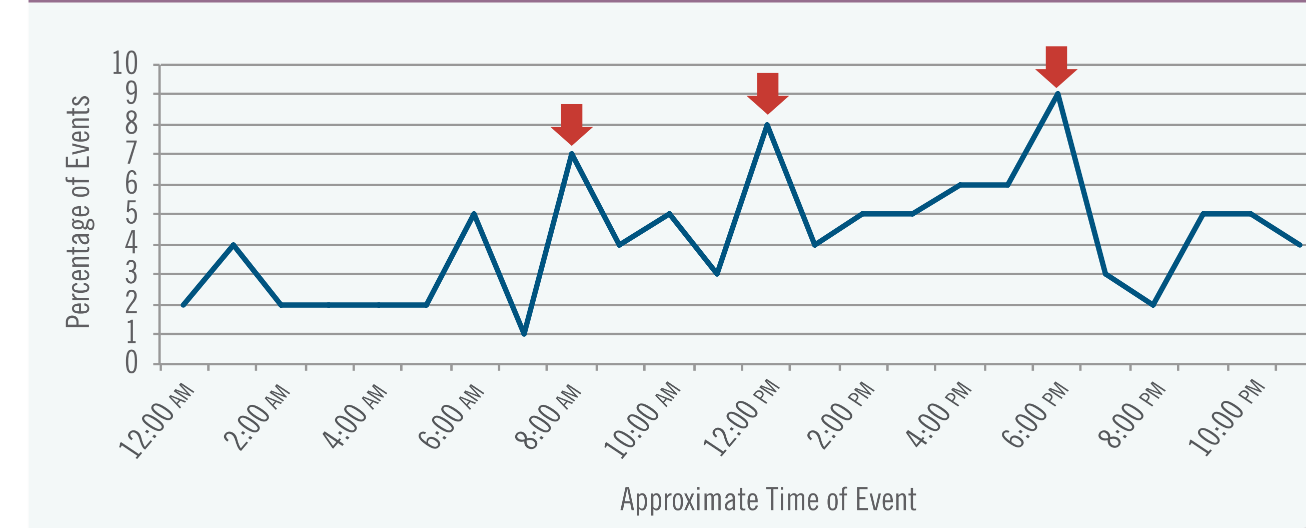
Figure 2. Patient Assaults by Location



Time

Peaks in assaults occurred during mealtimes, when staffing levels may have been lower (Figure 3).

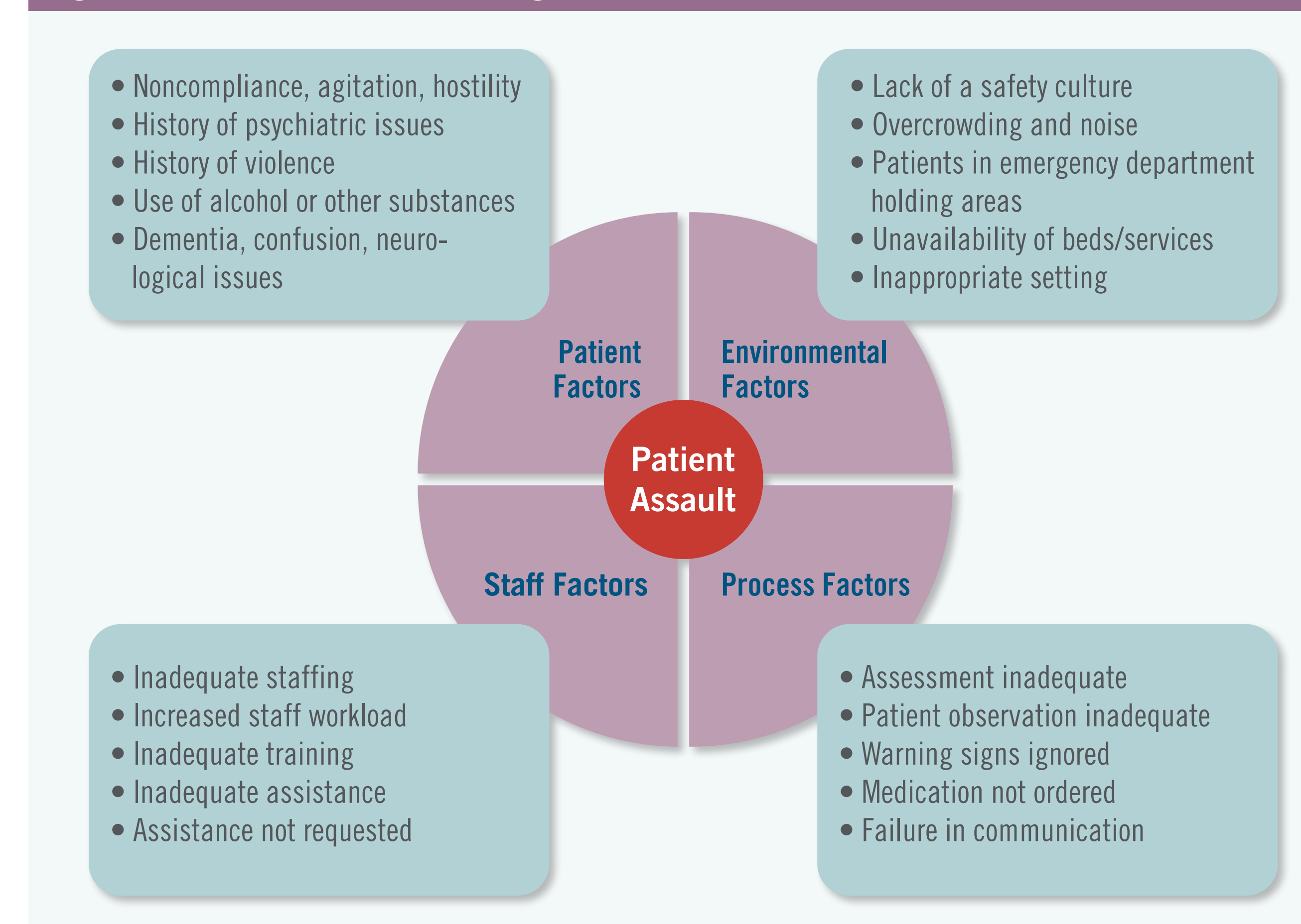
Figure 3. Patient Assaults by Time



Contributing Factors

Common characteristics of assaultive patients and factors contributing to violence are shown in Figure 4.

Figure 4. Factors Contributing to Patient Assaults



Recommendations

Hospitals should review their safety procedures and develop a comprehensive violence prevention programs that includes[1,4]:

- A clear policy of zero tolerance for workplace violence (including verbal and physical threats) that is disseminated to all employees, patients, and visitors and supported by management and leadership.
- Procedures for reporting and responding to episodes of violence, including offering and encouraging counseling and debriefings for employees involved in threatening or violent situations.
- A workplace analysis to identify hazards, conditions, operations, and situations that can lead to violence and to determine the effectiveness of existing security measures. The analysis should include tracking and analyzing reports of violence, conducting staff surveys, and assessing workplace security.
- Tools and practices that are designed in response to the findings of the workplace analysis, such as:
  - Alarm systems, handheld alarms, portable phones or radios, and/or personal communication badges
  - Metal detectors, security cameras, and safety-focused environmental design
  - Computer alerts for patients with a history of violence
- A formal violence prevention training program that includes a review of the zero-tolerance policy, risk factors, early warning signs, personal safety strategies, techniques for de-escalating patients, a standard response plan, and procedures for reporting and self-care after an incident. Direct care workers, supervisors, managers, and security personnel should all receive training.

Conclusion

This analysis highlights the need for hospital violence prevention programs that include policies and processes to address the culture of safety, staff training, an analysis of risks in the workplace, and improvements aimed at reducing identified risks.

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