

Let Cooler



Ensuring the safety of our providers against violence in the workplace

■ **By Mike Hilleary**

Hospitals, urgent care facilities, clinics, and medical offices are all designed to be destinations of healing and recovery. Often inherent to these settings is a feeling of safety and security, where a patient can feel as though the cause of their pain or injury can somehow be kept at bay within a physician's four walls. Such defenses and protection, however, cannot always be afforded to the people who work and care for these patients. Every year, countless doctors, nurses, staff, and administrators are subjected to incidences of intense verbal threats and abuse and physical violence from patients, visitors, intruders, and even coworkers.

Workplace Safety

Earlier this year, a number of leading health organizations—The Institute for Healthcare Improvement, the Centers for Medicare & Medicaid Services (CMS), the Centers for Disease Control and Prevention (CDC), and the Agency for Health Research and Quality (AHRQ)—advocated for the nation's multitude of health systems and medical groups to take immediate steps to improve workforce safety. Such a call to action reflects a recent AMGA member survey, which indicated that 56% of respondents experienced at least one violent event in the past year in their organization's ambulatory setting.



Heads Prevail

"In 2021, 648 physical workplace violence incidents occurred across the Inova network," said Inova Health System CEO J. Stephen Jones, M.D., in a recent op-ed in *Modern Healthcare*.¹ "On one occasion, an adult patient became violent in a pediatric surgery unit. The situation briefly became so intense that some of our staff could not care for admitted infants out of fear for their own lives. One Inova staff member said they felt like they were being held hostage and patient parents were barricading themselves in their rooms. Situations like these, which are all too common across the country, deny our team members the right to feel psychologically and physically safe while doing their jobs."

Incidents such as the one Jones describes can just as easily turn from dangerous to deadly. Over the last few years, tragic acts of violence have led to many headline-grabbing

deaths. In 2017, an Indiana patient shot and killed his wife's doctor for refusing to prescribe her opioid medication for her chronic pain. Last year, a patient in Minnesota attacked a medical clinic, shooting five workers and detonating three pipe bombs at Allina Health, leaving one dead and four injured. More recently, at St. Francis' Hospital in Tulsa, Oklahoma, a former patient opened fire at the facility, killing his surgeon and three others before turning the gun on himself.

"Unfortunately, recent events of public violence in the news have forced many of us to revisit or, in some cases,

maybe even consider for the first time how we would handle an act of violence in our medical group practices,” says Jacob Bast, FACMPE, FACHE, senior vice president and chief operating officer at St. Elizabeth Physicians in a recent AMGA panel discussion addressing strategies and responses to workplace violence. “No one appears to have a comprehensive plan for preparing and responding to violent incidents, specifically in our medical practices and off-campus ambulatory settings. But, if nothing else, raising awareness about this vital topic may lead to shared best practices and solutions that will benefit all providers, associates, and patients.”



Many healthcare facilities have opted for increased security presence to discourage violent encounters.

The Design Challenge

One of the biggest obstacles in staving off potential acts of violence is the architectural design of many medical groups' and health systems' buildings.

“We design [places of care] to be friendly and welcoming, with minimal locks on the doors,” says Linda Gifford, M.B.A., chief operating officer of Henry Ford Health System. “We’ve created this environment that makes us very open and accessible by design. And yet we now find ourselves in an environment where we need to be rethinking how we can be more secure in that same space. [For example], most of us have a very open front desk. Even if we have doors that lock—preventing people from getting into our clinic space—it’s really pretty effortless to hop over one of our front desks and get into our clinical settings.”

For many systems, one of the most natural strategies to increase workplace safety has been implementing improvements to their security technology, installing interior and exterior security cameras, radios, metal detectors, and panic buttons. Tidewater Physicians Multispecialty Group Chief Operating Officer Sibyl H. Wilson says her organization's larger centers have installed keyless lock entries that can be electronically set to the exact minute that you want someone to be able to have access. She shared, “You can turn that access off very easily just through the computer. It’s quite an investment, but it has been extremely effective in a larger building where we have 15 exterior doors.”

A Show of Force

Another source of safety is having a security force onsite and/or simply having a strong relationship with local law enforcement.

“I cannot speak highly enough of our local law enforcement,” says Wilson. “We had an incident at our office one day and we called the police, and these three officers showed up who happened to be part of a special unit that specializes in educating businesses. They told us about all of these things that they offer in terms of coming by and doing site risk assessments, in-house training, setting up an active shooter drill, and all kinds of educational videos, role-playing—you name it. If we have a termination that we think is maybe not going to go so well, they’re happy to come and patrol. They’ll sit in the parking lot and do paperwork and just be there for us if we need them. They come very quickly if we have an issue.”

Training for Conflict

Of course, not all organizations have the financial reserves to suddenly turn their buildings into Fort Knox, and even with the quickest of response times, police are incapable of being present in those crucial first minutes of an altercation. This leaves many groups relying more on readiness training strategies and tactics for their first line of defense, educating their employees and staff members on situational awareness best practices, “what if” scenarios, and the key tenets of their emergency protocols and operations plans.

Community Health Network, for example, utilizes the AVADE (awareness, vigilance, avoidance, defense, and escape) curriculum, which features a number of action items caregivers can use to decrease risk. Educating and re-educating to create this culture of safety compact is important for all caregivers, says Chief Administrative Officer Kathleen Krusie, M.A., FACHE. “When you see something, say something,” she says. “Because no matter how many police officers or security folks you hire, they can’t be everywhere. With awareness

and all of us working together as a team, that's what's needed to create a safe work environment."

De-escalation is perhaps the most necessary skill in these kinds of programs. "What we have found recently is that our caregivers are asking for more de-escalation training and are really feeling like it is something that should be refreshed, probably quarterly," says Krusie. "In 2022, we're seeing about triple what we've seen in 2021, and the vast majority of those are verbal as opposed to physical."

This kind of training is also going beyond simple written documentation and includes intensive role playing and mock scenarios, even in the middle of a workday. According to Wilson, "We've actually had drills where we've pretended like someone has entered the building that shouldn't be there. We instruct offices to lock down their suites. We then explain to patients that we're conducting a drill and that we're going to have everybody sit tight for a little while. Patients are usually glad to see that happen. It makes them feel like safety is a priority for your practice."

Focus on Safety

Earlier this summer, Reps. Madeleine Dean (D-Pa.) and Dr. Larry Bucshon (R-Ind.) introduced the Safety from Violence

for Healthcare Employees (SAVE) Act of 2022, a bipartisan legislation that would enhance federal workplace violence protections for healthcare workers to mirror those that already exist for the airline industry. However, it has become evident that our nation's medical groups and health systems need to take a necessary look at bolstering their workplace safety measures. Emotions run high in situations where the preservation of someone's life can be on the line. Healthcare professionals need to be granted appropriate protection when all they are trying to do is help.

"We know that patients don't come to us when they're at their best," says Krusie. "Health care is anxiety producing in a lot of situations. So, how do we help create a healing environment where we can serve our patients? It doesn't work 100% of the time, but what can we do to increase the potential that we'll be able to continue care?" [GPH](#)

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References

1. J.S. Jones. 2022. Commentary: Tackling Healthcare's Growing Safety Challenges Starts with Our Workforce. *Modern Healthcare*, June 21, 2022.



AMGA Stop the Medicare Cuts Campaign

Unless Congress acts this year, Medicare provider reimbursement rates will be cut by more than 10% on January 1, 2023. AMGA has developed an Advocacy Campaign designed to stop these dramatic payment cuts and push for other medical group priorities such as supporting Medicare Advantage, preserving telehealth services, and moving to value.



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