

## Workforce Safety: Workplace Violence (WPV)

Contact	Ryan Robertson, RyanR@wsha.org
Measure eligibility:	All hospitals who wish to participate in MQI are eligible to complete this metric.
Clinical Rationale:	Workplace violence that occurs between hospital care providers and patients impacts more than 5 million workers across hospitals of all types in the United States. Staff are exposed to many safety and health hazards, including violence. In 2017 the Bureau of Labor Statistics found that 18,400 workers experienced trauma from nonfatal workplace violence and required days away from work. Diving further into the data they also found:  • 70% were female  • 67% were aged 25 to 54  • 71% worked in the healthcare and social assistance industry  • 18% required 31 or more days away from work to recover, and
	<ul> <li>According to the CDC, WPV events are reported most frequently in psychiatric units, emergency rooms, waiting rooms and geriatric units. The risk factors for violence vary from hospital to hospital depending on location, size, and type of care. Common risk factors for hospital violence include the following: <ul> <li>Working directly with patients who are cognitively impaired e.g., are under the influence of drugs or alcohol, have brain injuries, have acute or chronic paranoia, or have a recent or substantial history of violence.</li> <li>Patients with histories of emotional or physical trauma as a child or adult</li> <li>Transitions in patients' daily schedules: e.g., mealtimes, visiting hours and shift changes</li> </ul> </li></ul>
	<ul> <li>Patients having to wait a long time for service</li> <li>Patients having to be in overcrowded, uncomfortable waiting rooms</li> <li>Staff working alone</li> <li>Lack of staff training and policies to care for patients who are at risk of violent behavior.</li> <li>Environmental design: poorly lit corridors, rooms, parking lots, and other areas2</li> </ul>
	Due to historical trauma and individual experiences, seeking healthcare can be a challenging experience for some individuals. This can contribute to feeling unsafe and it is imperative that patients be treated with care, compassion, and understanding. Language barriers can make feeling safe challenging, and patients should be given access to translators when

5/31/2024 21



seeking care in an environment where their primary language is not spoken.
Language has been included to ensure that hospitals are reviewing language as a consideration of investigation into workplace violent events, and is included in proper documentation for review of WPV events.  This data directly correlates with the WPV programming that WSHA is conducting in 2023.
Selected References:
<ul> <li>Addressing Emergency Department Nurses' Experiences of</li> </ul>
Workplace Violence through the Development of a Peer-
based, Post Code Gray Support Tool 2021
Number (count) of workplace violence events by a patient in which a
workplace violent event has occurred within the hospital setting.
Pediatrics and admitted adult patients (i.e., ≥ 18 years of age), and specialty patients.
No exclusions.
Number (count) of workplace violence events in which a
physical assault or threat of physical assault occurred within
the hospital setting
• Age
• Location
# of non-English speakers
# of times non-English speakers were offered a translator
July 1, 2024 - December 31, 2024
30 days after the close of the performance period or by January 31, 2024.
Data are subject to audit by the state. WSHA will not audit but will complete a few basic validity checks.
Monthly (every month for the six months of the performance period from July 1, 2024, to December 31, 2024).
Washington State Hospital Association Quality Benchmarking System, QBS.
Submission of all WPV events for all 6 months with no "N/A "entries  Hospitals that submit N/A or -1 for responses will receive 0 points.  Hospitals must submit data except for N/A or -1 to receive the full 10 points.

5/31/2024 22



5/31/2024 23