



Violence in the Health sector – Is it inevitable?

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Violence in the Health Sector



Violence in the Health Sector

This presentation identifies:

- Growing epidemic of violence in the health sector
- Effect on health care resources
- Reasons for violence
- Good Practice Examples

Background

- ❖ Range of violence
 - Verbal attacks (most common)
 - Physical attacks
 - resulting in death
- ❖ Increasingly becoming a worldwide phenomenon

Worldwide phenomenon

According to country surveys, a majority of healthcare workers experienced at least one incident of violence in the previous year:

- ❖ 75.8% in Bulgaria
- ❖ 67.2% in Australia
- ❖ 61% in South Africa
- ❖ 54% in Thailand
- ❖ 46.7% in Brazil

Herald Sun

Nurse brutally bashed by patient

- Tim Vollmer
- From: The Daily Telegraph
- January 11, 2011 12:00AM



Robyn, a Blacktown Hospital nurse who was assaulted by a patient. Picture: Adam Ward
Source: The Daily Telegraph

A NURSE was almost killed by a mental patient despite a similar attack on a doctor at the same facility just two years earlier.

NSW Health is accused of ignoring safety warnings after its report recommending an urgent security overhaul of the western Sydney mental health unit, including the installation of an emergency exit, was dumped a year

Man stabs surgeon over wrong diagnosis

By Staff

Published Friday, December 31, 2010

A Saudi man sneaked into a government hospital in the Gulf Kingdom, pulled out a knife he was hiding inside his clothes and stabbed its head surgeon in front of hospital staff, local newspapers said on Friday.

The man slightly hurt the doctor during the attack at the hospital in the northern town of Turaif before he was overpowered and handed over to the police.

"He told the police that he attacked the doctor because he made a wrong diagnosis of his mother a year ago," Okaz daily said.

Patient arrested after violent outburst at Poole Hospital

11:00am Tuesday 18th January 2011

By Juliette Astrup

A WOMAN who allegedly tore up a Poole Hospital ward and assaulted a member of staff, terrifying other patients, had to be subdued with pepper spray.

The 48-year-old Bournemouth woman was arrested for criminal damage and assault following the outburst around 8.30pm on Sunday night.

A distressed patient on the same ward said the woman had thrown furniture, smashed a painting, leaving glass everywhere, and threatened to kill other patients.

“All she kept saying was to ‘be quiet everyone, I can kill you with one blow’. There are no doors to the wards so you could hear everything. We were all very frightened – you just can’t get up and run when you’re ill and stuck in a hospital bed.

“Patients should not have been exposed to the severe violence and abuse from this female patient,” she added.

She said security were called “to no avail”. Finally police came to remove her.

“They used pepper spray which contaminated the whole ward and made us cough,” she added. “There was a big commotion, which again was very frightening to listen to. I was crying.

“Amazingly no one has been to apologise or ask us how we are.”

She told the Echo the ‘warning signs’ were there the previous night when the patient kept the whole ward awake.

She added: “It has been a very frightening experience and should not have been allowed to escalate to this



Doctor shot dead in Mexican city

Friday 24th December, 2010 (IANS)

Gunmen shot dead a doctor outside his house in Mexico's Ciudad Juarez city, authorities said.

Alfonso Perez Dominguez was killed Wednesday as he got into his car in San Angel, a neighbourhood on the northeast side of Ciudad Juarez, police said.

The 46-year-old doctor was on his way to attend a march to protest the killing of anti -crime activist Marisela Escobedo a week ago.

Escobedo had staged numerous marches and other protests in Ciudad Juarez and in Chihuahua city, demanding that the governor ensure there was justice in her slain daughter's case.

Four doctors have been murdered and more than 15 others kidnapped this year in Ciudad Juarez, located just across the border from El Paso, Texas, the Chihuahua state Attorney General's Office said.

Jose Alberto Betancourt Rosales, a 57-year-old doctor, was kidnapped Dec 9 and his body was found two days later in the southern section of the border city.

Hundreds of doctors and other health -care workers staged a 24-hour strike in Juarez Dec 13 to demand

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Violence at state hospitals spurs calls for change

Among proposals are high-security units for the most predatory patients and expedited hearings to involuntarily medicate the violent. With most patients having committed crimes, 'you have to be somewhere between a hospital and a prison,' a union official says.

January 01, 2011 | By Lee Romney, Los Angeles Times

Reporting from San Francisco — For years, the number of patients in the state's mental hospitals who have committed crimes has been rising. Today, they represent more than 90% of the population.

That dramatic trend has brought an increasing level of violence to the hospitals, including vicious attacks on patients and hospital employees.?? As assaults rose, staff members privately urged state officials to improve security at the hospitals to no avail, documents show.

But the slaying of a Napa State Hospital psychiatric technician two months ago has emboldened angry employees to go public with their demands.?? The outcry has captured the attention of at least three state lawmakers who plan to press for significant changes.

Two of them toured Napa's aging campus last week and have called on incoming Gov. Jerry Brown "to immediately allocate the necessary resources to secure the hospital."?? The third, state Sen. Sam Blakeslee (R- San Luis Obispo), has met numerous times over the years with employees at Atascadero State Hospital and said he was shocked by the rising degree of danger.

"This level of violence is unacceptable," he said.??

The unions that represent hospital employees are working together to craft legislation that calls for high-security units at each hospital to house the most predatory patients, expedited hearings to involuntarily medicate those who are violent and a streamlined process to transfer dangerous criminals sent for treatment by the corrections system back to prison.??

More fundamentally, the violence is spurring a debate on the viability of the mental hospital system's core philosophy — to maintain a treatment environment that does not resemble prison.??

"The days when Grandpa's a little crazy and ended up at Napa State Hospital for a while, those days are gone," said Brad Leggs, the facility president for the California Assn. of Psychiatric Technicians. "Now we have a barbed wire fence up and we have police officers guarding the perimeter. There's a prison mentality."

Although it's essential to "keep the treatment in place," Leggs said, "you have to be somewhere between a hospital and a prison."

??Blakeslee agrees.

"There needs to be capacity to handle patients who are not completely right for a pure corrections system or a pure therapeutic setting," he said.??



DAILY NEWS & ANALYSIS <http://www.dnaindia.com/>

Doctors across Maharashtra will be taught to deal with patients' kin

DNA / Santosh Andhale / Sunday, December 26, 2010 23:18 IST

Maharashtra University of Health Science (MUHS) has decided to start the communication skills project in medical colleges across the state, to teach doctors how to be more sensitive with patients and their relatives.

Newly appointed vice-chancellor Dr Sanjay Jamkar of MUHS is set to focus on doctors' communication skills and personality development. He said, "They are several incidents of clashes between relatives and doctors over care given to patients. In several cases, disputes have flared into full-scale riots, where doctors have been assaulted and hospital property damaged by relatives and supporters.

He added that from the next academic year it's mandatory for colleges to have the communication project.

Dr Sanjay Oak, dean of KEM Hospital, said, "A similar project - Shidori - exists in our hospital where we coach students on the nuances of diplomatic communication while dealing with anxious relatives. In the last six to eight months, we have made some changes in this project and implemented it well. If the varsity wants to start this in all medical colleges, it is a welcome move.

Doctors For You (DFY) is a social organisation, which aims to provide efficient, effective and equitable health

ED Shooting Shows Why Confronting Hospital Violence Must Be A Priority

John Commins, for HealthLeaders Media , March 1, 2010

The Feb. 15 [early morning shooting](#) inside the emergency department of Scotland Memorial Hospital in Laurinburg, NC, provides an unwelcomed, frightening, and extreme example of the violence that healthcare professionals too often confront.

If you want to read the details of the report, [here's a local news link](#). Bottom line: some jerk allegedly brought a gun into a hospital and started shooting people. I really don't care what his motive was, although I was gratified—but not surprised—to read that the healthcare professionals on duty acted heroically to secure the safety of their patients.

When the attack was over, one patient at the hospital had suffered multiple critical gunshot wounds to the chest, his alleged attacker was in police custody, the hospital was in lockdown, and a number of healthcare professionals and their patients—though not physically injured—were badly shaken.

The story got little play nationally and not that much play around North Carolina—a couple of news cycles and then nothing. That left me wondering if hospital violence has become so commonplace that it no longer warrants extensive news coverage. Had a similar shooting occurred in a school, for example, it likely would have generated much more media coverage. Is this a sign that we are becoming inured to the idea of violence in the ED? Let's hope not.

From everything I've heard and read so far, it appears that Scotland Memorial CEO/President Greg Wood and his staff did a good job responding to the shooting, and then keeping the public informed. SMH issued two press releases in the hours immediately after the shooting—doing their best to explain the convoluted chain of events and the hospital's response, even as the police investigation was still underway.

"We have never experienced anything like this in our hospital before," Wood said in a media release. "The safety of our patients, visitors, and staff is of paramount importance to us, and we have extensive security measures in place to minimize the likelihood of such a horrific incident as this."

Wood understands the importance of keeping the public informed on this critical issue. He could have simply referred inquiries to the local police. You'd be amazed at how many hospitals do. SMH is still assessing its reaction to the shooting, what worked, what could be improved upon, etc. I hope to speak with Wood when that review is complete.

Effect of Violence

- ❖ Numerous health effects on victims
 - from gastrointestinal disorders and psychomatic symptoms to chronic pain, acute injury or even death.
- ❖ Destructive social effects
 - Violence not only affects the health worker involved but it impacts the system by affecting the quality of the working environment and, therefore, the quality of care received by patients.

Effect of Violence

➤ Physician's demoralized:

*"loss of morale is due to budget constraints, excessive demands, **physician shortages**, poor distribution, long working hours, hostile media, increasing lawsuits, and **violence by patients.**"*

Hideo Yasunaga, Department of Health Management and Policy, Japan

Effect of Violence

Increased physician shortage:

- Demoralized physician are more likely to leave the profession
- Does the threat of violence inhibits people joining the profession?

Violence in Healthcare

- Violence often takes place during times of high activity
- Violence in hospitals usually results from patients and their family who feel frustrated, vulnerable, and out of control

Reasons for violence

A lack of resources leads to constant confrontation:

❖ Increasing physician shortage

- Departments are understaffed
- Increased waiting times
- Overcrowded, uncomfortable waiting rooms

vicious circle

violence = physicians leaving the profession

physician shortage = increased violence

Reasons for violence

A lack of resources leads to constant confrontation:

- ❖ Financial restraints - demand their doctors prescribe less expensive medicines
 - The doctor's computer often decides in advance which medicines the doctor may prescribe

These limits and sanctions erode the professional autonomy of the doctor in the eyes of the patient.

Reasons for violence

The doctor is the representative of the health care system

Underfunded: The doctors must tell the patients that the medicine they need is not included in the health basket or that the sick fund will not authorize it.

Understaffed: The shortage of manpower in hospitals and clinics causes doctors to be overburdened and long waits for patients.

RESULT: Anger towards the system is manifested in anger towards the physician

Areas for improvement

❖ Environmental design

- Poorly lit corridors, rooms, car parks
- Waiting area layout

❖ Security

- Screening
- Personal alarms

❖ Staff training

- Preventing & managing crises with volatile patients
- Reporting system

❖ Legislation - repercussions

Challenges to tackling violence

- Tendency to blame the victim (health care worker)
- Under-reporting
- Violent occurrences are more common in certain areas e.g. emergency room, waiting room

Good Practice Examples

Security Measures

Security screening system in a Detroit hospital

- stationary metal detectors
- supplemented by hand-held units

In 6 months the system prevented the entry of:

- 33 handguns
- 1,324 knives
- 97 mace-type sprays

Reporting system

A violence reporting program in VA Medical Center, Portland

- ❖ Identified patients with a history of violence in a computerized database
- ❖ The program alerted staff to take additional safety measures when in contact with these patients
 - helped reduce the number of violent attacks by 91.6%

Zero Tolerance

New South Wales, Australia

In 2003 - NSW "Zero Tolerance" campaign

- The message - violence & verbal abuse against health care workers will not be tolerated.

In 2008 – NSW Health launched Zero Tolerance campaign to tackle the number of assaults and threatened violence against Ambulance paramedics.

ZERO TOLERANCE

There is **no excuse for
abusing paramedics**

Aggressive behaviour towards
paramedics will not be tolerated

Offenders will be reported to Police

Paramedics save lives, the next life
they save might be yours

RESPECT PARAMEDICS



**Ambulance Service
of New South Wales**

Zero Tolerance

The NSW Government spent \$7.5 million on physical improvements in hospitals

- closed circuit TVs installed
- duress alarms provided to staff
- lighting and car park security improved

Additional \$5 million:

- Increase hospital security staff, particularly in emergency departments.
- Update policies and training to ensure staff know how to handle difficult situations.

Multi-faceted program

➤ The reforms introduced in Israel are based on a zero-tolerance and multi-faceted approach:

- ❖ Allocating Resources
- ❖ legal actions
- ❖ social projects

Allocating Resources



Allocating Resources

- The Ministry of health set a budget of 2 million NIS to reduce violence against physicians
- Clalit Health Services (largest health fund in Israel) budgeted 2.5 million NIS

Without such designated funds, there is no way to implement plans and directives into concrete action.

Legal Measures



Legal Measures

- Two approaches:
 - ❖ Changing the law
 - ❖ Meeting with the state attorney's office
- IMA initiated bills designed to prevent violence -
 - ❖ Patient will not receive treatment in same facility where s/he or his/her family has acted violently
 - ❖ In cases of physical abuse, patient will not receive treatment for at least 6 months; in cases of verbal abuse, for 3 months.
 - ❖ Bill has passed through one level of Parliament.
- A proposed bill to increase the severity of the punishment for attackers was accepted into law.

Police Guidelines

Following meeting with government and law enforcement officials

- Adoption of zero tolerance approach to perpetrators of violence against physicians
- Implementation of an accelerated inquiry process in every case
- Releasing detainee only upon issuance of restraining order
- Agreement that cases against public servants will not be closed due to a lack of public interest

Police increased involvement

- Faster responses
- Treating cases with a higher priority
- Acts as a deterrent

Social Projects



IMA Social Projects

- Emergency hotline for doctors who have been victims of violence – 24/7
- Advertisements in IMA journals and newsletters encouraging physicians to report incidents of violence
- Publishes press releases in response to violent incidents
- Produced a video clip about violence against physicians that was broadcast on Israeli cable television.

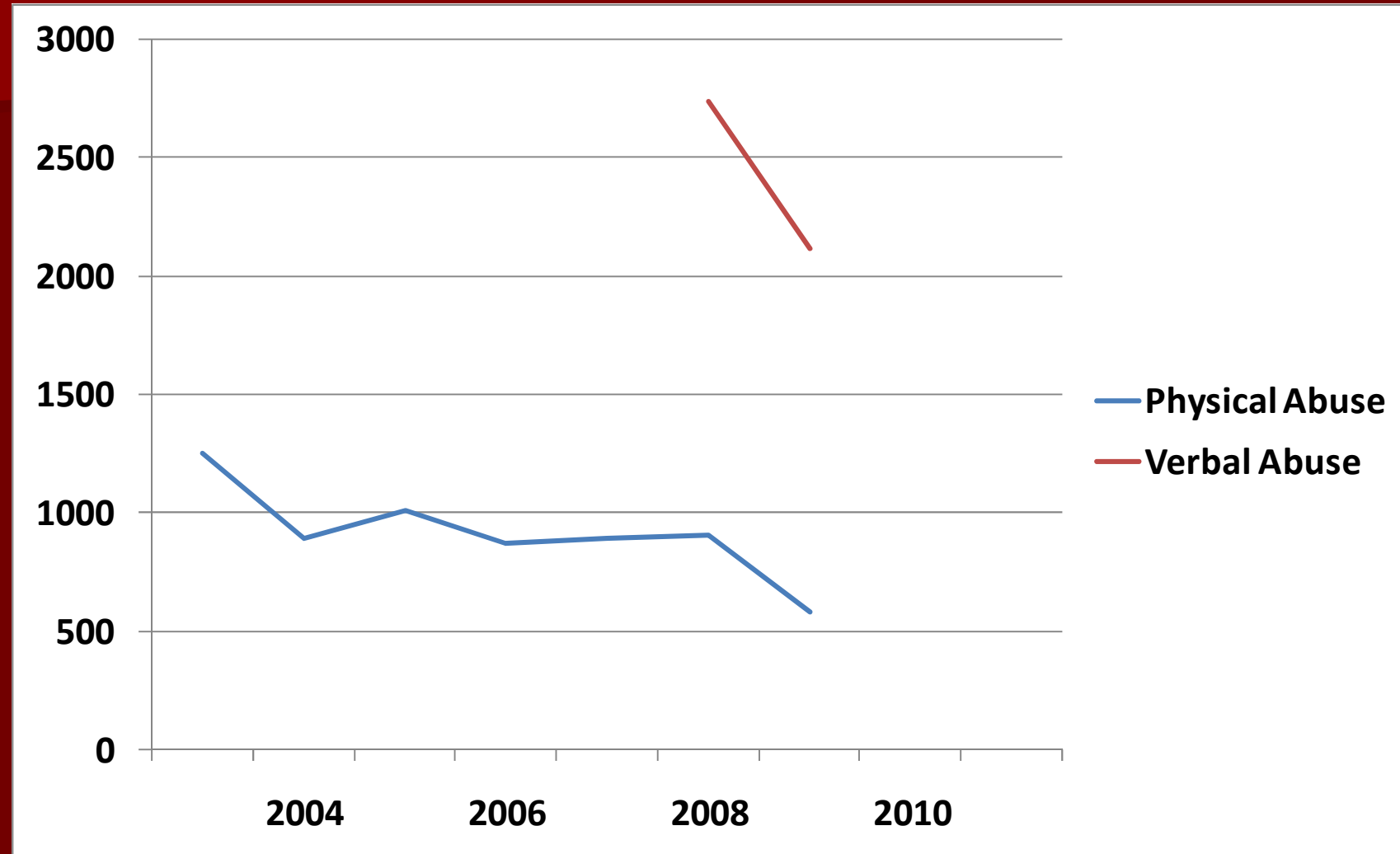
IMA Social Projects

- Workshops – dealing with stress and training physicians how to handle with tense situations
- Contract with professional security company to accompany doctors who have been attacked
- The IMA partnered a pilot project, “Hospitals without Violence” - due to the high costs (approx. \$395,000), the project did not take off.
- The IMA advanced a pilot of mobile emergency buttons in emergency rooms at Sheba Hospital.

Hospital Reforms

- Hospital directors were requested to produce a range of quick solutions:
 - ❖ Patients accompanied by only one person
 - ❖ Installing magnometers
 - ❖ Placing security cameras in emergency rooms
- While some of these requests have been implemented in many hospitals, others have been unable to do so because of **financial restrictions**

Slow Decline



Conclusion

- ❖ More research required
 - Provide good practice examples
- ❖ Balanced approach
- ❖ Collaboration among relevant stakeholders:
government, NMA, Hospitals, general health services & police
- ❖ Raise awareness of the problem
- ❖ Comprehensive strategy at a national level
- ❖ Budget allocation is crucial