



WORKPLACE VIOLENCE AND PHYSICIAN SAFETY

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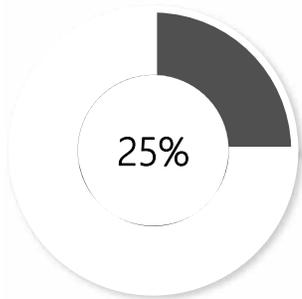
PREFACE

- Although I did not have the honor of meeting Dr. Pitt, I won't be discussing the terrible tragedy surrounding his homicide as a matter of respect as I believe those who knew him are better suited to speak to his personal circumstances.
- For anyone in the audience today who may wonder what may have "gone wrong" or worked out differently: if someone is being targeted, there is often no forewarning and very little that can be done to stop it.
- In the spirit of fostering greater awareness of the problem of violence in the workplace, and in the promotion of our own personal safety, this lecture is dedicated to the memory of Dr. Steven Pitt, a renowned forensic psychiatrist.

INTRODUCTION

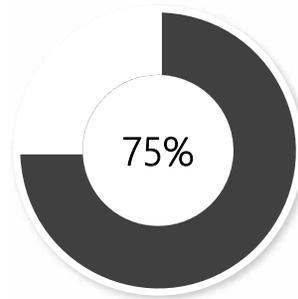
- Workplace violence is a ubiquitous problem that is especially prevalent in healthcare and psychiatry in particular.
- Physician Safety is a broad topic that includes universal contact precautions, workplace safety policies, online presence and social media practices, and awareness of the risks of our profession.
- We'll look at some past examples of interpersonal violence in the healthcare setting and characterize the various motivations driving perpetrators.
- Our aim is to create a greater awareness of the high risk individuals and circumstances that may often lead to violence. Dr. Spanggaard will then specifically discuss physician safety strategies.

WORKPLACE VIOLENCE STATISTICS



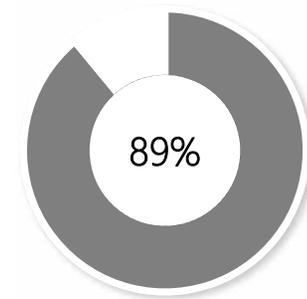
Homicides at Work

Among episodes of fatal violence against employed adults, nearly 25% occur at their place of employment.



Healthcare Assaults

Between 2011 and 2013, the number of workplace assaults averaged approximately 24,000 annually, with nearly 75% occurring in health care settings.



Perpetrator Profiles

In a study conducted by Kowalenko et al. at the University of Michigan, 89% of assaults against physicians were perpetrated by patients, 9% by patients' family members, and 2% by patients' friends.



CASE EXAMPLES

- On October 24, 2006, a physician was found stabbed approximately 20 times in his office. The killer was eventually discovered to have been a patient of the doctor whose last office appointment was five years earlier. The killer made a follow-up appointment and admitted that his intention was to torture the doctor in his office. When the physician defended himself, the killer stabbed him 20 times. The man blamed his psychiatric problems on the doctor, believing that a prescription medication given to help a common skin condition had caused depression and psychosis.
- On April 19, 2010, a 38 year old male, armed with a handgun, began shooting in the Parkwest Medical Center in Knoxville, Tennessee. He had been distressed over the outcome of his recent surgery and was trying to find his doctor, who he believed had implanted a microchip in him. When he was unable to find the doctor, he moved to the emergency room and began shooting. One person was killed; two were wounded. The shooter committed suicide before police arrived.
- On July 22, 2011, a 71 year old psychiatrist stepped out of his home office and went downstairs to tell his next patient he needed a few minutes to finish an earlier appointment. As he headed back up the stairs, his patient drew a handgun at her longtime psychiatrist and shot him repeatedly. The patient stepped out on the porch, turned the gun on herself and fired again. The tragedy occurred just one day after the psychiatrist expressed concerns to a close colleague about the patient becoming paranoid and accusatory – blaming him for many of her problems. The perpetrator was a distinguished scientist with a PhD in immunology and whose close friends believed she was benefitting from her therapy.

WORKPLACE VIOLENCE

- **Workplace violence** is any act or threat of physical violence, harassment, intimidation, or other disruptive behavior that occurs at one's place of work. It ranges from threats and verbal abuse to physical assaults and even homicide.
- **Verbal abuse** is a form of emotional abuse. It is the act of directing negative statements toward someone, causing emotional harm. Examples include threats, insults, abusive anger, or humiliation.
- **Assault** is defined as any intentional act that causes another person to fear that he/she is about to suffer physical harm. The definition of assault varies by jurisdiction, but physical injury or contact is not always required.
- **Aggravated assault** is a felony that may involve an assault committed with a weapon or with the intent to commit a serious crime. An assault may also be defined as aggravated if it occurs in the course of a relationship that the legal system regards as worthy of special protection (law enforcement, healthcare workers, teachers, public defenders, judges, select other government employees, and adolescents under the age of 15). The degree of felony depends on other circumstantial factors, but ranges from a class 2 to a class 5 felony.
- Arizona Revised Statutes § 13-1204 specifies that if a licensed healthcare practitioner is assaulted while engaged in their professional duties by an individual with dementia or a "serious mental illness", the assault is not considered "aggravated".

TYPES OF VIOLENCE

Experts have classified workplace violence into four types on the basis of the relationship between the perpetrator and the victims involved or, conversely, the workplace itself.

- **Type I:** Perpetrator has no association with the workplace or employees.
- **Type II:** Perpetrator is a customer or patient of the workplace or employees
- **Type III:** Perpetrator is a current or former employee of the workplace
- **Type IV:** Perpetrator has a personal relationship with employees, none with the workplace

TYPES OF VIOLENCE

Type I: Type 1 violence by criminals otherwise unconnected to the workplace accounts for the vast majority—nearly 80 percent—of workplace homicides. In these incidents, the motive is usually theft. This type of violence falls heavily on particular occupational groups: taxi drivers (the job that carries by far the highest risk of being murdered), late-night retail or gas station clerks, and others who are on duty at night, who work in isolated locations or dangerous neighborhoods, and who carry or have access to cash.

Type II: Type 2 cases typically involve assaults on an employee by a customer, patient, or someone else receiving a service. In general, the violent acts occur as workers are performing their normal tasks. In some occupations, dealing with dangerous people is inherent in the job, as in the case of a police officer, correctional officer, security guard, or mental health worker. For other occupations, violent reactions by a customer or client are unpredictable, triggered by an argument, anger at the quality of service or denial of service, delays, or some other precipitating event.

Employees experiencing the largest number of Type 2 assaults are those in healthcare occupations—nurses in particular, as well as doctors, nurses and aides who deal with psychiatric patients; members of emergency medical response teams; and hospital employees working in admissions, emergency rooms, and crisis response or acute care units.

Type III & Type IV: Type 3 and Type 4 violence involve violence by past or present employees and acts committed by domestic abusers or arising from other personal relationships that follow an employee into the workplace. When the violence comes from an employee or someone close to an employee, there is a much greater chance that some warning sign will have reached the employer in the form of observable behavior.

SCOPE OF PROBLEM IN HEALTHCARE

- In a 2014 survey on hospital crime, type II workplace violence accounted for 75% of aggravated assaults and 93% of all assaults against employees. According to the Bureau of Labor Statistics, the rate of serious workplace violence - which leads to days of missed work - is 4x higher in healthcare than the average for other private industries.
- Nationwide, 78% of emergency department physicians reported being targets of workplace violence in the previous 12 months. Specifically, 75% reported verbal threats, 21% physical assaults, 5% confrontations outside the workplace, and 2% stalking.
- Rates of workplace violence against physicians in psychiatric settings may be even higher than those in emergency department settings, with 40% of psychiatrists reporting physical assault in one study.
- A survey of all staff members at a forensic psychiatric hospital showed that the annual incidence of verbal conflict was 99% and the annual incidence of physical assault was 70%.
- To place the rate of hospital-associated shootings in context, comparisons of other work-setting-related homicides for 1997 to 2010, derived from Bureau of Labor Statistics data: General medical and surgical hospitals experienced 21 homicides, similar to the rate in lawyers' offices (15) and post offices (18). Hotels (72), convenience stores (271), taxi services (286), and local government (461) were places of considerably higher rates of work-related homicides.

VIOLENT EVENT DATA: VERBAL & PHYSICAL ASSAULT

- The majority (72.4%) of type II violent events in healthcare occur in patient rooms or exam rooms. These events are usually verbal threats or assault.
- A weapon was used in one-third of the events; most (84.3%) being a body part with fewer involving body fluids (14.1%), furniture (7.4%), and gun and/or knife (0.95%).
- Less than half (39.6%) occurred while the worker was alone with the perpetrator.
- In (8.5%) of events, physical assault was preceded by verbal abuse. In these instances, assaults were carried out with body parts as weapons.
- The most common characteristic exhibited by perpetrators of these types of workplace violence is altered mental status associated with dementia, delirium, substance intoxication, or decompensated mental illness.

VIOLENT EVENT DATA: SHOOTINGS

- According to research from Johns Hopkins University (Kelen, Catlett, Kubit, & Hsieh, 2012), **between 2000 – 2011**: 154 hospital-related shootings were identified, 91 (59%) inside the hospital and 63 (41%) outside on hospital grounds. An average of 14 active shooter events per year.
- Emergency departments were the most common site (29%), followed by the parking lot (23%) and patient rooms (19%). Outpatient offices were not included in the study.
- Most events involved a determined shooter with a strong motive as defined by grudge (27%), suicide (21%), “euthanizing” an ill relative (14%), and prisoner escape (11%). In 23% of shootings within the ED, the weapon was a security officer’s gun taken by the perpetrator.
- **Most perpetrators had a personal association with their victims**: 32% were current or estranged intimate relations, 25% were current or former patients, and 5% were current or former employees. In only 13% of events was the association not obvious. In 26 (18%) cases, the perpetrator did not bring his or her own firearm. In 2 cases, the perpetrators were hospital security personnel themselves.
- Of the 235 victims, 129 (55%) were innocent victims (ie, excluding the perpetrator). Hospital staff were infrequent victims, with physicians (3%) and nursing staff (5%) comprising a particularly small proportion. Most likely killed or injured were the perpetrators themselves (45%), followed by patients (13%).

RISK FACTORS FOR VIOLENCE

Personality conflicts (between coworkers or supervisor)

- A grudge over a real or imagined grievance
- Mishandled termination or other disciplinary action

Employee personal circumstances

- Breakup of a marriage or romantic relationship
- Family conflicts; financial or legal problems
- Emotional disturbances; jealousy, betrayal

Other higher-risk behaviors can include:

- Hypersensitivity to criticism
- Apparent obsession with a supervisor, coworker, or grievance
- Ominous, specific threats
- Preoccupation with violent themes, films, or tv
- Interest in recently publicized violent events
- Recent acquisition/fascination with weapons

Noticeable changes in behavior:

- Extreme disorganization
- Increasing belligerence and outbursts of anger
- Homicidal/suicidal comments or threats
- Drug or alcohol use on the job

PERPETRATOR MOTIVE: GRUDGE & REVENGE

- Cleveland, OH, December 2001: A 40-year-old man attacked his 34-year-old estranged wife and her 36-year-old ex-husband as she was exiting his car to report to work as a nurse. After opening fire on the ex-husband and hitting him in the forearm, he then followed his fleeing wife into the hospital lobby and shot her in the head, killing her. It was later determined that the gunman believed his wife was trying to reconcile with her ex-husband.
- Columbus, GA, May 2008: A 63-year-old man entered the ICU at Doctors Hospital, where his mother had died 4 years earlier, and confronted a nurse whom he blamed for his mother's death. He shot the nurse twice and then during his escape shot a second employee as he was exiting the ICU. As the man fled to the parking lot, he shot a visitor exiting his car. Policemen then trapped the man in the parking lot and fatally shot him as he drew a gun on them.
- Jacksonville, FL, June 2008: A 68-year-old man confronted his ex-girlfriend and their 11-year-old son as they were leaving the ED of Baptist Medical Center and shot them both. He then turned the gun on himself and committed suicide. The estranged couple had been in a lengthy custody battle over the son. The child survived the shooting, but his mother died overnight.
- Long Beach, CA, April 2009: A 50-year-old pharmacy technician shot to death the executive director of his pharmacy and another one of his supervisors before placing the gun to his own head and killing himself. Coworkers speculated that the gunman feared he was about to be laid off from his job.

PERPETRATOR MOTIVE: ESCAPE

- Langhorne, PA, September 2005: A 38-year-old man was brought to the ED after being charged with driving while intoxicated. In custody, while in the ED, he took a gun from an unsecured holster of one of the officers and shot him in the chest, accidentally shooting himself in the hand as well. Next, the perpetrator turned and shot a technician in the shoulder and then shot a second police officer 3 times, killing him. He went back to the first officer to shoot him again but the gun was empty. He fled the scene but was captured while hiding in the backseat of a parked car in the hospital garage.
- Baltimore, MD, January 2008: A prisoner admitted to the hospital overpowered 4 correctional officers and took 2 of their guns. He fired at his shackles before fleeing. He took a hospital security guard hostage as he made his way to the lobby and then fled. Outside, he hijacked a car in the parking lot, shooting the driver (the driver survived). The perpetrator was killed later during a shoot-out with the police.

PERPETRATOR MOTIVE

- ***Suicide***: Delaware, OH, May 2000: A 46-year-old man walked into a hospital, handed the clerk an envelope, said, "Don't worry, I won't hurt you," placed a .22-caliber handgun to his head, and shot himself. Inside the envelope was a note stating the man's desires to have his organs donated. He remained in critical condition for 3 days until he died. His eyes and some internal organs were donated to transplant patients, per his wishes.
- ***Mercy Killing, Ill Relative***: Rockdale, TX, December 2011: A 77-year-old man brought a .357 Magnum revolver into the hospital room of his 78-year-old wife, who had dementia, was bedridden, and could no longer care for herself. He shot her once in the head and then fatally shot himself.
- ***Decompensated Mental Illness***: Vinita, OK, October 2001: A 48-year-old man with schizophrenia burst into the ED and fired 6 rounds into a 45-year-old nurse, killing her. Officers responding to the scene found the man on top of a car in the parking lot, reloading his weapon. As the man aimed his gun at the officers, they fatally shot him. It was reported that the shooter had been living as a resident of a mental health facility before the shooting and was believed to have been noncompliant with his medication.
- ***Multifaceted Motive (Grudge, Mercy, Suicide)***: Baltimore, MD, September 2010: A 50-year-old man who became distraught after hearing about the unfavorable prognosis following surgery on his terminally ill mother drew a concealed handgun and fired on his mother's surgeon in the hallway of the hospital. The shooter barricaded himself and his mother in her hospital room, where he fatally shot his mother and then committed suicide. The surgeon survived.

Practical Tips for Personal Safety

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Dr. Steven Pitt

Different situations call for different tactics



On the unit



In the office

With a patient
Active shooter



In public



On devices

On the unit



Always keep safety in mind



If possible, talk with patients in an area which is viewable by other staff



Ask staff to accompany you to see the patient if you are concerned



Keep at least a leg-length of space between yourself and the patient

In the office



Furniture should be arranged in a way that either gives the doctor a clear exit path, or that gives both parties equal access to the exit



Anything can be a weapon - both for you and a patient



Look at everything you have in your office

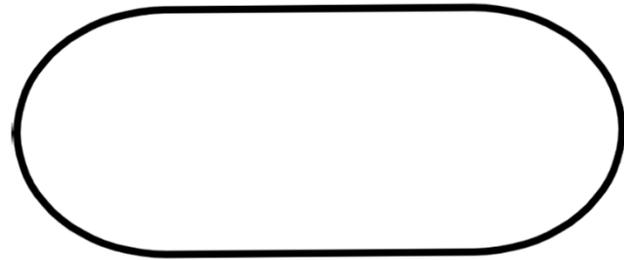
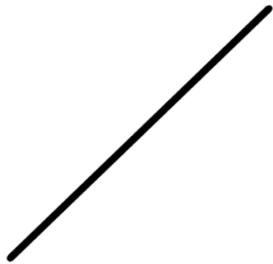
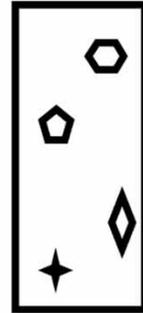
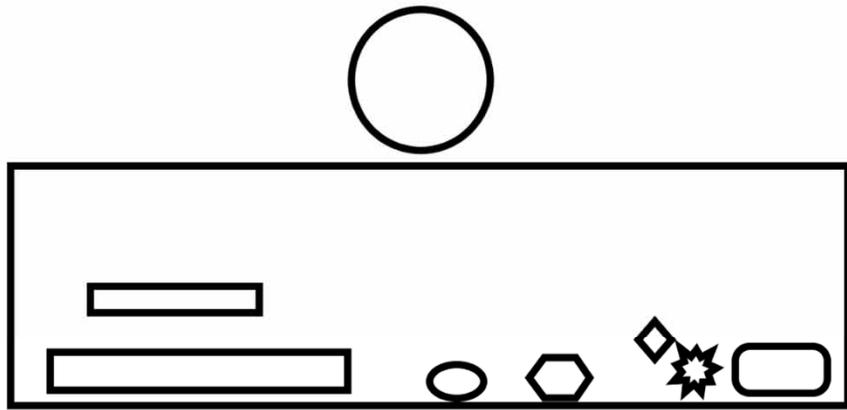
- Phone
- Keyboard
- Monitor
- Awards
- Keepsakes

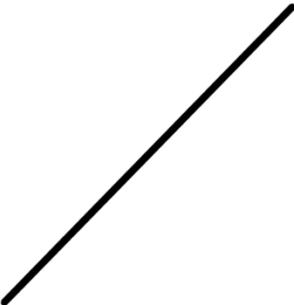
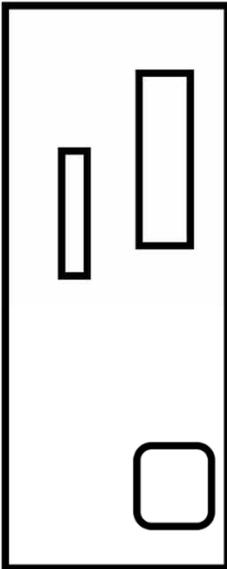
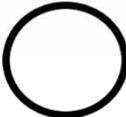
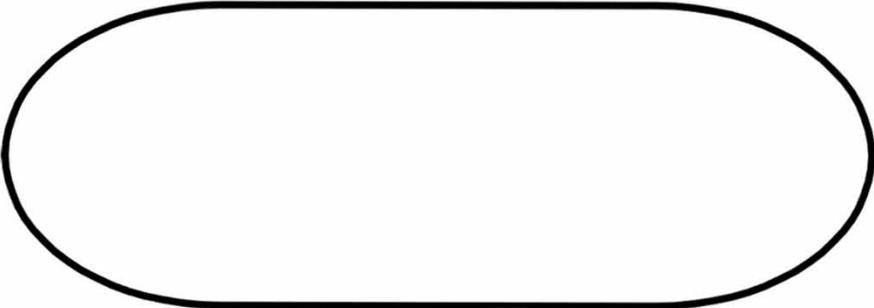


Remove items that are not needed



Have codewords which you or your staff can use to communicate you are concerned about this person which can signal staff to stay close, or even call security/police





Active shooter events



- ▶ Have a plan
- ▶ If employed in a hospital, there is likely a protocol in place- LEARN IT
- ▶ Consider alternative exits you could use
 - ▶ Where are the locked doors?
 - ▶ Windows?
- ▶ Have a plan for “shelter in place” situations in which you cannot leave the area
 - ▶ Heavy doors with coverings on any windows
 - ▶ Metal desks or other furniture which you could hide behind

In public



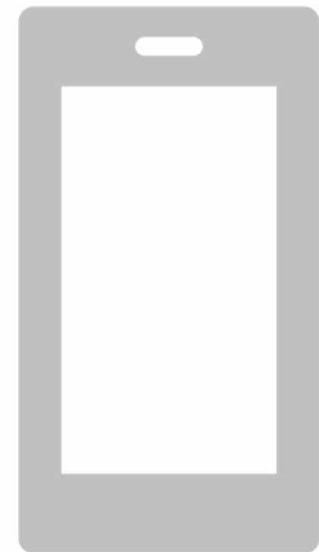
- ▶ ALWAYS BE AWARE OF YOUR SURROUNDINGS!!!
 - ▶ Do not look at your phone
 - ▶ Do not wear headphones
 - ▶ Don't wear your badge/ white coat
 - ▶ Try to walk with someone
 - ▶ Walk with keys in hand, at a steady pace
 - ▶ Look in your car before getting in
 - ▶ Lock your doors as soon as you get in
 - ▶ Keep doors locked until you are ready to get out

If you are attacked

- ▶ Again, ANYTHING CAN BE A WEAPON
 - ▶ Keys between fingers
 - ▶ Pens
 - ▶ Pepper spray
- ▶ Yell "fire"
- ▶ Fight dirty
- ▶ Do EVERYTHING YOU CAN to prevent being taken to another location

On devices

- ▶ Review your privacy settings on social media
 - ▶ Geolocation tags on pictures can reveal where/when it was taken
- ▶ Never post that you will be leaving town
- ▶ Don't post pictures of expensive items
- ▶ Set your home address on devices as somewhere near your home, but not your exact address
- ▶ Cover the cameras on your devices



General tips

- ▶ Vary your routine
- ▶ If you think you are being followed **DO NOT GO HOME**
 - ▶ Instead call the police, and drive to a well lit, busy location
- ▶ Consider taking a self defense class



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