



**American Hospital  
Association™**

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*Advancing Health in America*

**Managing Workplace Safety and Reducing Workplace  
Violence in Hospitals**

**Grady Health System, Atlanta, GA**

# Managing Workplace Safety and Reducing Workplace Violence in Hospitals



United States Government Accountability Office  
Report to Congressional Requesters

March 2016

## WORKPLACE SAFETY AND HEALTH

Additional Efforts  
Needed to Help  
Protect Health Care  
Workers from  
Workplace Violence

**“Workers in health care facilities experience substantially higher estimated rates of nonfatal injury due to workplace violence compared to workers overall.”**



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# Managing Workplace Safety and Reducing Workplace Violence in Hospitals

MILLIMAN RESEARCH REPORT

## Cost of community violence to hospitals and health systems

Report for the American Hospital Association

July 26, 2017

Jill Van Den Bos, ASA, MAAA  
Nick Creten, FSA, MAAA  
Stoddard Davenport  
Mason Roberts, MBA

According to an American Hospital Association report by Milliman Research, **“it is estimated proactive and reactive violence response efforts cost U.S. hospitals and health systems approximately \$2.7 billion in 2016.”**



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# Managing Workplace Safety and Reducing Workplace Violence in Hospitals



**Rhonda Scott, PhD, RN**  
Executive Vice President and  
Chief Operating Officer



**Kevin August**  
Director of Public Safety



**American Hospital  
Association**



# Managing Workplace Safety and Reducing Workplace Violence in Hospitals

Kevin August, BA, Director of Public Safety  
Rhonda A Scott, PhD, Chief Operating Officer

Grady Health System  
American Hospital Association Webinar  
November 14, 2018

# AHA Learning Objectives

- Describe the working environment prior to implementation of an aggressive health and safety plan
- Learn the operational initiatives taken and changes made to combat violence
- Understand the challenges and successes of implementation
- Hear how staff has responded to these changes and how they affect well-being and retention

# Grady Health System

- Founded in 1890, Opened in 1892



Grady Hospital, 1896.

# GRADY TODAY

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- 953 licensed Bed Hospital
- Premier Level I ACS Trauma Center
- ACS Verified Burn Center
- JC Comprehensive Stroke Center of Excellence
- Level III PCMH Network
- Regional Cancer Center
- Infectious Disease Program
- 6 Neighborhood Health Centers
- Largest LTC and Rehab Facility in Georgia
- 2<sup>nd</sup> largest behavioral health program
- 150K ED visits – 5<sup>th</sup> largest in the US
- Primary Training Site for Morehouse and Emory Schools of Medicine



# OUR MISSION, VISION AND VALUES

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## Mission

- Provide quality, comprehensive healthcare in a compassionate, culturally competent, ethical and fiscally responsible manner.
- Maintain our commitment to the underserved counties, while also providing care for residents of metro Atlanta and Georgia.
- Lead through clinical excellence, innovative research and progressive medical education and training.



## Vision

- Become the leading public academic healthcare system in the U.S.

## Values

- Be Patient Centered, Be Safe, Serve Others with Excellence, Do Right, Do Good



# A Growing Trend

- Healthcare is the fastest-growing sector of the U.S. economy, employing more than 18 million people
- Nurses and doctors are graduating into the most violent industry in the U.S., outside of law enforcement



# WHAT IS WORKPLACE VIOLENCE?

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Workplace Violence is defined as any *physical assault, threatening behavior, or verbal abuse* occurring in the work setting.



# OCCUPATIONAL SAFETY & HEALTH ADMINISTRATION DATA

2002 - 2013, the rate of serious workplace violence incidents (**those requiring days off for an injured worker to recuperate**) was more than **four times greater in healthcare** than in private industry on average.



- In fact, healthcare accounts for nearly as many serious violent injuries as all other industries combined.



# BIGGEST HEALTHCARE SECURITY CHALLENGE

“We need to do a better job of helping the average healthcare worker – *be they clinical or non-clinical* – understand what workplace violence is, define it for them, tell them what the warning signs are, and then let them know what their role is when they witness those types of events,”



## **Bryan Warren**

Director, Corporate Security,  
Carolinas HealthCare System,  
and past president of the IAHSS

# VIOLENCE IS A PUBLIC HEALTH ISSUE

- **CRIMECAST REPORT** – According to Crimecast statistics, GHS has a Cap Index score of 617, meaning the hospital is located in an area where the crime rate is 6.17 times greater than the national average
- **Atlanta** has an estimated 7,500 homeless people, over 2300 live permanently on the streets, with more than 300 homeless individuals living within a three block radius of the main hospital
- The most significant challenge for us, is getting clinical and nonclinical staff to understand what workplace violence is, and how to partner with Public Safety to combat it.



# HEALTHCARE VIOLENCE STATS

Approximately **80%** of the healthcare work force is female.

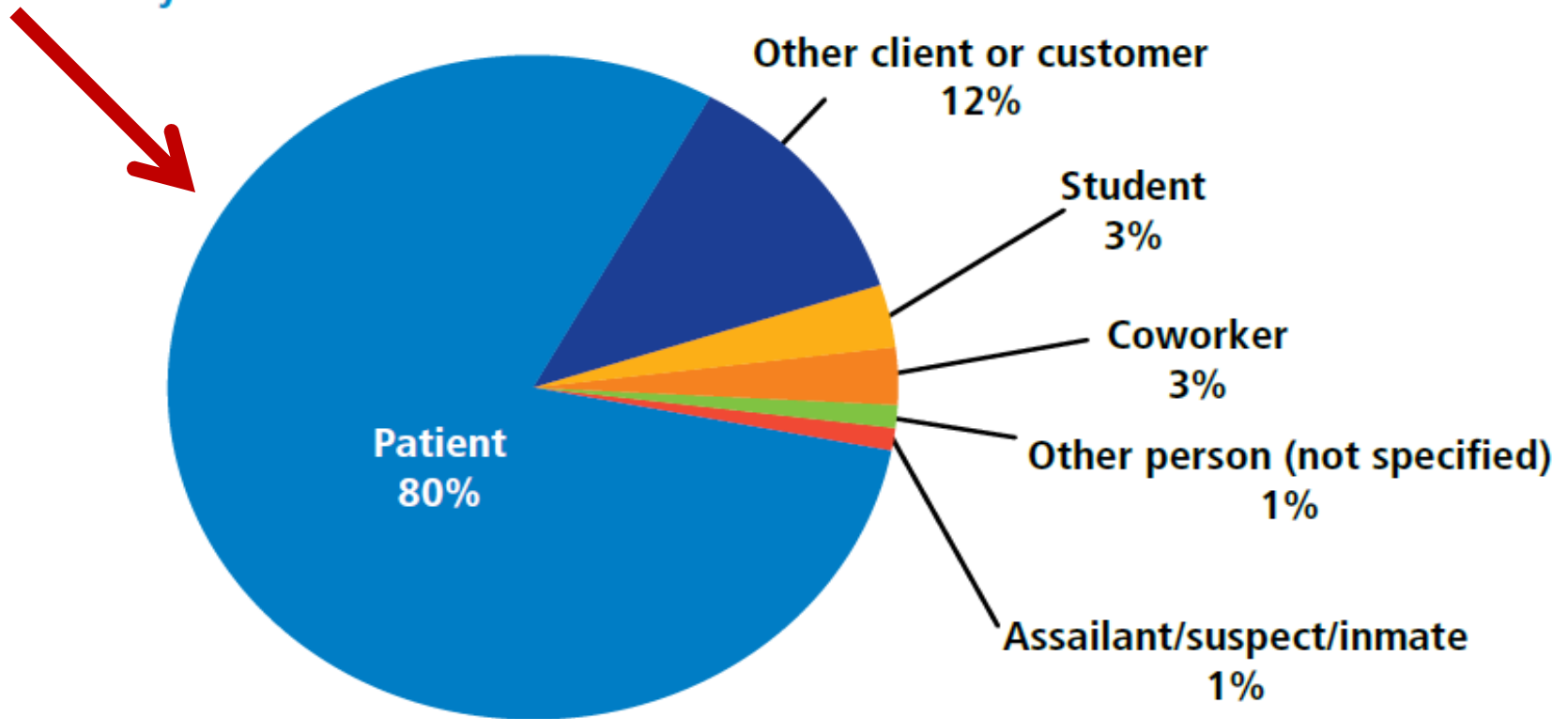
- **75%** of all **workplace assaults** happen in healthcare settings;
- **78%** of emergency department physicians report being the target of workplace violence in the past year;
- **100%** of emergency department nurses surveyed reported verbal assault during the last year;
- **40%** of psychiatrists report physical assault;
- **Violence** among psychiatric aides is **69 times higher than the national average;**
- **61%** of home healthcare workers report violence annually



# WHO'S RESPONSIBLE FOR THE VIOLENCE?

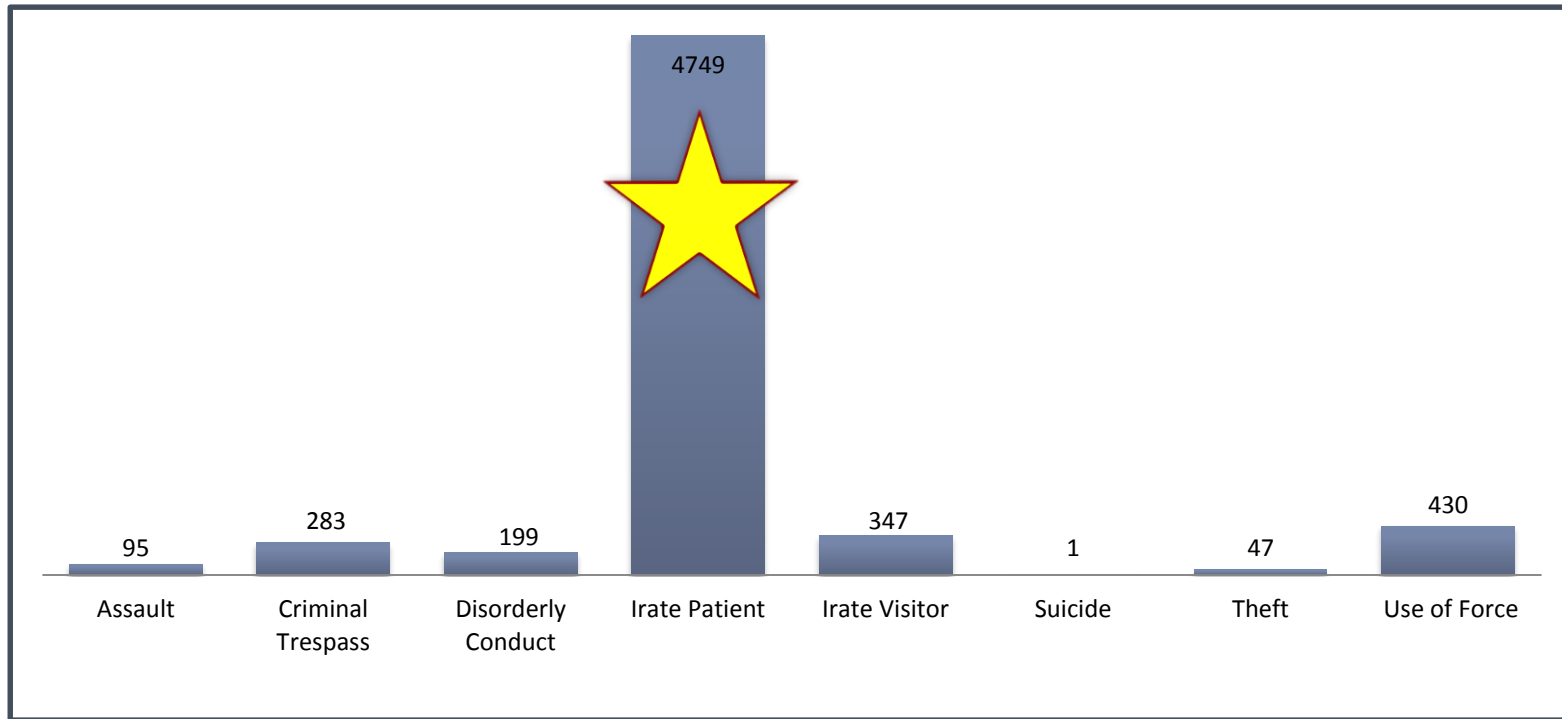
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Healthcare Worker Injuries Resulting in Days Away from Work, by Source



*Data source: Bureau of Labor Statistics (BLS), 2013 data. These data cover three broad industry sectors: ambulatory healthcare services, hospitals, and nursing and residential care facilities. Source categories are defined by BLS.*

# Top GHS Incident Types 2018 YTD



\*Note: Some codes were not employed to classify calls until mid-2017. Such codes include Criminal Trespass, Irate Visitor, and Irate Patient.

# Irate Patient damage



# Irate Patient damage





# GRADY'S EFFORTS TO IMPROVE SAFETY

- February 2015 GHS Internal Audit (IA) staff conducted a risk assessment of Public Safety (PS)

## Results

1. Conduct an Independent, comprehensive risk assessment of Public Safety
2. Lack of a formal, documented process for ensuring the testing/preventive maintenance of security systems, e.g. Panic buttons, surveillance cameras, recorders, etc.
3. Public Safety did not perform periodic reconciliations of the items placed in their safe, with the items recorded in the property log books



# ALL 2015 IA ASSESSMENT FINDINGS ADDRESSED

- **Finding one** - Completed after L&A was selected to conduct the risk assessment, and completed it in January 2018.
- **Finding two** – Completed after a System’s Manager was hired and established a formal, documented security infrastructure testing process. The process ensures critical security systems, e.g. panics alarms, surveillance cameras, recorders, etc., are tested at specific intervals, and confirm each is working as intended. For example, the HUGS and all panic alarms are tested quarterly, while surveillance cameras and recorders are tested monthly.
- **Finding three** - The third finding was addressed, through the acquisition of the ARMS CAD system, which allowed the PSD to automate the Patient Valuables/Lost & Found function. This automation has enabled PS to discontinue its antiquated use of log books to catalogue and manage property.

# PUBLIC SAFETY DEPARTMENT CHANGES POST INTERNAL AUDIT ASSESSMENT

1. In June 2015, Kevin August, a former FBI Senior Executive, and corporate security professional, hired as the new Public Safety Director
2. Mr. August began making modifications to the PSD, focused on ameliorating deficiencies in staffing, training, operational protocol and technology.
3. A retired FBI Supervisory Special Agent was hired as an Operations Manager/Investigator, to help improve department performance, expand operational capabilities, and provide strong leadership.
4. A new System's Manager (position left vacant for three years) was hired to manage and upgrade the health system's aging security infrastructure. This position was filled by the former Tech Manager of the Atlanta FBI Field Office, who brought more than 35 years of experience at managing two-way radios, access control systems and physical security.
5. A Computer Aided Dispatch (CAD) system was purchased, to document and automate operational activities, which were previously handled manually.
6. Staff was transitioned from eight to 12 hour shifts, thereby improving morale, reducing call-outs, increasing the number of officers on duty, enhancing visibility, and improving performance.
7. As per the recommendation of the IA report, PSD facilitated the issuance of an RFP to select a vendor suitable for conducting a comprehensive risk assessment.
8. Lowers and Associates (L&A), an independent, internationally recognized risk management consulting firm, headquartered in Northern Virginia, 125 East Hirst Road, Purcellville, VA. , was selected to conduct the requested risk assessment.

# Workplace Safety Plan

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## Finding the Right Leader



- 36 Years of law enforcement & corporate security experience
  - Global Director, Physical Security, GE Capital
  - Asst. Chief Security Officer, The General Electric Co.
  - Chief, Law Enforcement Targeting & Operations Section, FBIHQ (Senior Executive Service)
  - Assistant Special Agent In Charge, FBI El Paso, TX
  - Unit Chief, Inspection Division, FBI Headquarters
  - Senior Supervisory Special Agent, Joint Terrorism Task Force, FBI Los Angeles
  - Detective, Forgery Division, Lafayette City Police, Lafayette, LA
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# KEVIN'S FOCUS

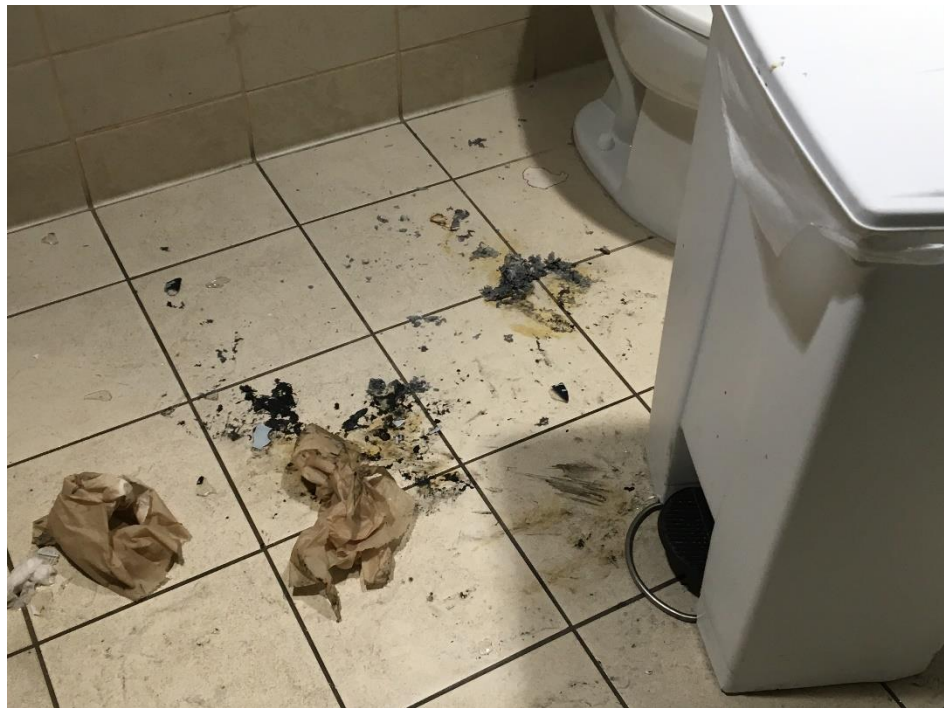
- Improve staff image & morale
- Advance staff skill level through targeted hiring & training
- Modernize GHS' security infrastructure
- Use manpower innovatively to optimize impact
- Mandate manager membership/participation in professional trade organizations (IAHSS & ASIS)
- Use data to identify trends & Risks, become predictive and proactive, and justify staffing and resource needs
- Hire security consultants with expertise in healthcare settings to conduct comprehensive risk assessment.

# SIGNIFICANT AREAS EVALUATED BY THE 2018 ENTERPRISE RISK ASSESSMENT

- **Leadership Effectiveness** - During the staff interview process, there were repeated compliments for Kevin August and the Public Safety Department. All interviewees agreed that Kevin and his management staff were doing a great job of transforming the department into a professional, high quality organization. Further, staff was motivated and working well together.
- **Crime Risk** - Grady Memorial Hospital has a Cap Index score of 617. This means the crime rate in the area where the hospital is located is 6.17 times higher than the national average. When combined with the hospital's proximity to a homeless camp, the health system requires a **high level of security services** in order to prevent crime and discourage the homeless from residing in, or using hospital resources without being treated as a patient.
- **Access Control** - To achieve a higher level of security, GHS should consider restricting public access into the hospital by either closing entrances permanently, or reducing the hours entry points are open. Consideration should be given to providing screening (utilizing a visitor management system), when entry points are open, and all patients and visitors should be funneled through the main entrance.
- **Staffing** - There are no staffing models for security that effectively provide definitive levels for staffing. Staffing is based on risk, number of entrances, square footage and crime problem for the area. Current staffing level is based solely on square footage, and **does not** provide enough presence to deter the homeless from continually entering the hospital and wandering around. PSD needs to provide continuous patrols throughout the interior and exterior of the hospital. **This will require the addition of at least two officers on each shift, seven days a week.**
- **Life/Safety** - Homeless people utilizing the bathrooms, was noted throughout the hospital. Bathrooms should be designated as either staff or public. Staff bathrooms should be locked, and public bathrooms should be patrolled on a regular basis.

# WHEN BATHROOMS ARE INVADED

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# Enterprise-Wide Risk Assessment

- CAP Index Report
- Access Control
- Behavioral Health
  - Disruptive Patient Committee
- Canine Patrols
- Emergency Management
- Incident Reporting
- Site Survey
- Lighting Survey
- Physical Security Systems
  - Panic Buttons
  - Key Control
- Policy & Procedure Review

# Enterprise-Wide Risk Assessment

- Security Sensitive Areas
  - Administration Suite
  - Bathrooms
  - Emergency Department
  - Loading Dock
  - Parking Garages
  - Pharmacy
  - Security Property Room
- Staffing
  - Staffing Levels
  - Patrols
  - Training
- Visitor Management
- The Risk Assessment included all on-site and off-site locations



# PHYSICAL PLANT / STRUCTURE

- Restricted Access for the Public

- Emergency Department
- Main Entrance (Front of hospital)
- Main Entrance (Back of hospital)

## Visitor Registration Form- 1

Visitor Registration Form- 1

Visitor Registration

Visitor Reg No: Auto Number

Visitor Type: Sales

First Name: Sahil

Last Name: Kumar

Middle No: 9899989898

Representing: Credence RM

ID Proof: Pan Card

ID Proof No: BTDFP1221

Address 1: Credence Pride House

Address 2: Mundhead Kharadi Bypass

Vehicle No: MH12AX7876

Email ID: sahil@credence.com

Country: INDIA

State: Maharashtra

City: Pune

Nationality: India

Landline No: 02025430193

Pin No: 411038

Emergency Contact No: 98999829212

Extension No:

Remark:

Remark for BlackList:

Deactivate:

Scan Business Card

Save Save & Proceed for CheckIn Cancel

SEED VMS Visitor Management System

Copyright © 2014 SEED Management Services Pvt. Ltd. All rights reserved.

Status: Wednesday 26-Nov-2014 11:03:37 AM

- Card Access Only for Staff
- Visitor Management System

# BENEFITS OF RESTRICTING PUBLIC ACCESS

1. Establishing Perimeter Control, and minimizing “Public” access to the into the hospital is *essential* to creating a safe/secure work environment
2. Allows us to better address our homeless problem, and reduce crime
3. Utilizing a visitor management system gives us the ability to :
  - Know who our visitors are
  - Pre-schedule appointments
  - Check-in walk up visitors
  - Screen against watch list
  - Send notifications to Security if a banned visitor attempts to enter
  - Print badges, create visitor photos, create visual confirmation for authorized access to specific locations (floor/room/unit)
  - Eliminate unwanted traffic in sensitive areas.

# Interdepartmental Collaboration: Breaking down the silos

- May 74 findings
- June Assigned responsibilities  
Established timelines  
Estimated costs
- October 53% of the findings completed
- January 2019 anticipated completion



Function	Functional Champion	Total Findings	Completed	Percentage Completed
Behavioral Health	Michael Claeys	5	5	100%
Chief Operating Officer	Dr. Scott	1	0	0%
Facilities Management	Carlos Ruiz	19	10	53%
Nursing	Dr. Herd	1	1	100%
Pharmacy	Rondell Jagers	1	0	0%
Pharmacy/Public Safety	Rondell Jagers/ Kevin August	1	0	0%
Public Safety	Kevin August	28	14	50%
Public Safety/Baby Unit	August/ Frances Kelly	1	1	100%
Public Safety/ Facilities Management	Kevin August/ Carlos Ruiz	10	5	50%
Public Safety/Marketing & Public Affairs	Kevin August/Lindsay Caulfield	1	1	100%
Public Safety/Patient Experience	Kevin August/ Lindsay Caulfield	1	0	0%
Radiology	Jacquelyn Reasor	1	0	0%
Risk Management	Michelle Wallace/ Angela King	2	0	0%
Safety	Dedra McGhee	2	1	50%
Supply Chain Operations	Teresa Lewis	1	1	100%
	Totals	74	39	53%

# Grady's Public Safety Department



# Mission Statement

Provide **security services**, which **enhance** and **support** the goals and objectives of the Grady Health System



# Grady Public Safety Leadership Team



Kevin August  
Director



Steve Taylor  
Manager,  
Operations



Tony Murray  
Manager,  
Operations



Jerome McCants  
Manager,  
Operations



Craig Vance  
Systems  
Manager



Kenneth Elder  
Training  
Coordinator



Angela Rogers  
Administrative  
Assistant



Sherry Cooper  
Supervisor



Lequita Storey  
Supervisor



Joseph Savory  
Supervisor



Derrick McEwan  
Supervisor



Patrick Applewhite  
Supervisor



Shannon Edwards  
Supervisor



Edward Thomas  
Supervisor

Current Authorized FTE: 97

# Staffing & Morale Guidance

- Success begins with hiring the right people
- Right size your workforce
- Identify/address poor performers as soon as possible
- Assign leaders specific areas of responsibility (Create Champions)
- Hold everyone accountable
- Be innovative and flexible with officers/managers
- Transparent and consistent communication is critical
- Purchase the best resources you can afford
- Compensation must be competitive
- Train, train, train

# **GAME CHANGERS**

**Welcome To The 21<sup>st</sup> Century**

# Old Way Of Documenting Incidents



# How We Document Incidents Now

Version 3.2.98 (09/06/2016)

**ARMS** Automated Records Management System

This Program licensed to:



Grady  
Public Safety  
Atlanta, Georgia, 30303  
ORI Number:  
Kevin August

Technical support: 800-776-6783  
[www.arms.com](http://www.arms.com)  
[support@arms.com](mailto:support@arms.com)

The screenshot shows the ARMS software interface. At the top left is the ARMS logo, which consists of a blue square with a white octopus-like creature and the letters 'ARMS' in yellow. To the right of the logo is the text 'Automated Records Management System' in yellow. In the top right corner, it says 'Version 3.2.98 (09/06/2016)'. Below the logo and title, it says 'This Program licensed to:'. To the right of this text is the Grady logo, which is a red cross with the word 'Grady' in black. Below the Grady logo, the text reads: 'Grady', 'Public Safety', 'Atlanta, Georgia, 30303', 'ORI Number:', and 'Kevin August'. At the bottom of the screenshot, it says 'Technical support: 800-776-6783', 'www.arms.com', and 'support@arms.com'.

## Old Uniforms



# Morale Boosters

## New Uniforms





# Surveillance Technology Improvements

**Old Analog Camera Image**



**New Digital Camera Image**



# Notable Operations Improvements

## Before

- Understaffed (84 FTE/**66 On-board**)
- 8 hour shifts – staffing challenges
- Weapons old, needed replacement
- Surveillance system antiquated
- Patrol Equipment @ end of life
- Radios old & inoperable
- Multiple assaults & issues in ECC
- Video storage capacity 20 days

## Now

- Improved Staffing (97 FTE/**91 On-board**)
- 12 HR Shifts – Staffing nearing adequate
- Purchased 30 New Weapons
- \$500,000+ upgrade with 400+ cameras
- Purchased new SUVs and Golf Carts
- All radios are new, multi-channel digital
- Three PS Officers & an off-duty Police Officer posted in ECC
- Video storage capacity up to 45 days

# Staff Satisfaction Gauge

Old Status



Current Status



# Additional Value Added Services



**Parking Garages**

**Visibility**

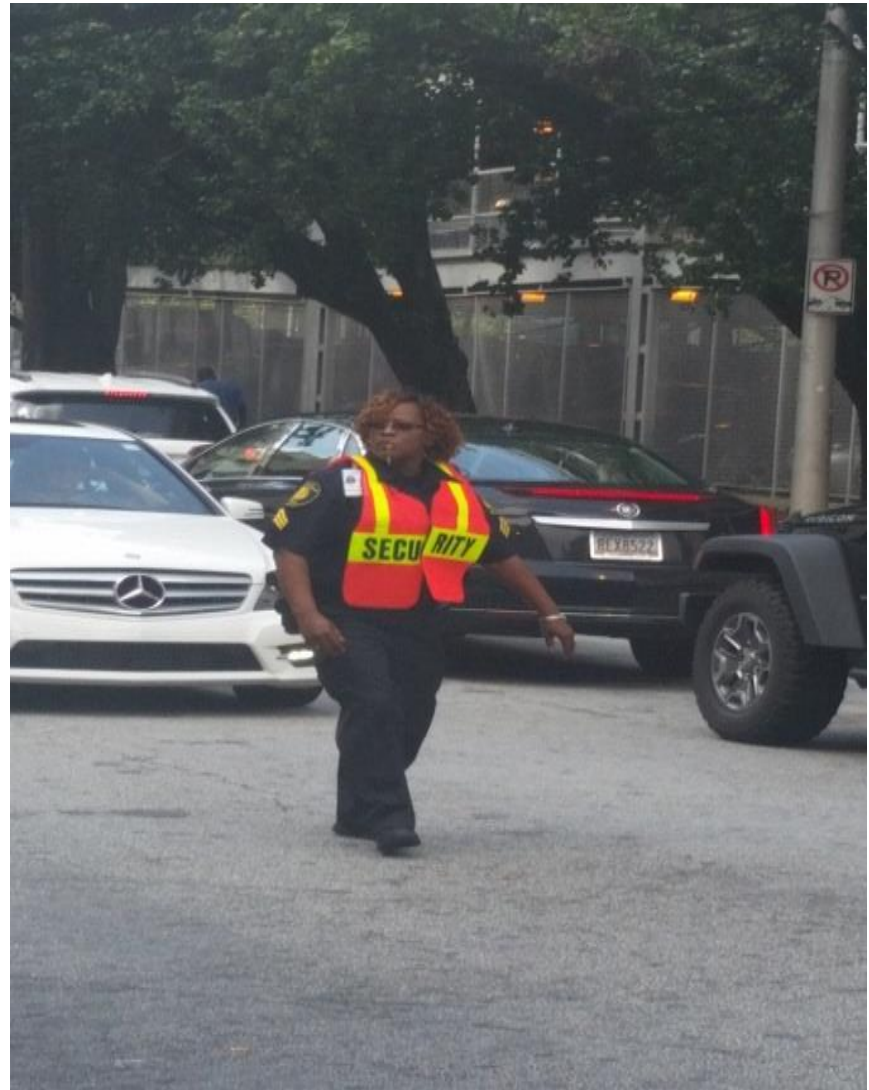
**Training**

**Education**

**Networking**



# Traffic Management





# Visibility





# Visibility





# Professional Training



# Professional Training



# Professional Training

## Firearms Training





# Wish List Canine Patrol





# Leadership Training and Networking

Craig, as soon as we get home, we're going to implement some of this good stuff at Grady!





# Attendance At International Conferences





# Cutting Edge Technology/Networking



# PHYSICAL ASSAULT WARNING SIGNS

1. Body Language
2. Verbal Cues
3. Invasion Of Your Personal Space



# DEALING WITH RISKY PATIENTS

- ✓ Familiarize yourself with your patients, especially those with a history of violent behavior, dementia, and drug or alcohol intoxication.
- ✓ If possible, arrange to have an escort or another worker around when you feel you're in an unsafe situation.
- ✓ Make sure you have a system that protects confidentiality, but alerts your co-workers if you know there's a patient who may become aggressive.
- ✓ Establish a “Code Word or Phrase” for your team, which informs them that you need assistance.
- ✓ Remain calm, empathetic and attempt to engage through conversation
- ✓ Set Boundaries
- ✓ Get Security involved, before a situation gets into the **Red Zone**.

# SAFETY TIPS FOR ALL SITUATIONS

- Be **CONSCIOUS!** Always be alert and aware of your surroundings.
- Trust your intuition. If something feels strange, out of sorts or dangerous – trust your gut feeling and change the situation immediately.
- Keep valuables out of sight – don't tempt desperate folks
- Travel in groups – there's safety in numbers
- Walk with purpose, with your head up – don't look like a victim
- Keep your purse or bag close to your body
- Make eye contact, and keep a safe distance from suspicious persons
- When walking, secure your cell phone, it is both a risk and a distraction



# SAFETY TIPS FOR SOCIAL MEDIA

- Limit location sharing
- Don't "Friend" strangers
- Tighten your privacy settings
- Don't share info on your vacation dates, address or date of birth with strangers
- Remember what you place on line will be there forever

# SAFETY TIPS WHEN PARKING

- Don't leave packages or valuables visible in your vehicle
- At Dusk/Dawn arrange to walk with a buddy or a group to your vehicle
- Check signage to ensure your car is parked legally, and in the right place
- In decks, stay away from dimly lit areas
- Avoid large bushes, trees or dense shrubbery where someone could hide
- NEVER allow anyone to force you into a car with them, even at gun point.

# SAFETY TIPS AT HOME

- If you can afford it, have a monitored alarm system, with cameras installed.
- Never open the door for a stranger, even one that is female and appears to be in distress.
- In the morning, check outside your home for any potential threats, prior to opening your garage door.
- At night, when driving up to your home, check on either side of your driveway to ensure it is safe, before opening your garage door.
- Create a “Code Word” for your family to use if they are ever under duress and need help.



# LESSONS LEARNED

- Executive Champion is critical
- Pushback is to be expected
- Culture change is a must
- Train, train and retrain
- Buy-in is critical
- Involve clinical staff
- Proactive – Not Reactive





# *Courage*

*To do what's right, not what's popular*

Become a Risk Taker



**That's Courage!**

# Thank You for Joining Us

## Questions



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