



Home Healthcare and Violence Employee Safety and Retention

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AlertGPS



A True Story...

What would you do?

Health care workplace violence is an underreported, ubiquitous, and persistent problem that has been tolerated and largely ignored¹

The facts surrounding home health workplace violence are alarming and compelling

1 Phillips JP. Workplace violence against health care workers in the United States. *New England Journal of Medicine*, 2016;374(17):1661-9.

What is Violence in the Workplace?

National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as:

“violent acts directed toward persons **at work or on duty.**” ¹

...includes physical assaults, verbal assaults, sexual harassment and threats of assault

Healthcare Workplace Violence

- According to OSHA, approximately **75 percent** of nearly 25,000 workplace assaults reported annually occurred in health care and social service settings¹
- Workers in health care settings are **four times more likely** to be victimized than workers in private industry.²
- BLS data show that violence-related injuries are **four times more likely** to cause health care workers to take **time off from work** than other kinds of injuries.³

Being alone, outside of a facility... the risk goes up.

1. Occupational Safety and Health Administration. Guidelines for preventing workplace violence for healthcare and social service workers (OSHA, 3148-04R). Washington, DC: OSHA, 2015.

2. Security Industry Association and International Association of Healthcare Security and Safety Foundation. Mitigating the risk of workplace violence in health care settings. Silver Spring, MD: Security Industry Association, August 2017.

3. United States Department of Labor. Census of Fatal Occupational Injuries (CFOI) — current and revised data. Washington, DC: Bureau of Labor Statistics, 2014.

But what about HOME Health?

The New England Journal of Medicine reported that ***61 percent of home care workers faced violence each year:***

- Verbal abuse and threats,
- Sexual harassment, sexual abuse, rape,
- Physical assault, shoving
- displays of weapons

Home health workers provide care in an **uncontrolled environment** without the protections offered in traditional health care facilities

But we don't have a problem...

Employers are Unaware

Only about **1 in 5 violence incidents are ever reported** ¹

- Many employers are unaware of the frequency and degree of the violence their employees face, and **the impact that violence is having on employee retention.**

How do **you** know if you have an issue with violence, burnout and turnover?

Reasons Workers Underreport

- Embarrassment of being a victim¹
- Fear of job loss²
- Fear of blame by others that they provoked the assault or were negligent³
- Self-blaming by the victim⁴
- Peer pressure not to report⁵
- Perception of violence as “part of the job”⁶
- Organizational culture^{1,7}

Many reasons are the same as underreporting sexual assault

¹ Mayhew C. *Preventing Client Initiated Violence: A Practical Handbook*. Research and Public Policy series no. 30. Canberra, Australia: Australian Institute of Criminology; 2000.

² Poster E. A multidimensional study of psychiatric nursing staffs' beliefs and concerns about work safety and patient assault. *Arch Psychiatr Nurs*. 1996;10:365–373.

³ Lanza ML. Nurses as patient assault victims: an update, synthesis and recommendations. *Arch Psychiatr Nurs*. 1992;6(3):163–71.

⁴ McCoy Y, Smith MH. Legal considerations of workplace violence in healthcare environments. *Nursing Forum*. 2001;36(1):5–14.

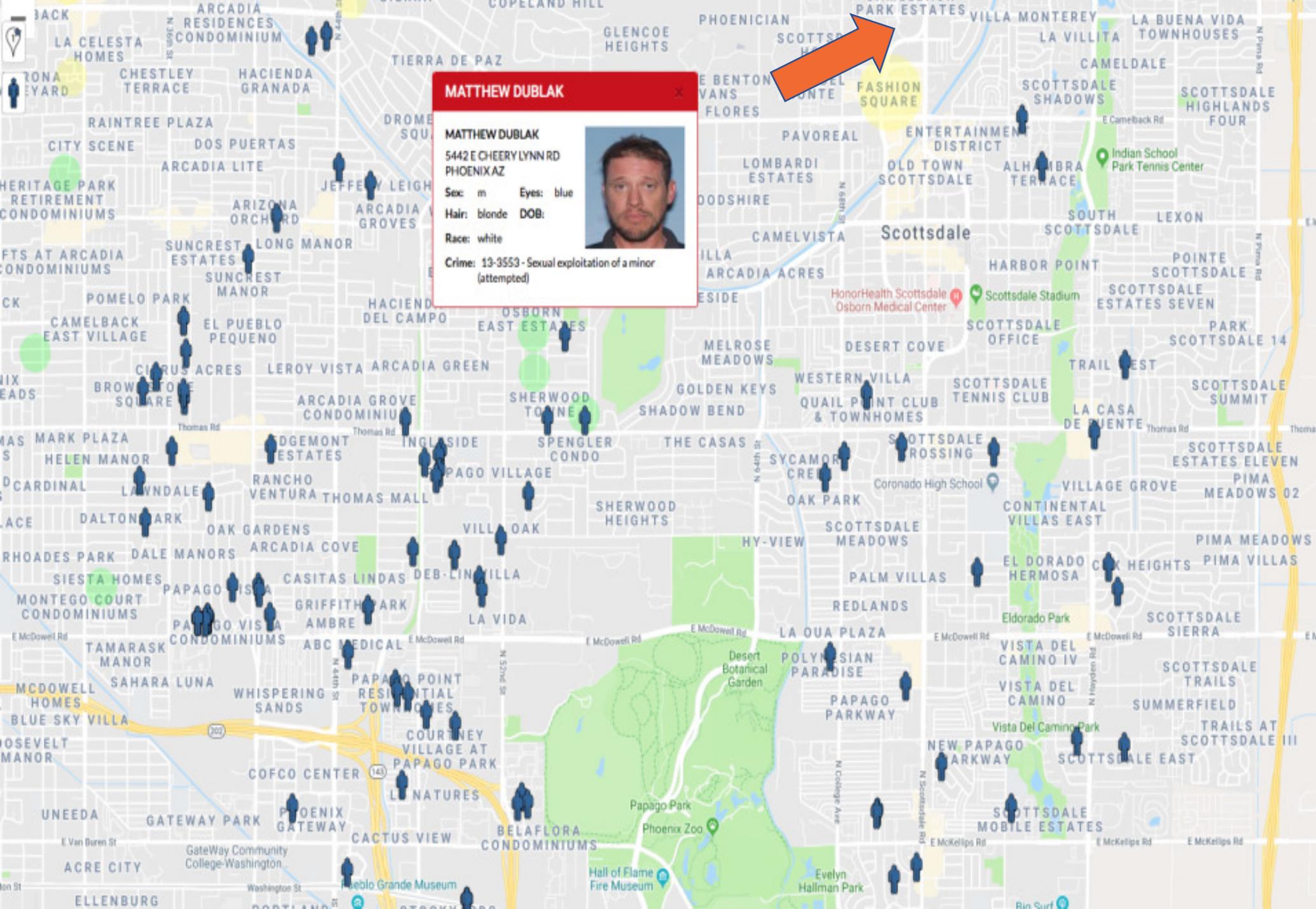
⁵ Lanza ML. Factors relevant to patient assaults. *Issues Ment Health Nurs*. 1988;9(3):239–57.

⁶ Lanza ML, Carifi o J. Blaming the victim: complex (non-linear) patterns of causal attribution by nurses in response to vignettes of a patient assaulting a nurse. *J Emerg Nurs*. 1991;17(5):299–309.

⁷ Farrell G, Cubit K. Nurses under threat: a comparison of content of 28 aggression management programs. *Int J Ment Health Nurs*. 2005;14(1):44–53.

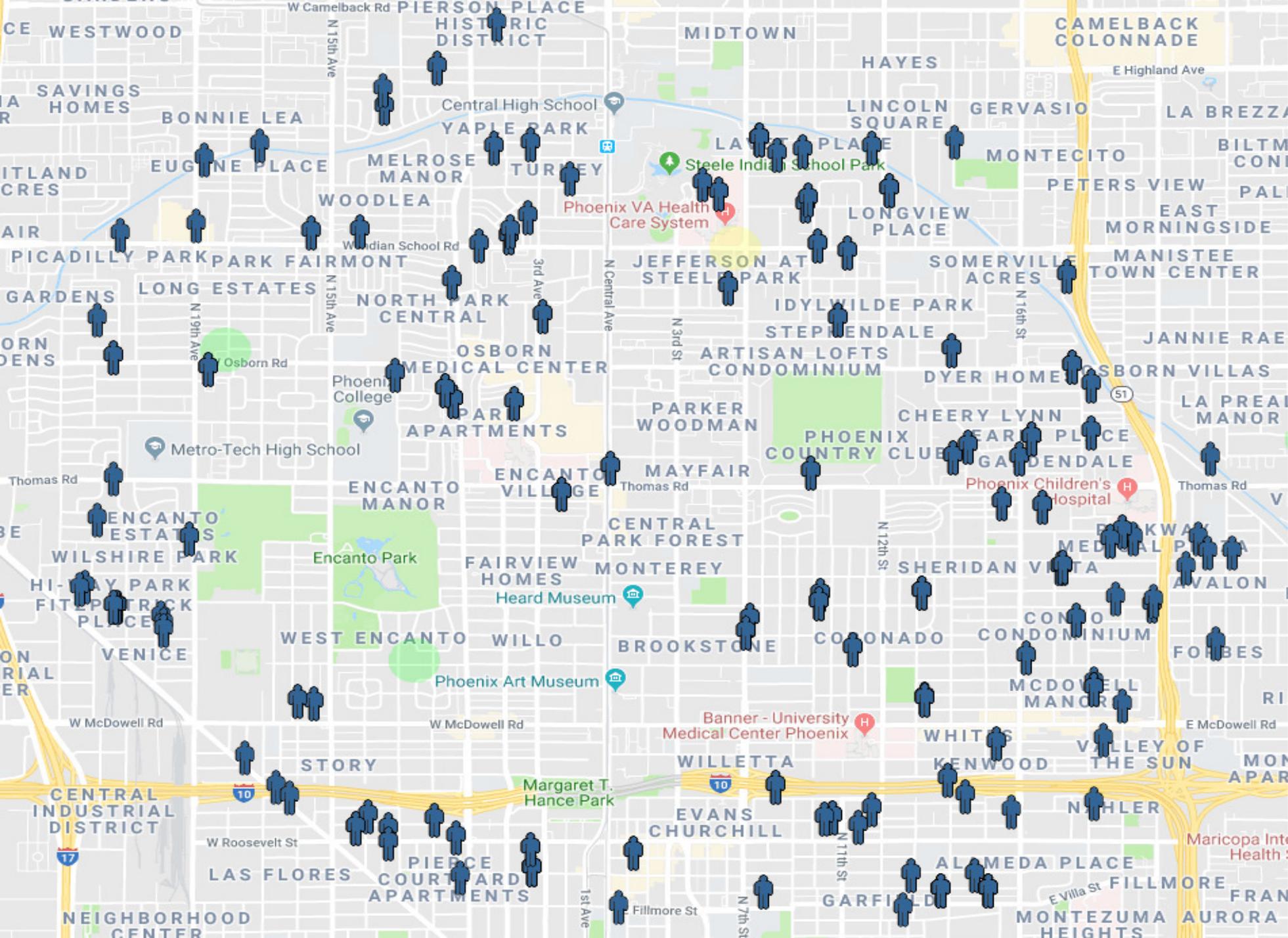
Unique Risk Factors in Home Health

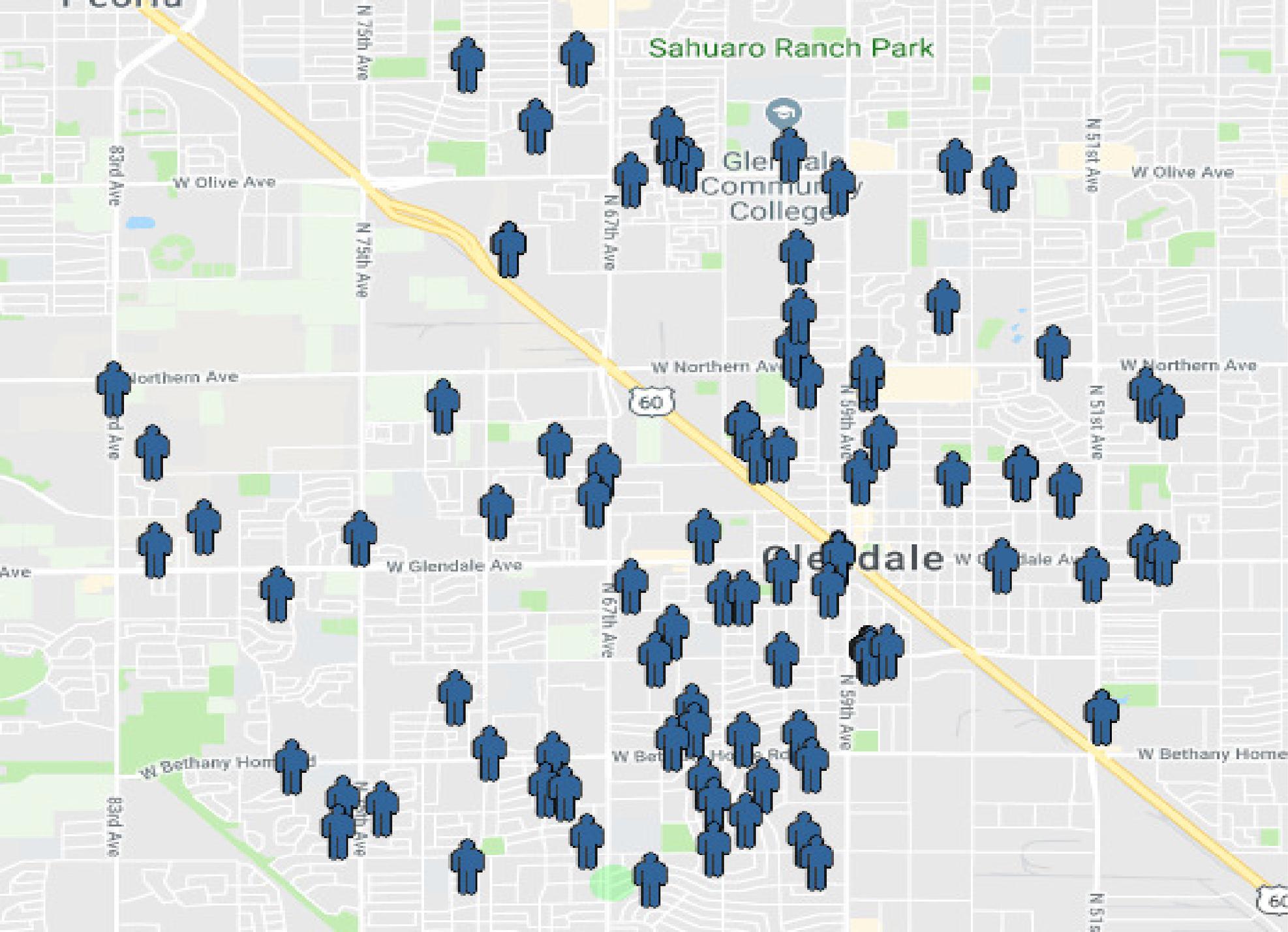
- Risk factors include drugs and alcohol, access to weapons, client dementia or mental illness, and **solo work** without backup such as an onsite co-worker or panic button.
- Home health workers also face risks from the surrounding community, which can include **robbery**, a belief that **nurses carry drugs or money, after dark travel, car theft** and vandalism, and risks of violence from other **family members or friends** in the patient's home¹



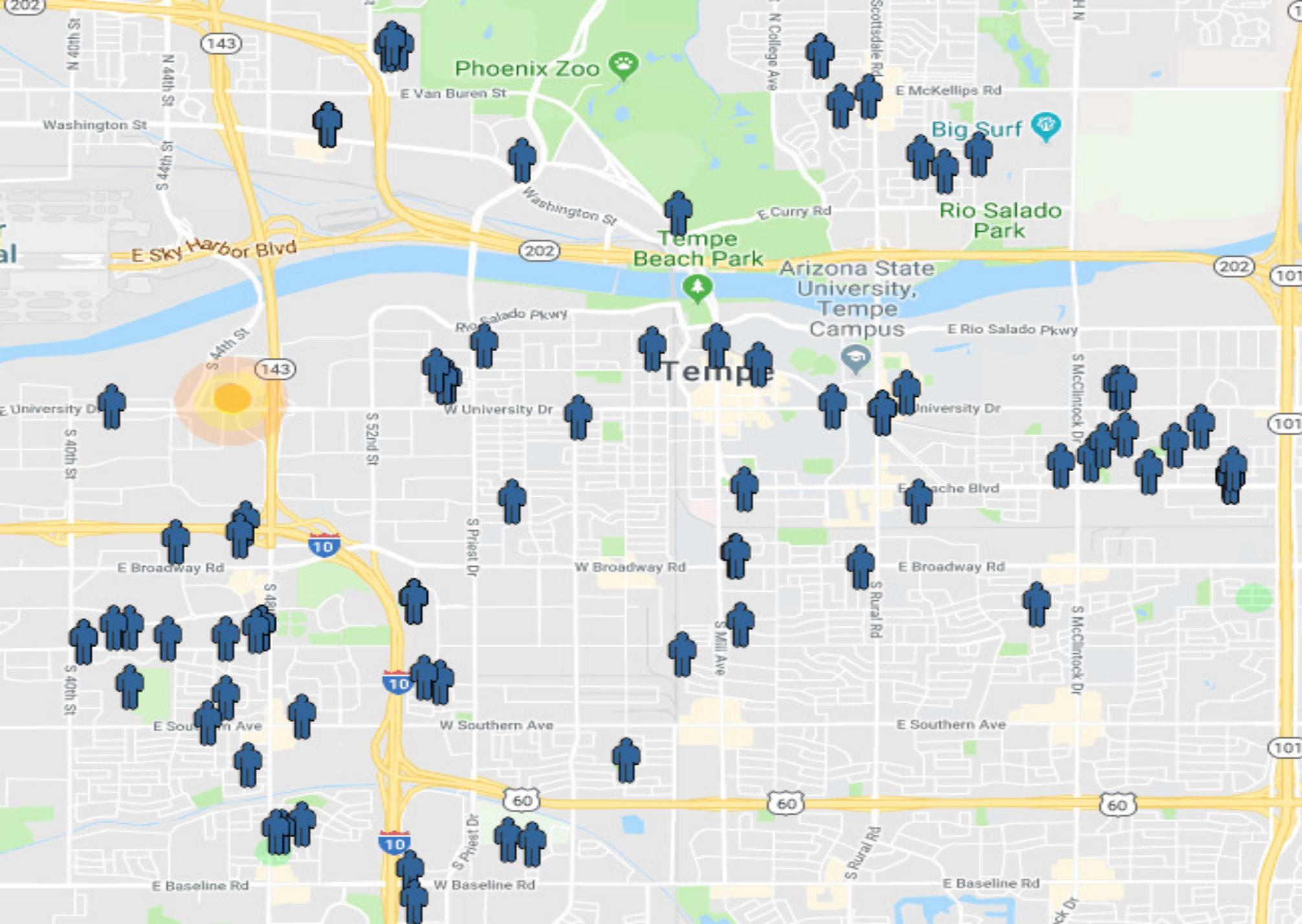
Scottsdale

Phoenix





Glendale



Tempe

Violence Leads to Turnover

Research clearly establishes that:

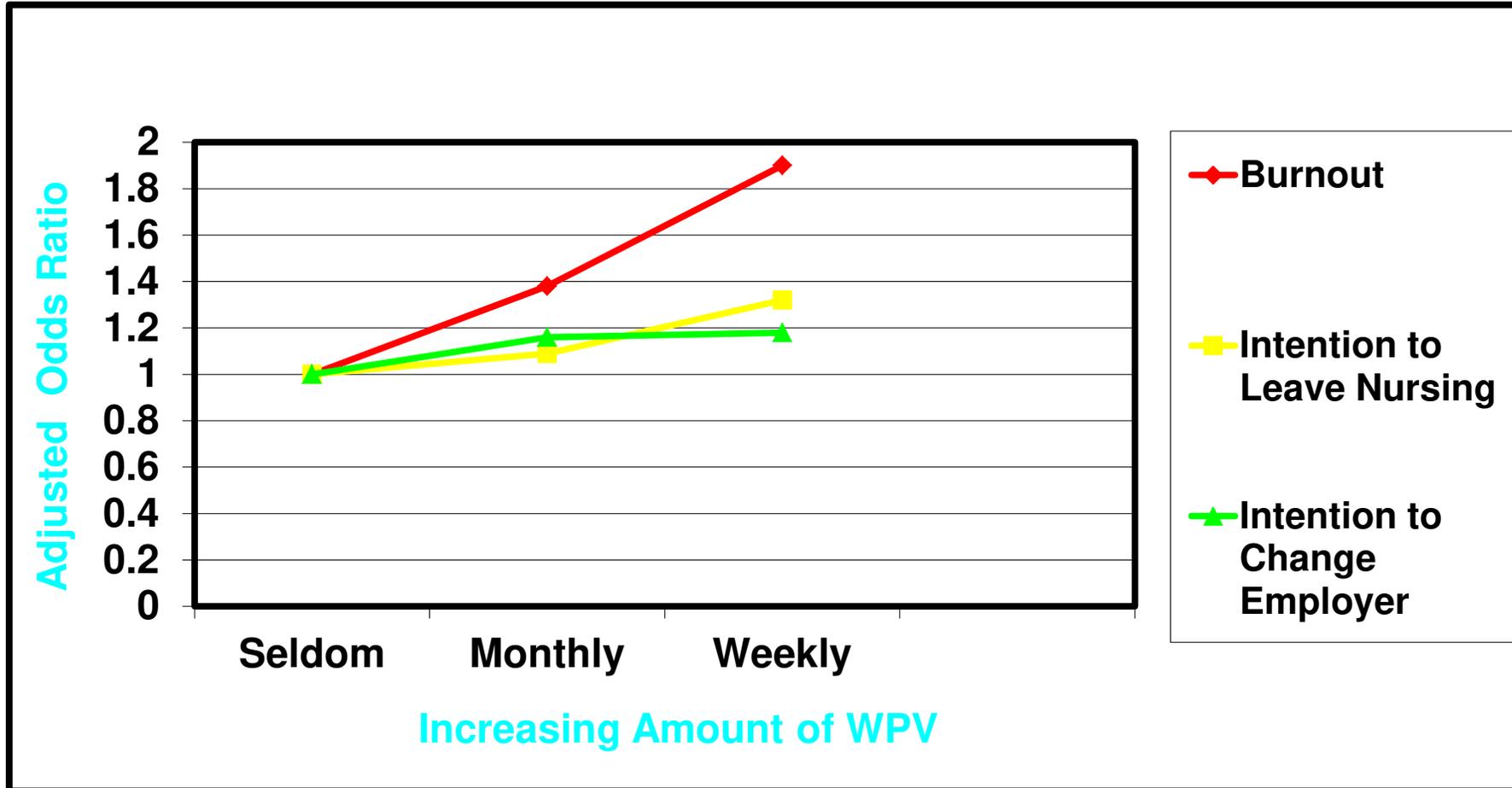
Unaddressed workplace violence and aggression against mobile healthcare workers leads to stress, depression, anxiety, sleep problems, PTSD, worsened physical health, and burnout leading to **turnover**¹.

Violence and the threat of violence lead employees to leave the employer or the industry altogether²

1 Hanson, et al. BMC Public Health (2015) 15:11

2. Estry-Behar, et al. "Violence risks in nursing – results from the European 'NEXT' Study" Occupational Medicine 2008 58:107–114

Violence Dose-Response Relationship



Estryn-Behar M, vander Heijden B, et al. the NEXT Study Group.
 Violence risks in nursing—results from the European ‘NEXT’ Study.
 Occupational Medicine 58:107-114. 2008

The implementation of a credible safety program --

-- that is geared to the very specific needs of mobile healthcare workers --

-- represents a significant untapped opportunity to both **increase the safety** of the home health workforce and **enhance employee retention**

Home Health Care Explosive Growth

- More and more care is delivered at the home setting and outside traditional healthcare facilities.
- The home care workforce has **more than doubled** in size over the past 10 years, from 700,000 in 2005 to over 1.4 million in 2015
- Is expected to reach approx. 5 million by 2022

But... Worker Shortages

- A critical limitation on growth in the home health sector is labor shortages – recruiting and retaining qualified nurses and home health workers.
- RNs are retiring faster than new ones can be trained¹
- **A primary cause of home care nurse and aide burnout is workplace violence.**
- Developing a robust safety program for your mobile workforce has been **proven to reduce healthcare worker stress and turnover**²

¹ Sector spotlight: Home health and hospice. <https://bakertilly.com/insights/healthcarema-update-q2-2017/>

² Hanson, et al. BMC Public Health (2015) 15:11

Multi-Pronged Approach is Needed

- Company **safety plan** with training
- Recognize risk factors in the residence
 - Verbal Threats
 - Body Language
 - Clients: Mental illness, alcoholism, dementia, drug abuse
 - Presence of weapons
 - Displays of pornography
- And neighborhood...

Train Response to Threatening Behaviors

- De-escalate the situation
 - Calm attitude
 - Do not match threats
 - Create distance
- Leave if possible
 - Try and keep an open pathway for escape
- Report to employer
 - Observed risk factors
 - Threatening behaviors
 - Assault, verbal abuse, hitting

But...

- Reliance on safety training **alone** is likely to have limited effectiveness.¹
- In OSHA's *Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers*, recommends specific tools to address home health worker concerns, including **panic buttons, personal alarm devices and GPS devices.**²

Consider technology as part of your response.

1. J Phillips New England Journal of Medicine April 2016. p1661

2. <https://www.osha.gov/Publications/osh3148.pdf>

Duty of Care



Employers are required to provide a place of employment that is “free from recognized hazards that are causing or are likely to cause death or serious harm,”¹

.... Regardless of where they work.

OSHA Citation example: No immediate means to summon medical aid or assistance while working alone²

1 the General Duty Clause, Section 5(a)(1) of the Occupational Safety and Health Act of 1970.24

2.COSH National council for occupational safety and health <http://www.coshnetwork.org/node/353>

Failure of Duty of Care

- OSHA investigated Epic Healthcare after a provider was sexually assaulted by a home care client **after** the company had been warned by another employee of sexual assaults at that residence.
- OSHA inspectors found Epic Health exposed employees to the risks of physical assaults as they provided nursing care services to both clients and family members and had **no system** for reporting threats or incidents of violence.
- **OSHA fined the company \$98,000** for the hazards listed in the citation

Cal-OSHA

Home health employers need to devise and implement specific safety protocols and tools to:

- (a) identify and mitigate safety risks to their home healthcare workers **before** an incident occurs, (Sections c: 9, 9b, 10 and 11) and
- (b) **get help quickly** when they need it (Sections 9C, 11G, 11I).

Cal-OSHA Requirements

- Have **means of issuing an alarm** that does not rely upon an employee's vocalization which includes engineering controls including personal alarm devices (b)
- Effective procedures for **obtaining law enforcement** assistance during all work shifts (4, 11I)
- Creating an effective means by which **employees can be alerted** to the presence, location, and nature of a security threat (11H)
- The response plan shall include **procedures to respond** to mass casualty threats, such as active shooters...a procedure for warning employees of the situation (11I)

Requirements are specific and apply to HHC organizations

Why a cell phone is not a safety device

- Time:** It takes **too long** to fumble around for the phone, unlock it and dial a number. Phone Apps are inadequate in an emergency
- Stress:** When threatened, your workers will **lose their fine motor skills**. They can't think how to unlock their phone, how to dial or launch an App.
- Visibility:** A cell phone is **often the first thing taken**. They are not discreet, they escalate the situation and may become the focus of an attack.
- Accessibility:** Phones **may not be within reach** when confronted. Our safety wearable is always on the person and help is one button away.
- 911 location:** Cell phone calls **not always located accurately by 911**

Despite the fact that home health care workers carry cell phones, there has been a **150% increase in violence-related incidences** against mobile health care workers in the last 10 years.

The 911 Location Problem

- 10,000 more lives could be saved annually...
if paramedics arrived 1 minute earlier.
- About 80% of 911 calls made on cell phones
- Many 911 call centers struggle to locate callers on cell phones
- Rural triangulation gives a horizontal accuracy of ~120 meters.
- Only 40% of 911 calls have enhanced accuracy (to 36 meters)

Assume 911 Does Not Know Where You Are

An aerial view of a city with several speech bubbles overlaid on the image. The speech bubbles contain horizontal lines, suggesting text or dialogue. The overall color scheme is a dark blue overlay.

Is There a Good Technological Approach to Worker Safety?

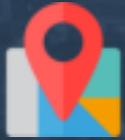
Wish List

- **Fast emergency dispatch**
- **Easy/automatic trigger**
- **Accurate GPS worker location**
- **2-way communication**
- **Light, portable, easily carried and within reach**
- **Durable, waterproof, dustproof, shock resistant**
- **OSHA friendly features**
- **Cost effective**

AlertGPS: Personal Safety Wearable



24/7 Nationwide Emergency Monitoring Center



Accurate GPS & Wi-Fi location



Manager is notified by SMS and email with name and location



One-Touch Call Button with 2-Way Voice and GPS location

Cloud-Based Safety Platform

Part of an integrated safety system

AlertGPS: Personal Safety Wearable

One button press, even while wearing gloves

Dustproof and waterproof (IPX6), Shock resistant

Used by US Army



Sensitive Microphone and Crisp Speakerphone

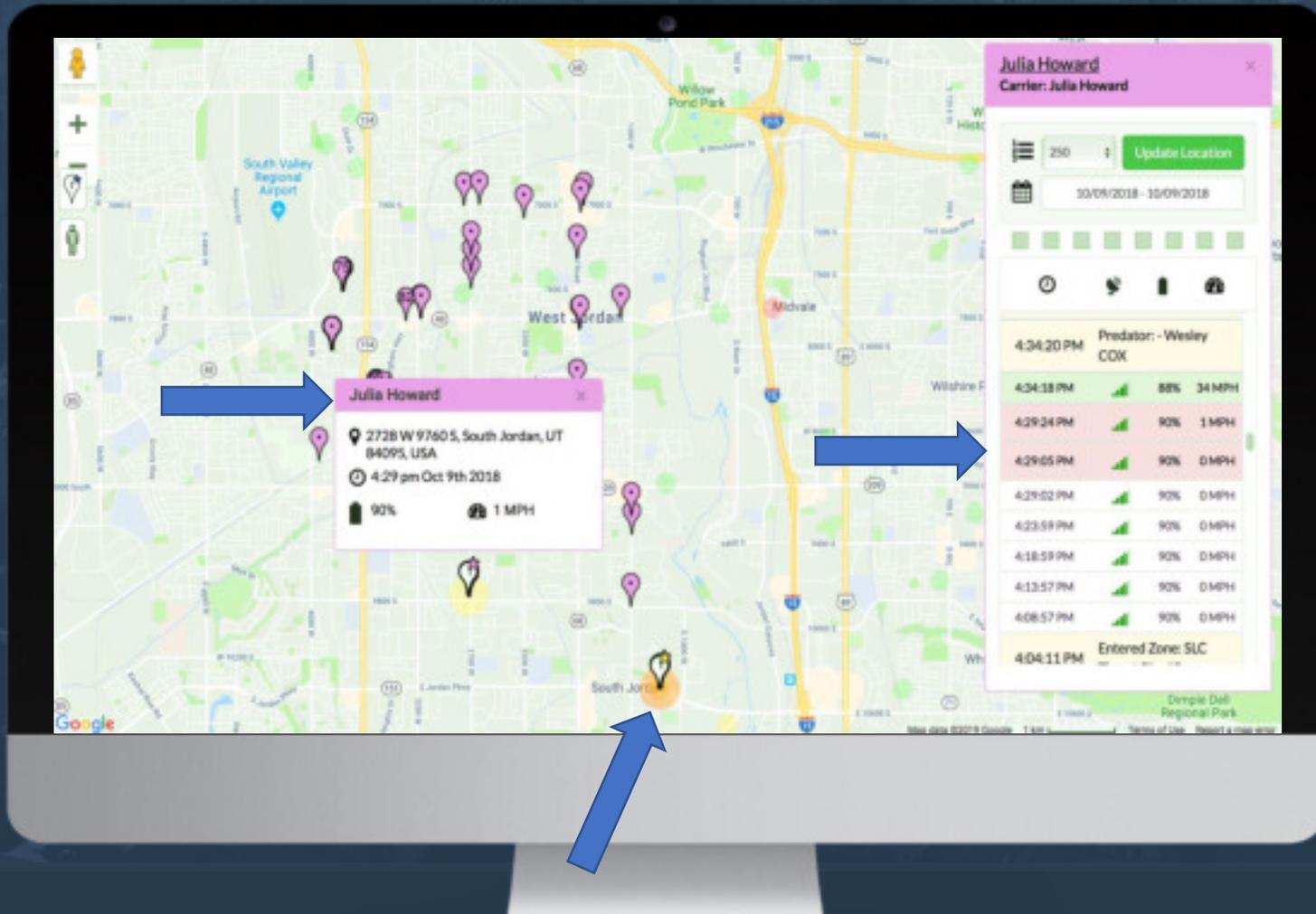
All day battery Life

Fall detection

Integrated Cell and GPS technology

Integrated Cell Phone and GPS

Accurate Location Reporting



Smart Zones & Threat Zones
Advance notification



Breadcrumbs



See who and where SOS sent



Compliance & Reporting
Records Location and time



Get critical information in real time

AlertGPS: OSHA Friendly



**Customizable Smart Zones &
Threat Zones**
Prospective alerts: Duty of Care



**All calls To & From monitoring
Center Are Recorded, Archived**



**GPS Location and Time are
Recorded and Archived**

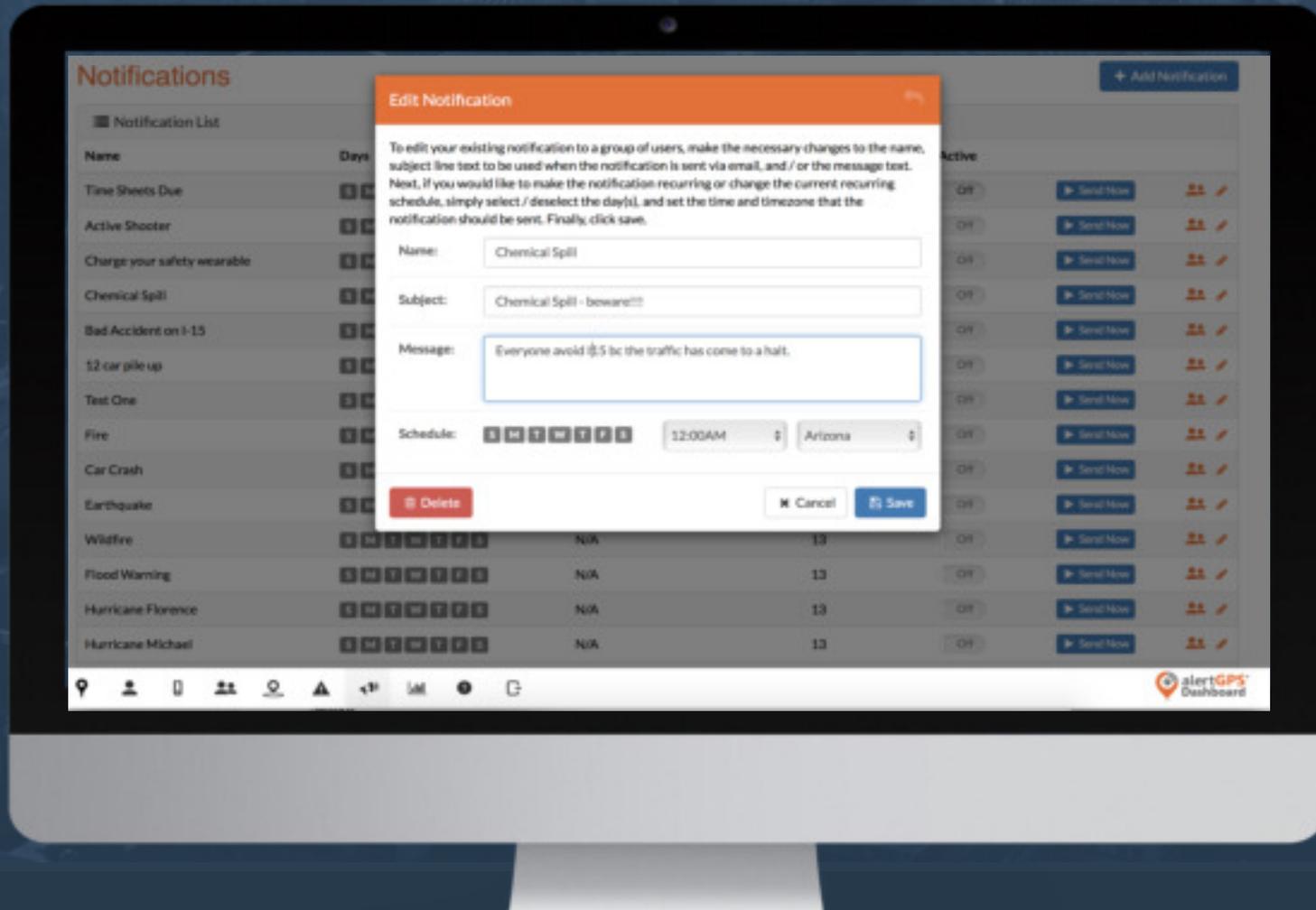


May aid in VPP Designation



Document what happened

Mass Notification



Uses our Amber Alert Technology

Communicate with everyone in company

Fast, easy, powerful

Emergency or routine notifications

Quickly Communicate Urgent or Emergency Situations

Thank You

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