

REGULATORY UPDATE

WORKPLACE VIOLENCE REGULATORY CONSIDERATIONS

A safe environment to provide and receive care *impacts* most every facet of health care delivery including access, outcomes, satisfaction (patient and staff), workforce retention, reimbursement, and cost. As we know, safety must be a priority in every service line, department, and unit within the facility. Additionally, initiatives to address safety should consider both physical and emotional security. Given the complexities of the hospital environment, safety is not a static state. Rather, safe environments evolve from understanding the various inputs and threats, both internal and external, that are continuously changing and impacting care. One such threat to a safe environment is workplace violence.

Missouri hospitals employ a host of vendors, systems and approaches to address violence in the workplace. The various approaches generally encourage hospitals to define what workplace violence is, assess and mitigate risk factors, develop a prevention program, identify what training and resources are continually needed and evaluate the effectiveness of the program. When developing and implementing workplace violence prevention programs, hospitals must consider federal, state and accreditation requirements along with best practice recommendations.

The Missouri Hospital Association in collaboration with member hospitals has adopted the standardized definition of workplace violence released in January 2022, by the International Association for Healthcare Security and Safety (based upon the National Institute for Occupational Safety and Health Guidance):

An act or threat occurring at the workplace that can include any of the following: verbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; harassment; physical assaults or other behaviors of concern involving staff, licensed practitioners, patients, visitors, or others on-site or off-site when related to the healthcare facility.

Additional details can be found on the MHA [website](#). While hospitals may adopt their own definition, we believe the adoption of the above definition would contribute to consistency across hospitals.

FEDERAL

There are several federal agencies that address safety requirements, specifically workplace violence, that directly impacts hospital compliance.

- Centers For Medicare & Medicaid Services Conditions of Participation — CMS requires hospitals to provide a safe environment in which patients receive care and staff deliver care. CMS' focus primarily is on the rights and protections offered to patients, however, in a recent [guidance](#), CMS reinforced the need for hospitals to prioritize staff safety as well. According to CMS, an April 2020 Bureau of Labor Statistics Fact Sheet found that health care workers accounted for 73% of all nonfatal workplace injuries and illnesses due to violence in 2018. This number has been steadily growing since tracking of these specific events began in 2011. The following conditions address certain safety requirements. While

workplace violence is not a term found in the conditions, issues stemming from incidences could be cited under one or all the below depending on the circumstances.

- [Appendix A](#) - Acute Hospitals
 - §482.13 Condition of Participation: Patient's Rights
 - §482.13(b) Standard: Exercise of Rights
 - §482.13(c) Standard: Privacy and Safety (including video monitoring)
 - §482.13(e) Standard: Restraint or seclusion (includes language on use of security personnel)
 - §482.21 Condition of Participation: Quality Assessment and Performance Improvement Program
 - §482.21 (a) Standard: Patient Safety, Medical Errors & Adverse Events
 - §482.41 Condition of Participation: Physical Environment
- [Appendix W](#) - Critical Access Hospitals
 - §485.623 Condition of Participation: Physical Plant and Environment
 - §485.635 Condition of Participation: Provision of Services
 - §485.645(d)(3) Freedom from abuse, neglect, and exploitation (includes restraint and seclusion)
 - §485.641 Condition of Participation: Quality Assessment and Performance Improvement Programs
- Accrediting Organizations

Most inpatient hospitals are accredited by the Joint Commission or DNV in Missouri, although there are other CMS approved AOs. Hospitals that are deemed must meet the requirements of CMS **AND** their accrediting organization.

 - DNV
 - National Integrated Accreditation for Healthcare Organizations
 - Acute Hospitals
<https://brandcentral.dnvgl.com/original/gallery/dnvgl/files/original/ecd238b80cbd46c9addf668e7e8c55b0.pdf>
 - PE.4 Security Management System
 - RR.6 Personal Privacy and Confidentiality
 - Nursing Services (PH-NS)
 - Critical Access Hospitals
<https://brandcentral.dnvgl.com/fr/gallery/10651/files/original/96194cdda02d4e0493a2bf25c03574b0.pdf>
 - PE.4 Security Management System
 - RR.6 Personal Privacy and Confidentiality
 - Nursing Services (PH-NS)
 - Joint Commission

Effective January 1, 2022, the Joint Commission adopted new and revised workplace violence standards that apply to all acute and critical access hospitals.

 - Pre-Publication Requirements for Critical Access Hospitals
https://www.jointcommission.org/-/media/tjc/documents/standards/prepublications/cah_wvp_jan2022_prepublication_report_.pdf

- EC.02.01.01: The critical access hospital manages safety and security risks
- EC.04.01.01: The hospital collects information to monitor conditions in the environment
- HR.01.05.03: Staff participate in ongoing education and training
- LD.03.01.01: Leaders create and maintain a culture of safety and quality throughout the hospital
- Pre-Publication Requirements for Acute Hospitals
https://www.jointcommission.org/-/media/tjc/documents/standards/prepublications/hap_wvp_jan2022_prepublication_report.pdf
 - EC.02.01.01: The hospital manages safety and security risks
 - EC.04.01.01: The hospital collects information to monitor conditions in the environment
 - HR.01.05.03: Staff participate in ongoing education and training
 - LD.03.01.01: Leaders create and maintain a culture of safety and quality throughout the hospital
- JC Workplace Violence Compendium of Resources
<https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/work-place-violence-prevention/compendium.pdf>
- Occupational Safety and Health Administration — The OSHA policies and standards related to workplace violence are focused on the staff member and creating a safe environment in which to work. The standards guidelines are primarily outlined in OSHA Publication [3148-04R 2015](#) Guidelines for Preventing Workplace Violence for Healthcare and Social Workers.
 - Workplace Violence-<https://www.osha.gov/healthcare/workplace-violence>
 - Guidelines for Preventing Workplace Violence-
<https://www.osha.gov/sites/default/files/publications/osh3148.pdf>
 - Applies to all non-governmental healthcare entities

STATE

- Regulations: Missouri hospital licensure standards incorporate the CMS CoP. Standards related to workplace violence are the same as those identified in the CoP above.
- Statutes: There are several Missouri statutes that address violence and pertain to hospitals as well as other entities.
 - Section [197.005](#), RSMo — Medicare Conditions of Participation Compliance: Adopts the CoP as the baseline standards for state hospital licensure
 - Section [574.203](#), RSMo — Interference with a health care facility, offense of — **workplace violence**, hospital duties — violation, penalty
 - Establishes the offense of interference with a health care facility
 - Excludes individuals seeking mental health, psychiatric or psychological care or any person who is developmentally disabled
 - Requires hospital policies to address incidents of workplace violence against employees, including protection from employer retaliation if the employee complies with hospital policies when seeking assistance from emergency providers or law enforcement

- Section [574.204](#), RSMo — Interference with an ambulance service
- Section [565.002](#), RSMo — Definitions: The definition of a “special victim” includes emergency department and hospital staff
- Section [565.054](#), RSMo — Assault Third Degree: Establishes third degree assault of a emergency department or hospital employee as a Class D felony

Incidence of workplace violence has the potential to impact patients, staff, visitors and other bystanders and Law Enforcement. Hospitals must decide, based on the circumstances and requirements for abuse and neglect reporting, if the incident should be reported to regulatory authorities. MHA developed a Self-Reporting [Toolkit](#) to help hospitals with this decision making process.

Recently, MHA sent information to hospitals on reporting workplace violence incidents. MHA is requesting hospitals submit information on workplace violence to impact future policy, funding requests, and advocacy. Please reach out to Robert Loseman, rloseman@mhanet.com, with questions related to reporting the data.

ADDITIONAL RESOURCES

- MHA Worker Safety [website](#)
- MHA Healing Happens Here [Toolkit](#)
- American Association of Critical Care Nurses-[Healthy Work Environments](#)
- American Organization for Nursing Leadership and Emergency Nurses Association: [Toolkit for Mitigating Violence in the Workplace](#)
- Reducing Workplace Violence in Healthcare [webinar](#)
- <https://asprtracie.hhs.gov/technical-resources/75/workplace-violence/0>
- <https://web.mhanet.com/media-library/settings-of-care-series-emergency-department/?loggedin=true>

Please reach out to me at swillson@mhanet.com or 573-897-3700, ext. 1304, with questions.