Securitas Healthcare

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Evaluating Your Hospital's Staff Protection

Four questions keeping you up at night

WHITE PAPER

Introduction

You don't need us to tell you that workplace violence is a big problem. It's a challenge with far-reaching impacts on your workforce's safety and satisfaction, your financial outlook and your ability to deliver high-quality care.

To their credit, every hospital has made significant investments in people, processes and technologies to help increase safety and security for everyone—including staff. And while you've made real progress, chances are, you still have some lingering doubts and questions: Do your people still feel vulnerable? Have you done everything you can to protect them—especially in high-risk settings like emergency departments and behavioral health units?

Despite your organization's efforts, it's understandable if you have continued concerns. After all, weapons detection, visitor management, access control and CCTV can detect but not prevent physical or verbal violence. De-escalation training is important but may not prepare frontline workers for every unexpected situation where security needs to intervene. And, quite simply, violence is unpredictable—and your security team can't be everywhere all the time.

WHAT'S AHEAD

In this paper, Securitas Healthcare covers four questions that are still keeping many hospital leaders up at night. The good news? There are effective ways to further reduce risk—providing even more evidence to your employees that you have their backs. When staff—more specifically, nurses—feel safer, they can spend less time worrying about or dealing with violence and more time focusing on what matters most: patient care.
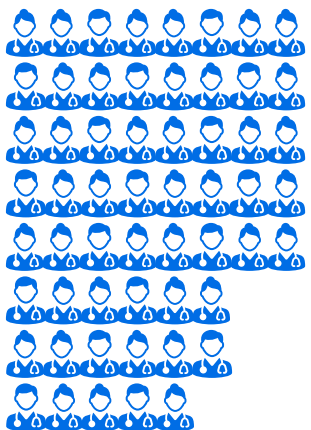
57 nursing personnel are assaulted **every day**—more than 2 per hour—1,739 per month[1]

91% of ED staff report **physical violence** within the previous year[2]

$100k is the average **cost per incident** to employers of an incident with injury

1   Press Ganey. (2022, September 8). www.pressganey.com/news/on-average-two-nurses-are-assaulted-every-hour-new-press-ganey-analysis-finds
2   American College of Emergency Physicians. (2024, January). www.acep.org/administration/violence-in-the-emergency-department-resources-for-a-safer-workplace

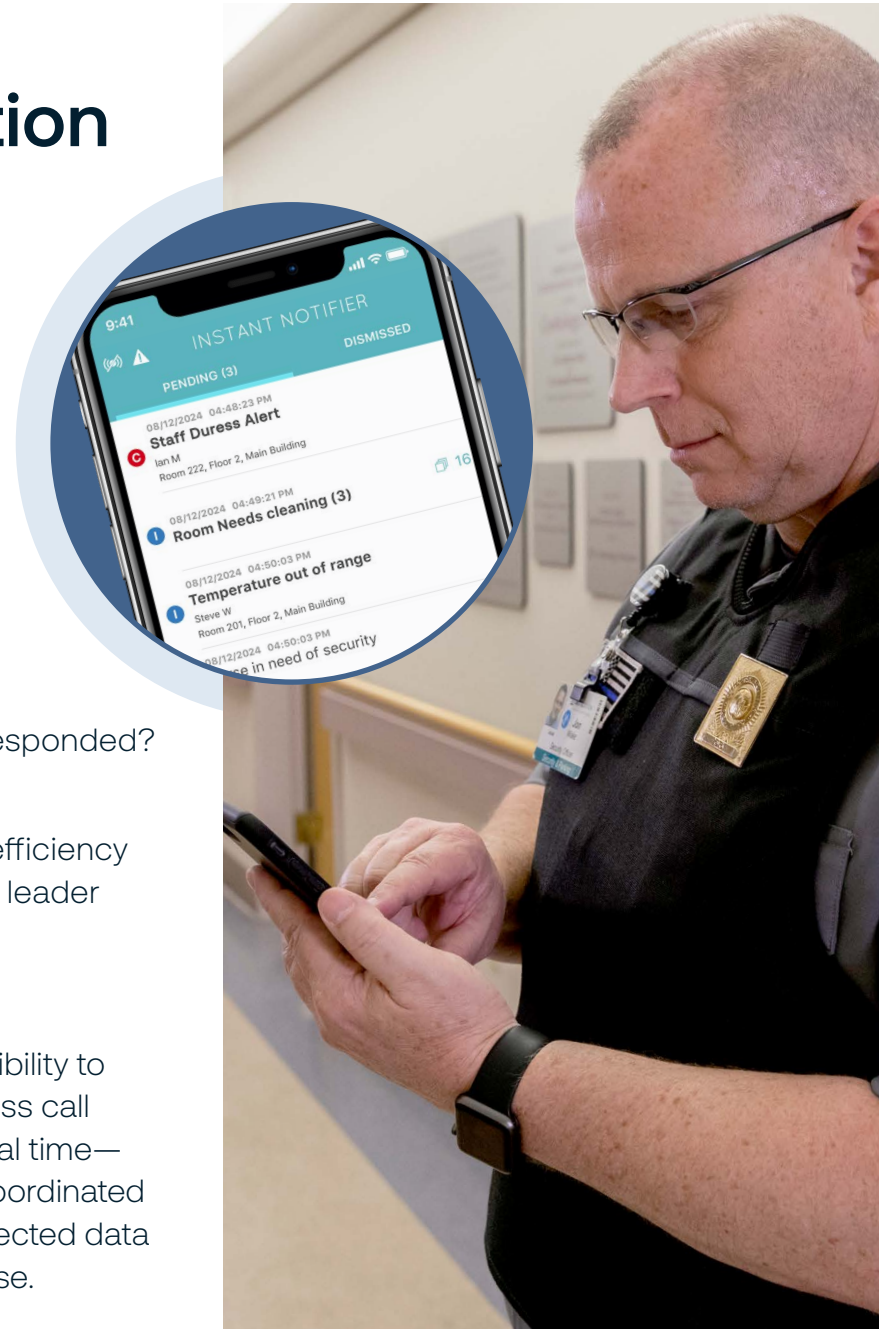# Question #1: Could we make communication and coordination faster or easier?

Any time a threat of violence is taking shape, you need to launch a swift and effective response. But if front-line clinicians are forced to shout, run or phone for help, responding personnel are stuck making educated guesses about what's happening and where. Staff in crisis are also left in the dark about whether anyone is even aware of their duress call.

It can also be risky to count on static buttons and mobile phones. Threatening situations don't always "stay put," which may endanger nurses and other frontline staff. It can be challenging for colleagues on the unit floor to coordinate effectively with security professionals: Who, exactly, called for help? Where is the incident occurring? Has anyone responded? If so, has the situation been resolved, or is additional support required?

Without these kinds of in-the-moment insights, you may experience inefficiency (at best) and chaos (at worst)—which is enough to keep any healthcare leader awake at night.

WHAT TO CONSIDER

Consider investing in an enterprise technology platform that provides visibility to all stakeholders. Staff who need help receive confirmation that their duress call has been received. Responding staff have visibility to key facts in near real time—helping eliminate guesswork and enable efficient communication and coordinated response. Unit and other hospital leaders benefit from automatically collected data about the number and nature of incidents and the organization's response.

Question #2: Is there a way we could accelerate response times?

If staff are using their own voices or mobile devices to call for help, it can be challenging to provide an optimal response. Instead, it creates a boy-who-cried-wolf situation—but in reverse. In other words, your staff's calls for help are legitimate, but they may feel like responses don't arrive when and where needed. **For staff who are being threatened with verbal or physical abuse, seconds can feel like *hours*.**

In the moment, delayed response can leave staff, patients and visitors at risk of injury or other harm. Over the long term, it can leave your workforce feeling unsupported and highly vulnerable. In fact, in all but the direst of situations, they may stop bothering to call for help. And they may decide that making formal incident reports isn't worth their time or trouble.

But this isn't a shortcoming of your security team. It's a process problem that could be impacting morale.

WHAT TO CONSIDER

Staff need a way to call for help—even at the very first sign of escalating risk. Empower them by giving every individual a wearable, personal duress button with real-time location capabilities. With their wireless badge always in reach, they can quickly and discreetly call for help. When that button push sends a location-specific alert, security and nursing colleagues are notified and can execute a reliably fast and appropriate response. Rather than waiting for the message to be passed from one team to another, the right people can show up to help the at-risk workers.

For staff who are being threatened with verbal or physical abuse, seconds can feel like *hours*.

Question #3: What are we missing when it comes to monitoring and improving our safety processes?

The statistics about violence in healthcare settings are staggering—yet these incidents are still underreported. One widely cited study found that only 12% of staff overall reported their workplace violence (WPV) incident, while **88% did not *fully* report their WPV incidents through their official reporting channels.**

Another survey revealed complex perceptions among emergency room nurses about the costs and benefits of reporting violence. Many nurses seem to view violence in the workplace as just part of the job. Others said their decision to report would be based on whether the patient would be held accountable for their action. Some nurses perceive that they personally could be held responsible.[3]

Yet proper documentation is essential for post-event analysis and legal purposes. Detailed, accurate documentation is key to monitoring and improving safety protocols over time—and reducing liability issues.

After all, you can't manage what you can't measure. If it's difficult to call for support, violent incidents will be underreported. This leads to limited data about verbal/physical incidents that leave staff feeling unsafe and keep you in the dark about where the problem areas are.

WHAT TO CONSIDER

This is another example where the right technology makes all the difference. With personal, wearable duress buttons linked to an enterprise platform, baseline reporting is automated and auditable. The result: more accurate, complete and reliable data about the safety of your workplace. In many environments, the solution may seem to "cause" an increase in the number of workplace violence event responses. In reality, it provides a more complete picture of what your workforce is experiencing. The solution empowers security to intervene more effectively—ultimately decreasing actual events that escalate to violence.

3 Centers for Disease Control and Prevention. (2024, May 16). *Workplace Violence Prevention for Nurses.* wwwn.cdc.gov/WPVHC/Nurses/Course/Slide/Unit1_8

Question #4: Have we covered ALL the bases with security technology?

Access control, video surveillance/CCTV, weapons/metal detectors, visitor management, mass notifications and alarm systems are just a few examples of security technologies that are critical in healthcare settings. You also invest in security officers to help ensure safe healthcare environments.

Each component of your security infrastructure plays a vital role. But have you invested in every possible technology?

WHAT TO CONSIDER

By integrating an enterprise platform—with wearable personal panic buttons—you can close gaps and drive even more value from your existing infrastructure.

For example, having a platform that integrates with your CCTV system can further elevate your approach to incident response and reporting. When a staff member pushes their button for help, the security command center can view what's happening via the closest cameras. They can then share that intelligence with security officers in the unit, giving them more context about where and how to respond.

Beyond that, there may be additional opportunities to use application programming interface (API) integrations to connect with other access control or alarm management software applications within your facility. Finally, by integrating your staff duress solution with your nurse call solution, department-level staff can be instantly notified of an incident that's occurring. With that visibility, they can provide any possible support while security escalations occur.

Workplace violence is a critical concern for *everyone*

ED NURSE

"Pizza parties and tote bags are nice gestures, but they don't keep me safe while I'm working. I would feel better if I knew I could call for help discreetly and get a fast response where and when I need it."

SECURITY DIRECTOR

"We've already made significant investments in our security infrastructure. But in the event a violent scenario still occurs, we need to ensure we can respond quickly and effectively."

CNO

"We need more than the 'perception' of a safer workplace. We need to create a safer workplace! With a modern staff protection solution, we can show our nurses that they're protected and valued."

RISK MANAGER

"We're facing growing regulatory and compliance requirements related to workplace violence. We need an auditable platform that can show how the hospital is meeting current and evolving requirements."

HR DIRECTOR

"Workplace violence takes a toll on our people and our pocketbook. We need to make staff protection part of our 'uniform'—a physical and functional reminder that we're committed to safety."

IT DIRECTOR

"We need campus-wide coverage and multi-purpose wearables. That gives our employees assurance of personal security and gives the hospital flexibility to use other real-time location system (RTLS) applications."

STAFF PROTECTION IS STRATEGIC

When it comes to staff safety and morale, seeing is believing. You can tell employees about the investments you have made in security infrastructure, programs and personnel. But it's far more powerful to give them a personal panic/duress button that becomes part of their daily "uniform."

Nurses and other frontline clinicians need little or no training to use these buttons. In short order, they have another powerful reminder of how much your organization cares about their safety. That feeling of security is key to meeting strategic goals—including recruiting and retaining talent, delivering high-quality care, and supporting operational excellence and financial sustainability.

Call to action

No one can eliminate 100% of the risks your nurses and other frontline workers face. But you can keep combining empathy and commitment to continually improve your processes and optimize your tools for responding to staff duress.

Securitas Healthcare can help.

The Securitas Healthcare Staff Protection solution provides caregivers with a portable means to call for help no matter where they are in the hospital. Each staff member carries a Wi-Fi or BLE badge with a personal panic button, which is typically worn attached to their hospital ID badge. Individuals can discreetly call for help from any location—no need to locate and activate a fixed call station.

Once the button is pressed, the badge sends a signal indicating the staff member's current location and need for help. That way, security personnel and other responders can launch a rapid, effective response. MobileView software and reporting monitors and documents who called for help, at what time and where they were. It also captures location updates and time of resolution—enabling security to fill out crucial incident reporting information following a workplace violence incident. ■