



White Paper

Addressing Healthcare Workplace Violence with Integrated Contact Center Software and Secure Messaging

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There have been an alarming number of violent and deadly events experienced by healthcare workers in the United States recently. Unfortunately, the rates of violence in health and social services are the highest of all private sector industries and are on the rise.

A recent survey from Perceptyx, an employee insight platform, found that over 30 days in early 2022, 92 percent of health workers experienced or witnessed workplace violence. It also reported that “Three in four (health workers) have also experienced verbal and physical assaults in the past month, and almost half of them had to call security or a colleague to assist them.”



Understanding Healthcare Workplace Violence

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According to research published in May 2022 by JAMA Network Open, patients and visitors were the most frequent source of violence towards healthcare staff. Occupational Safety and Health



Administration (OSHA) includes the following reasons as risk factors that contribute to violence in a healthcare setting:

- Working alone.
- Lack of means of emergency communication.
- Lack of training and policies for staff.
- Under-staffing in general, and inadequate security staff.
- Lifting, moving, and transporting patients.
- Presence of firearms.
- The perception that violence is tolerated and reporting incidents will have no effect.

Numerous studies show incidents of violence are often not reported by healthcare workers even though formal reporting processes are in place. Verbal abuse and bullying are especially prone to under-reporting.

Reasons for under-reporting include lack of faith in the reporting system, fear of retaliation, and because the people who have chosen healthcare as a career path feel they have an ethical duty to protect patients – even when the patients cause harm to their caregivers.

Include Contact Center Scripting in Emergency Action Plans

On June 1, 2022, a shooter opened fire in the Natalie Building, part of the Saint Francis Hospital in Tulsa, Oklahoma. The gunman was a patient who blamed his surgeon for pain following back surgery. He injured an unspecified number of bystanders and killed four people, including himself and three others who were hospital staff.

The U.S. Department of Homeland Security (DHS) states active shooter incidents are commonly over within 10 to 15 minutes. During the Saint Francis Hospital shooting, officers responded within three minutes when the initial call was received by 911. Their fast action undoubtedly saved more lives.

It is imperative that hospitals include their contact centers as part of their emergency action plan (EAP). According to the DHS, an effective EAP includes, “Contact information for, and responsibilities of individuals to be contacted,” and “an emergency notification system to alert various parties of an emergency.”

Handling calls quickly and correctly is of utmost importance. Scripting software can be customized to efficiently guide operators through scripts for any type of call, including emergency,

crisis, and code calls. Contact center scripting software helps to streamline enterprise-wide hospital communications and processes by:

- Speeding up call processing.
- Providing accurate information.
- Reducing operator errors.
- Improving efficiency and productivity.
- Providing detailed call analytics and reporting.

Integrate Emergency Notifications with Secure Messaging

Every healthcare facility has unique security risks that can affect patients, visitors, and hospital staff. Most organizations have a security management plan that is designed to identify and manage security risks. Security teams manage and mitigate risks they identify on a hospital campus, and are supported by local police departments. The security teams often work together with a hospital's telecommunication center because hospital call center operators also handle calls for security assistance, and can monitor emergency phones and other security technology at the hospital.

When a security team needs to communicate an alert to the staff of a hospital campus, it is common for the hospital's call center operators to send the notification because their call center software contains a complete personnel directory. Contact groups are built in advance, so notifications are done with one click. Seconds matter and so do the number of clicks it takes for them to send out emergency notifications to multiple contacts and devices.

An efficient way to communicate these alerts is via the secure messaging app employees use on their smart devices for work. Many hospitals have replaced their outdated pager technology with secure messaging apps to improve notification speeds and response times. These apps are used by providers, lab techs, building maintenance, environmental services, contact center, security, and many other departments within an organization.

Notification systems can integrate with a hospital's secure messaging app and use automated



notifications to communicate critical alerts and security instructions to reach more people in less time. Some apps can also keep track of message activity, complete with message histories, indicating whom messages were sent to and when messages were read so an organization can have confidence in knowing critical messages were delivered and read.

According to OSHA, healthcare workplace violence is preventable when an effective program is in place. They cite five key program components:

- Management commitment and worker participation.
- Worksite analysis and hazard identification.
- Hazard prevention and control.
- Safety and health training.
- Record keeping and program evaluation.

Technology used by a healthcare organization's contact center should be included in a violence prevention program. As the hub of communication for a hospital system, their call center already has updated contact information for departments and employees and uses highly effective communication tools to get critical alerts to staff members.

Please contact us with questions.

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