

ANTUM RISK





How did we get here?



According to the Bureau of Labor Statistics, 20,870 workers in the private industry experienced trauma from nonfatal workplace violence in 2019. These incidents required days away from work.¹

Of those victims who experienced trauma from workplace violence:

- 68% were female
- 65% were aged 25 to 54
- 70% worked in the healthcare and social assistance industry
- 21% required 31 or more days away from work to recover, and 20% involved 3 to 5 days away from work

Bureau of Labor Statistics (2018). TABLE R4. Number of nonfatal occupational injuries and illnesses involving days away from work by industry and selected events or exposures leading to injury or illness, private industry, 2019.



According to the Bureau of Labor Statistics, 453 U.S. workers were workplace homicide victims in 2018.²

Of those victims who died from workplace violence:

- 82% were male
- 47% were white
- 66% were aged 25 to 54
- 20% were working in sales and related occupations, 19% were performing protective service activities

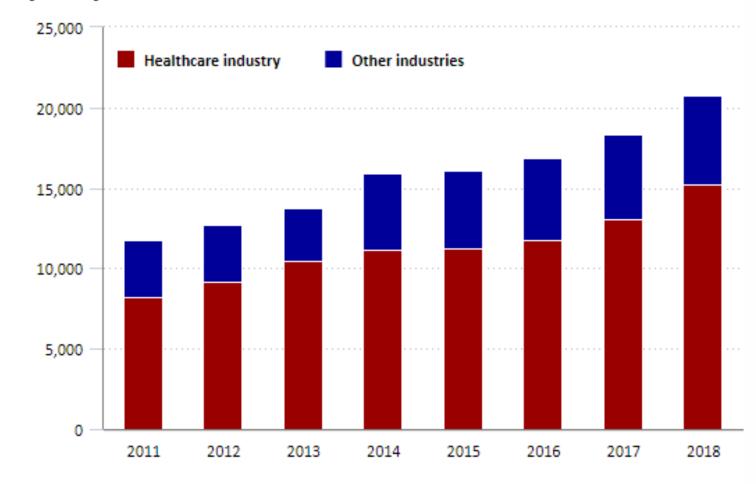








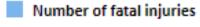
Chart 2. Number of nonfatal workplace violence injuries and illnesses with days away from work, 2011-18

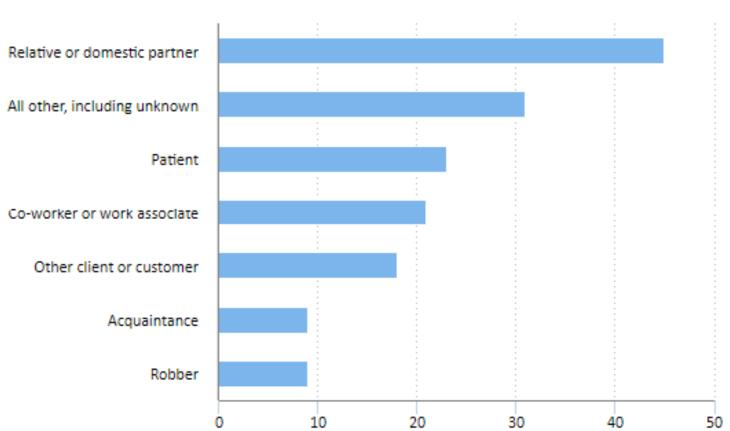




Click legend items to change data display. Hover over chart to view data. Source: U.S. Bureau of Labor Statistics.

Chart 3. Workplace homicides to healthcare workers, by assailant, 2011-18







Click legend items to change data display. Hover over chart to view data. Source: U.S. Bureau of Labor Statistics.



Palmetto Hospital Trust Workplace Violence Data Policy Year 2011 - 2021







Claims Rate- the number of workers' compensation claims submitted per 100 full time employee (#of claims x 200,000/ total hours worked) OSHA Recordable Rate- the number of employees per 100 full time employees that have been involved in an OSHA recordable event (# of recordables x 200,000/total hours worked that year)

CMS Memo on Workplace Violence in Hospitals

Memorandum Summary

- Workers in hospitals, nursing homes, and other healthcare settings face risks of workplace violence. Many factors contribute to this risk, including working directly with people who have a history of aggressive behavior, behavioral issues, or may be under the influence of drugs.
- An April 2020 Bureau of Labor Statistics Fact Sheet found that healthcare workers accounted for 73 percent 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.
- Exposure to workplace violence hazards come at a high cost; however, with appropriate controls in place, it can be addressed.
- CMS will continue to enforce the regulatory expectations that patient and staff have an
 environment that prioritizes their safety to ensure effective delivery of healthcare.



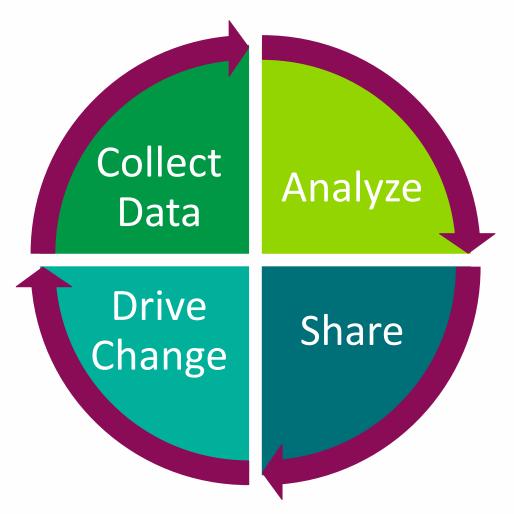
Workplace Violence Data

- Current state and national data is old
- We don't know full extent of the problem
- We need quantitative data
- No centralized data collection system



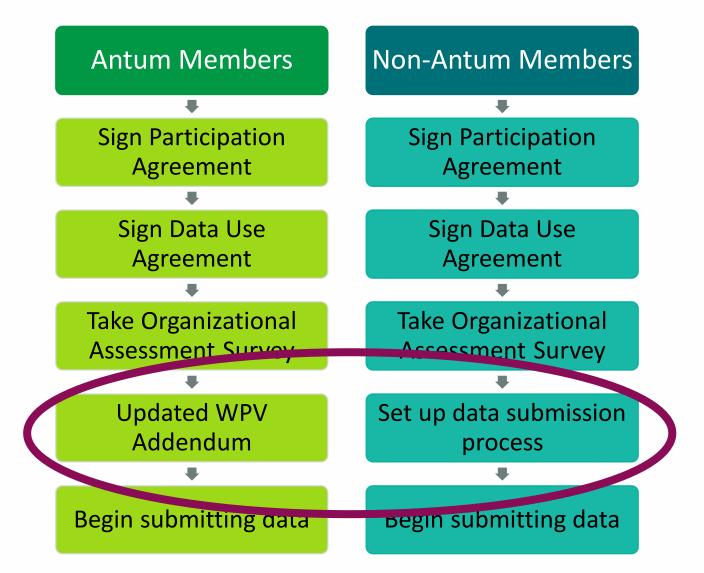
Objectives

- Raise awareness, not "part of the job"
- Increase standardized data collection
- Identify trends
- Share insight and best practices
- Inform statewide leaders
- Drive statewide initiatives





Data Collection





Participation Agreement

- Executive leadership signature
- Identify point of contact
- List facilities





Participation Agreement Workplace Violence Collaborative

Please complete and return this Participation Agreement

The South Carolina Hospital Association (SCHA) and Antum Risk have partnered to address workplace violence in South Carolina's healthcare facilities. SCHA members have made strides in creating a culture of workplace safety, but a broad-based, universal data source for tracking and responding to violence incidents is needed to better understand the dangers facing healthcare workers. This collaboration will provide South Carolina hospitals and health systems with actionable data to facilitate targeted interventions, benchmarking, and statewide safety improvement efforts.

Program goals:

- Increase standardized data collection
- Raise awareness

- Inform statewide leaders
- · Drive statewide initiatives
- Share best practices

My organization commits to participate as a partner with SCHA and Antum Risk.

gnature:	Title: Date:	
rganization Name:	CCN:	
ease provide the following informa	tion for your organization's point of contact:	
	- 1904	
ame:	Title:	
ease provi <mark>d</mark> e the following informa ame: gnature:	- 1904	

Return via email to BMorgan@scha.org

For more information, view the Press Release or contact Beth Morgan

Use Attachment A to enroll multiple sites (page 2 of this document)

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Organizational Assessment

- Closely mirrors new Workplace Violence Risk Reduction Objective metrics for Antum Members
- Establishes baseline and benchmark for Workplace Violence Programs
- Will be completed annually to gauge program progress





SCHA/Antum Workplace Violence Collaborative Organizational Assessment

Introduction

The South Carolina Hospital Association (SCHA) and Antum Risk have partnered to address workplace violence in South Carolina's healthcare facilities. The South Carolina-based Antum Risk, which offers a host of risk management services, will allow SCHA members to use their data management system to monitor and track incidents of violence in the workplace. This will provide South Carolina's hospitals and health systems with actionable data to implement strategies to advance workplace safety and prevent acts of violence.

The program includes this self-assessment which allows healthcare facilities to evaluate their current landscape of incidents and benchmark their data against other hospitals to better understand trends and best practices to reduce acts of violence.

1. Please provide your contact information:

Name:

Job Title:

Organization Name:

Location Name (if different from above):

Zip code:

Email:

Phone:



Data Use Agreement

- Data points being collected
- How data will be used
- How data will be shared
- No PHI





Workplace Violence Collaborative

Data Use Agreement

WHEREAS, HOSPITAL is a participant in the Workplace Violence Collaborative ("Collaborative"), a statewide initiative in cooperation with the South Carolina Hospital Association (SCHA) and Antum Risk, created to provide SC hospitals and health systems with actionable data to facilitate targeted interventions, benchmarking, and statewide safety improvement efforts; and

WHEREAS, HOSPITAL reports certain workplace violence and other data to Antum Risk through the Collaborative; and

WHEREAS, HOSPITAL desires to allow data elements to be shared with SCHA and Antum Risk for the purpose of assisting HOSPITAL in the Collaborative;

NOW THEREFORE, for good and valuable consideration, the parties resolve as follows:

- A. The HOSPITAL is the custodian of confidential data related to Workplace Violence measures that focused on the following areas:
 - Facility name
 - 2. Incident date, time, and location
 - 3. Employee position(s) and parties involved in incident
 - 4. Categories and type of violence
 - 5. Category of person who committed the violence
 - 6. Estimated cost incurred and employee restricted/lost days
 - 7. Contributing factors, history of violence by assailant
 - 8. Use of restraints
 - 9. Support services offered to employees
 - 10. After action review, charged filed
 - 11. OSHA/insurance carrier notified
- B. HOSPITAL agrees that employees of SCHA and Antum Risk may access the data elements from the Collaborative. These data elements may be accessed solely for the purpose of developing outcome metrics, designing mitigation efforts, and providing other needed assistance for the Collaborative. The data elements that are accessed will cover the period from January 1, 2023 through Collaborative end.
- C. SCHA agrees that such data will be used solely for the purpose outlined in section above and that HOSPITAL's individual data elements will not be released to other Collaborative participants nor any other party. A HOSPITAL's individual data may be shared within that HOSPITAL only with the Executive Leadership and Collaborative Point of Contact as designated by the HOSPITAL and SCHA, and any other individual within the hospital designated by the CEO. Aggregate data may be released through performance benchmarks or outcome metrics, provided that such information does not individually identify HOSPITAL to another party and complies with applicable Department of Justice/Federal Trade Commission Statements of Antitrust Enforcement Policy in Health Care safe harbor guidance used by Antum Risk and SCHA for its data releases.

Data Points

- Facility name
- Incident date
- Incident time
- Location of incident
- Position of employee(s) involved
- Category of violence
- Type of violence
- Person who committed violence
- Parties injured
- OSHA reportable?
- Insurance carrier notified?
- Estimated total incurred cost

- Number of restricted days
- Lost work days
- EAP provided?
- Contributing factors
- Known history of violence?
- Was assailant restrained?
- Was the incident diffused?
- Were restraints deployed due to incident?
- Did anyone leave the area due to incident?
- Who was contacted as a result of incident?
- Disposition of assailant after incident
- Were charges filed?
- After action review completed?



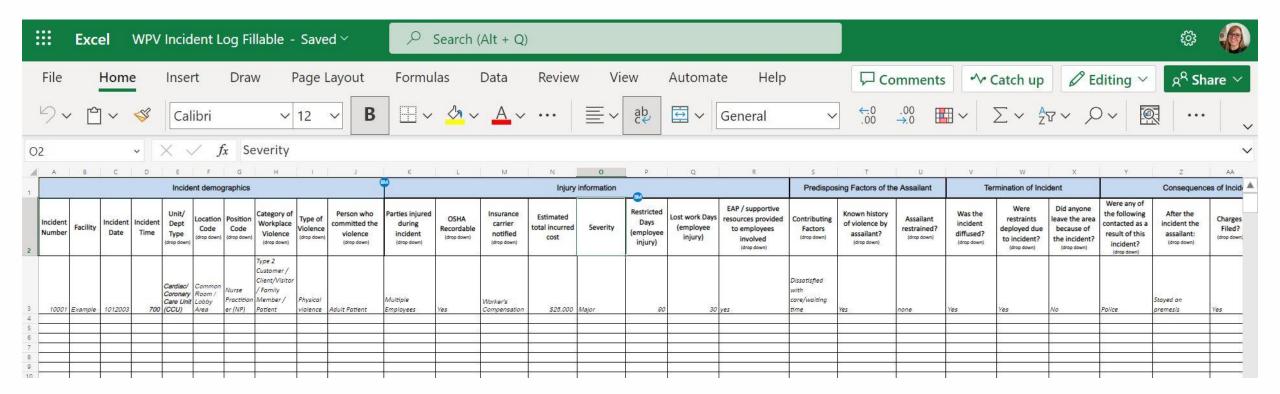
Data Submission

Antum Risk Members:

Updated workplace violence addendum

Non-Antum Risk Members:

- Excel spreadsheet or electronic incident report
- Data submitted monthly
- Secure site, username & password



ZERO HARM

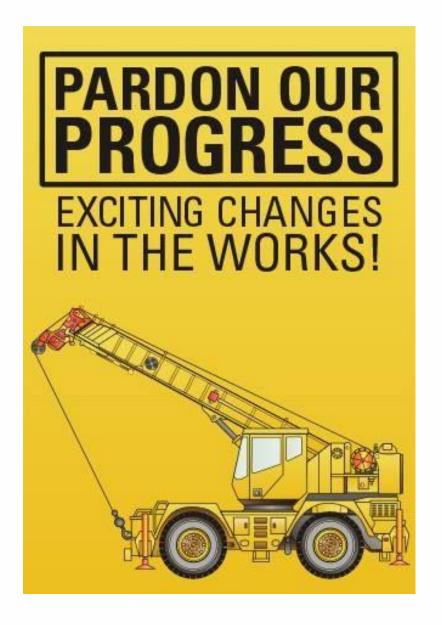
www.ZeroHarmSC.org



Uncharted waters

- New process
- Learn along the way
- SC being the trendsetter





Next steps

- Sign Participation Agreement
- Complete Organizational Assessment
- Sign Data Use Agreement
- Antum Risk members
 - Begin using updated workplace violence addendum
- Non-Antum Risk members
 - Develop data submission process, we can help



Questions?

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SC HOSPITAL ASSOCIATION

A Better State of Health