



# Workplace violence prevention at Minnesota's hospitals and health systems

## Hospitals should be places of safety and healing for caregivers, patients and visitors. That's why Minnesota's hospitals and health systems have been enhancing violence prevention and response plans and training health care staff since 2013.

- Hospitals and health systems take this issue very seriously and are striving to build a culture where violence or aggressive behavior is not considered "part of the job."
- Hospitals and health systems encourage and support employees in reporting violence or assaults.
- Minnesota's hospitals and health systems have increased the amount of training, including de-escalation techniques, for employees.
- Hospitals and health systems have developed interdisciplinary workplace violence prevention committees within their organizations with representation from front-line staff, leaders, security staff and others.

## Hospitals and health systems are actively partnering to develop and enhance workplace violence prevention practices, plans, tools and resources.

In 2013, a public-private coalition of health care stakeholders including the Minnesota Hospital Association (MHA), the Minnesota Department of Health (MDH), the Minnesota Medical Association, the Minnesota Nurses Association (MNA), Care Providers of Minnesota, LeadingAge Minnesota and a number of health care facilities throughout the state was formed to provide resources to hospitals, long-term care facilities, clinics and other facilities to help identify risks for violence and put effective prevention and response strategies in place.

In 2014, this stakeholder group published a [gap analysis](#) on workplace violence prevention that was disseminated to all Minnesota hospitals and health systems. The coalition provided a workplace violence prevention [road map](#) for health care organizations to identify risks for violence and put effective strategies in place. The road map included recommendations for hospitals to form interdisciplinary workplace violence prevention committees and conduct training for all staff.

In 2015, the Minnesota Legislature passed a [law](#), with the support of MHA, that hospitals must design and implement preparedness and incident response plans for violence that takes place on their premises and provide training for employees upon new hire and annually thereafter.

In 2016, MHA, MDH and the Minnesota Sheriffs' Association formed a [health care and law enforcement collaborative](#) to create a common framework of how to care for patients involved with law enforcement, with the goal of enhancing communication and collaboration between health care and law enforcement. The coalition is an effort of a broad-based stakeholder group, including hospital security, police departments, county sheriff offices and hospital EMS, to build relationships and improve collaboration between health care and law enforcement organizations.

## MNA's workplace violence reporting and staffing bill continues the union's drive to have government involvement in hospital staffing and decisions

- Violence in the workplace is not just occurring in hospitals.
- MNA has introduced a bill related to staffing and reporting of violence against health care workers in hospitals ([HF 1398](#)). Provisions include:

over

- The commissioner of health would create a database that allows health care workers to submit information regarding an act of violence or abuse, and a hospital must allow health care workers access to the violence prevention database during the hospital worker's shift.
- The commissioner would develop recommendations regarding hospital preparedness and incident response.
- Mandates that "a hospital shall create and implement a procedure for a health care worker to officially request of hospital supervisors or administration that additional staffing is provided."
- Mandates that "a hospital shall make its action plans [...] publicly available by posting its most recent action plan and the results of its annual review [...] on the hospital's website." This is akin to having a bank post its security plan – such as cameras, number of security officers, where they are posted – on its website. No one believes this is sound policy.
- Hospitals have processes or protocols in place for nurses and other staff to raise safety concerns.
  - There is already a mechanism for hospital staff to report safety concerns to the state: under Minnesota's condition of licensure, nurses are obligated to report instances in which "the delegation of a nursing function [...] could reasonably be expected to result in unsafe or ineffective patient care" to MDH's Office of Health Facility Complaints.

**MNA is using the unfortunate increase in workplace violence – that is not only occurring in hospitals – to create a new way for the union to generate complaints to MDH about staffing and ask MDH to intervene in hospital staffing decisions.**

**The 2015 Legislature rejected a similar bill from MNA and instead passed compromise legislation supported by MHA.**

- This bill is not a violence prevention bill; it is a way to submit complaints about staffing to MDH.
- This bill would involve the commissioner of health directly in hospital decisions about security, preparedness and staffing.
- This bill purposely confuses the issues of workplace violence and staffing.
- Instead of building on the collaborative work of stakeholders since 2013, this bill is punitive, giving the commissioner of health the power to impose a penalty.

**If hospital staff have concerns about safety, hospitals have procedures in place to assess aggressive patients and to respond to security and safety threats in real time.**

- Filing a report does not prevent violence or respond to a violent situation.