











July 14, 2014

Dear CEOs, Nurse Leaders and Patient Safety Contacts:

A survey conducted by the Minnesota Department of Health in late 2012 as part of the statewide Adverse Health Events reporting system found that patient/visitor violence toward staff was a concern at Minnesota health care facilities. Violence in health care refers to a broad range of behaviors including physical violence and threats that make employees, visitors, patients, and residents concerned for their personal safety.

Nationally, the Bureau of Labor Statistics estimated that 81,000 health care industry workers were assaulted during a 15-month period in 2003-2004 (the most recent data). Federal workplace injury data show that doctors, nurses and mental health workers are more likely than other workers to be assaulted on the job. The share of health care employees who missed work due to injuries caused intentionally by others was 6.5 per 10,000 workers in 2011 — four times the overall U.S. rate.

Despite these numbers, it is likely that more incidents go unreported. Health care providers may not report incidents out of a sense of compassion for residents or patients. Or some workers may mistakenly believe that tolerating threats or physical violence from patients or residents is just part of the job.

Incidents of workplace violence directed at health care workers can take a physical, emotional, and organizational toll. Employees can experience personal physical harm, need treatment or miss time at work because of injuries, or have feelings of anxiety or fear after a violent incident.

To address this serious problem, a public-private coalition of Minnesota organizations has formed to prevent violence toward staff in health care settings, and to provide resources to hospitals, long-term care facilities, clinics and other facilities to help them identify risks for violence and put effective strategies in place to respond.

We are asking you to make workplace violence prevention a top priority by agreeing to take the following actions and to support making the following standard practice in Minnesota:

- Declaring workplace violence prevention a priority for your organization and filling out the <u>Preventing</u> Violence in Healthcare Organizational Commitment Form;
- Commit to complete the 'Prevention of Violence In Healthcare' gap analysis within 30 days;
- Support the development (or continued work) of a violence prevention committee in your organization;
- Participate in educational webinars on this topic over the next 6-9 months, supported by the coalition;
 and,
- Complete a survey in 6-9 months sharing progress and continued needs to shape next steps for the coalition and the campaign.

With these initial steps and through the work of this coalition, we are confident that we can significantly improve the safety and security of Minnesota's health care facilities for employees, and create a culture in which violence in health care settings is no longer considered an expected part of daily life for health care professionals.

Sincerely,

Edward Ehlinger, MD, MSPH Commissioner

Minnesota Department of Health

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