



Code Blue: Healthcare Workplace Violence

New Jersey healthcare workers are facing yet another epidemic; this time, violence in the workplace. Their workplace.

Immediately following the June tragedy at one of Saint Francis Health System's medical buildings in Tulsa, Oklahoma, where a patient upset with his medical care killed four people, numerous healthcare organizations, including RWJBarnabas Health, reviewed safety protocols and notification procedures. Many facilities scheduled additional active shooter training drills, reinforced relationships with local law enforcement, and provided counseling to staff.

In a memo to staff, RWJBarnabas Health President Mark Manigan and CEO Barry Ostrowsky expressed their sympathy to the victims and their families as well as their concern for their RWJBarnabas Health employees who continue to endure during highly stressful times. They also asked that staff check on their colleagues and take extra care of their mental health and energy.

Manigan and Ostrowsky added, "Please know that your security and safety, and that of all who are in our facilities, are of utmost importance and our highest priority. Our system has comprehensive security measures and protocols in place as safeguards, video monitoring, electronic access, duress alarms, notification processes, and professional security staff at every site who are committed to their mission."

The Medical Group Management Association (MGMA) conducted a MGMA Stat poll in January 2022 which found that 71% of medical practices reported an increase of disruptive patient incidents in 2021. Among the 580 applicable responses,

the most common causes of disruptions were:

- Refusal to wear masks in practice facilities.
- Rejection of COVID-19 positive results, even when symptomatic, and refusal to even take COVID-19 tests or submit to screening procedures (e.g., temperature checks).
- Anger over not receiving return-to-work or school notes without COVID-19 testing.
- Dismay over visitor policies that limited the ability of children or other guests to join the patient in the facility, especially in obstetrics appointments.
- Frustration over scheduling issues and patient wait times, often caused by staff shortages.

Workplace violence not only affects those involved in the incident but makes it more difficult overall for medical staff to provide quality care and for patients to feel safe enough to seek care. As a result, several proposed legislations are being discussed to protect healthcare workers.

The "Workplace Violence Prevention for Health Care and Social Workers Act" directs the Secretary of Labor through OSHA to mandate that employers "develop and implement workplace violence prevention plans that are worker-driven and comprehensive. In addition, the legislation mandates that workplaces "adopt proven prevention techniques" and ensure that facilities are prepared to respond "in the tragic event of a violent incident."

Additional legislation proposed by Congress is the SAVE Act (Safety from Violence for Healthcare Employees) which

provides federal protections for healthcare workers who experience violence and intimidation in their workplace. Similar to the protections afforded to aircraft and airport workers, the SAVE Act ensures that offenders are appropriately punished, allowing healthcare workers safer environments to deliver quality patient care.

Over the past three years, New Jersey hospitals have reported a 14.6% increase in violent incidents in the workplace. In 2019, 8,691 cases were reported compared to 9,962 last year. More than half of these incidents resulted in physical abuse, and 44% were associated with verbal abuse.

Run, Hide, Fight

Three tactics recommended by the FBI to keep yourself and others safe during an active shooter attack

Run when it is safe to run

- Evacuate and leave belongings behind.
- Do not congregate in open areas or at the evacuation point.

Hide when it is safe to hide

- Lock/barricade doors or go to a safer location.
- Turn off the lights, close the blinds, silence the cell phones.
- Stay out of sight.
- Have one person in the immediate group call 911 and state active shooter, medical facility, and location.

Fight when you have no other option

- If your life or the lives of others are at risk, and the shooter is in close range, your chance of survival is much greater if you make the personal decision to try and incapacitate the shooter.
- When the police arrive, they will proceed to the area last shots were heard. Put down any items in your hands. Do exactly as they instruct.

In June, the New Jersey Assembly passed the “Healthcare Heroes Violence Prevention Act” that establishes threats against a health care professional or any worker at a health care facility as a ‘disorderly persons offense,’ which would be punishable by imprisonment of up to six months and/or a fine of up to \$1,000. The bill also calls for additional penalties for assault against these employees by allowing courts to mandate an anger management course or 30 days of community service for defendants. At press time, Bill A3199 awaits a vote in the Senate and would then be passed to Governor Phil Murphy for signature.

While all of this proposed legislation is great in punishing those who threaten a safe and secure workplace, what can medical offices do for their employees to provide a secure office while continuing to create a welcoming and restorative environment for patients and their caregivers?

The MGMA recommends medical practices regularly do security and vulnerability assessments and to consider the following questions to ensure compliance and document ways for improvement:

Physical Security

- Does your staff have ID badges?
- Is there a secure parking area for staff?
- Are all exits in your practice clearly marked?
- Does your office have a functional alarm system?

Human Resources Practices

- Does HR conduct pre-employment screenings, including background checks and drug tests?
- Does HR conduct regular performance reviews and evaluate employee happiness?

Communication

- How does your staff communicate with each other, as well as with patients and vendors?
- Are staff and patients treated with respect?
- Are staff and patients given the opportunity to voice their opinions and concerns?

Training

- Are staff trained in preventing sexual harassment and workplace violence?
- Is management trained in conflict management, effective communication and problem-solving?

Incident Assessment/Investigation and Documentation

- Do you have a workplace violence prevention program?
- Do you have a documented process for responding to and investigating incidents?
- Do you have a workplace violence prevention team that meets regularly to review workplace violence incidents?

Agency Relationships

- Have you introduced yourself and developed a relationship with the closest law enforcement agency?
- Do you have an employee assistance program?

Responding to Threats and Acts of Violence

- Do you have documented procedures for responding to verified threats and acts of workplace violence?
- Do you have a zero-tolerance policy for threats and acts of workplace violence?

Healthcare workers can assist in their protection by serving as their best advocates. In addition to [MGMA's crisis management checklist](#), situational awareness and intuition are critical. Take a STAR moment (Stop, Think, Act, Review). Validate an internal radar if someone seems suspicious or potentially aggressive and verify any concerns. If something does not appear right, speak up for safety.

The Cost of Staying Healthy



Patients come into medical offices for a myriad of ailments, and it is up to the doctor to determine the proper diagnosis and course of treatment. Unfortunately, in addition to the symptoms that drove the patients to seek treatment, they now have to add the uncertainty of how much this test or treatment will cost and wonder if the remedy is worth it.

A 2022 Global Benefits Attitudes survey of over 9,500 U.S. workers conducted by Willis Tower Watson (WTW) indicated that four in 10 people deferred healthcare in the past year, with 28% delaying or canceling a medical procedure and 17% not filling a prescription. When asked what prompted them to defer care, 25% said they couldn't afford it, and 23% were unsure of the costs.

Patients want a clear understanding of their out-of-pocket expenses before undergoing any procedures. Under a new federal rule from the Centers for Medicare and Medicaid Services (CMS), those insured by employer health plans will now have greater cost transparency. According to the CMS website, beginning July 2, 2022, most group health plans and issuers of group or individual health insurance will post pricing information for covered items and services. In subsequent years, additional access to pricing information will become available, and by 2024, consumers will be able to ascertain which healthcare best fits their needs. This new federal rule is an extension of the earlier Hospital Price Transparency rule requiring every hospital in the U.S. to provide clear, accessible pricing information.

In addition to providing comfort to patients who may be unsure of healthcare costs until they receive their bills, advanced knowledge of what will be owed should lessen the amount of those unable to pay medical offices. Pricing transparency can also allow for payment discussions to happen before treatment. According to Health Analyst, a healthcare analytics platform, "patients who have a higher level of confidence in what they are paying for are more likely to be

satisfied with their care, and thus more likely to refer friends and family." Additionally, participants in a 2022 Nielsen survey indicated that mental and physical wellness are among their priority spending areas for the next 12 months. With healthcare expenses a priority, consumers will spend more time "shopping" for care. Consumers can plan accordingly and seek the care needed when they are better educated on costs.

At Garden State Bariatrics & Wellness Center, prior to patients coming in for their first appointment, the office contacts the patient's insurance to get all details of their plan, coverage, deductibles, out-of-pocket expenses, etc., so both the office and the patient are aware of the patient's total financial responsibility to the practice and it is put in writing.

"Garden State Bariatrics is a unique provider because we are a surgical practice performing pre-planned, elective surgeries, and most patients have a six-month pre-operative timeframe," said Kelly Fairbairn, Practice Manager at Garden State Bariatrics & Wellness Center, "We request all payments be completed before a patient's surgery date. They can pay monthly, in a lump sum, or whatever works best for them. We provide a variety of ways patients can pay - in person, by phone, and through the patient portal. We do not use text or email reminders. We assess our schedule the day prior and identify any patients coming in for an appointment who have a balance due. We will also remind them of this when we call to confirm their appointment. Additionally, we will provide them with a paper statement on the day of the appointment."

Nancy Patterson, Practice Administrator at Primary & Specialty Care in Edison, has organized training sessions for her staff so that payment conversations with patients can be less awkward when handled in a professional manner.

Transparency of costs is just one step in improving the patient experience but an excellent first step in ensuring the overall health of our communities.

Ask the Practice Management Expert

"Ask The Experts" is a question-and-answer forum featuring leading practice management experts.



Our Expert

Nancy Paterson - Practice Administrator, Primary & Specialty Care of Edison

A driving force in healthcare for the past 37 years, Nancy Paterson brings a wealth of knowledge to her role as Practice Administrator at Primary & Specialty Care of Edison, a role she has held for the past four years. In her position, Nancy oversees a staff of 17 and works closely with three Family Practice Physicians and one Cardiologist. She is responsible for the practice's overall operations to ensure that everything runs smoothly daily. During her healthcare tenure, Nancy has overseen 13 multi-specialty practices before joining RWJBarnabas Health eight years ago. Outside the office, Nancy is married, raised three sons and cherishes her time with her four grandchildren, who are the light of her life. Nancy's staff is the lucky beneficiary of her passion for baking. She also enjoys reading and socializing with friends.

Q: COVID changed how many medical offices are run and also provided new opportunities. How have your office procedures and physician interaction changed since the pandemic's start in March/April of 2020?

A: Due to the initial onset of the pandemic, we turned to telehealth visits for all patients with any symptoms. The only patients seen in the office were for well visits and only after the patients were screened to ensure that it was safe for them and the staff. The staff was educated on questions to ask and to inform the patients of the information needed when the medical assistants call to begin the telehealth visit. We encouraged the patients to write down their symptoms at the time they scheduled their appointment, including their temperature, blood pressure readings (if a machine was available), medications they were taking, and any other pertinent information the physician would need during the telehealth visit.

Q: How does your office ensure the safety of its employees and its patients? Have you made any changes in light of recent attacks on healthcare workers?

A: All staff, including the physicians, listened to a workplace violence webinar, and we also created a binder on the subject. All staff and physicians were given the binder to review and sign off on to ensure the entire office staff knew all safeguards. Doors to the clinical areas of the office and the front desk area are kept locked at all times to ward off anyone who does not belong. In addition, safe areas within the office were identified in case of an incident.

Q: How often do you revisit your safety policies related to COVID and/or violence?

A: Safety policies on all topics, including COVID and workplace violence, are discussed at morning huddles with the staff and also discussed periodically at monthly staff meetings.

Q: The pandemic demonstrated that many jobs could be done remotely, but that is not the case in the healthcare industry. How do you continue to motivate employees to come into the office, engage with their co-workers and patients, and be energetic about their responsibilities?

A: As the Practice Administrator, I feel that it is my job to keep my employees motivated and to let them know how important they are to the practice's success. They have a critical role in the care of our patients, but they also have to know how important they are to me as their immediate supervisor and our physicians. I constantly stress that we are a team, and each one of them is an essential member of that team. I also bake cookies and brownies and keep a large bowl of chocolate candy on my desk which seems to motivate them.

Q: Cost can hinder patients from seeking care in a timely fashion or at all. How does your office handle fee disclosure so that patients are not surprised when the bill arrives?

A: Self-pay patients receive an estimate of what the visit charge might be either when they arrive at the office or if identified before when they make the appointment. It is then their decision whether to be seen or not. Payment for this type of visit is usually due at the time of the service, and they are made aware of that when the appointment is made so they would not receive future billing statements.

Q: There are other barriers, in addition to cost, that may deter patients from seeking treatment, including fear (of what may be found or getting sicker while at the office), transportation issues, etc. How does your office try to negate these impediments?

A: I always tell my staff that the most important part of their position is to make the patient feel at ease. I have told them to see themselves as patients and to treat these patients as they would like to be treated. In healthcare, we have to be compassionate and make the patients feel comfortable and not afraid to be seen. We are still only seeing patients that do not have symptoms of illness and have maintained social distancing in the office. We hope that these added measures make our patients feel more comfortable about seeking out care.



Quiet Quitting or Self-Preservation?

For decades, the only way to get ahead was to be the first in the office in the morning and the last out at night. Every time your boss looked up, there you were - ready, willing, and able to burn the midnight oil...all for the company's benefit. Your predecessors said the 18-hour workdays were part of "paying your dues," but was the sacrifice truly worth the benefit? Many people are now thinking differently.

While Gen-Z began to change the 24/7 workday prior to 2020, the pandemic really crystallized the value of life-work balance and caused many to re-evaluate their priorities. Many employees used the ability to work remotely as opportunities to reinvent themselves. According to the Bureau of Labor Statistics, in 2021, 47.8 million workers quit their jobs, shattering the 2019 average of 3.5 million. According to a U.S. Catalyst/CNBC poll taken in the fall of 2021, half of the employees surveyed attributed their career change to the pandemic.

For those who may not be looking to make a drastic career change, 'quiet quitting' has become the newest workforce trend. 'Quiet quitting,' which gained popularity via a viral TikTok video, can be defined as performing only the jobs assigned to an employee by the employer and not going above and beyond the job description. Some examples of 'quiet quitting' include:

- leaving work on time and not working during off-hours
- not responding to emails or messages outside of work
- being less emotionally invested; and
- completing the task but not going above and beyond in hopes of promotion or accolades.

A June 2022 Gallup poll of more than 15,000 full- and part-time U.S. employees aged 19 and over showed 'quiet quitters' making up nearly 50% of the U.S. workforce.

"Quiet quitting isn't just about quitting on a job; it's a step toward quitting on life," reflected Arianna Huffington, an author, syndicated columnist, and businesswoman, in an August LinkedIn post. "Yes, we shouldn't be defined by our work. But at the same time, if work is at least eight hours of our day, are we saying these are hours we're willing to simply go through the motions, with the inevitable boredom that's bound to ensue? Work can give us meaning and purpose. It's part of a thriving life. We should absolutely reject "hustle culture" and burnout."

Huffington continued, "...Rejecting burnout doesn't mean rejecting the possibility of finding joy in our work, loving our work. Going above and beyond doesn't have to mean allowing ourselves to be burned out. Pushing ourselves beyond the bare minimum is how we grow, evolve and expand our possibilities."

Deloitte, a management and consulting firm, released a report in June stating that 95% of the C-suite agree that they should be responsible for employees' well-being, but at current, these sentiments aren't translating into action. Sixty-eight percent admit that they're not doing enough to safeguard employee and stakeholder health.

Is 'quiet quitting' an act of employee rebellion to combat burnout and stress, or can it be seen as an opportunity for companies to re-evaluate their relationship with their workforce? In August, ResumeBuilder.com surveyed 1,000 working Americans to understand the pervasiveness of 'quiet quitting.' Twenty-six percent of workers admit they do the bare minimum or less. Of that 26% of quiet quitters, 46% attribute their apathy to lack of compensation for additional work and not wanting to compromise their mental health. Additionally,

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many 'quiet quitters' strive for a work-life balance and don't feel that working harder will pay off long-term. However, 91% of 'quiet quitters' say they could be motivated to work harder. Employers can re-engage their employees via money incentives (75%), more paid time off (48%), better health care (40%), promotion (36%), more recognition (29%), and better title (22%).

If employers notice the "quiet quitting" trend in their own offices, a check-in with staff should be immediate to see how to best support them. Some key steps may be:

Ways Quiet Quitters Can be Re-engaged by Employers:

- **75% noted money incentives**
- **48% noted more paid time off**
- **40% noted better health care**
- **36% noted promotion**
- **29% noted recognition**
- **22% noted better title**

1. Review expectations and set boundaries. Uncertainty of job responsibilities coupled with lack of feedback is a breeding ground for miscommunications and feelings of resentment.
2. Keep lines of communication open. With so many employees working a remote or hybrid schedule, it is imperative to check on the pulse of your staff frequently. In addition to weekly one-on-one or team meetings on particular office responsibilities, ensure your employees are encouraged to voice their concerns and needs and have a forum to communicate.
3. Recognize and reward employees. Acknowledging and compensating employees for their hard work and effort is paramount in retaining and engaging your workforce. While financial benefits are always appreciated, a simple thank you or recognition helps boost morale and productivity.

Companies that encourage a work-life balance will demonstrate to their employees how much they are valued. This prioritization of employees' well-being will ultimately lead to a more productive working environment for all.

Holiday Wishes

"A snowflake is one of God's most fragile creations, but look what they can do when they stick together!"

~Author Unknown

The year's end is the perfect time to reflect on the past 12 months and begin planning for the future. If the past two years have taught us anything, it is our ability to persevere through adversity, find new perspectives, pivot when needed, and, most importantly, marvel at what we can accomplish together. May the upcoming holiday season end your year on a cheerful note and make way for a fresh and bright new year filled with good health, opportunity, laughter, friendship, and love.

- Your RWJBarnabas Health OMA Family

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"I'm just burying a bone, but it's important to wear the proper safety gear for any job!"

Meet the Team:

For a complete listing of the Physician Management Team members, visit:

<https://www.rwjbh.org/documents/office-managers/OMA-Best-Practice-Newsletter-Winter-2021.pdf>

Members, let us know what you would like to see in upcoming issues of Best Practice by emailing Alyssa.Ruby-Mako@rwjbh.org.