

August 25, 2022



# CTS INSPIRATIONS

## CTS NEWS

### President's Message

Dear CTS friends:

Summer is rapidly coming to a close and we are getting ready for a very busy fall and winter. We now are in the process of planning our CTS Annual Meeting and Educational Conference for January 2023. Save the date on your calendar now for **Thursday, January 12, 2023 through Sunday, January 15, 2023 at the Portola Hotel and Spa in Monterey, California.** Details will follow as soon as they become available.



The CTS is also continuing its Friday night Educational Webinars on the 2nd and 4th Friday nights through the end of the year. Be sure to watch for updates on both the January Educational Conference and the upcoming webinars via our email blast system and on our website at <https://calthoracic.org/>.

And just a reminder.....For those of you who are interested in learning or updating your knowledge and skills on cardiopulmonary exercise testing (CPET) - The Lundquist Institute for Biomedical Innovation at Harbor-UCLA Medical Center is offering a state-of-the-art course from 9/29/22-10/1/22, "A Practicum: Cardiopulmonary Exercise Testing and Interpretation".

Click on the following link for more information and registration:  
[https://labs.dgsom.ucla.edu/rossiter/pages/exercise\\_practicum](https://labs.dgsom.ucla.edu/rossiter/pages/exercise_practicum)

## A Practicum: Cardiopulmonary Exercise Testing and Interpretation

About the Practicum The Practicum was inaugurated in 1982 by Drs. Karlman Wasserman and Brian J. Whipp in response to requests for practical instruction in cardiopulmonary exercise testing (CPET).

[labs.dgsom.ucla.edu](https://labs.dgsom.ucla.edu)

Warmly,

A handwritten signature in black ink that reads "Michelle Cao".

Michelle Cao, DO  
Stanford University

## Healthcare Workplace Violence in the Post-COVID Era: Policy Debates and Needed Changes

Rachel Odes, PhD RN

University of California San Francisco  
National Clinician Scholars Program



Workplace violence, according to the Occupational Safety and Health Administration (OSHA), is defined as “any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site.”<sup>1</sup> The sources of violence can be criminal activity from those with no legitimate reason to be at the work site, colleagues, or personal conflicts that play out at work, but the most common type in healthcare settings is Type 2, where the patient/client or their family members are the source of violence.<sup>2</sup> An international meta-analysis conducted before COVID-19 found that 62% of healthcare workers surveyed had experienced workplace violence in the previous year.<sup>3</sup> In the time since the start of the pandemic, the problem has worsened, particularly for those in the emergency department<sup>4</sup> and staff providing care to patients with COVID-19.<sup>5</sup> In the context of worsening stressors and staffing crises surrounding the pandemic, there has been increased attention paid to the working conditions for the nation’s essential healthcare workforce, including increased exposure to violence and aggression.<sup>6,7</sup> While workplace violence has been recognized as serious problem for decades,<sup>8</sup> concerns over the current and future capacity of the healthcare system, particularly the nursing workforce, has brought new urgency to the need to prevent attrition and attract new providers to the bedside.<sup>9,10</sup>

As a result, workplace violence has become a topic of national policy conversation, as two federal bills are currently being considered in Congress: The Workplace Violence Prevention for Health Care and Social Service Workers Act (S 4182<sup>11</sup>/HR 1195<sup>12</sup>) and the Safety from Violence for Healthcare Employees (SAVE) Act (HR 7961<sup>13</sup>). HR 1195 was passed by the House of Representatives in 2021 and was introduced in the Senate as S 4182 in May 2022. These twin bills would require federal OSHA to adopt a national standard for workplace violence prevention in healthcare and social services settings. Included in the standard would be the requirement for facilities to develop a violence prevention plan in collaboration with their frontline staff and to investigate and document incidents when they occur. These bills have garnered widespread support, most notably from multiple healthcare workers’ unions and the American Nurses Association. In contrast, HR 7961, introduced in June 2022, focuses on deterrence, proposing to make it a federal offense to assault a healthcare worker (modeled after the current penalties for assaulting airline workers). In addition, HR 7961 would provide grant funding to hospitals to develop their violence prevention infrastructure and training capacity.

It may seem that these two bills are two sides of the same coin, working together to address multiple aspects of the problem of workplace violence. However, there are some important concerns to address when considering enhanced criminal penalties for those who assault healthcare workers, the first of which being that the primary category of assailant for these incidents is patients and their family members.<sup>14</sup> It seems that this is where the parallels with the airline industry break down;

while those flying on commercial airlines are generally those who choose to travel for business or pleasure, those in our hospitals, emergency departments, and waiting rooms are generally not engaging with the healthcare system under conditions of their own choosing. This is even more so in the setting where I have spent my nursing career – the acute psychiatric setting – where the majority of patients are treated on an involuntary basis for serious mental illness. For this reason, it is difficult to enforce standards of behavior for patients who may be experiencing extreme stress, symptoms of mental illness, or the effects of drugs or alcohol and need urgent treatment. Under these challenging conditions, clinicians rely on their skills and support of the wider organization and team to manage complex situations, providing care to the best of their ability.

Another thorny issue to contend with is that many healthcare providers have a complex relationship with law enforcement and the role police play in our patients' lives. Patients from marginalized communities and Black or Latinx people in particular are disproportionately policed, and are more likely to enter the healthcare system with prior exposure to law enforcement.<sup>15</sup> Because of this, entering a healthcare environment with heavy police presence and threats of federal criminal penalties posted on the walls is likely to erode what may be already fragile trust in care providers. One example from San Francisco illustrates the complexity of this issue. Last year, after considerable debate, hospital leaders at San Francisco General Hospital released a plan to reduce presence of Sheriff's deputies at the facility, calling attention to the disproportionate use of force against patients of color.<sup>16</sup> This change followed a public campaign by physicians, hospital staff, and community members to protect patients from inappropriate law enforcement intervention. At the same time, assaults against hospital workers at the hospital is a serious and ongoing problem, leading to frustration for frontline staff who believe that without the deputies' presence they have little support to manage violence when it occurs. This discussion has brought to light the challenges of living up to our ideals of an inclusive, welcoming, healing, environment in the context of an often-dysfunctional system that reflects the strains of its surroundings.

To prevent workplace violence in healthcare settings, federal OSHA guidelines provide a set of recommendations, including designing spaces to maximize visibility of surroundings, adequate staffing, extensive and consistent training in de-escalation and management of assaultive behavior, and encouragement for reporting and non-retaliation.<sup>17</sup> Consistent with OSHA's General Duty Clause, Section 5(a)(1), the part of the original Occupational Safety and Health Act that applies to all types of health and safety concerns not described by industry or exposure-specific standards, employers are required "to provide their workers with a workplace free from recognized hazards that are causing or likely to cause death or serious physical harm."<sup>17</sup> This conception puts the onus on the employer – hospitals in this case – to keep employees safe at work. It is clear from the language of the SAVE Act (a bill supported by the American Hospital Association) that the industry is seeking a reframing of this issue, hoping that the wider legal system will assume greater responsibility for the ongoing problem.

While it might be tempting to see the enhanced penalty for assault as a meaningful step towards reducing violence in hospitals, the reality is that it is not appropriate to press charges against all patients who assault healthcare workers, and it is important to consider who will be most harmed by involving police and federal criminal charges. Workers in many settings face environment-specific risk factors that need to be addressed, particularly in designing the environment and work practices to keep both patients and staff safe. The Workplace Violence Prevention for Health Care and Social Service Workers Act prioritizes the creation of a workplace-specific violence prevention plan, the tool best equipped to systematically consider healthcare workers' exposures at their work sites and make targeted changes. For example, if staff are experiencing assault from patients frustrated with wait times in the emergency room, the needed change is very different from those at risk from elderly patients who may be disoriented during the evening shift on a skilled nursing unit.

In California, the legislature took action to address workplace violence back in 2014, and the resulting Cal/OSHA standard, Title 8 Sec 3342,<sup>18</sup> provided one model for the current federal bill (HR 1195). California's law was phased in during 2017-18 and includes more stringent reporting requirements to measure the incidence of workplace violence. In addition, starting in January 2022, The Joint Commission implemented new workplace violence prevention requirements for accreditation across the U.S.<sup>19</sup> The impact of these efforts merit continuous and rigorous evaluation, but the principles of increasing provider safety by building safer environments in collaboration with our patients are a good starting point. The need for addressing this problem systematically is gaining broad public support, and that momentum should be leveraged to make hospitals safer for patients and providers alike.

## References

1. Occupational Safety and Health Administration. Workplace Violence - Overview. Accessed August 8, 2022. <https://www.osha.gov/workplace-violence>
2. United States Government Accountability Office. WORKPLACE SAFETY AND HEALTH: Additional Efforts Needed to Help Protect Health Care Workers from Workplace Violence. Published online March 2016. <https://www.gao.gov/assets/gao-16-11.pdf>
3. Liu J, Gan Y, Jiang H, et al. Prevalence of workplace violence against healthcare workers: a systematic review and meta-analysis. *Occup Environ Med*. 2019;76(12):927-937. doi:10.1136/oemed-2019-105849
4. McGuire SS, Gazley B, Majerus AC, Mullan AF, Clements CM. Impact of the COVID-19 Pandemic on Workplace Violence at an Academic Emergency Department. *Ann Emerg Med*. 2021;78(2):S33-S34. doi:10.1016/j.annemergmed.2021.07.071
5. Byon HD, Sagherian K, Kim Y, Lipscomb J, Crandall M, Steege L. Nurses' Experience With Type II Workplace Violence and Underreporting During the COVID-19 Pandemic. *Workplace Health Saf*. Published online August 3, 2021:21650799211031230. doi:10.1177/21650799211031233
6. Miller A, Sable-Smith B. 'Are You Going to Keep Me Safe?' Hospital Workers Sound Alarm on Rising Violence. Kaiser Health News. Published October 11, 2021. Accessed April 19, 2022. <https://khn.org/news/article/are-you-going-to-keep-me-safe-hospital-workers-sound-alarm-on-rising-violence/>
7. U.S. Bureau of Labor Statistics. TABLE R100. Incidence rates for nonfatal occupational injuries and illnesses involving days away from work per 10,000 full-time workers by occupation and selected events or exposures leading to injury or illness, private industry, 2020. Published November 3, 2021. Accessed March 15, 2022. [https://www.bls.gov/iif/oshwc/osh/case/cd\\_r100\\_2020.htm](https://www.bls.gov/iif/oshwc/osh/case/cd_r100_2020.htm)
8. Phillips JP. Workplace Violence against Health Care Workers in the United States. Longo DL, ed. *N Engl J Med*. 2016;374(17):1661-1669. doi:10.1056/NEJMra1501998
9. Sinsky CA, Brown RL, Stillman MJ, Linzer M. COVID-Related Stress and Work Intentions in a Sample of US Health Care Workers. *Mayo Clin Proc Innov Qual Outcomes*. 2021;5(6):1165-1173. doi:10.1016/j.mayocpiqo.2021.08.007
10. Occupational Safety and Health Administration. Workplace Violence - Overview. Accessed August 8, 2022. <https://www.osha.gov/workplace-violence>
11. United States Government Accountability Office. WORKPLACE SAFETY AND HEALTH: Additional Efforts Needed to Help Protect Health Care Workers from Workplace Violence. Published online March 2016. <https://www.gao.gov/assets/gao-16-11.pdf>
12. Liu J, Gan Y, Jiang H, et al. Prevalence of workplace violence against healthcare workers: a systematic review and meta-analysis. *Occup Environ Med*. 2019;76(12):927-937. doi:10.1136/oemed-2019-105849
13. McGuire SS, Gazley B, Majerus AC, Mullan AF, Clements CM. Impact of the COVID-19 Pandemic on Workplace Violence at an Academic Emergency Department. *Ann Emerg Med*. 2021;78(2):S33-S34. doi:10.1016/j.annemergmed.2021.07.071

14. Odes R, Hong O, Harrison R, Chapman S. Factors associated with physical injury or police involvement during incidents of workplace violence in hospitals: Findings from the first year of California's new standard. *Am J Ind Med*. 2020;63(6):543-549. doi:10.1002/ajim.23103
15. NACDL - Race and Policing. NACDL - National Association of Criminal Defense Lawyers. Accessed August 8, 2022. <https://www.nacdl.org/Content/Race-and-Policing>
16. Barba M. SF General Hospital to reduce reliance on deputies for security. San Francisco Examiner. Accessed August 8, 2022. [https://www.sfexaminer.com/archives/sf-general-hospital-to-reduce-reliance-on-deputies-for-security/article\\_f82f3af1-2832-54c3-b76d-d4ba071b2244.html](https://www.sfexaminer.com/archives/sf-general-hospital-to-reduce-reliance-on-deputies-for-security/article_f82f3af1-2832-54c3-b76d-d4ba071b2244.html)
17. Occupational Safety and Health Administration. Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers. Published online 2016. <https://www.osha.gov/Publications/osha3148.pdf>
18. State of California Department of Industrial Relations. Workplace Violence Prevention in Health Care - Regulations. Published 2017. Accessed August 8, 2022. <https://www.dir.ca.gov/dosh/workplace-violence-prevention-in-healthcare.html>
19. The Joint Commission. New and Revised Workplace Violence Prevention Requirements | The Joint Commission. Published 2022. Accessed October 7, 2021. <https://www.jointcommission.org/standards/r3-report/r3-report-issue-30-workplace-violence-prevention-standards/#.YqdxrHbMJnl>

## Southwest Journal of Pulmonary, Critical Care and Sleep Volume 25

Volume 25 (through 8/9/22)							
Title (Click on title to open the manuscript)	Journal Section	First Author	Year	Vol	Issue	Pages	Date Posted
<a href="#">A Case of Brugada Phenocopy in Adrenal Insufficiency-Related Pericarditis</a>	Critical Care	Kim A	2022	25	2	25-19	8/6/22
<a href="#">Medical Image of the Month: An Unexpected Cause of Chronic Cough</a>	Imaging	Khair Y	2022	25	2	23-24	8/2/22
<a href="#">August 2022 Imaging Case of the Month: It's All About Location</a>	Imaging	Gotway MB	2022	25	2	15-22	8/1/22
<a href="#">Effect Of Exogenous Melatonin on the Incidence of Delirium and Its Association with Severity of Illness in Postoperative Surgical ICU Patients</a>	Critical Care	Gupta K	2022	25	1	7-14	7/25/22
<a href="#">July 2022 Medical Image of the Month: Pulmonary Nodule in the Setting of Pyoderma Gangrenosum (PG)</a>	Imaging	Goswami U	2022	25	1	4-6	7/2/22
<a href="#">July 2022 Sleep Case of the Month: A Sleepy Scout</a>	Sleep	Fukui CS	2022	25	1	1-3	7/1/22

### **California Thoracic Society**

**18 Bartol St. #1054 | San Francisco, CA, 94133 | 415-536-0287**

**Connect with CTS at <https://calthoracic.org/>**

#### **CTS Editors:**

**Angela Wang, MD  
Chris Garvey, NP  
Laren Tan, MD**

**Sachin Gupta, MD  
Erica Lin, MD  
Florence V. Chau-Etchepare, MD**