

LEFT OF BOOM

MONTHLY NEWSLETTER OF CLINICAL SECURITY SOLUTIONS



CAN'T AFFORD A WORKPLACE VIOLENCE PREVENTION PROGRAM? CAN YOU AFFORD NOT TO?

The next exodus of health care workers is coming. COVID-19 numbers are going back up, hospitals are watching ICUs fill to capacity and health care workers, exhausted and burdened from more than a year of changing protocols, angry and volatile patients and PPE, are tired. Many of them are leaving the health care workforce, leaving hospitals desperate, scrambling to recruit.

And workplace violence is only making retention more difficult.

A recent study by the United States Government Accountability Office (GAO) reported that workplace violence prevention (WPV) in hospitals is approximately **five times greater than in all private industries**. Approximately one-third of these workplace incidents were **violent enough to require physical intervention**.

Health care facilities understand the importance of preventing violence towards employees because it is the right thing to do, but there is a financial business case for implementing violence prevention programs as well.

The Health Care Industry Already Operates on Razor Thin Profit Margins

The current reimbursement models such as diagnosis-related group reimbursement (DRG) and other value-based reimbursement models have only decreased the ability for hospitals to cover costs, making profitability difficult. And then there was COVID-19. Hospitals across the country experienced significant financial hardship as profitable elective procedures were curtailed or even eliminated.

BURNOUT AND THREATS OF VIOLENCE ARE LEADING TO TURNOVER

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Staff are Fleeing

According to a recent survey by the consulting firm McKinsey **22 percent of nurses expect to leave the career field within the next 12 months.** Reasons for this high level of turnover are varied. It is important to note that many nurses cite workload **burnout and personal safety** as primary reasons for leaving the field. The added stress of COVID-19 has only added fuel to workplace turmoil. Exposure to workplace violence and staff perceptions of safety in the workplace have been found to be **key drivers in employee dissatisfaction.**

The Cost of Turnover

According to the 2019 National Healthcare Retention & RN Staffing Report, published by Nursing Solutions, Inc. (NSI), the 2020 turnover rate for staff RNs currently stands at 18.7 percent. The average turnover costs result in hospitals losing **\$4.4 to \$6.9 million each year** since analysis shows each percent change in nurse turnover will cost (or save) the average hospital an additional **\$328,400.**

Hard to Fill

With an influx of new opportunities with remote options, health care is feeling the strain of recruitment difficulties. The same study found that, on average, it can take more than **three months to fill a vacant staff nursing position** and for leadership positions, it can be even longer. Hospitals who need to keep their doors open for increased patients must rely on travelers. Due to the pandemic, hospital use of travel RNs increased by approximately **62 percent** last year, while pay rates skyrocketed as much as **200 percent.**

This spending pattern for labor is simply unsustainable. **By eliminating 20 travelling positions, the average hospital could save over \$3 million each year.**

The Case for Workplace Violence Prevention as Part of Retention

Health care workers are leaving the workplace, costing hospitals millions. Many are leaving due to fears about safety and escalating workplace violence. Having a workplace violence prevention program helps prevent employee harm, provides support, and decreases chances of burnout to help retention. **It's the right thing to do for employees, and it also makes good financial sense.**

Together, we can put together a comprehensive program that helps your employees feel safe and supported while helping your health care organization feel financially strong for the unknown road ahead.

READY FOR THE NEXT LEVEL? LET'S GO.

Contact us for a complimentary assessment.

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