

CASE MODEL

BOULDER-CREST MEDICAL CENTER (BCMC)

NEWS FLASH! The news report comes in: Two employees at the Boulder-Crest Medical Center have been killed in the workplace and two have been wounded. A witness has called 911 and the police as well as other emergency personnel are at the scene. The perpetrator (a former employee of the medical center) has been taken into custody, the victims are being treated, and the police are interviewing witnesses and gathering evidence.

In this situation, the medical center's crisis response plan called for the immediate involvement of an official from the public information office (PIO), in addition to the following BCMC employees:

1. a top management representative;
2. a security officer;
3. a Human Resources (HR) specialist; and
4. an Employee Assistance Program (EAP) counselor.

Top management representative: The deputy hospital administrator coordinated the response effort because she was the senior person on duty at the time. In addition to acting as coordinator, she remained available to police throughout the afternoon to make sure there were no impediments to the investigation.

She immediately called the families of the wounded and assigned two other senior managers to notify the families of the deceased. She also arranged for a friend of each of the deceased co-workers to accompany each of the managers. She took care of numerous administrative details, such as authorizing expenditures for additional resources, signing forms, and making decisions about such matters as granting leave to co-workers. It was necessary for the medical center to remain in operation and it was impossible to allow all of the employees to go home for the rest of the day.

To ensure a coordinated response effort, she made sure that medical center personnel directly involved in the crisis had cell phones for internal communication while conducting their duties in various offices around the building.

Security staff: The security staff assisted the police with numerous activities including locating witnesses and preserving the crime scene.

HR representative: The HR specialist contacted the medical center's corporate office and alerted them to the situation so that they could immediately begin to monitor any criminal and other legal proceedings. He made a detailed written record of the incident, but did not take statements from witnesses because to do so might have impeded the criminal investigation and possible subsequent prosecution of the case. He also helped the HR supervisor with internal documentation related to the incident.

Employee Assistance Program (EAP) counselor: The medical center had only one EAP counselor available at the time of the incident. However, in prior planning for an emergency, the medical center had contracted with a local EAP provider to provide additional counselors on an “as needed” basis. The one EAP counselor on duty called the contractor and four additional counselors were at the medical center at the time. It was not possible to use the medical center’s social workers, as one of the victims was a social worker. The counselors remained available near the scene of the incident to reassure and comfort the staff. Since they were not medical center staff, they wore readily visible identification badges.

Arrangements for post-incident traumatic stress debriefings were scheduled to begin in two days. The EAP counselor also arranged for two contract EAP counselors to be at the medical center for the next week to walk around the center inquiring how the staff members were doing and to consult with supervisors about how to help the staff in their recovery efforts.

Public Information Officer: The PIO handled all aspects of press coverage. She maintained liaison with the media, provided an area for reporters to work, and maintained a schedule of frequent briefings.

KEY ISSUES:

The community, patients, press corps and employees of Boulder-Crest Medical Center realize there are no guarantees of personal safety and anti-terrorism in the modern era. But, BCMC was able to take lessons learned and boldly keep its commitment to safety and violence prevention in the medical workplace, and consider new solutions to the dilemma. Upon reviewing the situation at BCMC, consider the following questions:

- 1) How would your healthcare facility or hospital have obtained the services of additional EAP counselors?
- 2) How would or should employees be given information about this incident?
- 3) Who would clean up the crime scene?
- 4) Would you relocate employees who worked in the area of the crime scene?
- 5) What approach would you take regarding the granting of excused absence on the day of the incident and requests for leave in the days/weeks following the incident?
- 6) How would you advise BCMC management and administration to deal with work normally assigned to the victims?
- 7) What support would your organization provide to supervisors to get the affected work group(s) back to functioning?
- 8) What are the possible direct and indirect financial ramifications and recovery costs of the retroactive, crisis-prone approach to medical workplace violence, used at BCMC?
- 9) What might have been the financial costs of using a more pro-active, crisis-prepared approach to workplace violence at BCMC?
- 10) What might have been the financial cost savings at BCMC, if a crisis-prepared approach to healthcare violence had been used?

POSSIBLE SOLUTIONS:

Financial and Economic Cost of BCMC Recovery*

(The Reactive Crisis-Prone Approach)

BCMC Incident (medical workplace violence event)	Costs
1. Incident debriefing with impacted employees (3 managers, 5 doctors, 10 nurses and 27 employee working in impacted area)	\$1,200.00
2. Center closed due to incident for three and one-half days)	\$122,856.00
3. Revenue lost (assumes for 6 weeks after the incident there is a 25% productivity decline)	\$1,724,694.00
4. Clean up of incident area/crime scene	\$2,000.00
5. Increase on annual healthcare premiums due to increase use of psychological services (20% of employees need counseling for 3 months, 10% for 6 months and 1% for 12 months)	\$5,000.00
6. Lawsuit settlement (assumed out-of-court settlement at 60% of the average settlement of \$500,000.00)	\$300,000.00
7. Public relations campaign, marketing, communication strategy with stakeholders to counter negative press and restore confidence in company	\$10,000.00
8. Replacement cost for 10% turnover of workforce, e.g., 25 managers and 75 employees (assumes 25% of salary replacement cost for managers and 10% for employees against national figures of 50-100% of salary for replacement cost)	\$315,500.00
Total	\$2,481,250.00

* Cost estimates based on workplace violence prevention software, like that available from: www.Workplaceviolence911.com

Focus on Pro-active Violence Prevention at BCMC*

(The Zero Incident Crisis-Prepared Approach)

Prevention Actions	Cost
Programmatic Steps	
1. Establish a Workplace Violence Prevention Committee	\$2,000.00
2. Focus on eliminating 'at risk' behaviors	Internal Staff
3. Establish a comprehensive Workplace Violence Prevention Policy	*\$500.00
4. No Weapons in the Workplace Policy *	
5. Define the nature of the risk to the company	Internal Staff
6. Facility risk assessments	\$2,000.00
7. Organizational violence assessments	\$6,000.00
8. Individual threat assessment	\$1,000.00
9. Enhance physical security	(Capital Budget \$60,000.00)
10. Synchronize your personnel, security and safety policies	\$2,000.00
11. Develop crisis response procedures	\$4,000.00

12. Emergency protocol With police	Internal Staff
13. Enhance hiring procedures	\$7,500.00
14. Promote your Employee Assistance Program	Internal Staff
15. Training managers, doctors, nurses and employees	\$24,000.00
16. Involve employees in the prevention effort	Internal Staff
Programmatic Steps Sub-total	\$49,000.00
Insurance	
17. Employment Practices Liability Insurance (assumes \$100,000.00 deductible)	\$35,000.00
Insurance Sub-total	\$35,000.00
Capital Budget	\$60,000.00
Capital Budget Sub-total	\$60,000.00
Grand Total	\$144,770.00

* Cost estimates based on workplace violence prevention software, like that available from: www.Workplaceviolence911.com

BCMC Econometrics: \$2,481,250.00 minus \$144,770.00 = \$2,336,480.00
(retro-active costs) - (pro-active costs)

Potential BCMC Cost Savings: \$2,336,480.00
(zero-incident, crisis-prepared approach)

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