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Addressing the rising threats in healthcare workplace violence incidents through analysis and action plans

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Driving optimal outcomes and maximizing value

Achieving optimal outcomes in healthcare workplace violence (WPV) prevention requires a **strategic and layered approach** that balances safety, efficiency, and innovation. This white paper focuses on advanced strategies that not only mitigate risks but also enhance care delivery. By leveraging data-driven insights, innovative technologies, proactive prevention measures, and a layered approach to addressing WPV, organizations can improve safety and operational outcomes.

These strategies go beyond immediate mitigation. They empower healthcare facilities to create long-term value by building trust, improving staff well-being, and ensuring safer environments for all. The goal is clear: deliver outcomes that matter while fostering sustainable value.

Introduction

An earlier white paper titled "Mapping the risks: Population demographics and healthcare workplace violence"[1] explored root causes of WPV and foundational security programs. It also reviewed prevention strategies and recent regulatory updates. This white paper builds on those fundamental concepts by highlighting advanced and innovative solutions for WPV prevention.

WPV incident trends

U.S. crime rates and WPV trends in healthcare often reflect broader demographic patterns. Studies[2-4] show that most physical WPV perpetrators are often Caucasian males between the ages of 20 and 45. Verbal assault perpetrators are often female, with incidents typically occurring within the first four hours of admission.

It's important to note that these observations reflect data trends and not deterministic predictors. Individuals from all backgrounds can be involved in WPV. Furthermore, underreporting WPV incidents is common, with only severe or injury-causing events often documented.

Based on demographic forecasts and systemic pressures, WPV is expected to remain significant over the next 20 years. However, a potential stabilization or decrease may occur over a 30 to 40-year timeframe due to aging demographics and improved healthcare policy and mitigation strategies. Facilities should analyze internal WPV data to develop tailored, data-informed prevention strategies to develop a clear plan to put into action.

Table 1. Typical healthcare WPV event demographics

Measure	Highest risk
Perpetrator's age:	20–45 years
Perpetrator's ethnicity:	Caucasian
Location of event:	Emergency department
Time of event:	10 a.m. – 9 p.m.
Timeframe from admission:	First four hours
Common triggers:	Delay of care or treatment, pain management, communication issues, behavioral health crisis, and substance use

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Security management plan and WPV

A Healthcare Security Management Plan is essential for preventing WPV in healthcare settings by providing a framework for risk assessment, prevention, and response.

It identifies potential threats, such as patient or visitor aggression and implements targeted prevention strategies like enhanced security measures, controlled access, and improved facility design. Proactive measures, including employee training on de-escalation techniques, regular drills and the use of surveillance systems, further reduce risks.

The plan integrates safety measures into the broader organizational culture, improving morale, and patient safety outcomes.

Prevention strategy assessment

Before implementing prevention strategies, the healthcare facility should assess their risks, administrative and physical controls, and evaluate the maturity of their process. This should include deciding if and where they have emerging, intermediate or advanced practices in these areas.

Administrative leadership plays a key role in advancing programming maturity. In resource-limited facilities, strategic planning with clear milestones is key.

Table 2. Program maturity levels with descriptions

Emerging	Achieving the basics of the program, including implementaiton of WPV: • Policy • Committee • Data collection • Employee training (e.g. WPV and de-escalation)
Intermediate	Established programs that are transitioning from reactive to proactive response. Facility is starting to analyze and trend data, implement newer technologies, and design the environment to be safer. Training includes not only didactic training, but also hands-on drills or simulations.
Advanced	Comprehensive, organizationwide WPV prevention integrated into the culture, with continuous evaluation and improvement. This includes proactive and reactive implementation of industry best practices and innovative solutions tailored to their facility.

10 Advanced stategies

1. Comprehensive risk assessments
2. Zero tolerance policies
3. Flagging at-risk patients
4. Behavioral emergency response teams
5. Threat assessment/management teams
6. ER violence risk assessment and response teams
7. WPV event data analysis
8. WPV event support programs
9. Communication/marketing campaigns
10. Technology

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Comprehensive risk assessments

According to the International Association for Healthcare Security and Safety (IAHSS),[5] The Joint Commission (TJC),[6] Occupational Safety and Health Administration (OSHA)[7] and several states' legislation, security risk assessments are foundational elements of a comprehensive healthcare security program. Conducting annual assessments helps identify and mitigate risks, ensuring safety for both staff and patients. There are several essential types of risk assessments that healthcare facilities should complete on a routine basis. While each risk assessment serves a unique purpose, they often intersect.

- **Security risk assessment:** Focuses on identifying potential internal and external threats to facility safety, such as unauthorized access or security breaches.
- **WPV prevention assessment:** Evaluates potential risks and vulnerabilities related to WPV, aiming to develop effective prevention and response strategies.
- **Job hazard analysis:** Examines specific tasks and roles to identify hazards associated with routine duties, including risks related to patient handling or aggressive behavior.
- **Crime prevention through environmental design (CPTED):** Assesses the physical layout and design of the facility to reduce opportunities for crime, such as through controlled entry points, lighting, and visibility.
- **Infant and pediatric risk assessment:** Identifies risks specific to this demographic specifically for abduction events.
- **Disaster preparedness assessment:** Reviews a facility's readiness for natural, technological, and human disasters.

Risk assessments should use a mix-methods approach for gathering data.

The security risk assessment should address the different types of WPV risks that the facility experiences. The risk assessment should include a list of all potential incidents, which are then evaluated by probability (number of incidents in the past 12 to 24 months) and how incidents have human, property, and business impact. Each incident should then be assessed for mitigation efforts to include preparedness and internal and external response efforts.

Advanced risk assessment

Preparedness

- Policies in place (Y/N)
- Employee training >85% (Y/N)
- Staff awareness of policies and their roles (Y/N)
- Drills completed within the past 12 months (Y/N)

Internal response

- Technologies in place and working (Y/N)
- Supplies and PPE available (Y/N)
- Response effective and timely (Y/N)

External response

- Discussed risks with first responders (Y/N)
- Discussed response actions (Y/N)
- Resources and time resasonable (Y/N)

An advanced effort to this will include assessing these further, again using quantitative efforts.
Additionally, advanced risk assessments typically include an analysis of specific areas that would increase violence within the community, such as:

- External population demographics (age, gender, ethnicity, houseless, and unemployed)
- Types of local businesses (convention centers, schools, banks, churches, military bases, liquor stores, etc.)
- Local crime analysis on violence such as murders and assaults (verbal, physical, sexual, and domestic)

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Impacts of “zero tolerance” policies

Adopting a “zero tolerance” policy for WPV in healthcare settings presents both advantages and potential challenges. We explored the benefits and drawbacks that come with this approach.

Alternative phrasing for “zero tolerance”

Healthcare facilities should have some alternative ways to express “zero tolerance to healthcare workplace violence” while conveying a firm stance on the issue.

Leaders may consider alternatives that maintain a strong position against WPV while also emphasizing safety, respect, and proactive prevention.

Examples include:

- “Commitment to a violence-free workplace”
- “Dedicated to a safe and respectful workplace”
- “Unwavering stance against workplace violence”
- “Ensuring a safe and violence-free environment”
- “Commitment to protecting employees from workplace violence”
- “Providing a healing and safe environment for all”

Considerations

While a “zero tolerance stance” can be beneficial by enhancing safety, encouraging reporting, and demonstrating a commitment to staff well-being, it requires thoughtful implementation to avoid issues like rigidity, underreporting, and misalignment with patient-centered care values.

Healthcare facilities can benefit from adopting a nuanced approach to “zero tolerance” by evaluating each incident’s context and maintaining flexibility to the outcomes. This approach can allow healthcare organizations to uphold staff safety while also prioritizing patient care and understanding, creating a balanced environment for both employees and patients.

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Flagging at-risk patients

Flagging at-risk patients for potential violence is a proactive measure designed to ensure the safety of both healthcare professionals and other patients. This process involves identifying individuals, including patients or even their family members or friends, who may present a risk of aggressive behavior. By recognizing warning signs early, healthcare providers can prepare themselves to manage these interactions safely and compassionately. Flagging risks serves as a critical communication tool for active decision making by an organization, allowing all members of the healthcare team to be aware of any potential risks and to take appropriate precautions. Adding a new flag to a patient's record should be based on current observable behaviors or credible incidents of violence or threats. These flags can include aggressive language, threatening gestures, or actual physical violence. Importantly, the decision to flag someone should be backed by clear protocols involving a threat management team, which typically consists of professionals from security, risk management, legal, and clinical backgrounds. This multidisciplinary approach helps to ensure that the decision is objective and fair. The goal is to protect staff without compromising the quality of care for the patient in question. It's vital that flags aren't punitive but rather an essential part of managing risk in a healthcare environment.

Example 1: Medical record flags

In 2022, a healthcare system in Philadelphia launched their revision of Epic EHR to highlight on the left-hand toolbar a patient flag and the patients' violent risk score. The risk score is color coded (red, yellow, or green) based on risk. In addition, they used the Aggression and Violence Assessment Tool (AVAT) assessment, which is a proactive and evidence-based tool that standardizes the assessment. Level 1 indicates that the risk is only for the current admission, and Level 2 continues for the next admission until the risk is downgraded or removed.

Example 2: Detailing the trigger for WPV

Another large U.S. healthcare system not only includes the flag, but they have taken one step further to add the "why" or the root cause of the WPV event. The documentation and tracking of triggers provide healthcare facilities with the opportunity to examine trend incidents and implement mitigation solutions that are specific to their patient population. An example of this documentation is provided below, which includes common triggers:

What was the root cause of the WPV event?

- ☐ Individual wanted to stay
- ☐ Individual wanted to leave
- ☐ Communication issues
- ☐ Pain managment
- ☐ Disagree with treatment
- ☐ Other: _____

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Behavioral emergency response teams

Behavioral Emergency Response Teams (BERTs) are specialized teams in healthcare settings designed to respond quickly to incidents involving patients or family members experiencing a behavioral crisis. These teams are effective in managing situations where there's a risk of violence or aggressive behavior. They make sure both healthcare professionals and individuals are safe. BERTs are often activated when traditional de-escalation methods are insufficient, providing additional expertise and support to manage challenging behaviors with both compassion and control.

Past studies[2-4] indicate that up to 90% of violent events occur within the emergency department (ED) due to acute healthcare situations, elevated pain levels, high stress, and limited ability to form a bond with the patient or family. Given these unique challenges, BERTs play a critical role in managing behavioral crises among patients or their accompanying family members or friends in the ED. In the ED, BERTs help stabilize crises by offering specialized crisis management support, allowing emergency staff to focus on providing medical care. These high-stress environments can lead to rapid escalation of behavioral crises, posing risks to both staff and patients. BERT interventions are designed to defuse these situations, maintain safety, and ensure that individuals receive the behavioral health support they need.

BERTs are also equipped to handle situations involving family members or friends who may be in a behavioral crisis themselves. Whether the stress of a medical condition or their own mental health struggles, family members can sometimes become agitated or aggressive under high-pressure situations involving their loved ones. BERTs provide a structured approach to these situations, using de-escalation techniques to prevent potential violence and ensure a safe environment for everyone involved.

The implementation of BERTs highlights the importance of a proactive and multidisciplinary or layered approach in managing behavioral crises. By offering a rapid, specialized response beyond the patients' nurse to help create a safer environment.

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Threat assessment and management teams

A healthcare threat assessment team (or threat management team) is a multidisciplinary group within a healthcare organization responsible for identifying, assessing, managing, and mitigating potential threats or risks to the safety and security of the organization, its staff, patients, and visitors. These teams focus on proactive strategies to prevent violence, manage disruptive behaviors, and address safety concerns, whether internal or external.

The purpose of the threat assessment or management team is to:

- **Identify threats:** Recognize potential risks, such as behavioral warning signs, threats of violence, or unsafe situations that could lead to harm within the healthcare environment.
- **Assess risks:** Evaluate the seriousness and credibility of threats. This process can include analyzing situational contexts, social media feeds, access, or environmental vulnerabilities.
- **Develop intervention strategies:** Create tailored plans to mitigate risks. This tactic can involve direct intervention, support for individuals in crisis, or coordination with law enforcement or mental health professionals.

Having a healthcare threat assessment or management team offers numerous benefits. These teams play a vital role in proactively preventing violence by recognizing warning signs early and intervening before situations escalate. They also improve crisis management by ensuring a coordinated response, such as a threat from an active shooter or an aggressive patient.

Team members typically include security professionals, behavioral health specialists, human resources representatives, legal advisors, clinical staff, and administrators. Together, they provide a comprehensive approach to risk management, ensuring a safer and more secure healthcare environment.

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ED violence risk assessment and response team

Verbal assaults are frequent in ED waiting rooms, often due to extended wait times, high stress, and the unpredictable nature of emergencies, which can intensify patient behavior.[8] Addressing verbal threats requires a comprehensive violence risk assessment to identify patients who may pose a risk to staff, other patients, or themselves. Effective assessment tools allow healthcare providers to anticipate issues and take proactive measures before situations escalate.

A rapid triage process for behavioral or violent risks is crucial in managing ED patients effectively. Conducting a thorough behavioral risk assessment during triage, using structured screening tools, direct observation, and patient interviews, enables early identification of agitation, aggression, or behavioral health concerns. Risk factors, including a history of violence, current stressors, substance use, or psychiatric conditions, are considered in the assessment. By incorporating behavioral health screening into the initial triage process, healthcare teams can quickly identify at-risk patients and allocate resources accordingly. Early identification ensures that support services, such as the BERT, are activated when necessary.

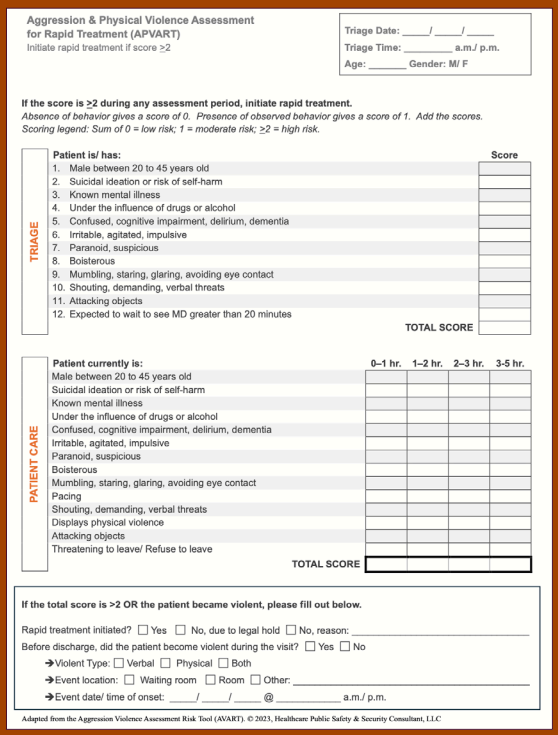
For patients flagged as high-risk for violence, expedited medical treatment reduces their time in the ED, lowering the potential for WPV incidents.[9] Since violence risk is highest within the first four hours in the U.S., minimizing ED time can significantly reduce WPV.

An effective behavioral risk assessment helps categorize patients by risk level, guiding care teams in appropriate observation and intervention. High-risk patients can be placed in safer designated areas, and specific de-escalation techniques can be applied. Regular reassessment is essential, as patient behavior and risk levels may change rapidly in the ED.

Implementing a rapid treatment team, like stroke or cardiac response teams, enables faster medical care and interventions, enhancing communication and teamwork. This approach reduces the need for sedatives or restraints, which can extend patient stays.

A coordinated approach protects staff and patients, increases care efficiency, and leads to improved patient outcomes. Rapid responses to behavioral concerns promote a safer ED environment, supporting high-quality care.

Figure 1. AtPVART assessment form developed by Kemper-Kelly (2024)



Aggression & Physical Violence Assessment for Rapid Treatment (APVART)
Initiate rapid treatment if score >2

Triage Date: ____/ ____/ ____
Triage Time: _____ a.m./ p.m.
Age: _____ Gender: M/ F

If the score is >2 during any assessment period, initiate rapid treatment.
Absence of behavior gives a score of 0. Presence of observed behavior gives a score of 1. Add the scores.
Scoring legend: Sum of 0 = low risk; 1 = moderate risk; >2 = high risk.

TRIAGE

Patient is/ has:	Score
1. Male between 20 to 45 years old	
2. Suicidal ideation or risk of self-harm	
3. Known mental illness	
4. Under the influence of drugs or alcohol	
5. Confused, cognitive impairment, delirium, dementia	
6. Irritable, agitated, impulsive	
7. Paranoid, suspicious	
8. Boisterous	
9. Mumbling, staring, glaring, avoiding eye contact	
10. Shouting, demanding, verbal threats	
11. Attacking objects	
12. Expected to wait to see MD greater than 20 minutes	
TOTAL SCORE	

PATIENT CARE

Patient currently is:	0–1 hr.	1–2 hr.	2–3 hr.	3-5 hr.
Male between 20 to 45 years old				
Suicidal ideation or risk of self-harm				
Known mental illness				
Under the influence of drugs or alcohol				
Confused, cognitive impairment, delirium, dementia				
Irritable, agitated, impulsive				
Paranoid, suspicious				
Boisterous				
Mumbling, staring, glaring, avoiding eye contact				
Pacing				
Shouting, demanding, verbal threats				
Displays physical violence				
Attacking objects				
Threatening to leave/ Refuse to leave				
TOTAL SCORE				

If the total score is >2 OR the patient became violent, please fill out below.

Rapid treatment initiated? ☐ Yes ☐ No, due to legal hold ☐ No, reason: _____
Before discharge, did the patient become violent during the visit? ☐ Yes ☐ No
→Violent Type: ☐ Verbal ☐ Physical ☐ Both
→Event location: ☐ Waiting room ☐ Room ☐ Other: _____
→Event date/ time of onset: ____/ ____/ ____ @ _____ a.m./ p.m.

Adapted from the Aggression Violence Assessment Risk Tool (AVART). © 2023, Healthcare Public Safety & Security Consultant, LLC

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WPV event data analysis

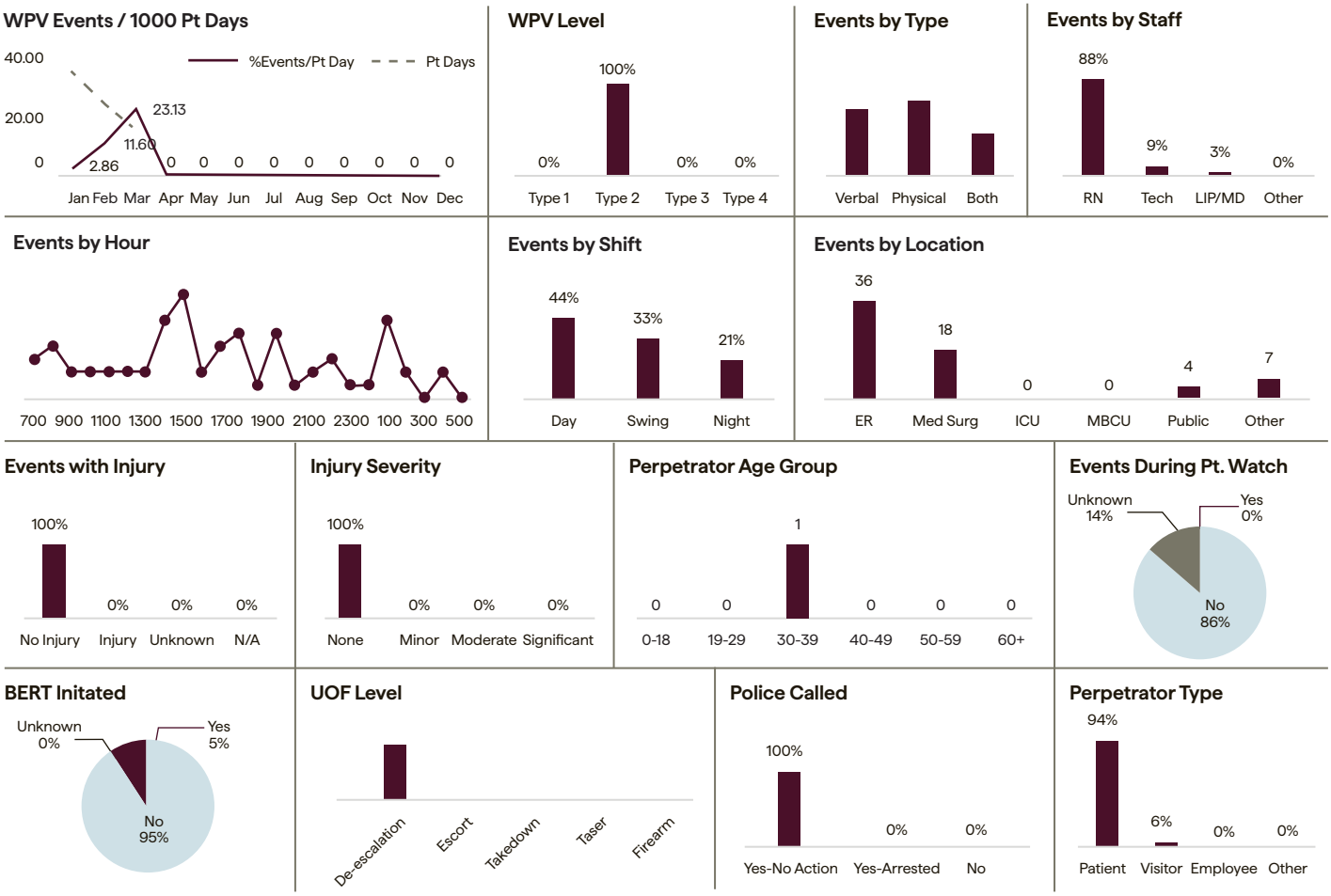
Tracking WPV events systematically is essential for understanding the frequency, severity, and potential causes of these incidents. By gathering accurate event data, healthcare organizations can identify risk factors, implement preventive measures, and provide targeted training to reduce the likelihood of future occurrences.

Using data in percentages, with denominators such as patient days or ED encounters, is particularly important when analyzing WPV trends. Raw numbers alone may not provide the correct context needed to evaluate a specific situation, as they do not account for variations in patient volume or other factors that can influence violent events.

Advanced analysis of WPV events uses **calculating percentages** relative to patient activity to allow for a more standardized comparison over time or between different units within a facility. For instance, comparing incidents per 1,000 patient days can reveal whether a spike in violence is due to an increase in patient volume or an escalation in risk factors, providing actionable insights for decision makers.

It is also important to track data before, during, and after an event. This includes why the event got worse, who responded, and what happened to stop another event.

Figure 2. WPV dashboard developed by Vizient



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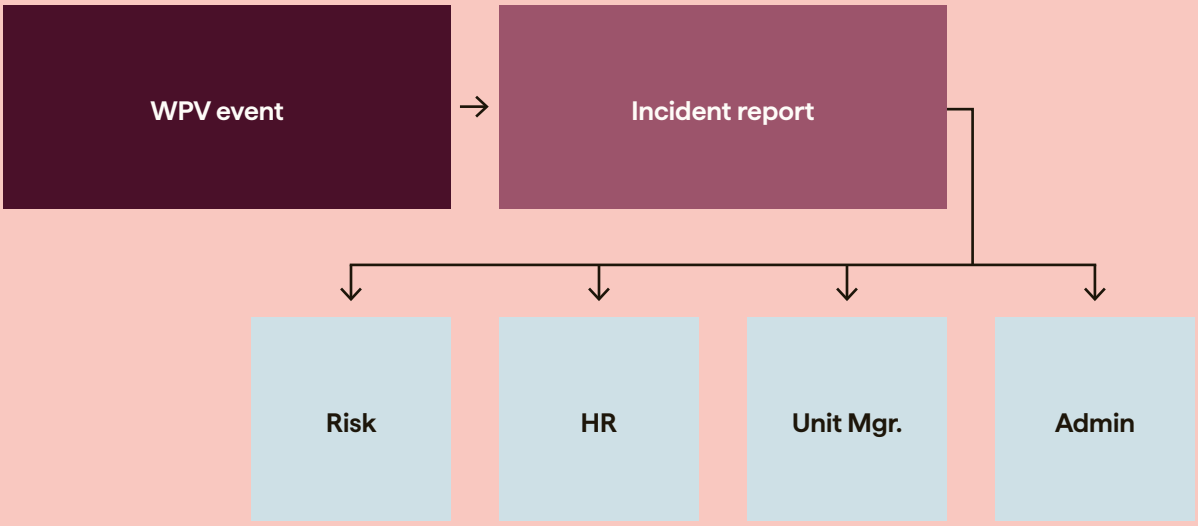
WPV event support programs

Fostering a culture of safety in the context of healthcare facilities requires ongoing support for victims and a clear, structured follow-up process. Healthcare facilities should establish a formalized procedure that includes checklists to guide departments and individuals after an incident. This process should involve not only immediate follow-up, but also scheduled check-ins at extended intervals, such as two weeks, 30 days, 60 days, and 90 days, to ensure comprehensive support over time.

When a WPV incident occurs, prompt notification should be sent to the employee supervisor or manager to address information gaps and develop appropriate action plans. For example, a facility in New Mexico programmed their incident reporting system to trigger a text message that is sent to specific individuals and promptly lets them know with an incident report. Defined roles should also be assigned to key personnel, including the risk manager, human resources and injury coordinator, security, and a member of senior leadership to ensure that all aspects of employee well-being are covered. Effective communication and regular updates between these individuals are crucial to maintaining a unified approach.

The follow-up process should include both practical support, such as helping with administrative tasks, emotional support, or providing counseling resources. By using formal procedures and checklists, the team can systematically track and document follow-up activities, assess the effectiveness of interventions, and make improvements where needed. This approach not only reinforces a culture of safety but also ensures that employees affected by violence feel genuinely supported, that their concerns are addressed, and all necessary actions are thoroughly completed.

Figure 3. WPV task checklists and flowchart developed by Vizient



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Communication and marketing campaigns

Effective internal and external communication and marketing campaigns are crucial for addressing healthcare WPV and cultivating a culture of safety. Healthcare organizations face specific communication challenges, such as underreporting incidents or a lack of awareness about WPV prevention measures, which can contribute to increased risk of violence. Communication and marketing campaigns are essential in overcoming these barriers by creating a supportive culture where safety concerns are addressed openly and proactively. By creating consistent, transparent, and engaging messaging, healthcare organizations can foster an environment where safety is prioritized and embraced by all staff members. These campaigns ensure that everyone—from frontline staff to patients, and the broader community—understands the importance of safety initiatives and their role in contributing to a safe environment.

Sharing dashboards internally with employees is a great method of communication. These dashboards should present key safety metrics, including WPV incidents, but they must go beyond simple numbers. Providing an analysis of the data helps employees understand trends, areas of improvement, and the impact of safety measures. Effective analyses might include year-over-year comparisons to identify progress, benchmarking against industry standards to understand relative performance, and highlighting specific incident trends to pinpoint areas needing immediate attention. By aligning this data with the organization's annual goals, you can effectively "connect the dots" between individual actions and broader outcomes, motivating staff to contribute to those goals from deliverable results in the future.

For example, the analysis can say "less than 3% of patients initiate violence and of those less than 0.5% result in physical violence. Of those, 90% occur in the ED between 10 a.m. and 8 p.m. These violent events typically occur within the first hour of the patient's visit; therefore, ED staff should remain on high alert for agitation or aggression during this timeframe." Providing an analysis can help readers interpret the data and demonstrate a commitment to continuous improvement.

Marketing and communication campaigns should use various platforms to ensure messages reach all audiences effectively. Newsletters, social media, blogs, and public service announcements all serve unique purposes. Newsletters can be ideal for internal updates, social media for real-time engagement, blogs for detailed safety insights, and public service announcements can help educate the public. Internal newsletters provide a venue to share data and talk about your achievements or areas that you are working on. Social media content, such as video testimonials, infographics, and quick safety tips, can raise awareness on WPV with consistent communication across channels to provide visibility to the issue.

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Technology

Table 3. Security technologies and their basic purpose

Technology	Basic purpose
Access control	CONTROL, restrict or limit access or egress, electronic lockdown, track access
Cameras	MONITOR the environment
Conductive energy devices (CEDs)	RESPOND with non-lethal means to subdue individuals
Duress buttons	Communicate and alert individuals
Infant and pediatric security systems	Monitor the location and, if needed, alert staff of the patient exiting an area
K9s	Respond with the force multiplier for security professions and assist with explosives and contraband
Mass communication	Communicate the information to a large audience with clear and concise language
Metal detectors	Monitor and detect the presence of metal objects such as knives and guns
Security operations centers	Monitor through centralized active monitoring, detection, response, and management
Threat intelligence	Identify, analyze, and mitigate potential threats
Turnstiles	Control and monitor the flow of people entering and exiting areas
Visitor management	Monitor individuals entering the facility

Healthcare security technology has significantly advanced over the past two decades to protect high-risk environments for WPV.

Modern security cameras, once limited to passive monitoring, now use AI-powered analytics to actively enhance situational awareness. Features like appearance search allow security teams to quickly locate individuals based on physical attributes. Gun detection algorithms can identify potential threats in real-time, enabling faster responses to active shooter scenarios. Other innovations, such as facial and license plate recognition, streamline identity verification and vehicle monitoring, improve security for patients and staff.

Duress systems have also evolved to meet the needs of dynamic healthcare environments, such as adding location tracking capabilities to wearable devices, allowing security teams to pinpoint the exact location of a distress signal in real-time.

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Stationary duress buttons provide instant alerts in high-risk zones, while wearable and mobile devices offer discreet, portable solutions for signaling distress in remote locations. Meanwhile, access control systems now incorporate biometrics, dual authentication, and mobile credentials to secure sensitive areas like pharmacies or behavioral health units. Added security measures, such as metal detectors, tasers and K9 units, further help mitigate physical threats, particularly in high-traffic facilities and emergency departments.

Many advanced healthcare facilities have adopted a **multi-layered security approach**, combining physical security measures, technology, and personnel training to enhance both safety and operational efficiency. Larger healthcare systems are increasingly implementing Security Operations Centers as dashboards and real-time analytics to provide a coordinated security strategy across healthcare campuses, reflecting a shift toward proactive, technology-driven security measures. To maximize the effectiveness of these technologies, healthcare facilities should understand the purpose of each tool and how to implement them in a real-world setting.

Another way to look at a **multi-layered approach** is to combine technologies for a more well-rounded, complete strategy. Modern security cameras, once limited to passive monitoring, now use AI-powered analytics to actively improve situational awareness. Features like appearance search allow security teams to quickly find individuals based on physical attributes. Gun detection algorithms can identify potential threats in real-time, enabling faster responses to active shooter scenarios.

Technology not only reduces costs, but also delivers additional value, such as consistency, efficiency, and reliability.

Another effective approach to **multi-layered** security is combining technologies. For example, cameras integrated with AI capabilities such as facial recognition, appearance search, weapons detection, and unusual movement alerting can significantly enhance security. Integrating metal detectors with AI cameras or access control turnstiles with metal detectors can further create comprehensive security barriers.

Beyond these approaches, **new technologies are emerging** with innovative use cases. Visitor management systems allow individuals to pre-register using their mobile devices and use a QR code for streamlined access. The systems can also use RFID-enabled visitor badges or wristbands to grant access to specific locations and track individuals' movements throughout the building, enhancing both security and visitor convenience. Another innovative solution is conductive stimulation gloves, which can safely subdue individuals without injury while keeping both hands free.

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A layered approach

A layered approach to healthcare WPV prevention is crucial for supporting security and a fail-safe system in case one component of a WPV plan is compromised. By integrating multiple security technologies, policies, and cultural initiatives, healthcare organizations can establish a robust defense that mitigates risks, improves situational awareness, and fosters a culture emphasizing de-escalation and early intervention.

Perimeter security serves as the first line of defense, incorporating turnstiles with credential readers, metal detectors, and K9 units to detect weapons and unauthorized individuals. Visitor Management Systems further regulate access by requiring visitor check-ins, issuing temporary badges and tracking entries. These approaches work together to prevent unauthorized access, ensuring that security remains intact even if one component is compromised.

Technology-enhanced surveillance reinforces security, with AI-driven video cameras capable of detecting concealed weapons and unusual behaviors. Integrated with access control, these systems enable automatic responses such as lockdowns or security alerts. Infant protection systems enhance newborn safety through RFID tracking and controlled access, while duress alarms and panic buttons offer staff a discreet means to summon help. This redundancy ensures continued protection even in case of a system failure.

Beyond physical security, fostering a strong culture of safety is essential. De-escalation training equips healthcare workers with skills to manage aggressive situations, while employee safety surveys and incident reporting systems help identify patterns and vulnerabilities. WPV risk assessments ensure security strategies adapt to emerging threats. Additionally, security personnel and crisis response teams trained in trauma-informed care (TIC) and intervention tactics provide an additional safeguard against WPV.

By intertwining these physical, technological, and cultural elements, healthcare organizations strengthen security and ensure continuous protection. This proactive, multi-faceted strategy moves beyond reactive measures, fostering a safer, more resilient healthcare environment for patients, staff, and visitors.

Figure 4. Sample layered security approach [Vizient]

Facility wide		
• WPV plan and policies • Incident reporting and data analysis	• Training (e.g., de-escalation/ TIC) • Employee assistance program	• Security staffing • Committees and teams
Perimeter and exterior	**Interior entrance**	**Interior department**
• Signage and wayfinding • Fencing • MH/ LED lighting (1–10 fc) • Landscaping (2 feet/ 6 feet rule)	• Signage • Turnstiles • Walk-through metal detectors • K9s • Access control • Security cameras • Visitor and vendor management	• Signage • Access control • Cameras • Panic buttons • Patient protection systems • Tasers/ CED gloves

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Conclusion

Addressing healthcare WPV requires a proactive, multi-faceted, and layered strategy that combines both traditional and innovative approaches. This paper presents advanced solutions to mitigate risks and foster a safer working environment. By implementing comprehensive plans, using technology, and fostering a culture that prioritizes the well-being of staff and patients, healthcare facilities can make considerable progress in reducing WPV incidents.

Over the next two decades, consistent risk assessments, targeted prevention strategies, and effective response protocols will remain essential. Advanced measures, such as rapid assessment and triage, data-driven analysis of WPV events, and innovative security technologies, are key to creating a safer and more efficient healthcare setting. Given the challenges of limited staffing resources, a multi-layered approach is necessary to minimize costs, standardize processes, and enhance operational efficiency.

The path forward requires an unwavering commitment to safety, improved staff training, and collaboration among healthcare professionals, while integrating advanced tools that enable effective threat detection, mitigation, and response. By investing in these comprehensive strategies, healthcare organizations can create a secure environment where both staff and patients feel protected, ensuring better care outcomes and an enhanced healthcare experience.

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References

1. Kemper-Kelly K. Mapping the Risks: Population Demographics and Healthcare Workplace Violence. Vizient, Inc.; 2025.
2. Kemper-Kelly K. Examination of Population Demographics, Crime Rates, and Hospital WPV Incidents. Dissertation. Fielding Graduate University; 2024. ProQuest Dissertations Publishing, 31336826.
3. Speroni KG, Fitch T, Dawson E, Dugan L, Atherton M. Incidence and cost of nurse workplace violence perpetrated by hospital patients or patient visitors. J Emerg Nurs. 2014;40③:218-228. doi:10.1016/j.jen.2013.05.014
4. Pompeii LA, Schoenfisch AL, Lipscomb HJ, et al. Physical assault, physical threat, and verbal abuse perpetrated against hospital workers by patients or visitors in six U.S. hospitals. Am J Ind Med. 2015;58(11):1194-1204. doi:10.1002/ajim.22489
5. International Association for Healthcare Security and Safety. Security Vulnerability Assessments. Guideline 01.04. In: IAHSS Healthcare Security Industry Guidelines. 2024 ed. International Association for Healthcare Security and Safety; 2024.
6. The Joint Commission. R3 Report: Workplace violence prevention standards. 2021. Issue 30. **https://www.jointcommission.org/-/media/tjc/documents/standards/r3-reports/wpvp-r3-30_revised_06302021.pdf**
7. DNV Healthcare. NIAHO® Accreditation Requirements, Interpretive Guidelines and Surveyor Guidance for Hospitals. Revision 25-0. Published April 28, 2025. Accessed May 6, 2025. https://brandcentral.dnv.com/download/DownloadGateway.dll?h=BE1B38B-B718539CC0AB58A5FF2EA7A8372521CBCA8AE6F-C0E5699C6D7992988BD22424DEA83970DE-C40412A9B33E31DBOccupational Safety and Health Administration. Guidelines for preventing workplace violence for healthcare and social service workers. U.S. Department of Labor; 2015. OSHA 3828. **https://www.osha.gov/sites/default/files/OSHA3828.pdf**
8. Lau, J. B., Magarey, J., Wiechula, R. Violence in the emergency department: An ethnographic study (Part I). International Emergency Nursing. 2012;20②: 69–75. https://doi.org/10.1016/j.ienj.2011.07.006Royal College of Emergency Medicine. Best practice guideline: Acute behavioural disturbance in emergency departments. London; 2023. **https://rcem.ac.uk/wp-content/uploads/2023/10/Acute_Behavioural_Disturbance_in_Emergency_Departments_Oct2023_V2.pdf**

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