In the 84th Texas Legislative Session, House Bill 2696 directed the Texas Center for Nursing Workforce Studies (TCNWS) to conduct a study on workplace violence against nurses in hospitals, nursing facilities (NFs), home health agencies (HHAs), and freestanding emergency centers (FEMCs).[1] In response to this legislation, the TCNWS Advisory Committee formed a task force of experts from across the state to help guide a project on workplace violence against nurses. In an effort to address all components of the legislation, the project was implemented in two parts: part 1.) a survey of employers of nurses to gather information on workplace violence prevention policies and practices, and part 2.) a survey of individual nurses to gather information on their personal experiences with workplace violence.

Beginning in 2022, Texas Workplace Violence Against Nurses Employer Survey was implemented as part of the Nurse Staffing Studies for hospitals, nursing facilities, and home health agencies conducted biennially by the TCNWS. As a result, FEMCs were not surveyed on their workplace violence prevention policies during this survey cycle. The results of prior studies can be found at https://dshs.texas.gov/chs/cnws/workplace-violence-reports.aspx.

The purpose of the facility survey is to assess practices and strategies used by employers to prevent workplace violence against nurses.

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[1] As defined in the Texas health and safety code; a hospital means a general or special hospital (Chapter 241), a private mental hospital licensed (Chapter 577), or a hospital that is maintained or operated by this state or an agency of this state. A freestanding emergency medical care facility means a facility, structurally separate and distinct from a hospital, that receives an individual and provides emergency care (Chapter 254). A nursing facility means an institution or facility that is licensed as a nursing home, nursing facility, or skilled nursing facility by the department (Chapter 242). A home health agency means a person who provides home health, hospice, rehabilitation, or personal assistance services for pay or other consideration in a client's residence, an independent living environment, or another appropriate location (Chapter 142).

Facility Response Rates

From March to July of 2024, administrators in hospitals, nursing facilities, and home health agencies were invited to participate in the 2024 Nurse Staffing Studies which included a section on workplace violence that asked about the practices and strategies used by their organizations to prevent workplace violence against nurses. Table 1 includes the response rates by setting for the workplace violence section of the survey.

Table 1. Response Rates by Facility Type

Facility Type	# of Responding Facilities	# of Facilities in Population	Response Rate
Hospitals	295	739	39.9%
Nursing facilities	219	1,186	18.5%
Home health agencies	77	435	17.7%
Total	591	2,360	25.0%

Frequency counts were conducted for each variable reported in the survey. These frequencies were analyzed by facility type. Responses to open-ended free response questions were categorized and summarized.

Hospitals

Analysis found that responding hospitals were representative of all Texas hospitals by geographic designation and bed size, but not by region.

Nursing Facilities

Analysis found that responding nursing facilities were representative of all Texas long term care facilities by public health region, but not by geographic designation and bed size.

Home Health Agencies

Due to low response rates, analysis is displayed at the state level only.

Workplace Violence Prevention Strategies

Hospitals and nursing facilities were also asked what strategies their facility has implemented to prevent or reduce workplace violence. Table 2 shows the percent of facilities that chose each strategy. This year, facilities were provided with a more exhaustive list of prevention strategies, including those required in SB 240. Facilities could choose more than one strategy.

- Similarly to 2022, staff training was the most utilized strategy among hospitals (88.5%) and nursing facilities (90.9%) to prevent workplace violence.
- Investigation of reported incidents was the second most utilized strategy among hospitals (86.8%) and nursing facilities (75.8%).

- Responses to "other" strategies included clear bag policies (two facilities), security cameras (3 facilities), visitor management (2 facilities), and self defense training (1 facility).
- No nursing facilities used advanced weapons detection systems.
- Consistently, a smaller proportion of nursing facilities compared to hospitals used workplace violence prevention strategies.

Table 2. Workplace Violence Prevention Strategies Implemented by Facilities*

Strategy	Hospital	Nursing Facility
Staff training	88.5%	90.0%
Investigation of reported incidents	86.8%	75.8%
Allowing staff to report incidents	86.1%	61.2%
Addressing physical security and safety	85.1%	65.3%
System for responding to and investigating incidents	81.7%	61.2%
Having a WPV definition	79.7%	63.9%
Involving law enforcement	79.7%	49.3%
Alarms and monitors (including panic buttons)	77.3%	14.6%
Assessment of work areas for risk factors	76.9%	42.9%
Use of emergency codes	76.6%	40.2%
Restricted access	73.6%	26.0%
Availability of restraints and policies for use	73.2%	3.7%
Adjusting patient care assignments	72.2%	36.1%
Exit strategies	67.8%	42.5%
Soliciting information from health care providers and employees in WPV prevention development	64.4%	21.0%
Static or rounding security personnel	62.0%	9.6%
Restricted, reduced, or limited visitors	59.3%	18.7%
Screening patients for risk of violence	58.3%	61.6%
Personal protective equipment	55.3%	28.3%
A multi-disciplinary response team	54.9%	27.9%
Signage placed throughout facility describing rules, responsibilities, and behavioral expectations	53.9%	18.3%
Emergency response team	53.6%	24.7%
Tracking of incidents and analysis of data by role	53.2%	21.9%
Availability of escorts	47.5%	15.1%
Reducing crowding in clinical environment	44.7%	9.1%
Use of screening tool for patients at risk for violence	43.4%	22.8%
Use of a flagging system to alert staff of high-risk patients based on previous incidents	35.3%	6.4%
Personal alarms	25.1%	5.0%
Chaperones (visiting in pairs)	23.7%	6.4%
Use of virtual sitters	18.6%	0.5%
Metal detectors	18.0%	0.9%
Advanced weapons detection system	9.8%	0.0%
Other (please specify)	3.4%	5.0%

* Respondents could select more than one option, so totals do not add up to 100%. HHAs were not asked this question.

Hospitals and nursing facilities were also asked to select which strategy they implemented has been most successful in preventing workplace violence. Table 3 shows the proportion of facilities that selected each strategy as the most successful in preventing workplace violence.

- The most selected strategy was staff training for hospitals (38.7%) and nursing facilities (59.8%).
- No hospital selected chaperones, signage, data tracking, or use of virtual sitters as the most effective WPV prevention strategy.
- There were ten strategies that were not selected by any nursing facility.

Table 3. Implemented strategies that have been most successful in preventing workplace violence

Strategy	Hospital	Nursing Facility
Staff training	38.7%	59.8%
Addressing physical security and safety	10.0%	5.7%
System for responding to and investing violent incidents	7.2%	0.0%
Static or rounding security personnel	5.4%	1.0%
Allowing staff to report incidents	5.4%	0.5%
Involving law enforcement	4.3%	1.4%
A multi-disciplinary response team	4.3%	1.9%
Soliciting information from health care providers and employees in WPV prevention development	3.6%	3.3%
Alarms and monitors (including panic buttons)	3.2%	0.0%
Having a workplace violence definition	3.2%	4.3%
Restricted access	2.9%	1.9%

Strategy	Hospital	Nursing Facility
Other (Please specify):	1.8%	2.4%
Restricted, reduced, or limited visitors	1.4%	0.0%
Investigation of reported incidents	1.4%	2.9%
Use of emergency codes	1.1%	0.5%
Use of a flagging system to alert staff of high-risk patients based on previous incidents	1.1%	0.0%
Reducing crowding in clinical environment	0.7%	0.0%
Use of screening tool for patients at risk for violence	0.7%	0.0%
Adjusting patient care assignments	0.7%	2.9%
Screening patients for risk of violence	0.7%	0.5%
Advanced weapons detection system	0.7%	0.0%
Emergency response team	0.4%	0.0%
Exit strategies	0.4%	0.0%
Metal detectors	0.4%	0.0%
Assessment of work areas for risk factors	0.4%	4.3%
Chaperones (visiting in pairs)	0.0%	1.0%
Signage placed throughout facility describing rules, responsibilities, and behavioral expectations	0.0%	1.0%
Tracking of incidents and analysis of data by role	0.0%	2.4%
Use of virtual sitters	0.0%	2.4%

Tracking Workplace Violence Incidents

Organizations were asked if they have a nurse staffing committee and if they consider incidents of workplace violence in developing and evaluating nurse staffing plans.

- 4.6% of hospitals and 54.7% of nursing facilities did not have a nurse staffing committee.
- Of those organizations that do have a nurse staffing committee, 67.3% of hospitals and 80.0% of nursing facilities do consider incidents of workplace violence in developing and evaluating nurse staffing plans.
- Responding facilities in 2022 reported similar proportions of nurse staffing committees and consideration of WPV incidents.

Facilities were asked what they use to track incidents of workplace violence.

- 1.4% of hospitals and 17.1% of nursing facilities did not have a system to track incidents of workplace violence.
- 88.7% of hospitals and 46.8% of nursing facilities have an incident reporting system/software that they use to track workplace violence.
- 6.2% of hospitals and 26.9% of nursing facilities use a spreadsheet to track.
- Hospitals (3.8%) and nursing facilities (9.3%) that reported "other" methods of tracking incidents said they report directly to human resources (3

facilities), use paper reporting (6 facilities), or require staff to remember the incident for the next staff meeting (2 facilities).

- In 2022, facilities were not asked how they track incidents of workplace violence.

Table 4 shows the type of workplace violence incidents facilities track. Facilities could choose multiple types of incidents.

- 2.4% of hospitals, 15.5% of nursing facilities, and 18.2% of home health agencies did not track incidents of workplace violence.

Table 4. Types of Workplace Violence Incidents tracked

Type of Incident	Hospital	Nursing Facility	Home Health Agency
Facility does not track incidents	2.4%	15.5%	18.2%
Physical Assault	90.8%	78.5%	15.6%
Physical assault reported to law enforcement	12.5%	18.3%	67.5%
Threat	76.6%	61.6%	71.4%
Sexual harassment	79.0%	65.8%	72.7%
Verbal abuse	76.6%	64.8%	61.0%
Use of a weapon	74.6%	54.8%	7.8%

- 90.8% of hospitals reported tracking all incidents of physical assault compared to 78.5% of nursing facilities and only 15.6% of home health agencies.
- Over 60% of all facilities tracked incidents of threat, sexual harassment, and verbal abuse.

Table 5 shows the types of workplace violence incidents that staff are required to report. Facilities could choose multiple types of incidents.

- Less than 4.0% of all facilities did not require workplace violence events to be reported.
- Physical assault from staff or health care provider was the most required among all facilities (92.2% of hospitals, 93.2% of nursing facilities, and 93.5% of home health agencies).
- Verbal abuse from a patient or visitor was the least required among hospitals (81.7%) and nursing facilities (87.7%). While verbal abuse from staff or provider was the least required among home health agencies (87.0%)

Facilities were also asked how they address reporting incidents of physical assault to law enforcement (Figure 1).

- 5.3% (30 of 568) of facilities said that reporting

Table 5. Types of Workplace Violence Incidents Staff are Required to report

Type of Incident	Hospital	Nursing Facility	Home Health Agency
Workplace violence events are not required to be reported	3.4%	3.2%	1.3%
Physical assault from patient or visitor	92.9%	90.4%	93.5%
Physical assault from staff or health care provider	92.2%	93.2%	93.5%
Threat from patient or visitor	86.4%	88.6%	90.9%
Threat from staff or health care provider	88.1%	90.9%	92.2%
Sexual harassment from patient or visitor	89.5%	89.0%	93.5%
Sexual harassment from staff or health care provider	91.2%	92.7%	93.5%
Verbal abuse from patient or visitor	81.7%	87.7%	88.3%
Verbal abuse from staff or health care provider	84.7%	91.3%	87.0%
Use of a weapon from patient or visitor	91.9%	91.8%	92.2%
Use of a weapon from staff or health care provider	92.2%	91.8%	90.9%

of physical assaults to law enforcement is not addressed in the plan or policy.

- 53.2% of all facilities said that reporting to law enforcement is encouraged while 41.5% require reporting.

Figure 1. How Workplace Violence Policies Address Reporting of Physical Assaults to Law Enforcement (n=568)

	Hospital	NF	HHA
Encouraged	66.3%	44.1%	29.3%
Required	28.4%	51.7%	62.7%
Not addressed in the policy	5.3%	4.3%	8.0%
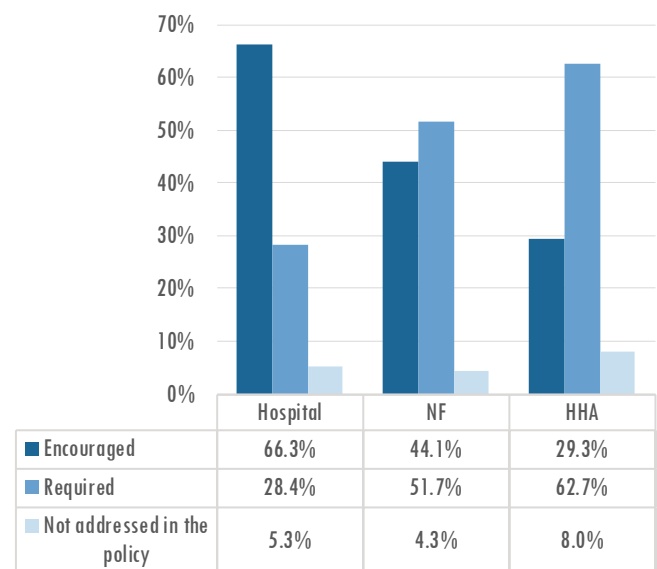
- Fewer hospitals, nursing facilities, and home health agencies indicated that reporting physical assault to law enforcement was not addressed in their policy in 2024 than did in 2022.

Table 6 shows the elements of reported incidents that are evaluated. Facilities could choose more than one element. HHAs were not asked this question.

- Only 1.0% of hospitals and 6.8% of nursing facilities did not evaluate reported incidents.
- In hospitals, the most common element evaluated of a reported workplace violence incident was the number of violent incidents reported (85.4%).
- In nursing facilities, the most common element evaluated of a reported workplace violence incident was physical injury severity resulting from incidents (68.5%).
- Less than a third of hospitals and nursing facilities evaluated the number of providers or employees who leave because of a workplace violence incident.
- 5 facilities that indicated "other" elements being evaluated reported that they are still working on developing a plan for workplace violence incident evaluation.

Facilities were asked how their organization's experience of workplace violence had changed in the past year (Table 7).

- Hospitals were more likely than NFs and HHAs to report an increase in incidents and incident reporting.
- Similar proportions, across all facility types, were reported for how the organizations' experience of WPV changed in the past year as compared to 2022.

Table 6. Elements of Reported Workplace Violence Incidents that are Evaluated

| Element of Incident	Hospital	Nursing Facility
Reported incidents are not evaluated	1.0%	6.8%
Number of violent incidents reported	85.4%	59.8%
Costs associated with incidents (e.g. worker's compensation)	42.7%	29.7%
Physical injury severity resulting from incidents (e.g. whether the victims received emergency care)	80.3%	68.5%
Emotional injury severity resulting from incidents (e.g. need for counseling or emotional/psychological follow-up)	52.5%	57.5%
Location or units in which incidents occurred	87.1%	60.7%
Time at which incidents occurred	81.4%	61.6%
Characteristics of the perpetrator	51.2%	44.7%
Characteristics of provider or employee(s) involved in incident(s) (degree, years of experience, etc)	42.7%	35.6%
Procedures being conducted at time of incidents	53.2%	51.1%
Staffing levels at time of incidents	58.3%	48.4%
Whether victims completed workplace violence prevention training prior to incidents	36.3%	36.5%
Involvement of security personnel or law enforcement in incidents	69.2%	36.1%
The number of providers or employees who leave because of a workplace violence incident	29.2%	25.6%
Other (please specify)	3.7%	4.1%

Table 7. How Has Organization's Experience of Workplace Violence Changed in the Past Year

Facility Type	Type of Experience	Increased	Decreased	Stayed the Same
Hospital	Incidents	40.2%	11.7%	48.0%
	Incident Reporting	59.7%	3.2%	37.1%
NF	Incidents	1.9%	17.0%	81.1%
	Incident Reporting	4.3%	14.7%	81.0%
HHA	Incidents	2.7%	13.7%	83.6%
	Incident Reporting	6.9%	8.3%	84.7%

Hospitals and nursing facilities were asked if follow-up support, such as counseling, was made available to providers or employees subjected to workplace violence (Figure 2).

- Hospitals were more likely to offer follow-up support than nursing facilities.
- Overall, 76.4% of all respondents offered follow-up support in 2024, compared to 67.7% in 2022.

Figure 2. Does Organization Offer Follow-up Support to Nurses Who are Subjected to Verbal or Physical Violence*

	Hospital	NF	All Respondents
Yes	89.6%	58.5%	76.4%
No	3.1%	11.3%	6.6%
I don't know/I am unsure	7.3%	30.2%	17.0%
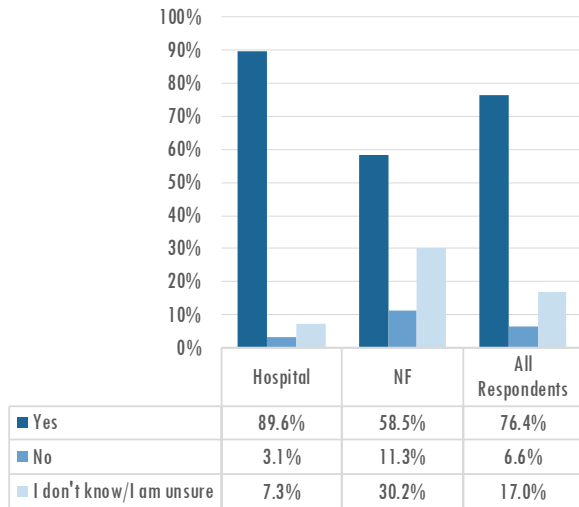
* HHAs were not asked this question.

If the organization offers follow-up support to nurses who are subjected to workplace violence, they were asked to select what type of support is made available. Facilities could choose more than one type of support (Table 8).

- The most selected choice for hospitals and nursing facilities was counseling through an Employee Assistance Program.
- Other types of support listed were: behavioral health counselors (3 facilities), chaplains (14 facilities), leadership follow-up (3 facilities), on staff counselor/psychologist (5 facilities), and referrals to external counseling (3 facilities).

Table 8. Types of support offered after workplace violence incident

Type of Support	Hospital	Nursing Facility
Peer support - qualified trained peers	31.8%	19.3%
Counseling through Employee Assistance Program	84.4%	44.3%
Critical Incident Stress Management Intervention	28.0%	5.2%
Other (Please specify):	10.4%	8.0%

Workplace Violence Prevention Training

Tables 9 and 10 (page 7) show the types of workplace violence prevention training required for clinical nursing staff by hospitals and nursing facilities. Home health agencies were not asked this question.

- More hospitals than nursing facilities required all types of training except Trauma Informed Care.
- "Other" trainings included active shooter training and crisis prevention training.
- In 2024, a slightly greater proportion of hospitals reported requiring initial and ongoing training for all training types except for training on proper techniques for de-escalation and training on Trauma Informed Care than in 2022.
- In nursing facilities, a greater proportion reported requiring initial and ongoing training for all training types as compared to 2022.

Table 9. Types of Workplace Violence Prevention Training Provided to Clinical Nursing Staff by Hospitals

Training Type	Not required	Only the initial training is required	Initial training and ongoing training are required	No Response
Workplace violence awareness training	4.4%	9.5%	81.0%	5.1%
Training on proper techniques for de-escalation	13.2%	6.4%	73.2%	7.1%
Training on specific evasion techniques	25.1%	6.1%	61.4%	7.5%
Training on proper patient containment measures	27.1%	4.1%	61.7%	7.1%
Training on identifying characteristics associated with aggressive and violent behavior	14.2%	6.8%	71.9%	7.1%
Training on Trauma Informed Care	49.2%	8.1%	31.2%	11.5%
Other	9.8%	1.4%	9.5%	79.3%

Table 10. Types of Workplace Violence Prevention Training Provided to Clinical Nursing Staff by Nursing Facilities

Training Type	Not required	Only the initial training is required	Initial training and ongoing training are required	No Response
Workplace violence awareness training	5.5%	12.8%	74.4%	7.3%
Training on proper techniques for de-escalation	13.2%	8.2%	69.4%	9.1%
Training on specific evasion techniques	20.5%	9.6%	59.8%	10.0%
Training on proper patient containment measures	19.6%	8.7%	61.6%	10.0%
Training on identifying characteristics associated with aggressive and violent behavior	15.1%	7.8%	68.0%	9.1%
Training on Trauma Informed Care	14.2%	7.8%	67.6%	10.5%
Other	11.4%	1.8%	13.7%	73.1%

Tables 11 and 12 show the types of competency evaluation used for required workplace violence prevention training of clinical nursing staff in hospitals and nursing facilities. Home health agencies were not asked this question.

- A larger proportion of hospitals and nursing facilities reported assessing competency after the initial training and ongoing trainings for all training types.
- 63.4% of hospitals and 60.7% of nursing facilities reported assessing competency of workplace violence awareness training.
- Competency of training on evasion techniques was assessed by 56.0% of hospitals and 53.8% of nursing facilities.
- For hospitals, a greater proportion reported evaluating competency of all training types except for training on Trauma Informed Care as compared to 2022.
- For nursing facilities, a greater proportion reported evaluating competency of training on specific evasion techniques, training on identifying characteristics associated with aggressive and violent behavior, and "other" trainings.

Table 11. Competency Evaluation of Workplace Violence Prevention Training Provided to Clinical Nursing Staff by Hospitals

Training Type	Competency is assessed after initial training only	Competency is assessed after initial training and ongoing trainings	Competency is not assessed	No Response
Workplace violence awareness training	9.5%	53.9%	23.7%	12.9%
Training on proper techniques for de-escalation	6.8%	57.6%	20.3%	15.3%
Training on specific evasion techniques	8.5%	47.5%	25.1%	19.0%
Training on proper patient containment measures	7.5%	48.8%	25.4%	18.3%
Training on identifying characteristics associated with aggressive and violent behavior	7.1%	55.6%	20.7%	16.6%
Training on Trauma Informed Care	8.5%	27.1%	34.6%	29.8%
Other	1.7%	10.2%	8.1%	80.0%

Table 12. Competency Evaluation of Workplace Violence Prevention Training Provided to Clinical Nursing Staff by Nursing Facilities

Training Type	Competency is assessed after initial training only	Competency is assessed after initial training and ongoing trainings	Competency is not assessed	No Response
Workplace violence awareness training	8.2%	52.5%	21.0%	18.3%
Training on proper techniques for de-escalation	5.9%	50.7%	20.5%	22.8%
Training on specific evasion techniques	6.8%	47.0%	22.8%	23.3%
Training on proper patient containment measures	7.8%	47.9%	22.8%	21.5%
Training on identifying characteristics associated with aggressive and violent behavior	5.9%	50.2%	21.5%	22.4%
Training on Trauma Informed Care	6.4%	50.2%	22.4%	21.0%
Other	5.9%	14.2%	10.0%	69.9%

In total, 39.9% of hospitals, 18.5% of nursing facilities, and 17.7% of home health agencies responded to the 2024 Texas Workplace Violence Against Nurses Facility Survey. For this year, programs were asked about their knowledge and compliance with SB 240, a bill that requires health facilities to implement a workplace violence prevention policy and plan. Facilities responded before the legislation went into effect. In 2022, approximately 85% of responding facilities had implemented a workplace violence prevention program or policy while 63.5% of facilities reported meeting all requirements of SB 240, including a workplace violence prevention program or policy, in 2024.

Once again, workplace violence awareness training was the most common type of training provided by hospitals and NFs. Similarly to 2022, facilities also identified workplace violence awareness training as the most effective strategy in preventing workplace violence against nurses. Approximately 90.0% of responding hospitals and NFs indicated that such training was required in all departments/units for their clinical staff.

This year, facilities were also asked about the tracking, evaluation, and follow-up of workplace violence incidents. 88.7% of hospitals and 46.8% of nursing facilities have an incident reporting system/software that they use to track workplace violence while 6.2% of hospitals and 26.9% of nursing facilities use a spreadsheet to track. More than 96.0% of facilities require workplace violence events to be reported. The number of violent incidents reported, the severity of physical injury, location of incidents, and time of incidents were the most common elements evaluated by facilities. Counseling through an Employee Assistance Program was the most common support offered to staff who have experienced a workplace violence incident.

The purpose of this survey is to assess practices and strategies used by employers to prevent workplace violence against nurses. Continued study of this topic will help policymakers better understand what efforts exist in preventing workplace violence against nurses and also help identify best practices as well as gaps in implementation of such programs. In the future, improved response rates are critical for having high quality and reliable data to help inform recommendations and policy.

Appendix A: Awareness of Workplace Violence Prevention Committee Legislation

Facilities were asked about compliance, awareness, and difficulties with SB 240. NOTE: Facilities answered these questions BEFORE the effective date of the bill (September 2024) and were not required to be in compliance at the time of the survey.

> During the 88th Texas Legislative Session, Senate Bill (SB) 240 passed and amended Texas Health and Safety Code, Title 4, Subtitle H, Chapter 331 - Workplace Violence Prevention. Subtitle H requires Texas healthcare facilities to "adopt, implement, and enforce a written workplace violence prevention policy" and a "written workplace violence prevention plan." Facilities must comply with SB 240's provisions by September 1, 2024. Each facility must establish a workplace violence prevention committee or authorize an existing facility committee to develop the workplace violence prevention plan. Facilities are defined as: 1) Home and community support services agencies that are licensed or licensed and certified to provide home health services and that employ at least two registered nurses, 2) Licensed hospitals and hospitals maintained or operated by a Texas state agency that are exempt from licensing, 3) Licensed nursing facilities that employ at least two registered nurses, 4) Licensed ambulatory surgical centers, 5) Freestanding emergency medical care facilities; and 5) Licensed mental hospitals.

Facilities were provided the information above before the workplace violence survey questions. Please note facilities were not required to be in compliance at the time of this survey. Table 13 shows the number and percent of facilities that were aware of SB 240 before they received the survey.

- The percent of facilities that were aware of the bill before the survey ranged from 74.4% among nursing facilities to 91.9% among hospitals.

Table 13. Number of facilities that were aware of SB 240 before the survey by facility type

Facility Type	# of Facilities aware of SB 240	# of Facilities responding	% of Facilities
Hospitals	271	295	91.9%
Nursing facilities	163	219	74.4%
Home health agencies	65	77	84.4%
Total	499	590	84.6%

Table 14 shows the percent of facilities that already meet the requirements of SB 240.

- Home health agencies have the largest proportion of facilities that meet requirements (73.0%).
- Hospitals have the largest proportion of facilities that are working on meeting the requirements (37.4%).
- Only 0.9% of all facilities need assistance in meeting requirements of SB 240.

Table 15 shows the aspects of statute facilities need in implementing SB 240.

- 85 facilities across all types said they needed assistance with a workplace violence prevention policy.
- 83 said they need assistance with workplace violence prevention training.

Table 14. Percent of facilities that meet the requirements of SB 240 by facility type

Facility Type	n	% of Facilities that meet requirements	% of Facilities working on meeting requirements	% of Facilities that need assistance
Hospitals	294	60.9%	37.4%	1.7%
Nursing facilities	210	63.8%	36.2%	0.0%
Home health agencies	74	73.0%	27.0%	0.0%
Total	578	63.5%	35.6%	0.9%

Note: At the time of this survey, facilities were not yet required to meet the components of the legislation.

Table 15. Aspects of the statute facility needs assistance or resources to implement by facility type

Aspects of Statute	Hospitals	Nursing Facilities	Home Health Agencies
No assistance needed	202	154	58
WPV committee	37	24	8
WPV prevention policy	36	35	14
WPV definition	27	19	9
WPV prevention training	41	30	12
Response system	27	25	11
Addressing safety	35	23	10
Soliciting info from health care providers	23	18	9
Allowing use of current system	23	22	10
Adjusting patient care assignments	34	20	11

Workplace Violence

The following questions relate to your organization's practices and strategies to prevent workplace violence. For the purpose of this section, workplace violence is defined as the intentional use of physical force or emotional abuse, against an employee, that results in physical or emotional injury and consequences. This includes physical assault, threat, sexual harassment, verbal abuse, and use of a weapon. Workplace violence can be perpetrated by anyone including patients, visitors, peers, and other healthcare providers or staff.

Please note that data from this survey is reported in aggregate and responses by individual facilities will not be reported.

**During the 88th Texas Legislative Session, Senate Bill (SB) 240 passed and amended Texas Health and Safety Code, Title 4, Subtitle H, Chapter 331 - Workplace Violence Prevention. Subtitle H requires Texas healthcare facilities to "adopt, implement, and enforce a written workplace violence prevention policy" and a "written workplace violence prevention plan." Facilities must comply with SB 240's provisions by September 1, 2024. Each facility must establish a workplace violence prevention committee or authorize an existing facility committee to develop the workplace violence prevention plan. Facilities are defined as:

- Home and community support services agencies that are licensed or licensed and certified to provide home health services and that employ at least two registered nurses
- Licensed hospitals and hospitals maintained or operated by a Texas state agency that are exempt from licensing
- Licensed nursing facilities that employ at least two registered nurses
- Licensed ambulatory surgical centers
- Freestanding emergency medical care facilities; and
- Licensed mental hospitals

1. **Before receiving this survey, were you aware of the passing of SB 240?**
   - ○ Yes
   - ○ No

2. **Is your facility already meeting the requirements of SB 240?**
   - ○ Yes, our facility already meets the requirements.
   - ○ No, but our facility is working on implementing the different requirements.
   - ○ No, our facility needs assistance or resources in order to implement the requirements.

3. **Please select what aspects of the Texas Health and Safety Code, Title 4, Subtitle H, Chapter 331 your facility needs assistance or resources in order to implement. Select all that apply.**
   - ☐ No assistance or resources needed, my facility is working toward implementing these requirements.
   - ☐ Workplace violence prevention committee
   - ☐ Workplace violence prevention policy
   - ☐ Workplace violence prevention plan - adopting a workplace violence definition
   - ☐ Workplace violence prevention plan - workplace violence prevention training
   - ☐ Workplace violence prevention plan - system for responding to and investigating violent incidents
   - ☐ Workplace violence prevention plan - addressing physical security and safety
   - ☐ Workplace violence prevention plan - soliciting information from health care providers and employees when developing and implementing the workplace violence prevention plan
   - ☐ Workplace violence prevention plan - allowing health care providers and employees to report incidents of workplace violence through existing occurrence reporting systems
   - ☐ Workplace violence prevention plan - adjusting patient care assignments to prevent a health care provider or employee of the facility from treating or providing services to a patient who has intentionally physically abused or threatened the provider or employee

4. **What strategies has your facility implemented to prevent or reduce workplace violence? Select all that apply.**

☐ Having a workplace violence definition
☐ Staff training
☐ System for responding to and investing violent incidents
☐ Addressing physical security and safety
☐ Soliciting information from health care providers and employees when developing and implementing the workplace violence prevention plan
☐ Allowing health care providers and employees to report incidents of workplace violence through existing occurrence reporting systems
☐ Adjusting patient care assignments to prevent a health care provider or employee of the facility from treating or providing services to a patient who has intentionally physically abused or threatened the provider or employee
☐ Alarms and monitors (including panic buttons)
☐ Assessment of work areas for risk factors
☐ Screening patients for risk of violence
☐ Investigation of reported incidents
☐ Personal alarms
☐ Restricted access
☐ Restricted, reduced, or limited visitors
☐ Emergency response team
☐ Static or rounding security personnel
☐ Availability of escorts
☐ Chaperones (visiting in pairs)
☐ Personal protective equipment
☐ Availability of restraints and policies for use
☐ Reduced crowding in clinical environment
☐ Exit strategies
☐ Metal detectors
☐ Use of screening tool for patients at risk for violence
☐ Involving law enforcement
☐ Use of emergency codes
☐ A multi-disciplinary response team
☐ Signage placed throughout facility describing rules, responsibilities, and behavioral expectations
☐ Use of a flagging system to alert staff of high-risk patients based on previous incidents
☐ Tracking of incidents and analysis of data by role
☐ Use of virtual sitters
☐ Advanced weapons detection system
☐ Other (Please specify):

5. **Which of the strategies implemented at your facility has been most successful in preventing workplace violence? Select only one option.**

○ Having a workplace violence definition
○ Staff training
○ System for responding to and investing violent incidents
○ Addressing physical security and safety
○ Soliciting information from health care providers and employees when developing and implementing the workplace violence prevention plan
○ Allowing health care providers and employees to report incidents of workplace violence through existing occurrence reporting systems
○ Adjusting patient care assignments to prevent a health care provider or employee of the facility from treating or providing services to a patient who has intentionally physically abused or threatened the provider or employee
○ Alarms and monitors (including panic buttons)
○ Assessment of work areas for risk factors
○ Screening patients for risk of violence
○ Investigation of reported incidents
○ Personal alarms
○ Restricted access
○ Restricted, reduced, or limited visitors
○ Emergency response team
○ Static or rounding security personnel
○ Availability of escorts
○ Chaperones (visiting in pairs)
○ Personal protective equipment
○ Availability of restraints and policies for use
○ Reduced crowding in clinical environment
○ Exit strategies
○ Metal detectors
○ Use of screening tool for patients at risk for violence
○ Involving law enforcement
○ Use of emergency codes
○ A multi-disciplinary response team
○ Signage placed throughout facility describing rules, responsibilities, and behavioral expectations
○ Use of a flagging system to alert staff of high-risk patients based on previous incidents
○ Tracking of incidents and analysis of data by role
○ Use of virtual sitters
○ Advanced weapons detection system
○ Other (Please specify):

6. If your organization has a nurse staffing committee, does it consider incidents of workplace violence in developing and evaluating nurse staffing plans?

- ○ Yes
- ○ No
- ○ I don't know/I am unsure
- ○ Not applicable - My organization does not have a nurse staffing committee

7. What does your facility use to track incidents of workplace violence?

- ○ My facility doesn't currently track incidents of workplace violence
- ○ An incident reporting system/software
- ○ A spreadsheet
- ○ Other (please specify):

    [   ]

8. Please indicate whether your facility tracks any of the following types of violence against employees or providers. Select all that apply.

- ☐ All incidents of physical assault
- ☐ Only incidents of physical assault reported to law enforcement
- ☐ Incidents of threat
- ☐ Incidents of sexual harassment
- ☐ Incidents of verbal abuse
- ☐ Use of a weapon
- ☐ My organization does not currently track incidents of workplace violence

9. Please indicate the types of incidents employees or providers are required to report. Select all that apply.

- ☐ Workplace violence incidents are not required to report
- ☐ Physical assault from patient or visitor
- ☐ Physical assault from staff or health care provider
- ☐ Threat from patient or visitor
- ☐ Threat from staff or health care provider
- ☐ Sexual harassment from patient or visitor
- ☐ Sexual harassment from staff or health care provider
- ☐ Verbal abuse from patient or visitor
- ☐ Verbal abuse from staff or health care provider
- ☐ Use of a weapon from patient or visitor
- ☐ Use of a weapon from staff or health care provider

10. Please indicate how your facility addresses reporting of physical assaults to law enforcement.

- ○ Reporting of physical assaults to law enforcement is encouraged.
- ○ Reporting of physical assaults to law enforcement is required.
- ○ Reporting of physical assaults to law enforcement is not addressed in the plan or policy.

11. Please indicate the elements of reported incidents that are evaluated. Select all that apply.

- ☐ Reported incidents are not evaluated
- ☐ Number of violent incidents reported
- ☐ Costs associated with incidents (e.g. worker's compensation)
- ☐ Physical injury severity resulting from incidents (e.g. whether the victims received emergency care)
- ☐ Emotional injury severity resulting from incidents (e.g. need for counseling or emotional/psychological follow-up)
- ☐ Location or unit in which incidents occurred
- ☐ Time at which incidents occurred
- ☐ Characteristics of the perpetrator
- ☐ Characteristics of provider or employee(s) involved in incident(s) (degree, years of experience, etc)
- ☐ Procedures being conducted at time of incidents
- ☐ Staffing levels at time of incidents
- ☐ Whether victims completed workplace violence prevention training prior to incidents
- ☐ Involvement of security personnel or law enforcement in incidents
- ☐ The number of providers or employees who leave because of a workplace violence incident
- ☐ Other (please specify):

    [   ]

12. In the past year, how has your organization's experience of workplace violence changed?

	Increased	Decreased	Stayed the same
Incidents:	○	○	○
Incident Reporting:	○	○	○

13. Is follow-up support, such as counseling, made available to providers or employees at your facility who are subjected to workplace violence?

- ○ Yes
- ○ No [Skip to question 15]
- ○ I don't know/I am unsure [Skip to question 15]

14. If you answered "Yes" to question 13, please select the types of support made available. Select all that apply.

- ☐ Peer support - qualified trained peers
- ☐ Counseling through Employee Assistance Program
- ☐ Critical Incident Stress Management Intervention
- ☐ Other (please specify):

15. Please fill out the table below regarding the types of workplace violence prevention training your facility requires at the time of this survey.

	Frequency of required training	Competency Evaluation
Workplace violence awareness training	○ Not required ○ Only the initial training is required ○ Initial training and ongoing training are required	○ Competency is assessed after initial training only ○ Competency is assessed after initial training and ongoing trainings ○ Competency is not assessed
Training on proper techniques for de-escalation	○ Not required ○ Only the initial training is required ○ Initial training and ongoing training are required	○ Competency is assessed after initial training only ○ Competency is assessed after initial training and ongoing trainings ○ Competency is not assessed
Training on specific evasion techniques	○ Not required ○ Only the initial training is required ○ Initial training and ongoing training are required	○ Competency is assessed after initial training only ○ Competency is assessed after initial training and ongoing trainings ○ Competency is not assessed
Training on proper patient containment measures	○ Not required ○ Only the initial training is required ○ Initial training and ongoing training are required	○ Competency is assessed after initial training only ○ Competency is assessed after initial training and ongoing trainings ○ Competency is not assessed
Training on identifying characteristics associated with aggressive and violent behavior	○ Not required ○ Only the initial training is required ○ Initial training and ongoing training are required	○ Competency is assessed after initial training only ○ Competency is assessed after initial training and ongoing trainings ○ Competency is not assessed
Training on Trauma Informed Care	○ Not required ○ Only the initial training is required ○ Initial training and ongoing training are required	○ Competency is assessed after initial training only ○ Competency is assessed after initial training and ongoing trainings ○ Competency is not assessed
Other (Please specify):	○ Not required ○ Only the initial training is required ○ Initial training and ongoing training are required	○ Competency is assessed after initial training only ○ Competency is assessed after initial training and ongoing trainings ○ Competency is not assessed

16. Please use the space below to make any comments related to workplace violence.