

A. COVER PAGE

Project Title: Workplace Violence in Outpatient Physician Clinics	
Grant Number: 5R01OH011930-03	Project/Grant Period: 10/01/2018 - 08/31/2023
Reporting Period: 09/01/2020 - 08/31/2023	Requested Budget Period:
Report Term Frequency: Final	Date Submitted: 11/30/2023
Program Director/Principal Investigator Information: LISA A POMPEII , BSN MS PHD Phone Number: 513-803-9902 Email: Lisa.Pompeii@cchmc.org	Recipient Organization: BAYLOR COLLEGE OF MEDICINE BAYLOR COLLEGE OF MEDICINE 1 BAYLOR PLAZA HOUSTON, TX 770303411 DUNS: 051113330 UEI: FXKMA43NTV21 EIN: 1741613878A1 RECIPIENT ID: 56158-N4
Change of Contact PD/PI: NA	
Administrative Official: LEANNE BROOKS SCOTT One Baylor Plaza Houston, TX 77030 Phone number: 713-798-1297 Email: spo@bcm.edu	Signing Official: LEANNE BROOKS SCOTT One Baylor Plaza Houston, TX 77030 Phone number: 713-798-1297 Email: spo@bcm.edu
Human Subjects: NA	Vertebrate Animals: NA
hESC: No	Inventions/Patents: No

B. ACCOMPLISHMENTS

B.1 WHAT ARE THE MAJOR GOALS OF THE PROJECT?

1. Describe the 12-month prevalence of WPV among outpatient physician clinic workers and identify individual and clinic level factors associated with WPV.
2. Examine how clinics and clinic systems capture WPV events incurred by their workers, and if these capturing methods are aligned with where and how clinic workers indicate they report their events. We will also examine if/how these data are used by clinics to inform their WPV prevention efforts.
3. Describe WPV prevention practices and policies in study clinics, including the WPV prevention resources provided by their clinic system owners.
4. Examine associations between WPV in study clinics with their community level factors such as population demographics, economic and crime activity.

B.1.a Have the major goals changed since the initial competing award or previous report?

No

B.2 WHAT WAS ACCOMPLISHED UNDER THESE GOALS?

File Uploaded : Final Report_RPPR_WPV.pdf

B.3 COMPETITIVE REVISIONS/ADMINISTRATIVE SUPPLEMENTS

For this reporting period, is there one or more Revision/Supplement associated with this award for which reporting is required?

No

B.4 WHAT OPPORTUNITIES FOR TRAINING AND PROFESSIONAL DEVELOPMENT HAS THE PROJECT PROVIDED?

NOTHING TO REPORT

B.5 HOW HAVE THE RESULTS BEEN DISSEMINATED TO COMMUNITIES OF INTEREST?

NOTHING TO REPORT

B.6 WHAT DO YOU PLAN TO DO DURING THE NEXT REPORTING PERIOD TO ACCOMPLISH THE GOALS?

Not Applicable

B2. Accomplishments

1. Major Activities/Accomplishments

The final year of this study involved the bulk of the data collection since the study was paused due to the pandemic. The data collection included surveying frontline clinic managers about outpatient physician clinic characteristics as they pertained to workplace violence (WPV) prevention efforts (e.g., locked doors, onsite cameras, security guards). We also conducted the primary data collection of surveying all frontline workers in both study clinic systems regarding their experiences with all four types of violence (e.g., type I=criminal, type II=patient/family-perpetrated, type III=worker-on-worker; type IV=domestic violence spilling into the workplace). Due to the time constraints with the study ending, we included open-ended questions where workers were asked to describe their experiences with workplace violence, as well as their recommendations for prevention.

2. Specific Objectives

The specific objectives for this final year involved the completion of the data collection and analysis that involved all specific aims (1-4) including 1) defining the 12-month prevalence of WPV among clinic workers; 2) examine how clinics capture WPV events including how and where workers report these events; 3) describe WPV prevention practices and policies; and 4) examine associations between WPV in study clinics and their community level factors including criminal activity around the clinics.

Stated goals not yet met: All of the data collection has been completed to meet the study goals/aims; however, we are currently in the process of completing our data analysis, including the geoinformation systems analysis, and developing our final manuscripts.

3. Significant Results

A total of 159 outpatient physician clinics were included in the clinic characteristics survey. Based on the clinic managers responses, type I (criminal) violence occurred in 4.6%, type II (patient perpetrated) occurred in 16.5% clinics, type III (worker on worker) violence occurred in 1.3% of clinics, and type IV (domestic-related) violence occurred 0.7% of clinics). These findings contrast with the findings regarding the need for security guard assistance due to potential violence in the prior 12 months, which was reported among 39% of the clinics, with 70% of these clinics needing to call for assistance more than once. The findings suggest that while some standard WPV prevention measures were in place, there were some glaring gaps. One-half (48.1%) of the clinics had no alarm security system, but among those that did (51.2%), most (75.0%) were connected to an emergency response system (e.g., police, local security). More than half (65.5%) had no panic alarm system setup and most (79.0%) had no overhead intercom system. Use of security surveillance cameras varied, with surveillance of clinic parking areas (33.0%), patient entrances (51.0%), with significantly fewer that monitored inside the clinic (e.g.,

patient waiting room, 16.0%; nursing station, 7.0%). Most (91.5%) had a process for escorting patients from the waiting room to their exam room. Almost half of the clinics (42.3%) had no form of security guard presence or routine security guard surveillance, while 44.0% received routine visits by the property management company or their organization, while 19% had a full-time guard. With regard to workplace violence prevention policies, only 60% indicated that they had a written policy, while among those most (93.3%) reported that their employees received annual training about the policy. When asked about specific types of training for all workers, only one-third had received some form of CPI (Crisis Prevention Institute) training, 72.0% on how to call security for assistance, 38% on how to activate a code silver (active shooter), and only 56.6% had been trained on how and where to report a violent event (e.g., type II) that did not require immediate security or police intervention. The clinic manager (93.1%) was designated as the point of reporting for workers regarding most types of violence (I-IV), compared to their online first report (22.3%) or serious safety reporting system (50.3%).

For the frontline clinic worker survey, a total of 2106 workers responded including 1064 pediatric clinic system and 1042 adult clinic system workers. Across the WPV types, the prevalence varied by systems. Among pediatrics, the prevalence of type I violence was 11%, type II was 60%, type III was 30% and type IV was 8%. Among adult clinics, the prevalence of type I was 6%, type II was 35%, type III was 23%, and type IV was 4%.

4. Key outcomes or other achievements

This was the first NIOSH/NIH funded study to examine WPV in outpatient physician clinics, which was guided by the Ecological Model. This study examined WPV and prevention efforts at the worker, clinic, and clinic system levels. It also considered the context with which these clinics reside within their communities, including criminal activity within a 0.5 radius of the clinic, as well as neighborhood traffic patterns and business characteristics. The findings from this study will be used to inform prevention efforts within the clinic systems where the study was conducted and will fill a gap in the literature. The prevalence of type II violence reported by workers is on par with those reported in the hospital WPV literature. The contrast between the clinic managers and the frontline workers' responses regarding the prevalence of WPV suggests a disconnect between management perceptions of the issue and workers' experiences. It also reflects the lower-than-expected prevalence of events that should have been reported through a formal capturing system rather than directly reporting to a clinic manager. The high prevalence of events in clinics that are remote and without security presence makes them particularly vulnerable to adverse consequences when a WPV event occurs.

C. PRODUCTS

C.1 PUBLICATIONS

Are there publications or manuscripts accepted for publication in a journal or other publication (e.g., book, one-time publication, monograph) during the reporting period resulting directly from this award?

Yes

Publications Reported for this Reporting Period

Public Access Compliance	Citation
N/A: Not NIH Funded	Pompeii L, Benavides E, Pop O, Rojas Y, Emery R, Delclos G, Markham C, Oluyomi A, Vellani K, Levine N. Workplace Violence in Outpatient Physician Clinics: A Systematic Review. International journal of environmental research and public health. 2020 September 10;17(18). PubMed PMID: 32927880; PubMed Central PMCID: PMC7558610; DOI: 10.3390/ijerph17186587.

C.2 WEBSITE(S) OR OTHER INTERNET SITE(S)

NOTHING TO REPORT

C.3 TECHNOLOGIES OR TECHNIQUES

NOTHING TO REPORT

C.4 INVENTIONS, PATENT APPLICATIONS, AND/OR LICENSES

Have inventions, patent applications and/or licenses resulted from the award during the reporting period? No

If yes, has this information been previously provided to the PHS or to the official responsible for patent matters at the grantee organization? No

C.5 OTHER PRODUCTS AND RESOURCE SHARING

NOTHING TO REPORT

D. PARTICIPANTS

D.1 WHAT INDIVIDUALS HAVE WORKED ON THE PROJECT?

Commons ID	S/K	Name	Degree(s)	Role	Cal	Aca	Sum	Foreign Org	Country	SS
LPOMPEII	Y	POMPEII, LISA A	BSN,MS,PHD	PD/PI	3.0	0.0	0.0			NA
GDELCLOS	N	Delclos, George L	MD,MPH,PHD	Co-Investigator	1.2	0.0	0.0			NA
CMARKHAM	Y	Markham, Christine Margaret	PHD	Co-Investigator	1.4	0.0	0.0			NA
ABI2008	N	Oluyomi, Abiodun	OTH,MS,OTH,MS,PHD	Co-Investigator	1.2	0.0	0.0			NA
	N	Kasbaum, Marie	MPH	Research Coordinator	3.4	0.0	0.0			NA

Glossary of acronyms:

S/K - Senior/Key

Cal - Person Months (Calendar)

Aca - Person Months (Academic)

Sum - Person Months (Summer)

Foreign Org - Foreign Organization Affiliation

SS - Supplement Support

RS - Reentry Supplement

DS - Diversity Supplement

OT - Other

NA - Not Applicable

D.2 PERSONNEL UPDATES

D.2.a Level of Effort

Not Applicable

D.2.b New Senior/Key Personnel

Not Applicable

D.2.c Changes in Other Support

Not Applicable

D.2.d New Other Significant Contributors

Not Applicable

D.2.e Multi-PI (MPI) Leadership Plan

Not Applicable

E. IMPACT**E.1 WHAT IS THE IMPACT ON THE DEVELOPMENT OF HUMAN RESOURCES?**

Not Applicable

E.2 WHAT IS THE IMPACT ON PHYSICAL, INSTITUTIONAL, OR INFORMATION RESOURCES THAT FORM INFRASTRUCTURE?

NOTHING TO REPORT

E.3 WHAT IS THE IMPACT ON TECHNOLOGY TRANSFER?

Not Applicable

E.4 WHAT DOLLAR AMOUNT OF THE AWARD'S BUDGET IS BEING SPENT IN FOREIGN COUNTRY(IES)?

NOTHING TO REPORT

G. SPECIAL REPORTING REQUIREMENTS SPECIAL REPORTING REQUIREMENTS

G.1 SPECIAL NOTICE OF AWARD TERMS AND FUNDING OPPORTUNITIES ANNOUNCEMENT REPORTING REQUIREMENTS

NOTHING TO REPORT

G.2 RESPONSIBLE CONDUCT OF RESEARCH

Not Applicable

G.3 MENTOR'S REPORT OR SPONSOR COMMENTS

Not Applicable

G.4 HUMAN SUBJECTS

G.4.a Does the project involve human subjects?

Not Applicable

G.4.b Inclusion Enrollment Data

File(s) uploaded:
Enrollment Report_WP.V.pdf

G.4.c ClinicalTrials.gov

Does this project include one or more applicable clinical trials that must be registered in ClinicalTrials.gov under FDAAA?

G.5 HUMAN SUBJECTS EDUCATION REQUIREMENT

NOT APPLICABLE

G.6 HUMAN EMBRYONIC STEM CELLS (HESCS)

Does this project involve human embryonic stem cells (only hESC lines listed as approved in the NIH Registry may be used in NIH funded research)?

No

G.7 VERTEBRATE ANIMALS

Not Applicable

G.8 PROJECT/PERFORMANCE SITES

Not Applicable

G.9 FOREIGN COMPONENT

No foreign component

G.10 ESTIMATED UNOBLIGATED BALANCE

Not Applicable

G.11 PROGRAM INCOME

Not Applicable

G.12 F&A COSTS

Not Applicable

Cumulative Inclusion Enrollment Report

This report format should NOT be used for collecting data from study participants.

Study Title: Workplace Violence in Outpatient Physician Clinics

Comments: A bulk of demographic data not collected due to error in REDCap

Racial Categories	Ethnic Categories									Total
	Not Hispanic or Latino			Hispanic or Latino			Unknown/Not Reported Ethnicity			
	Female	Male	Unknown/ Not Reported	Female	Male	Unknown/ Not Reported	Female	Male	Unknown/ Not Reported	
American Indian/ Alaska Native	4	0	0	6	0	0	0	0	0	10
Asian	28	11	0	3	0	0	0	0	0	42
Native Hawaiian or Other Pacific Islander	5	2	1	5	0	0	36	1	0	50
Black or African American	70	130	0	7	1	0	1	1	0	210
White	161	206	2	240	25	0	2	3	1	640
More Than One Race	0	0	0	0	0	0	0	0	0	0
Unknown or Not Reported	35	2	0	72	101	0	76	6	1,097	1,389
Total	303	351	3	333	127	0	115	11	1,098	2,341

I. OUTCOMES

I.1 What were the outcomes of the award?

Project: Workplace Violence in Outpatient Physician Clinics

Contact PI: Lisa Pompeii, PhD

Organization: Baylor College of Medicine

The purpose of this study was to 1) define the 12-month prevalence of WPV among clinic workers; 2) examine how clinics capture WPV events including how and where workers report these events; 3) describe WPV prevention practices and policies; and 4) examine associations between WPV in study clinics and their community level factors including criminal activity around the clinics. We conducted the primary data collection of surveying all frontline workers in both study clinic systems regarding their experiences with all four types of violence (e.g., type I=criminal, type II=patient/family-perpetrated, type III=worker-on-worker; type IV=domestic violence spilling into the workplace).

This was the first NIOSH/NIH funded study to examine WPV in outpatient physician clinics, which was guided by the Ecological Model. This study examined WPV and prevention efforts at the worker, clinic, and clinic system levels. It also considered the context with which these clinics reside within their communities, including criminal activity within a 0.5 radius of the clinic, as well as neighborhood traffic patterns and business characteristics. The findings from this study will be used to inform prevention efforts within the clinic systems where the study was conducted and will fill a gap in the literature. The prevalence of type II violence reported by workers is on par with those reported in the hospital WPV literature. The contrast between the clinic managers and the frontline workers' responses regarding the prevalence of WPV suggests a disconnect between management perceptions of the issue and workers' experiences. It also reflects the lower-than-expected prevalence of events that should have been reported through a formal capturing system rather than directly reporting to a clinic manager. The high prevalence of events in clinics that are remote and without security presence makes them particularly vulnerable to adverse consequences when a WPV event occurs.

A total of 159 outpatient physician clinics were included in the clinic characteristics survey in a large metropolitan area in southeast Texas. For the frontline clinic worker survey, a total of 2106 workers responded including 1064 pediatric clinic system and 1042 adult clinic system workers. Across the WPV types, the prevalence varied by systems. Among pediatrics, the prevalence of type I violence was 11%, type II was 60%, type III was 30% and type IV was 8%. Among adult clinics, the prevalence of type I was 6%, type II was 35%, type III was 23%, and type IV was 4%.

Some of the main findings included:

- The prevalence of type II (patient/family-on worker violence) and type III (worker on worker) violence was similar to prior hospital-based studies.
- While not as prevalent, but still relevant, type IV violence (domestic-related violence) was reported among 4% of workers
- The capturing of WPV events by clinics was significantly smaller than those actually reported by workers through this survey
- Workers reported that they needed more training to prevent and/or de-escalate WPV events
- Clinics had some standard safety measures, but glaring gaps were reported including, lack of security guard presence in/around the clinics, alarm security systems, and surveillance cameras in/around the clinic
- Clinics lacked written WPV prevention strategies and corresponding worker training
- Workers were directed/trained to report to clinic managers rather than through a formal reporting system