

# 2017 Healthcare Crime Survey



**IAHSS**  
**FOUNDATION**

*Dedicated to Research and Education  
in Healthcare Security and Safety*

IAHSS-F CS-17

April 12, 2017



## Table of Contents

<b>INTRODUCTION</b> .....	2
<b>DATA ANALYSIS</b> .....	3
<b>Crime Rates</b> .....	3
<b>Comparing Your Hospital to the 2017 Crime Survey</b> .....	5
<b>Workplace Violence Typology</b> .....	5
<b>LIMITATIONS</b> .....	7
<b>AUTHOR: KARIM H. VELLANI, CPP, CSC</b> .....	7
<b>APPENDIX A: FBI UNIFORM CRIME REPORT DEFINITIONS</b> .....	8

**Note: This is the 2017 Healthcare Crime Survey produced by the International Association for Healthcare Security and Safety - Foundation (IAHSS Foundation) and reflects healthcare crime trends for 2012 - 2016.**

## INTRODUCTION

The International Association for Healthcare Security and Safety - Foundation (IAHSS Foundation) was established to foster and promote the welfare of the public through educational and research and development of healthcare security and safety body of knowledge. The IAHSS Foundation promotes and develops educational research into the maintenance and improvement of healthcare security and safety management as well as develops and conducts educational programs for the public. For more information, please visit: [www.iahssf.org](http://www.iahssf.org).

The 2017 Healthcare Crime Survey was commissioned under the IAHSS Foundation's Research and Grants Program. The purpose of the 2017 Healthcare Crime Survey is to provide healthcare professionals with an understanding of the frequency and nature of crimes that impact hospitals. Hospital security leaders in both the United States and Canada were invited to participate. Specifically, we asked that the highest ranking hospital security professional (or their designee) at each hospital to respond to the survey. Those responding would ideally be responsible for overseeing the security records management system. We also asked that if the respondent was responsible for more than one hospital that one survey be completed for each hospital. Unfortunately, we did not receive a sufficient number of responses for Canadian hospitals to prepare a Healthcare Crime Survey for Canada this year.

As with Healthcare Crime Surveys, the 2017 Healthcare Crime Survey collected information on ten (10) different types of crimes deemed relevant to hospitals:

Murder	Disorderly Conduct
Rape	Burglary
Robbery	Theft (Larceny-Theft)
Aggravated Assault	Motor Vehicle Theft
Assault (Simple)	Vandalism

To ensure that all hospitals were answering the questions consistently, regardless of state, the survey included the Federal Bureau of Investigation's Uniform Crime Report definitions. The definitions for each crime are located in the Appendix to this report.

For the 2017 Healthcare Crime Survey, we received 222 usable responses from U.S. hospitals. A response was considered usable if the respondent provided data for each of the crime questions and the hospital's bed count. Bed counts were necessary as the Healthcare Crime Survey has used bed count as a surrogate indicator of hospital size and more specifically to calculate *crime rates* for each of the ten crimes studied.

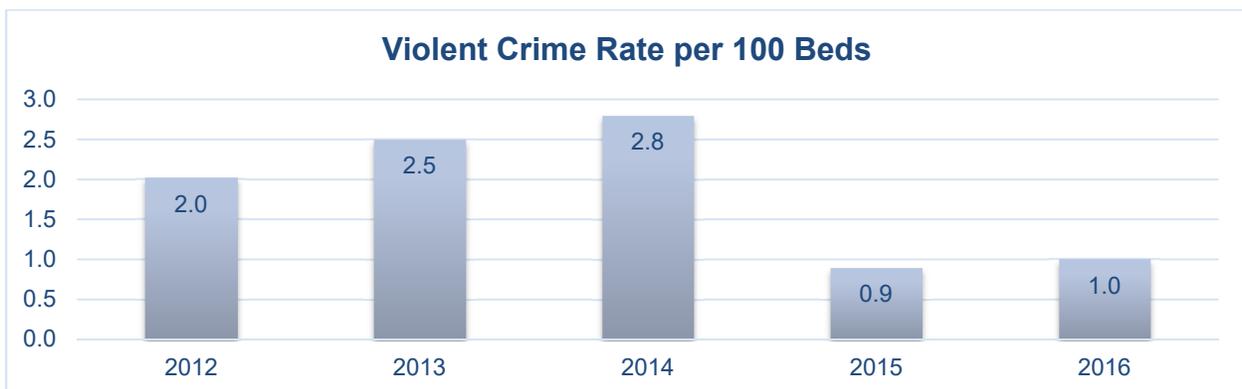
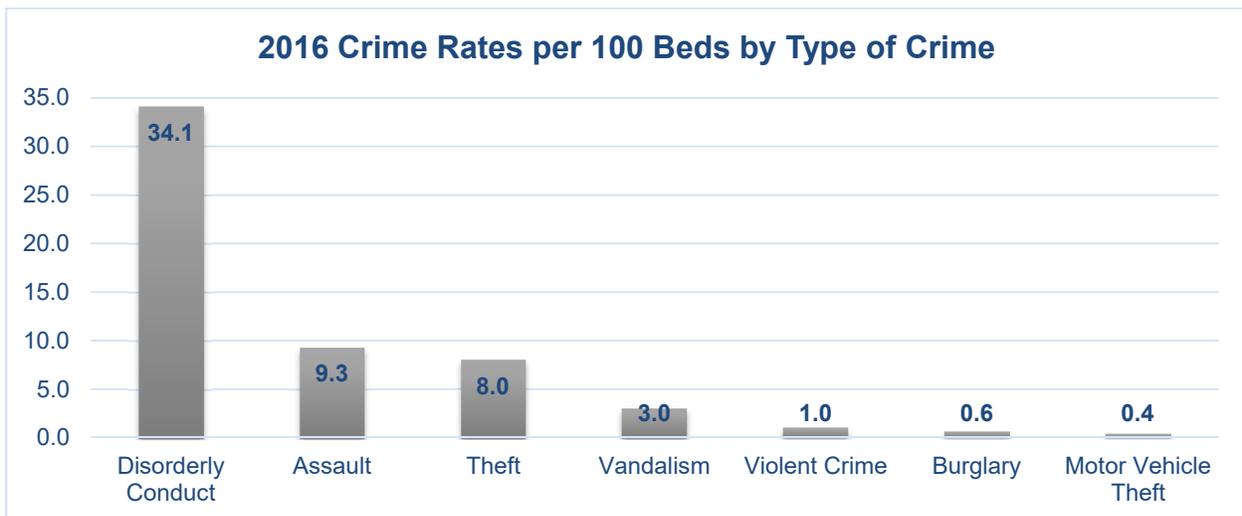
## DATA ANALYSIS

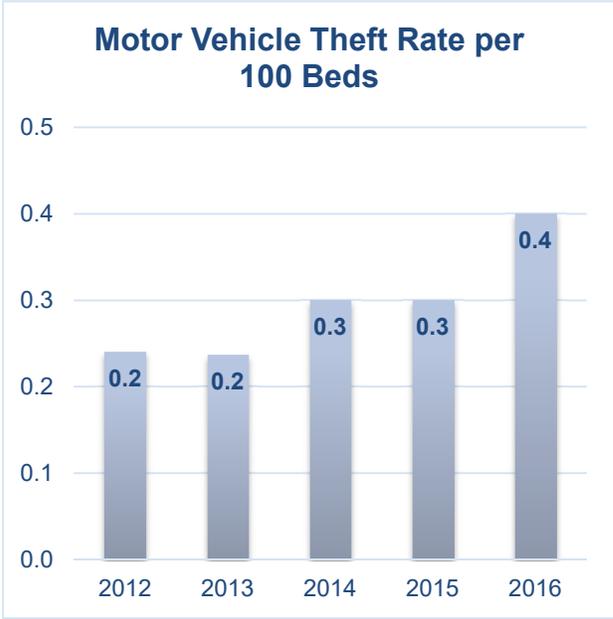
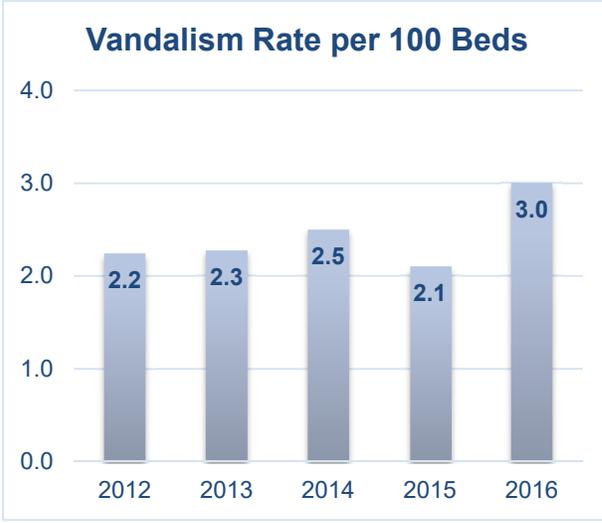
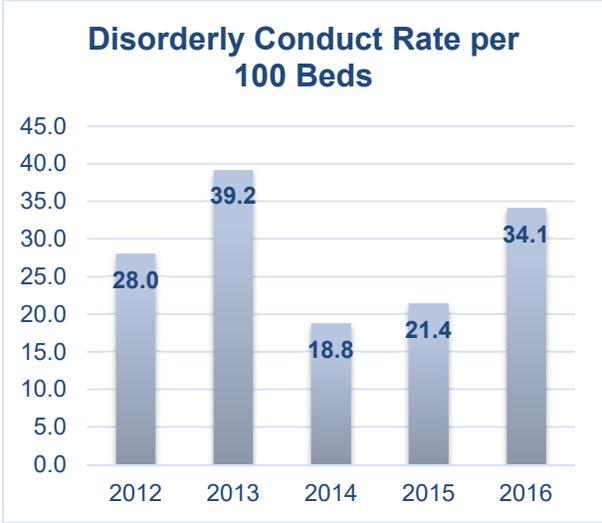
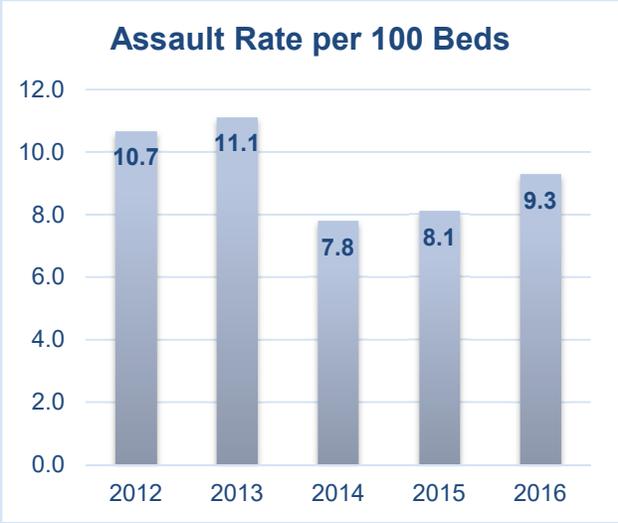
### Crime Rates

Raw crime levels do not provide much context, particularly given the varying sizes of the hospitals across the United States. To provide context and based on lessons learned during previous Healthcare Crime Surveys, the 2017 Healthcare Crime Survey collected bed counts for each hospital. As a surrogate indicator of hospital size, hospital beds allow for the calculation of crimes rates (per 100 beds) and provide the ability to trend crime rates over time and to compare this year's Healthcare Crime Survey results to prior years.

Crime rates are used to provide context and allow for comparisons between hospitals of different sizes. Bed counts were used based on experience from prior crime surveys where additional size and population indicators were collected. That experience informed the decision to use bed counts as other indicators were more challenging to obtain and not consistently reported via prior Healthcare Crime Surveys.

The first graph below compares the 2016 crime rates per 100 beds for each crime (n = 222). The subsequent graphs in this section display the crime rate trends from 2012 to 2016. For analytical purposes and consistent with FBI practice, **Murder, Rape, Robbery, and Aggravated Assault** were aggregated into one group called **Violent Crime**.





## Comparing Your Hospital to the 2017 Crime Survey

For comparison purposes, it might be beneficial to compare your hospital's crime rates to those presented above. The formula to calculate the crime rate per 100 beds is:

$$\text{Crime Rate} = (x / \text{Beds}) * 100$$

*where x is the total crime for each crime type and*

*Beds is the number of beds at your hospital*

Example:  $(17 \text{ assaults} / 360 \text{ beds}) = 0.047 * 100 = 4.7 \text{ assaults per bed}$

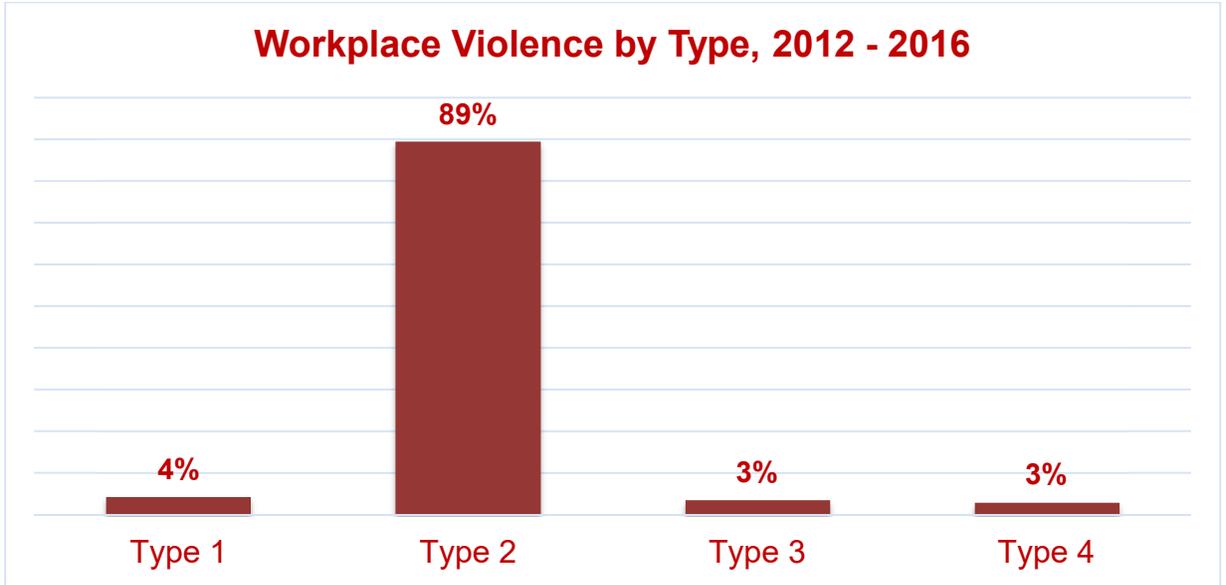
As mentioned earlier in this report, the use of crime rates provides context and allow for comparisons to other hospitals. Bed counts were used based on experience from prior crime surveys where additional size and population indicators were collected. That experience informed the decision to use bed counts as other indicators were more challenging to obtain and not consistently reported via the crime surveys.

## Workplace Violence Typology

For Aggravated Assaults and Assaults, participants were asked to drill down further, if possible, into the FBI's workplace violence typology:

- a. Workplace Violence Type 1: *Violent acts by criminals, who have no other connection with the workplace, but enter to commit robbery or another crime.*
- b. Workplace Violence Type 2: *Violence directed at employees by customers, clients, patients, students, inmates, or any others for whom an organization provides services.*  
Examples: patient-on-staff; visitor-on-staff
- c. Workplace Violence Type 3: *Violence against coworkers, supervisors, or managers by a present or former employee.*  
Examples: physician-on-nurse; employee-on-employee
- d. Workplace Violence Type 4: *Violence committed in the workplace by someone who doesn't work there, but has a personal relationship with an employee—an abusive spouse or domestic partner.*

Many (n = 167) respondents provided aggravated assault and assault data by workplace violence type. As we found in prior Healthcare Crime Surveys, **Workplace Violence Type 2 continues to dominate the other types of workplace violence** and is increasing. Workplace Violence Type 2 aggravated assaults accounted for 85% of all aggravated assaults and 91% of all assaults in U.S. hospitals. For simplicity, the graph below displays each Workplace Violence Type with aggravated assaults and assaults combined.



To drill down on Workplace Violence Type 2 incidents, we asked respondents (n = 83) two additional questions this year. The first question asked: “If an Assault against a Healthcare Provider is a crime in your state, how many people were charged with this crime in your healthcare facility in 2016?” For this analysis, we used responses that had at least one charge as a result of a “Assault on Healthcare Worker” law. This was a form of data validation wherein hospitals were excluded if they responded with 0 (zero) charges as we were concerned that internal policies may discourage staff from pressing charges on patients or visitors for assaults. **For hospitals that had at least one charge under an existing “Assault on Healthcare Worker” law, 15% of Workplace Violence Type 2 incidents (assault or aggravated assault by a patient or visitor) resulted in a charge in 2016.**

The second question asked how many employees worked at the hospital. The responses (n = 160) to this question allowed us to calculate the number of **Workplace Violence Type 2 incidents per 100 employees**. Since this question is unique for this year’s Healthcare Crime Survey, the graph below displays the 2016 rate of assaults and aggravated assaults against employees by patients or visitors per 100 employees.



## LIMITATIONS

There were several limitations associated with the 2017 Crime Survey that are worth noting. First, the majority of survey responses were received from hospitals affiliated with the International Association for Healthcare Security & Safety (IAHSS). However, as the premier organization dedicated to professionals involved in managing and directing security and safety programs in healthcare institutions, IAHSS affiliated hospitals represent a significant number of the 5,000+ hospitals in the United States. This year, more hospitals participated that are not affiliated with the IAHSS. Nevertheless, a recurring limitation is the low response rate to survey.

Second, we had concerns about the differences between crime definitions across states. We alleviate this concern by providing survey respondents with crime definitions from the Federal Bureau of Investigation along with healthcare related examples. Based on the quality of responses received, it appears that our efforts mitigated this concern.

Third, the use of bed counts as the sole indicator of hospital size and population is a limiting factor. There are better indicators that more accurately reflect size and population (people). For example, number of Emergency Department visits, number of employees, hospital square feet, average daily census, and adjusted patient days can also be used to calculate crime rates. Bed counts, on the other hand, were the most consistently reported indicator of size and/or population and allow us to be consistent with prior Healthcare Crime Surveys. That said, this year, we collected more information (e.g. number of employees) which enabled us to assess additional metrics than in prior years.

### **AUTHOR: KARIM H. VELLANI, CPP, CSC**

Karim H. Vellani is the President of Threat Analysis Group, LLC, an independent security consulting firm. He is a member of the IAHSS and a Board Member of the IAHSS Foundation. Karim is Board Certified in Security Management (CPP) and a Board Certified Security Consultant (CSC). Karim has more than 22 years of security management, crime analysis, and forensic security consulting experience, and holds a Master's Degree in Criminal Justice Management. He is the author of two books, [Applied Crime Analysis](#) and [Strategic Security Management](#), and has contributed to a number of other security related books and journals. Karim may be reached at (281) 494-1515 or [kv@threatanalysis.com](mailto:kv@threatanalysis.com).

## APPENDIX A: FBI UNIFORM CRIME REPORT DEFINITIONS

**Murder:** Murder and Nonnegligent Manslaughter (Criminal Homicide) - The willful (nonnegligent) killing of one human being by another.

**Rape:** The carnal knowledge of a male or female forcibly and against his/her will.

**Robbery:** The taking or attempting to take anything of value from the care, custody, or control of a person or persons by force or threat of force or violence and/or by putting the victim in fear.

**Aggravated Assault:** An unlawful attack by one person upon another for the purpose of inflicting severe or aggravated bodily injury. This type of assault usually is accompanied by the use of a weapon or by means likely to produce death or great bodily harm.

**Assault:** Other Assaults - An unlawful physical attack by one person upon another where neither the offender displays a weapon, nor the victim suffers obvious severe or aggravated bodily injury involving apparent broken bones, loss of teeth, possible internal injury, severe laceration, or loss of consciousness. To unlawfully place another person in reasonable fear of bodily harm through the use of threatening words and/or other conduct, but without displaying a weapon or subjecting the victim to actual physical attack (e.g., intimidation).

**Burglary:** The unlawful entry of a structure to commit a felony or a theft.

**Theft:** Larceny – Theft (except motor vehicle theft) - The unlawful taking, carrying, leading, or riding away of property from the possession or constructive possession of another.

**Motor Vehicle Theft:** The theft or attempted theft of a motor vehicle.

**Vandalism:** To willfully or maliciously destroy, injure, disfigure, or deface any public or private property, real or personal, without the consent of the owner or person having custody or control by cutting, tearing, breaking, marking, painting, drawing, covering with filth, or any other such means as may be specified by local law.

**Disorderly Conduct:** Any behavior that tends to disturb the public peace or decorum, scandalize the community, or shock the public sense of morality. The FBI includes Disturbing the peace, Blasphemy, profanity, and obscene language with Disorderly Conduct.