Note: This is the 2015 Healthcare Crime Survey produced by the International Healthcare Security and Safety Foundation (IHSSF) and reflects healthcare crime trends for 2012 - 2014.
INTRODUCTION

The International Healthcare Security and Safety Foundation (IHSSF) is the philanthropic arm of the International Association for Healthcare Security & Safety (IAHSS). The 2015 IHSSF Crime Survey was commissioned under the Research and Grants Program of the International Healthcare Security and Safety Foundation (IHSSF). The purpose of the 2015 IHSSF Crime Survey is to provide healthcare professionals with an understanding of crimes that impact hospitals as well as the frequency of these crimes.

Hospital security leaders, primarily consisting of IAHSS members, 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.

The 2015 IHSSF Crime Survey collected information on ten (10) different types of crimes that were deemed relevant to hospitals and included:

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

Experientially, hospital security professionals know that Emergency Departments often generate the greatest number of assaults and workplace violence incidents in the hospital. For the 2015 Crime Survey, we attempted to quantify that knowledge. Specifically, we collected data regarding the number of Aggravated Assaults and Assaults in the Emergency Departments and compared those numbers with the rest of the hospital. See the section below entitled Aggravated Assault and Assaults in the Emergency Department.

To ensure that all hospitals were answering the questions consistently, regardless of state or province, the survey included the Federal Bureau of Investigation’s Uniform Crime Report definition (U.S.) and the Criminal Code Definition (Canada). The definitions for each crime are located in the Appendices to this report.

For analytical purposes, murder, rape, robbery, and aggravated assault were aggregated as one group called “violent crimes.”

We received 429 responses from both U.S. (n = 395) and Canadian (n = 34) hospitals. Of those 429 responses, 249 were usable responses. A response was considered usable if the respondent provided the licensed hospital bed count for the hospital. Without bed counts, we were unable to calculate a “crime rate.”
DATA ANALYSIS

Crime Rates
Raw crime levels do not provide much context, particularly given the varying sizes of the hospitals across the United States and Canada. To provide context and based on lessons learned during last year’s Crime Survey, the 2015 Crime Survey collected licensed hospital bed counts which is used as a surrogate indicator of hospital size. As a surrogate indicator of size, licensed hospital beds allow for the calculation of crimes rates (per 100 beds) and provide the ability to trend crime rates over time to include the results of last year’s Crime Survey.

It is important to remember that 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 the crime surveys.

U.S. Hospitals
The graphs below display the crime rate trends for 2012 to 2014 per 100 beds for U.S. hospitals.

<table>
<thead>
<tr>
<th>Year</th>
<th>Violent Crime Rate per 100 Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>2.0</td>
</tr>
<tr>
<td>2013</td>
<td>2.5</td>
</tr>
<tr>
<td>2014</td>
<td>2.8</td>
</tr>
</tbody>
</table>
Burglary Rate per 100 Beds

<table>
<thead>
<tr>
<th>Year</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>US</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
</tr>
</tbody>
</table>

Theft Rate per 100 Beds

<table>
<thead>
<tr>
<th>Year</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>US</td>
<td>7.7</td>
<td>7.8</td>
<td>7.0</td>
</tr>
</tbody>
</table>
Motor Vehicle Theft Rate per 100 Beds

<table>
<thead>
<tr>
<th>Year</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>0.2</td>
</tr>
<tr>
<td>2013</td>
<td>0.2</td>
</tr>
<tr>
<td>2014</td>
<td>0.3</td>
</tr>
</tbody>
</table>

Vandalism Rate per 100 Beds

<table>
<thead>
<tr>
<th>Year</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>2.2</td>
</tr>
<tr>
<td>2013</td>
<td>2.3</td>
</tr>
<tr>
<td>2014</td>
<td>2.5</td>
</tr>
</tbody>
</table>
Canadian Hospitals
A significant number of Canadian Crime Survey respondents upgraded their incident management systems prior to the 2015 Crime Survey. These upgrades allow for better data collection and analysis and the IHSSF applauds these hospitals for their efforts. Because of the system upgrades and relatively low Canadian response rate, comparisons to prior years are not possible. As such, the graphs below display crime rates (per 100 beds) at Canadian hospitals for only calendar year 2014. Assault and Disorderly Conduct are not included due to the system upgrades’ definitional changes.

Note: No violent crimes were reported from responding Canadian hospitals.
Note: No motor vehicle thefts were reported from responding Canadian hospitals.
Comparing Your Hospital to the 2015 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:

\[
\text{Crime Rate} = \left( \frac{x}{\text{Beds}} \right) \times 100
\]

where \(x\) is the total crime for each crime type and \(\text{Beds}\) is the number of beds at your hospital

Example: \((17 \text{ assaults} / 360 \text{ beds}) = 0.047 \times 100 = 4.7\) 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.*

Most of the U.S. respondents were able to provide the drill down for aggravated assaults and assaults for each year, 2012, 2013, and 2014. This indicates that a significant number of hospitals are collecting detailed crime information allowing for such analysis internally. We applaud these hospital security professionals. As seen in the graph below, Type 2 Aggravated Assaults accounted for 79% of all aggravated assaults and 90% of all assaults in the U.S.

**Aggravated Assaults and Assaults by Workplace Violence Type in the U.S., 2012 - 2014**

<table>
<thead>
<tr>
<th>Type</th>
<th>Aggravated Assault</th>
<th>Assault</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type 1</td>
<td>4%</td>
<td>12%</td>
</tr>
<tr>
<td>Type 2</td>
<td>90%</td>
<td>79%</td>
</tr>
<tr>
<td>Type 3</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>Type 4</td>
<td>5%</td>
<td>3%</td>
</tr>
</tbody>
</table>

**Aggravated Assault and Assaults in the Emergency Department**
As mentioned in the Introduction, hospital security professionals know through experience that Emergency Departments typically generate the greatest number of
assaults and workplace violence incidents in the hospital. For the 2015 Crime Survey, we were able to quantify that knowledge by adding three new questions that inquired about assaults and aggravated assaults in the Emergency Department. Specifically, we collected data regarding the number of Aggravated Assaults and Assaults in the Emergency Departments and compared those numbers with the rest of the hospital.

In U.S. hospitals, 44% of aggravated assaults and 46% of assaults occurred in Emergency Departments in 2014 as compared to the rest of the hospital spaces.\(^1\) The rate of aggravated assault was 11.9 per 100 Emergency Department beds. The rate of assault was 42.0 per 100 Emergency Department beds.

As seen in the graph below, a disproportionate number of aggravated assaults and assaults occur in Emergency Departments relative to the entire hospital.

\(^1\) Aggravated assault and assault rates were calculated using only bed counts in the Emergency Department, not total licensed hospital beds.
LIMITATIONS
There were several limitations associated with the 2015 Crime Survey that are worth noting. First, the survey sample is representative of hospitals affiliated with the International Association for Healthcare Security & Safety (IAHSS). However, this is a good sample as IAHSS is the only organization solely dedicated to professionals involved in managing and directing security and safety programs in healthcare institutions and IAHSS members represent a significant number of the 5,000+ hospitals in the U.S. and Canada. The response rate to this survey, while higher than years past and higher than last year, is still low.
Second, we had concerns about the differences between crime definitions across states and provinces and ultimately between countries. To alleviate this concern, we provided survey respondents with crime definitions from the Federal Bureau of Investigation (U.S.) and the Canadian Criminal Code along with healthcare related examples. Based on the quality of responses received, it appears that this mitigated the anticipated issue.

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. For example, number of Emergency Department visits, hospital square feet, average daily census, and adjusted patient days can also be used to calculate crime rates. However, obtaining this information proved to be more difficult for some of the crime survey’s respondents. Bed counts, on the other hand, were the most consistently reported indicator of size and/or population.

ABOUT IHSSF
The International Healthcare Security and Safety Foundation (IHSSF) was established to foster and promote the welfare of the public through educational and scientific research and development of healthcare security and safety body of knowledge. IHSSF 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.ihssf.org.

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Appendix A: Criminal Code Definitions (Canada)

Murder
Murder - 229. Culpable homicide is murder (a) where the person who causes the death of a human being (i) means to cause his death, or (ii) means to cause him bodily harm that he knows is likely to cause his death, and is reckless whether death ensues or not; (b) where a person, meaning to cause death to a human being or meaning to cause him bodily harm that he knows is likely to cause his death, and being reckless whether death ensues or not, by accident or mistake causes death to another human being, notwithstanding that he does not mean to cause death or bodily harm to that human being; or (c) where a person, for an unlawful object, does anything that he knows or ought to know is likely to cause death, and thereby causes death to a human being, notwithstanding that he desires to effect his object without causing death or bodily harm to any human being.

Rape
Sexual Assault is defined as an assault of a sexual nature that violates the sexual integrity of the victim. Sexual assault with a weapon, threats to a third party or causing bodily harm - 272. (1) Every person commits an offence who, in committing a sexual assault, (a) carries, uses or threatens to use a weapon or an imitation of a weapon; (b) threatens to cause bodily harm to a person other than the complainant; (c) causes bodily harm to the complainant; or (d) is a party to the offence with any other person.

Robbery
Robbery - 343. Every one commits robbery who (a) steals, and for the purpose of extorting whatever is stolen or to prevent or overcome resistance to the stealing, uses violence or threats of violence to a person or property; (b) steals from any person and, at the time he steals or immediately before or immediately thereafter, wounds, beats, strikes or uses any personal violence to that person; (c) assaults any person with intent to steal from him; or (d) steals from any person while armed with an offensive weapon or imitation thereof.

Aggravated Assault
Aggravated Assault - 268. (1) Every one commits an aggravated assault who wounds, maims, disfigures or endangers the life of the complainant. Assault with a weapon or causing bodily harm - 267. Every one who, in committing an assault, (a) carries, uses or threatens to use a weapon or an imitation thereof, or (b) causes bodily harm to the complainant.

Assault
Assault - 265. (1) A person commits an assault when (a) without the consent of another person, he applies force intentionally to that other person, directly or indirectly; (b) he attempts or threatens, by an act or a gesture, to apply force to another person, if he has, or causes that other person to believe on reasonable grounds that he has, present ability to effect his purpose; or (c) while openly wearing or carrying a weapon or an imitation thereof, he accosts or impedes another person or begs.

Burglary
Breaking and Entering - Breaking and entering with intent, committing offence or breaking out - 348. (1) Every one who (a) breaks and enters a place with intent to commit an
indictable offence therein, (b) breaks and enters a place and commits an indictable offence therein, or (c) breaks out of a place after (i) committing an indictable offence therein, or (ii) entering the place with intent to commit an indictable offence therein, is guilty (d) if the offence is committed in relation to a dwelling-house, of an indictable offence and liable to imprisonment for life, and (e) if the offence is committed in relation to a place other than a dwelling-house, of an indictable offence and liable to imprisonment for a term not exceeding ten years or of an offence punishable on summary conviction.

Theft
Theft - 322. (1) Every one commits theft who fraudulently and without colour of right takes, or fraudulently and without colour of right converts to his use or to the use of another person, anything, whether animate or inanimate, with intent (a) to deprive, temporarily or absolutely, the owner of it, or a person who has a special property or interest in it, of the thing or of his property or interest in it; (b) to pledge it or deposit it as security; (c) to part with it under a condition with respect to its return that the person who parts with it may be unable to perform; or (d) to deal with it in such a manner that it cannot be restored in the condition in which it was at the time it was taken or converted.

Motor Vehicle Theft
Motor vehicle theft - 333.1 (1) Everyone who commits theft is, if the property stolen is a motor vehicle, guilty of an offence and liable

Vandalism
Mischief - 430. (1) Every one commits mischief who wilfully (a) destroys or damages property; (b) renders property dangerous, useless, inoperative or ineffective; (c) obstructs, interrupts or interferes with the lawful use, enjoyment or operation of property; or (d) obstructs, interrupts or interferes with any person in the lawful use, enjoyment or operation of property.

Disorderly Conduct
Causing disturbance, indecent exhibition, loitering, etc. - 175. (1) Every one who (a) not being in a dwelling-house, causes a disturbance in or near a public place, (i) by fighting, screaming, shouting, swearing, singing or using insulting or obscene language, (ii) by being drunk, or (iii) by impeding or molesting other persons, (b) openly exposes or exhibits an indecent exhibition in a public place, (c) loiters in a public place and in any way obstructs persons who are in that place, or (d) disturbs the peace and quiet of the occupants of a dwelling-house by discharging firearms or by other disorderly conduct in a public place or who, not being an occupant of a dwelling-house comprised in a particular building or structure, disturbs the peace and quiet of the occupants of a dwelling-house comprised in the building or structure by discharging firearms or by other disorderly conduct in any part of a building or structure to which, at the time of such conduct, the occupants of two or more dwelling-houses comprised in the building or structure have access as of right or by invitation, express or implied
Appendix B: FBI Uniform Crime Report Definitions (U.S.)

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

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

Robbery
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
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
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
Motor Vehicle Theft - The theft or attempted theft of a motor vehicle.

Vandalism
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
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.