

2021 Healthcare Crime Survey



IAHSS
FOUNDATION

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

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ACKNOWLEDGEMENTS

First, we would like to express our deep gratitude to all healthcare security professionals. They do amazing work under uniquely stressful circumstances, and that has never been more true than during the past two years. Second, we want to thank those who took the time to respond to the crime survey so that their fellow practitioners could benefit from the insights and benchmarking opportunities that this report is able to offer.

Finally, we offer our thanks to Robin Hattersley, editor-in-chief at Emerald Expositions, who provided valuable support by publishing information about participating in the survey on the *Campus Safety* website and in emails to subscribers.

INTRODUCTION

The International Association for Healthcare Security and Safety (IAHSS) Foundation was established to promote the welfare of the public through education, research and the development of a healthcare security and safety body of knowledge. The IAHSS Foundation promotes and develops research into the improvement of healthcare security and safety and provides scholarships to promote professional development in the sector. For more information, visit www.iahssf.org.

The 2021 Healthcare Crime Survey was commissioned under the IAHSS Foundation's Research and Grants Program. The purpose of the Crime Survey is to provide healthcare security professionals with an understanding of the frequency and nature of crime in hospitals. Hospital security leaders throughout the United States were invited to participate. If the respondent was responsible for more than one hospital, we asked that one survey be completed for each facility.

As with prior Crime Surveys, the 2021 edition collected information on ten types of crimes:

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

To ensure that all hospitals were answering the questions consistently, regardless of location, the survey included the Federal Bureau of Investigation's (FBI) Uniform Crime Report definitions. The definitions for each crime can be found in the appendix.

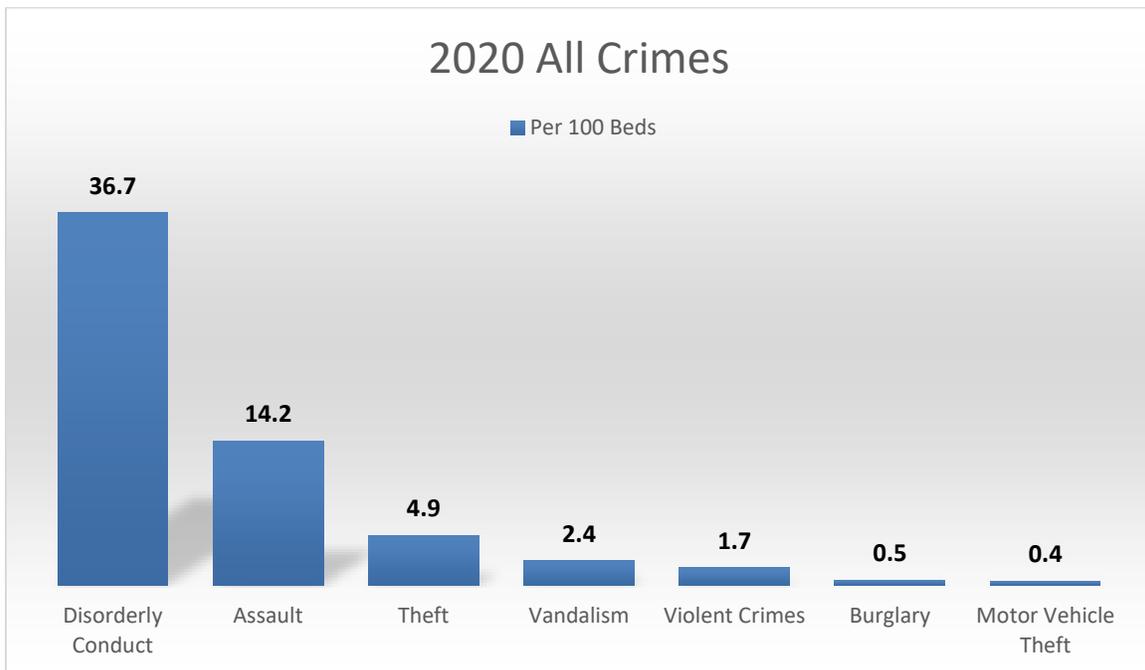
For the 2021 Healthcare Crime Survey, we received 269 usable responses to our core questions. A response was considered usable if the respondent provided data for each of the crime questions and the hospital's bed count. Bed counts were necessary as the Crime Survey has long used this number to gauge hospital size and to calculate crime rates. All of the data reflects incidents that occurred during the 2020 calendar year.

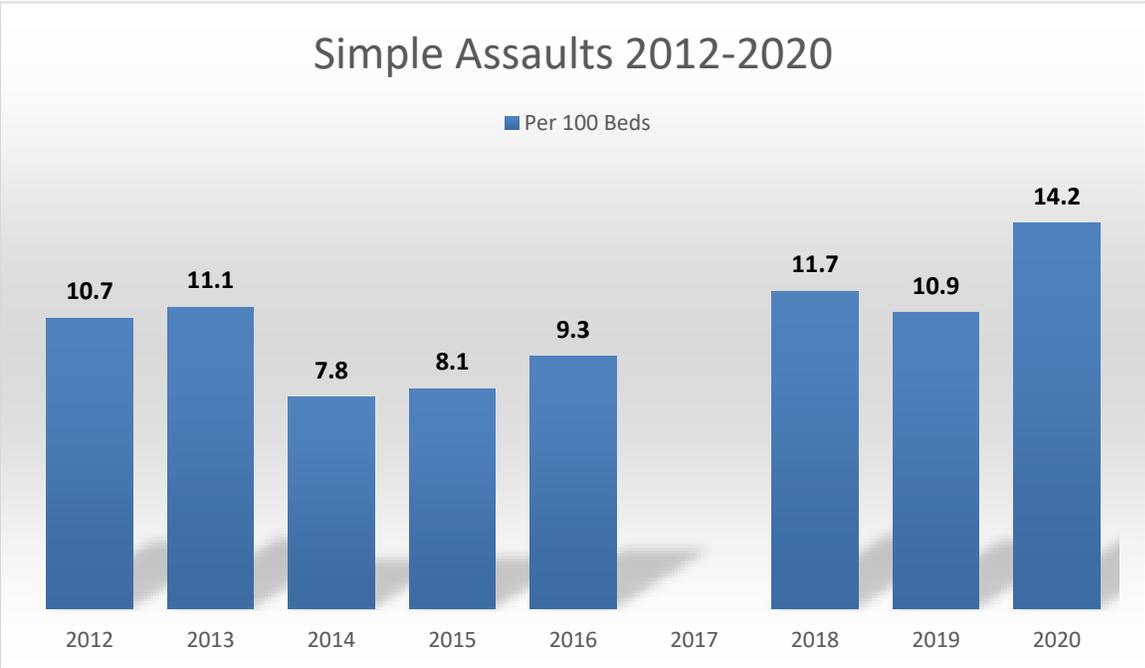
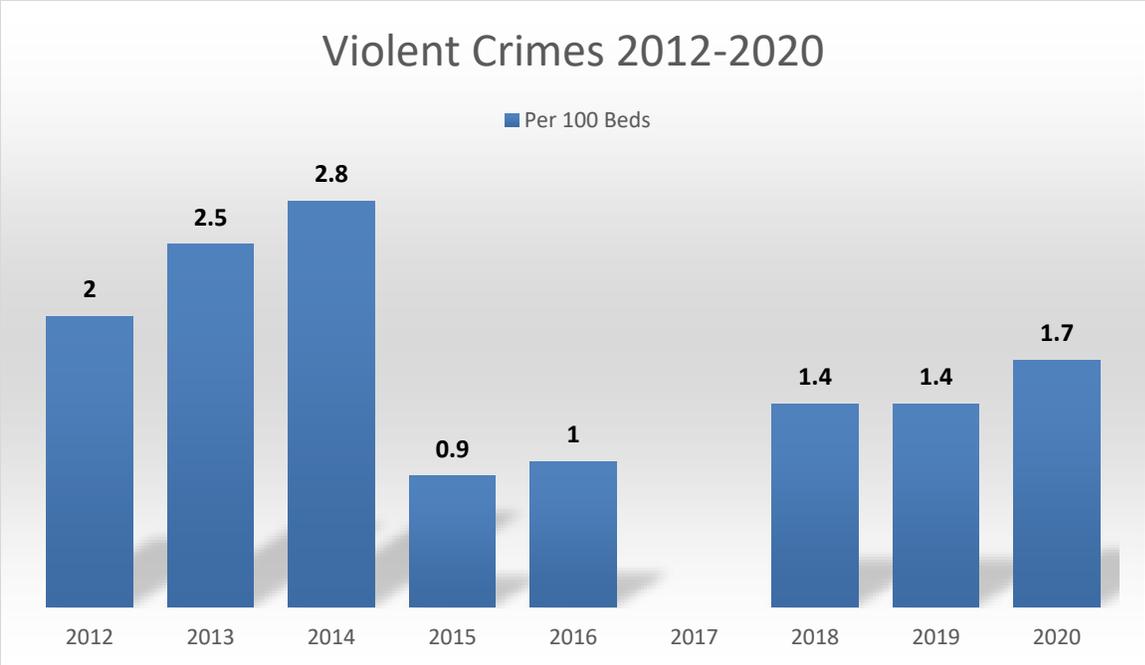
CRIME DATA

Raw incident numbers are of limited comparative value, given the varying sizes of hospitals across the United States. To provide context, the 2021 Healthcare Crime Survey collected bed counts for each hospital. This allowed for the calculation of crime rates (per 100 beds) and the comparison of crime rates over time.

Bed counts were selected based on experience from prior Crime Surveys in which other size and population indicators were collected that were found to be more challenging to obtain.

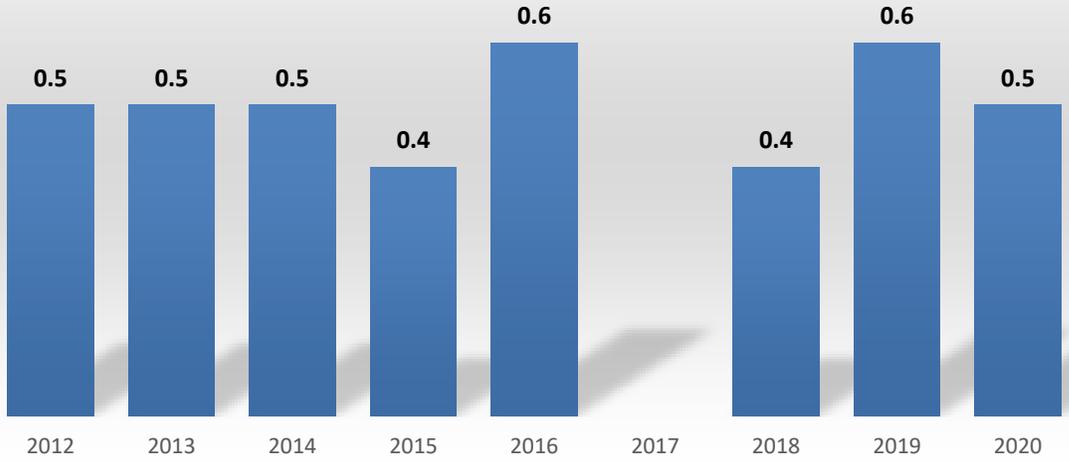
The first graph below shows the 2020 crime rates per 100 beds for each crime (n = 269). The subsequent graphs in this section display the crime rate trends from 2012 to 2020, with the exception of 2017, when no Crime Survey was published. For analytical purposes – and consistent with FBI Uniform Crime Report practice – murder, rape, robbery and aggravated assault were aggregated into one group called “violent crime.” (Aggravated assaults accounted for the vast majority of incidents in this category.)





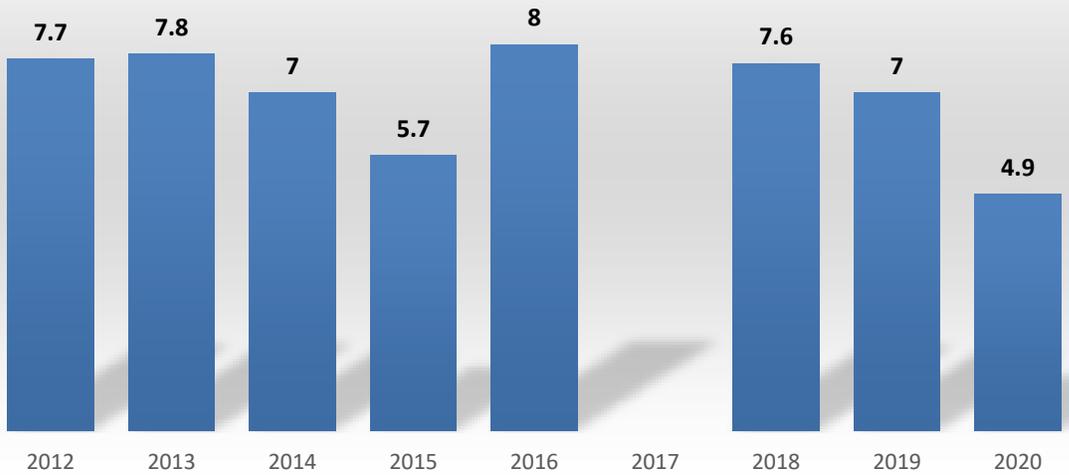
Burglaries 2012-2020

■ Per 100 Beds



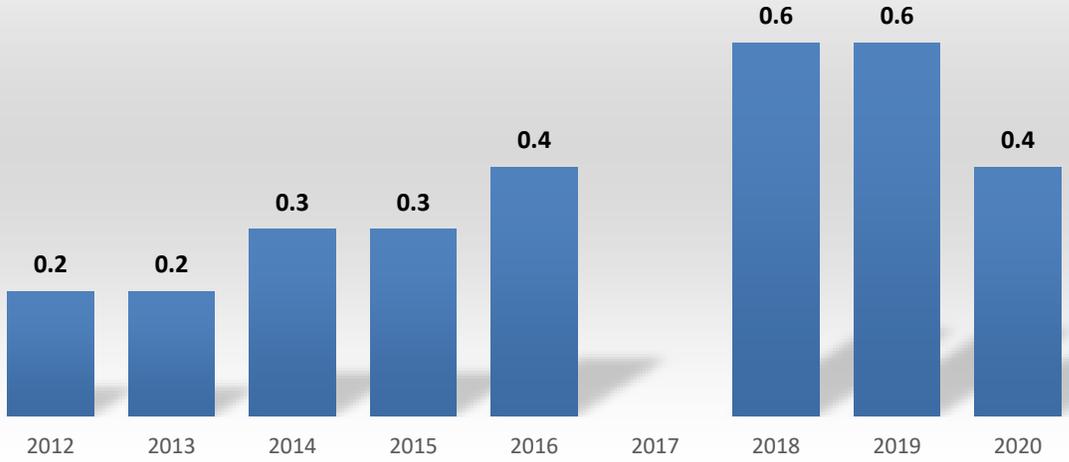
Thefts 2012-2020

■ Per 100 Beds



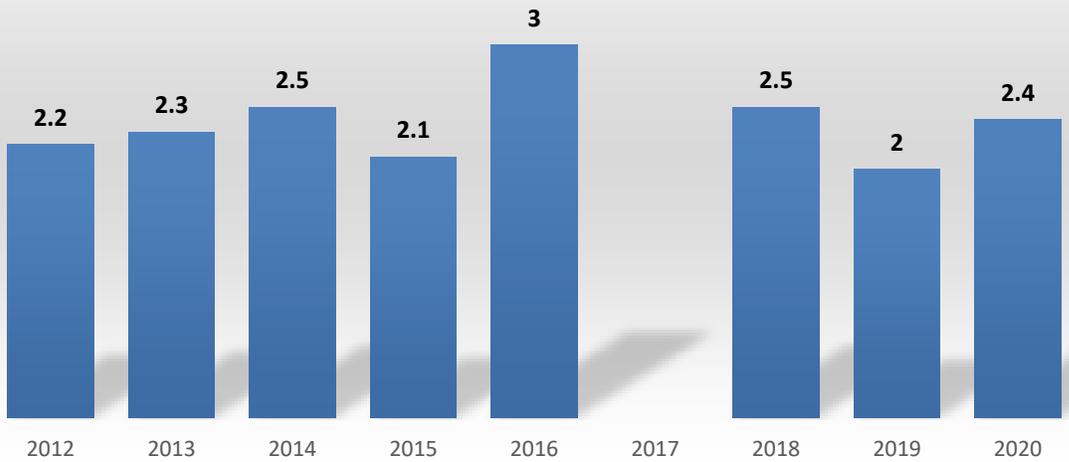
Motor Vehicle Thefts 2012-2020

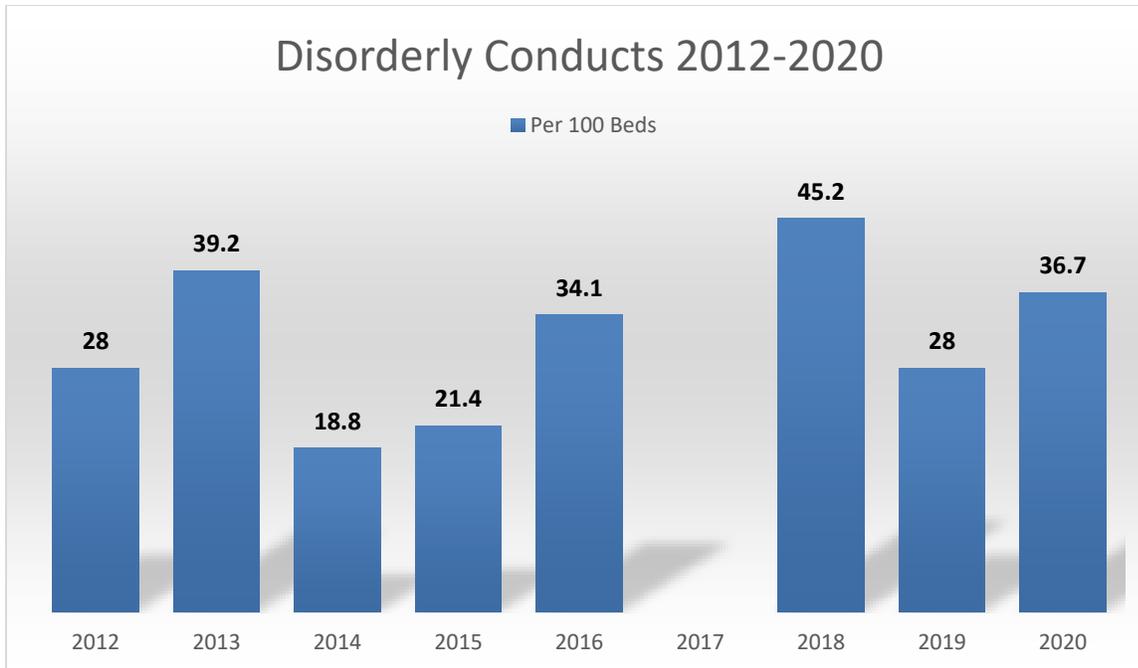
■ Per 100 Beds



Vandalism 2012-2020

■ Per 100 Beds





Comparing Your Hospital

To compare your hospital's crime rate to the statistics above, the following formula can be used to calculate the rate per 100 beds:

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

Where x is the number of incidents of a type of crime
and Beds is the number of beds at your hospital

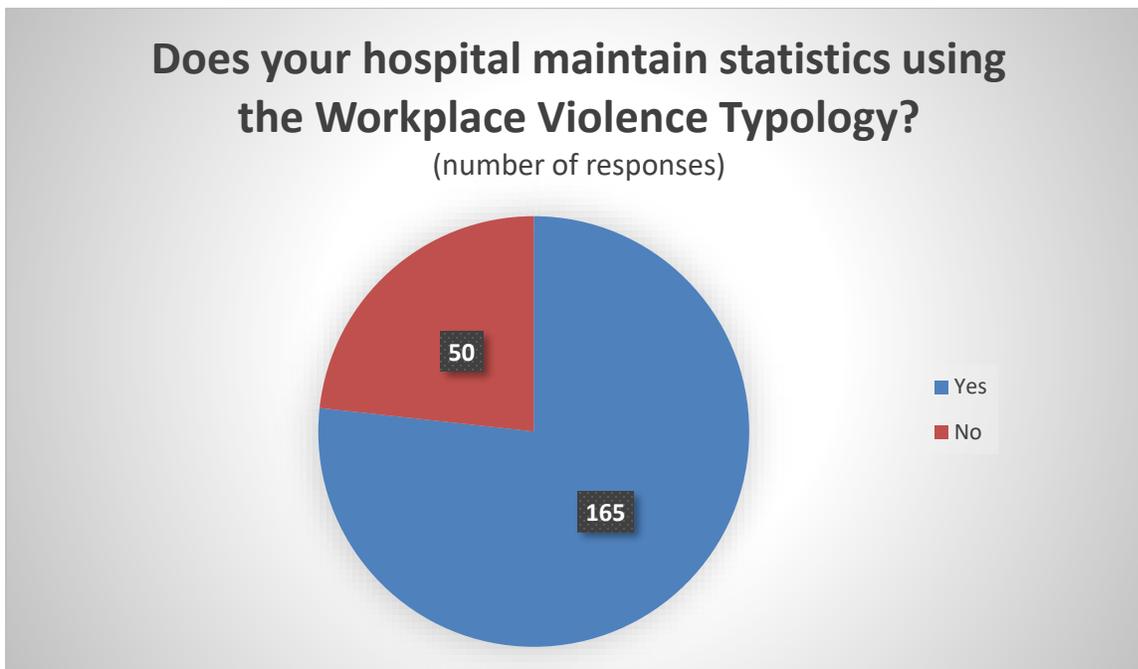
Example: $(17 \text{ assaults} / 360 \text{ beds}) = 0.047 * 100 = 4.7 \text{ assaults per bed}$

WORKPLACE VIOLENCE TYPOLOGY

To drill down further into the assault numbers, we asked if hospitals maintain statistics using the Workplace Violence Typology. This classifies both aggravated assaults and simple assaults into four types.

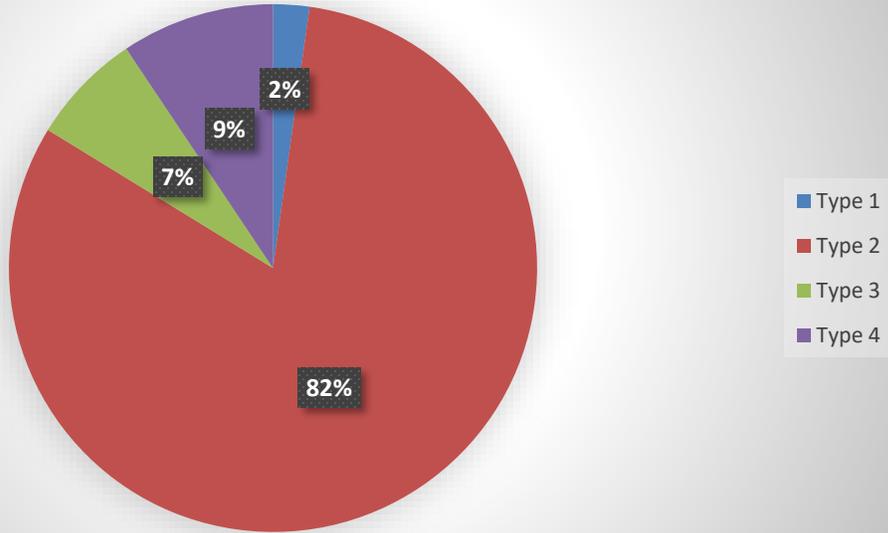
- Workplace Violence Type 1: Violent acts by criminals, who have no other connection with the workplace, but enter to commit robbery or another crime
- Workplace Violence Type 2: Violence directed at employees by customers, clients, patients, students, inmates or any others for whom an organization provides services
- Workplace Violence Type 3: Violence against coworkers, supervisors or managers by a present or former employee
- Workplace Violence Type 4: Violence committed in the workplace by someone who does not work there but has a personal relationship with an employee, e.g., an abusive spouse or domestic partner

Of 215 responses, 77 percent said their hospitals record assault statistics according to the typology.

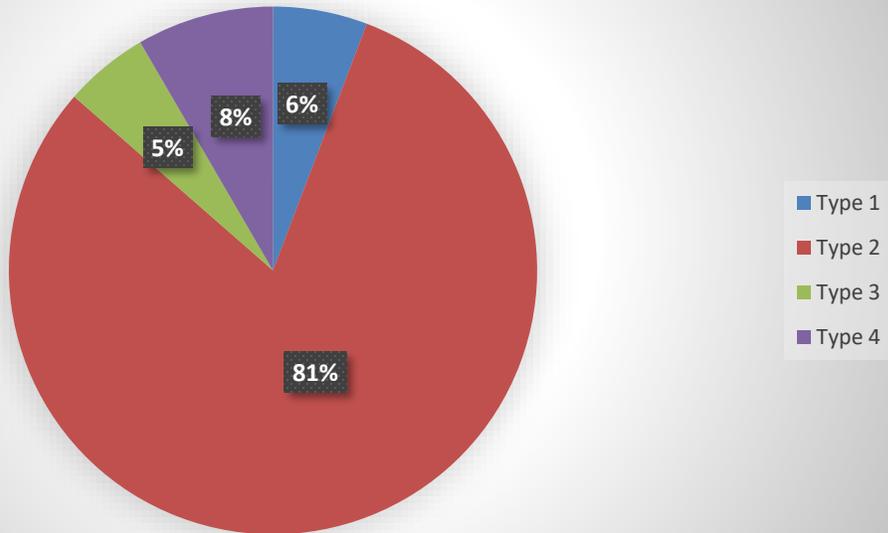


Among those reporting assaults by category, type 2 (violence directed at employees by non-employees) attacks were, by far, the most common, accounting for more than four out of every five aggravated assaults and simple assaults.

Aggravated Assaults by Type



Simple Assaults by Type



ADDITIONAL QUESTIONS

In addition to inquiring about crime data, we asked respondents a few questions regarding specific aspects of their security operations.

Threat Management Teams

This year, for the first time, we asked respondents if their hospital uses threat management teams in its security operations.

Although the term was not defined in the survey, a threat management team, generally speaking, is a tool aimed at reducing workplace violence by bring together individuals from various departments within an organization to assess threats, develop countermeasures, and intervene before violence occurs. Of the 269 total respondents, 261 provided an answer to this question, with 70 percent saying they do use threat management teams.



Visitor Management Programs

We also asked if hospitals used visitor management programs to track entry and exit to their facilities by people other than staff and patients. Of 227 responses, 73 percent said yes.



Visitor management is a security measure that saw increased use during the pandemic, and it may be lasting in many places. See the next section on Covid-19.

Covid-19

Hospitals have obviously faced unprecedented challenges during the Covid-19 pandemic, with patient surges increasing demands on clinical staff and measures such as visitation restrictions and mask requirements altering security operations.

We asked how current security department staffing and budgets compared to pre-pandemic levels. Although some changes were reported – in both directions – among 171 responses to the staffing questions, 65 percent reported no significant change, while out of 176 responses to the budget question, 64 percent reported no significant change.

With so many security procedures being altered during the pandemic, we asked what new measures were likely to remain when “normal” operations resume. Of 164 responses, 45 percent cited either visitor management or access control procedures, while a handful referenced continued use of personal protective equipment (PPE) or health screening measures, and 19 percent said no pandemic measures would continue.

METHODOLOGY

The survey was conducted through Survey Monkey, with the link distributed primarily through the IAHS and IAHS Foundation contact lists, as well as publication by *Campus Safety* on its website at www.campussafetymagazine.com and in emails to its subscribers. All submissions are kept confidential, and only aggregate data is reported.

To encourage participation, a \$250 Amazon gift card was offered to a randomly selected respondent.

The received data were vetted by the IAHS Foundation Board of Directors, with incomplete and apparently fraudulent responses discarded.¹

LIMITATIONS

There were several limitations associated with the 2021 Crime Survey, including, but not necessarily limited to, the following.

First, 269 responses leaves more than 95 percent of hospitals in the United States unaccounted for. Respondents were a self-selected group, and it is possible that they are not a representative sample of the nation's hospitals.

Second, since responses were for individual hospitals, some hospital systems were represented multiple times. In the most extreme case, 39 responses came from one system, representing nearly 15 percent of all respondents.

Third, the use of bed counts may not be the best indicator of hospital size and population. For example, the number of Emergency Department visits, number of employees, hospital square footage, average daily census, and adjusted patient days can also be used to calculate crime rates. Bed counts, however, were the most consistently reported indicator of size and/or population and allow for continuity with previous Crime Surveys.

¹ A total of more than 600 responses were received but more than half of these were discarded based on implausible data (e.g., a claim of 348 murders at one hospital during the year), signs of bot activity (multiple responses using the same format for email addresses from a publicly available domain) and other indications of bogus numbers.

APPENDIX: FBI UNIFORM CRIME REPORT DEFINITIONS

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.

Simple Assault: 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 (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 within Disorderly Conduct.