

2023 Healthcare Crime Survey



IAHSS
FOUNDATION

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

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Any questions about the Crime Survey or IAHS Foundation research, in general, may be directed to Ron Hawkins, chair of the Foundation Research Committee, at rhawkins@securityindustry.org.

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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 few 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. And third, many thanks to the staff of IAHS for all their work to support not only the Crime Survey, but the healthcare security sector, as a whole.

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 2023 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 2023 edition collected information on ten types of crimes:

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

To promote consistency in the answering the questions, the survey included the Federal Bureau of Investigation's (FBI) Uniform Crime Reporting definitions. The definitions for each crime can be found in Crime Survey questions in the appendix.

As in recent years, this year's survey also asked questions about security staff size, patient elopements, the presence of an inpatient psychiatric/behavioral unit, the use of threat management teams, the use of visitor management programs and the use of the Workplace Violence Typology in compiling incident statistics. In addition, for the first time, the survey asked respondents to assess on a five-point scale how easy or difficult it was to retain a full, qualified security staff.

For the 2023 Healthcare Crime Survey, 192 usable responses to the core questions were received. (This was down from 227 in the previous year and 269 in each of the two years before that.) In general, a response was considered usable if the respondent provided data for most or all 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 reflect incidents that occurred during the 2022 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 2023 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.

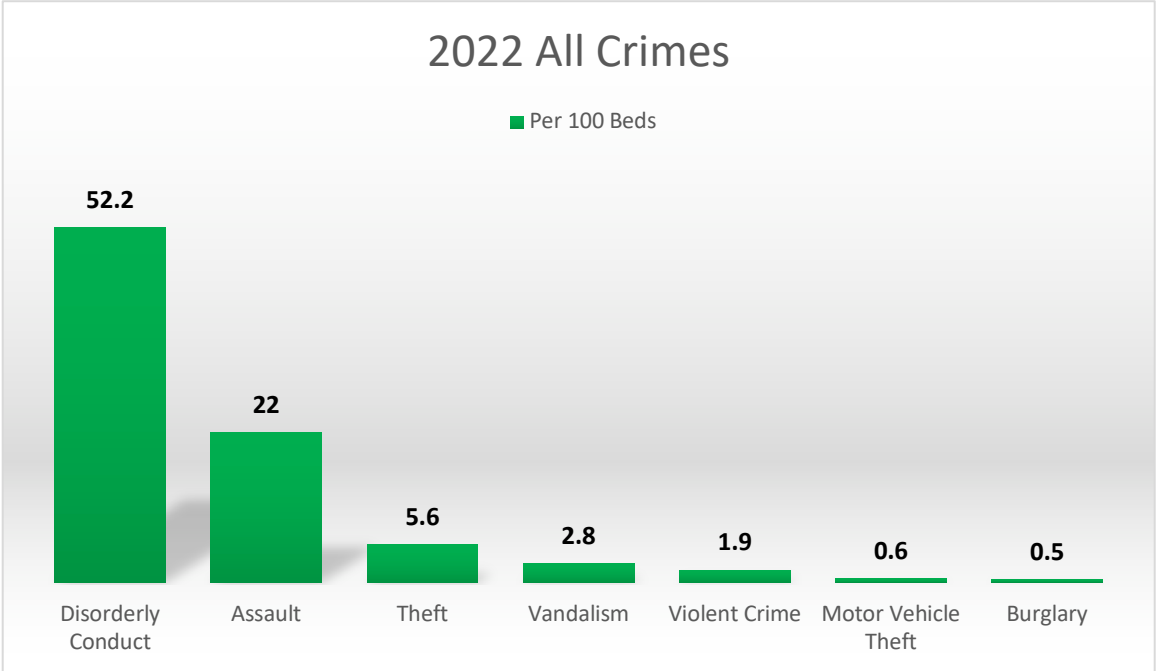
Bed counts were selected based on experience from prior Crime Surveys in which other size and population indicators were used but were found to be more challenging to obtain. Previous crime surveys have reported average bed counts per facility. However, this measure has proven to be problematic since some responses appear to cover multiple sites.

The survey found that hospitals averaged 9.5 full-time security employees per 100 beds. The result in the previous survey was 10.7 security personnel per 100 beds.

The rate of elopements was 5.6 per 100 beds. The previous year’s result was 6.1 per 100 beds.

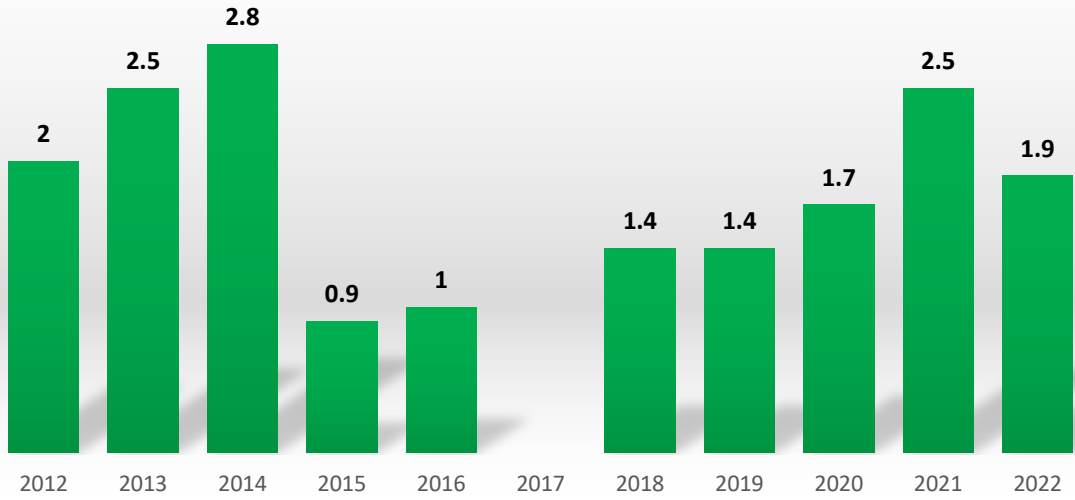
Readers are advised to review the Limitations section (pp. 17-18) when interpreting the data.

The first graph below shows the crime rates in 2022 per 100 beds for each crime. The subsequent graphs in this section display the crime rate trends from 2012 to 2022, with the exception of 2017, when no Crime Survey was published. For analytical purposes – and consistent with FBI Uniform Crime Reporting practice – murder, rape, robbery and aggravated assault were aggregated into one group called “violent crime.” (Aggravated assaults accounted for 78 percent of incidents in this category in 2022.)



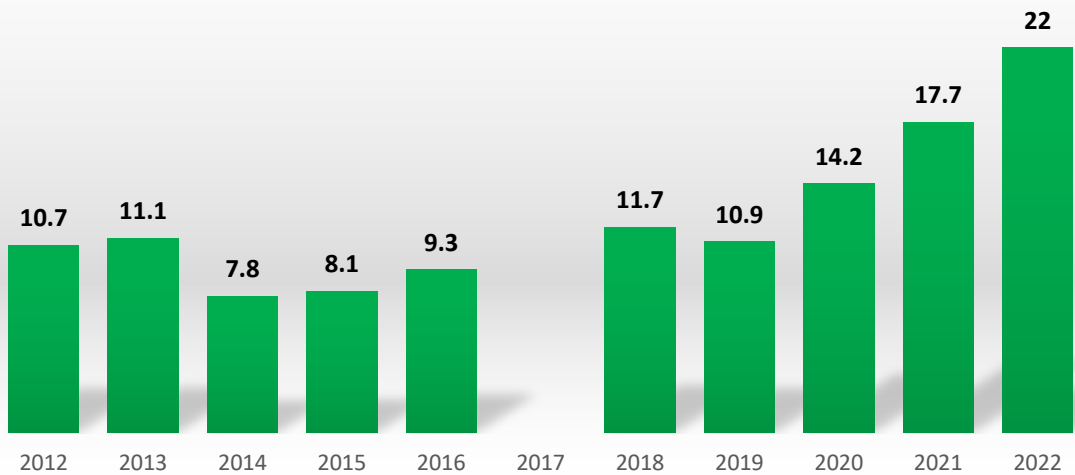
Violent Crime 2012-2022

■ Per 100 Beds



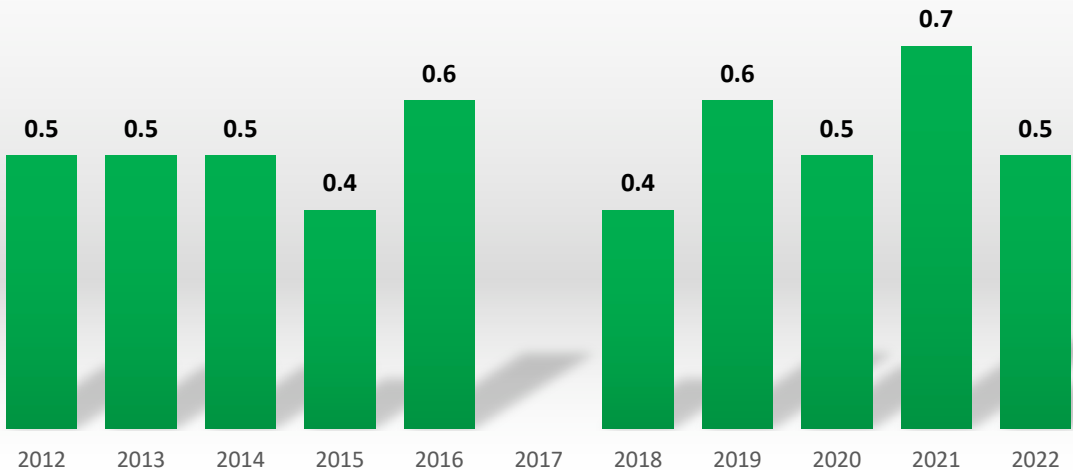
Simple Assault 2012-2022

■ Per 100 Beds



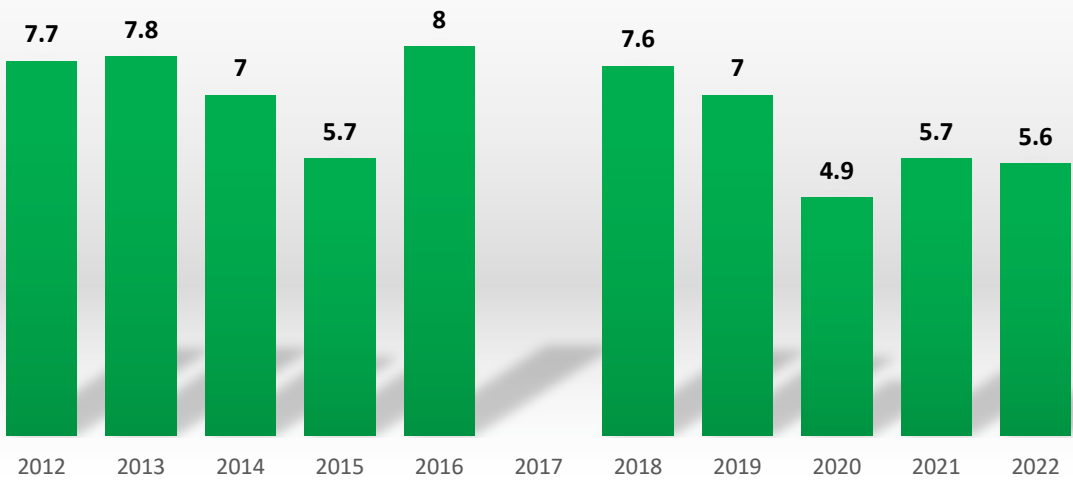
Burglary 2012-2022

■ Per 100 Beds

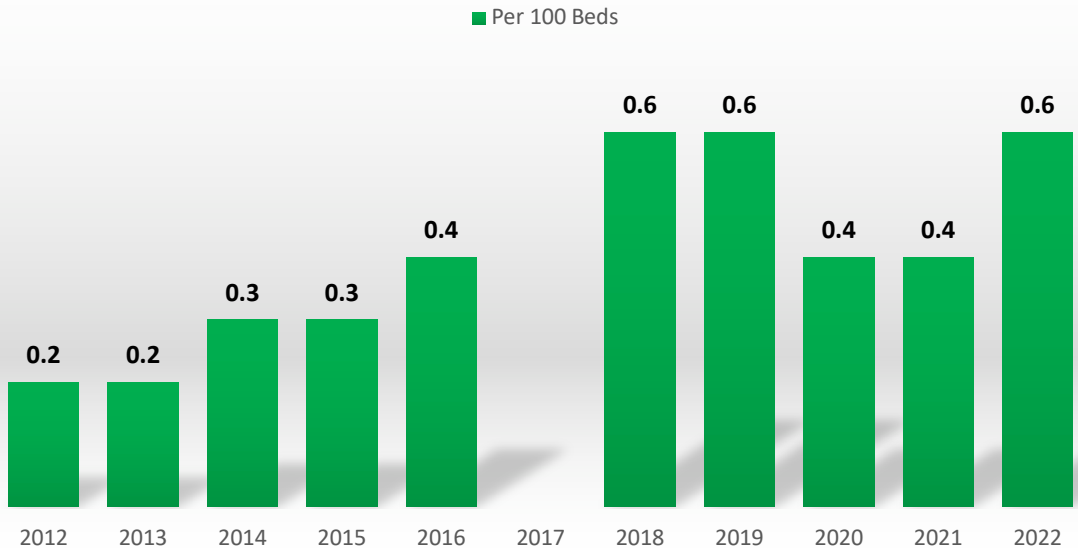


Theft 2012-2022

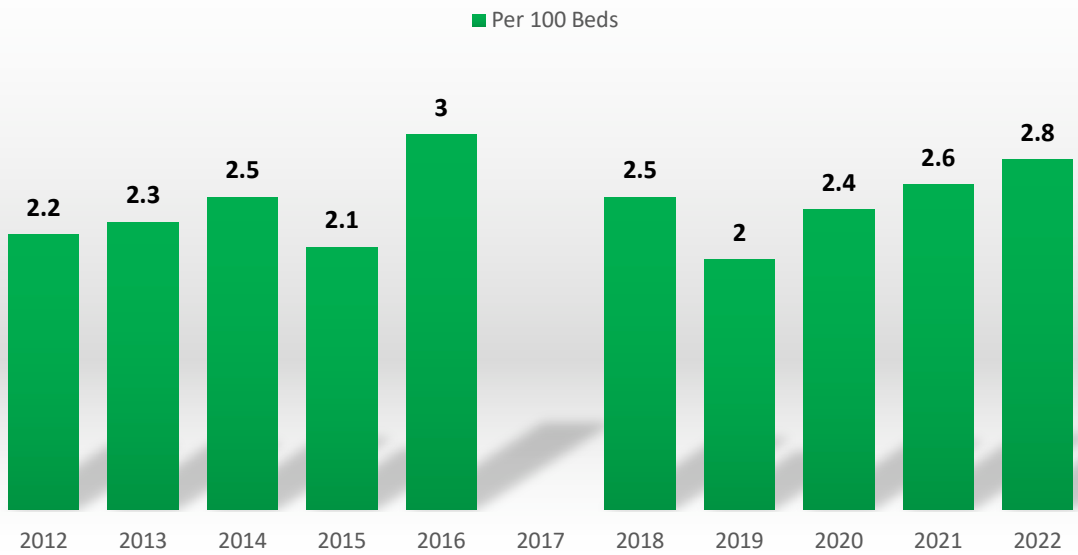
■ Per 100 Beds

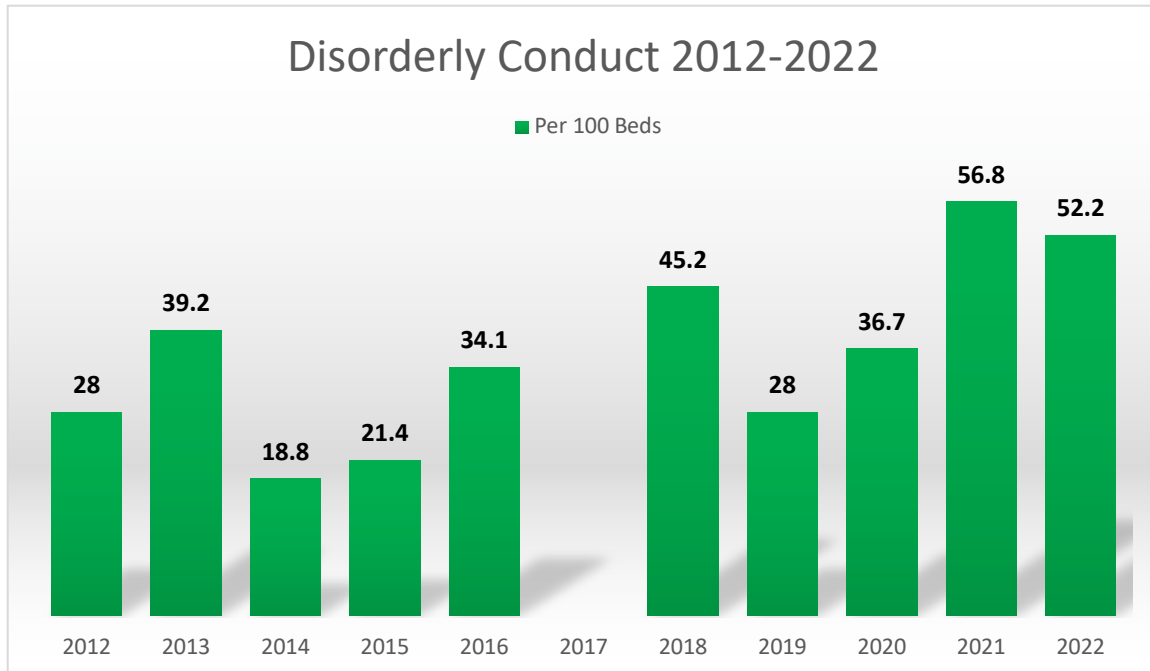


Motor Vehicle Theft 2012-2022



Vandalism 2012-2022





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 in the hospital

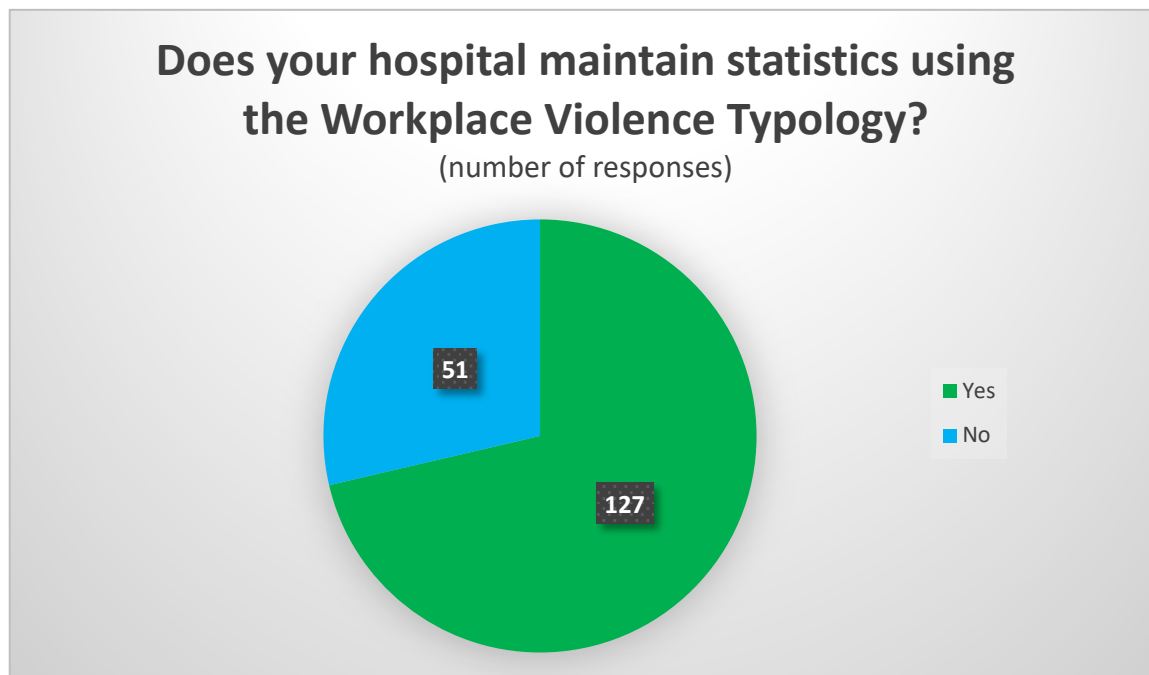
Example: $(17 \text{ assaults} / 360 \text{ beds}) = 0.047 * 100 = 4.7 \text{ assaults per 100 beds}$

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.

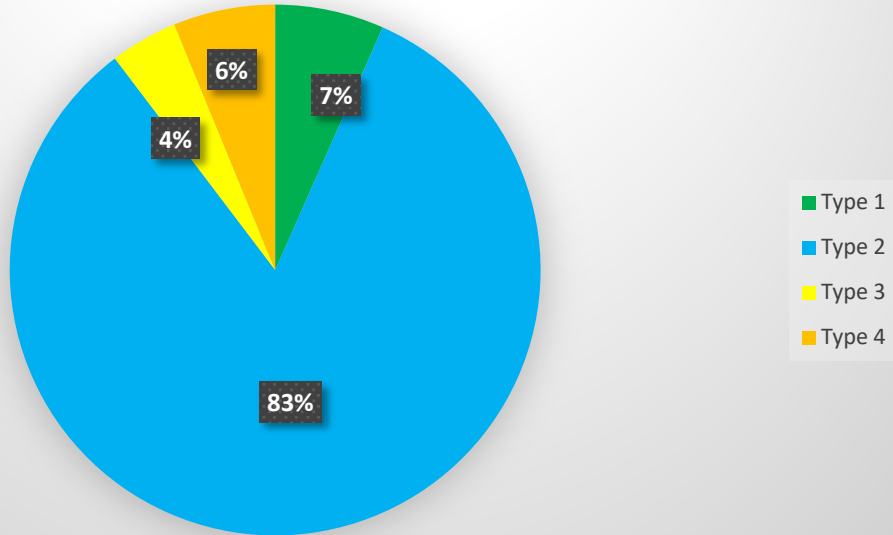
- Workplace Violence Type 1: Violent acts by criminals, who have no other connection with the workplace, but enter to commit robbery or another crime
- Workplace Violence Type 2: Violence directed at employees by customers, clients, patients, students, inmates or any others for whom an organization provides 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 178 responses (not including 13 that replied “Don’t Know”), 71 percent said their hospitals use this typology. In the previous survey, 78 percent reported using it.

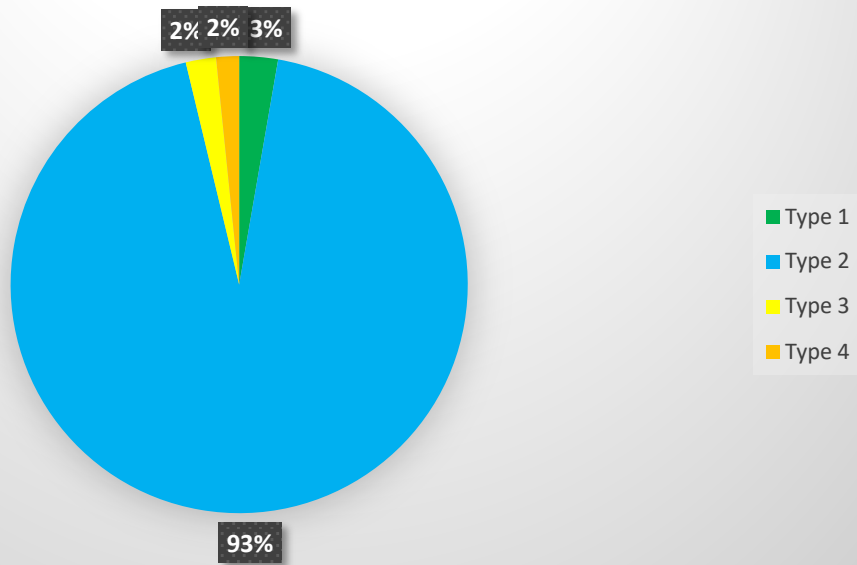


Among those reporting assaults by category, type 2 (violence directed at employees by non-employees) attacks were, by far, the most common, accounting for 83 percent of aggravated assaults and 93 percent of simple assaults. In 2021, the results were 73 percent and 86 percent, respectively.

Aggravated Assaults by Type



Simple Assaults by Type

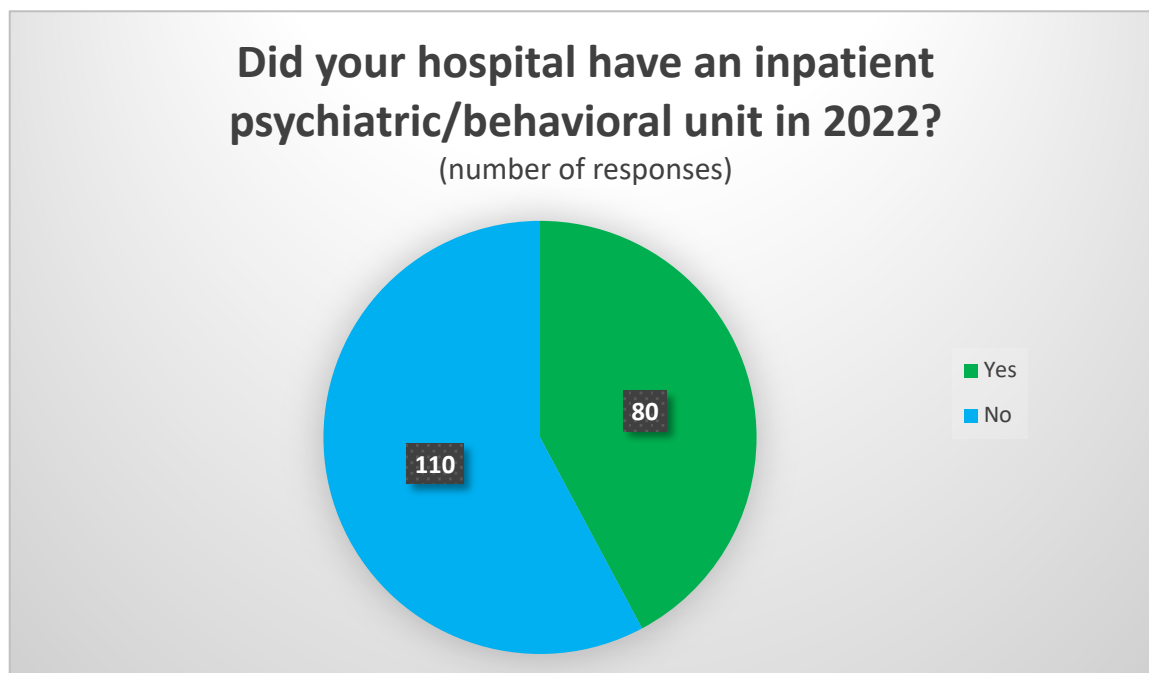


ADDITIONAL QUESTIONS

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

Inpatient Psychiatric/Behavioral Unit

We asked if responding facilities had an inpatient psychiatric/behavioral unit. Of the 190 that provided an answer (not including one “Don’t Know”), 42 percent said yes. In the previous survey, 47 percent said yes.



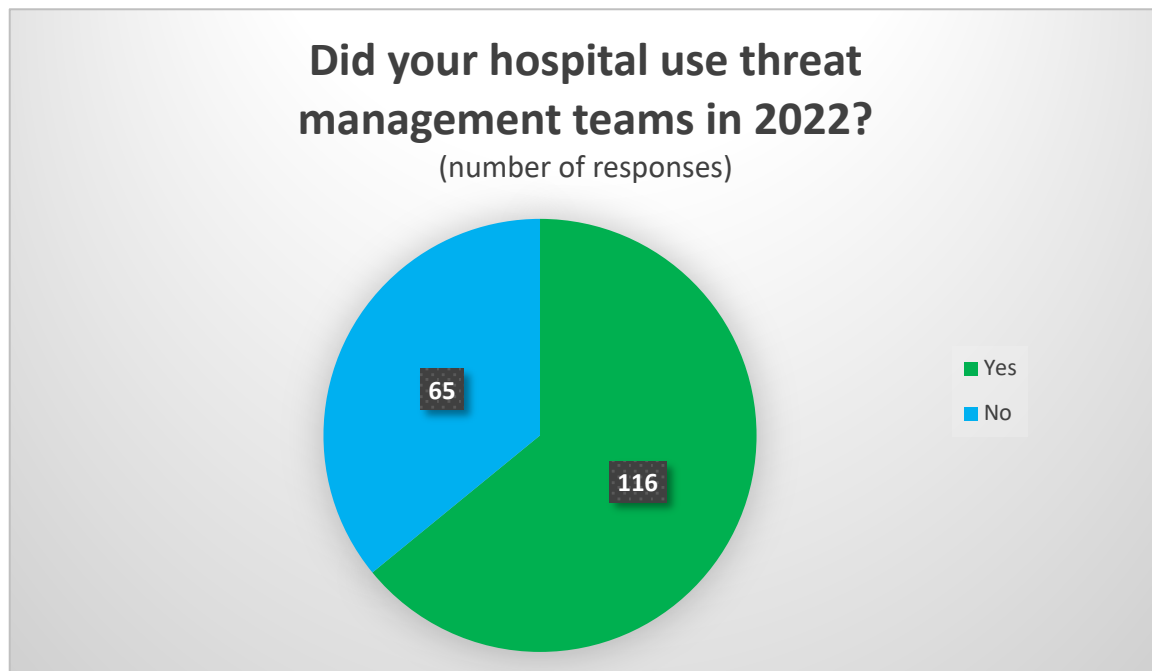
Respondents with psychiatric/behavioral units tended to have higher rates of violent crime and disorderly conduct. While the overall violent crime rate was 1.9 incidents per 100 beds, the rate at hospitals with these types of units was 2.5 per 100 beds. The disorderly conduct rates, meanwhile, were 52.2 overall and 56.6 at sites with psychiatric/behavioral units.

Certain data limitations should be noted here, however. A small number of outliers within the category of hospitals with these units drove up the sub-category rates. A single facility with a high number of aggravated assaults was responsible for raising the violent crime rate in this segment by 0.4 incidents per 100 beds, while five hospitals accounted for more than half of all disorderly conduct incidents among those with psychiatric/behavioral units, more than doubling the sub-category rate. Excluding these five facilities, the overall disorderly conduct rate would be 35.7 per 100 beds (instead of 52.2) and the sub-category rate would be 26.2 (instead of 56.6).

Threat Management Teams

We asked respondents if their hospital uses threat management teams in 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 bringing together individuals from various departments within an organization to assess threats, develop countermeasures, and intervene before violence occurs. Of 181 responses (not including 10 responses of “Don’t Know”), 64 percent said they do use threat management teams. In the previous survey, 57 percent reported using these teams.



No major differences were seen in the data between hospitals that use threat management teams and hospitals overall. Last year’s report found that facilities that use such teams tended to have larger security staffs and higher rates of disorderly conduct, simple assault, and elopement. It was suggested in that report that “it may be the case that hospitals facing higher rates of crime are more likely to implement threat management teams and similar measures.”

Visitor Management Programs

We asked if hospitals used visitor management programs to track entry and exit to and from their facilities by people other than staff and patients. Of 185 responses (not including six that answered “Don’t Know”), 61 percent said yes. In the previous survey, 82 percent reported having such programs in place.

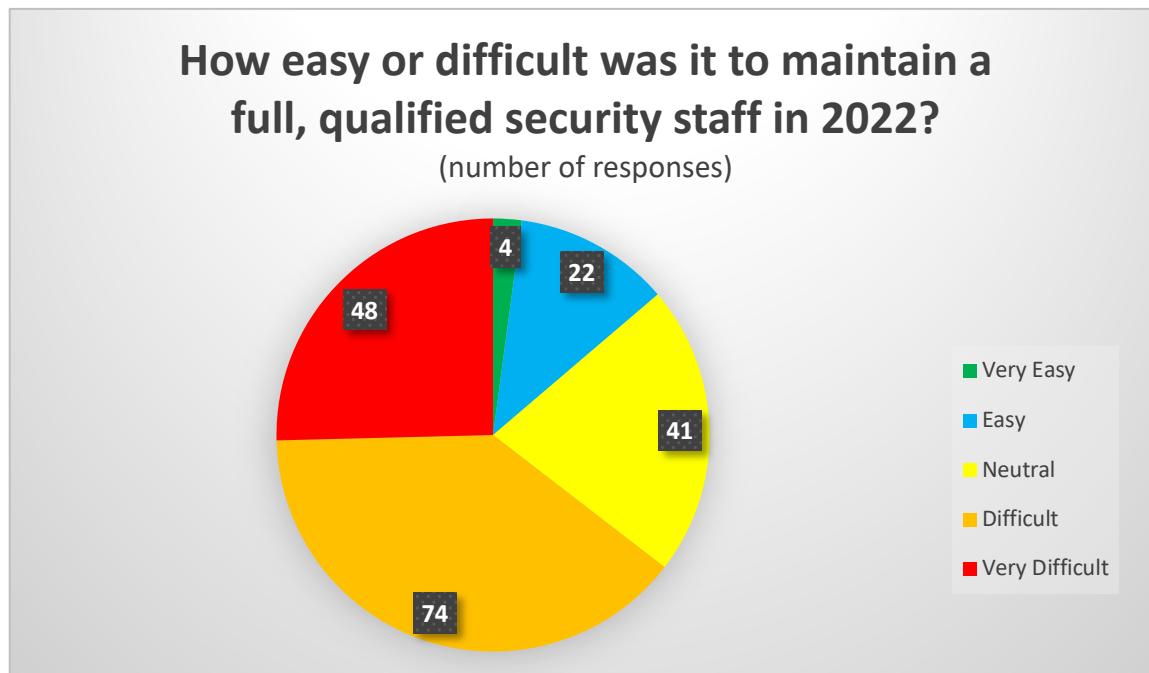


Hospitals with visitor management programs had higher aggregate rates of simple assault and disorderly conduct than the all-hospital rates – 27.1 incidents of simple assault per 100 beds compared to 22, and 60.5 incidents of disorderly conduct per 100 beds compared to 52.2.

This is similar, though smaller in size, to differences observed in last year’s report. As noted then, no conclusions should be drawn about the effectiveness of visitor management programs based on these results because, among other possibilities, hospitals facing higher rates of crime may be more likely to deploy such measures.

Recruiting and Retaining Security Staff

This year, for the first time, we asked respondents to gauge the difficulty of recruiting and retaining a full, qualified security staff. Of 189 responses, 4 described the process as “Very Easy,” 22 said “Easy,” 43 were “Neutral,” 74 said “Difficult,” and 48 said “Very Difficult.” So, overall, 14 percent reported relative ease in filling security staffs, while 65 percent reported experiencing varying degrees of difficulty.



Hospitals reporting that it was “Difficult” or “Very Difficult” to keep their security departments fully staffed had an average of 10 security personnel per 100 beds, while those reporting having an “Easy” or “Very Easy” time had an average of 7.7, suggesting that recruiting and retention challenges increase as staffs grow larger. However, it should be noted that the total of “Easy” and “Very Easy” responses was a small sample size (14).

METHODOLOGY

The survey was conducted through Survey Monkey, with the link distributed primarily through the IAHS and IAHS Foundation contact lists, the IAHS and IAHS Foundation websites, and personal outreach by IAHS Foundation board members.

The received data were vetted by the IAHS Foundation Board of Directors. Fourteen responses were discarded for reasons including missing bed counts, mostly incomplete data, duplicate submissions, and outlier data that could not be confirmed.

All submissions are kept confidential, and only aggregate results are reported.

LIMITATIONS

There were several limitations associated with the 2022 Crime Survey, including, but not necessarily limited to, the following:

- The 192 responses leave about 97 percent of hospitals in the United States unaccounted for. Respondents were a self-selected group, and it is possible that sampling bias resulted in this group not being a representative sample of the nation's hospitals.
- Outreach targeted IAHS members, so hospitals with no association members on staff are unlikely to have been included.
- In several instances, judgment calls had to be made regarding what constituted illegitimate, outlier data, raising the possibility of both Type 1 and Type 2 errors. Rejected responses included, but were not limited to, one reporting 20 murders at a 400-bed hospital and three reporting very large security staffs (1,200, 2,032 and 50,000 employees). Not all responses were dismissed because of high numbers, though. A response citing 11 rapes and 112 robberies, for example, was included, in part because it was reported with a bed count of 2,797 and a security staff of 405, so it appeared likely that it represented multiple sites.
- Some responses were non-specific. For example, the word "approximately" was used several times, as was a plus sign (+) following a reported number. In these cases, the number was used as if it was exact. Even in responses without such qualifiers, rounding and/or estimation appears to have been not uncommon, given the fairly frequent appearance of round numbers in both the incident counts and bed counts. Where a range was given (e.g., "10 to 16" security employees), the midpoint was used in calculations. One respondent cautioned that aggravated assaults were "grossly underreported," but the reported numbers were used as submitted.
- Some responses to the questions about psychiatric/behavioral units, threat management teams and visitor management programs noted that they operated for certain parts of the year. If they were in place for six months or more, the response was regarded as a "Yes." Otherwise, it was considered a "No." Three submissions that reported the use of

visitor management programs in “certain areas” were counted as “Yes” responses.

- Since responses were for individual hospitals, some hospital systems were represented multiple times.
- The use of bed counts may not be the best indicator of hospital size and population. For example, 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 Crime Surveys from previous years.
- Data may have been mis-entered by respondents.
- Notwithstanding the inclusion of UCR definitions in the survey, respondents may have compiled data using different definitions of crimes. There may also be variation in the definitions used for “elopements” and other terms.
- With 192 responses, a small number of hospitals reporting a large number of incidents could significantly affect the overall rates of certain crimes. For example, four responses accounted for 84 percent of all rapes reported (37 of 44), and the 112 robberies in a single report noted above represented 46 percent of the survey total.

APPENDIX: 2023 IAHS Foundation Crime Survey Questions

1. How many licensed beds did your hospital have in 2022?
2. How many budgeted full-time security employees did your hospital have in 2022?
3. How many Murders occurred at your hospital in 2022? *(UCR Definition – Murder and Nonnegligent Manslaughter (Criminal Homicide) - The willful (nonnegligent) killing of one human being by another.)*
4. How many Rapes occurred at your hospital in 2022? *(UCR Definition: Rape – The carnal knowledge of a male or female forcibly and against his/her will. Note: Sexual intercourse or other forms of sexual penetration is an essential element of carnal knowledge. Do not include any sexual assaults that do not include intercourse or other penetration.)*
5. How many Robberies occurred at your hospital in 2022? *(UCR Definition: 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. Examples: carjacking, purse snatching from a person. Note: Robbery should not be confused with larceny-theft or burglary as defined below.)*
6. How many Aggravated Assaults occurred at your hospital in 2022? *(UCR Definition: 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.)*
7. How many Other Assaults occurred at your hospital in 2022? *(UCR Definition: 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).)*
8. How many Burglaries occurred at your hospital in 2022? *(UCR Definition: Burglary – The unlawful entry of a structure to commit a felony or a theft. Examples: burglary of the pharmacy after-hours; burglary of a physician’s office or clinic. Note: This does not include burglaries of vehicles (vehicles are not structures).)*
9. How many Thefts occurred at your hospital in 2022? *(UCR Definition: Theft (except motor vehicle theft) – The unlawful taking, carrying, leading, or riding away of property from the possession or constructive possession of another. Example: shoplifting from the gift shop. Note: Include all thefts from motor vehicles, but not thefts of vehicles themselves.)*

10. How many Motor Vehicle Thefts occurred at your hospital in 2022? *(UCR Definition: Motor Vehicle Theft – The theft or attempted theft of a motor vehicle. Note: Do not include thefts from motor vehicles, only thefts of vehicles themselves.)*

11. How many Vandalism events occurred at your hospital in 2022? *(UCR Definition: 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.)*

12. How many Disorderly Conducts occurred at your hospital in 2022? *(UCR Definition: 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. Examples: public intoxication, disturbing the peace, loitering, foul language, obscene gestures, unreasonably loud commotion or noise.)*

13. How many patient elopements occurred at your hospital in 2022?

14. Did your hospital have an inpatient psychiatric/behavioral health unit in 2022?

- Yes
- No
- Don't Know

15. Did your hospital use threat management teams in 2022?

- Yes
- No
- Don't Know

16. Did your hospital have a visitor management program in 2022?

- Yes
- No
- Don't Know

17. How easy or difficult was it for your hospital to recruit and retain a full, qualified security staff in 2022?

- Very Easy
- Easy
- Neutral
- Difficult
- Very Difficult

18. Does your hospital maintain statistics using the Workplace Violence Typology?

[If no, survey ends; if yes, survey continues below]

Please use the following definitions for Questions 19-25.

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. Examples: patient-on-staff; visitor-on-staff; verbal assaults, threats.

Workplace Violence Type 3: Violence against coworkers, supervisors, or managers by a present or former employee. Examples: physician-on-nurse; employee-on-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. Examples: an abusive spouse or partner.

19. How many Type 1 Aggravated Assaults occurred at your hospital in 2022?

20. How many Type 2 Aggravated Assaults occurred at your hospital in 2022?

21. How many Type 3 Aggravated Assaults occurred at your hospital in 2022?

22. How many Type 4 Aggravated Assaults occurred at your hospital in 2022?

23. How many Type 1 Other Assaults occurred at your hospital in 2022?

24. How many Type 2 Other Assaults occurred at your hospital in 2022?

25. How many Type 3 Other Assaults occurred at your hospital in 2022?

26. How many Type 4 Other Assaults occurred at your hospital in 2022?