2022 Healthcare Crime Survey

IAHSS FOUNDATION

Dedicated to Research and Education in Healthcare Security and Safety

IAHSS-F CS-22

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

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 IAHSS for all their work to support not only the Crime Survey, but the health care 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 2022 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 2022 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 Report definitions. The definitions for each crime can be found in the appendix.

For the 2022 Healthcare Crime Survey, 227 usable responses to the core questions were received. (This was down from 269 in each of the past two years.) 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 2021 calendar year.

CRIME DATA

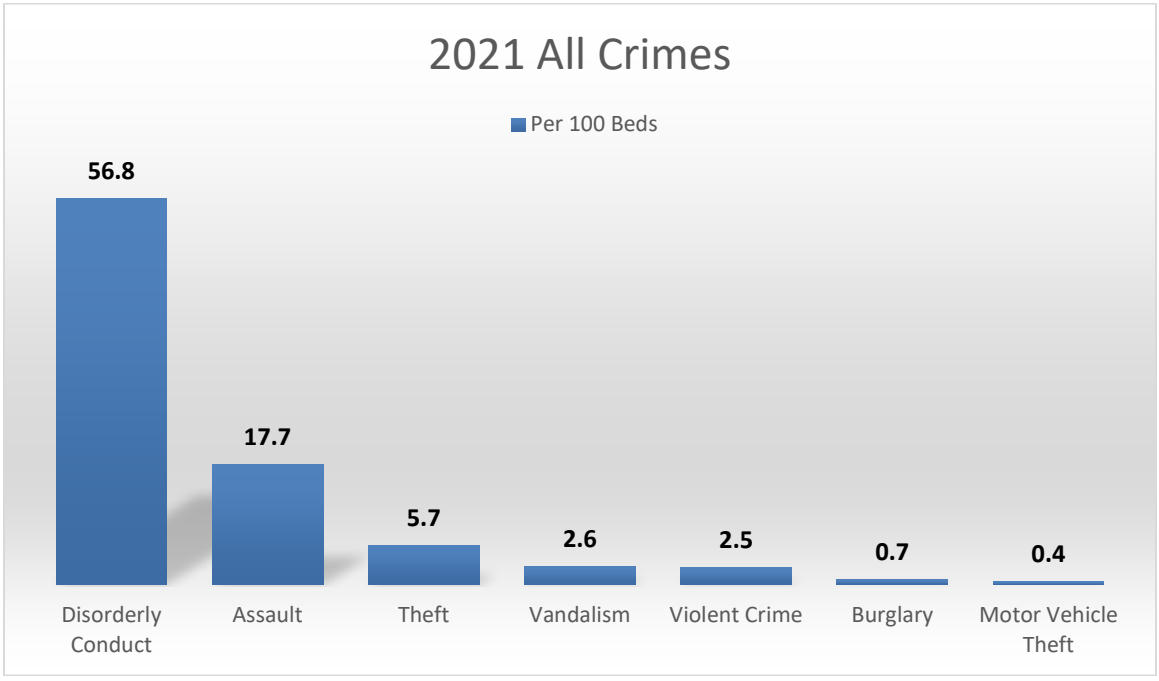
Raw incident numbers are of limited comparative value, given the varying sizes of hospitals across the United States. To provide context, the 2022 Healthcare Crime Survey collected bed counts for each hospital. This allowed for the calculation of crime rates (per 100 beds) and the comparison of crime rates over time.

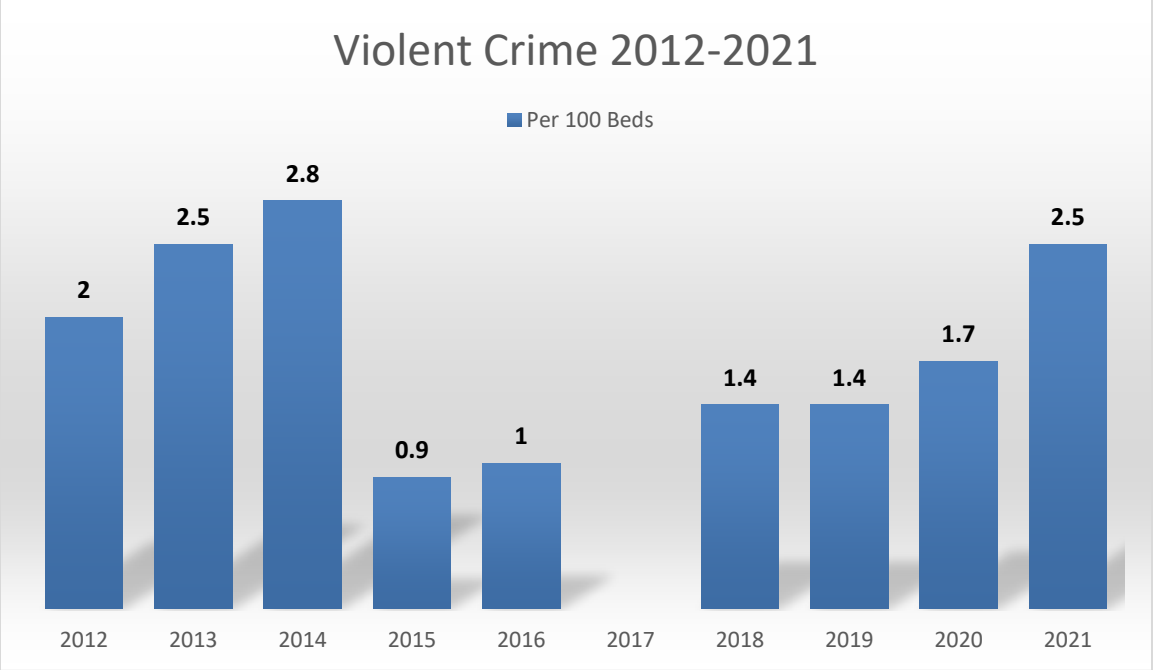
Bed counts were selected based on experience from prior Crime Surveys in which other size and population indicators were used but were found to be more challenging to obtain. Hospitals responding to this year's Crime Survey averaged 311 beds per facility. The survey also found that hospitals averaged 10.7 full-time security employees per 100 beds, making the average size security staff at the average size hospital a little more than 33 personnel.

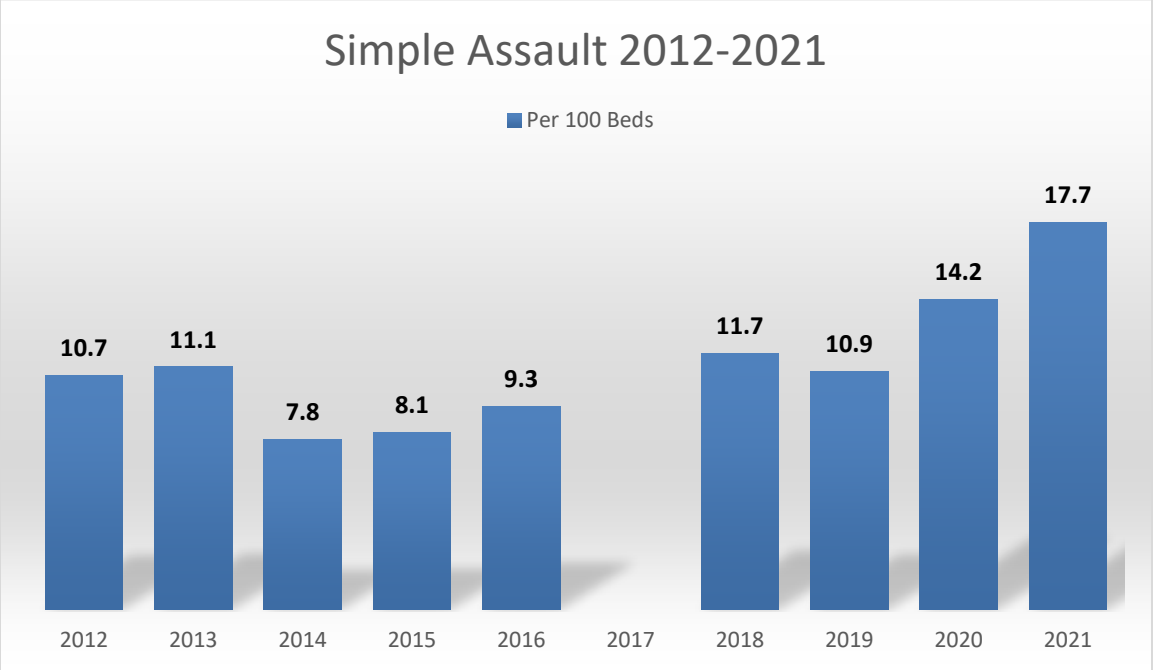
This year, for the first time, the Crime Survey asked about elopements and found an average of 6.1 per 100 beds.

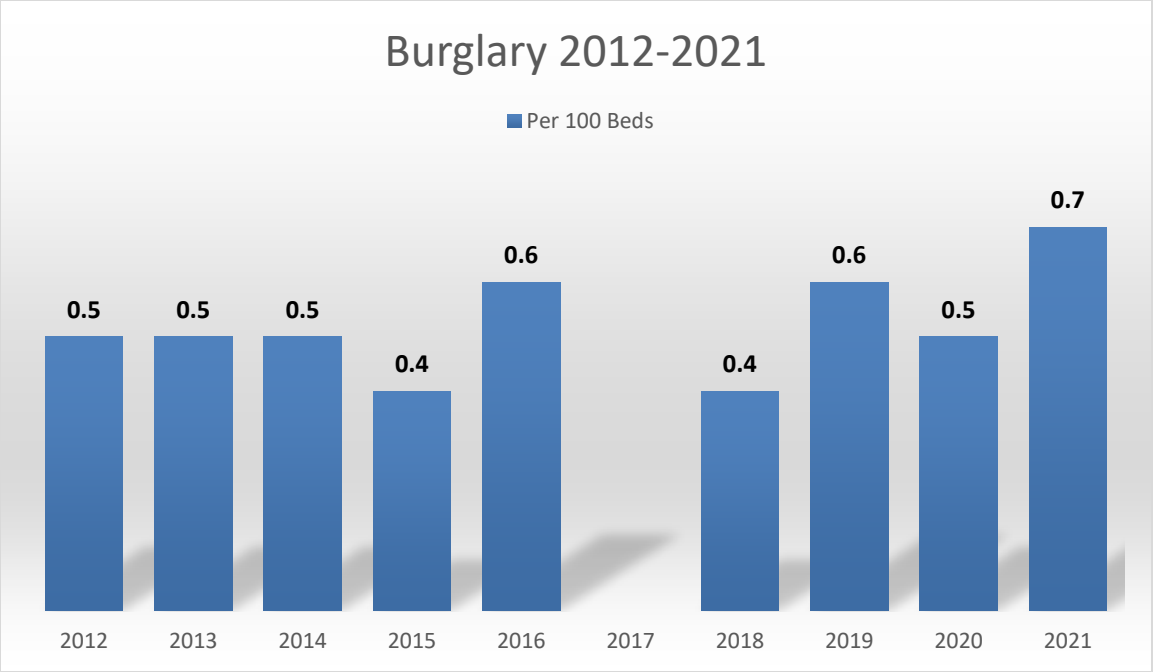
Readers are advised to review the Limitations section (pp. 15-16) when interpreting the data in this report.

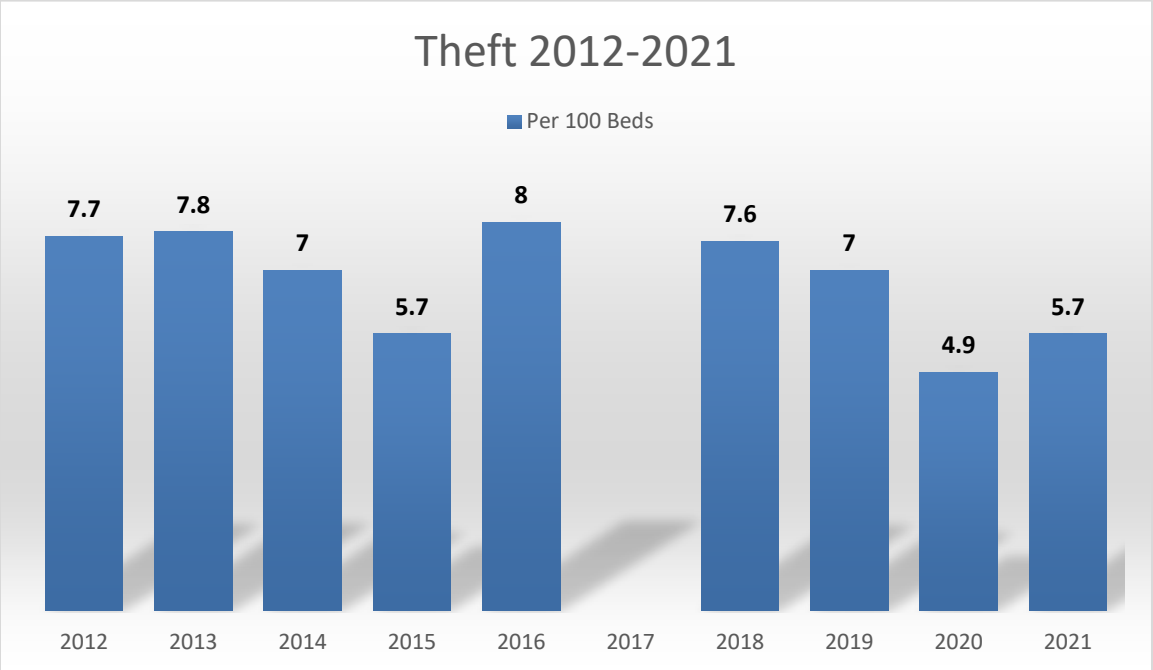
The first graph below shows the crime rates in 2021 per 100 beds for each crime. The subsequent graphs in this section display the crime rate trends from 2012 to 2021, with the exception of 2017, when no Crime Survey was published. For analytical purposes – and consistent with FBI Uniform Crime Report practice – murder, rape, robbery and aggravated assault were aggregated into one group called "violent crime." (Aggravated assaults accounted for 85 percent of incidents in this category in 2021.)

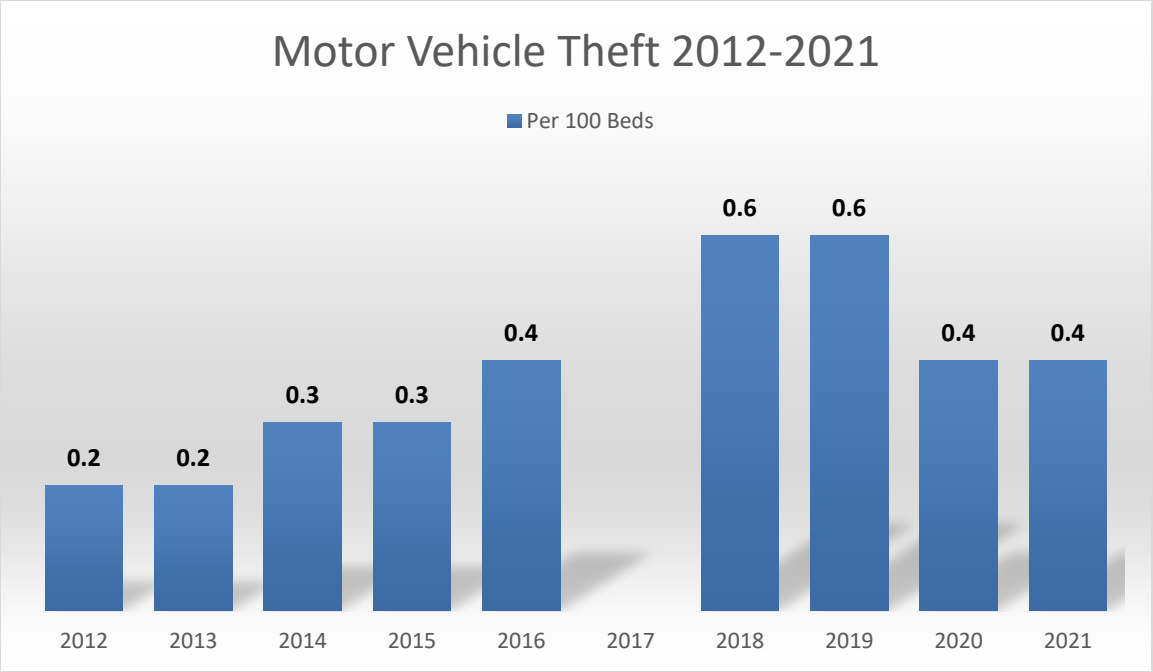


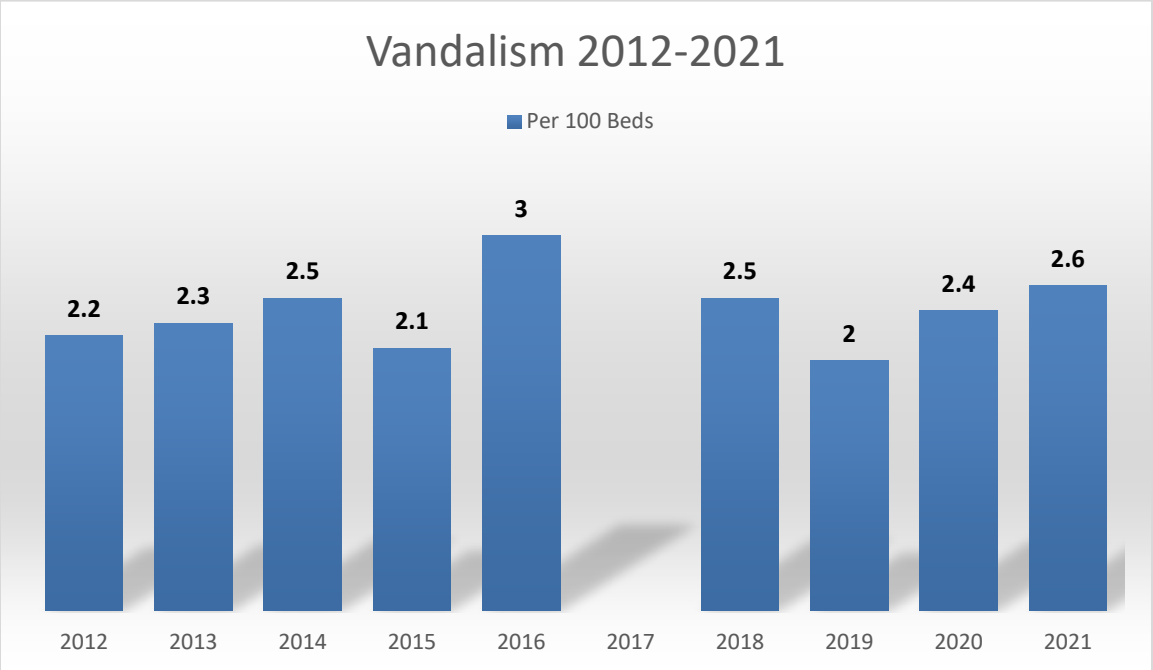

Violent Crime 2012-2021
Per 100 Beds
2
2.5
2.8
0.9
1
1.4
1.4
1.7
2.5
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021

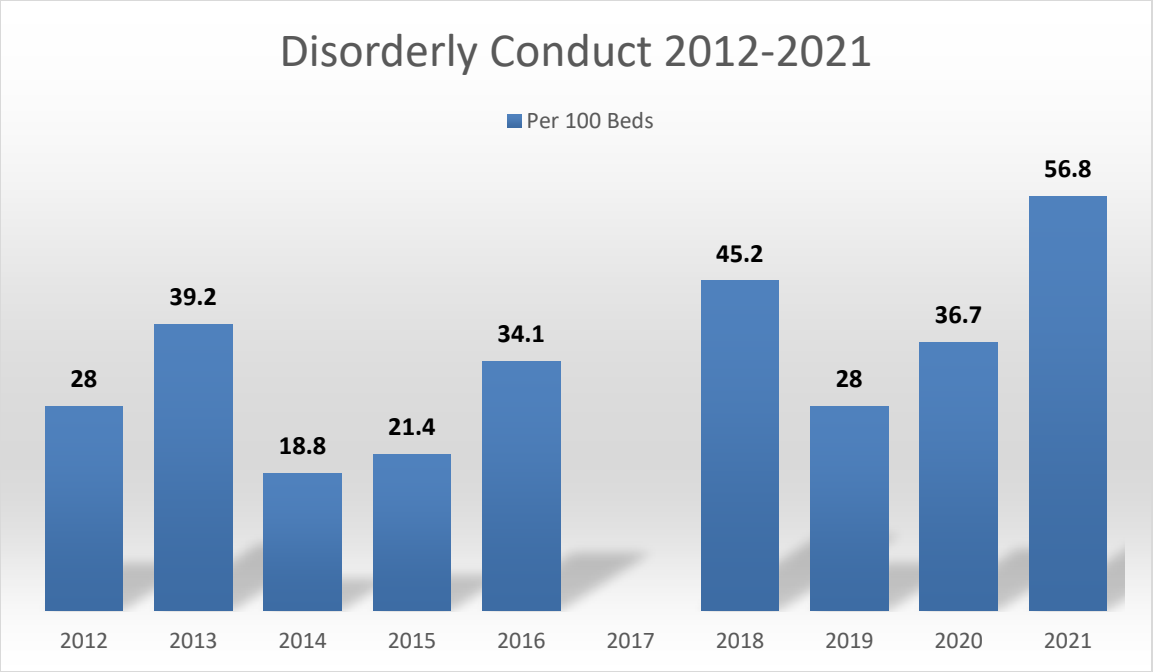

Simple Assault 2012-2021
Per 100 Beds
10.7
11.1
7.8
8.1
9.3
11.7
10.9
14.2
17.7
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021


Burglary 2012-2021
Per 100 Beds
0.5
0.5
0.5
0.4
0.6
0.4
0.6
0.5
0.7
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021


Theft 2012-2021
Per 100 Beds
7.7
7.8
7
5.7
8
7.6
7
4.9
5.7
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021


Motor Vehicle Theft 2012-2021
Per 100 Beds
0.2
0.2
0.3
0.3
0.4
0.6
0.6
0.4
0.4
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021


Vandalism 2012-2021
Per 100 Beds
2.2
2.3
2.5
2.1
3
2.5
2
2.4
2.6
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021



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:

Crime Rate = (x / Beds) * 100
Where x is the number of incidents of a type of crime
and Beds is the number of beds at your hospital

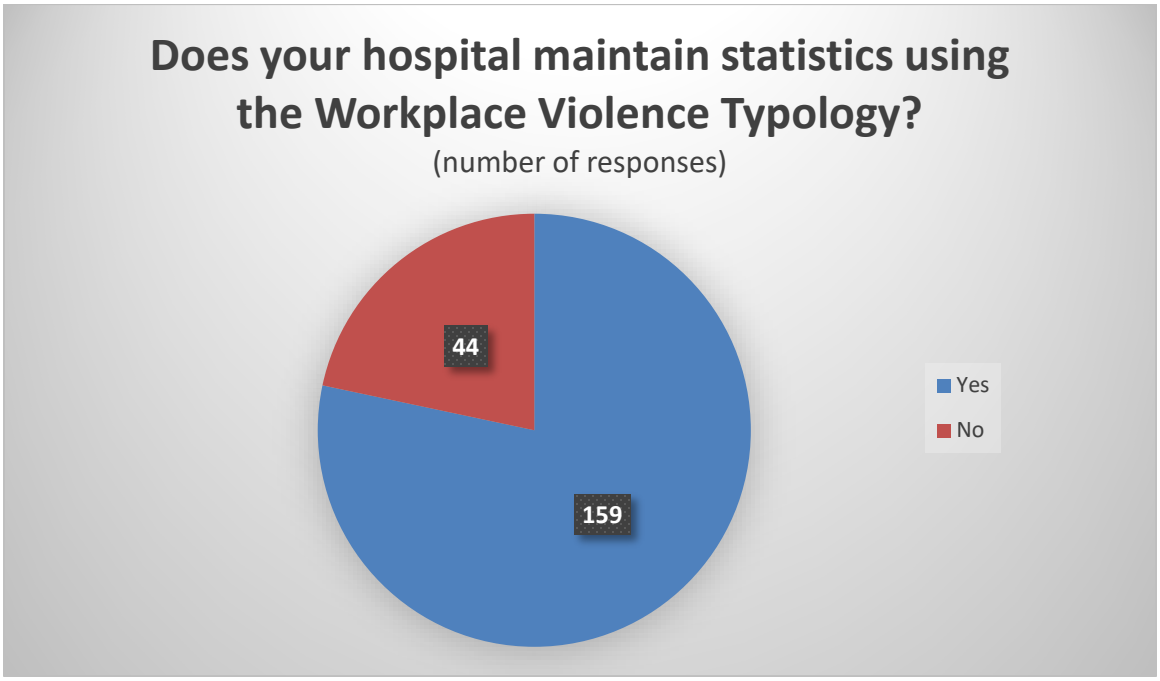
Example: (17 assaults / 360 beds) = 0.047 * 100 = 4.7 assaults per 100 beds

WORKPLACE VIOLENCE TYPOLOGY

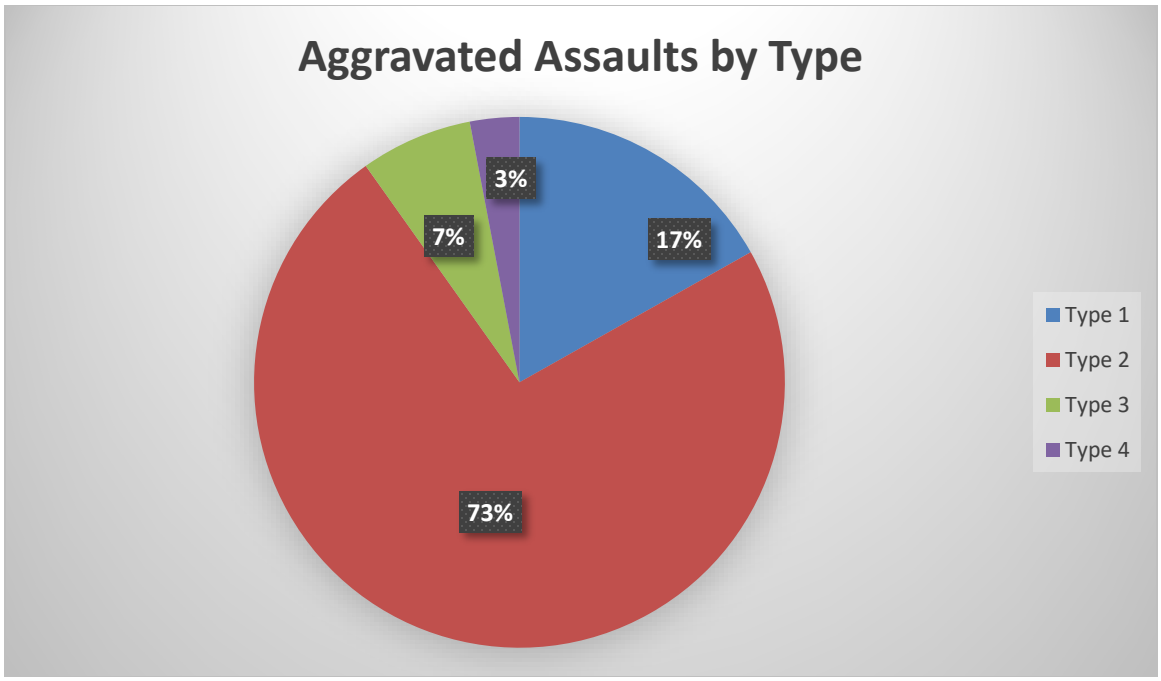
To drill down further into the assault numbers, we asked if hospitals maintain statistics using the Workplace Violence Typology. This classifies both aggravated assaults and simple assaults into four types.

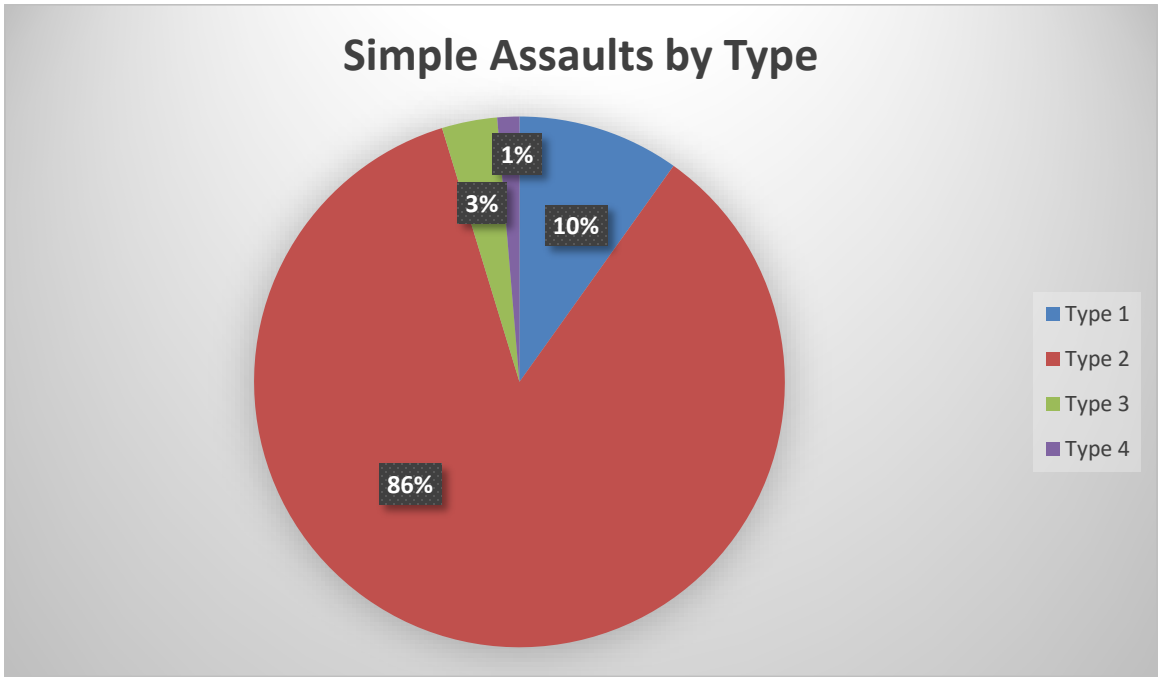
- Workplace Violence Type 1: Violent acts by criminals, who have no other connection with the workplace, but enter to commit robbery or another crime
- Workplace Violence Type 2: Violence directed at employees by customers, clients, patients, students, inmates or any others for whom an organization provides 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 203 responses, 78 percent said their hospitals record assault statistics according to this 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 73 percent of aggravated assaults and 86 percent of simple assaults.


Aggravated Assaults by Type
3%
7%
17%
73%
Type 1
Type 2
Type 3
Type 4

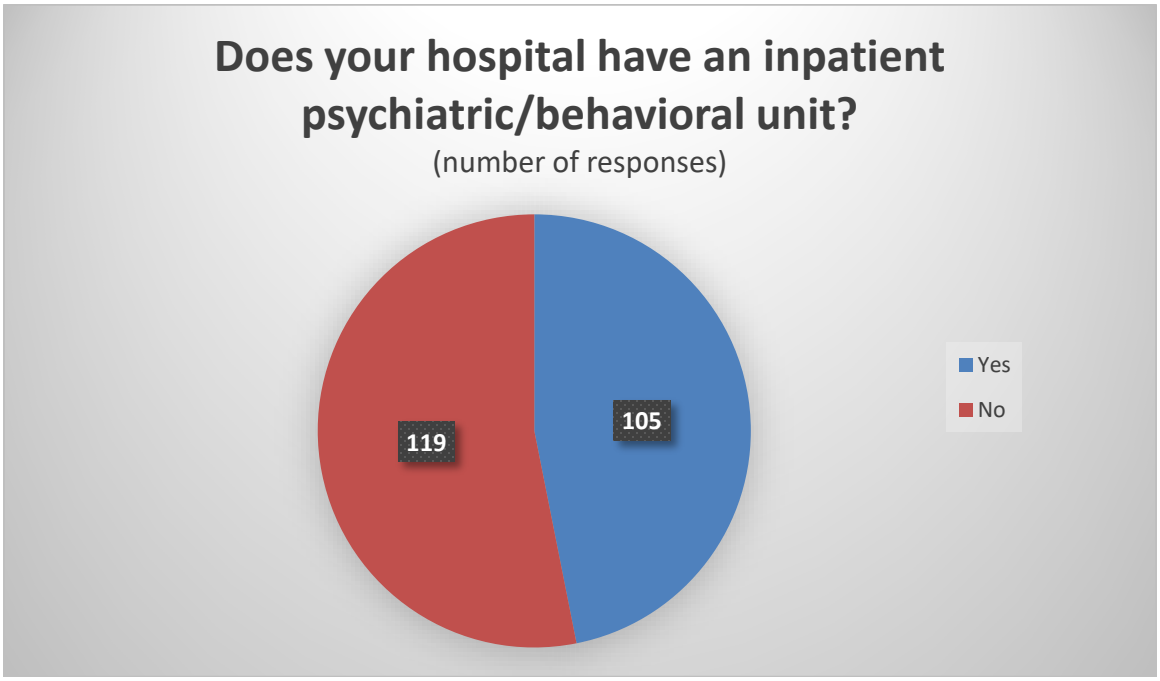

Simple Assaults by Type
1%
3%
10%
86%
Type 1
Type 2
Type 3
Type 4

ADDITIONAL QUESTIONS

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

Inpatient Psychiatric/Behavioral Unit

We asked if responding facilities had an inpatient psychiatric/behavioral unit. Of the 224 that provided an answer, 47 percent said yes.



Hospitals reporting the presence of an inpatient psychiatric/behavioral unit tended to be larger, averaging 399 beds and 11.1 full-time security employees per 100 beds, than those without such a unit, which averaged 234 beds and 10.4 security employees per 100 beds.

The rate of disorderly conduct in hospitals with these units was higher (75 per 100 beds vs. 32 per 100 beds), as was the rate of simple assault (20 vs. 14.9) and elopements (6.7 vs. 5.4).

The violent crime rate was higher in responding hospitals that did *not* have inpatient psychiatric/behavioral units (2.8 vs. 2.3). However, a single hospital without such a unit that reported a very large number of aggravated assaults, partly resulting from the use of a non-standard definition, inflated the average for facilities without these units. Removing this hospital lowered the violent crime rate for this group to 1.8 incidents per 100 beds. See the Limitations section (pp. 15-16) for more information.

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 bring together individuals from various departments within an organization to assess threats, develop countermeasures, and intervene before violence occurs. Of the 227 total respondents, 211 provided an answer to this question, with 57 percent saying they do use threat management teams.

Hospitals reporting that they use threat management teams tended to be larger (342 beds per facility and 12.1 full-time security employees per 100 beds compared 279 and 9.2) and have higher rates of disorderly conduct (72.7 per 100 beds vs. 38.1), simple assaults (19.4 vs. 16), and elopements (7.2 vs. 4.7) than those that do not make use of such teams. The violent crime rate in hospitals *without* threat management teams was higher (2.8 vs. 2.3), but the outlier hospital mentioned in the previous section was a factor here, as well. This facility did not use threat management teams in 2021 and, without it, the violent crime rate for non-TMT hospitals was 1.7 incidents per 100 beds. See the Limitations section (pp. 15-16) for more information.

It should be noted that this data, alone, is insufficient to draw any conclusions about the effectiveness of threat management teams for multiple reasons. For example, 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 their facilities by people other than staff and patients. Of 222 responses, 82 percent said yes.

As with threat management teams, hospitals reporting the use of visitor management programs tended to be larger (320 beds and 11 full-time security employees per 100 beds vs. 272 and 9) and have higher crime rates than those reporting non-use. The violent crime rate in hospitals with visitor management programs was 2.7 incidents per 100 beds, as compared to 1.5 in those without (subtracting the effect of the previously mentioned outlier hospital, which *does* have a visitor management program, reduces the difference to 1.9 to 1.5), while the disorderly conduct rate was more than four times higher (65.6 vs. 14.9), the simple assault rate was nearly double (19 vs. 11.1) and the elopement rate was significantly above facilities that do not have such a program (6.6 vs. 3.8).

As with the data related to threat management teams, 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.

METHODOLOGY

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

The received data were vetted by the IAHSS Foundation Board of Directors. Multiple responses were discarded for reasons including, but not necessarily limited to, missing bed counts, outlier data that could not be confirmed, and responses coming from clinics rather than inpatient hospital facilities.

All submissions are kept confidential, and only aggregate data is reported.

LIMITATIONS

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

- The 227 responses leave more than 96 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.

- 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 previous Crime Surveys.

- Data may have been mis-entered by respondents.

- Respondents may compile data using different definitions. In one example referenced in this report, a hospital reported a large number of aggravated assaults (220). When contacted for confirmation, a representative of the hospital stated that it classifies all assaults on staff as aggravated assaults, even if, by the legal – and UCR – definition, they would be considered simple assaults. This had a noticeable impact on the violent rate crime, which is further explained below.

- With 227 responses, a small number of hospitals reporting a large number of incidents could significantly affect the overall rates of certain crimes. For example, the hospital noted above raised the violent crime rate from 2.2 to 2.5 incidents per 100 beds. Further, the seven facilities reporting the most violent crimes (including that hospital) nearly

doubled the overall rate. Without them, the violent crime rate for the remaining 220 hospitals was 1.3. In addition, removing the five hospitals with the most simple assaults would lower the rate from 17.7 to 12.1. Without six outliers in disorderly conducts, the rate for that crime would drop from 56.8 to 30.1. And without two hospitals reporting a disproportionate share of elopements, the rate would decrease from 6.1 to 4.5.

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.