



COMMONWEALTH of VIRGINIA
Office of the Governor

Janet Vestal Kelly
Secretary of Health and Human Resources

January 5, 2026

Memorandum

TO: The Honorable Glenn Youngkin
Governor

The Honorable Mark D. Sickles
Chair, House Committee on Health and Human Services

The Honorable Ghazala F. Hashmi
Chair, Senate Committee on Education and Health

FROM: The Honorable Janet V. Kelly
Secretary of Health and Human Resources

SUBJECT: Hospital Violence Reporting Workgroup Report

This report is submitted in compliance with Chapters 457 & 472 of the 2025 Virginia Acts of the Assembly (HB2269/SB1260):

That the Secretary of Health and Human Resources, in collaboration with the Department of Criminal Justice Services, shall convene a stakeholder workgroup that shall include representatives of the Board of Medicine, the Board of Nursing, the Virginia Hospital and Healthcare Association, the Medical Society of Virginia, the Virginia Nurses Association, the Virginia College of Emergency Physicians, and such other stakeholders as deemed relevant and appropriate, for the purpose of making recommendations on the workplace violence reporting system and policies adopted pursuant to § [32.1-127](#) of the Code of Virginia, as amended by this act, including (i) the specific data elements to be reported to the Department of Health annually; (ii) additional specific data elements that should be collected by each hospital and included in any report made to the Department of Health;

(iii) the aggregation of any data collected and reported pursuant to clauses (i) and (ii) for the purposes of protecting personally identifiable information; (iv) additional health care entities, if any, that should also be required to collect, maintain a record of, and report data relating to incidents of workplace violence; (v) additional hospital employees who should be notified of any reported incidents of workplace violence; and (vi) methods by which the Department of Health shall share publicly the data reported by hospitals pursuant to subsection H of § [32.1-127](#) of the Code of Virginia, as amended by this act. The workgroup shall report its recommendations to the Governor and the Chairs of the House Committee on Health and Human Services and the Senate Committee on Education and Health by November 1, 2025.

Should you have any questions or need additional information, please feel free to contact me at (804) 786-7765

Hospital Violence Reporting Workgroup Report

January 5, 2026

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Executive Summary

Chapter 457 & 472 of the 2025 Virginia Acts of the Assembly (HB2269/SB1260) directs the Secretary of Health and Human Resources, in collaboration with the Department of Criminal Justice Services, to convene a stakeholder workgroup that shall include representatives of the Board of Medicine, the Board of Nursing, the Virginia Hospital and Healthcare Association, the Medical Society of Virginia, the Virginia Nurses Association, the Virginia College of Emergency Physicians, and such other stakeholders as deemed relevant and appropriate, for the purpose of making recommendations on the workplace violence reporting system and policies adopted pursuant to § 32.1-127 of the Code of Virginia, as amended by this act, including:

- (i) *the specific data elements to be reported to the Department of Health annually;*
- (ii) *additional specific data elements that should be collected by each hospital and included in any report made to the Department of Health;*
- (iii) *the aggregation of any data collected and reported pursuant to clauses (i) and (ii) for the purposes of protecting personally identifiable information;*
- (iv) *additional health care entities, if any, that should also be required to collect, maintain a record of, and report data relating to incidents of workplace violence;*
- (v) *additional hospital employees who should be notified of any reported incidents of workplace violence; and*
- (vi) *methods by which the Department of Health shall share publicly the data reported by hospitals pursuant to subsection H of § 32.1-127 of the Code of Virginia, as amended by this act.*

The workgroup shall report its recommendations to the Governor and the Chairs of the House Committee on Health and Human Services and the Senate Committee on Education and Health by November 1, 2025.

Introduction

HB2269/SB1260 requires hospitals in the Commonwealth to establish a workplace violence incident reporting system to document, track, and analyze any incident of workplace violence reported. The bill requires each hospital to (i) report the data collected via the reporting system to the *Chief Medical Officer* and the *Chief Nursing Officer* of such hospital on, at minimum, a quarterly basis and (ii) send a report to the Department of Health on an annual basis that includes, at a minimum, the number of incidents of workplace violence voluntarily reported by an employee. The bill also requires the Secretary of Health and Human Resources, in collaboration with the Department of Criminal Justice Services, to convene a stakeholder workgroup for the purpose of making recommendations on the workplace violence system and policies adopted pursuant to the bill.

The following individuals were workgroup members:

Workgroup Member	Representing
Lanette Walker	Office of the Secretary of Health and Human Resources
Anya Shaffer	Department of Criminal Justice Services
Christopher Lindsay	Virginia Department of Health
Dr. Kathy Baker	Virginia Nurses Association
Melissa Zawacki	Virginia Emergency Nurses Association
Dr. Ashley Nicholson	Virginia College of Emergency Physicians
Clark Barrineau	Medical Society of Virginia
Julie Dime	Virginia Hospital and Healthcare Association
Carla Dallmann	Valley Health
Mark Rath	Riverside Health
Tom Henning	Virginia Society of Healthcare Engineers
Claire Morris	Board of Nursing
Dr. Randy Clements	Board of Medicine
Dr. Josh Lesko	Emergency Medicine Physician and Informaticist

Overview of Workgroup Activities

The workgroup completed its duties in two workgroup meetings: a virtual meeting on July 31, 2025, and an in-person meeting in Glen Allen on October 3, 2025.

Prior to the first workgroup meeting, members were asked to complete a survey consisting of the workgroup's code-mandated questions, including (i) the specific data elements to be reported to the Department of Health annually; (ii) additional specific data elements that should be collected by each hospital and included in any report made to the Department of Health; (iii) the aggregation of any data collected and reported pursuant to clauses (i) and (ii) for the purposes of protecting personally identifiable information; (iv) additional health care entities, if any, that should also be required to collect, maintain a record of, and report data relating to incidents of workplace violence; (v) additional hospital employees who should be notified of any reported incidents of workplace violence; and (vi) methods by which the Department of Health shall share publicly the data reported by hospitals pursuant to subsection H of § 32.1-127 of the Code of Virginia, as amended by this act.

At the July 31, 2025, virtual meeting, the workgroup members had introductions and then reviewed the workgroup mandate and the survey results. Afterward, members were given the opportunity to openly discuss each question.

Based on the first workgroup meeting discussion and survey responses, HHR drafted recommendations for each required question for workgroup discussion at the second and final meeting.

At the October 3, 2025, meeting, the workgroup revisited the statutory mandate, discussed the draft recommendations and reached consensus on the majority of questions presented in HB2269/SB1260. After the second and final meeting, some members provided written feedback. This report outlines workgroup recommendations and other workgroup member comments where consensus was not fully reached.

Recommendations

- (i) *The Specific Data Elements to be Reported to the Department of Health Annually*
- (ii) *Additional Specific Data Elements that Should be Collected by Each Hospital and Included in any Report Made to the Department of Health*

Hospitals are currently required to collect and maintain the following data elements:

1. *The date and time of the incident;*
2. *A description of the incident, including the job titles of the affected employee;*
3. *Whether the perpetrator was a patient, visitor, employee, or other person;*
4. *A description of where the incident occurred;*
5. *Information relating to the type of incident, including whether the incident involved (i) a physical attack without a weapon; (ii) an attack with a weapon or object; (iii) a threat of physical force or use of a weapon or other object with the intent to cause bodily harm; (iv) sexual assault or the threat of sexual assault; or (v) anything else not listed in subdivisions (i) through (iv);*
6. *The response to and any consequences of the incident, including (i) whether security or law enforcement was contacted and, if so, their response and (ii) whether the incident resulted in any change to hospital policy; and*
7. *Information about the individual who completed the report, including such individual's name, job title, and the date of completion.*

The workgroup agreed that data elements (1) through (5) should continue to be collected by each hospital and included in aggregated reports to the Department of Health. These foundational elements provide critical information necessary for understanding the nature and context of the incident.

Regarding data element (6), which pertains to the response to and consequences of the incident, the workgroup agreed that this information is important but recommended the need to clarify how it is interpreted. Specifically, the language “*whether security or law enforcement was contacted*” should be interpreted to recognize the distinction between *hospital law enforcement involvement* and *outside law enforcement involvement*. This distinction is necessary because hospitals often have their own law enforcement personnel and capturing instances where hospital law enforcement is involved provides more precise data.

The workgroup also recommended removing the requirement to report whether the incident resulted in any change to hospital policy from any reporting requirement. The change is

necessary because the individual completing the report may not be immediately aware of any policy changes and policy changes generally take time to develop and implement. Reporting this information would therefore create unnecessary administrative burden and timing challenges. The Medical Society of Virginia disagreed with this recommendation and cautioned such information was necessary to ensure hospitals address incidents of violence, including changes or updates to their current violence prevention policies.

Workgroup members discussed a potential recommendation to include a new data element about *whether a criminal complaint was filed*, and if not, an explanation via dropdown menu as to why a complaint was not filed. Workgroup members highlighted that many staff members are hesitant to file criminal complaints due to concerns about their own safety or that of their patients. Based upon workgroup discussion, it was determined that compliance with such a reporting requirement is not reasonably practical due to the fact that complaints can be filed up to a year after the date that the incident occurs and is not available at the time the data is reported to the department.

For data element (7), concerning information about the individual completing the report, the workgroup unanimously agreed that this should not be included in reports to the Department of Health. Protecting the identity of the reporter is important to encourage accurate and complete reporting without fear of reprisal.

Finally, the workgroup recommended adding a new data element related to *the degree of physical injuries* sustained by staff members. This should be collected via a dropdown menu with options ranging from no injuries to fatality, capturing gradations of injury severity for better analysis and response planning.

The workgroup agreed the following data elements be *collected* and *reported* in aggregate by geographic area to the Department of Health annually:

- The date and time of the incident
- A description of the incident, including each of the following individual data elements:
 - The job titles of the affected employee. "Job titles" to include the following categories: Physician staff, Nursing staff, other medical staff, security staff, administrative staff, other non-medical staff (not Security or Admin)
 - Whether the perpetrator was a patient, visitor, employee, or other person
 - Where the incident occurred
 - Whether the incident involved (i) a physical attack without a weapon; (ii) an attack with a weapon or object; (iii) a threat of physical force or use of a weapon or other object with the intent to cause bodily harm; (iv) sexual assault or the threat of sexual assault; or (v) anything else not listed in subdivisions (i) through (iv)
- Whether hospital security, hospital law enforcement, or outside law enforcement was contacted to respond

- Information concerning the degree of physical injuries to staff member(s) with a dropdown menu with the following options: no injuries, injury not requiring medical treatment, injury requiring medical treatment but not including admission, injury requiring admission, fatality

(iii) The Aggregation of any Data Collected and Reported for the Purposes of Protecting Personally Identifiable Information

While emphasizing the importance of understanding geographic trends in hospital violence, some of the workgroup opposed reporting data at the individual facility level to VDH due to concerns over potential disclosure of personally identifiable information or misinterpretation of information, causing facilities to be wrongly perceived as “less safe,” or damaging their reputations or eroding public trust. Based on survey results, the majority of responding workgroup members favored the aggregation of data by the five designated planning regions: Central, Eastern, Northern, Northwest, and Southwest.

The workgroup discussed the Virginia Hospital and Healthcare Association (VHHA) aggregating all hospital data and removing any personally identifiable information prior to submission to the Department of Health. This approach would also permit VHHA to access facility-specific data for more detailed analysis in response to requests by relevant stakeholders for research on trends or meaningful policy interventions, without revealing any personally identifiable information or exposing the information to possible misinterpretation.

The Medical Society of Virginia noted that the law only requires the data to be submitted to VDH and not passed through VHHA. While agreeing in principle to the aggregation of data, representatives from MSV encouraged more granular options for aggregation including by health district, counties, and senate districts as potential geographic data collection options to consider in the future.

(iv) Additional Health Care Entities, if any, that Should Also be Required to Collect, Maintain a Record of, and Report Data Relating to Incidents of Workplace Violence

Code of Virginia § 32.1-123 defines a “Hospital” as any facility licensed under this article whose primary function is the provision of diagnosis, treatment, and medical and nursing services—whether surgical or nonsurgical—for two or more unrelated individuals. This includes facilities identified by various designations such as children’s hospitals, sanatoriums, sanitariums, and general, acute, rehabilitation, chronic disease, short-term, long-term, outpatient surgical, and inpatient or outpatient maternity hospitals.

Currently, all facilities classified as “Hospitals” are required to collect data related to hospital violence reporting under the code. Some workgroup members noted that requiring all facilities meeting the “Hospital” definition (such as outpatient surgical hospitals, rehabilitation hospitals, and psychiatric hospitals) to report incidents would impose a substantial administrative burden

on the reporting team, potentially compromising both the quality and accuracy of the data collected.

The workgroup agreed that general acute care hospitals and hospitals with an emergency department should be the first facilities responsible for submitting such data to the Department of Health. Remaining hospitals should follow as reporting procedures and information become standardized. The legislature may wish to provide further clarity in the next session on the types of hospitals licensed by VDH that should be subject to hospital violence reporting.

There was workgroup consensus that no additional entities, outside of hospitals defined by *Code of Virginia § 32.1-123*, should collect, maintain a record of, and report data of workplace violence to VDH.

(v) Additional Hospital Employees Who Should be Notified of any Reported Incidents of Workplace Violence

Currently, hospitals are required to report incidents of workplace violence solely to the *Chief Medical Officer* and the *Chief Nursing Officer* on a quarterly basis.

The workgroup reached consensus that such notifications should also be extended to the *Medical Executive Committee*, or other *Organized Medical Staff, Governing Body*, or their equivalent. Emphasis was placed on the inclusion of the *Governing Body* to ensure that all leadership, including *Board* members, are fully informed of hospital violence incidents and to underscore the serious nature and frequency of these events.

Additionally, the workgroup recommended expanding the reporting requirement beyond the *Chief Medical Officer* to include the *Chief Physician Officer*, or an equivalent position, acknowledging that some hospitals use different titles for this role.

It was also discussed that leadership in hospital security should also always be notified about any incidents of violence, particularly when outside law enforcement is called.

Lastly, the workgroup noted that the definition of “employee” should be broadened to encompass contract employees who are health care providers credentialed by the hospital or engaged by the hospital to perform health care services on the premises of the hospital as well.

(vi) Methods by Which the Department of Health Shall Share Publicly the Data Reported by Hospitals Pursuant to Subsection H of § 32.1-127 of the Code of Virginia, as Amended by this Act

The workgroup reached consensus that the Department of Health should produce an annual report summarizing data on violent incidents. An alternative suggestion involved the Department of Health sharing this information through a public website dashboard; however, this approach would necessitate additional funding, whereas the annual report is considered a more feasible option.

Next Steps

The State Board of Health shall promulgate regulations to require hospitals to begin reporting data relating to incidents of workplace violence to the Department of Health on an annual basis, in accordance with § 32.1-127 of the Code of Virginia, as amended by HB2269/SB1260, by July 1, 2026.