PINPOINT©
De-escalation Technology

EBOOK

The Adoption Gap.

Why most healthcare duress systems fail before they are ever triggered.

Inside **This Ebook**

Six chapters. One number that changes how you see your current WPV system.

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The gap between installation and actual daily use. Page-

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Written for:

- Security Directors
- CNOs and Nursing Leaders
- EHS and Compliance Teams
- HR Executives

The System Is Installed. It Is Just Not Being Used.

There is a number hiding in your incident reports. It is the ratio of violent situations to duress system activations. In most facilities: incidents outnumber activations. Significantly.

<30%

Active adoption rate 90 days after rollout

IAHSS Foundation, 2023

44%

Of nurses assaulted last year but never activated a system

ANA Workplace Violence Survey, 2022

73%

Of all nonfatal WPV injuries occur in healthcare

OSHA, 2023

Shame
Activating signals colleagues that the nurse could not manage alone.

Surveillance
Continuous tracking feels like monitoring. Staff leave the device in the drawer.

Failure
Wi-Fi-dependent systems fail hardest during the surges when incidents peak.

BY THE NUMBERS

80%

of WPV incidents go unreported

2x

higher WPV rate in healthcare vs. all other industries

6 min

average response time with Wi-Fi-dependent duress systems

Built Before Day One.

These four choices happen in conference rooms and RFP processes. Their consequences appear 90 days after launch.

A system that fails two or more of these tests has non-adoption architecturally built in.

BY THE NUMBERS

5x

more likely for healthcare workers to experience WPV (Workplace Violence) than any other profession

Bureau of Labor Statistics, 2022

1 in 4

nurses are physically attacked on the job each year

Emergency Nurses Assn., 2022

$93B

annual cost of nurse turnover across U.S. healthcare

NSI Nursing Solutions, 2023

The Tracking Decision

Continuous location logging. Adoption drops 40% when nurses describe the system as monitoring vs. available.

IAHSS Foundation, 2023

The Network Decision

Wi-Fi routing fails during high-census surges. Incidents peak exactly when networks are most loaded.

Emergency Nurses Assn., 2022

The Form Factor Decision

A second wearable to remember, charge, and clip on. The forgetting rate is predictable and steep.

IAHSS Design Guidelines, 2023

The Precision Decision

Zone-level alerts send responders to a wing. Room-level alerts send them to the door.

The Joint Commission, 2023

Four seconds.
That Is The Decision Window.

Between when a situation starts escalating and when pressing a button becomes unsafe, a nurse runs an unconscious cost-benefit calculation.

What The Nurse Thinks	What Design Can Resolve
"If I press this, everyone will know."	Discreet alerts. No visible indicator at the room of origin
"By the time help arrives, it will be over."	Room-level precision and audible alerts rebuild confidence.
"I do not want to be tracked all shift."	Activation-only location. Not before, not after.
"I keep leaving it at the nursing station."	Badge-integrated. Forgetting becomes structurally impossible.
"Last time nobody came for six minutes."	Hardwired infrastructure. Consistent times rebuild trust.

44%

of nurses reported physical assault last year. Most common reason for not activating: 'It comes with the territory.'

American Nurses Association, 2022 | nursingworld.org

WHO READS THIS ALERT FIRST

- DIRECTOR OF SECURITY
- CHIEF NURSING OFFICER
- EHS MANAGER
- EMERGENCY MGMT COORD.
- DIRECTOR OF SAFETY
- HR EXECUTIVE

TARGET INDUSTRIES

Hospitals
Acute care, ED, behavioral units

Behavioral Health Facilitie
Inpatient & outpatient

Residential Rehab Centers
Long-term recovery care

Four Cost Centers.
One Compounding Exposure.

An underused duress system is not an abstract safety gap. It is a documented liability spanning workers comp, turnover, regulatory penalties, and litigation.

$28K to $90K

Per violence-related workers comp claim
Excluding legal fees and replacement staffing

OSHA, 2024 | osha.gov/penalties

$40K to $75K

Per nurse lost to a safety culture issue
Recruitment, onboarding, and ramp to full productivity

NSI Nursing Solutions, 2023

$156,259

Maximum OSHA fine per willful violation
General Duty Clause Section 5(a)(1), 2024 cap

osha.gov/laws-regs/oshact/section5-duties

Conditional Accreditation

Joint Commission risk if WPV program is inactive
Surveyors request activation logs, not just policy documents

jointcommission.org

One prevented workers comp claim offsets a full year of Pinpoint.
OSHA General Duty Clause requires workplaces free from recognized hazards. A system staff do not use does not satisfy that standard.

The math is simple.

One prevented incident offsets years of system cost.

$28K–$90K
Avg. WPV workers comp claim
OSHA, 2024

$40K–$75K
Cost per nurse lost to safety culture
NSI, 2023

$156K
Max OSHA fine per willful violation
OSHA, 2024

Every day without active duress adoption is a compounding liability.
Pinpoint closes the gap with a system staff actually use — starting day one.

Policy Is Not Proof.

Regulators no longer accept a written WPV policy as evidence of an active WPV program. They ask to see logs, timestamps, and response records.

WHAT YOU LIKELY HAVE	WHAT REGULATORS NOW ASK FOR:
A written WPV policy	Activation logs showing the policy is operational.
An installation record	Usage data across shifts and units.
Manual incident reports	Auto-timestamped logs with response records.
A system check at install	Ongoing uptime and monitoring data.

What a compliant WPV program looks like:

- Activation logs with timestamps per shift
- Unit-level incident trend reports
- Response time data per activation
- Uptime monitoring with documented gaps
- Training records linked to incident types
- Auto-archived records available for auditors

Key Regulations

- **Joint Commission**
  Standard EC.02.01.01
  jointcommission.org/resources/patient-safetytopics/workplace-violence
- **OSHA**
  General Duty Clause, 5(a)(1)
  osha.gov/laws-regs/oshact/section5-duties
- **California OSHA**
  Title 8, Section 3342
  dir.ca.gov/title8/3342.html
- **New York State**
  Healthcare WPV Prevention Act
  labor.ny.gov
- **Illinois**
  HB 2493, WPV Prevention Act
  ilga.gov

State laws now require more:

California

Title 8, Sec. 3342 — active WPV prevention plan required

New York

Healthcare WPV Prevention Act — annual program review

Illinois

HB 2493 — incident logs must be retained 5 years

Six Questions.
Answer Them Honestly.

Apply these to your current system or any system you are evaluating.
Fail two or more and the adoption gap is already baked in architecturally.

Q1 **Does location activate on button press only, not continuously?**
Yes = covered, not monitored. No = expect sustained staff resistance.

Q2 **Does the signal route through hardwired infrastructure?**
Yes = works at any census level. No = stress-test it during peak load.

Q3 **Is the device integrated into the badge they already wear?**
Yes = adoption is structural. No = plan for a 60-day abandonment cliff.

Q4 **Do alerts identify the specific room, not just the zone?**
Yes = responders arrive precise. No = calculate seconds lost per incident.

Q5 **Does the system auto-log activations with timestamps?**
Yes = compliance is continuous. No = you are building spreadsheets for auditors.

Q6 **Can leadership pull trend reports without manual compilation?**
Yes = safety intelligence tool. No = reactive alert only.

PINPOINT

How The System Answers All Six Questions.

Protecting over 1,000,000 healthcare workers since 1992.

Badge Holder

Duress lives inside the badge staff already wear. Zero extra device. Adoption is structural from day one.

Hardwired Receivers

No Wi-Fi. No network dependency. Identical performance during any census level or incident surge.

Activation-Only Location

Location is known the moment the button is pressed. Not before, not after. Staff are covered, not monitored.

Room-Level Alerts

Over-door lights at the exact room. Display panel shows the location. Responders walk in precise.

Auto Incident Logging

Every activation time-stamped and logged auto-matically in the Management Portal. Compliance never lapses.

Leadership Reporting

Filter by unit, shift, date. Trend data without spread-sheets. Safety intelligence, not just reactive alerts.

Schedule a 20-minute demo: pinpointinc.com/demo
(631) 469-3111 | info@pinpointeds.com | 290 Motor Parkway, Hauppauge, NY 11788

01	02	03	04	05
Non-Tracking Panic Button	Fixed-Point Panic Button	Smartphone Panic Button	Wearable Non-Tracking	Wearable RTLS Tracking
Fixed-mount wall device	Desk & counter install	App-based activation	Badge-integrated, no surveillance	Continuous location for RTLS

Ready to close your adoption gap?
Schedule a 20-min demo: pinpointinc.com/demo · (631) 469-3111 · info@pinpointeds.com

BEFORE YOU CLOSE THIS

FIND ONE NUMBER.

01

How many documented WPV incidents occurred in your facility in the last 12 months

02

How many times your duress system was actually activated in the same period.

03

The difference between those two numbers is your adoption gap.

If the gap is significant, it is not a staff problem. It is a design problem. And it is solvable.

Pinpoint has been closing that gap in hospitals, behavioral health facilities, and residential rehabilitation centers since 1992.

SCHEDULE YOUR FREE DEMO

THREE ACTIONS YOU CAN TAKE THIS WEEK.

01

PULL THE DATA

Request your facility's WPV incident log and duress activation report for the past 12 months.

01

CALCULATE THE GAP

Subtract activations from incidents. That number is your adoption gap — and your risk exposure.

01

SCHEDULE A DEMO

See how Pinpoint closes the gap. 20 minutes. No IT involvement required. pinpointinc.com/demo

The adoption gap is not a staff problem. It is a design problem — and it is solvable in 30 days. Pinpoint has been closing it in hospitals, behavioral health, and residential rehab since 1992.

Sources

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ilga.gov

About Pinpoint

Pinpoint has provided de-escalation technology to hospitals, behavioral health facilities, and residential rehabilitation centers since 1992. Our badge-integrated, hardwired duress system is the only wearable non-tracking panic button that provides room-level precision without continuous staff surveillance. Protecting over 1,000,000 healthcare workers across the United States.

Web
pinpointinc.com

Phone
(631) 469-3111

Email
info@pinpointeds.com

Address
290 Motor Pkwy,
Hauppauge, NY 11788