House Bill 612–Labor and Employment–Health Care Facilities–Workplace Safety Program–Revisions

Position: *Support with Amendments*
March 2, 2020
House Health & Government Operations Committee

MHA Position

Maryland's 61 nonprofit hospitals and health systems care for over 5 million residents each year, treating 2.3 million in emergency departments and delivering more than 67,000 babies. Their 108,000 employees are caring for Maryland around-the-clock every day. Unfortunately, the Occupational Safety and Health Administration estimates 25,000 assaults are reported in the workplace annually and 75% occur in health care or social service settings.[i] Violence in the workplace leads to increased staff turnover, lost productivity, absenteeism, deterioration of employee morale, and burnout.[ii.]

While we appreciate the sponsor's recognition of workplace violence in health care settings, HB 612 presents several concerns as introduced. Maryland's hospitals care for every person who walks through our doors. This legislation would require hospitals to "***guarantee*** that a health care worker who reports a physical assault or threatening behavior…may elect not to care for the individual who caused the harm or issued the threat." This provision does not align with the ethical obligations health care providers adhere to. It also presents concerns regarding an organization's ability to save a life or appropriately treat a patient. In certain circumstances there may not be a suitable health care provider to replace an expert. It is entirely possible that a particular specialist might be the only one available in the hospital or even in the county. We recommend striking this provision in the bill.

In 2014, the state passed a law requiring all hospitals to establish a workplace safety committee to administer a corresponding program. All of Maryland's hospitals currently have both a committee and a program. These committees include multidisciplinary teams to review and evaluate incidences of workplace violence when they occur and to promote prevention efforts. Hospitals also have detailed policies in place to ensure employees who are hurt at work receive care. Additionally, when injuries do occur, they are reported to the appropriate state and federal agencies. The data submitted to the Maryland Occupational Safety & Health (MOSH) division, however it is not aggregated and shared with hospitals. Having access to this data would be helpful to understand the scope of the problem related to volume and severity. We recommend amending the bill to require MOSH to provide an annual report with the data that was submitted by health care facilities to better understand the number of incidents and impact.

Additionally, we recommend striking section 5–1104 of the bill. Maryland's hospitals do not support posting data about the threats made against health care workers or information about

lockdowns, evacuations, or other emergency responses on their websites. Hospitals are meant to be a place of health, hope and healing. Efforts are underway across the state to protect employees, volunteers, patients, and visitors from increasing de-escalation training to utilizing multidisciplinary trained teams to respond to violent patients in a trauma-informed manner. Providing this information online could have the unintended effect of creating a perception of Maryland's hospitals as unsafe, when in reality every effort is made to maintain an environment of well-being.

For these reasons, we urge a *favorable* report with the following amendments:

Amendment 1:
On page 3, line 12, strike from "NOTWITHSTANDING" through "THREAT".

Amendment 2:
On page 3, line 18, strike from "IN" through "LAWS".

Amendment 3:
On page 3, line 21, after "2021" insert "MARYLAND OCCUPATIONAL SAFETY AND HEALTH".

Amendment 4:
On page 3, line 21, add the following and strike: "~~EACH WORKPLACE SAFETY COMMITTEE ESTABLISHED UNDER THIS SUBTITLE SHALL REPORT TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2–1257 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY, AND POST ON THE HEALTH CARE FACILITY'S WEBSITE~~
~~1) AGGREGATE DATA ABOUT THREATS MADE AGAINST ANY HEALTH CARE WORKER; AND~~
~~(2) INFORMATION ABOUT ANY LOCKDOWNS, EVACUATIONS, OR 27~~
~~OTHER EMERGENCY RESPONSES.~~" "SHALL REPORT TO THE GOVERNOR AND THE GENERAL ASSEMBLY THE AGGREGATED DATA SHOWING THE NUMBER OF INCIDENTS OF WORKPLACE VIOLENCE IN MARYLAND ACUTE CARE HOSPITALS BY SEVERITY AND TYPE OF VIOLENCE."

For more information, please contact:
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[i] The Joint Commission. (April 17, 2018). Sentinel Event Alert: Physical and Verbal Violence Against Health Care Workers. www.jointcommission.org/-/media/tjc/idev-imports/topics-assets/workplace-violence-prevention-implementing-strategies-for-safer-healthcare-organizations/sea_59_workplace_violence_4_13_18_finalpdf.pdf
[ii] Milliman Research Report. (July 26, 2017). Cost of Community Violence to Hospitals and Health Systems: Report for the American Hospital Association. www.aha.org/system/files/2018-01/community-violence-report.pdf

Workplace Violence Prevention

When the Caregiver Becomes the Victim: Hospital Action to Prevent Workplace Violence

THE ISSUE:

Hospitals are places of healing and safety for patients, caregivers and visitors, but are not immune to violence from our communities. That is why Maryland's hospital leaders elevated workplace violence prevention in their strategic plan for the field.

Maryland's violent crime rate has been above the national average for 30 years.[1] The effects of violence take a toll on individuals and communities. When that violence extends into the workplace, the effects can be increased staff turnover, lost productivity, absenteeism, poor employee morale and burnout. [2, 3]

The U.S. Department of Labor defines workplace violence as "an action, whether verbal, written or physical, that is intended to control, cause or is capable of causing death or serious injury to the aggressor, others or property."[4] 75% of workplace violence incidents reported to the Occupational Safety and Health Administration occur in health care or social services settings.[5] One security officer at a Maryland community hospital reported recovering three to four weapons per week—mostly knives or other cutting objects.

The rate of serious workplace violence incidents is 4x greater in the health care field than in private industry.

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Violence in the Hospital: By the Numbers
The American College of Emergency Physicians 2018 Survey [6]

47% Emergency physicians that have been physically assaulted at work

97% Of assaults were committed by patients; 28% also involved a patient's family member/friend

83% Emergency physicians that said the patient threatened to return and harm them or other staff

71% Emergency physicians that have witnessed an assault at work

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There are four types of workplace violence. The type is defined based on the relationship between the perpetrator and the victim: [7]

Type I: No legitimate relationship exists (criminal intent)

Type II: Customer, client or patient on worker violence

Type III: Worker on worker violence

Type IV: A personal relationship exists

88% of all hospital assaults were Type II— by patients against workers [8]

THE IMPACT:

Violence harms the physical and emotional well-being of staff, patients, visitors and the community. To ensure a safe and healing environment, Maryland's hospitals have changed polices, implemented multidisciplinary response teams, increased staff training and raised spending on security, including staffing, infrastructure, and technology.

Protecting and preserving the hospital's healing environment comes at a cost. A 2017 Milliman Research Report on the Cost of Community Violence to Hospitals and Health Systems estimated that U.S. hospitals and health systems spent **$1.1 billion preserving the safety of patients, visitors and employees on hospital premises through security and training costs.** The same report estimated approximately $2.7 billion hospitals spent addressing violence, both within the hospital and the community.[9] In a 2019 MHA survey, **92% of hospitals reported increased spending on security over the past five years.** That included hiring additional security officers for evening and weekend shifts, installing security cameras in key locations, and issuing personal panic alarms to staff.

M Maryland Hospital Association

Workplace Violence Prevention

THE RESPONSE:
Hospitals offer a safe and healing environment for patients, visitors and staff.

Many of Maryland's hospitals have protocols and resources to identify violent patients. Some use identifiers in the electronic medical record that ensure patients get specialized help and alert staff to take extra safety precautions.

Some hospitals take novel approaches, like symbolic signage within or outside of a patient's room to alert staff so they engage appropriately and prevent escalation to the best of their ability. Hospitals are also changing policies and procedures to encourage staff to report all incidents and promote a culture of zero tolerance.

When an incident requires legal action, hospitals often offer support because there is no formal, statewide response to assist victims of workplace violence. At many hospitals, security personnel assist the employee, involving law enforcement as needed. Some also accompany victims to court and pay for transportation to court proceedings. Many hospitals offer peer support programs and other services.

SOLUTIONS:
Tackling workplace violence is a multi-stakeholder process. We need our partners— front-line staff, nurses, physicians, law enforcement, members of the legal system, elected officials and others—to raise awareness and help us prevent and respond to incidents of workplace violence.

To ensure violence is not a part of the job for our state's caregivers, we need:

- A legal remedy to keep hospital workers safe from those threatening to return and cause harm on our premises

- A single point of contact within each jurisdiction to help hospital staff navigate the legal process after an incident of workplace violence

Impact of violence in one Maryland community hospital

2019 MHA Survey

181 Incidents of violence against hospital employees by patients over two years

40% Incidents occurred in the emergency department

Maryland's Hospitals: Keeping Employees Safe

- **Identifying high-risk individuals and establishing a preventive plan of action**

- **Increasing security coverage, especially at night and on the weekends**

- **Reducing entry points and requiring visitor identification bands**

- **Modifying unit layouts to better protect staff, provide clear lines of sight**

- **Building multi-disciplinary team responses to emergency codes**

- **Reviewing each incidence of violence to determine contributing factors**

- **Establishing and evaluating evidence-based quality improvement initiatives**

- **Training all staff in de-escalation, self-defense and active shooter**

- **Hosting community townhalls**

- **Creating peer-to-peer support programs**

For footnotes and sourcing, go to
mhaonline.org/workplace-violence-issue-brief

Maryland Hospital Association