

LeadingAge Maryland - 2022 - SB 700 - workplace vi

Uploaded by: Aaron Greenfield

Position: FAV



576 Johnsville Road
Sykesville, MD 21784

TO: Finance Committee
FROM: LeadingAge Maryland
SUBJECT: Senate Bill 700, Maryland Department of Health – Prevent Workplace Violence in Health Care Settings Public Awareness Campaign Workgroup
DATE: March 17, 2022
POSITION: **Favorable**

LeadingAge Maryland supports Senate Bill 700 Maryland Department of Health – Prevent Workplace Violence in Health Care Settings Public Awareness Campaign Workgroup.

LeadingAge Maryland is a community of more than 135 not-for-profit aging services organizations serving residents and clients through continuing care retirement communities, affordable senior housing, assisted living, nursing homes and home and community-based services. Our mission is to expand the world of possibilities for aging in Maryland. We partner with consumers, caregivers, researchers, public agencies, faith communities and others who care about aging in Maryland.

This bill requires the Secretary of Health to establish the Prevent Workplace Violence in Health Care Settings Public Awareness Campaign Workgroup (“Workgroup”). The Workgroup is charged with developing a public awareness campaign on preventing workplace violence in health care settings and to create a plan for implementing the campaign.

Verbal and physical violence against healthcare workers have reached considerable levels worldwide, and the World Medical Association has defined violence against health personnel “an international emergency that undermines the very foundations of health systems and impacts critically on patient’s health.” Violence was already a concern facing health care organizations prior to the COVID-19 pandemic. The ongoing health crisis has elevated tensions due to masking enforcement, visitor restrictions, the recent requirement that staff within all Medicare and Medicaid-certified facilities be vaccinated against COVID-19, and staff burnout.

The full scope of the problem is not fully known. As the U.S. Government Accounting Office report noted, “Health care workers may not always report such incidents, and there is

limited research on the issue, among other reasons.” In fact, research has variously found that only 20 to 60 percent of nurses report incidents of violence.

Establishing this workgroup to develop a public awareness campaign is a critical step in acknowledging and addressing violence in health care settings.

For these reasons, LeadingAge Maryland respectfully requests a favorable report on Senate Bill 700.

For additional information, please contact Aaron J. Greenfield, 410.446.1992

SB 700 - WPV Health Care Setting_Public Awareness.

Uploaded by: Bob Atlas

Position: FAV



Maryland
Hospital Association

Senate Bill 700 - Maryland Department of Health - Prevent Workplace Violence in Health Care Settings Public Awareness Campaign Workgroup

Position: *Support*
March 17, 2022
Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 700.

Maryland is facing a staggering health care workforce crisis with more than one in every five hospital positions being vacant. At the same time, our remaining staff, after over two years on the frontlines of the COVID-19 pandemic, sadly face a rise in workplace violence.

Well before the pandemic, violence against health care workers reached alarming levels. Nonfatal workplace violence against health care workers spiked since 2011—accounting for 73% of all nonfatal violent injuries and illnesses in 2018.¹ The situation has just gotten worse over the last two years. Violence in the workplace takes a toll and adds to staff turnover, absenteeism, deterioration of employee morale, and burnout.²

Hospitals' top priority is the safety of patients, staff, and visitors. Hospitals proactively improve safety measures. They equip staff to avoid confrontations and to get help quickly when needed, they deploy de-escalation teams led by social workers rather than security personnel, and more.

Despite these efforts, health care workers continue to report being kicked, bitten, spit at, and threatened. These actions—aimed at doctors, nurses, techs, front desk clerks, security guards and others—are simply unacceptable. The precipitous shift from lauding health care heroes no more than a year ago to a demonstrated lack of respect today should give us all pause. Hospitals should be safe places of health, hope, and healing where staff can focus on delivering care and supporting the needs of patients and their families.

Ensuring the physical and emotional safety of hospital staff and care teams is as crucial to care delivery as any issue before the General Assembly. SB 700 offers a public awareness mechanism to support and retain our hospital heroes. We urge a favorable report.

For more information, please contact:
Bob Atlas, President & CEO
Batlas@mhaonline.org

¹ U.S. Bureau of Labor Statistics. (April, 2020). "[Fact Sheet: Workplace Violence in Healthcare, 2018](#)".

² Cost of Community Violence to Hospitals and Health Systems: Report for the American Hospital Association. (July 26, 2017). [Cost of Community Violence to Hospitals and Health Systems](#).

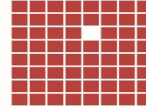
SB0700_FAV_MedChi, MDACEP_MDH - Prevent Workplace

Uploaded by: Danna Kauffman

Position: FAV



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TO: The Honorable Delores G. Kelley, Chair
Members, Senate Finance Committee
The Honorable Katherine Klausmeier

FROM: Danna L. Kauffman
Pamela Metz Kasemeyer
J. Steven Wise
Christine K. Krone

DATE: March 17, 2022

RE: **SUPPORT** – Senate Bill 700 – *Maryland Department of Health – Prevent Workplace Violence in Health Care Settings Public Awareness Campaign Workgroup*

The Maryland State Medical Society (MedChi) and the Maryland Chapter of the American College of Emergency Physicians (MDACEP) **support** Senate Bill 700. Senate Bill 700 creates a Workgroup to develop a public awareness campaign on preventing workplace violence in health care settings.

Threats of violence and acts of violence are increasing in both occurrence and severity in the health care setting. Hospitals, physician offices, pharmacies, clinics, and other sites are open to the public and should be places of refuge and service for individuals who are sick and seeking medical care. The experience of workplace violence has not only physical consequences, but personal, emotional, and professional consequences as well, for both health care workers and patients.

According to a 2018 survey by the American College of Emergency Physicians and the Emergency Nurses Association, almost half of emergency physicians report being physically assaulted at work, while about 70 percent of emergency nurses report being hit and kicked while on the job. Furthermore, the vast majority (80 percent) of emergency physicians say violence in the emergency department harms patient care. The frequency of violent attacks on nurses, physicians, and patients in our nation's emergency departments is unconscionable and unacceptable. For medical professionals, being assaulted in the emergency department must no longer be tolerated as "part of the job." Unfortunately, the stresses of the COVID-19 pandemic have only exacerbated the violence bestowed on those working in the emergency department. Not only were our physicians and nurses working tirelessly to care for individuals both with and without COVID-19 but, too often, they encountered individuals upset over COVID-19 policies, including the lack of visitation. Maryland is experiencing a critical health care worker shortage. After two years of the COVID-19 pandemic, health care workers are leaving the field. The State must ensure that we have a robust health care workforce to care for our residents. We cannot have workplace violence

be yet another reason these individuals leave the workforce. Senate Bill 700 will help to educate the public that violence in health care settings is not appropriate and that we must protect our health care workers.

For these reasons, MedChi and MDACEP urge a favorable report on Senate Bill 700.

For more information call:

Danna L. Kauffman
Pamela Metz Kasemeyer
J. Steven Wise
Christine K. Krone
410-244-7000

HFAM Testimony SB 700.pdf

Uploaded by: Joseph DeMattos

Position: FAV



**TESTIMONY BEFORE THE
SENATE FINANCE COMMITTEE**

March 17, 2022

Senate Bill 700: Maryland Department of Health - Prevent Workplace
Violence in Health Care Settings Public Awareness Campaign Workgroup

Written Testimony Only

POSITION: FAVORABLE

On behalf of the members of the Health Facilities Association of Maryland (HFAM), we appreciate the opportunity to express our support for Senate Bill 700. HFAM represents over 170 skilled nursing centers and assisted living communities in Maryland, as well as nearly 80 associate businesses that offer products and services to healthcare providers. Our members provide services and employ individuals in nearly every jurisdiction in the state.

Senate Bill 700 requires the Secretary of Health to establish a Prevent Workplace Violence in Health Care Settings Public Awareness Campaign Workgroup to develop a public awareness campaign on preventing workplace violence in healthcare settings and to create a plan for implementing the campaign.

Throughout the COVID-19 pandemic, healthcare workers in all settings have faced increased encounters with threats and harassment as they continue to provide quality care. Hostility and aggression towards healthcare professionals has grown over issues such as strict visitor restrictions and related COVID-19 policies, vaccination, and general misinformation.

While healthcare providers have been taking action to prevent workplace violence, we agree that increased public awareness of the magnitude and consequences associated with workplace violence in healthcare settings will help combat this unfortunate reality.

Especially considering staffing shortages we already face in healthcare, it is critical that we give our healthcare heroes the support they need so they feel safe while doing their jobs to care for our family, friends, and neighbors.

For these reasons, we request a favorable report on Senate Bill 700.

Submitted by:

Joseph DeMattos, Jr.
President and CEO
(410) 290-5132

SB 700 MDENA Tenney written FAV 3_17_2022.pdf

Uploaded by: Lisa Tenney

Position: FAV



Maryland State Council
Safe Practice Safe Care

To: Maryland Senate Finance Committee
House Office Building
6 Bladen Street
Annapolis, MD 21401

From: Maryland State Council of the Emergency Nurses Association

Date: March 15, 2022

Re: SB 700 Maryland Department of Health – Prevent Workplace Violence in Health Care Settings Public Awareness Campaign Workgroup
Favorable Written testimony

Dear Chairwoman Kelley, Vice Chair Feldman, and committee members,

My name is Lisa Tenney, and I am providing written testimony on behalf of The Maryland Emergency Nurses Association in favor of SB 700 Maryland Department of Health – Prevent Workplace Violence in Health Care Settings Public Awareness Campaign Workgroup.

Last week an ER nurse manager from a Baltimore hospital testified before the House Judiciary Committee about an ER nurse who had been put in a choke hold by a competent but angry and violent patient. A few months later another patient assaulted her and broke this same nurse's fingers.

Last week a nurse from a Southern Maryland Hospital told me how a patient who was under arrest was brought in by police in handcuffs before going to jail to be processed. He had committed a crime and had been cooperative for the police officer at the scene and during transport. When asked by the nurse to undress and put on scrubs, he complied. However, for some unknown reason, when the nurse asked him to place his belongings in a bag, he suddenly physically attacked her, injuring both of her arms. The police officer, plus six other coworkers, immediately left their patients to subdue this patient, rescue the nurse, and provide care for her. Two nearby elderly patients who witnessed the event were terrified for their own safety. The busy ER was disrupted, and patient care was negatively impaired.

ER nurses can tell you many stories. Pregnant healthcare workers have been kicked in the stomach. In 2018 one of them from Frederick County lost her baby at 5 months gestation from an abdominal kick. Others have been kicked across rooms, sustaining head and back injuries. An ER nurse from Montgomery County suffered attempted strangulation, and two other ER nurses at that same ER had been repeatedly punched in the head, sustaining lifelong headaches and cognitive defects, where they have had to leave nursing.

Events like these happen every day in Maryland's emergency rooms (ERs). Workplace violence against healthcare workers has become a national epidemic. In thirty states it is a felony to hurt an emergency room nurse. OSHA (Occupational Safety and Health Administration) found that serious incidents of injuries requiring time off for injured health care workers to recuperate, **were four times** more common than for all other workers in the United States.

- 100% of emergency nurses reported verbal abuse.
- 82.1% of emergency nurses reported physical assault.
- 75% of emergency physicians reported physical assault.
- 80% of physicians said ER violence harmed patient care. Of those, more than 1/2 said patients have been physically harmed.
- The Joint Commission reported that in 2021 "Criminal Events" were the 6th most common "sentinel event" in hospitals (a sentinel event occurs when a patient safety event results in death, permanent harm, severe temporary harm, or when intervention is required to sustain life).
- One-third of emergency nurses have considered leaving the profession due to workplace violence. Retention of experienced, highly trained nurses is at stake.
- ENA estimates that one in five ER nurses leaves the profession within the first year of hire, and 1 in three ER nurses actually leave within two years of hire. The pandemic has worsened nurses leaving the profession and the nation is now facing a nursing shortage, especially in areas that require specialty training such as the ER.
- This high turnover rate exerts a massive financial impact on hospitals. ENA estimates that the expense to replace an individual RN costs \$82,000, and the cost may be considerably higher to recruit, hire and train a specialized ER nurse. Using the national nurse turnover rate of 14 percent, ENA says the average hospital can expect to spend upwards of \$4 million per year on nurse turnover.

The verbal threats, abuse, and physical assaults have only increased during the pandemic. The Emergency Nurses Association and the American College of Emergency Physicians found that ERs experience violence at higher rates due to:

- ERs are open 24 hours a day, seven days a week.
- Under EMTALA, (the Federal Emergency Medical Treatment and Labor Act), ERs are required to stabilize and treat all patients.

- There is increased gang activity in urban areas and inner cities.
- The opioid crisis increased during the pandemic. People addicted to these substances come to the ER seeking prescription opioids and benzodiazepines. When not given their drug of choice, they often become violent towards staff.
- More private citizens are arming themselves.
- ERs are being used by law enforcement to “medically clear” violent criminals when drugs or alcohol use is suspected. This practice has increased since the new anti-policing laws went into effect.
- Lack of adult and pediatric psychiatric inpatient beds and outpatient treatment options. Psychiatric patients spend days and weeks in the ER. Some have spent months waiting for appropriate placements.
- CMS and The Joint Commission have very specific and restrictive guidelines on handling violent patients in a healthcare facility.
- In 2021 Maryland had the highest ER waiting times in the United States. Vulnerable patients and their loved ones often come to the ER distraught. Patients tire of waiting. Tempers rise. Patients, family members, and visitors act out and verbally and physically assault emergency staff.

In 2014 Maryland became a leader in healthcare workplace violence prevention. That year the legislature passed, and Governor O’Malley signed, a Workplace Safety bill that requires all Maryland nursing homes and healthcare facilities to implement a comprehensive workplace violence mitigation program. Hospitals have complied with this regulation. But much more is needed. The Maryland Emergency Nurses Association is asking all legislators to commit to ZERO TOLERANCE for violence against healthcare workers. These healthcare workplace violence bills will help accomplish that:

- The **Peace Order Workplace Violence** bill you passed last year works. We use this law when someone threatens to come back and hurt us or follow us to our cars or homes. Thank you.
- **HB 1389/SB 700 Maryland Department of Health – Prevent Workplace Violence in Health Care Settings Public Awareness Campaign Workgroup** will educate the public to prevent workplace violence towards healthcare workers. This preventative measure will provide “situational awareness” to patients and their visitors that violence towards healthcare workers is wrong. Even though nearly all hospitals and ERs have signs and written literature that inform patients and visitors that verbal and physical abuse and assault will not be tolerated, often “hearing a drumbeat message” is more effective.
- **HB 267/SB 298 Criminal Law – Threat Against Public Health Official or Hospital Staff Member** is before the Judiciary Committees this year. If passed, we will be able to use this law when a patient threatens us and interferes with our ability to provide care.
- **HB 1154 Criminal Law – Felony Second-Degree Assault – Emergency Medical Care Workers** is before the House Judiciary Committee again this year. It will amend §3-203 by including emergency department workers into the special “protected class” of emergency workers, along with law enforcement, firefighters, and emergency medical

service workers. When a patient is brought to the ER by police, fire or EMS, ER personnel work along-side of them during the transition of care. Patients arrive in acute states, and as such, often become volatile, impulsive, and violent. Currently, if police, fire, or EMS are assaulted, it is a second- degree felony. If a nurse or a doctor are assaulted, it is misdemeanor second degree assault. This makes a difference. The misdemeanor cases either don't get heard, get pled down to a lesser charge, or are dismissed. As one defense lawyer on the Eastern Shore told his client who was charged with assaulting a nurse, "Don't worry about the nurses, they don't matter."

Please vote favorably on SB 700. It will bring us one step closer to Zero Tolerance on violence towards healthcare workers. We cannot allow violence towards emergency department workers to become normalized.

Sincerely,

Lisa Tenney

Lisa Tenney, BSN, RN, CEN, CPHRM, FAEN
Chair, Government Affairs Committee
Maryland State Council Emergency Nurses Association
lctenney@gmail.com
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References

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2022 - SB700 - Public Awareness Campaign to Preven

Uploaded by: Martha Nathanson

Position: FAV



CARE BRAVELY

SB700 – Maryland Department of Health – Prevent Workplace Violence in Health Care Settings Public Awareness Campaign Workgroup

Senate Finance Committee - March 17, 2022

Testimony of Martha Nathanson, Vice President, Government Relations and Community Development

Position: **SUPPORT**

I am writing in SUPPORT of SB700 - Maryland Department of Health – Prevent Workplace Violence in Health Care Settings Public Awareness Campaign Workgroup. LifeBridge Health is a regional health system comprising Sinai Hospital of Baltimore, an independent academic medical center; Levindale Geriatric Center and Hospital in Baltimore; Northwest Hospital, a community hospital in Baltimore County; Carroll Hospital, a sole community hospital in Carroll County; and; Grace Medical Center in Baltimore (formerly Bon Secours Hospital).

Threats of violence and acts of violence are increasing in both occurrence and severity in the health care setting. Hospitals, physician offices, pharmacies, clinics and other sites are open to the public and should be places of refuge and service for individuals who are sick and seeking medical care. The experience of workplace violence has not only physical consequences, but personal, emotional, and professional consequences as well, for both health care workers and patients.

ALL personnel are subject to violence in the health care setting, not only clinical personnel such as physicians, nurses and therapists, but also patient transporters, admissions, financial counselors, food service, environmental services, social workers, security officers, patient advocates, and many others. Threats occur from patients, families, and visitors. For example, visitors who don't want to leave when visiting hours end threaten and/or assault clinical and security staff. Family members threaten to kill a surgeon or nurse treating a gunshot patient if the patient dies. Patients or visitors threaten staff transporting a patient for a procedure, or a patient advocate trying to console them. Even security personnel dispatched to assist staff are threatened.

LifeBridge Health continuously enhances its processes to prevent workplace violence to protect employees, patients and visitors. For example, we use electronic systems for reporting and tracking incidents, implement zero tolerance policies, provide training on de-escalation techniques, install expensive surveillance technology and access control systems, add off-duty & special police officers to our rolls, and in high-risk areas, disseminate personal wearable safety alarms, among other interventions. Violence should never be considered "part of the job," and providing the public with increased knowledge and understanding about the problem and solutions will help fight this trend and provide the support our health care providers need and deserve.

For all of the above reasons, we urge a **FAVORABLE** report on SB700.

Contact:

Martha D. Nathanson, Esq., Vice President
Government Relations & Community Development
mnathans@lifebridgehealth.org (443) 286-4812

Johns Hopkins - Support - SB 700 - Maryland Depart

Uploaded by: Nancy Praglowski

Position: FAV

TO: The Honorable Delores Kelley, Chair
Finance Committee

FROM: Nancy Praglowski, MS, RN-BC
Patient Safety Innovation Coordinator, Behavioral Health
The Johns Hopkins Hospital

DATE: March 17, 2022

Johns Hopkins supports **SB 700 – Maryland Department of Health – Prevent Workplace Violence in Health Care Settings Public Awareness Campaign Workgroup**. This bill would require the Maryland Department of Health to convene a workgroup to develop a public awareness campaign to prevent workplace violence in health care settings. The campaign would provide the public with information on the magnitude of the incidence of workplace violence in health care settings in Maryland and the consequences of the workplace violence in health care settings. The campaign will also address the need for the public to respect and protect Maryland’s health care providers from workplace violence and the need to recognize and accommodate the needs of patients with mental health, substance abuse, and disabilities. The workgroup will create a plan for implementing this campaign.

Johns Hopkins continues to experience workforce challenges. The pandemic has significantly strained and overwhelmed our health care system and our health care providers. Our health care workers continue to face the threat of workplace violence (“WPV”) as they strive to deliver compassionate care to our patients. For example, since 2020, we have seen an increase of 28.48% in workplace violence events and 7.19% of employee injuries. The need for this legislation is greater now than ever before.

As the largest private employer in the State, Johns Hopkins takes the responsibility to create a safe work environment for its employees very seriously. One of the ways an employer can create a safe work environment is to reduce an employee’s exposure to a threat. For example, we are currently using two items to offer situational awareness to clinical and non-clinical staff regarding aggressive patients. We also formed a WPV Steering Committee. This committee will work on crisis prevention education/training for all staff, monitoring WPV trends, post-event response and staff support, risk assessments, and policy review, among other items. We are also updating our visitor management systems to reduce risk of violence from visitors. Johns Hopkins remains committed to creating a safe work environment for its patients and staff.

For these reasons, Johns Hopkins recommends a **favorable report on SB 700– Maryland Department of Health – Prevent Workplace Violence in Health Care Settings Public Awareness Campaign Workgroup**.

2022 MNA SB 700 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Finance Committee

Bill Number: Senate Bill 700 – Maryland Department of Health – Prevent Workplace Violence in Health Care Settings Public Awareness Campaign Workgroup

Hearing Date: March 17, 2022

Position: Support with Amendment

The Maryland Nurses Association (MNA) supports with Amendment *House Bill 1389 – Maryland Department of Health – Prevent Workplace Violence in Health Care Settings Public Awareness Campaign Workgroup*. This bill will (1) establish a workgroup to develop awareness campaigns on preventing workplace violence in health care settings; (2) accommodate patients with mental health disorders, substance use disorders, and disabilities in the development of the campaign; and (3) create a plan for implementing the campaign, including distribution in health care settings.

The Maryland Nurses Association serves as the voice of nurses and advocates for excellence in nursing and the highest quality healthcare for all. A top priority for MNA is workplace violence prevention, as nurses face some of the highest rates of violence in the workplace. The Bureau of Labor Statistics reported that violent events accounted for 12.2% of all injuries to registered nurses in 2016.ⁱ The RN rate of 12.7 violent events per 10,000 full-time workers is about three times greater than for all other occupations.ⁱⁱ Unfortunately, workplace violence is often underreported because of a fear of retaliation, lack of clear reporting methods, and a belief that nothing will be done.

The workgroup will collaborate in efforts to raise the profile of the workplace violence in health care settings among the public and policy makers. The public is generally aware of the health care workforce shortage, but may not be aware of the impact of workplace violence on individual's decisions to enter or remain in the health care workforce or certain health care settings.

MNA requests one small amendment to clarify that the reach of the workgroup includes our partners in the State’s attorney offices who support nurses in navigating the legal process .

On page 2 in line 30, strike “AND” and insert “ONE REPRESENTATIVE FROM THE MARYLAND STATES ATTORNEYS ASSOCIATION; AND”

Thank you so much for the opportunity to submit testimony. We ask for a favorable report with our recommended clarifying amendments. If you should have any questions, please contact Robyn Elliott at relliott@policypartners.net.

ⁱ [https://www.aacn.org/blog/preventing-workplace-violence-in-healthcare#:~:text=Looking%20specifically%20at%20nurses%2C%20a,3.8%20cases%20per%2010%2C000%20workers\).](https://www.aacn.org/blog/preventing-workplace-violence-in-healthcare#:~:text=Looking%20specifically%20at%20nurses%2C%20a,3.8%20cases%20per%2010%2C000%20workers).)

ⁱⁱ [https://www.aacn.org/blog/preventing-workplace-violence-in-healthcare#:~:text=Looking%20specifically%20at%20nurses%2C%20a,3.8%20cases%20per%2010%2C000%20workers\).](https://www.aacn.org/blog/preventing-workplace-violence-in-healthcare#:~:text=Looking%20specifically%20at%20nurses%2C%20a,3.8%20cases%20per%2010%2C000%20workers).)

2022 ACNM SB 700 Senate Side.pdf

Uploaded by: Suhani Chitalia

Position: FAV



Support

Senate Bill 700 – Maryland Department of Health – Prevent Workplace Violence in Health Care Settings Public Awareness Campaign Workgroup

Senate Finance Committee

March 17, 2022

The Maryland Affiliate of the American College of Nurse-Midwives (ACNM) supports *Senate Bill 700 – Maryland Department of Health – Prevent Workplace Violence in Health Care Settings Public Awareness Campaign Workgroup*. This bill will establish a workgroup to develop a public awareness campaign on preventing workplace violence in health care settings.

ACNM supports this legislation because, as nurse-midwives, and working directly in patient-care settings, members of our organization continue to face increased levels of workplace violence. Workplace violence in health care is four times higher than other occupations.¹ While providing critical care and supporting the health of Marylanders, nurse-midwives should feel protected in their workplaces and not fear incidences of violence or retaliation from their employers with violence is reported. This workgroup is an important first step in addressing workplace violence in health care settings. The workgroup can raise awareness and encourage better reporting and transparency.

For these reasons, we ask for a favorable report. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

¹ <https://www.osha.gov/sites/default/files/OSHA3826.pdf>

2022 MCHS SB 700 Senate Side .pdf

Uploaded by: Suhani Chitalia

Position: FAV



Maryland Community Health System

Committee:	Senate Finance Committee
Bill Number:	SB 700 – Maryland Department of Health – Prevent Workplace Violence in Health Care Settings Public Awareness Campaign Workgroup.
Hearing Date:	March 17, 2022
Position:	Support

Maryland Community Health System (MCHS) supports *Senate Bill 700 – Maryland Department of Health – Prevent Work Place Violence in Health Care Settings Public Awareness Campaign Workgroup*. This bill will establish a workgroup to develop a public awareness campaign on preventing workplace violence in health care settings.

MCHS is a network of federally qualified health centers focused on providing somatic, behavioral, and dental health services to underserved communities. Through the course of the pandemic, MCHS facilities have remained open to support and provide essential care to the 240,606 patients we serve in communities most in need. This could not have been done without our hardworking and steadfast health care workers.

Unfortunately, even before the pandemic, health care workers are and continue to be at an increase risk of workplace violence. Incidents of workplace violence are four times higher in healthcare than other occupations.¹ Violence is often vastly underreported because they only count days that led to time away from work. Health care facilities can reduce violence in the workplace by ensuring proper record keeping, hazard prevention and control, worksite analysis and hazard identification, and safety and health training.²

This bill serves as an important starting point to address workplace violence. For these reasons, we ask for a favorable report. If we can provide any further information, please contact Suhani Chitalia at schitalia@policypartners.net.

¹ <https://www.osha.gov/sites/default/files/OSHA3826.pdf>

² <https://www.osha.gov/sites/default/files/OSHA3826.pdf>

SB 700 - MDH - Prevent Workplace Violence in HC Se

Uploaded by: William Pallozzi

Position: FAV



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Vice President, Government Affairs
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SB 700 – Maryland Department of Health – Prevent Workplace Violence in Health Care Settings Public Awareness Campaign Workgroup

Position: *Support*

March 17, 2022

Senate Finance Committee

Bill Summary

SB 700 would require the Maryland Department of Health to convene a workgroup to develop a public awareness campaign to prevent workplace violence in health care settings. The campaign would provide the public with information on:

1. The magnitude of the incidence of workplace violence in health care settings in Maryland;
2. The consequences of the workplace violence in health care settings in Maryland;
3. The need for the public to respect and protect Maryland’s health care providers from workplace violence; and
4. The need to recognize and accommodate the needs of patients with mental health, substance abuse, and disabilities.

Rationale

According to the Occupational Safety and Health Administration (OSHA), approximately 75 percent of nearly 25,000 workplace assaults reported annually occur in health care and social service settings, and workers in health care settings are four times more likely to be victimized than workers in other industries. The Bureau of Labor Statistics data shows that violence-related injuries are four times more likely to cause health care workers to take time off from work than other kinds of injuries. Violence against health care workers occurs in virtually all settings, with the emergency department and inpatient psychiatric settings having the most recorded incidents.

Alarming, the actual number of violent incidents involving health care workers is likely much higher, because episodes of workplace violence are grossly underreported. Health care has several unique cultural factors that may contribute to underreporting or acceptance of workplace violence. For example, caregivers feel a professional and ethical duty to “do no harm” to patients. Some will put their own safety and health at risk to help a patient, and many health care professionals consider violence to be “part of the job.”

Protecting associates from the dangers of workplace violence is a key priority for MedStar Health. As a result, in 2017, MedStar Health established a Workplace Violence Prevention Committee. The Committee has:

- Developed and implemented a systemwide electronic system for reporting incidences of workplace violence;
- Developed a zero-tolerance policy for workplace violence;
- Trained over 2,400 associates working in three high-risk areas (security, behavioral health, and emergency department) in de-escalation and physical skills;
- Implemented a new mandatory training module for all 36,000 associates on what efforts MedStar Health is undertaking to ensure the safety of associates and patients;

-more-

It’s how we treat people.

- Beginning in September 2019, de-escalation training for over 12,000 associates whose responsibilities place them in a position of dealing directly with patients, visitors, and other members of the community;
- Produced and distributed the video to educate all associates on MedStar Health’s Active Shooter – Code Silver policy and procedures; and
- Provided personal wearable safety alarms.

While the comprehensive Workplace Violence Prevention Program has made strides in ensuring MedStar Health associates are safe, the violence continues and, in some instances, is increasing. Violence against health care workers should not be accepted or tolerated as “just part of the job.” Having an increased public awareness campaign on this issue would help combat this phenomenon and provide the support our health care providers need and deserve.

For the reasons listed above, we respectfully ask that you give SB 700 a ***favorable*** report.

SB0700-463823-01.pdf

Uploaded by: Katherine Klausmeier

Position: FWA



SB0700/463823/1

AMENDMENTS
PREPARED
BY THE
DEPT. OF LEGISLATIVE
SERVICES

11 MAR 22
09:02:09

BY: Senator Klausmeier
(To be offered in the Finance Committee)

AMENDMENT TO SENATE BILL 700
(First Reading File Bill)

On page 2, strike in their entirety lines 27 and 28; and in lines 29 and 31, strike “(viii)” and “(ix)”, respectively, and substitute “(vii)” and “(viii)”, respectively.

On page 3, in line 12, strike the first comma and substitute “and”; and in the same line, strike “, and disabilities”.

SB0700-583821-01.pdf

Uploaded by: Katherine Klausmeier

Position: FWA



SB0700/583821/1

AMENDMENTS
PREPARED
BY THE
DEPT. OF LEGISLATIVE
SERVICES

16 MAR 22
09:29:20

BY: Senator Klausmeier
(To be offered in the Finance Committee)

AMENDMENT TO SENATE BILL 700
(First Reading File Bill)

On page 2, in line 30, strike “and”; after line 30, insert:

“(ix) one representative from the Maryland State’s Attorneys’ Association; and”;

and in line 31, strike “(ix)” and substitute “(x)”.

SB 700_Workplace Violence_MACS_FWA.pdf

Uploaded by: Lauren Kallins

Position: FWA

Board of Directors

Karen Adams-Gilchrist, President
Providence Center

Scott Evans, President Elect
Benedictine Programs and Services

Shawn Kros, Past President
The Arc Northern Chesapeake Region

Scott Hollingsworth, Treasurer
Appalachian Crossroads

Sequaya Tasker, Secretary
Lt. J.P. Kennedy Institute

Rob Baynard
Community Options

Rick Callahan
Compass

Daria Cervantes
The Arc Montgomery County

Mike Dyer
United Needs and Abilities

Randy Ferguson
The Center for Life Enrichment

Cindy Freeman
Spectrum Support

Terra Gaillard
United Community Supports
of Maryland

David Greenberg
The League

Monica McCall
Creative Options

Greg Miller
Penn-Mar Human Services

Clarissa Mitchell
EPIC

Michael Planz
Community Living

Jonathon Rondeau
The Arc Central Chesapeake Region

Laura Howell,
Executive Director

Senate Finance Committee SB 700

Maryland Department of Health - Prevent Workplace Violence in Health Care Settings Public Awareness Campaign Workgroup

Position: Support With Amendment

March 17, 2022

The Maryland Association of Community Services (MACS) is a non-profit association of over 100 agencies across Maryland serving people with intellectual and developmental disabilities (IDD). MACS members provide residential, day and supported employment services to thousands of Marylanders, so that they can live, work and fully participate in their communities.

The health and safety of people with intellectual and developmental disabilities, and the staff who support them, is central to the core mission of DDA licensed home and community-based providers.

These providers are highly regulated with regard to health, safety and emergency protocols of the people they support ([COMAR 10.22.02.10](#)). Staff must undergo extensive, mandatory training that includes best practices in behavior supports, communication and highly individualized training on the needs of each person with IDD that a staff person may be supporting.

In the event that staff is injured by a person they support, it is immediately responded to by the team that supports the person and may include changes in supports that better meet the person's needs, with the intention of preventing a future incident. A public awareness campaign is *very* unlikely to have any impact on reducing violence in these settings due to the unique circumstances of supporting a person with IDD—and there are already mechanisms to immediately address and reduce the occurrence of any such incidents. However, such a campaign that references workplace violence in settings that support people with disabilities could have a very negative impact on hiring at a time when IDD providers are facing the worst staffing crisis in history and could cause further stigmatization of people with intellectual and developmental disabilities.

MACS respectfully requests the following amendments that would delete references to settings that provide services to people with disabilities:

On page 2, delete lines 25-26

On page 3, line 12, delete "disabilities"

Respectfully submitted,

Laura Howell
Executive Director, MACS
lhowell@macsonline.org

SB0700 UNF opposed mcavoy.pdf

Uploaded by: vince mcavoy

Position: UNF

UNFAVORABLE on SB 956

vince mcavoy baltimore maryland

This session has the last shown a number of bills for workplace violence. This bill, SB0700 is little late to the party and is not needed. There are other bills more suitable. I urge an UNFavorable for this SB0700 bill.

The points highlighted in the bill & testimony don't tell a truthful picture of workplace needs. The bill's narrative and details omit important differences between workplace hazards, injuries & deaths. What is also omitted is how - just 2 years ago, at the behest of the Maryland hospital community - a "workplace domestic violence" bill was passed after 20 years of the bill mired in its obtuse notion that companies can file domestic violence pleadings ON BEHALF of their employees [HB0289](#). So, regardless the intellectual and legal stretch of Annapolis permitting the private sector to draw nigh into the "nanny-State" , [HB0289](#) was passed in 2021.

It seems that when a number of these bills- mostly identical and also competing for attention as Session draws down- folly like this must be the result of some federal funding issue. What poor legislators are those who feel good policy in Maryland is defined by corrupt, D.C Swamp officials State bribes. All the more so because the bill simply doesn't reflect actual dangers and lethality statistics in the workplace.

By far and by exponential factors, men suffer workplace trauma, injuries, violence and death in the workplace.

Hospital threats and awkward scenes can NOT be legislated out of existence when the 3rd highest level of deaths in America happens in hospitals.

<https://pubmed.ncbi.nlm.nih.gov/28186008/#:~:text=Recent%20studies%20of%20medical%20errors,third%20leading%20cause%20of%20death>

So I object to a bill which will ignore established death rates, ignore the relation that causes when distraught family and friends attempt to intercede on behalf their sick or dying hospital patient, and then create a narrative based on fantasy...namely that assaults happen in ALL jobs and focus on healthcare workers is an anti-worker bias and a poor history of dealing with palliative care in a timely manner.

Want patients to be less agitated at hospitals? Draft legislation that eliminates rampant mistakes, drug abuse and data mismanagement in hospitals and urgent care facilities.

According to the Journal of Clinical Nursing, TWENTY [20] PERCENT of **nurses are DRUG ADDICTS**.

<https://www.addictioncenter.com/addiction/medical-professionals/#:~:text=Medical%20Professionals%20Substance%20Abuse%20Statistics&text=According%20to%20the%20Journal%20of,addiction%20to%20drugs%20or%20alcohol.&text=1%20in%2010%20physicians%20will,lives%2C%20mirroring%20the%20general%20population> .

This isn't complicated folks. Industry makes caring decisions with far greater speed and acuity than simpleton, financial return-on-investment or “feel-happy” healthcare standards.

<https://www.datapine.com/kpi-examples-and-templates/healthcare>

Which is to say, instead of being concerned with metrics in hospitals which pulse-check patients' satisfaction with hospital outcomes, these “feel-happy” hospitals and urgent care facilities should actually - gasp - **deliver** satisfactory outcomes.

Of particular relevance, if one is to infer any need or timeliness for this bill related to violence, is that - as shared in testimony this Monday in HGO Committee during Dan Cox's [HB1379](#) - hospitals are inciting this violence by heartless & capricious hospital policies which ignore longstanding hospital/ healthcare policy [Luke9]

While thankful for the opportunity to flesh out this yet-unmet, palliative care need disregarded by the Hospital Industry, it is easy to see why patients & Marylanders suffer from misdirection in Maryland's hospitals and urgent care facilities -- HGO. You should be thankful (& praying) for the upcoming change in committee leadership in 2023.

I cannot state any plainer what a Godless, lying, anti-American, anti-science cluster of ignorance & propaganda your dug-in colleagues on HGO stink up Bladen Street. I am hopeful my bill assignments next Session stay solidly in the more objective fact-based Judiciary Committees. But I digress....

ALREADY IGNORED

There have been a number of similar bills which have been reviewed and not furthered this Session. Others include <https://mgaleg.maryland.gov/mgaweb/legislation/details/SB0298>

and Ciliberti's [HB1154](#), which is a disciplined approach toward extending the limited categories of public service employees to nurses/medical employees interacting with the public meriting law which covers their vulnerable backs (not to be extended to, say, janitors & hospital valets & cafeteria ladies

I urge an UNFavorable for this needless, bureaucrat-laden effort in SB0700.

humbly offered

~vince

SB0700 UNF opposed mcavoy.pdf

Uploaded by: vince mcavoy

Position: UNF

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vince mcavoy baltimore maryland

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