

My name is Dr. Shannon Graf. I have been practicing emergency medicine in the state of Maryland for the past 10 years. I am speaking on behalf of myself. I am in favor of SB568. As a victim of workplace violence (I was recently physically assaulted, choked, and beaten during a shift) I know first-hand that emergency physicians and nurses experience unacceptably high rates of verbal threats and abuse. These threats, which can quickly escalate to physical assaults (as I experienced in my case), interfere with our ability to care for our other patients, create disruption and delays that lead to longer wait times, and lead to burnout and attrition of experienced physicians and nurses. Maryland already leads the nation by having the longest ED wait times to see a provider, and the exodus of experienced nurses from the bedside has created a staffing crisis at many Maryland emergency departments. Workplace violence is commonly cited as a reason for this attrition. Furthermore, physicians and nurses who have suffered assaults often need to take time off to recover, have surgery, or attend physical therapy, creating even more personnel gaps, and increasing direct and indirect costs.

Emergency physicians and nurses want to provide effective, safe, and efficient care for patients, but in order to do so, we need to practice in a setting free from threats of violence and physical harm. Suffering verbal threats and physical assaults is not “part of the job description” – this line of thinking is insulting and defeatist. And, as evidenced by staff attrition, nurse vacancy rates, and ED wait times, we need to do better. SB568 is a small step towards protecting those of us on the front lines by creating a consequence for verbal and written threats. As a result, disruption and delays caused by workplace violence will decrease, Maryland EDs will retain more experienced physicians and nurses, and the ED will be a safer place for our patients.

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