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Medical Center
600 Medical Center Drive
Newton, KS 67114
316-283-2700
myNMCHealth.org

TO: House Judiciary Committee

FROM: Vallerie L. Gleason
President and CEO
NMC Health, Newton, KS

DATE: February 10, 2022

RE: Proponent of House Bill 2620

On behalf of NMC Health I appreciate the opportunity to provide testimony in support of House Bill 2620.

NMC Health is considered a 99-bed "rural PPS" hospital in Newton, KS and Harvey County's sole hospital serving 85,000 population. We consist of an acute care hospital, home health and private duty agency, four primary care clinics in Harvey and Sedgwick Counties, five specialty clinics in Newton, and two urgent care centers. We employ over 800 persons, including full-time Hospitalists and Emergency Services physicians. Inpatient and outpatient services include but are not limited to obstetrics, geri-psychiatry, rehabilitation, therapies, interventional cardiology, wound care/hyperbaric oxygen, infusion therapy, critical care, and more. We welcome 250-325 students annually for shadowing, clinical rotations, and intern/capstone work from middle school to post-doctoral. With partner USD 373 we host Project Access, a program for the developmentally disabled to aid their readiness-for-jobs at age 21; and yes, we hire from the program!

This bill is important because we are concerned about our employees' safety and security in our workplaces on and off campus. Healthcare workers have become accustomed to workplace aggression including violence (WPV) directed toward them. Many admit it is normalized as an expected, routine part of the job. We formalized a WPV policy with the cooperation of our Board of Directors, multiple staff members, Newton Police Department, Harvey County Attorney and our liability insurance carrier. We've spent several years and no small amount of effort teaching and reinforcing with our staff that WPV directed at our employees is not tolerated. We've intervened many times when employees were uncomfortable making police reports. And we've made reports on their behalf. We offer and pay for an Employee Assistance Program to aid them after an occurrence. Despite these measures, we believe instances of aggression and aggressive threats may still be underreported for a variety of reasons.

Staff should not have to report to work and fear being physically handled or being threatened, including death threats, from the very patient/family/visitors they are working to assist. As a result of the public's behaviors on our grounds and within our facility, we have initiated multiple security actions, including but not limited to cameras, enhanced interior and exterior lighting, one-button facility lockdown capability, direct panic button to county dispatch, badge access to secure areas, and many other actions

that I don't wish to publicize. We worked with our facility's insurance broker and carrier to keep them informed. With the Kansas Hospital Association's help, we were the first Kansas hospital to implement TEAM (1) training for all employees with additional TEAM specialized training for high-at-risk staff in Emergency, Psychiatry, Obstetrics, and Critical Care and other key staff.

Our staff sometimes report being afraid at work, especially at night and especially in the Emergency Department. We have an outstanding relationship with Newton Police Department and offer them an auxiliary office on our campus as a community service. We are working on an arrangement to fully underwrite a night shift city police officer for our campus in lieu of a security guard service that can be fraught with administrative issues in small hospitals.

OSHA reported in 2021 that health care workers account for approximately 50% of all victims of workplace violence, with nurses bearing the brunt. Workers in healthcare settings are 4 times more likely to be assaulted than workers in private industry. Forty-seven percent (47%) of emergency room doctors report having been physically assaulted on the job, compared to 70% of emergency nurses. And 87% of US nurses overall are women. (2)

Hospitals' pandemic requirement have escalated the public's negative behavior from front door to bedside and out to the grounds. We are required to perform health screening upon facility admission; ask persons to wear a mask, practice social distancing, and limit visitors. In general, our staff report the public is more contentious, argumentative, and combative than ever before and our staff require more managerial assistance to deal with it in real time.

Scenarios and data from NMC Health.

- In one year, 59 reported acts of aggression, verbal threats, physical violence against a staff member by patients and visitor.
    - Emergency Department. The vast majority related to this department.
        - Drugs, alcohol are often involved and often specific drugs and dosages are being requested by patients or their significant other.
        - Multiple behavioral health patients evaluated, declared medically stable, and subsequently sent to Larned or Osawatomie Hospitals involuntarily or to other behavioral health facilities voluntarily. Some are held in the ED or in our Critical Care unit or in a Medical-Surgical unit until safe care plan and transport are arranged and this is sometimes for days. All care is 1:1 staffing care with use of hospital-provided human sitters (we don't have cameras for this purpose). (3)
        - Several ED patients threatened to leave and return with weapons.
        - Multiple persons accompanied in by law enforcement.
    - Obstetrics. a gun was quickly loaded with bullets and then dramatically flashed at staff during newborn infant's dismissal process while nurse was attempting to secure infant car seat in family vehicle.
    - Medical-Surgical. Staff have experienced mostly verbal aggression and sometimes physical aggression by dementia patients.
    - Geri-Psych. Dementia patients.
    - Three (3) reports to County Attorney (constitutes patients with dementia that attacked staff and inflicted harm).
    - Six (6) police reports for patient attacks against our employees.
    - Newton Police Department responds, on average, 1-2 times weekly to our staff's call for presence.

    - Two (2) no trespassing orders requested by hospital and granted.
- Other examples in other recent years:
    - Surgeon threatened with death by an adult son if his mother did not get well after a lengthy emergency surgery. This threat occurred when surgeon spoke to the son in the Surgery Waiting Room.
    - An R.N. was pushed and shoved by two male visitors of an elderly female patient.
    - Estranged male spouse came to settle things with female employee who was at work and already had a Protection from Abuse order in effect. This has happened twice with two different employees. Hospital enacted its Incident Command System in one instance.
- Very recent example:
    - Two Emergency department employees attacked and one injured; final case outcome pending.

Hospitals are under pressure to PROTECT and DEFEND their on-duty staffs. It is not just a moral duty, it is an imposed duty through OSHA's General Duty Clause. We have responded with significant investments into education, training and policy development, investments into the physical plant and investment into our partnership with local law enforcement. This is a job that goes beyond an individual hospital to control on its own. Training, policies, education, and facilities investments are a wonderful start. A society and public policy that imposes a just consequence to fit the action may be helpful.

This bill seems to better fit the incident with the consequence. Statistically speaking, healthcare workers are vulnerable to violence at work. Your responsible Kansas hospitals have reacted appropriately in their communities, making huge investments and efforts to protect their employees. Those measures alone have not erased the incoming incidents. If they are to occur, then strengthening the consequence may be one way that society can answer to the commission of such actions against the people at work in your community's hospitals.

Your community's acute care hospitals have indisputably become the "place of last resort" for multiple social service agencies, other types of health care settings, physician offices, long-term care facilities, EMS, and yes, law enforcement. Either the behavior cannot be managed in these environments or there is a need to ensure the person's medical stability before being placed elsewhere. These persons are sometimes accompanied by significant others who also display behaviors. Sometimes law enforcement can remain on premises to monitor and assure protection for staff and other innocent bystanders or other patients but not always. The hospital stands alone.

These disruptive behaviors indeed interfere with our normal work.

Thank you for your consideration of our comments. We ask for a call to action on behalf of hospitals who are often a community's place of last resort. No healthcare worker should have to be afraid to go to work. We ask that the committee recommend favorably HB 2620.

(1) Techniques for Effective Aggression Management https://hss-us.com/risk-consulting-and-training/workplace-violence Accessed 02/03/22
(2) https://www.webmd.com/a-to-z-guides/news/20210318/on-the-front-lines-violence-against-nurses-on-the-rise Accessed 02/03/22

(3) NMC Health CY 21 Q4. “Twenty-Four Hours per Day SI Sitters Report.” Sitters are used in addition to regular staffing for the continuous monitoring of “behavioral” patients ranging from suicidal to aggressive such as Level 3 suicide observation, homicide or assault risk, elopement, fall risk and other safety issues. This report represents our hospital’s most recent quarter for all sitters, all reasons.

Level 1 Risk to self/others: Patient is visualized a minimum of every quarter of an hour by staff.
Level 2 Risk to self/others: Patient is in the constant line of vision of a specifically- assigned staff member.
Level 3 Risk to self/others: Specifically-assigned staff member remains in room with patient and maintains a constant line of vision on the patient.