



# Ascension

October 2, 2018

## Testimony regarding HB's 6203 & 6204

Good morning Mr. Chairman and Members of the House Law & Justice Committee:

I am Donna Emch and I am currently the East Region Administrative Director Emergency/CDU Services for Ascension S.E. Michigan and a nurse. With me today is Gayle Novack who is the Vice President of Nursing for Ascension St John Hospital and Jeremy Keinath, Nurse Manager, Emergency Department, Ascension St. Mary's Hospital. We are honored to provide testimony on behalf of Ascension Michigan which is part of Ascension Health, the largest not-for-profit and largest Catholic health system in our nation. We want to thank Representative Vaupel for the introduction of HB's 6203 & 6204 which would add health professionals and medical volunteers to the list of occupations for which an assault or act of violence would be a felony. Ascension Michigan strongly supports this legislation.

Workplace violence is a serious occupational risk. Over nine hundred deaths and 1.7 million nonfatal assaults occur each year in the United States due to workplace violence. In data collected by OSHA Healthcare workers are at an increased risk for workplace violence which occurs as much as four times more in healthcare than in other industries. While the emergency department, in particular, has become a dangerous work setting because of violence from patients and visitors, we see these incidences throughout our hospital units. Over 70% of nurses have reported either physical or verbal assault by patients or visitors while providing care. The cost of violence in the workplace is loss of work days, temporary or permanent harm and lasting psychological trauma. The cost of replacing a registered nurse is \$60 - \$100,000.

Our healthcare organization tracks and trends incidences of workplace violence with an understanding that the statistics we track are underreported. We have an average of 35 reported incidences of workplace violence per month in just one of our health systems; Ascension S.E. Michigan. In my previous testimony to the Senate Judiciary Committee about 18 months ago, I referenced a recent incident of workplace violence. Sadly, this same type of occurrence happened again last week whereby a patient got out of bed choked a nurse, threw punches at the physician who was trying to help and threw a technician against the wall. Fortunately, our security team responded quickly and prevented any further injury. This is just a description of one incident. Unfortunately, I could give countless examples whereby our staff is subjected to verbal and physical violence by patients or visitors.

These violent incidences have a lasting affect not only on the hospital staff, but it also affects other patients and visitors who seek care in our hospitals. Our healthcare systems mission of providing care to the sick, the poor, the vulnerable is at risk by threats and acts of violence. Patients and visitors have expectations of a hospital experience that includes compassionate quality medical care in a safe place.



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They should not have to fear for their own safety or their loved ones. The amount of resources such as security officers, physicians, nurses, as well as other staff that are diverted from patient care activities to de-escalate a violent situation are significant. Once again, this compromises the security, safety, and medical care of all patients.

Many healthcare organizations, including Ascension Michigan hospitals, have taken preventative measures in an attempt to circumvent workplace violence to assure the safety and security of staff, patients and visitors. This includes training in crisis intervention prevention or de-escalation techniques, increasing security staff, instituting panic alarms, environmental controls designed to improve safety, and instituting violence prevention programs. Debriefing tools, tracking and trending, and counseling are all measures utilized in response to the increase in violent events.

We have been exposed to the perception that violence in the emergency department and other units of the hospital is "part of the job". Violence has become acceptable in our culture and in certain circumstances, our court system. Concern for the mental health patient has been a barrier in some instances to enacting stronger penalties for assault/battery of healthcare personnel. There is a concern of whether or not an individual with a behavioral health diagnosis is aware of his or her actions in a healthcare setting. This has caused angst in decisions to initiate charges of assault/battery with subsequent prosecution of individuals that perpetrate violent acts on our hospital staff. As with any other violent act it is critical that our justice system be allowed to follow its natural course in determining competence for prosecutorial circumstances.

Stronger legislation is critical in protecting healthcare staff that have been victims of violence in the workplace thus reinforcing the standard that assault and battery is not part of anyone's job. The Emergency Nurse Association, American College of Emergency Physicians, the American Nurses Association all call for action to increase penalties for acts of workplace violence. Currently more than 34 States have some sort of enhanced penalty for assault/battery on an emergency department staff, and more than 29 states have made it a felony. It is imperative that Michigan respond by moving forward HB's 6203 & 6204 to increase the penalties for assault/battery against health professionals and medical volunteers.

Thank you for the opportunity to be here today in support of HB's 6203 & 6204. We would be happy to answer any questions.