

HB

312

<TARGET><BILL>HB 312</BILL><SUBJECT>HB
312</SUBJECT><COMM>SJUD30</COMM></TARGET>



Alaska State Legislature

Representative Matt Claman

Session: State Capitol, Rm 118 Juneau, AK 99801 Phone: 465-4919
Interim: 1500 W. Benson Blvd., Anch, AK 99503 Phone: 269-0130

House Bill 312 Sponsor Statement

"An Act relating to arrest without a warrant for assault in the fourth degree at a health care facility; and relating to an aggravating factor at sentencing for a felony offense against a medical professional at a health care facility."

Alaska hospitals have reported an increase in workplace violence over the past year, including assaults with physical injury against caregivers, such as being kicked, punched, spit on or verbally threatened. This violence can vary, including patient-on-caregiver violence, and visitor-on-caregiver violence.

Hospitals have reported that if staff contact the police to report an assault, law enforcement is often only able to cite the perpetrator and leave them at the hospital. Police often do not make an arrest because many of these offenses fall into the category of fourth degree assault, in which an officer must have a warrant to arrest an individual.

House Bill 312 addresses this issue by allowing for arrest without a warrant for a fourth degree assault in a health care facility. By removing the barrier of obtaining a warrant, perpetrators can be removed from health care facilities and hard-working medical professionals will be safe to continue their work. Additionally, House Bill 312 adds an aggravator to Alaska's felony assault statute when that assault is knowingly perpetrated against a medical professional in the performance of their duties.

Hospitals, emergency rooms, and other health care facilities are meant to be places where medical professionals can safely administer care. If this issue is left unaddressed, it could impact the well-being and quality of care for all patients. House Bill 312 supports hard-working nurses, doctors, and other medical professionals throughout Alaska.

Staff Contact: Lizzie Kubitz
Lizzie.Kubitz@akleg.gov

January 29, 2018

Representative Matt Claman and Representative Chuck Kopp
State Capitol Room 118
Juneau, AK 99801

Dear Representatives Claman and Kopp:

We are writing to thank you for sponsoring HB 312, "an act relating to arrest without a warrant for assault in the fourth degree at a health care facility; and relating to an aggravating factor at sentencing for a felon offense against a medical professional at a health care facility."

Alaska hospitals have reported an increase in workplace violence over the past year, including assaults with physical injury against caregivers. Staff report feeling unsafe in the workplace. They experience being kicked, punched, spit on or verbally threatened all too often. This should not be an acceptable workplace hazard. Unfortunately, for many nurses, physicians, and other caregivers, this has become the new normal.

Many assaults fall into the category of fourth degree assault in which an officer must have a warrant to arrest an individual. We have learned that this process may be part of the reason that police often cite and leave an individual on scene rather than arresting them. We support making it easier for law enforcement to remove perpetrators of assault by eliminating the need for a warrant when an assault has occurred at our health care facility. All patients deserve to have access to care without fear of assault from other patients/visitors.

We also support allowing sentences to be imposed above the presumptive range for felony offenses against a medical professional at a health care facility. This sends a clear message to our health care providers that they are supported and valued.

We recognize legislation is only one potential solution to the complex problem. To successfully address this issue, our facility has a comprehensive strategy using evidence-based practices. At North Star Behavioral Health System we have implemented many strategies to help keep our employees safe, such as training all clinical staff in de-escalating physical and verbal aggression, additional staff as circumstances require, preemptive assessment of risk factors, code training for all staff, etc.

Please let us know if there is anything we can do to support this moving forward. Thank you very much for your advocacy on this important issue.

Sincerely,



Dr. Andrew Mayo, PhD
CEO North Star Behavioral Health System



Wrangell Medical Center
1000 1st Ave
Wrangell, AK 99801
Phone: (907) 823-1100
Fax: (907) 823-1100
www.wrangellmedicalcenter.com

Mission:

To enhance the quality of
life for all we serve

Vision:

Honor our heritage and be
the pride of the community

Values:

- Integrity
- Compassion and Caring
- Trust
- Transparency
- Loyalty
- Honoring our Heritage
- Quality
- Fiscal Responsibility

January 29, 2018

Representative Matt Claman and Representative Chuck Kopp
State Capitol Room 118
Juneau, AK 99801

Dear Representatives Claman and Kopp:

We are writing to thank you for sponsoring HB 312, "an act relating to arrest without a warrant for assault in the fourth degree at a health care facility; and relating to an aggravating factor at sentencing for a felon offense against a medical professional at a health care facility."

Alaska hospitals have reported an increase in workplace violence in recent years, including assaults with injury against caregivers. Staff report feeling unsafe in the workplace. They experience being kicked, punched, spit on or verbally threatened all too often. This should not be an acceptable workplace hazard. Unfortunately, for many nurses, physicians, and other caregivers, this has become the new normal.

During the 2 year period, January 2016 thru December 2017, Wrangell Medical Center has documented 24 Incident Reports involving aggression or aggressive actions. Of these Incident Reports; 16 of the 24 resulted in completion of "OSHA Form 07-6100 Employee Report of Occupational Injury or Illness to Employer". The majority of these reports were minimal injury and more for informational purposes. However, the sheer number averaging one aggressive episode per month is alarming, given the size of our small facility.

We recognize legislation is only one potential solution to the problem. To successfully address this issue, each facility needs to implement a comprehensive strategy using evidence-based practices. At Wrangell Medical Center, we have implemented the following strategies to keep our employees safe. Our staff training includes: *Workplace Violence Prevention* and *NCI - Non-Violent Crisis Intervention*. Both of these classes focus on ways to avoid or minimize aggressive episodes. Staff members learn how to identify potential aggression, de-escalation methods, and safe body mechanics to get release from or block aggressive actions from others

There is the potential for future assaults falling into the category of fourth degree assault in which an officer must have a warrant to arrest an individual. We have learned that this process may be part of the reason that police often cite and leave an individual on scene rather than arresting them. We support making it easier for law enforcement to remove perpetrators of assault by eliminating the need for a warrant when an assault has occurred at our health care facility.

We also support allowing sentences to be imposed above the presumptive range for felon offenses against a medical professional at a health care facility. This sends a clear message to our health care providers that they are supported and valued.

Please let us know if there is anything we can do to support this moving forward. Thank you very much for your advocacy on this important issue.

Sincerely,

Robert Rang, CEO

*Caring for
Southeast*



January 30, 2018

**Representative Matt Claman and Representative Chuck Kopp
State Capitol Room 118 and State Capitol Room 13
Juneau, AK 99801**

Dear Representatives Claman and Kopp:

The Alaska State Hospital and Nursing Home Association (ASHNHA) is writing in support of HB 312, which addresses violence against health care workers.

ASHNHA is the membership organization representing Alaska's hospitals and skilled nursing facilities. Our members provide critical health care services in their communities, including inpatient acute care, emergency services, primary care and behavioral health. For over 60 years, ASHNHA members have worked to improve health care in Alaska.

Alaska hospitals have reported an increase in workplace violence over the past year, including assaults with physical injury against caregivers. Staff report feeling unsafe in the workplace. They are kicked, punched, spit on or verbally threatened all too often. Violence should not be an acceptable workplace hazard, but unfortunately for many caregivers, this has become the new normal.

This bill supports our physicians, nurses, CNAs and other staff who devote their careers to caring for Alaskans. We strongly support the ability of police officers to arrest without a warrant for fourth degree assault in a health care facility, and the addition of an aggravator in the felony assault statute when that assault is perpetrated against a medical professional in the performance of their duties. Both provisions send the message that as a state, we do not tolerate violence against health care workers. Hospitals should be safe and healing places, free of violence, where all in need can seek care. This bill helps to ensure that they remain those safe and sacred places.

Please let us know if there is anything we can do to support this important legislation moving forward. Thank you very much for your advocacy on this important issue.

Sincerely,

Becky Hultberg, President/CEO



January 31, 2018

Representative Matt Claman and Representative Chuck Kopp
State Capitol Room 118
Juneau, AK 99801

Dear Representatives Claman and Kopp,

We are writing to thank you for sponsoring HB 312, "an act relating to arrest without a warrant for assault in the fourth degree at a health care facility; and relating to an aggravating factor at sentencing for a felon offense against a medical professional at a health care facility."

Alaska hospitals have reported an increase in workplace violence over the past year, including assaults with physical injury against caregivers. Staff report feeling unsafe in the workplace. They experience being kicked, punched, spit on or verbally threatened all too often. This should not be an acceptable workplace hazard. Unfortunately, for many nurses, physicians, and other caregivers, this has become the new normal.

In a three hundred day period of 2017 Providence Alaska Medical Center experienced 181 reported assaults per the Alaska Statute definition of assault. Many medical professionals feel that being assaulted is a part of the profession and do not report the incidents. Other well qualified medical professionals seek employment in areas where there is less risk of being assaulted. This takes away from our community, and the people we are responsible to care for. As part of our mission we will always take care of the poor and vulnerable, but our medical professionals must feel safe in doing so. They must not, and should not feel that being assaulted is just a part of their jobs.

Many assaults fall into the category of fourth degree assault in which an officer must have a warrant to arrest an individual. We have learned that this process may be part of the reason that police often cite and leave an individual on scene rather than arresting them. We support making it easier for law enforcement to remove perpetrators of assault by eliminating the need for a warrant when an assault has occurred at our health care facility.

We also support allowing sentences to be imposed above the presumptive range for felony offenses against a medical professional at a health care facility. This sends a clear message to our health care providers that they are supported and valued.

We recognize legislation is only one potential solution to the complex problem. To successfully address

this issue, each facility needs to implement a comprehensive strategy using evidence-based practices. At Providence Alaska Medical Center we have implemented the following strategies to keep our employees safe.

- **We have created a De-escalation Committee tasked with creating and revamping policies and procedures to better protect our medical professionals.**
- **We have more than doubled the amount of surveillance cameras throughout the facility**
- **We have added de-escalation K9s to our security team.**
- **De-escalation classes are offered and are now mandatory for all employees.**

Please let us know if there is anything we can do to support this moving forward. Thank you very much for your advocacy on this important issue.

Sincerely,

A handwritten signature in black ink that reads "Richard Mandsager MD". The signature is written in a cursive style with a large, sweeping flourish at the end.

**Richard Mandsager MD
Chief Executive, PAMC**



Danny Rabinette, MD, FACS
Testimony, HB 312
House Judiciary Committee, Feb. 5, 2018

For the record, my name is Danny Rabinette and I am the Chief Medical Officer of Foundation Health Partners. Our organization represents Fairbanks Memorial Hospital, Denali Center and Tanana Valley Clinic and includes over 1600 health care employees.

- I write today to support HB 312, which helps to address the serious concern of workplace violence in health care facilities. Alaska hospitals are experiencing an increase in workplace violence over the past year, including assaults with physical injury against caregivers. In the past 18 months, we have had over 182 incidents with either violence or a threat of violence to health care staff in our hospital alone. On average only about 35% of incidences are actually reported, which makes the potential of over 500 events with either violence or a significant threat of violence to our staff.
- Violence should not be an acceptable workplace hazard. Unfortunately, for many nurses, physicians, and other caregivers, this has become the new normal.
- Many assaults fall into the category of fourth degree assault in which an officer must have a warrant to arrest an individual. We have learned that this process may be part of the reason that police often cite and leave an individual on scene rather than arresting them. We support making it easier for law enforcement to remove perpetrators of assault by eliminating the need for a warrant when an assault has occurred at our health care facility.
- We also support allowing sentences to be imposed above the presumptive range for felony assaults against a medical professional at a healthcare facility. This sends a clear message to our health care providers that they are supported and valued.



- We recognize legislation is only one potential solution to the complex problem. To successfully address this issue, each facility needs to implement a comprehensive strategy using evidence-based practices. At Foundation Health Partners we have implemented the following strategies to keep our employees safe: Non-Violent Crisis Intervention Training (de-escalation techniques) for all nursing staff, security staff, and environmental services staff; increased presence of security in high risk areas with additional training for our security staff; processes to identify patients with a high risk of violence so staff can be aware and not interact with the patient alone.
- We urge you to pass this legislation and send a strong message to nurses, physicians and other caregivers that Alaska takes this issue seriously

A handwritten signature in black ink, appearing to read "Penny R. Robinette", is positioned above the typed name.

Penny Robinette, MD, FACS
Chief Medical Officer
Foundation Health Partners



**GENERAL
TEAMSTERS
LOCAL 959
STATE OF ALASKA**

Affiliated with the International Brotherhood of Teamsters
Rick Boyles, Secretary-Treasurer
520 E 34th Ave., Suite 102, Anchorage, Alaska 99503
Phone (907) 751-8501 • Fax (907) 751-8599

February 2, 2018

Honorable Matt Claman and Chuck Kopp
Alaska House of Representatives
State Capitol Room 118
Juneau, AK 99801

Re: HB 312 – Workplace Violence in Health Care Facilities

Dear Representatives Claman and Kopp:

On behalf of the Teamster members we represent at South Peninsula Hospital, Inc. and Kodiak Island, we want to thank both of you for introducing HB 312 – Workplace Violence in Health care Facilities; specifically relating to arrest without a warrant for assault in the fourth degree at a health care facility.

Workplace violence is a serious problem. In hospitals, and other healthcare facilities, possible sources of violence include patients, visitors, intruders and even coworkers. Health care professionals including Doctors, Nurses, Emergency Room Technicians, and CNA's experience verbal threats and physical attacks by patients (usually drug and or alcohol related).

On average, incidents of workplace violence are more common in healthcare than in private industry. Many of the assaults fall in the category of fourth degree, requiring the officer to have a warrant in order to arrest. Most of these assaults occur in the late night hours, making it difficult at best, for an officer to attain a warrant. Eliminating the need for a warrant allows the offending individual to be removed from the healthcare facility quicker.

The bill also allows sentencing that could be considered above the presumptive range for a felony offense. We believe this sends a strong message not only to our Teamster Health Care professionals, but all health care professionals around the state.

Workplace violence has impacted many of our members over the years, requiring not only medical treatment, lost time from the job, but also serious stress and fatigue issue. As such, this creates an additional burden on Worker Compensation cost.

HB 312 may not end violence in healthcare facilities but can be one of many tools that healthcare facilities can utilize as they strive to create a more effective and comprehensive workplace violence plan. On behalf of our Teamster Healthcare professionals, we thank you and ask the members of the Judiciary committee to support the bill as well.

Sincerely,

TEAMSTERS LOCAL 959

Barbara Huff Tuckness
Director Government and Legislative Affairs

BHT:j





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(907) 458-5324 Fax
www.foundationhealth.org
1650 Cowles Street
Fairbanks, AK 99701

**Jim Lynch
Testimony, HB 312
House Judiciary Committee, Feb. 5, 2018**

For the record, my name is Jim Lynch and I am the Chief Executive Officer of Fairbanks Memorial Hospital and Denali Center. Our community owned hospital and long term care facility provides care for a primary service area of more than 7000 miles

Last year we delivered more than 1000 babies, had more than 40,000 patient days and treated close to 40,000 patients in our Emergency Department. We also experienced almost 100 documented instances of workplace violence, and many occurrences don't get reported because they've become so commonplace. Work place violence is not rare. We care for many of the community's most challenged members and with this comes its own unique set of challenges. Unfortunately biting, kicking, spitting, and hitting have become regular occurrences

These situations occur in all areas of the hospital. Staff throughout our facility are routinely subjected to verbal and physical abuse while at the same time providing critical patient care.

- I am in support of HB 312, which helps to address the serious concern of workplace violence in health care facilities. Alaska hospitals are experiencing an increase in workplace violence over the past year, including assaults with physical injury against caregivers. At Fairbanks Memorial Hospital and Denali Center;
 - Our nurses, physicians, and care providers are routinely punched, kicked, scratched, spit on and have things thrown at them.
 - Several staff members have required medical care as a result of the abuse.
- Violence should not be an acceptable workplace hazard, but unfortunately, for many nurses, physicians, and other caregivers, this has become the new norm. At Fairbanks Memorial Hospital, we're feeling the impact:
 - Employees quit to pursue job opportunities in less volatile environments. Some of the positions are hard to recruit for and are in high demand.
 - The relationship between a care provider and a patient is important – violence creates tension and stress in the relationship.
 - Nurses and Physicians who sustain injury at the hand of a patient often require medical care - this can create a delay of important care to the patient while the Injured physician or nurse is replaced by another care provider. If this happens in the Emergency Department, it can create a shortage of physicians – making it more difficult to provide care to other patients.



- Increased workman's comp claims.
- Increased operational expenses – security, equipment, staffing, etc.

- Many assaults fall into the category of fourth degree assault in which an officer must have a warrant to arrest an individual. We have learned that this process may be part of the reason that police often cite and leave an individual on scene rather than arresting them. We support making it easier for law enforcement to remove perpetrators of assault by eliminating the need for a warrant when an assault has occurred at our health care facility.

- We support allowing sentences to be imposed above the presumptive range for felony assaults against a medical professional at a health care facility. This sends a clear message to our health care providers that they are supported and valued.

- We recognize legislation is only one potential solution to the complex problem. To successfully address this issue, each facility needs to implement a comprehensive strategy using evidence-based practices. At Fairbanks Memorial Hospital and Denali Center we've implemented the following strategies to keep our employees safe:
 - Increased staffing
 - Provided additional training and education
 - Security scheduled 24/7
 - Implemented a "threat alert" program

- We urge you to please pass this legislation and send a strong message to nurses, physicians and other caregivers that Alaska takes this issue seriously.

Respectfully submitted,

Jim Lynch
Chief Executive Officer
Fairbanks Memorial Hospital & Denali Center



Executive Offices
3100 Channel Drive, Suite 300, Juneau, AK 99801
907 463.4000 - www.searhc.org

February 6, 2018

Representative Matt Claman and Representative Chuck Kopp
State Capitol Room 118
Juneau, AK 99801

Dear Representatives Claman and Kopp:

We are writing to thank you for sponsoring HB 312, "an act relating to arrest without a warrant for assault in the fourth degree at a health care facility; and relating to an aggravating factor at sentencing for a felony offense against a medical professional at a health care facility."

Alaska hospitals have reported an increase in workplace violence over the past year, including assaults with physical injury against caregivers. Staff report feeling unsafe in the workplace. They experience being kicked, punched, spit on or verbally threatened all too often. This should not be an acceptable workplace hazard. Unfortunately, for many nurses, physicians, and other caregivers, this has become the new normal.

Along with other Alaska hospitals, SEARHC has experienced this same increase in incidents between healthcare workers and disgruntled patients. Employees in high risk areas, such as Registration, Travel, Emergency Department and Pharmacy, repeatedly report aggressive confrontations and direct threats to their safety. Employees have received threats of gun attacks, physical violence and have witnessed as patients destroyed treatment rooms while in a violent state of mind. SEARHC has been fortunate to have experienced only a handful of assaults and very few injuries; however the impact on overall employee morale is detrimental to our mission as a healthcare organization.

Many assaults fall into the category of fourth degree assault in which an officer must have a warrant to arrest an individual. We have learned that this process may be part of the reason that police often cite and leave an individual on scene rather than arresting them. We support making it easier for law enforcement to remove perpetrators of assault by eliminating the need for a warrant when an assault has occurred at our health care facility.

We also support allowing sentences to be imposed above the presumptive range for felony offenses against a medical professional at a health care facility. This sends a clear message to our health care providers that they are supported and valued.

We recognize legislation is only one potential solution to the complex problem. To successfully address this issue, each facility needs to implement a comprehensive strategy using evidence-based practices. At the Southeast Regional Healthcare Consortium we have implemented the following strategies to help keep our employees safe.

In 2016, SEARHC leadership initiated a comprehensive security assessment with the goal of evaluating our organization's approach to workplace security and to identify areas to focus improvement activities. The

assessment focused on the following four main areas of security management; effective security technologies, professional development of security staff, security training programs, and policies.

As a result of the assessment, SEARHC has invested significant resources into improving our physical security by installing electronic access control systems and video monitoring, as well as considering security improvements during design/construction projects. In addition to physical security improvements, SEARHC has also invested resources into training our healthcare workers and support staff in de-escalation techniques. These skills provide our staff with a base understanding of how to react to aggressive patient behavior and reduce the risk of injury to themselves and others.

While all SEARHC employees are encouraged to be aware of their physical security and participate in de-escalation training, we have also established a security team at our two largest facilities, Mt Edgecumbe Hospital in Sitka and the Juneau based Ethel Lund Medical Center. As part of our professional development for our security leadership and officers, SEARHC is a member of the International Association of Healthcare Security and Safety (IAHSS). All officers are expected to complete the Certified Healthcare Security Officer training and progress through additional certifications as they advance in their career with SEARHC.

The work SEARHC has completed over the last few years has provided a safer working environment for our staff and we are committed to continued improvements. Additional support in the form of this bill will aid in our efforts.

Please let us know if there is anything we can do to support this moving forward. Thank you very much for your advocacy on this important issue.

Sincerely,

A handwritten signature in black ink, appearing to read "Dan Neumeister". The signature is fluid and cursive, with a large, stylized initial "D" and "N".

**Dan Neumeister
Executive Senior VP
SouthEast Alaska Regional Health Consortium
Direct: 907.364.4577 | Mobile: 530.680.5752
3100 Channel Drive, Ste. 300, Juneau, AK 99801 | searhc.org**

February 5, 2018

Representative Matt Claman and Representative Chuck Kopp
State Capitol Room 118
Juneau, AK 99801

Dear Representatives Claman and Kopp:

We are writing to thank you for sponsoring HB 312, "an act relating to arrest without a warrant for assault in the fourth degree at a health care facility; and relating to an aggravating factor at sentencing for a felon offense against a medical professional at a health care facility."

Alaska hospitals have reported an increase in workplace violence over the past year, including assaults with physical injury against caregivers. Staff report feeling unsafe in the workplace. They experience being kicked, punched, spit on or verbally threatened all too often. This should not be an acceptable workplace hazard. Unfortunately, for many nurses, physicians, and other caregivers, this has become the new normal.

The escalating concern at the staff level also has implications for other patients as resources are redeployed to address escalations. We have added security and implemented behavioral contracts for those with a history of violence, which has helped to some extent. We are in the process of training our employees on management and response strategies and have expanded our list of "risk factors" to increase our awareness of potential concerns.

Many assaults fall into the category of fourth degree assault in which an officer must have a warrant to arrest an individual. We have learned that this process may be part of the reason that police often cite and leave an individual on scene rather than arresting them. We support making it easier for law enforcement to remove perpetrators of assault by eliminating the need for a warrant when an assault has occurred at our health care facility.

We also support allowing sentences to be imposed above the presumptive range for felon offenses against a medical professional at a health care facility. This sends a clear message to our health care providers that they are supported and valued.

We recognize legislation is only one potential solution to the complex problem. To successfully address this issue, each facility needs to implement a comprehensive strategy using evidence-based practices – which we have done. At the end of the day we are still behind the eight ball if limits and consequences do not exist so we greatly appreciate your willingness to be a champion for our caregivers and be their voice for the safety of everyone.



Please let us know if there is anything we can do to support this moving forward. Thank you very much for your advocacy on this important issue.

Sincerely,

A handwritten signature in black ink that reads "Julie Taylor". The signature is written in a cursive, flowing style.

**Julie Taylor, CEO
Alaska Regional Hospital**

Alaska State Medical Association

4107 Laurel Street • Anchorage, Alaska 99508 • (907) 562-0304 • (907) 561-2063 (fax)

February 5, 2018

Representative Matt Claman, Chair
House Judiciary Committee
State Capitol, Rm 118
Juneau, Alaska 99801

Re: HB 312 – Crimes Against Medical Professionals – Letter of Support

Dear Representative Claman:

The Alaska State Medical Association (ASMA) is writing to thank you and Representative Kopp for introducing HB 312 and express our strong support of this legislation due to the increase in violence against Alaska's healthcare providers. Those working hard to care for and treat Alaskans with medical needs deserve to work in a safe environment free from workplace violence. As violence has escalated recently, staff has reported being kicked, punched, spit on, and verbally threatened. Both patients and staff deserve a safe environment when seeking and providing critical care.

As you know, under current law many of these incidents are classified as 4th degree assault requiring a warrant for arrest prohibiting responding officers from arresting and removing the individual from the scene. ASMA supports legislation giving law enforcement the necessary tools needed to swiftly remove perpetrators from the scene without first having to seek a warrant to do so and allowing medical professionals to administer care to those in need.

Further, we also support adopting an additional mitigating factor for felony assaults to increase penalties for those who "knowingly" commit crimes against our medical providers in the performance of their duties.

Such behavior should not be tolerated and this legislation will serve to protect the hard working individuals who provide critical care for those in need of medical attention. Again, we thank you and Representative Kopp for working together and introducing this legislation and urge the Legislature's support of House Bill 312.

Sincerely,



Peter Lawrason MD, President
Alaska State Medical Association

cc: House Judiciary Committee

February 8, 2018

Representative Matt Claman and Representative Chuck Kopp
State Capitol Room 118
Juneau, AK 99801

Dear Representatives Claman and Kopp:

We are writing to thank you for sponsoring HB 312, "an act relating to arrest without a warrant for assault in the fourth degree at a health care facility; and relating to an aggravating factor at sentencing for a felon offense against a medical professional at a health care facility."

Alaska hospitals have reported an increase in workplace violence over the past year, including assaults with physical injury against caregivers. Staff report feeling unsafe in the workplace. They experience being kicked, punched, spit on or verbally threatened all too often. This should not be an acceptable workplace hazard. Unfortunately, for many nurses, physicians, and other caregivers, this has become the new normal.

The escalating concern at the staff level also has implications for other patients as resources are redeployed to address escalations. We have added security and implemented behavioral contracts for those with a history of violence, which has helped to some extent. We are in the process of training our employees on management and response strategies and have expanded our list of "risk factors" to increase our awareness of potential concerns.

Many assaults fall into the category of fourth degree assault in which an officer must have a warrant to arrest an individual. We have learned that this process may be part of the reason that police often cite and leave an individual on scene rather than arresting them. We support making it easier for law enforcement to remove perpetrators of assault by eliminating the need for a warrant when an assault has occurred at our health care facility.

We also support allowing sentences to be imposed above the presumptive range for felon offenses against a medical professional at a health care facility. This sends a clear message to our health care providers that they are supported and valued.

We recognize legislation is only one potential solution to the complex problem. To successfully address this issue, each facility needs to implement a comprehensive strategy using evidence-based practices – which we have done. At the end of the day we are still behind the eight ball if limits and consequences do not exist so we greatly appreciate your willingness to be a champion for our caregivers and be their voice for the safety of everyone.

Please let us know if there is anything we can do to support this moving forward. Thank you very much for your advocacy on this important issue.

Sincerely,

A handwritten signature in black ink, appearing to read "Ralph Costanzo". The signature is fluid and cursive, with a large initial "R" and "C".

Ralph Costanzo, MD/CMO
Alaska Regional Hospital



Alaska Nurses Association

3701 E. Tudor Road, Suite 208

Anchorage, Alaska 99507

(907) 274-0827

www.aknurse.org

2/4/2018

**Representative Matt Claman and Representative Chuck Kopp
State Capitol
Juneau, AK 99801**

Dear Representatives Claman and Kopp:

We are writing on behalf of the Alaska Nurses Association in support of HB 312, "an act relating to arrest without a warrant for assault in the fourth degree at a health care facility; and relating to an aggravating factor at sentencing for a felony offense against a medical professional at a health care facility."

We know all too well the risks that our nurses and other healthcare workers take every day when they care for the people in our communities. From 2002 to 2013 reports on serious workplace violence to healthcare workers showed they were four times as likely to be victims of violence than any other occupation. Hitting, biting, spitting, verbal abuse, kicking, and violence with deadly weapons is an all too commonplace experience for the healthcare worker. Surveys show that only 50-70% of these attacks are ever reported, making the actual occurrence much higher.

Many assaults fall into the category of fourth degree assault in which an officer must have a warrant to arrest an individual. This process may be part of the reason that police often cite and leave an individual on scene rather than arresting them. We support making it easier for law enforcement to remove perpetrators of assault by eliminating the need for a warrant when an assault has occurred at our health care facility.

We also support allowing sentences to be imposed above the presumptive range for felony offenses against a medical professional at a health care facility. This sends a clear message to our health care providers that they are supported and valued and to the community that this will not be tolerated.

The Alaska Nurses Association certainly appreciates your support on behalf of nurses and other health care professionals in our state.

Regards,

**Amber Michael, BSNS, RN
Alaska Nurses Association
Legislative Chair**



EMERGENCY NURSES ASSOCIATION

SAFE PRACTICE, SAFE CARE

Alaska State Council

February 13, 2018

Dear Chairman Claman, Vice Chair Fansler, and Members of the House Judiciary Committee:

As President of the Alaska Emergency Nurses Association (ENA) I am writing to express support for HB 312 on behalf of myself, the Alaska State Council, and more than 240 ENA members from throughout the state. Passage of HB 312 is a positive step toward addressing the issue of workplace violence in healthcare facilities across Alaska.

Violence in the workplace is not a new phenomenon in healthcare, yet remains present in the lives of healthcare workers, particularly those who work in the emergency department (ED). Long wait times, fear, pain, and uncertainty often contribute to the volatility that leads to episodes of workplace violence including verbal and physical assault directed at healthcare workers in the emergency setting.

According to a 2015 report released by the federal Occupational Safety and Health Administration (OSHA), 20 percent of all workplace injuries affect healthcare workers, yet they account for 50 percent of physical assaults in the workplace. Additionally, OSHA reports that between 2002 and 2013, incidents of workplace violence experienced by healthcare workers were four times greater than for workers in the private sector.

Further, the American Journal of Emergency Medicine in 2013 identified that those employed in the ED, like my colleagues, and myself experience a violent event about once every two months. They also discovered that registered nurses (RNs) working in the ED are more likely to experience acute stress compared to other healthcare workers.

In 2016, Alaska ENA developed a survey for our members as well as their colleagues asking about workplace violence. We had 169 responses from healthcare professionals around the state including RN's, MD's, X-Ray Technicians, and Laboratory personal. Ninety-eight percent (98%) of those who answered had experienced verbal assault by a patient and 78% had experienced physical assault in the previous year. When asked if they felt safe at work, 33% said 'yes' and 57% answered 'sometimes'. Another concerning response of this survey when we asked if this affected job satisfaction, 50% said 'yes', they were less satisfied. Imagine coming to work and not feeling safe or knowing you would experience physical or verbal abuse on a frequent basis and not having job satisfaction. How long would you stay?

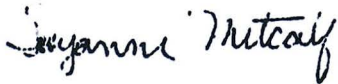
Many healthcare providers, including myself choose our profession based on our desire to provide care and help others. Working in an environment where you do not feel safe and experience verbal and physical assault frequently is not what we envisioned. We are asking you to help.

Thank you for the opportunity to submit this testimony in support of HB 312, this is definitely a step forward but much work remains to be done to stop incidents of workplace violence against healthcare workers who care

for Alaska's most vulnerable. HB 312 brings awareness to the issue of workplace violence, sends a clear message that verbal and physical assaults against health care professionals is not acceptable, and is not tolerated. We also support allowing sentences to be imposed above the presumptive range for felony offenses against medical professionals in a healthcare facility. This sends a clear message of support and encouragement to our healthcare providers whom we value.

I urge your support for expedient passage of HB 312. The Alaska State Council of the Emergency Nurses Association stands ready to support your efforts any way we can.

Sincerely,

A handwritten signature in cursive script that reads "Suzanne Metcalf".

Suzanne Metcalf, MSN, RN, CEN
President, Alaska Emergency Nurses Association



Alaska State Legislature

Representative Matt Claman

Session: State Capitol, Rm 118 Juneau, AK 99801 Phone: 465-4919
Interim: 1500 W. Benson Blvd., Anch, AK 99503 Phone: 269-0130

House Bill 312 Sectional Analysis —Version O

Section 1

AS 12.25.030(b) - Grounds for arrest by private person or peace officer without a warrant.

Establishes that a peace officer may arrest a person without a warrant when the peace officer has probable cause for believing that the person has committed an assault in the fourth degree at a health care facility and the person was not seeking medical treatment at the facility or was stable for discharge.

The term “stable for discharge” comes from the federal Emergency Medical Treatment and Labor Act, also known as EMTALA. EMTALA requires anyone coming to an emergency department be stabilized and treated, regardless of their insurance status or ability to pay. The federal government has published guidelines that describes the responsibilities of hospitals in emergency cases.

The guidelines provide: “a patient is considered stable for discharge...when, within reasonable clinical confidence, it is determined that the patient has reached the point where his/her continued care, including diagnostic work-up and/or treatment, could be reasonably performed as an outpatient or later as an inpatient, provided the patient is given a plan for appropriate follow-up care with the discharge instructions.” In addition, “... ‘Stable for discharge’ does not require the final resolution of the emergency medical condition.”

Section 2

AS 12.25.030 - Grounds for arrest by private person or peace officer without a warrant.

Establishes that the definition for “health care facility” has the meaning given in AS 18.07.111.

Section 3

AS 12.55.155(c) - Factors in aggravation and mitigation.

Adds an aggravator to Alaska’s felony assault statute when a defendant committed the offense at a health care facility and knowingly directed the conduct constituting the offense at a medical professional during or because of the medical professional's exercise of professional duties.

Section 4

Uncodified law

This section contains applicability provisions.

1/31/2018

Dear Representative Claman,

Thank you for your support of HB 312. As a health care professional who has been assaulted multiple times while on duty I feel it is imperative for the police to have a more aggressive law regarding assaults against health care professionals. The current laws do not allow police to take patients who have been assaultive to the appropriate place, which I believe is a jail cell. More often than not a patient who has committed assault against health care worker will be cited and released. Even for the most serious and repetitive offenders. Please continue to support the safety of our Alaskan health care workers.

Sincerely,

Ed Czech RN

Anchorage, AK

Lizzie Kubitz

From: Gena Deck <radeck@alaska.edu>
Sent: Friday, February 02, 2018 9:27 AM
To: Rep. Chuck Kopp; Rep Matt Claman; Lizzie Kubitz
Subject: House Bill 312

Follow Up Flag: Follow up
Flag Status: Flagged

Good morning. Thank you for introducing House Bill 312 that will be up for public hearings on Monday, February 5th.

This bill is meaningful to me in that I am the person working in the Emergency Department in Juneau strangled by a patient. I have strong feelings about the bill, and will hopefully have an opportunity to voice support on Monday during the public hearings.

The impact of violence in the workplace extends far beyond the day of the event. The judicial process is difficult, and often nurses and others in the health care environment do not speak up because it is so torturous, and often will little justice for the perpetrator. In Alaska's small towns, including Juneau, the issue is complicated further by lack of other health care alternatives. Therefore the interactions at the hospital and in the community are not single events.

Thank you again for promoting the bill. I would welcome the opportunity to discuss my experience and those of my peers in person.

Gena Deck, MSN, RN
Assistant Professor, Nursing
University of Alaska Anchorage
907-796-6372

House Judiciary 2/7/18
Written Testimony

February 1, 2018

Dianne Dalen
314 Slater Drive
Fairbanks, AK 99701

Dear Members of the Alaska State Legislature,

I am writing to you to ask your support for House Bill 312, an act relating to arrest without a warrant for assault in the fourth degree at a health care facility; and relating to an aggravating factor a sentencing for a felony offense against a medical professional at a healthcare facility.

I have been a nurse for 41 years with over half that time spent working as an Emergency Room nurse at Fairbanks Memorial Hospital. Over the years I've watched health care delivery improve while treatment of medical professions deteriorate. While I love serving my community I am sad to say that during my career I've been physically and verbally assaulted on numerous occasions by patients including being spit on, yelled at, receiving verbal threats of harm, scratched and hit. The latest attack occurred in October 2017 when I was physically assaulted by a young male.

This young man was brought to Fairbanks Memorial Hospital Emergency Room by law enforcement after he had been using methamphetamines for approximately four days. The intention of law enforcement was to have this man placed in protective custody in the ER where he can be observed in a safe environment until he was able to metabolize the drug. The man was agitated and provided medication to calm him. When a member of our security staff stepped away to retrieve a warm blanket to provide to him, the man bolted out of his room and punched me in the jaw. The strength behind the punch immediately knocked me to the ground furthering injuring my arm during the fall. Although a police report was filed, the man was not arrested for the assault.

I returned to work on my next scheduled shift with a large fist size purple bruise on my jaw and continued to provide medical treatment to the members of my community that I love dearly. While the bruise eventually healed, the emotional scars of the incident will never leave my mind and the minds of my coworkers. Healthcare providers took an oath to do no harm and in the process risk their lives trying to save the lives of others. Sadly, my story is not unique. It's estimated that between 8% and 38% of healthcare workers suffer physical violence at some point in their careers and by showing your support for HB 312 you are showing your support for the health and safety of our healthcare workers.

Thank you.



Dianne Dalen
458-5556

Lizzie Kubitz

From: House Judiciary
Sent: Tuesday, February 06, 2018 8:50 AM
To: House Judiciary
Subject: FW: You got a message "Testimony for SB 312"

From: WordPress [mailto:wordpress@akhouse.org]
Sent: Monday, February 05, 2018 3:09 PM
To: Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>
Subject: You got a message "Testimony for SB 312"

From: David Scordino
Subject: Testimony for SB 312

Message Body:

I apologize for the broken connection of my cell phone. I did not write my testimony but I have attempted to summarize it as best as possible.

My name is Dr. David Scordino and I am an Emergency Physician at Alaska Regional Hospital. I write in strong support of SB 312 and use this testimony to provide an additional story of support as well as to answer some of the questions raised by the Representatives during the prior testimonies. A few months ago, I had a patient present to my Emergency Department complaining of acute abdominal pain. Their behavior was unruly and they struck out at myself, the nurses and security officers attempting to help get the patient in the bed, assess and treat them. During the deluge of verbal and physical assault, the patient threatened to kill every person in that room in turn, as well as, kill our children, spouses and pets. This patient was not intoxicated nor experiencing an acute mental health emergency. However, according to EMTALA and liability obligations, I could not discharge this patient despite the patient's behavior nor the acts of violence. If the patient had a surgical emergency in their abdomen then I would be liable for this missed diagnosis and the patient would suffer potential harm. Similarly, for the person who may be intoxicated, their confusion may also be an indication of an intracranial hemorrhage, which is a life threatening condition where blood is surrounding or in the brain. A misdiagnosis in this scenario is dangerous to that patient, since a delay can result in death and it is dangerous to the provider as they have medical liability for this patient. Even if the person punches me in the face, my medical liability does not go away. In smaller hospitals and rural hospitals, there may not be another provider to assume care and thus, even after they are abused by this person; they may need to go back in the room and try to care for them.

I have heard concerns regarding alcohol, drugs and mental health. I agree that these issues exacerbate the problem however, multiple of the individuals that have either assaulted myself or some of my co-workers did not have any of these. I do however, agree that the states mental health and substance abuse capabilities is greatly lacking and that additional funding and resources for these would be a welcome improvement. These do not however, negate the need for this bill to help to deter this form of workplace violence. Do you know any other workplace where almost every employee can describe, often in detail, a time when they were assaulted or they felt their life was in danger? I can think of very few and this is why healthcare workers are being singled out in this bill because we have been singled out as a workplace with increasing violence.

Additionally, unlikely other workplaces, we can not stop someone from coming back to our hospital and can not simply remove them if they have not been medically stabilized under EMTALA and under medical liability as I previously described. This makes the healthcare setting unique.

I thank you for your time and for the introduction of SB 312. I apologize again for my technical difficulties. I am open to questions at anytime.

--

**This e-mail was sent from a contact form on Representative MATT CLAMAN's legislative website
(<http://akhouse.org/rep/claman/contact-me>.)**

Lizzie Kubitz

From: Roxanne Lefleur <roxanneleflleur@gmail.com>
Sent: Thursday, February 08, 2018 9:22 AM
To: House Judiciary
Subject: HB312

Follow Up Flag: Follow up
Flag Status: Completed

Roxanne Lefleur, BSN, RN

14082 N Tongass Hwy

Ketchikan, AK 99901

(954) 673-3687

February 8, 2018

Dear Representatives Claman, Kopp, Millett, Grenn, Kawaski, Tuck and Johnston,

I am writing this letter regarding HB312, Crimes Against Medical Professionals. I am going to share two previous professional experiences below

1. As a hospital administrator in Ketchikan, Alaska in 2015, I received a phone call from a floor nurse. She stated that she had been repeatedly poked in the face by her nurse manager while he was yelling at her. The assaulted nurse was told by administrators that the incident was hear say and no investigation took place. Since the incident, the assaulted nurse and her family packed their belongings, sold their house and left Alaska. We cannot afford to lose qualified nurses who have resided and worked in Alaska for many years.
2. I am originally from Florida. While working in Miami, I witnessed two male nurses in a fist fight in the hospital hallway. The fight was about a personal incident that had happened outside the facility. Both nurses face repercussions. When the offending nurses returned to work, they were very professional and even friendly with each other.

While sitting through the February 7, 2018 Alaska Board of Nursing meeting with my husband, Joe Lefleur in the education seat, I heard testimony only about patient's abusing nurses and psychological reasoning. I want to make clear psychiatric allowances should only be considered by a judge in a court room and should have no affect on the decision to make crimes against medical professionals a felony. A judge and medical professionals determine criminal psychological condition after an arrest for committed crimes. Therefore, psychological conditions should not be a consideration regarding HB312.

Please take my statement into consideration. We must protect our medical professionals in Alaska so that they can continue to protect and serve the Alaskan community members. Please pass HB312 into law.

If you have any questions, please contact me via email or telephone.

Thank you for your time and consideration,

Roxanne Lefleur, BSN, RN

--

**Roxanne Lefleur
cell: 954-673-3687**

Lizzie Kubitz

From: Roxanne Lefleur <roxanneleflleur@gmail.com>
Sent: Thursday, February 08, 2018 9:22 AM
To: House Judiciary
Subject: HB312

Follow Up Flag: Follow up
Flag Status: Completed

Roxanne Lefleur, BSN, RN
14082 N Tongass Hwy
Ketchikan, AK 99901
(954) 673-3687

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If you have any questions, please contact me via email or telephone.

Thank you for your time and consideration,

Roxanne Lefleur, BSN, RN

--

Roxanne Lefleur
cell: 954-673-3687



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

Department of Commerce, Community,
and Economic Development

BOARD OF NURSING

550 West Seventh Avenue, Suite 1500
Anchorage, AK 99501-3567
Main: 907.269.8161
Fax: 907.269.8196

February 7, 2018

Representative Matt Claman
Alaska State Capitol
Juneau, AK 99801

Dear Representative Claman,

The Board of Nursing discussed House Bill 312, Crimes Against Medical Professionals, at its public meeting today. The Board of Nursing is supportive of this bill.

The Board heard from health care professionals who have been abused in their professional setting. We think they will benefit from this bill knowing they have protection from abuse and threats. The Board thanks you for addressing this topic.

Sincerely,

A handwritten signature in black ink, appearing to read "Jennifer Stuke".

Jennifer Stuke, LPN

Alaska State Board of Nursing

Chair

Lizzie Kubitz

From: Rep. Matt Claman
Sent: Monday, February 12, 2018 8:26 AM
To: Lizzie Kubitz
Subject: FW: HB312

Follow Up Flag: Follow up
Flag Status: Flagged

From: Kamaree [mailto:kukulcan71@msn.com]
Sent: Monday, February 12, 2018 7:26 AM
To: Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>; Rep. Chuck Kopp <Rep.Chuck.Kopp@akleg.gov>; rep.gabrielle.ledux@akleg.gov; Rep. Lora Reinbold <Rep.Lora.Reinbold@akleg.gov>; Rep. David Eastman <Rep.David.Eastman@akleg.gov>; Rep. Mike Chenault <Rep.Mike.Chenault@akleg.gov>; Rep. Les Gara <Rep.Les.Gara@akleg.gov>; Rep. Andy Josephson <Rep.Andy.Josephson@akleg.gov>; Rep. Charisse Millett <Rep.Charisse.Millett@akleg.gov>; Rep. Mark Neuman <Rep.Mark.Neuman@akleg.gov>; Rep. Tammie Wilson <Rep.Tammie.Wilson@akleg.gov>; Rep. Chris Tuck <Rep.Chris.Tuck@akleg.gov>; Rep. Lance Pruitt <Rep.Lance.Pruitt@akleg.gov>
Subject: HB312

Hello,

I am writing today to encourage you to support this HB 312. As a mental health care worker for the past 12 years, I have been assaulted and seen my colleagues injured. Many of the assaults are deliberate and not a result of the illness. People know nothing happens to them. If we don't change anything, it support a poor coping strategy to get perceived needs met and Alaska health care workers get hurt. I have seen injuries that range from minor to people requiring years of medical attention and who never return to where they started. Mentally, you can never prepare to have another person be violent towards you and be the same after.

I urge you to pass the bill as is, with no amendments. Workplace violence impacts ability to staff with qualified people, the overall milieu, employee retention, and has interpersonal consequences. If you have any questions about my experience, please feel free to contact me by email or telephone. Thank you for your attention to this issue.

Kamaree Altaffer, LSCW

907-830-9372

Lizzie Kubitz

From: Rep. Matt Claman
Sent: Monday, February 12, 2018 8:29 AM
To: Lizzie Kubitz
Subject: FW: HB 312

Follow Up Flag: Follow up
Flag Status: Flagged

-----Original Message-----

From: Ben-Shabat, Yonatan M [mailto:Yonatan.Ben-Shabat@providence.org]
Sent: Sunday, February 11, 2018 3:06 PM
To: Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>
Cc: Rep. Chuck Kopp <Rep.Chuck.Kopp@akleg.gov>
Subject: HB 312

To my Alaskan representatives,

I am a healthcare worker at Providence Alaska Medical Center. I have been assaulted several times at work, often receiving injuries. Almost all of my co-workers have also had similar experiences. I support and appreciate HB 312 and believe that patients in a healthcare setting should not be exempt from following the law. No matter what, if a patient assaults a healthcare worker they should have consequences. This bill must be passed without amendments.

Yonatan Ben Shabat

This message is intended for the sole use of the addressee, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the addressee you are hereby notified that you may not use, copy, disclose, or distribute to anyone the message or any information contained in the message. If you have received this message in error, please immediately advise the sender by reply email and delete this message.

Lizzie Kubitz

From: Rep. Matt Claman
Sent: Monday, February 12, 2018 8:37 AM
To: Lizzie Kubitz
Subject: FW: HB 312 letter of support

Follow Up Flag: Follow up
Flag Status: Flagged

From: Sami Ali [mailto:misssamiali@me.com]
Sent: Sunday, February 11, 2018 8:52 PM
To: Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>
Subject: HB 312 letter of support

Dear Representative Claman:

I am writing in full support of HB 312 which protects healthcare workers from violence in their workplace.

As a health care provider at Providence Alaska Medical Center where we have a psychiatric ER, I have personally witnessed this abuse of staff by patients. This is intolerable behavior. Most recently, I was made aware of a teenage healthcare staff member who was physically assaulted by a patient. We should empower the police to deal with these violent patients who threaten the health of the providers who are caring for them. I strongly support measures that protect me and my colleagues.

Please work to pass a clean bill.

Sincerely,

Sami Ali, MD FACEP

Emergency Medicine

Providence Alaska Medical Center
713-391-7369

mrssamiali@me.com

Lizzie Kubitz

From: Rep. Matt Claman
Sent: Monday, February 12, 2018 8:37 AM
To: Lizzie Kubitz
Subject: FW: HB 312 Thank you for support.

Follow Up Flag: Follow up
Flag Status: Flagged

From: Jack Pomerantz [mailto:jpomerantz@gmail.com]
Sent: Sunday, February 11, 2018 10:07 PM
To: Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>
Subject: Re: HB 312 Thank you for support.

Dear Representative Claman:

As a your constituent and as a health care professional I am writing to tell you I am very grateful that you have stepped up to the plate to defend our safety.

In the busy emergency department where I work physical assaults on nurses, medical technicians and occasionally physicians are all to frequent.

As the emergency physician on duty it is my job to examine the injured as well as to treat these often violent patients.

Your efforts to protect our safety as we do our jobs are greatly appreciated.

Jack Pomeranz M.D.
Emergency physician
Providence Alaska Medical Center

Lizzie Kubitz

From: Rep. Matt Claman
Sent: Thursday, February 08, 2018 2:36 PM
To: Lizzie Kubitz
Subject: FW: 2012 Evaluation of Workplace Violence FMH ED
Attachments: ED EBP Final draft.docx

Follow Up Flag: Follow up
Flag Status: Flagged

From: Huffaker, Karina [mailto:Karina.Huffaker@foundationhealth.org]
Sent: Thursday, February 08, 2018 2:16 PM
To: Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>
Subject: 2012 Evaluation of Workplace Violence FMH ED

Representative Claman,

Karina Huffaker RN from Fairbanks, Alaska.

I was not able to share my public testimony yesterday for HB312 addressing workplace violence within health care facilities.

I did hear multiple questions in regards to research around workplace violence and I wanted to share the research we conducted at FMH in 2012.

- 97% of our staff have been verbally assaulted by a patient
- 62% of our staff have been physically assaulted by a patient
- 50% of our staff have experienced sexual misconduct from a patient

Our goal was to increase the use of security in the ED but we were also working with representative Kawasaki to amend first responder laws and increase penalties for crimes against health care workers.

I have been working as an RN in Alaska for 15 years and have seen mental, physical and sexual acts against coworkers in all areas of nursing.

If you have any questions regarding our research please let me know.

Sincerely,
Karina Huffaker RN CEN
Karina.huffaker@foundationhealth.org

AN EVALUATION OF WORKPLACE VIOLENCE FMH ED

A Nursing Evaluation of Workplace Violence at Fairbanks Memorial Hospital Emergency
Department

Karina Huffaker ADN RN CEN
Reviewed by: Leah Hoppes MSN, MPH, RN CEN

AN EVALUATION OF WORKPLACE VIOLENCE FMH ED

Abstract

A systemic review of workplace violence towards nurses at Fairbanks Memorial Hospital's Emergency Department over the course of 2012-2013 in an attempt to bring greater awareness to the volume of violent activity our nurses are facing at the bedside. Review of hospital census data, staff surveyed results, best practice guidelines set by the ENA, ANA, JACHO and OSHA plus current literature identifying solutions to increase nursing safety at the bedside. Focused prevention strategies, staff education, zero tolerance policies and lobbying for harsher penalties for perpetrators are steps we can take to decrease violence at the bedside.

AN EVALUATION OF WORKPLACE VIOLENCE FMH ED

INTRO

Confronting a culture of violence in an Emergency Department can be a daunting task, but over the past several years the ENA, (Emergency Nursing Association), has encouraged providers to bring awareness to the gravity of this professional issue. Emergency nursing is in the front lines of crisis management, with nurses identified as the leading occupation for assaults in the American workforce. (ENA 2010) (Chapin 2010) (Pitch 2012) (Gilmore-Hall 2001). "According to the Bureau of Labor Statistics, among health care practitioners, 46% of all nonfatal; assaults and violent acts requiring days away from work were committed against registered nurses." (ENA 2012). As we step into this multifaceted issue ENA directs three guidelines for restructuring ED's to deal with workplace violence. Prevent, respond, report is the comprehensive approach coined by the ENA Workplace Violence Toolkit to "better understand the strategies necessary to effectively address this problem and facilitate a safer workplace for emergency nurses." (ENA 2012). Nationally, there has been an increase in "the number of patient with mental health and substance abuse issues who are seen in ED's, from 1.6 million in 2005 to over 2 million in 2008." (Stickler 2013) Fairbanks is no exception to this trend in health care. With the lack of psychiatric treatment facilities and substance abuse programs in Fairbanks, FMH ED is the primary location for treatment. Facilitating this particularly violent population has brought the safety and security of our staff into focus as we recognize the importance of a safe working environment.

The Joint Commission suggests taking "extra security precautions in the Emergency Department, especially if the facility is in an area with a high crime rate or gang activity. These precautions can include posting uniformed security officers, and limiting or screening visitors." (Joint 2010). According to a 2010 Fairbanks, Alaska Crime rate report, "the city's violent crime rate for Fairbanks... was higher than the national violent crime rate average by 95.5%." (FBI 2010). In 2013 Fairbanks' violent crime rate was compared to national standards with <50 being very low and > 1000 being very high, Fairbanks ranked 480.8 compared to the U.S. average of 223.2. (Crime 2013). Drug and alcohol abuse continue to be the primary aggravators to this aggressive patient population. "Members of Alaska's law enforcement community and others who are part of Alaska's criminal justice system have long known that the greatest contributing factor to violent crimes, including domestic violence and sexual assault, is drug and alcohol abuse." (Alaska 2011). Currently, FMH has no full time security guard designated to the ED, compared to Northern Colorado Medical Clinic who has two full time officers and a K9 unit and McKee Medical Center, which is staffed with one full time officer designated for the Emergency Rooms at all times. All three facilities operated under the Banner Health Care Corporation. (D. Hockett, personal communication June 2013). FMH and Denali Center are serviced by 1-4 security guards for the entire 252 bed facility, depending on the time of day and shift change. Security is also responsible for off campus facilities: Tanana Valley Clinic, Home Medical Equipment and campus patrols. (D. Flemming, personal communication November 25, 2013). Security does respond to all staff calls when notified.

The risks we take when caring for patients in the form of verbal abuse, physical assaults and sexual misconduct is a consistent problem for the staff at Fairbanks Memorial Hospital ED. In researched reports common traits predicting workplace violence were most associated with "male(s) (51%), frequently seen in the ED (46%), had a history of violence (46%), suffered from mental illness (42%), used illicit drugs (67%), abused alcohol (64%) and was between the ages

AN EVALUATION OF WORKPLACE VIOLENCE FMH ED

of 26 years old and 57 years old” (Chapin 2010). National trends indicate communities with high rates of crime will have higher incidents of violence in the ED. Higher volumes of psychiatric and substance abusing patients is also associated with higher risk of violence toward Emergency Department workers. It’s our intent to bring greater awareness to the frequency and risk of work place violence at FMH ED, present best practice solutions and recommendations to improve the safety of our staff and our patients.

DEFINITION

Workplace Violence: an act of aggression directed toward persons at work or on duty, ranging from offensive or threatening language to homicide. National Institute for Occupational Safety and Health NIOSH (Gacki-Smith 2009).

Physical Violence: includes being pushed, hit, scratched or kicked. (Strickler 2013).

Verbal abuse: includes being called names, being threatened or intimidated, or being the recipient of sexual innuendo. (Strickler 2013).

Sexual Misconduct: misconduct of sexual nature. [www. Medical-Dictionary.com](http://www.Medical-Dictionary.com)

Code Violet: The hospital code to assist with communication of a violent situation involving threatening or violent behavior and summoning the security officers on duty. Policy 12415 Restraint Use in Violent Situations

ED Stat: Emergency or life-threatening situation exists (Soba-Gonzalez 2013).

ED Stand By Assist: a call for security’s assistance with patient care to stand by, it does require an immediate response. (S. Rice, personal communication, November 25, 2013).

Title 47: AS 47.30. 705 Emergency detention for evaluation. (a) A peace officer, a psychiatrist or physician who is licensed to practice in the state or employed by the federal government, or a clinical psychologist licensed by the state Board of Psychologist and Psychological Association Examiners who has probable cause to believe that a person is gravely disabled (Alaska Statue: AS 47.30. 705).

Type II Violence: includes violence committed by clients or customers (Strickler 2013).

BACKGROUND

Staff and management observed an increase in patient violence towards nursing staff in an area of the department designed for medical exams of our psychiatric and intoxicated patient populations. This area is made up of 5 secured rooms, a legal blood draw area and a toilet with wash basin. After multiple events including fires in rooms, Title 47 elopements, patients’ physically and verbally assaulting staff and an increase in nursing time designated to caring for these patients, we made changes to the psychiatric patient’s dress code, seclusion room policies, installed panic buttons to triage and our psychiatric hallway, added a badge access lock to the exit in this hallway, and changed the nursing to technician ratio to deal with the volume of patients in this area.

In April of 2012, we conducted a review of the number of online incident reports submitted by staff related to safety and security in the ED. The number of safety and security reports recorded did not reflect the observed activity of violence in our department. With the goal to more accurately document these events we initiated the R.E.S.P.E.C.T project: Respecting Everyone’s Safety, Employee Centered Treatment and introduced the ENA’s Safety Event Form, (Appendix A) to make documentation easier for staff. The written documentation from the Safety Event’s form was then transcribed by a designated staff member to the online incident reporting domain.

AN EVALUATION OF WORKPLACE VIOLENCE FMH ED

In the span of 10 months, we increased our recorded department incident reports from 13 recorded safety and security events for the years of 2010-2012 (C.Found, personal communication) to 41 recorded safety and security events from the end of April of 2012 to Feb of 2013. While this was an improvement in our reporting, many violent events were incidents still unreported. "Up to 80% of violent episodes go unreported. Reasons given for not reporting included time and effort, a view that violence is to be expected, perception of performance failure, increased tolerance for minor incidents, and a concern for the perpetrator." (Hodge 2006).

Addressing the importance of charting these safety and security incident reports to staff we began to uncover barriers associated with underreporting: staff knowledge of the system, the amount of time it takes to complete the online incident form, that the reporting system times out of initiated reports, and that there is no area for reporting patients assaults to staff members. Interestingly enough, nurses nationwide described similar barriers when charting workplace violence. The common problems identified were, "perception that reporting ED violent incidents might have a negative effect on customers service scores... ambiguous ED violence reporting policies; fear retaliation from ED management... incidents (are) a sign of incompetence or weakness; lack of physical injury... the attitude (that) violence comes with the job; and lack of support from administration/ management." (Gacki-Smith 2009). Hurdling this obstacle will be a major stride for our department to overcome. "Acknowledging that occurrence reports hold valuable information for future improvements and lack of reporting can impede an initiative to improving the safety of our departments" (ENA 2012) has been a priority outcome of our research.

Turing to our security department's log we were able to ascertain a more concrete measure of responses to the ED by a security officer for a Code Violet, ED STAT call or a Stand by Assist, where we need help with the aggressive actions of a patient. Between May of 2012 and February of 2013 security recorded 4 ED Code Violets, 12 ED STAT calls, and 1,229 ED Stand by Assists. (Appendix B) (J. Lowinski, personal communication, 2013). Currently, FMH ED does not have a designated security guard for our department and they are called via a hand held radio, vocera staff call system, phone call to operator, panic buttons in triage, the psychiatric hallway, under the desks in the C&D pods, or via overhead paging as a Code Violet in the location of the event. OSHA recommends the "installation and regularly maintain alarm systems and other security devices, panic buttons, hand-held alarms or noise devices, cellular phones and private channel radios where risk is apparent or may be anticipated." (OSHA-environment 2004). Through our research we identified that many staff members have not been trained to the location of the panic buttons or know our department's policies for calling for help. The value of these reports to our research raises awareness to the areas in need of improvement as we focus on ways to prevent, respond and report our findings for a safer working environment.

METHODS

Following a review of the Emergency Department's online safety and security incident reports, we surveyed (Appendix C) staff employed during the summer of 2013, which included travelers, prn (as needed employees), full and part time staff. The survey was an anonymous one page

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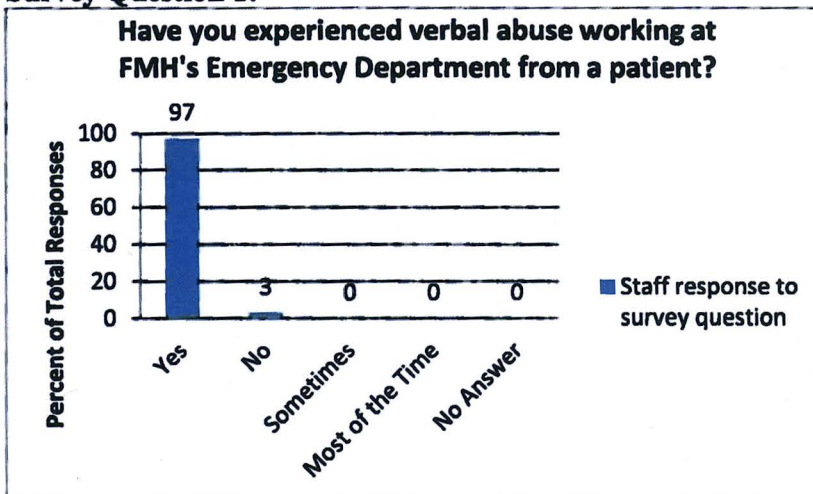
formatted questionnaire based off an ENA survey. All nursing staff responsible for direct patient care were given the opportunity to complete the survey; including both CNA (Certified Nursing Assistants) and RNs (Registered Nurses). In addition to the survey, we compared FMH's psychiatric and drug/alcohol abuse patient populations to Northern Colorado Medical Center (NCMC) and McKee Medical Center, sister facilities to FMH within the Banner Health Care system, to gain a better understanding of how our population compares to other facilities. Twenty six articles were evaluated addressing subjects on Workplace violence; ENA standards of practice, ANA Expert Panel on Violence and JACO regulations. We also referenced OSHA and the ENA's guidelines for preventing workplace violence.

RESULTS

Our survey results were consistent with national standards in the fact that the majority of staff has been verbally assaulted, some have been physically assaulted and nurses are under reporting workplace violence. "The American Nurse Association found that less than 20% of nurses surveyed in 2001 felt safe in their current work environment. Research has consistently found that users are concerned about violence and aggression, inadequate safety measures, and personal vulnerability in the workplace." (Gacki-Smith 2009). Generally, staff does feel safe at work, think our security guards are effective at preventing violence, which is consistent with the number of ED Stat calls to ED Code Violent calls provided by security, but indicated that they feel security does not spend enough time in the ED to prevent violence against staff.

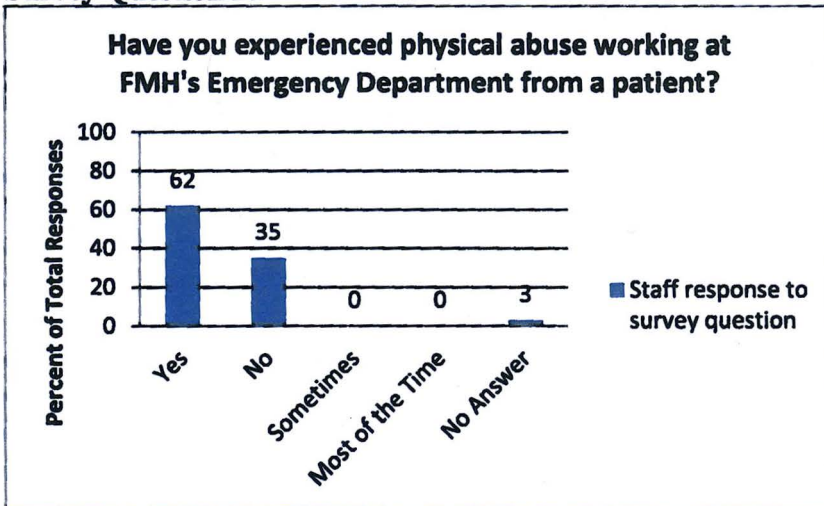
The survey questions and results in percentages are as follows:

Survey Question 1:

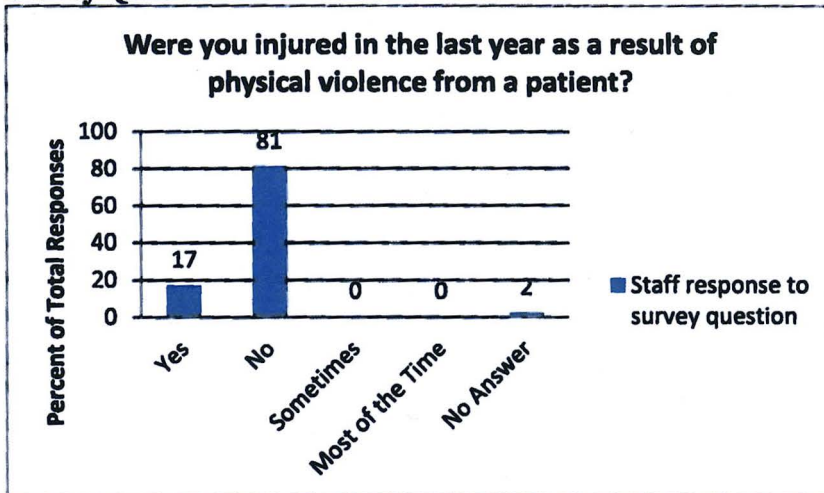


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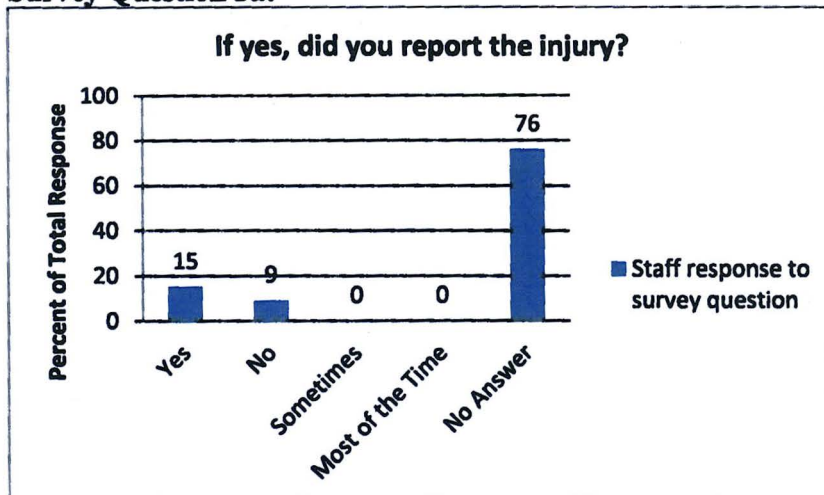
Survey Question 2:



Survey Question 3:

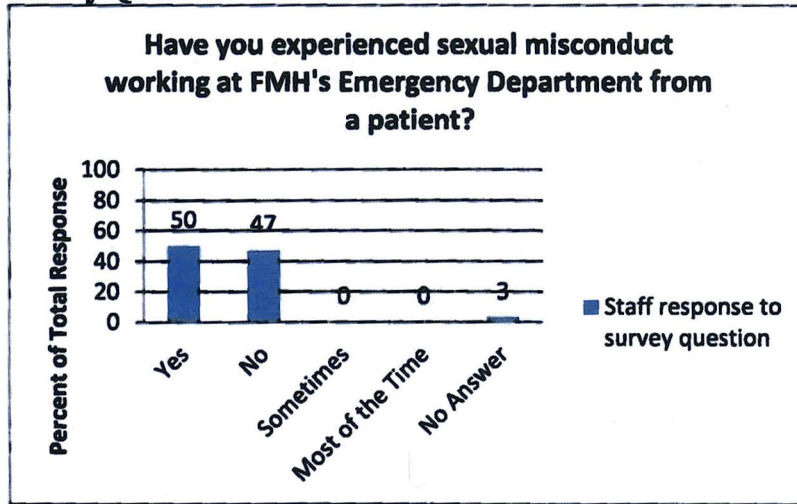


Survey Question 3a:

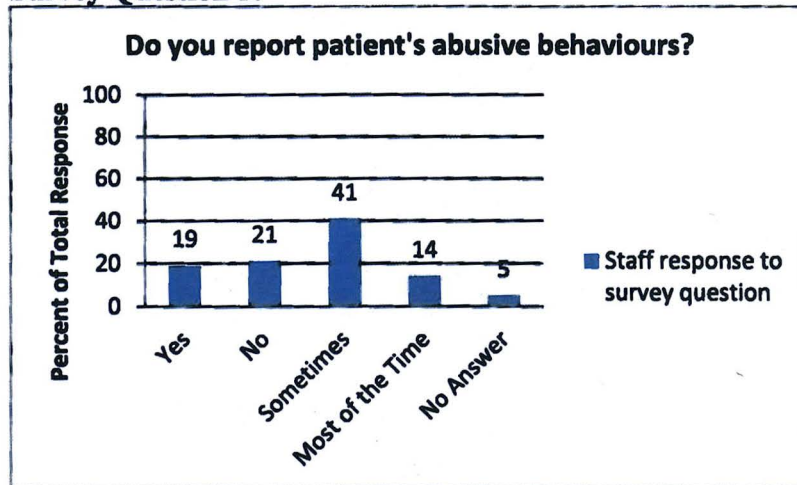


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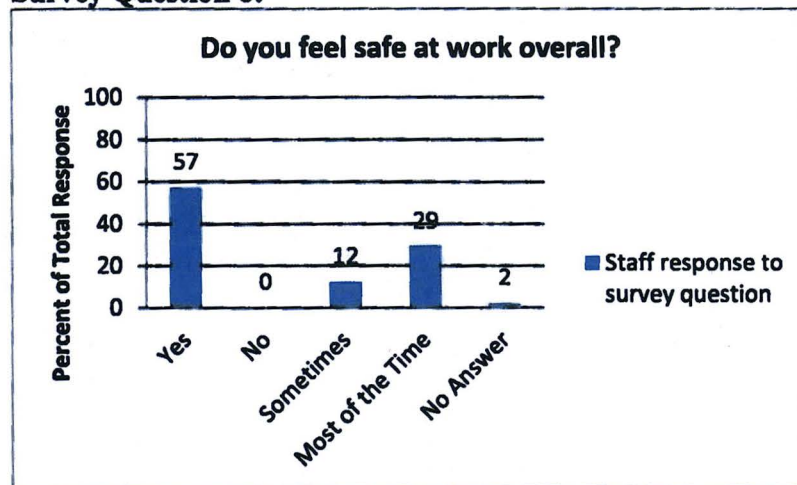
Survey Question 4:



Survey Question 5:



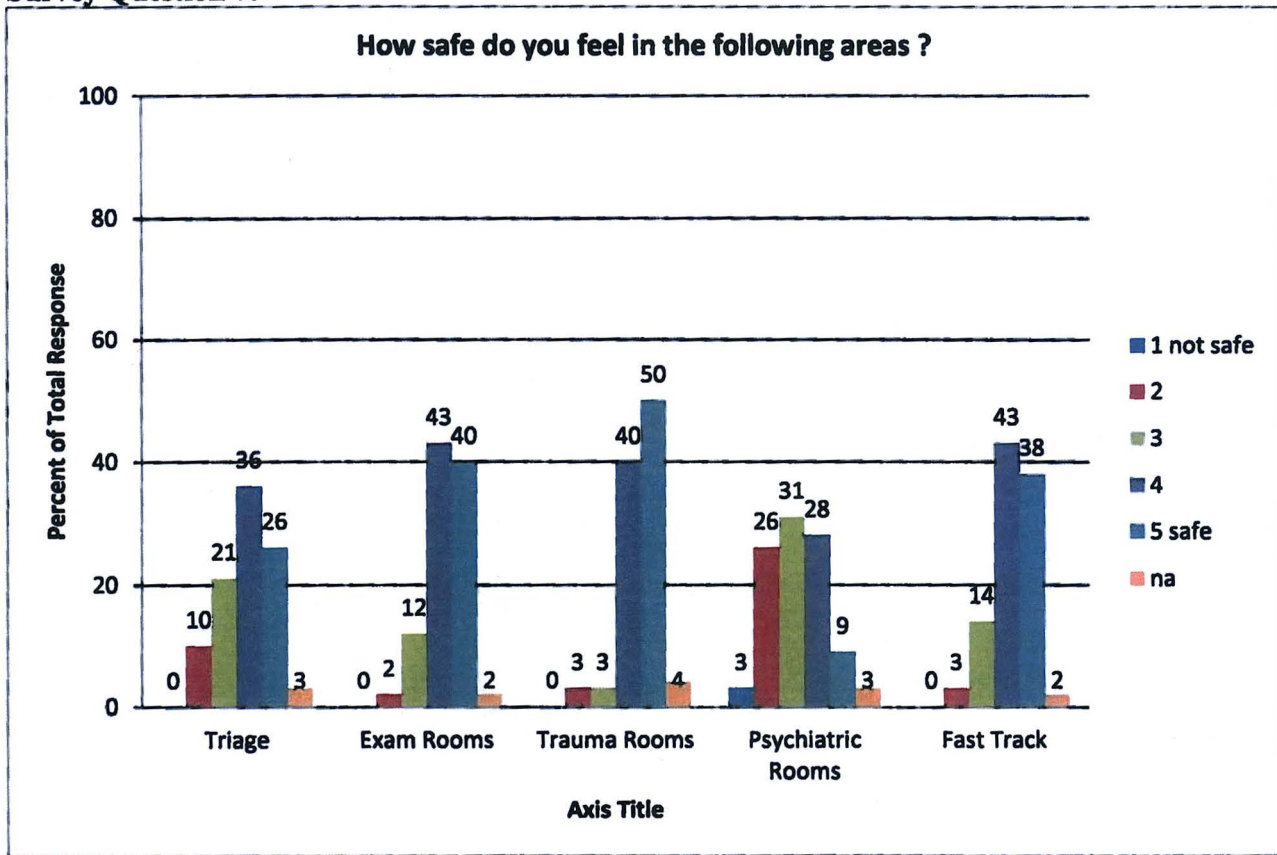
Survey Question 6:



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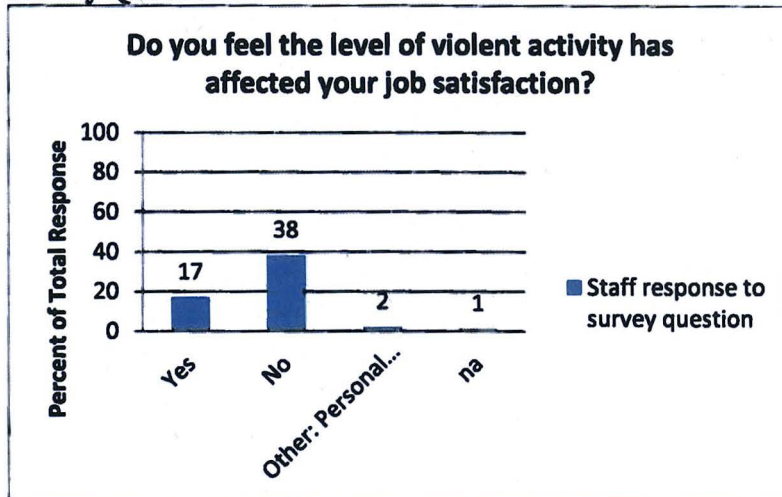
Additionally, staff had an opportunity to rate their feelings of safety in specific areas of the department that was linked to direct patient care. On a scale of 1 being unsafe and 5 being safe, 31% of staff rated triage a level 1 or 2, followed by our psychiatric rooms rated by 29% of staff as a level 1 or 2. Our trauma rooms were rated the safest by staff with 54% of participants rating this area a level 4 or 5. Identification of the potential for harm in certain areas of our department is crucial as we look for improvements in our approach to workplace violence.

Survey Question 7:

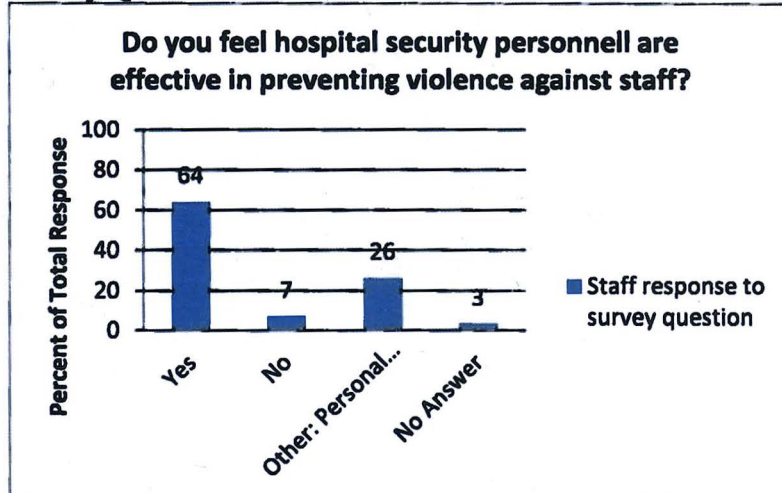


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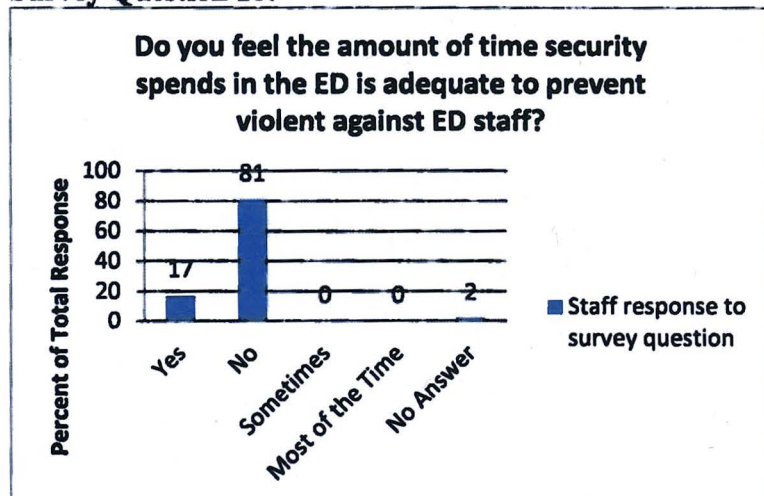
Survey Question 8:



Survey Question 9:



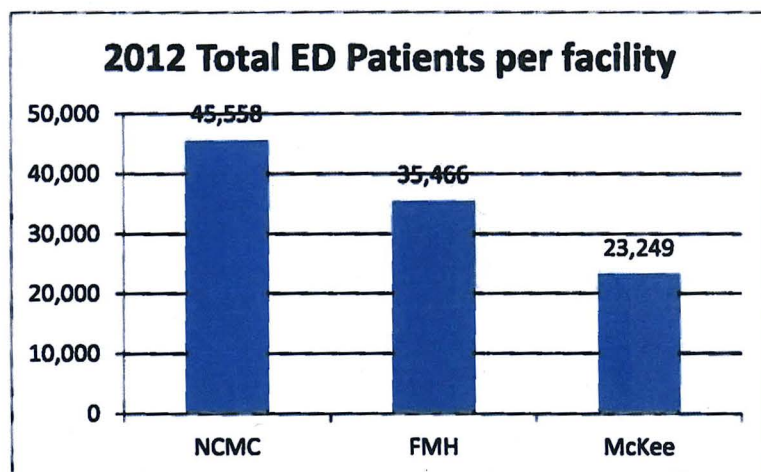
Survey Question 10:



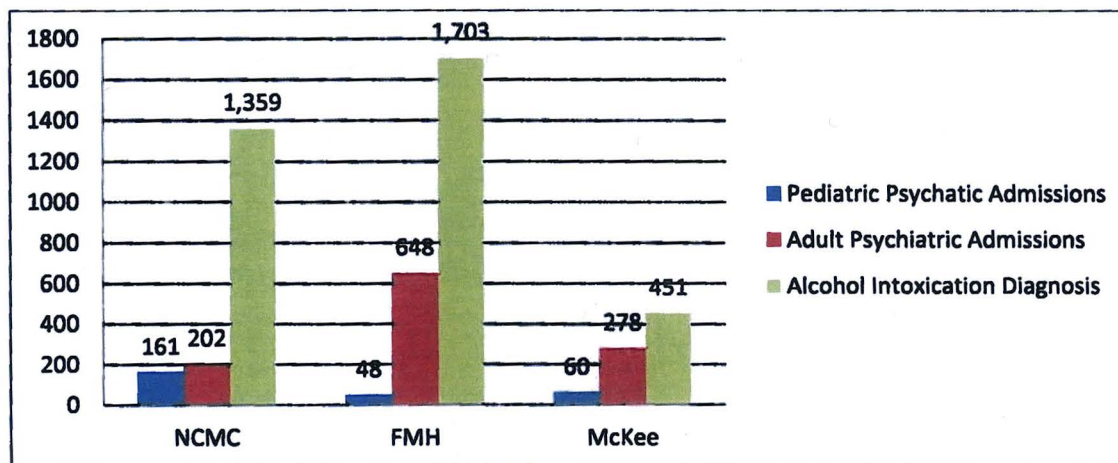
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Our final question in the survey asked for staff feedback to what they thought would help alleviate some of our problems with violent patients in the Emergency Room. The majority of answers addressed problems with communication, the presence of security in the department, ways to alert security immediately from within the department and more applicable education for the violence we face on a daily basis.

In 2012 NCMC reported 45,558 ED visits FMH reported 35,466 visits and McKee reported 23,249 ED visits. (L. Miller, personal communication, August 2, 2013).



Of these visits, NCMC reported 161 pediatric psychiatric admissions, 202 adult psychiatric and, 1,359 alcohol intoxication patient diagnoses from the ED. FMH reported 44* pediatric psychiatric transfers, 648 adult psychiatric admissions, and 1,703 alcohol intoxicated patient diagnoses from the ED. McKee reported 60 pediatric psychiatric admission, 278 adult psychiatric admissions, and 451 alcohol intoxication patient diagnoses from the ED. (L. Miller, personal communication, July 25, 2013)



*Pediatric psychiatric patients at FMH are not admitted to an inpatient room due to the fact that there are no accepting providers for these patients at FMH. Pediatric psychiatric patients are medically evaluated in the FMH ED, held in a secured room and transferred to an accepting facility when a bed becomes available. The pediatric FMH pediatric value is based on transfers not admissions.

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CONCLUSION

Preparing staff to handle the volume of aggression at the bedside will take a multifocal approach and commitment by staff and management for improvements. Currently, FMH ED participates in a mandated NVCI, nonviolence crisis intervention, class that certifies departmental staff on a yearly basis to national standards of restraint use and basic de-escalation of aggressive patients. "A strong, comprehensive violence prevention program requires an interdisciplinary team approach with clear goals and objectives suitable for the size and complexity of the workplace." ((Gacki-Smith 2009). Management of Aggressive Behavior (MOAB) Training International, Inc was a suggested training program that "presents principles, techniques and skills for recognizing, reducing and managing violent and aggressive behavior. The program also provides humane and compassionate methods of dealing with aggressive people both in and out of the workplace." (<http://www.moabtraining.com>) 3 Exploring alternative workplace violence training to the NVCI course for security, the ED and psychiatric units could lead to safer outcomes for staff faced with high levels of violence at the bedside. FMH ED wants to be proactive not reactive when keeping our staff and patients safe and are aware of the vital role education plays on our department's safety awareness.

Prevention is a key component in avoiding violent events against nursing staff in the Emergency Department and early identification of patient's with a history of violence was a priority intervention. We began to reexamine the use of the Threat Alert flag and how to apply its use in the ED setting. House wide, the History of Violence alerts were currently tagged to any patient that activated a Code Violet, but the charting form used in-house was different in the ED and not linking a flag to staff when the chart was opened. Secondly, for the majority of our violent patients, FMH's ED staff is intervening before a code is called with our ED Stat and Stand by Assist calls to security. These patients have a tendency for violence and need to be identified to staff on future visits.

The R.E.S.P.E.C.T. team created a Threat Alert form, (Appendix D), which was merged with the simultaneous work at Banner Corporate. We joined the review of policy #14061, Identification and Flagging Potentially Violent Patients Policy 6/2013 (Soba-Gonzalez 2013). We held the initiation of this form based on concerns from the House wide Practice Council with the establishment of an In-House Response Team, questions related to the process of review and removal of a Threat Alert and how our facility was going to implement the Threat Alert form. Our team was specifically concerned with the removal of a Threat Alert from a patient's chart when they are seen in our department without an incident. The social learning theory, biological theory of violence and frustration-aggression theory (Hodge 2006) all confirm that violent and aggressive patient responses are learned, neurologic, genetic or hormonal reactions to frustrating, unwanted, threatening stimulus in their environment. "A previous episode of aggression and a longer length of stay in an in-patient clinic are the most consistent 'predictors' of violence in psychiatric facilities. The systemic review further suggested that keeping careful records increases awareness of risk and improves risk assessments to prevent further violence." (Slade 2012). Despite the ED being an outpatient department, we felt this research to be valid as we continue to explore the need to identify patients with a history of violence, without compromising staff safety and respecting a patient's rights.

Positive outcome for staff, facility and patient care start with early interventions.

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“By addressing violence as a systems problem that can be addressed with systems fixes, facilities can attempt to eliminate hazards through preventive measures. This approach shifts the focus away from either blaming the victim or profiling patients as potential perpetrators...knowing your patient’s physical and psychological factors may lead patients to behave aggressively. Assess patients completely for their potential for violence and take appropriate precautions.” (Gilmore-Hall 2001)

Education, early de-escalation and prevention, again, are key components to detecting patients with a potential of violence or circumstances where violent acts are precipitated. Policies that focus on a team approach between admissions, security and nursing can help with identification of aggressive behaviors. The sooner we are able to recognize the early warning signs of stress, anger, hostility, pain and prolonged waits, the more focused our communication can be when empathizing with someone not coping in our environment.

Changing the culture of nursing to stop the violence at the bedside will take more than icons on a tracking shell and written reports indicating a problem. Change starts with good documentation by nurses to help identify a problem, it starts with management advocating for the best training for our staff and it starts with administration providing safety and security for our facility and lobbying for greater penalties against patients who choose to harm a health care worker. “A significant amount of workplace violence is preventable...programs should include leadership’s commitment... employee involvement, worksite analysis... measures for violence prevention and control, safety and training for staff, to ...ensure the safety of all health care workers, their patients, and visitors.” (ENA 2010b) Change starts with commitment to be our best.

Based on the literature review, recommendations from other Banner facilities, and national standards for reducing workplace violence, we would like to recommend the following:

- A comprehensive security risk assessment of the FMH Emergency Department; with a focus on the throughput of pediatric and adult psychiatric patient include parking lots, entryways, triage, reception areas and staff hallways; identify escape routes and ways to summon help from local law enforcement for all staff; formulate a written plan describing how our institution provides for the security of patient, staff and visitors. (Chapin 2010)
- A full time security guard assigned to the Emergency Department. “Ensure that adequate and qualified staff is available at all times.” (OSHA admin 2004)
- Implement a standard of care when addressing patients with a known history of violence, with Threat Alert notifications clearly identified on our patient’s tracking shell. “Policy goals should focus on the science of preventing, predicting, managing, and measuring violent events in health care settings from all sources, particularly patients.” (Love 2003).
- Educate Resource nurses, admission and security to a lockdown protocol where the Emergency Department is able to close the unit for a time period to visitors when patients propose a risk to staff or others.
- Creation of a threat alert form and review team based on Banner Health Policy #14061 (OSHA admin 2004)

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- Signage on the front doors leading into ED for all concealed weapons to be returned to your vehicle or checked into security and education to our public regarding our zero tolerance policy for violent actions. Notification to the public that they will be removed immediately from the premises for any aggressive behaviors. "Hospitals should 'make it clear that no threatening or violent behavior is acceptable and no violent incident will be ignored.'" (Chapin 2010) (OSHA admin 2004)
- Implementation of an easier documentation system for online incident reports or changing the way these reports time out once they are initiated to encourage more accurate documentation of violent incidents. (ENA 2010a)
- Increase staff awareness of patients with a history of violence and triggers for violent activities, including education on how to address wait times with crowds with more comprehensive educational training. The Moab Training International, Inc has been recommended as the leader in training for professionals who need to know "how to protect themselves from injury, and at the same time, control individuals without causing them harm... (providing) its customers with the most innovative, comprehensive and effective non-lethal training programs and...(creating) a win-win situation in difficult confrontations and the ability to resolve conflicts decisively and diplomatically regardless of their age, size or strength." www.moabtraining.com (mission statement) I think it would be worthy to evaluate the possibility to send designated staff to a 3-day Instructor class offered by MOAB to be trained to instruct staff at our facility. (<http://moabtraining.com>)
- Send 2-4 staff members to the MOAB Training facility as trainers to return to the facility and teach staff members in high risk departments: Security, Emergency Department and Psychiatric units
- Education of staff to department standards for contacting a security officer, location of panic and call buttons, ways to call a Code Violet, ED Stat and ED Stand By, and include these protocols in the training of all new staff .
- Evaluate the process for blood draws at the bedside in the psychiatric rooms. Currently, our phlebotomists have to kneel at the bedside for blood collection in our seclusion rooms placing them at risk for injury either in the form of a needle stick or physical assault.(ENA 2010b)
- Evaluate the use of the current legal blood draw room with the potential to restructure space to meet department and facility security needs. Security has recommend the installation of a one way mirror or security glass window that would allow the officer in this posted position visual observation of the front door of the ED and parking lot, as well as direct access to our psychiatric hallway. By relocating an officer to this position we could accomplish department needs to have a 24/7 security guard available and direct visualization of the activity coming into the department. Security has requested video surveillance of our seclusion rooms to be added to this post. (S. Rice, personal communication, 2012). The legal blood draw area could be relocated to another area in the department to support the recommendations from security. The current officer at the front desk in the ED waiting room does have direct access to this hallway, but they are not stationed here on a 24/7 basis and are responsible for the security for the entire hospital and Denali Center.
- Security glass around our security officers, admissions staff, doctors pod and triage windows

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- **Continued support by administration to lobby for greater punishments of perpetrators committing crimes against nursing and medical professionals. As a facility we must set a standard of care and have our medical providers protected by holding assailants accountable for their actions in the great state of Alaska. (ENA 2010a)**

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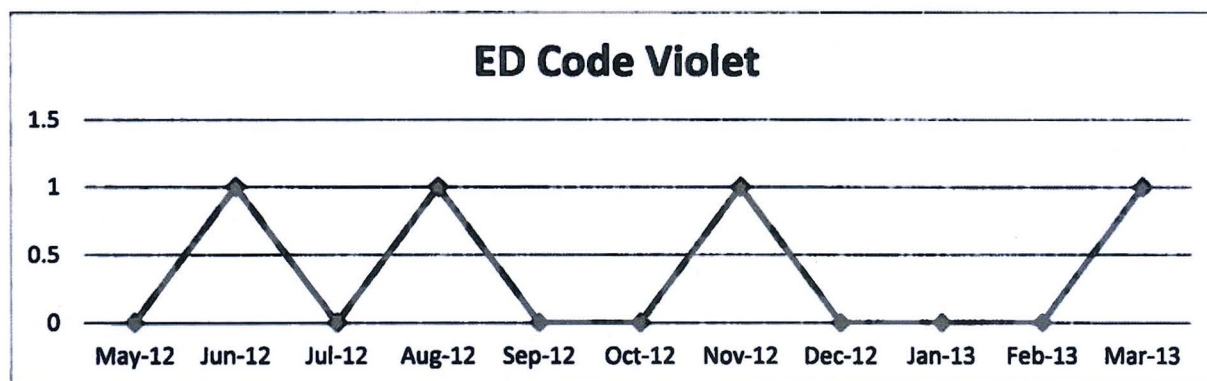
Appendix A

Safety Events Form

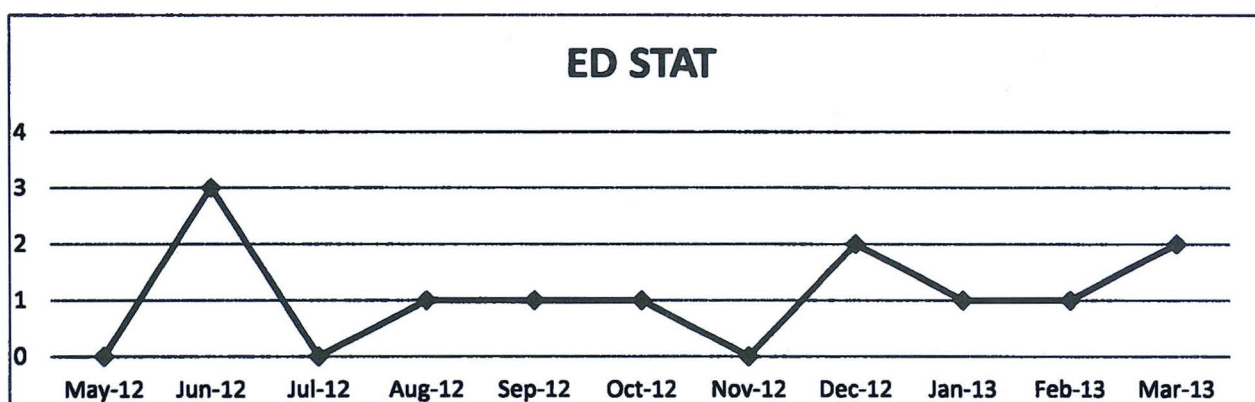
Incident Date (DD/MM/YYYY)		Incident Time	
Location of the Incident			
<input type="checkbox"/> Admitting/triage areas <input type="checkbox"/> Corridor/hallway/stairwell/elevator <input type="checkbox"/> Entrance/exit <input type="checkbox"/> Patient room		<input type="checkbox"/> Nurses' station <input type="checkbox"/> Waiting area <input type="checkbox"/> Seclusion/time out room <input type="checkbox"/> Other (specify):	
<input type="checkbox"/> Verbal			
Who or what was threatened?		What was said?	
<input type="checkbox"/> Physical			
<input type="checkbox"/> Bitten <input type="checkbox"/> Choked/strangled <input type="checkbox"/> Grabbed/pulled <input type="checkbox"/> Hair pulled <input type="checkbox"/> Hit by person (punched, slapped) <input type="checkbox"/> Hit by thrown object(s) <input type="checkbox"/> Kicked <input type="checkbox"/> Pinched <input type="checkbox"/> Punched		<input type="checkbox"/> Pushed/shoved/thrown <input type="checkbox"/> Scratched <input type="checkbox"/> Sexually assaulted <input type="checkbox"/> Shot/shot at <input type="checkbox"/> Slapped <input type="checkbox"/> Spit on <input type="checkbox"/> Stabbed <input type="checkbox"/> Voided/Vomited on purposefully <input type="checkbox"/> Other (specify):	
Were weapons were used? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of weapon used:	
<input type="checkbox"/> Physical Injury			
<input type="checkbox"/> Head/face/neck <input type="checkbox"/> Arms/hands <input type="checkbox"/> Abdomen/chest <input type="checkbox"/> Back/shoulder <input type="checkbox"/> Hip/buttocks/genitals <input type="checkbox"/> Legs/feet		<input type="checkbox"/> Abrasion/scratch <input type="checkbox"/> Bruise/contusion/blunt trauma <input type="checkbox"/> Exposure to bodily fluids <input type="checkbox"/> Internal injuries <input type="checkbox"/> Laceration/cut/puncture <input type="checkbox"/> Sprain/strain/spasm <input type="checkbox"/> Fracture	
Describe physical injuries.			
Any property damage		How was the perpetrator handled?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Incident was defused <input type="checkbox"/> Perpetrator voluntarily left ED <input type="checkbox"/> Perpetrator was escorted out of ED <input type="checkbox"/> Perpetrator was arrested	
Police Notified			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Would you like any other treatment/assistance?		Patient Label	
<input type="checkbox"/> Employee Assistance Program <input type="checkbox"/> Medical evaluation <input type="checkbox"/> Debriefing - individual <input type="checkbox"/> Debriefing - team <input type="checkbox"/> Other (specify):			
Any other information you would like to include?			Soft Med Report
			<input type="checkbox"/> Done

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Appendix B (created by J.Lowinski FMH Security Gaurd)

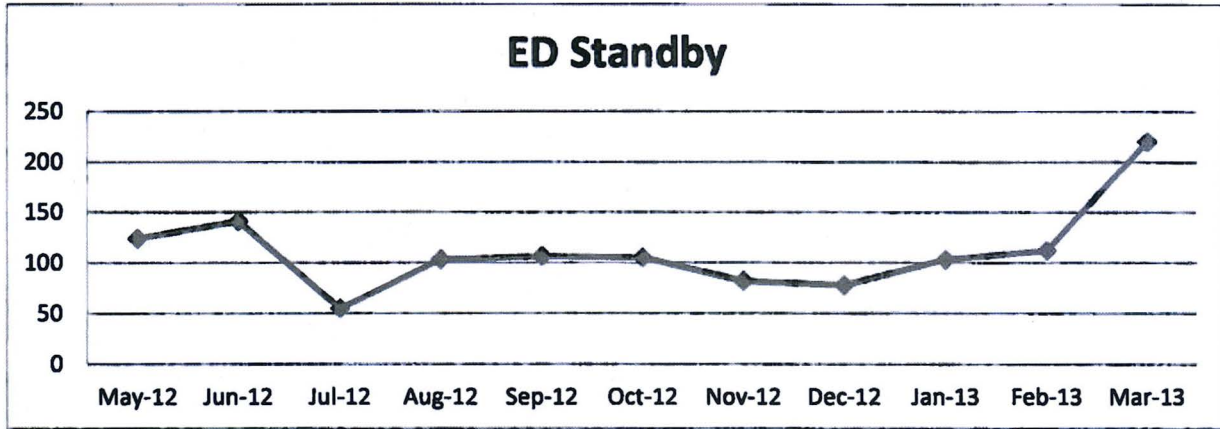


May -12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Year to Date
0	1	0	1	0	0	1	0	0	0	1	
1		1			1			1			4



May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Year to Date	
0	3	0	1	1	1	0	2	1	1	2		
3			3			3			3			12

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May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13		Year to Date
124	141	55	103	106	105	82	78	103	112	220		
320			314			263			332			1229

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Appendix C

**A survey of FMH's Emergency Room
evaluating a patient's history of violence, towards nursing staff.**

1. Have you experienced verbal abuse working at FMH's Emergency Department from a patient?
Yes No (Circle One)
2. Have you experienced physical abuse working at FMH's Emergency Department from a patient?
Yes No (Circle One)
3. Were you injured in the last year as a result of physical violence from a patient?
Yes No (Circle One)
If yes, did you report the injury?
Yes No Sometimes Most of the time (Circle One)
4. Have you experienced sexual misconduct working at FMH's Emergency's Emergency Department from a patient?
Yes No (Circle One)
5. Do you report patient's abusive behaviors?
Yes No Sometimes Most of the time (Circle One)
Why did you not report patient's violent behavior?
 - It was a minor abrasion, redness or bruise?
 - Forgot
 - Too busy
 - Documentation program is difficult to use
 - Violent abuse is part of my job
 - I was concerned about repercussions from management
 - Other (explain) _____
6. Do you feel safe at work overall?
Yes No Sometimes Most of the time (Circle Once)
7. Rate how safe you feel in each of the following areas:

Area in ED (circle one for each area)	Not safe					Safe				
	1	2	3	4	5	1	2	3	4	5
Triage										
Exam rooms (non critical/non pshych)										
Trauma Rooms										
Psych holding area										
Fast track										

8. Do you feel the level of violent activity has affected your job satisfaction?
Yes No Other
(explain) _____
9. Do you feel hospital security personnel are effective in preventing violence against staff?
Yes No Other
(explain) _____
10. Do you feel the amount of time security spending in the ED is adequate to prevent violence against ED staff?
Yes No Other (explain) _____
11. What do you think would help alleviate some of our problems with violent patients in the Emergency Room?

Thank You!

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Appendix D

Threat Alert

Date/Time of Incident: Date/Time Threat Removed:

Type of Threat

- PHYSICAL AGGRESSION
- PHYSICAL THREAT
- VERBAL ABUSE
- VERBAL THREAT
- REGISTERED SEX OFFENDER
- SEDUCIAL BEHAVIOR
- MULTIPLE
- REMOVED

Description of Threatening Behavior

Responders (as many as apply)

- Code Violat
- Multiple Staff Assst
- Security
- Law Enforcement
- Outpatient Counselors
- Family
- Other

Action/Safety Response Plan

- MD Eval / Recheck
- Restraints (chemical or physical)
- 1:1 Monitoring
- Patient escorted out of the department
- Family/mand/support at bedside
- See Restraint powerform
- Other

Injury to Staff? Yes No **Comment:**

Injury to Patient? Yes No **Comment:**

Injury to Other? Yes No **Comment:**

Was a Police Report Filed? Yes No N/A **Case#:**

Was the patient notified that a "Threat Alert" has been placed on their chart? Yes No

Rationale for not disclosing information to patient:

Learning Considerations (Barriers)

<input type="checkbox"/> None	<input type="checkbox"/> Fear/Anxiety	<input type="checkbox"/> Pain	<input type="checkbox"/> Unable to follow directions
<input type="checkbox"/> Acuity of illness	<input type="checkbox"/> Hearing deficit	<input type="checkbox"/> Religious/Spiritual	<input type="checkbox"/> Unable to understand directions
<input type="checkbox"/> Cognitive deficit	<input type="checkbox"/> Corrected with hearing aid(s)	<input type="checkbox"/> Sedated	<input type="checkbox"/> Vision Impairment
<input type="checkbox"/> Cultural barrier	<input type="checkbox"/> Lack of desire/motivation	<input type="checkbox"/> Sensory deficit	<input type="checkbox"/> Corrected with glasses/contacts
<input type="checkbox"/> Difficulty reading/writing	<input type="checkbox"/> Language barrier	<input type="checkbox"/> Short-term memory deficit	<input type="checkbox"/> Other
<input type="checkbox"/> Emotional state	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Speech deficit	
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Long-term memory deficit	<input type="checkbox"/> Stress	

*After review from our House wide Practice Counsel and Risk Management we made revisions to this form, removing any information that could link a victim's identity in a medical chart.

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INTERPRETIVE GUIDELINES - RESPONSIBILITIES OF MEDICARE PARTICIPATING HOSPITALS IN EMERGENCY CASES

<p>A407 (Cont.)</p>	<p>for FURTHER MEDICAL EXAMINATION AND TREATMENT as required to stabilize the medical condition; or</p> <p>(ii) For transfer of the individual to another medical facility in accordance with paragraph (d) of this section.</p>	<p>If a physician is not physically present at the time of transfer, then qualified personnel (as determined by hospital bylaws or other board-approved documents) in consultation with a physician can determine if a patient is stable for transfer.</p> <p>The failure of a receiving facility to provide the care it maintained it could provide to the patient when the transfer was arranged, should not be construed to mean the patient's condition worsened as a result of the transfer.</p> <p>A patient is considered stable for discharge (vs. for transfer from one facility to a second facility) when, within reasonable clinical confidence, it is determined that the patient has reached the point where his/her continued care, including diagnostic work-up and/or treatment, could be reasonable performed as an outpatient or later as an inpatient, provided the patient is given a plan for appropriate follow-up care with the discharge instructions.</p> <p>For purposes of transferring a patient from one facility to a second facility, for <u>psychiatric conditions</u>, the patient is considered to be stable when he/she is protected and prevented from injuring himself/herself or others. For purposes of discharging a patient (other than for the purpose of transfer from one facility to a second facility), for psychiatric conditions, the patient is considered to be stable when he/she is no longer considered to be a threat to him/herself or to others.</p> <p>"Stable for transfer" or "Stable for discharge" does not require the final resolution of the emergency medical condition.</p> <p>Hospitals may not circumvent the requirements in §489.24 by admitting individuals with emergency medical conditions to other departments of the hospital and then discharging them prior to stabilization. These requirements apply to <u>all</u> areas of the hospital.</p> <p>"<u>Transfer</u>" as defined in paragraph (b) of this section, means the movement (including the discharge) of an individual outside a hospital's facilities at the direction of any person employed by (or affiliated or associated, directly or indirectly, with) the hospital, but does not include such a movement of an individual who has been declared dead or leaves the facility without the permission of any such person. If discharge would result in the reasonable medical probability of material deterioration of the patient, the emergency medical condition should not be considered to have been stabilized.</p> <p>When a hospital has exhausted all of its capabilities in attempting to remove the emergency medical condition, it must effect an appropriate transfer of the individual. (See Tag A409)</p>
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Lizzie Kubitz

From: Rep. Matt Claman
Sent: Tuesday, February 13, 2018 3:58 PM
To: Lizzie Kubitz
Subject: FW: In regards to HB 312

From: Kayleigh White [mailto:kswhite618@gmail.com]
Sent: Tuesday, February 13, 2018 2:17 PM
To: Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>; Rep. Chuck Kopp <Rep.Chuck.Kopp@akleg.gov>
Subject: In regards to HB 312

Dear Representatives Claman and Kopp:

I am writing in an attempt to open a discussion regarding HB 312, "an act relating to arrest without a warrant for assault in the fourth degree at a healthcare facility; and relating to an aggravating factor at sentencing for a felon offense against a medical professional at a health care facility".

While I understand the concern over the increase in workplace violence I do not believe that HB 312 is the solution. Oftentimes, the assaults that are happening are a result of mental illness, and arresting these individuals is not the solution as it only perpetuates the cycle of criminalizing mental illness. Rather, choosing to have staff that are trained to manage these behaviors, and to de-escalate and restrain these individuals would be a better use of state resources.

I am saddened that medical staff are reporting feeling unsafe at work. I believe that needing to call in police reinforcements nightly, or near nightly will not create a safer work environment, in fact, setting that sort of environment could be triggering to other patients and lead to an even greater increase in aggression. Empowering hospital staff to be able to de-escalate patients and manage abhorrent behaviors without using force is useful in creating a stable environment of care.

Arresting patients for 4th degree assaults will only perpetuate the revolving door that already exists for many suffering from mental illness. These individuals are at a greater risk for assault, and maltreatment while incarcerated, where they may not be competent enough to stand trial anyway.

I am not in agreement for making it easier for law enforcement to arrest individuals without a warrant. I think that the process of acquiring a warrant for arrest is in place for a reason, and it is to ensure that there is a system of checks and balances in place to ensure that all individuals are being treated fairly. Eliminating the need for a warrant brings us further and further away from the presumption of innocence.

Another option is implementing a Crisis Intervention Team (CIT), as developed by the University of Memphis. This not only allows for assaultive patients to maintain their dignity, it also reduces the rate for law enforcement injuries, in addition to reducing the amount of time that law enforcement spends on these types of calls.

I am appreciative of awareness being brought to the issue of assaults on healthcare staff, and hope that this will be taken into account in proceeding with this bill.

Sincerely,