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THE FINAL REPORT OF THE SENATE STUDY COMMITTEE ON VIOLENCE AGAINST HEALTHCARE WORKERS

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Senator Kay Kirkpatrick - Chair
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Senator Michelle Au
District 48

Senator Steve Gooch
District 51

Senator Sheila McNeill
District 3

Senator Butch Miller
District 49

Senator Valencia Seay
District 34

Senator Bo Hatchett – Ex Officio
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Ashley Gresham
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Kelsey Reed
Phoebe Putney Memorial Hospital

Jennifer Speights
View Point Health

Prepared by the Senate Research Office
2021

COMMITTEE FOCUS, CREATION, AND DUTIES

The Senate Study Committee on violence against healthcare workers was created by Senate Resolution 281 to determine the causes and the solutions to the ever-increasing violence committed against healthcare workers.[1] Senator Kay Kirkpatrick of the 32nd served as the Committee Chair. The other Senate members included: Senator Michelle Au of the 48th; Senator Steve Gooch of the 51st; Senator Sheila McNeill of the 3rd; Senator Butch Miller of the 49th; and Senator Valencia Seay of the 34th. Senator Bo Hatchett of the 50th served as Ex-Officio. Citizen Committee members included: Dr. Mohak Dave, Northeast Georgia Health Systems; Ashley Gresham, Grady Emergency Care Center; Kelsey Reed, Phoebe Putney Memorial Hospital, and Jennifer Speights, View Point Health.

The Committee held three meetings at the State Capitol: September 3rd; November 8th; and December 6, and heard testimony from the following organizations and individuals:

1. Department of Public Health – Dr. Kathleen Toomey, Commissioner;
2. North East Georgia Health System (NGHS) – Deborah Bailey, RN, BSN, MSN and "Destiny," RN Charge Nurse;
3. Grady Memorial Hospital – Lindsey Caulfield, Chief Marketing & Experience Officer and Michelle Wallace, Chief Nursing Officer;
4. Georgia Hospital Association – Anna Adams;
5. National Alliance on Mental Illness-Georgia (NAMI-Georgia) – Dawn Fletcher, DNP(c), MSN, RN, NEA-BC;
6. Georgia Psychiatric Physicians Association – Dr. Ben Hunter;
7. State Board of Workers Compensation – Judge Ben Vinson;
8. Prosecuting Attorneys Council (PAC) – Pete Skandalakis;
9. Georgia Association of Criminal Defense Lawyers (GACDL) – Maizie Lynn Causey; and
10. Piedmont Healthcare – Mike Hodges.

BACKGROUND

Violence against healthcare workers is a pervasive problem that threatens the safety of staff, patients, and visitors in hospitals and other healthcare facilities. It demoralizes healthcare professionals, especially nurses, who are most often the victims of violence, and costs medical facilities millions in lost time, workers' compensation, employee turnover, reputation for quality care, and additional security measures. According to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), incidence data reveal that in 2018, healthcare and social service workers were five times more likely to experience workplace violence than all other workers—comprising 73 percent of all nonfatal workplace injuries and illnesses requiring days away from work.[2] Although the vast majority of violence against healthcare workers occurs in Emergency Departments (ED) and Psychiatric Departments, it can impact the entire healthcare spectrum, from emergency medical services personnel to a stand-alone general practitioner's office. Unfortunately, due to under-reporting, the occurrence of physical violence and verbal abuse toward healthcare workers is difficult to quantify.

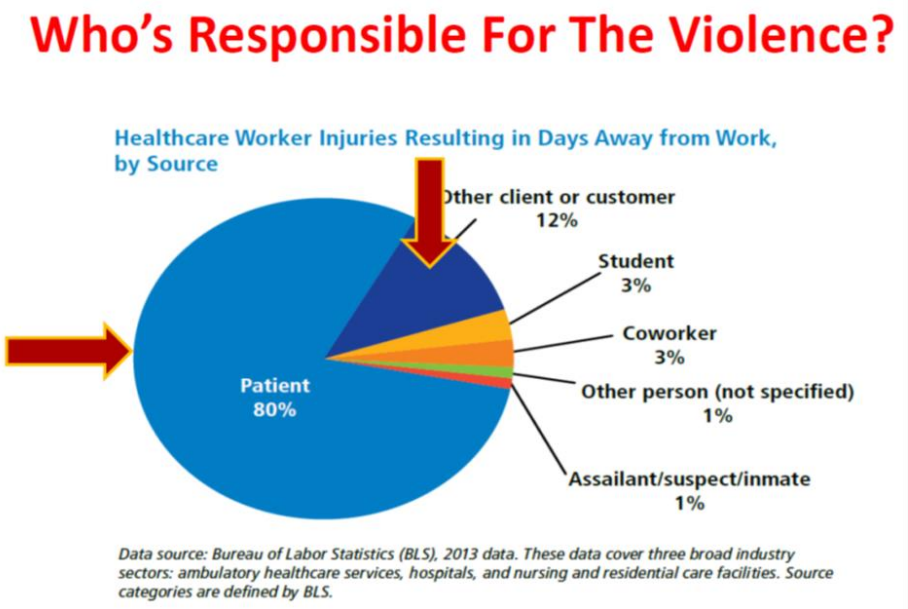
The Committee invited representatives from the following areas to participate in its three meetings: nurses and doctors, hospital administrators, defense and prosecutorial attorneys, mental health/substance abuse services, and health policy experts. The following is a summary of the important issues presented to, and discussed by, the Committee:

- A significant percentage of incidents occur in EDs and behavioral health departments;
- Many assaults go unreported;
- There is a reluctance to press charges against patients with mental disorders, as well as difficulties prosecuting them;

[1] Senate Resolution 281 (2021)

[2] Joint Commission on Accreditation of Healthcare Organizations (JCAHO), *R3 Report: Workplace Violence Prevention Standards* (2021), https://www.jointcommission.org/-/media/tjc/documents/standards/r3-reports/wpvp-r3-30_revised_06302021.pdf.

- Local law enforcement, criminal justice, and hospital/healthcare facility data is not specific enough, comprehensive enough, or uniform enough to provide reliable information related to violence in the healthcare setting;
- Security varies from hospital to hospital; from full time, uniformed armed officers; unarmed uniformed private security officers; to no formal security at all;
- A significant amount of violent or assaultive behavior is caused by patients with mental disorders or patients with drug or alcohol addictions;
- There is no statewide uniform crisis intervention training available to medical staff; and
- Strategies to prevent or deal with violent incidents vary by healthcare facility.



Revised JCAHO Workplace Violence Prevention Standards

The high and continued incidence of workplace violence prompted JCAHO to create new workplace violence prevention accreditation requirements. Effective January 1, 2022, new and revised workplace violence prevention requirements will be applicable to all JCAHO accredited hospitals. The revised standards provide a framework to guide hospitals in developing effective workplace violence prevention plans, including leadership oversight, policies and procedures, reporting systems, data collection and analysis, post-incident strategies, training, and education to decrease workplace violence. The new and revised requirements address the following concepts:

- Defining workplace violence, including a formal definition located in the Glossary;
- Leadership oversight;
- Worksite analysis;
- Developing policies and procedures for the prevention of workplace violence;
- Reporting systems, data collection, and analysis;
- Post-incident strategies; and
- Training and education to decrease workplace violence.

The accreditation manual's Glossary now defines workplace violence as "An act or threat occurring at the workplace that can include any of the following: verbal, nonverbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults; or other behaviors of concern involving staff, licensed practitioners, patients, or visitors."[3]

[3] *Id.*

COMMITTEE FINDINGS:
SUMMARY OF SIGNIFICANT TESTIMONY

Deborah Bailey, RN, BSN, MSN – NGHS; and "Destiny," RN Charge Nurse – NGHS-Braselton

Deb Bailey commented that violence against healthcare workers has been occurring more frequently in recent years. Of the 25,000 nationwide workplace assaults last year, 75 percent of them occurred in the healthcare setting.

Destiny related to the committee her experience of being assaulted by a patient well known to her facility who had no history of violence. After pressing charges, she was contacted and threatened by the patient's family. She also indicated that the sheriff's office at times discouraged her from filing any charges. Destiny stressed that the major shortcoming of Georgia's current statutes (O.C.G.A. §§ 16-5-21 and 16-5-24) addressing aggravated assault and aggravated battery upon healthcare workers is that the statutes do not extend to staff beyond the ED. Ms. Bailey emphasized to the Committee that hospital staff do not understand why such attacks are a felony in the ED but a misdemeanor in every other portion of a hospital.

Lindsey Caulfield and Michelle Wallace – Grady Memorial Hospital

Ms. Caulfield and Ms. Wallace testified that healthcare is the fastest growing industry in America, employing nearly 20 million workers, 80 percent of whom are female. Citing U.S. Bureau Labor Statistics, the healthcare and social service industries experience the highest rates of injuries caused by workplace violence and are five times more likely to suffer a workplace violence injury than workers overall.

Ms. Caulfield and Ms. Wallace also described some recent steps adopted by Grady to address violence within the hospital:

- A systemwide workplace violence team began in June 2018;
- A workplace Violence Policy implemented in the ED;
- A best Practice alert for known violent patients;
- Violence screening tool and protocol for all ED patients;
- Signage in all ED entry points as well as throughout all zones notifying visitors and patients the consequences of assaulting staff; and
- Departmental training for all members of the ED team on interacting with behavioral health and potential violent patients.

Grady recommended to the Committee that the General Assembly expand and enhance protections in O.C.G.A. §§ 16-5-21 and 16-5-24 to an entire hospital and not just its ED and also provide funding for de-escalation training and proper staffing for public safety within healthcare facilities.

Committee member Kelsey Reed commented on the value of establishing a screening tool that alerts staff of patients with a history of violence. Such an alert system informs staff through the patient's medical record not to be alone with such person in a room or never let them in the facility unattended.

Anna Adams – GA Hospital Association

Ms. Adams stressed that this type of violence also occurs in rural hospitals and is not just an urban/suburban hospital problem. She also noted that 22 percent of workers' compensation claims filed by healthcare workers are a result of workplace violence. Patients suffering from a mental illness are causing the majority of these injuries. Opioid abusers also make up a large proportion of the assailants, especially when they are denied opioids. Adding to the increase in workplace violence are the long ED wait times, sometimes exacerbated by COVID. She proposed two recommendations for the Committee: (1) Expand the enhanced penalties beyond the ED; and (2) Increase the visibility of security measures, such as installing metal detectors and having uniformed guards.

Dawn Fletcher – NAMI-Georgia

Ms. Fletcher explained that a critical shortage of psychiatric beds has led to psychiatric patients being housed in EDs and hospitals. This problem is known as psychiatric boarding and prevents patients from receiving the level of care they need. This sometimes leads to violence in the healthcare setting as general hospital staff have little experience in treating the mentally ill. Some steps she recommended include: (1) Improving access

to mental healthcare; (2) Increasing crisis intervention/de-escalation training for all healthcare workers; (3) Expanding the use of Behavioral Emergency Response Teams (BERTs); (4) Expanding the use of violence screening; and (5) Increasing and improving data reporting and collection.

A BERT usually consists of staff members (registered nurses and social workers) from behavioral health services who have experience in caring for patients with acute psychiatric disorders as well as competence in management of assaultive behavior. BERTs rapidly respond to potentially volatile situations involving combative patients with the aim of de-escalating the situation before it escalates to violence.

Pete Skandalakis – PAC and Maizie Lynn Causey – GACDL

Mr. Skandalakis noted there is little data available on the number of convictions for assault/battery against healthcare workers because of the way the statute is written. This is because the definition for an emergency health worker falls under the definition of a public safety officer found in O.C.G.A. § 16-5-19(9), which includes other occupations such as peace officers and correctional officers. He also indicated many incidents go unreported, resulting in the criminal justice system never having an opportunity to address them. Finally, he indicated that PAC is opposed to expanding penalties for violence against healthcare workers, arguing that that the current laws addressing aggravated assault and aggravated battery are more than adequate to address workplace violence in the healthcare setting. But he stressed that the incidents have to be reported in the first place. Ms. Causey agreed with PAC in opposing any expansion of the current statutes addressing assault and battery, asserting that there is no evidence that increasing penalties deters crime.

Judge Ben Vinson – State Board of Workers Compensation

Judge Vinson explained that injuries due to workplace violence are compensable under the workers' compensation system as long the employee was not the instigator/aggressor or the violence was personal and unrelated to their work. He did point out that non-physical injuries such as PTSD are not covered under workers' compensation in Georgia.

Mike Hodges – Piedmont Healthcare

Mr. Hodges provided a number of recommendations: (1) Expanding the use of BERTs; (2) Conducting risk assessments while patients are being processed; (3) Allowing state and local law enforcement agencies to partner with healthcare facilities and provide healthcare workers with the same training peace officers receive, such as de-escalation/crisis intervention, and self-defense; (4) Studying ways hospitals can more easily establish an independent law enforcement agency similar to how Colleges and Universities currently can under Chapter 8 of Title 20.

COMMITTEE RECOMMENDATIONS

Aware that the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) revised workplace violence prevention requirements will be applicable to all JCAHO accredited hospitals and critical access hospitals beginning on January 1, 2022, the Study Committee chose to focus its recommendations on training, screenings, and proper responses. The Study Committee is issuing the following recommendations:

1. Encourage state and local law enforcement agencies to partner with healthcare facilities and provide healthcare workers with similar training peace officers receive, such as de-escalation/crisis intervention, and self-defense.
    - The Committee learned that several local law enforcement agencies are willing to partner with, or have already partnered with, area hospitals to help train healthcare workers in dealing with potentially violent individuals. This training emphasizes the same de-escalation techniques utilized by law enforcement as well as some basic self-defense.
    - Additionally, NAMI-Georgia submitted a draft proposal for a one-day/eight-hour Workplace Violence Prevention course that could be offered to all healthcare workers. The proposal involves components on: the Impact of Mental Health; an Empathy Exercise; Identifying Situations that Lead to Violence in Healthcare Settings; and the Principles of De-Escalation.

2. Encourage training for all hospital staff on interacting with behavioral health patients and potentially violent patients.

3. Encourage the training of all hospital staff, including security, in de-escalation, self-defense and response to emergency codes upon hire and annually/biannually.

4. Encourage the use of Behavioral Emergency Response Teams (BERTs) in each hospital.

5. Encourage risk assessments/screenings while patients are being processed.

6. Establish an alert system for known violent patients.

7. Consider expanding the enhanced penalties for aggravated assault and aggravated battery upon a healthcare worker (O.C.G.A. §§ 16-5-21 and 16-5-24 respectively) to cover all healthcare workers within a healthcare facility.

Respectfully Submitted,

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Senator Kay Kirkpatrick – Committee Chair
District 32