

Senate Veteran and Public Safety Committee
Dr. RJ Sontag – House Bill 452 Proponent

Chairman Johnson, Vice Chairman Wilson, Ranking Member Craig, and members of the Senate Veterans and Public Safety Committee, thank you for the opportunity to provide testimony in support of House Bill 452. My name is Dr. RJ Sontag, and I am here on behalf of the Ohio Chapter of the American College of Emergency Physicians (Ohio ACEP), which represents over 1,500 emergency physicians across the state. I am on the board of the Ohio Chapter of the American College of Emergency Physicians, and I am a practicing emergency physician in central and southern Ohio.

Imagine being at work when, suddenly, two gunshots shatter the air. In your frantic dash to safety, you stumble down the stairs, twisting your ankle in the process. Despite the pain, you realize the urgency to assist anyone in need. Setting aside your own safety, you courageously limp back up the stairs to the emergency department, only to discover that a patient you had recently evaluated succumbed to multiple gunshot wounds moments before. It's revealed that during a struggle to disarm the patient, a handgun discharged. Thankfully, no one else suffered severe injuries that day except for your swollen ankle, which made you unable to bear weight. This incident serves as just one illustration of the numerous instances of violence encountered by my colleagues and me in the emergency department.

In addition to the survey data shared by Representative White in her sponsor testimony, according to a January 2024 poll of members of the American College of Emergency Physicians (ACEP), 91% of emergency physicians said that they, or a colleague, were a victim of violence in the past year. Nearly three-quarters (71%) of emergency physicians believe that violence in the emergency department is worse than last year. The survey showed that patients committed nearly all assaults (98%) against emergency physicians. The most common types of assaults are as follows: Verbal assault, with threats of violence (64%); Hits or slaps (40%); Spit on (31%); Kicked (26%) and Punched (25%). Physical violence, intimidation, and threats are not accepted in any other workplace, and they should not be allowed or tolerated in a health care setting.

The full impact of violence against healthcare workers is understated because many incidents are never reported. Many health care workers decline or are encouraged not to report assaults for a variety of reasons, leaving most assailants not held accountable. Violence in emergency departments exacerbates the already high rates of health care worker burnout and impacts their mental health. 87% of emergency physicians report a loss of productivity from the physician or staff as a result. 85% of emergency physicians report emotional trauma and an increase in anxiety because of ED violence.

I am one of the 91% of emergency physicians who have been attacked or threatened in the last year. I was assaulted by a patient who was of sound mind. He was not suffering from a mental health crisis, and he was not intoxicated. I decided I did not want to press criminal charges, but I was shocked to find out the hospital I was serving in had no system in place to even make a report. Ohio can do better, and House Bill 452 will help.

President
Joseph Tagliaferro, DO, FACEP

President-Elect
Christina Campana, DO, FACEP

Treasurer
Dan C. Breece, DO, FACEP

Secretary
RJ Sontag, MD, FACEP

Immediate Past President
B. Bryan Graham, DO, FACEP

Executive Director
Holly Dorr, MBA, CAE, CMP

A team at Indiana University recently studied incidents of workplace violence. They found that “healthcare workers, on average, were victims of a violent event more than once every four shifts worked.” In their reporting they concluded that: A multidisciplinary team of bedside caregivers, hospital administrators, legal experts, legislators, and policymakers should come together to develop solutions that protect and support healthcare workers. This is an approach that HB 452 would codify.

Emergency physicians and their care teams deserve a support system that prevents these incidents and protects us when they occur. House Bill 452 does that. It will require each hospital system and each hospital that is not part of a hospital system to establish a workplace violence incident reporting system. The reporting systems must track the number of incidents reported through the systems; the number of incidents reported to law enforcement authorities, including those reported to a hospital police department; and the number of individuals involved in the incidents who are criminally charged as a result. A policy that prohibits any person from discriminating against or retaliating against any health care employee for reporting or seeking assistance or intervention must also be adopted. We need to bring awareness about these incidents to slow down the acceleration of violence in health care. Health care workers are leaving for safer jobs, leading to the closure of hospitals and medical facilities. This, in turn, exacerbates the disruption of the health care system, worsening access to timely medical care for all patients.

House Bill 452 will require each hospital system and each hospital that is not part of a hospital system to establish a security plan for preventing workplace violence. We understand this committee might be concerned about de-escalation of elderly patients and those experiencing a mental health crisis. As a health care provider, I share that concern. I am dedicated to caring for patients. We also understand that the patient population we serve in the emergency department may carry some heightened risk. We are not seeing patients on their best days. We are often treating patients suffering from mental health crises, substance abuse or overdoses, and other conditions that may trigger violent outbursts. The reporting system requirement in the legislation does not require all of these instances to be reported to law enforcement, but they should be reported to the hospital. While it might not warrant pressing criminal charges against every patient who commits an act of violence against a healthcare worker, the hospital should know and track this information. If they see a physician who has been assaulted three times in a year, the system might want to evaluate ways to give that provider some added support.

As you heard from Representative Baker, the bill establishes the ability of hospital security personnel to receive access to online security training currently available to Ohio peace officers. The bill also directs the Department of Higher Education to survey colleges and universities that provide education to medical students to evaluate the current education and training in their curriculum on the prevention of workplace violence. I can attest I did not receive assault training in medical school.

Emergency physicians and their care teams deserve a support system that prevents these incidents and protects them when they occur. Emergency departments should be a safe space where patients are guaranteed they have the full attention and dedication of their care team to treat their ailments. House Bill 452 is about hospital violence prevention and creating a safe environment for patients. Please support this important legislation. Thank you for the opportunity to testify today, I am happy to answer any questions you might have.

President
Joseph Tagliaferro, DO, FACEP

President-Elect
Christina Campana, DO, FACEP

Treasurer
Dan C. Breece, DO, FACEP

Secretary
RJ Sontag, MD, FACEP

Immediate Past President
B. Bryan Graham, DO, FACEP

Executive Director
Holly Dorr, MBA, CAE, CMP