

HB 452 – Healthcare Workplace Safety Act

Proponent Testimony by Kylee Ham, RN

Good afternoon, Chairperson Johnson, Vice Chair Wilson, Ranking Member Craig, and members of the Veterans and Public Safety Committee.

I'm sure that all of you here today have the reasonable expectation that you will return home this evening without being verbally or physically assaulted while working today.

I would also bet that hospital administrators and CEO's have the same expectation. In fact, I would bet, it's not something that even occurs to them, at least not with any regularity.

I can't say the same when I go to work. Many of my coworkers and colleagues can't say the same.

Nurses and healthcare workers are not safe at work.

My name is Kylee Ham. I have been a nurse for more than 10 years. I currently work as a registered nurse at the University of Cincinnati, in the emergency department.

I precept students, orient new hire nurses, I teach and orient nurses to triage, I teach our trauma classes and provide training to nurses that meet the requirements to work in the shock resuscitation/trauma area of the emergency department.

Workplace violence has become so common that even I fail to recognize the frequency at which it happens, It is the "norm" occurring so often and little being done to prevent it, we have been mislead to believe "it's part of the job."

It's not.

When nurses go to work, we have the right and a reasonable expectation to be safe at our jobs and return home to our families, the same way we left them.

When I go to work, it is my job to keep my patients safe. I am held responsible and I am held accountable. If any mistakes were made that compromised my patients safety: medication errors, safety errors, inadequate charting that could lead to deficiencies in the care my patient received, I would have the potential to be reprimanded by the board of nursing, I could have restrictions placed on my license, I could have my license taken away, and I could even be held accountable in a court of law.

However this practice of accountability, is usually not applied in the reverse, when nurses are the victims of workplace violence.

We are asked covertly, and sometimes outright, to “let it go” or not press charges when we have been victims of workplace violence. Or “how could you have handled that situation differently?”

Healthcare workers account for 73% of all nonfatal workplace violence incidents. I said “non-fatal” because yes, some of these incidents result in death and are accounted for separately.

Psychiatric settings and emergency rooms have the highest rates of workplace violence. While some areas may have higher rates of workplace violence, I assure you, it’s systemic, and it occurs throughout the hospital system.

If my work place was a network TV show, you would often have a difficult time understanding what was being said because you would mostly be hearing “Beep, you are Beep, beep, beep, I can’t believe how long this is beeping beep beep beep” You get the point.

I have been threatened, I have had patients threaten my family, been told I “better hope they never see me on the street.” I have a been called every name you can imagine and some that are actually quite imaginative. I was once called a waffle eating witch. I had not consumed any waffles that day.

As nurses, we are trained and educated healthcare professionals. We care deeply about the care we provide for our patients. It seems reasonable to expect to do our jobs, without fear, without worrying about being assaulted, verbally abused, or sexually harassed by the patients we are caring for or their family members and visitors.

I’m not referring to the normally kind and sweet 95 year old confused grandmother that bless her, turned into the incredible hulk at sunset. That IS an expectation and a disease process that I feel immense compassion and empathy for, even when she karate chopped me and attempted to rid my hands of fingers.

Nurses are more than capable of assessing and recognizing the difference in a disease process that can cause agitation and aggressive behavior, and a patient or family member that feels entitled and emboldened to resort to aggressive behavior and violence.

I’m talking about working at the triage desk on a busy night when the wait time might be anywhere from 6 to 16 hours, people are understandably frustrated and upset. However, instead of having the coping skills or simple societal manners to deal with that frustration, they resort to verbal assault and even escalate to physical assault.

I am talking about the patients that come in often already in an aggressive and violent state, and then proceeded to physically assault the very staff that are attempting to provide care for them. Punching, kicking, attempting to choke, racial slurs, homophobic slurs, hair pulling, biting, spitting throwing their urine and feces. I am talking about the patients that find and use any object within their reach as weapons, made more terrifying by the fact I have personally had guns, knives, and brass knuckles fall out of patients belongings in the process of providing care.

I'm talking about the patients that think the "H" sign on the highway stands for hotel and have unrealistic expectations, and when those unrealistic expectations are not met, they turn to verbal assault and often escalate to physical assault.

There is a fundamental problem with hospitals treating patients as guests instead of patients. When hospitals treat patients this way to increase profits, you are setting your nurses up to be placed in situations that are unsafe and can ultimately result in injury and sometimes death. We are medical professionals, we are certainly not staffed to provide a Four Seasons guest experience.

Workplace violence is directly related to decreased job satisfaction, absenteeism, burnout, sleep deprivation, post traumatic stress disorder, fear, and suicide. It's not a problem where the effects evaporate as soon as you clock out.

I know nurses that have sat in their cars crying before a shift, so broken by the system they work in, they have intense emotional responses to the very idea of just walking back to the bedside, not knowing what they might encounter next.

We go on antidepressants, we take on unhealthy coping habits ourselves, over eating, drinking too much, taking our frustrations out on the people we love, and some healthcare workers turn to prescription drugs, all in an effort to cope with the sheer insanity that we have chosen a career where we thought we might do some good, only to find a complete alternate reality that we were not prepared to deal with.

OSHA reports that nearly 25% of workplace violence incidents go unreported. Other sources report this number to be as high as 50%

If healthcare workers have the highest incidents of workplace violence, and you add to that, that anywhere from 25%-50% of those instances are not even reported, it's appalling and it's unacceptable.

Nursing culture and values, such as caring and conflict avoidance can perpetuate an unhelpful silence about the nature and frequency of aggressive behavior. Nurses are not a commodity, we are not sacrificial, but institutions and their policies, practically reinforce

this silence and prevent the type of collaboration that is necessary to reduce violence and often place serious obstacles in the way of developing safety standards, best practices, and staffing minimums that would all work as preventative measures to combat workplace violence and reduce the mental and physical suffering of nurses and healthcare workers.

Hospitals have continuously failed to act and failed to protect us. Safe staffing is attributed as a leading cause of workplace violence, and yet we are met with resistance or flat out refusals when we ask for mandated staffing ratios.

Someone told me “this bill wont do anything”

Well let me tell you, not doing anything, is not doing anything.

HB 452 is start. It requires hospitals to establish security plans that manage aggressive behavior. It allows us to have a voice. To actually say “this behavior WILL NOT BE TOLERATED” and mean it.

It requires hospitals and higher education systems to provide education and training to nurses so that we are prepared to enter this career, with eyes wide open, and the necessary training to handle violent and aggressive behavior, instead of down playing the frequency at which it occurs.

I am proud to say that last month I was elected President of RNA, our local nursing union at UCMC. As elected officials you have a duty to Ohioans, you have a duty to stand behind legislation that keeps Ohioans safe. I am one of them. My 1600 union sisters and brothers are Ohioans. Stop standing by and allowing us to be injured, and even killed, while we are providing care to patients and doing our jobs.

Thank you for hearing my testimony.