Testimony of Paula Stellabotte, RN
HB 1992, the Health Care Facilities Workplace Violence Prevention Act
September 11, 2012

Good afternoon Mr. Chairman and members of the House Committee on Health. My name is Paula Stellabotte. I have been a critical care registered nurse for the past thirty three (33) years, including at Altoona Regional Health System for the past twenty-two (22) years. I am also a member of SEIU Healthcare Pennsylvania which is a statewide healthcare worker's labor union representing over 24,000 healthcare workers in both the public and private facilities.

Over the years I have witnessed an ever increasing challenge that nurses and other healthcare workers face on the issue of workplace violence. Specific to the Altoona area, as we have experienced a worsening economy, increasing unemployment, an influx of drugs from other urban areas and a recent explosion of 'bath salt' abuse, the level of workplace violence and safety concerns for healthcare workers has heightened in my facility and my community. I will share more specifics that have occurred at my facility later in my testimony.

In our broader healthcare workers union in Pennsylvania, this past Saturday marked the six (6) month anniversary when a former UPMC in Pittsburgh entered UPMC Western Psychiatric Institute and Clinic and shot six other healthcare workers in that facility killing one (1) of them and of the six (6) injured, two (2) were my fellow union members. Even today after this tragedy, the nurses and some other healthcare workers there continue to perform procedures that should be the purview of trained security personnel including the wanding of visitors for weapons. And even since the incident fellow union nurses of mine are aware of incidents where weapons and contraband from patients continues to surface in patient care areas.

While workplace homicides like the shooting at WPIC attract high levels of media attention, they are just the "tip of the iceberg." For each fatality, it is estimated that there are at least two thousand non-fatal assaults. In fact nearly approximately half of all non-fatal injuries from occupational assaults and violent acts occurred in the healthcare sector according to data from the US Bureau of Labor Statistics.

Most of these occurred in hospitals, nursing and personal care facilities, and residential care services. Nurses, aides, orderlies and attendants suffer the most non-fatal assaults resulting in injury. And these assaults are on the increase.

At WPIC as a case in point, they are recording a non-fatal assault on the average of one per day. For OSHA recordable cases, which are the more serious cases requiring more than first aid treatment, they are currently experiencing approximately a fifty-percent (50%) jump in cases per year in recent years on track to average two (2) new cases per week.

Where I work at Altoona Hospital, the RNs have made many suggestions over the years to our hospital administration about being proactive and improving the safety and security of our patients and employees.

One of our concerns includes a newly designed 34 bed mental health unit that combined our previously segregated geriatric dementia patients, drug addicted patients, suicidal adolescents, and sexually inappropriate mental health patients. The unit sits in a building that is about an eight (8) minute walk from the Altoona Hospital Police (AHP) office, which presents a concern.

Recently one of the RNs was physically assaulted by a demented client who demanded a cigarette. The nurse tried to retreat into the locked nurse's station, but the client was able to punch and assault her before she made it. Another nurse was given a black eye by a demented male patient. Currently, the staff is dealing with a young man who spent ten (10) years in Torrence State Hospital, and suffers with mild mental retardation. Just this week he ripped a charting desk from the wall, grabbed breasts of the female employees, is constantly making lewd sexual comments, runs screaming down the halls, and has frightened away his own home caretakers. These are the types of challenges mental health nurses and other nurses face that the public is probably not aware of.

We have asked for a security presence and metal detectors on the mental health, especially during visiting hours when the staff is responsible for 'removing' belongings from the visitors. The hospital supplies radios for each employee and cameras for full view of all areas, but no staff member is able to monitor the cameras full time. The hospital also has a 'Condition H' program in place (an administrative response to a patient or family concern), but has resisted initiating a 'Code Green' program that would activate a response team that is trained in methods of defusing a violent/dangerous situation.

A second area of concern is the newly designed fifty-two (52) bed trauma ER. We have also requested an increased police presence and a metal detector for visitors. Management has staffed the ER with one hospital police officer, and added a second for any patients being involuntarily admitted to Mental Health department. Still, we often hear of staff retrieving knives, guns, and various drug paraphernalia from the patients upon admission.

Our most recent incident of serious workplace violence occurred in a unit not often thought of as a dangerous work area--the Labor and Delivery unit. A female patient with a history of drug use and Hepatitis C, was admitted and underwent a C-section. The next day, she developed a sudden and bizarre change in her demeanor, after returning from an X-ray (where she had briefly disappeared from the staff). She began making odd and paranoid statements which the management team felt could be related to drug abuse issues and they subsequently assigned a sitter to her room for the protection of the patient and her baby. Her unusual behavior escalated, including to the point of physically threatening the nurse.

When management and physician were asked to view the patient, they initially stated from the station, that the patient's actions were most likely drug related or post partum depression. As the patient grew increasingly aggressive and paranoid, she began running in the halls and entering other patient rooms.

Finally, the crisis team was notified and upon their arrival, they immediately recognized the behavior as 'bath salt' related. As the staff attempted to "contain her while trying to protect ourselves", the AHPD were summoned. After wrestling a Haldol injection into her thigh, she made her way into the bathroom. Upon opening her bathroom door she was found naked, grunting, and standing on her head in the shower. As staff and AHPD entered, she lunged and punched two nurses in the chest and attempted to bite the officers.

As the nurses later debriefed each other, they were most unnerved by the realizations of what could have happened to other staff, visitors or patients. Had the patient gotten access to a utensil from the dinner trays that were present, someone could have easily been killed. They felt that the responses to calls for aid were not taken seriously, and that they lacked the necessary knowledge of handling a patient in this condition.

Unfortunately, as of this moment, no new strategies have been put into place as a result of this incident.

As you can see, at a Level II Trauma Center, there can be a wide range of potentially unsafe and violent situations our caregivers can be placed in. And the lack of action by health systems shows why we need our elected officials in Harrisburg to pass a bill like HB 1992 that calls for each hospital to have a workplace violence committee, a real plan, and publically available data on these incidents.