Dear Senator Mastriano,

We, past and present employees of Wellspan and current consumers of healthcare from Wellspan providers and facilities, and registered voters within the south central Pennsylvania area are very concerned about the recent change in Wellspan's policy regarding the disarmament of security officers within the healthcare system and increasing the responsibility and requirement of assistance by clinical staff in maintaining protection within the system. This change is discussed in the included Huddle note that was distributed to staff:

6-28-23 Huddle Notes
Removal of taser, open carry, and handcuffs from Security

- Officers will no longer open carry or have tasers and handcuffs on their belts. They will still wear duty belts with necessary items and body armor as part of their uniforms. ***Why is this happening?***
- Equipment options on duty belts make the decision-making process more difficult for officers. When they need to act quickly and appropriately, they should not be burdened with options that cannot be used in most instances.
- When these items are used against a patient, the event is considered a law enforcement action by the Centers for Medicare and Medicaid Services and must be reported to the Department of Health. Inappropriate use of law enforcement equipment can lead to the loss of a hospital's participation in the Medicare program.
- Additional security training will focus on appropriately managing aggressive behavior and self-defense. Also, additional training drills will be held with clinical staff to support officers in resolving incidents without the use of law enforcement equipment.
- WellSpan remains committed to providing staff with Behavioral Response Team training, and clinical interventions for consistency that also create optimal safety across all WellSpan facilities.
- Please share this information with all team members.

Scope of the problem

Given the increasingly violent environment we currently live in, the concern is that the decrease in security measures within Wellspan could potentially increase the risk of harm to patients, visitors and staff. Workplace violence has been on a steady rise over the last decade. According to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) publication from 2021, as of 2018 Healthcare workers and social workers were 5 times more

likely to experience workplace violence and made up 73% of all nonfatal workplace injuries and illnesses requiring time off work. Osha reports that Healthcare has nearly as many serious violent injuries as ALL other industries combined, and many incidents are under reported. JCAHO's definition of workplace violence is as follows: "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." According to the American Hospital Association (AHA), violence against healthcare workers continued to rise even more sharply during the Covid pandemic. Physical violence was reported by 44% of nurses during this time.

In addition to the obvious physical harm that can occur during a violent attack, the AHA also notes that nurses and physicians cannot give the needed attention to provide the care that a patient needs due to fear for their own physical safety. Khatib et al, 2023 notes that safety in the workplace is a basic need for healthcare workers and this will increase productivity and ability to manage patients. The environment healthcare workers function in naturally increases the risk of exposure to violence. Exposure to the threat of workplace violence ties directly to increased job stress, decreased job satisfaction, absenteeism, burnout, sleep disorders, fatigue, post-traumatic stress disorder, fear, and suicide for the employee.

Osha reports risk factors associated with an increase in workplace violence in the healthcare system includes people who have a history of drug and alcohol abuse, and/or a history of violence or domestic assault. These populations make up a significant portion of the patients seen on a daily basis in any healthcare facility.

The AHA also notes that violence within the institution can also tie up valuable resources that are needed to urgently care for other patients. This marginalizes an already stressed system that can affect the care and outcome for the patient.

Several of the most recent incidences involving harm to healthcare providers occurred just days ago, a Florida mother removed her 3 day old daughter from neonatal intensive care (NICU) after disconnecting her feeding tube and ventilator. In the process, she stabbed 3 hospital

employees with a serrated knife. Fortunately, none of them were severely injured. This was not the case for Dr Benjamin Mauck in Tennessee. He was an orthopedic surgeon who was fatally shot by a patient during a routine exam.

Just days ago, in Portland Oregon, Police Dispatchers received a report that a visitor was being verbally abusive to the staff. By the time the police arrived, a security guard was found injured. He was transferred to the local trauma center where he died. Another employee was injured as well. He survived.

On a closer front, in 2021, a physician working at a Penn Medicine hospital was slashed with a knife on the face and head by a patient. After the attack occurred, the hospital released a statement saying there was no danger to other staff or patients at the hospital. The hospital is currently being sued by the doctor siting that the hospital knew that attacks on doctors had been increasing during the Covid pandemic, but the hospital did not make any improvements in security to ensure the safety of their health care workers.

Who is Wellspan?

The Wellspan Health System serves Lebanon, Lancaster, York, Adams and Franklin counties in the south central Pennsylvania region and has over 23,000 employees. The facilities include 8 hospitals, over 220 patient care locations including diagnostic testing, lab services, urgent care, primary care and other services. It also contains the only Level 1 Trauma care center in the region (York Hospital). Trauma Centers are designated by a rating system from 1 to 5 that describes the extent of the services provided. A Level 1 Trauma Center is one that supplies comprehensive regional resources that provide highly specialized health care which involves advanced and complex treatments and procedures, performed by medical specialists in state of the art facilities. A Level 1 Trauma Center provides services to over 1200 patients annually. Trauma Centers are verified every 3 years to assure they continue to provide the same high level of resources. Level 1 designation is prestigious and highly respected among healthcare systems.

The trauma designation is important to be aware of in considering the type of patients cared for by the trauma team and emergency department. Care is provided for a wide scope of patient injuries. In the south central Pennsylvania area, a large number of patients cared for in

the trauma bay, have been injured by a gunshot wound or stabbing. York Hospital also has a very well developed forensic nursing department that cares for victims of violent crime such as sexual assault and domestic violence. This department cares for anywhere from 600 to 800 patients a year. Police report that domestic violence calls are among the most lethal calls to which they respond.

In caring for this population of patients, it is always important to maintain situational awareness. The perpetrator of these crimes may enter the hospital with bad intentions focused on the patient, the healthcare worker or a family member accompanying the patient. This increases the risk of injury to all. Although staff are trained on the potential danger from situations like this, they depend on security to maintain safety of the facility so clinical staff can focus on caring for the patients during this critical time. Patients depend on security to keep them safe from their perpetrator and visitors expect to visit with their family members in a safe manner.

Addressing the issues

Several months ago, prior to retirement from York Hospital which is one of Wellspan's entities, Tami Hartlaub had a conversation with several members of upper level Wellspan leadership, including the head of security regarding the need for additional security measures to keep York Hospital safe. This was prior to the new initiative to remove handcuffs and tasers from security duty belts. Wellspan is a gun free zone. Metal detectors are necessary to assure the hospital remains gun free. Currently, the only metal detector that is consistently in use is at the entrance of the emergency department. When it was suggested to have additional metal detectors at all access points within York Hospital, Tami was told buying the metal detectors and then staffing them with security guards was simply too expensive and not something that would be considered. There have been reports that guns have been found on persons in the facility, but all of the leadership team in this meeting denied that any reports had been made. By deduction alone, we can assume that if someone wants to bring a gun into York Hospital, they will know better than to attempt to gain access through the emergency department since there are various other entry points at York Hospital and none of the other entrances have metal detectors in consistent use. Observation of metal detector use at other entry points has been

seen periodically. But as quickly as it is put into use, it once again stops. One can only imagine what the circumstances are that warranted that use and then the sudden disuse of the device. In recent years we have seen what can and will happen in gun free zones in schools, theaters, malls and other public areas across the nation. Will Wellspan's name be in the next national headline? Will people lose their lives secondary to Wellspan's lack of attention to the safety needs of their facilities? We certainly hope not!

During Covid, the number of entry points throughout all Wellspan facilities were decreased. All entry points had heat sensored cameras to take temperatures of all who passed through the area. Each entry point was manned by not one, but two personnel to assure no one passed this point with an elevated temperature and potentially subject someone to an infected person. Funds were quickly secured for this type of safety given the Covid pandemic, yet now health care finds itself in an epidemic of a different type and Wellspan chooses to ignore it. Instead, training nurses to assist security in take downs and removing tasers and handcuffs from security officers is touted as being a viable and acceptable option.

In replacement of the handcuffs and tasers that are being removed from security duty belts at Wellspan, the clinical staff will be trained in personal safety techniques to assist the officers. Personal safety education is a very important piece to maintaining safety in the private sector. But a safety class does not make the student proficient or even competent in these techniques. In order to acquire the proficiency to make the technique effective is the automatic response that comes with repetition of hundreds of hours of training drills. With this comes muscle memory that allows the body to respond to a threat without having to consciously think about what is happening. If you have to think about what the best action is to take in a situation, it is most likely already too late for the technique to be effective and could result in additional injury.

When a private citizen takes a personal safety class, the onus of responsibility for becoming proficient in personal safety falls on that individual. When one is being trained to provide this service for mandatory institutional use to supplement and assist the security force, the continued education and drills needed for proficiency falls on the shoulders of the institution requiring this skill. Is Wellspan willing to pay employees for the countless hours of instruction

required for their thousands of clinical employees to become proficient with personal safety techniques? Or would a better investment be to improve training and education for the security guards employed by Wellspan for the purpose of institutional safety?

An anonymous source has informed us that the reason these tools have been removed from security is because of inappropriate use of handcuffs by a security guard on a patient. As clinical staff we understand the severity of this event. Patient restraint is a JCAHO safety issue and needs to be taken seriously. It certainly needs to be addressed to assure it does not occur again. Wellspan is concerned about losing Medicare/Medicaid funding. It is understood that all institutions depend on this funding to keep their doors open. In order to decrease the possibility of an additional infraction, a better choice would be to require additional or more intensive training to the security officers so they are less likely to use this tool inappropriately. It seems like a more plausible option is to increase education for those who were hired to protect the institution rather than to expect participation by those who were hired to provide care to the patients.

Anyone who does not work in law enforcement and security are not aware of the knowledge and skill required to function in a tactical environment. These staff are not well versed in how to do a risk assessment or perpetrator assessment and what that involves. The depth of this education cannot be provided in a brief personal safety program and could expose the staff to additional harm not anticipated by leadership.

Healthcare workers who assist security officers are concerned they could be injured during the incident. Nurses, physical therapists and doctors may not be physically fit enough to successfully assist security in this type of activity and may inadvertently get hurt. The average age of the nurse in 2023 is 52 years old. At this age, one is no longer as quick and agile as they were when they were younger. If this plan is implemented, it will be necessary for a written indemnification clause to be included in the policy to fully financially support (in addition to Worker's Compensation) any health care worker who may suffer an injury while performing this additional duty.

Another area of concern is if in a clinical employee's zeal while trying to assist a security officer he or she uses a safety move that is not appropriate for use and the attacker is injured, who will be held liable for any injury that occurs to the attacker? With only a training drill and little to no experience under their belt, is it feasible that administration could hold an employee responsible? Criminal charges could be filed against the health care worker or perhaps a civil lawsuit brought against he employee. The frequency in which healthcare workers have criminal charges filed against them as a result in harm secondary to a systematic issue inadequately addressed by their healthcare system is increasing daily. Nurses have been convicted of criminal charges in association with this neglect. Wellspan employees are being placed in a coercive situation by their institution and asked to take risks they are ill equipped to handle. In most cases, the clinical staff has no desire to participate in security measures required. But yet, there is no opt out for this new requirement for clinical staff. It is an expectation.

In contrast, another health care system in the area, United Pennsylvania Medical Center (UPMC) has half the number of employees as Wellspan (11,000), 7 hospitals, and does not have a designated trauma center locally. They choose to protect their staff, patients and visitors with their own system wide police force. Each security guard is a sworn officer and is armed with a gun. They get range time to assure competency, and receive temperament testing and de-escalation training. Most of the campus leads at each UPMC hospital is a retired Pennsylvania State Trooper. UPMC has not completed its implementation of this model across all facilities, but their goal is to have it in place at all hospitals.

Additional foundational system issues

Currently, our medical system nationwide is experiencing a myriad of challenges, some of which we have already discussed, that have yet to be addressed institutionally, or on a state or federal level. These issues impact the ability of healthcare workers to do their jobs without the influence of added responsibilities and job requirements such as security response.

The nursing shortage within the state and country has had a significant impact on WellSpan, considering the large amount of traveling nurses currently utilized, but even with the use of traveling nurses, the nurse to patient ratio is out of balance and potentially dangerous.

Quantitively, this adds to the nurse's responsibilities that impact her/his ability to complete patient care in a timely fashion and ultimately can affect care and increase stress and burnout levels in nurses.

Anecdotal evidence as reported in a conversation between Anonymous Nurse 1 and another staff member:

"During a conversation with a YH (York Hospital) nurse who transferred to my hospital, she lamented that staffing ratios of 6-7 patients per nurse on dayshift contributed to her desire to transfer. She reported that she usually did not get report from busy ED (emergency department) nurses on patients admitted to her care and had to quickly look up an ED note to find out why they were there. When nurses are stretched too thin, it can lead to increased stress for the nurse and can contribute to longer wait times for the patient, which can lead to increased incidents of workplace violence."

The ncbi.nlm.nih.gov reports, the rate of violence against nurses has been increasing rather than decreasing. Qualitatively, this contributes to decreased job satisfaction and increases the psychological stress, negatively affecting nurse's personal and work life. Over time, this causes burnout and reduced attraction to the nursing profession, at times causing nurses to retire from the profession earlier than planned, exacerbating the nursing shortage and losing valuable experienced nurses. Now Wellspan is adding to that burden by mandating nursing staff "assist" security during a potentially violent situation.

In addition to the stress to already overburdened healthcare workers is the increased possibility of an upsurge in medical errors due to the burnout that comes from working in such a highly stressful and potentially violent environment. According to the book *Medical Error*, a medical error is defined as a "preventable adverse effect of medical care, whether or not it is evident or harmful to the patient." Medical errors include misdiagnosis, billing errors, medication errors, incorrectly identifying a patient and surgical errors. In 2019, the World Health Organization's (WHO) Patient Safety Factsheet noted that worldwide medical errors due to unsafe patient care are among the top ten causes of disability and death. In 2016 in the United States, a Johns Hopkins study estimated that roughly 250,000 Americans die each year

because of medical errors. In July 2023, Hopkins released a study reporting national data analysis stating that an estimated 795,000 inpatient and those receiving outpatient care, die or are permanently disabled due to misdiagnoses. It is estimated that 1 in 5 Americans have experienced a medical error while receiving health care. These statistics place medical errors as the third leading cause of death in the United States. Human error is the most significant risk factor for medical errors. Burnout for providers and physicians is currently at 50% and is quoted as one of the major indicators for increased risk of major medical errors. Additional chief indicators for medical errors are staff workload and nurse to patient ratios. It is very obvious that the stress of working in a potentially volatile work environment could further increase stress and burnout could increase medical errors causing even more injury and death. We refer back to Khatib et al., 2023 in which safety is considered a basic need in the workplace for healthcare workers. Productivity and ability to manage patients will improve if the workers safety is addressed.

Sharon Reiff, a co-author of this paper quotes her own experience with medical error at a Wellspan facility: She writes, "I have an 18 year old who is going off to college and needed a MCV4 (meningitis) booster vaccine to attend classes. She went to her FMD (family medical doctor) and was administered the incorrect meningitis vaccine. She had to go back and get a second, correct, vaccine two days later. Even as an aware mother and RN (registered nurse), the medication error occurred as I sat beside my daughter when it was administered. Patients trust that the medical professional administering medications follow the "5 Rights of Medication Administration": the right patient, the right medication, the right dose, the right time and the right route of administration. Unfortunately, my daughter falls into the 1 in 5 Americans who has experienced a medication error."

Security cuts are not the answer

According to blog.lowersrisk.com, from 2016-2017, 49% of hospitals reported an increase in crime, but in the same time period, 23% reported a decrease in hospital security budgets over the same time period. The pressure to cut costs affects staffing, training, and equipment in a negative way, impacting security departments ability to respond properly. Just

as workplace violence is stressful to nurses, it is also stressful to security personnel. Budget cuts to security affect their staffing, training, and morale. The presence of tasers and handcuffs, in addition to other law enforcement equipment, offers a visual deterrent, which may prevent a potentially violent event from occurring. Wellspan is putting the security of their patients, staff, visitors, and security members at greater risk by removing these tools from the duty belts of security personnel. In addition, our security personnel should be highly trained in the use of each of these tools.

Additional anecdotal evidence of the inadequacy and frustration of the security officers at Wellspan is reflected in an officer's response to this recently asked question 'How would you respond to an active shooter?' He stated," I would go out(side) and call 911. They didn't let us use what we had before anyway." If we do not empower security to do their job by providing proper training, skills and equipment for them, we risk them leaving the field. Why should these men and women jeopardize their safety and be asked to provide services their employer is not equipping them to safely provide? This presents a picture of not valuing the lives of the officers, the other employees at Wellspan as well as the patients to whom care we are committed to providing. We can and must do better to provide safety and protection to all who entrust Wellspan with their medical care, whether it be patients, visitors or staff. A proactive, prevention driven response serves all of us much better than desperately making changes because our institution has fallen victim to a tragedy.

Clearly, we can see that changes in security and how best to protect those within a Wellspan facility is a complex and multifaceted issue. We believe the ultimate solution is not to draw those who do not have an interest or training into security issues, but instead to invest in those who have been hired to protect and serve in a security position by providing the training, support and equipment so they can do their job to better provide safety to all within the walls of all Wellspan institutions.

Tami Hartlaub, MSN, RN

Sharon Reiff AAS, RN

Anonymous Nurse 1 BSN, RN

Anonymous Nurse 2 BSN, RN

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