



March 29, 2023

Members of the VT House Judiciary Committee,

Good morning. My name is Dr. Ryan Sexton and I am the Medical Director of the Emergency Department at Northeastern Vermont Regional Hospital, Chair of the VAHHS Emergency Department Medical Directors Committee, the immediate past president of the VT Chapter of the American College of Emergency Physicians, and President of the Vermont Medical Society.

Thank you for the opportunity to speak to you today on behalf of the Vermont Medical Society in support of S.36.

I work with a caring team of nurses and physicians in a challenging and unpredictable environment. Emergency departments and other areas of the hospital that provide critical care can be quite chaotic. Situations can be highly volatile and emotionally charged at times, and unfortunately it is not uncommon for our frontline staff to face verbal threats and physical assaults from patients and visitors. So common in fact that OSHA accepts that "Workplace violence (WPV) is a recognized hazard in the healthcare industry." A "recognized hazard".

In a 2016 study, 100% of emergency department nurses experienced violence from patients. A 2018 American College of Emergency Physicians survey of more than 3,500 emergency physicians showed that nearly half had been physically assaulted at work, with the majority of those assaults occurring within the previous year. 80% of emergency physician respondents in that survey noted that a patient has threatened to return and harm them or their emergency department staff. In 2022, the American Hospital Association (AHA) reported that healthcare workers suffer more workplace injuries because of violence than any other profession.

I would like to share a personal story with you today. I work clinically in small critical access hospital ER. I was caring for a young man in his 20s with new onset of severe psychosis and schizophrenia. Working with our mental health crisis team it was determined that he was a severe risk to himself, could not safely be discharged home from the emergency department, and that he would require inpatient psychiatric treatment. While being treated in our ED, I met with the young man's parents to explain the treatment plan to them. I sat with them privately in a small consult room and gently explained the situation to them. I informed them that their son had a new onset, severe psychiatric illness and that he would need to be hospitalized for treatment. The patient's father had difficulty accepting his son's condition and specifically the need for inpatient psychiatric treatment. He turned his frustration on me, stating the following: "If you put my son in the hospital, I will come after you and your children." It was clear that he meant this. It is not uncommon for patient's family members to misinterpret our intent in providing emergent care to their loved ones, and respond aggressively. While this incident certainly shook me, my family and I did not suffer physical injury. Unfortunately, this is not an isolated incident – our frontline staff have come to understand that aggressive threats and physical assault are "part of the job." One of my emergency medicine colleagues, an amazing and caring physician, felt so threatened by a

patient recently that she was afraid to come to work. We had security escort her to and from her car at night. She nearly left the practice of Emergency Medicine. I am aware of multiple cases of healthcare staff who had to stop practicing as a result of injuries sustained while trying to provide care to violent and aggressive patients. My wife, also an emergency physician, was 8 months pregnant when she was intentionally kicked in the abdomen by a violent patient who could not be de-escalated by staff even with the help of security personnel.

It is important to acknowledge that our hospitals house a vulnerable population. Many of our patients are bed bound and do not have the ability to self-extricate from a dangerous situation and our critical patients at times require minute to minute care. Our staff – nurses and doctors – will not simply evacuate to safety and leave their patients untreated and in harm's way. Unlike in other environments, we do not have the liberty to remove ourselves or our patients from escalating and dangerous situations. As important is the fact that our patients cannot remove themselves and are at risk of harm from violent offenders.

I am concerned with a growing mistrust of healthcare that has been observed through the pandemic. The propagation of misinformation has left many questioning healthcare expert opinion. This combined with ongoing economic stressors has contributed to an environment in our hospitals that are at times best described as a pressure cooker.

The widespread and increasing trend of violence against healthcare workers' demands immediate attention. S.36 will protect frontline nurses and physicians. It will protect the public. I urge you to vote in favor of S.36 and in support of improving safety in our hospitals and clinics across the state.

I would like to conclude my testimony today with a brief scenario for your consideration. Imagine the following: an individual bursts into this meeting room today. He is 6'1", 250 lbs, a large individual. He's screaming at the top of lungs: "I will kill you, I will fucking kill every one of you." He picks up a chair in the corner and launches it across the room. He punches the wall. A few of your colleagues are able to run out the back door. And now he locks eyes on you and starts to approach you.

Please consider the following: What will be the response to this scenario? What do you expect will happen? Will this individual be allowed to stay with you in committee today?

Shouldn't the response be the same when this individual enters one of our rural critical access hospital emergency departments? I will tell you that in our current state, he is not removed, and was not when this scenario occurred in our ER. This individual stayed in our emergency department with 2 RNs, a physician and a single security guard. He was not removed as he would have been from the state house.

We must do more for our frontline caregivers and our patients in these situations.

I appreciate you hearing my testimony today and am available for questions.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'RS', with 'MD' written in smaller letters to the right.

Ryan Sexton, MD, FACEP, FFSMB  
President, Vermont Medical Society