

# Vermont Professional Nursing & Nurse Practitioner Organizations Coalition

*Vermont Nurses, Stronger Together*

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# **The Epidemic of Workplace Violence**

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**ENA-Vermont, Government Affairs Committee, Chair**

# The Local and National Health Care Environment:

- A police officer was killed and a nurse, doctor, another hospital employee and two other law enforcement officers were shot in Pennsylvania
- A Florida nurse suffered multiple broken facial bones and possible loss of both eyes
- A Kentucky nurse was punched, dragged and stomped on
- Two Chicago emergency room staff members were stabbed
- Two emergency department nurses were punched and scratched in Pennsylvania
- A patient accused of assaulting staff at Central Vermont Medical Center (recent)

# Challenging Statistics:

- The Bureau of Labor Statistics: Healthcare and social service employees experience the **highest rate** of workplace violence. Statistically **5 times more** likely to be assaulted than any other occupation.
- Press Ganey: **Every hour, 3** health care providers are assaulted
- The New York Times: “Violence has become a Daily Occurrence in our Hospitals”
  - Video: “Stabbed, kicked, Spit on. Violence in American Hospitals is out of Control”
- Vermont **leads** the nation in days away from work due to workplace violence: statistic presented by VAHHS in House Healthcare Committee.

# Vermont Professional Nursing & Nurse Practitioner Organizations Coalition, The Who and Why:

- Emergency Nurses Association-Vermont (ENA), The Vermont Nurse Practitioners Association (VNPA), and The American Nurses Association-Vermont (ANA)
  - Our State, National, and Global organizations have all identified Workplace Violence Prevention for Health Care and Social Service Workers Act as a **legislative priority**.
- A ‘Plea for Change’ and an ‘Offer of Support’ to make necessary changes
  - Complex and **multifactorial** needs for Health Care Reform
  - Vermont Hospital Organizations **do not** have equal or regulated systems to reduce Workplace Violence
  - Need to ensure that **we** are ‘at the table’, we want to be a part of the solution

# Code of Ethics for Nurses:

## 4.2 Addressing Barriers to Exercising Nursing Practice Authority

- Nurses are responsible for identifying and navigating negative influences on patient care. They work individually and collectively within their expertise and scope of practice. Nurses often face challenges in exercising their authority due to hierarchical structures, rigid protocols, and other oppressive influences in healthcare systems. Economic priorities and institutional interests focused primarily on profit, efficiency, or budgetary constraints can lead to inadequate human and material resources that interfere with the nurse's ability to provide optimal nursing care. Nursing practice authority can be constrained by social, environmental, political, legislative, and economic factors.
- To maintain nursing practice authority, nurses address barriers surrounding rapid and evolving technologies; lack of experience, exposure, and knowledge; poor representation by those in leadership roles; and unsupportive work environments.

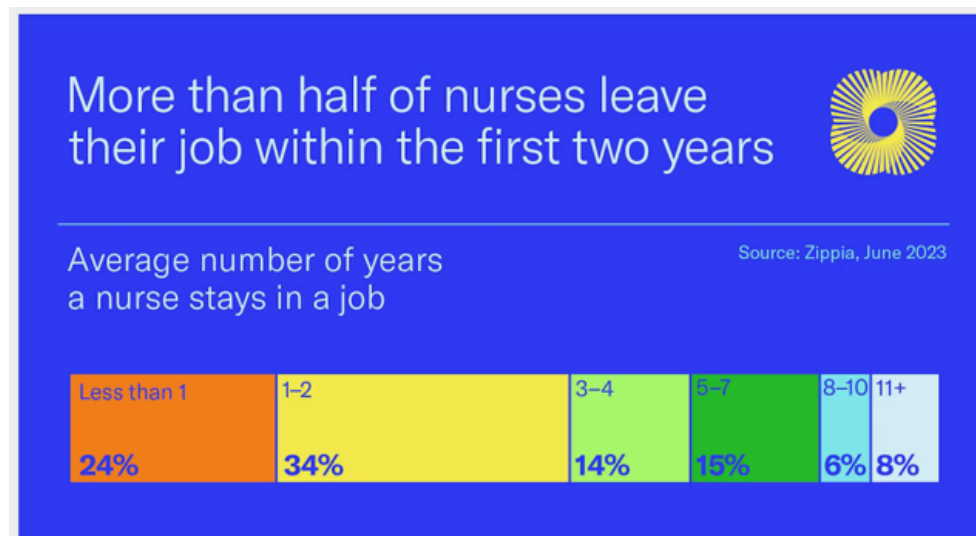
# The Current Healthcare Crisis Landscape:

- Increases in Emergency Department utilization
- escalating violence against healthcare workers in all care setting
- decrease in healthcare system capacity
- and workforce attrition due to ongoing violence

These factors create an untenable dynamic that reverberates through the healthcare system and broader communities.

# The Workforce Shortage is Multifactorial:

- By 2030, all of the Baby Boomer generation will have reached retirement age.
- US Chamber of Commerce: 193,100 projected job openings by 2032 with only an estimated 177,400 RNs anticipated to enter the workforce = **-15,700**
- By the year 2030, it is expected that 42 out of the 50 states in the United States will likely experience shortages in nursing staff.
- Where is the shortage coming from:
  - Low retention rates
    - Burn out, cost of living versus salary disparities
  - Education gaps
  - Aging population





# Proposed Solution: H.259

- Support healthy and safe work environments through standardized and regulated Workplace Violence Prevention Programs for Vermont Hospitals with H.259
  - **Improved recruitment and retention**
    - Rights to safety
    - Employee support
  - **Financial Stability**
    - Cost to train a nurse
    - Cost to cover open FTEs needed to provide quality care
  - **Preserved Quality of Care for all patients**
    - Workplace violence is detrimental to nurse / patient's relationships which negatively affects all patient care.
      - Lack of adequate staff is directly correlated to increase errors and elevated mortality rates

# Policy Intentions & Implications

**Betsy Hassan, DNP, RN, NEA-BC, NPD-BC**  
**ANA-Vermont, President**

# Why Policy Intervention is Necessary

- Ensures hospitals are accountable to their staff for workplace violence prevention
- Consistent implementation of best practices
- Increases equity in workplace protections
- Provide direct care workers decision-making abilities for recommended interventions
- Establish consistent response to workplace violence victims
- Expansion of Act 109: An act relating to the safety policies for employees delivering direct social or mental health services (2016)

# The Workplace Violence Prevention Policy Landscape

## National

- H.R. 1195: Workplace Violence Prevention for Health Care and Social Service Workers (2021-2022)
  - Creation of OSHA standard based on outdated guidelines
  - Impacted by Trump EO: 10-1 Deregulation Initiative
- The Joint Commission
  - WPVP standard
- Best practice toolkits
  - American Hospital Association
  - American Organization of Nurse Leaders
  - Emergency Nurses Association
- H.R. 2584/S.2768: Safety from Violence for Healthcare Employees (SAVE)
  - Protections for victims of assault in workplace violence

## State

- Vermont: Act 24
  - Thank you!
- Workplace Violence Prevention Programs required by State law: CA, CT, IL, MD, MN, NJ, OR, WA, NY (public employers)
  - April 2025: Ohio H.B. 452
- Establish or increase penalties for assault of "nurses": AL, AK, AR, AZ, CA, CO, CT, DE, FL, GA, HI, ID, IN, IL, IA, KS, LA, MS, MO, NE, NV, NM, NY, NC, OH, OK, OR, PA, RI, SD, TN, TX, UT, VT, VA, WA, WV, and WI. (38)

# H. 259

## An act relating to preventing workplace violence in hospitals

1. Developing a workplace violence prevention program inclusive of an oversight committee with direct care staff representation;
2. A security plan to address risk assessment, de-escalation and defensive training plans;
3. Training in trauma informed care to support employees as victims throughout the recovery and legal process;
4. an exemption from the certificate of need process for costs associated workplace safety projects; and
5. a commitment from AHS to work with hospitals to identify incentives and funding sources.
6. **Excluded from the current version of legislation in which the Coalition continues to advocate for is the support for investment in workplace violence prevention through:**
  - a safe harbor for workplace violence prevention budget line-item expenditures from the GCMB budget constraints.

# The Time to Act is Now

## H. 259 is a solution to protecting our healthcare workforce

- There is a need to keep people safe at work
- There is a need to retain staff to ensure affordable access to healthcare
- There is a need to recruit new Vermonters into the healthcare field
- There is a need to not be the next national headline
- It is an opportunity for the Legislature to put the solution in the hands of the healthcare workforce.

## Contact information

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