

**Testimony of Charles Herrick, M.D.
Chairman, Department of Psychiatry
Danbury Hospital**

**Senate Bill 970, An Act Concerning Workplace Violence Prevention and Response
in Health Care Settings**

**Joint Committee on Public Health
February 23, 2011**

Senator Stillman, Representative Ritter and other distinguished members of the Public Health Committee, my name is Charles Herrick and I currently serve as Danbury Hospital's Chairman of the Department of Psychiatry. I have served in that capacity since 2006, having previously served as its vice chairman and Medical Director for the Hospital's Intensive Psychiatric Services.

I come before you today to express Danbury Hospital and New Milford Hospital's ("Western Connecticut Health Care, Inc.") concerns and support for the concepts contained within SB 970. From the outset let me say that both hospitals make employee and patient care their highest priority. While we fully understand why the bill is before you today given our own recent experience at Danbury Hospital, and we are generally supportive, we have major concerns for the bill's potentially harmful impact on patient care. Most importantly, we do not support the concept proposed in Subsection (f) of the bill.

Subsection (f) would not only violate patients' rights but would violate our hospitals' core mission by allowing health care employees to refuse to care for patients who the employer knows to have verbally or physically threatened that employee. As many of you are aware, quite often patients arrive at a hospital in a state of extreme distress resulting from a medical or psychiatric condition, or from the anxiety associated with being in a hospital setting, which in itself can be extremely frightening, particularly when one is cognitively impaired. If Subsection (f)'s language were adopted, it would be nothing short of catastrophic to the health care delivery system because it would pose insurmountable barriers to treatment. Our health care employees make difficult decisions every minute of every day in the care of many patients who struggle behaviorally, whether they are medically or psychiatrically ill. Health care workers such as myself, took an oath to provide care to all who need it, and accept the risk that the potential for violence may be the result of a patient's illness. It is worth noting that the risk of imminent violence is, in fact, one of the major criteria mandated by the State for immediate involuntary hospitalization to a psychiatric facility. If an employee were to refuse to treat a patient because of a patient's violent behavior, that decision would have a detrimental effect on the entire health care team's ability to care for these patients. We

would not grant any other worker the opportunity to refuse to do the job they were hired to perform, whether they are the police or the fire department. They also took oaths and accepted the risks involved. Health care workers also understand that there are risks involved in the performance of their duties.

Violence takes many forms and is the result of many conditions. While I laud the intent SB 970 has in protecting health care workers, it is too broad in its definition of assault to have an appreciation for the complexities of behavior. While I am not a lawyer and have only a limited understanding of the legal definition of assault, I have treated many violent patients in my 20 years as a practicing psychiatrist and have been the victim of patient assaults. Only rarely is a patient's violence premeditated. The vast majority of alleged assaults can be directly attributed to a patient's medical or psychiatric condition. Increasingly that medical condition is Alzheimer's disease or other forms of dementia. To report all of these instances would tax both the health care system and the State both in terms of labor as well as cost, without actually addressing the intent of the bill at all, which is to ultimately lower the risk to health care workers. We at Danbury Hospital have developed a very rigorous program to educate our health care workers on identifying potentially violent patients and teach them specific skills in de-escalating threatening patients and protocols for handling patients should de-escalation not work. We believe that the way to lower the risk to health care workers is through education and changing the culture, not through external reporting, which could even potentially violate patient's rights to privacy.

We at Danbury Hospital have maintained an unparalleled commitment to the patients and families in our care by ensuring that those who present at our Emergency Department with psychiatric needs do not languish for days waiting to be hospitalized, as so many do at other facilities. Because Region V lacks the bricks and mortar of a state institution, Danbury Hospital has become the de facto state inpatient facility as the transfer of these patients to a state facility is generally not a timely option. We believe that the language in Subsection (f) would seriously undermine our ability to continue to honor that commitment because we would not be obligated to either evaluate or care for those patients who are violent. We need to continue to identify and treat patients in crisis who pose a risk to themselves or others as well as the health care employees who treat them.

Beyond our serious concern for Subsection (f), we do support many of the other important concepts enumerated in the bill including:

- 1) establishing workplace violence committees with substantial employee participation;
- 2) developing and implementing a written workplace violence plan;
- 3) soliciting expert guidance from the Joint Commission and OHCA and implementing best practices.

We appreciate the Public Health Committee's thoughtful consideration of our concerns and look forward to an opportunity to serve as a resource to the committee going forward.