Maine Hospital Association

Response to Questions
LD 629 – Prosecuting Violence Task Force

September, 2022

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Hospitals were asked three questions for the September 13th meeting.

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Question 1.

Information about the number of children served by crisis providers and with behavioral health needs in ERs after they no longer need a medical level of care (from LD 118; 34-B, 15003 (9-D).

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Background:

The Legislature directed DHHS to survey hospitals monthly on the number of children with behavioral health needs stuck in hospitals.

In order to be "stuck" the child must in the emergency room for longer than 48 hours and be ready for discharge (release) or transfer.

DHHS began collecting data in January. Data collection has been a bit spotty, as is usual for new programs. Also, some of the reporting guidance was being interpreted differently by different facilities.

Regardless, we believe that by the end of this first year, data collection will be robust.

Nevertheless, MaineHealth and NorthernLight were able to compile their

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Northern Light Health

Total Number of Patients	138
Total Number of Hospitals Reporting	9
Average Age	12.5
Age Range	5 to 17
Average Length of Stay	10.4 Days
Length of Stay Range	2 to 99 days

MaineHealth

Total Number of Patients	369
Total Number of Hospitals Reporting	8
Average Age	13.7
Age Range	5 to 17
Average Length of Stay	5.2 Days
Length of Stay Range	2 to 37 days

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Question 2.

Kristine Chaisson mentioned that hospitals are paying for law enforcement to monitor violent people in ERs (in addition to whatever security personnel already exist). Can you provide some information on the costs of that? If your hospital systems have recently increased the number of security personnel, you could include that too, as long as there is some kind of breakdown between the two. And over whatever time period is available.

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Background

All hospitals provide some level of security. A few do supplement their internal security with local police officers.

Many hospitals reported that they have either tried to hire or would like to hire more police coverage but that workforce constraints at the local PD are prohibiting that.

However, using non-employed police officers presents some administrative challenges due to the myriad regulations imposed on hospitals.

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	2020	2021	2022	% '20-'22 Change
Small Rural Hospital				
Employed	$480K	$610K	$550K	
Police	$160K	$335K	$330K	
Total	$640K	$945K	$880K	38%
Medium Hospital				
Employed	$480K	$625K	$810K	69%
Large Hospital				
Police	$20K	$27K	$260K	1200%
Large Hospital				
Employed	*Added 5 FTE this year ($250K); total increased from 42 to 51 over 4 years.*			
Psych Hospital				
Employed	$90K	$260K	$410K	365%

Question 3.

Six Questions on the steps hospitals take when there is an incident of violence.

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Background

The following responses were provided by MaineGeneral in Augusta but other hospitals/systems which reviewed their answers affirmed that these are the steps hospitals take generally.

- **When is law enforcement called? When is security called? Is there a difference depending on whether a hospital has its own security?**
  - *MaineGeneral has its own security department. Our staff contact security if there are incidents of WPV. Law enforcement is contacted as appropriate; however, in some instances, law enforcement is accompanying the patient or the Law Enforcement Officer (LEO) is already on the premises.*
- **What is the process when law enforcement or security is called? (Paperwork, screening, reporting etc) Is there a standard process?**
  - *For each incident of WPV that occurs at MaineGeneral Medical Center and is reported to Security, Security will complete an incident report. This incident report is shared with a group of leadership staff, and is also reported out to our WPV incident review subcommittee and our WPV Prevention Committee. For those incidents where there is an injury or unwanted physical contact to a staff person or property/equipment damage by a patient acting volitionally, and staff want to "press charges", MaineGeneral will involve law enforcement and seek to have criminal charges filed.*
- **Are there any differences depending on who is hurt? (For example, if an orderly or some other nonmedical member of the staff in an ER not providing medical treatment is hurt.)**
  - *MaineGeneral contacts law enforcement if any staff person is injured and the patient/family member/visitor has acted with volition.*
- **What is the extent of behavioral health screenings for all persons entering the hospital, including and separately, the emergency room?**
  - *Every patient who presents to the ED regardless of the reason is screened for Suicidal Ideation (SI) and Homicidal Ideation (HI), and screened again if the patient is admitted to the hospital. If the patient reports yes to either SI or HI, further screenings are conducted to include the Columbia Suicide rating scale. Any patient presenting with any mental health diagnosis/disorder would also be screened for the Columbia Suicide rating scale.*
- **Is there any kind of additional behavioral health or other screening that occurs after a person (the patient, not a family member) hurts, or threatens to hurt, a staff member?**
  - *Depends on the situation – if a screening or assessment is warranted, then we would have the patient assessed.*
- **Is the process different if the person who hurts, or threatens to hurt, a staff member, is not the patient but a family member or friend?**
  - *Again depends on the situation. We would alert security, who in turn would notify law enforcement for further action.*

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Outcomes of Arrests

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Background

At the first meeting, Augusta PD indicated that their new protocol is to charge all persons who commit an assault at a hospital and then the DA reviews the cases and decides whether to move forward.

MHA asked MaineGeneral for the outcomes of those cases, to the extent known.

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Data:

Not Charged – 36

Charged – 10

Convicted: 7

Not Convicted: 3

Active – 7

Total: 53 Cases

Period: October 2020 – August 2022