WORKPLACE VIOLENCE IN HEALTHCARE

Why Frontline Healthcare Workers in Pennsylvania Need Protection via Legislative Action. Statements From the Bedside.

1.

"On three occasions, I've been present when patients bit staff deeply, to the point of ripping flesh and drawing blood. The worst of the three occurred inside the nurses station. A patient entered the nurses station, sprawled on the floor, and belligerently refused to leave. Staff surrounded the patient and tried to lift her to her feet to escort her out. A technician reached down to assist, and the patient lifted her head and clamped violently onto the technician's ring finger with her teeth, gnawing on it until she had bitten it cleanly off. The patient then spit the severed finger at the staff and security, who had arrived by that time, still trying to get her up.

"The technician immediately went down to the ER with the finger, but because the patient literally chewed off the finger, the cut wasn't clean and doctors weren't able to surgically reattach it. The tech's finger had to be amputated. She never came back to the hospital – but the patient did. Management tried to readmit her! Imagine being assigned to care for a patient who had deliberately and violently gnawed off your colleague's finger!

"We come to work to care for the mentally ill. We have tremendous empathy for them. But this is unacceptable."

– PSYCH NURSE, JEFFERSON EINSTEIN PHILADELPHIA HOSPITAL

2.

"On January 14th, 2024, at the start of dayshift, a patient was extubated around 7:25 am and was immediately verbally abusive, cursing staff out and making threats. The nurse assigned to the patient was making every effort to appease the patient and contain the situation, but the patient was very upset that his clothing was not at the bedside.

"Just after 8 am, the patient exited his room naked and yelling. The staff attempted to redirect him back to his room, and the patient charged the staff members. A call for a Code Gray (a hospital emergency code that indicates a combative or aggressive person, such as a patient, family member, visitor, staff, or physician, who requires security assistance) was made from the CICU desk phone. While we waited for a security response, the patient continued to scream and yell, walking around the unit, and made an attempt to go into another patient's room. We all were keeping a distance from the patient, thinking that by giving him space, he would leave us alone until we had help arrive. We quickly closed all the doors to patients' rooms on the unit in an attempt to protect them.

"The patient then entered the nurse's station, typed on computer keyboards, and at one point, picked up a phone. All the while, staff were verbally directing the patient back to his room. A doctor went to the OR to get a pair of scrubs for the patient, and the charge nurse went to get the security guard outside of the 2nd floor entrance. The patient once again began charging the staff and swinging his fists.'re taking away love and care from the community. "A security guard of petite stature entered the unit, saw a large naked man chasing after staff, screaming and swinging his fists, and she backed away. She asked what we wanted her to do and said that the battery in her walkie-talkie battery was dead so she couldn't call for backup.

"Another nurse left the unit and her intubated patient out of necessity to go down to the front desk and tell security we needed help. There was no urgency in their response; they walked to the unit. Someone had pressed the panic button at some point as well. The charge nurse called the ICU supervisor who reported she did not get a Code Gray notification. At 8:08 am, I called the Philadelphia Police Department. It had been three minutes since we called for a Code Grey and pressed the panic button, and we had no response. I felt we had no control over the situation, and I needed to escalate this further in an attempt to receive a response from qualified professionals. The patient was physically assaulting staff, and we had no way to subdue him.

"He punched our PCA in the face, our NP in the chest, two of our doctors, and at least two nurses. I had a genuine fear he was going to pick up supplies around the unit and throw them at us or capture one of us and cause serious harm. Two security guards arrived from the nurse

who went down to the front desk, a male and a female. The male guard was able to grab the patient and push him up against the wall. The patient then made threats, "If you let me go, I will f***ing kill you." Given the patient's behavior, size, and strength, I fully believed that to be a real and credible threat.

"Following the two guards, a group of security guards arrived and helped keep the patient detained against the wall. At 8:16 am, the police arrived. They were able to take control of the patient and place him in handcuffs. The patient made more threats while sitting on the floor in cuffs – one that stuck in my head: "I know how to shoot and I will kill all you motherf***ers". The patient also spit at us.

"We needed a mode of transportation to get the patient out of the hospital, so I and two other nurses had to leave the unit and hunt for a wheelchair/stretcher. I found one, and when I returned to the unit, the cops were able to get scrub pants on the patient, put him in the chair, and leave the unit.

"The entire incident, from the time the Code Gray was called to the patient finally leaving in handcuffs, lasted about an hour. The first 15 minutes were moments of pure terror while we attempted to not get assaulted, protect patients from this individual, and worry about what he was going to do next while we waited to help. During the entire event, the other patients on the unit – intubated, sedated, on pressors, on ecmo, on CRRT, etc. – were being ignored. It was complete chaos. I have so many questions:

"Why was our Code Gray call never announced?

"Why did the panic button not produce a result?

"Why did the security guard posted outside of the 2nd floor unit have a dead/not working radio?

"Why is our security not adequately trained in how to respond to dangerous and imminent threats, including how to escalate within their chain of command regardless of radio availability? "Why did it take 15 minutes to get an appropriate response to subdue this individual?

"What I do know for sure: Our hospital needs to do a much better job of protecting us. We should be granted the basic necessity of safety when we come to work. Everyone should."

– SICU NURSE, TEMPLE UNIVERSITY HOSPITAL, PHILADELPHIA

3.

"I work in the crisis center at Einstein Hospital. We encounter violence every day. In my 25 years as a nurse, I was never assaulted until working here, but I have been assaulted multiple times since starting here in 2020. Despite how dangerous this environment is, we often work with only a few women on staff. On many occasions, we have been unable to defend ourselves or our patients when attacked. We have great security officers, but despite begging management to move our officers to sit near the nursing station, they refuse and have them stationed in a room detached from us and the patients where they can't see what is happening and have to get through two sets of locked doors to reach us.

"In the past few years, many staff have been severely injured. One nurse was punched in the face so severely she required reconstructive surgery and has a brain injury. Another was punched many times by a man and has multiple facial fractures and a head injury. It is unlikely either of them will fully recover.

"During a brutal, patient-on-patient assault, another staff person and I tried to stop a 250-pound, very muscular man from ripping the testicles off another man. We were powerless to stop him. Luckily, his injuries were minor as he defended himself as best he could.

"Feeling powerless to protect ourselves, our colleagues or our patients is having an awful effect on our staff. We are traumatized and demoralized. We are also angry that our employer won't listen to the nurses and take simple actions that we know will make us safer."

– PSYCH NURSE, JEFFERSON EINSTEIN PHILADELPHIA HOSPITAL

4.

"We had a patient who was wheelchair-bound and had behavioral issues. He had significant wounds and needed to go to a facility for long-term care, but because of his behavior, we couldn't find placement. One day, he became agitated and aggressive. He ripped the wooden window sill off the wall and was wheeling around, aggressively swinging the plank, riddled with exposed nails, back and forth. He then grabbed a fire extinguisher and discharged it, spraying the whole area. The entire floor had to be evacuated. Several people became ill from the fumes. We had been asking for additional help and monitoring for him, but the hospital said it was our responsibility to manage him."

– ICU NURSE, SUBURBAN COMMUNITY HOSPITAL, MONTGOMERY COUNTY

5.

“At my hospital, nothing happens until something happens. When violent incidents occur – and they do often, including in Labor & Delivery, where I work – the hospital may say the right words in the moment, but after the moment passes, they invariably sweep the incident and the opportunity to learn from it under the rug until the next thing happens. They are not proactive, and every day we bear the brunt of that failure.”

– LABOR & DELIVERY NURSE, TEMPLE UNIVERSITY HOSPITAL, PHILADELPHIA

6.

“Most of the technicians on our unit have permanent scars on their hands and arms from patients digging their nails into them.”

– PSYCH NURSE, JEFFERSON EINSTEIN PHILADELPHIA HOSPITAL

7.

“I work on a Medical-Surgical unit – a unit that should be a place for our patients to recover in a safe, calm, and healing environment. Unfortunately, that is not the reality of the situation. We are consistently required to house patients with mental health issues who have nowhere else to go within or outside the hospital. Because of this, an awful incident occurred that impacted me and the rest of the staff on our unit when a patient known to be volatile lashed out. We had no idea who or what would trigger him until it was too late.

“While providing care for this man, I became the first victim. He punched me, he scratched me, and he spit on me. I went to our emergency room for care and subsequently went to Employee Health. I and other staff filed incident reports using the proper documentation. Despite all of this, no one from management contacted me, and the patient was allowed to stay on the unit.

“After he attacked me, he assaulted another employee, permanently injuring her to the point that she could not do her job any longer and eventually retired. He attempted to assault other staff as well. Staff continued to file reports with the hospital, email managers, and take the proper steps as they currently stand for these types of violent patients.

“Finally, he threatened other staff to such a degree that they called the police. It took the police coming to the hospital for administration to take steps to protect us and even then, the hospital didn’t ensure that the patient was consistently secured and covered with additional clinical, support, or security staff.”

– MEDICAL-SURGICAL NURSE, JEFFERSON EINSTEIN PHILADELPHIA HOSPITAL

8.

“My colleague was violently assaulted when she was giving a bedside shift report on a patient. I was in the patient’s doorway speaking with my coworker when the assault happened and witnessed the event in its entirety. This patient had been escalating with aggressive behavior throughout the day. However, the psych and administration teams would not approve restraints. Early in the day, the patient had thrown furniture, locked herself in two different rooms, barricaded the door in the lounge, and wrapped an electrical cord around her neck. She had already assaulted numerous staff members during her hospitalization, so the assault was imminent.

“My coworker was in the patient’s room, scanning medication at the computer on the wall. Due to the placement of the computer, my colleague’s back was to her patient. The patient seized the moment, ran toward my coworker, and violently grabbed her ponytail with her left hand, bending my coworker over, holding her immobile, and rendering her defenseless. Then she began to viciously punch my coworker with her closed right fist, striking her more than 10 times in the head.

“The 1:1 sitter, who was sitting in a chair in the doorway, stood up but did nothing to separate the patient from my coworker. I had to push the sitter out of the way to grab the patient’s right arm to stop her from punching my coworker in the head. The Patient Care Technician from the floor then assisted us and was able to pull the patient off my coworker. It was horrific, and it didn’t have to happen that way.”

– MEDICAL-SURGICAL NURSE, CROZER-CHESTER MEDICAL CENTER, DELAWARE COUNTY

9.

“Recently, a security guard was called up to our unit to help manage a violent patient. The patient fought hard and was attempting to bite the guard when the guard tased her. It was the right thing to do. But hospital management strongly reprimanded all staff who were there. It’s like things are backwards – it’s backward thinking. We want patients to be safe, and they deserve respect and empathy. But if the patient is violent and attacking staff – the nurses, the doctors, the technicians, the security – something has to be done. And you would think hospital management would understand that. They don’t.”

– PSYCH NURSE, JEFFERSON EINSTEIN PHILADELPHIA HOSPITAL

10.

“I’d been a nurse for about two years when I had my first personal experience with workplace violence. I had seen it happen to my colleagues, but I honestly didn’t think it would ever happen to me. As a new nurse, I think I explained the violence away in my head. I told myself that my colleagues might have unwittingly precipitated their incidents in some way – by speaking abruptly to an already agitated patient, for instance. Then it happened to me. I was beyond shocked. I was humiliated.

“I was working an overnight shift in the ER. Because it was overnight and on a weekend, there was less staff than normal, less security, less administration. But it didn’t happen in a dark corner. It happened directly in front of the ER charge desk. I walked by a man standing in the middle of the hallway with his pants around his ankles. He was shuffling a bit. I immediately said, oh, let me help you! And I bent down to lift up his pants.

“He was 36 years old. I was 26 at the time. I think of it now, we were peers. I could have easily seen him out somewhere. We weren’t so different.

“As soon as I touched his pants, he whipped around and grabbed my left wrist hard with one hand, holding me immobile. We were face to face then, and he stared coldly at me as he violently bent my thumb backward with his other hand. I will never forget his face as he did this.

“I was so shocked, I initially couldn’t get any words out. Then I remember yelling, you’re hurting me, you’re hurting me! And he just stared and continued to wrench my thumb backward.

“Two nurses came running to help and got him by either arm. As they were trying to pull him away from me, he pulled my hand with the now dislocated thumb up to his mouth and bit me, hard, clenching his teeth. I was on tiptoes he was so much taller than me, yelling, you’re biting me! You’re biting me! He wouldn’t let go.

“Security was present by this time, and they knocked him in the face to make him let go of my hand, which was bleeding. The patient was medicated and restrained, and put in a room. We didn’t know his HIV status, his hep C status – anything. So one of my colleagues had to go tend to a man who had just assaulted her coworker, drawing blood for testing so we could find out how consequential that bite could end up being. I had to check into the ER, leaving my colleagues even more short-staffed than we had been before.

“My hospital doesn’t handle workplace violence – that’s their policy. So after I left the ER, I had to go to the police station, where they were equally short-staffed. By that time, the patient who assaulted me had left the ER against medical advice, so the blood tests that were ordered on him were canceled.

“I had to be in a hard cast for 4 and a half weeks and a brace for 2. I had to get repeat blood tests done for 6 months, because we never found out his HIV or hep C status. The police were supposed to issue a warrant for the patient’s arrest, but I never heard anything more about it.

“I will never, until the day I die, forget that patient’s face. I still have nightmares about it.

“Just a week ago, I was helping a patient, and she spit in my face. It’s the most disrespectful thing anyone can do to another person – especially a person trying to help you – but what was more startling to me was that it took me right back to the moment I was assaulted.

“This happens all the time. Every nurse in the ER has a story they can tell you. Every healthcare worker – patient techs, doctors, nurses on the floors – has a story. The experience is universal to all healthcare workers, and yet no one should ever consider it mundane. It’s violence.

“I contemplated leaving the bedside when I was assaulted. But I’d only been a nurse for just 2 years then, and I was afraid that if I left the bedside, I’d never go back. I felt like it was the stronger move for me to stay, and I don’t regret doing so. But my assault has stayed with me as well.”

– EMERGENCY DEPARTMENT NURSE, JEFFERSON EINSTEIN PHILADELPHIA HOSPITAL

11.

“I’ve been a paramedic for 25 years, and there’s always a high risk of assault – especially when you’re dealing with drug activity. One time, I was assisting another unit. They were backing the ambulance into the ER. The patient was altered due to drug use and was fighting with the crew in the back. As the doors of the ambulance opened up, the patient, who was still fighting with a crew member, fell out. I jumped in to help and got punched in the mouth. Twice.

"Ultimately, I was able to drop down onto the patient in a bear hug until a doc could come out and sedate him.

“This sort of thing happens so frequently that many older EMS providers simply consider it part of the job. It’s only fairly recently that it has become a felony to assault an EMS provider.

“Further endangering my crew is the financial malfeasance of my hospital system, which pays its bills haphazardly at best. I have guys who are waiting to receive their bullet-proof vests, others don’t even have uniforms ID’ing them as paramedics. Our vehicles have been falling apart for years.

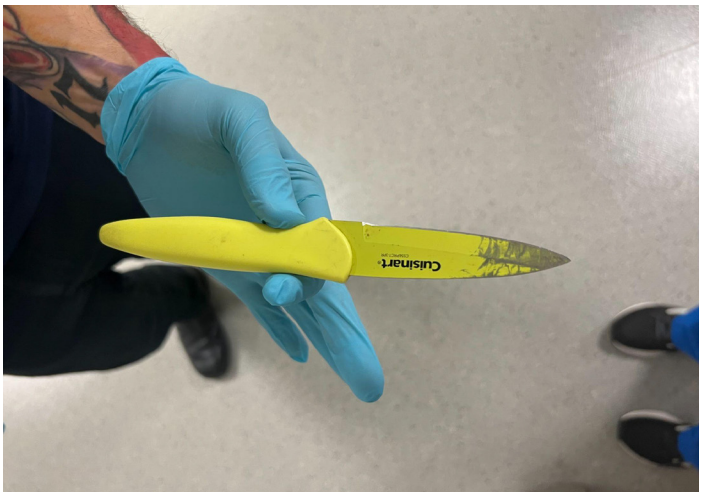
“All of these factors expose us to dramatically more risk. The sad truth is, we are less safe than we should be, thanks to our hospital.”

– PARAMEDIC, CROZER-CHESTER MEDICAL CENTER, DELAWARE COUNTY

12.

“I’ve had my arm broken while restraining a violent patient on PCP. I’ve been punched in the face. And many times, I’ve found knives on my patients. All the knives below were taken off of patients and all of them made it past security and were in the room with patients who became violent.”

– ER NURSE, TEMPLE UNIVERSITY HOSPITAL, PHILADELPHIA



13.

“About a month ago, a patient assaulted a nurse’s aide directly in front of our nurses station. A coworker and I jumped up to help the aide, who had the patient by one arm; he was punching her with the other. I grabbed the patient’s punching arm to restrain him, and the aide and I were able to get him into a chair. I held his arms while she held his legs. The patient was very strong and clearly demented.

“I turned my head to yell at a colleague at the nurses station – I wanted to be sure she called the operator, because our security button doesn’t always work and no security had yet arrived. As I turned my head, the patient managed to turn his body and head-butted me violently in the forehead. Shortly after that, security arrived and we sedated the patient.

“For two weeks after the incident, I had severe concussion symptoms. Now, one month later, my symptoms have improved, but I am only able to work 4 hours at a time. Although we earn PTO, which we are forced to use until Workman’s Comp kicks in, and EBT (extended bank time), we are only able to use the latter if the administration approves it, and they will not approve the use of EBT for me even though I was injured on the job.

“Within a week, I had two appointments with Employee Health; they sent me to a concussion specialist, and I had to pay a copay and pay for my prescriptions and supplements. The Director of Employee Health at my hospital said that he didn’t know if he could get that money back to me.

“The hospital has not supported me in any way. No one reaches out to you. They don’t compensate you. In fact, they try to turn it around and blame you for what happened to you.

“One of my colleagues was thrown onto her back and injured by a patient. She had to go without pay while she was out, because she didn’t have any PTO, and she had to return to work before she was truly ready because she couldn’t pay her bills.

“In what world is that right?”

– PSYCHIATRIC NURSE, INDIANA REGIONAL MEDICAL CENTER, INDIANA, PENNSYLVANIA

14.

“We were working short-staffed that day, as was the norm, and we had only one nurses’ aid. My colleague received a report that a patient was being transferred to our floor from the Emergency Department and was told by the ER nurse who gave the report that the patient shouldn’t even be coming to our floor because she was going through heroin withdrawal and was exhibiting very bizarre behavior. My colleague asked if I could assist her with the patient, so I did. We got the patient settled. We hung her fluids. She was lucid. She knew where she was. I left the room and went to prepare the room directly across the hall for my patient, who was coming back from surgery.

“When I emerged from my patient’s room, I noticed that the call light was on in the patient’s room across the hall. I entered her room and found her out of bed and standing with the pole holding her fluids alongside her. She demanded that I take her to her room. I told her that she was in her room and that she would be staying there for the night. She said no, she wasn’t and again demanded that I take her to her room. I asked her to let me get someone in here to help. She immediately yelled, “You don’t need a f*****g helper!” and lunged at me with her fists, knocking my glasses to the floor.

“I turned my face, and she punched me repeatedly, like she was hitting a boxing bag, on the side of my head and about my left shoulder and arm, as I screamed for my colleague to help. Because her IV was still attached, she was jerking the pole that was holding her fluids with every punch, and it came crashing down between us. At the same time, her gown slipped. When she retracted her arm to fix her gown, I ran out of the room, screaming for help.

“I looked up and down the hallway and didn’t see a soul. I was crying and screaming, “Code Cert,” which is a crisis call for help. The secretary came running, as did my then manager and the supervisor, both of whom had full teams of patients that day, but by the time they got there, it was all over. Two security team members arrived last. The first thing either of them said was, I need to talk to your supervisor, because I don’t like how I was spoken to on the phone. That was their first priority.

“I went to the ER and was out of work for a week. The Chief Nursing Officer didn’t call me for a week.

“I feel very strongly that we have to let people know that when we work short, we are at risk in so many ways. I pressed charges and am awaiting my day in court now.”

– 20-YEAR MEDICAL SURGICAL NURSE, MERCY FITZGERALD HOSPITAL, DELAWARE COUNTY

15.

"It's common practice now to cover our last names on our hospital name badges, so we can't be 'remembered' or looked up. This is standard in all clinical areas at Taylor but started in the Emergency Department. I think the absolute necessity of a standard like this speaks for itself."

– ICU NURSE, TAYLOR HOSPITAL, DELAWARE COUNTY

16.

"A patient became agitated when he was told he didn't qualify for rehab. He grabbed an IV pole from the bed and began smashing things in the room. When I entered to see what was happening, he came at me, swinging the pole. Security had to tackle him to the ground. I was later told by our psychiatrist that I needed to rebuild the trust relationship with the patient since he would be staying with us."

– ICU NURSE, SUBURBAN COMMUNITY HOSPITAL, MONTGOMERY COUNTY

17.

"Late last summer, I was caring for a psych patient who, throughout the morning, grew increasingly agitated. He announced that he 'wanted to AMA himself' then decided against it. He approached the nurses station, said he felt anxious, and was given medication to calm down. A while later, he came back for more medication, complaining that his heart was 'beating out of [his] chest.' I told him I would check his vitals until I spoke to the doctor and had something else to give him.

"I was at the nurses station during this conversation; he was standing in the hallway. I reached for his hand to take a Pulse Ox, when he sort of shrugged his shoulders and turned slightly away. I thought he was walking away, but he was actually winding up to punch me. Without any warning, he punched me hard in my left cheek and again in my left shoulder. When he struck me, I hit the computer on wheels and everything that was on top of it fell to the floor. How I managed to stay on my feet, I'm not sure.

"I was evaluated at the ER and diagnosed with whiplash and a neck spasm. I developed PTSD and was out of work for a month. I'm still being treated with physical therapy twice a week and chiropractor adjustments due to unresolved neck pain.

"And, yes, I did press charges."

– PSYCH NURSE, BUTLER MEMORIAL HOSPITAL, BUTLER COUNTY

18.

"One of my fellow Labor & Delivery nurses was assaulted by a visitor. The male significant other of her patient became angry and aggressive towards the patient. The nurse asked him to calm down or security would be called. He then turned on the nurse, grabbed her, and shoved her hard against the wall. When security arrived, he left. But the nurse was injured and out of work for weeks. I didn't hear of any consequences whatsoever for the perpetrator of the assault."

– LABOR & DELIVERY NURSE, CROZER-CHESTER MEDICAL CENTER, DELAWARE COUNTY

19.

"We've had multiple patients assaulting nurses and even management, to the point where staff ends up being admitted to the hospital. Nothing is done or changed ever, after any of this. We don't even get debriefs or action plans to prevent these types of incidents from happening again."

– SICU NURSE, TEMPLE UNIVERSITY HOSPITAL, PHILADELPHIA

20.

"I was working at Brandywine Hospital ER in 2020, during the pandemic. I had a COVID patient who, despite being sick and being aware of having a positive COVID test, refused to wear a mask and got so agitated that we were doing all of this for a 'fake disease' that she took in a big breath and deliberately and forcefully coughed in my face. She then said, 'Now you have the fake disease, too!' Thankfully, I had proper PPE and didn't get sick, but that doesn't negate what happened. It was a deliberate attack on a nurse – the very person trying to take care of her."

– ER NURSE, POTTSTOWN HOSPITAL, MONTGOMERY COUNTY

21.

“My co-worker was made by management to go off our unit to do a one-to-one with a mentally unstable patient because the acuity in our unit was down. She had never been trained to do one-to-ones, had never done one before and told her manager she didn’t feel comfortable. She was sent anyway.

“While she was on the one-on-one, the patient became aggressive and started violently attacking her. My co-worker called frantically for help but no one came. She did not want to leave the patient because she didn’t want him to harm himself, and during the attack, she tore her rotator cuff, had to have surgery and was out of work for 10 months. When management asked her what happened and she told her story, she was made to feel like she was the one at fault.

“She should never have been on that one-to-one. She hadn’t been trained how to handle the unsafe situations that may arise. She called for help and no one came. And she stayed with the patient, to her own detriment, so the patient wouldn’t harm himself. She performed valiantly. Yet the hospital blamed her. It’s inexcusable. They failed her. They didn’t protect her. I wish I could say this was unique. It’s not.”

– OR NURSE, JEANES HOSPITAL, PHILADELPHIA

22.

“We see violence on a regular basis here. Because I’m a man of above average height and weight, I voluntarily take the brunt of whatever violence is thrown our way, shielding my coworkers from it. I’ve been punched, kicked, spat on, and verbally and emotionally abused, as have all of my colleagues. This needs to stop, somehow, some way. Hospital systems aren’t doing enough to stop workplace violence, prevent workplace violence, or protect caregivers. I am hoping legislation will. We need help, and we need it badly.”

– 2ND FLOOR NURSE, TAYLOR HOSPITAL, DELAWARE COUNTY

23.

“In June of 2021, I was assaulted by a female patient. This patient was a psychiatric patient who my manager insisted we place in a chair. She was also on an Avasure video monitor for safety purposes. She had asked to use her hospital phone and while I leaned down to hand her the phone, she grabbed my breast and, digging her nails in, would not let me go. I yelled out for help because I was unable to release her fingers from me, but no one came, even though I was in a patient room close to the nurse’s station. I eventually was able to get her off of me and then help arrived, but I now have a lump in my breast as a lifelong reminder of how unsafe our workplace can be. I had to have mammograms every few months and follow up with a breast surgeon for almost a year. My sister had breast cancer, so it made me vulnerable.

"To add insult to injury, I felt as though my injury was not taken seriously because my injury, since it was my breast, was unseen by most people. My primary care physician stated that it looked like I was “mauled” by an animal.”

– PSYCH NURSE, JEFFERSON EINSTEIN PHILADELPHIA HOSPITAL

24.

“In the last 4 years, I have seen so much violence. I’ve seen countless patient-on-patient and patient-on-staff assaults. Two coworkers had their faces fractured and needed multiple surgeries. The hospital deemed both events the staff’s fault for getting too close. To their patients.”

– PSYCH NURSE, JEFFERSON EINSTEIN PHILADELPHIA HOSPITAL