

Subject Hospital violence interruption intervention program; de-escalation training

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Overview

This bill requires hospitals to establish and maintain a violence interruption intervention program that includes: establishing one or more teams to provide crisis intervention when a patient's behavior may escalate to violence or is violent; requiring follow-up from the patient's care team and the hospital; requiring establishment and implementation of violence interruption intervention policies; and requiring training. This bill also requires hospital emergency departments to keep a log of patients who leave the emergency department before receiving care and requires hospitals to provide de-escalation training to their health care workers.

Summary

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| 1 | Standards for emergency rooms.
Adds subd. 3c to § 144.55. Requires hospitals to maintain a log of patients who leave the emergency department after checking in but before receiving care. |
| 2 | Safety training record.
Amends § 144.566, subd. 10. Specifies the training required under this subdivision is safety training and does not cover de-escalation of acts of violence. |
| 3 | De-escalation training required.
Adds subd. 10a to § 144.566. Requires a hospital to provide de-escalation training to all health care workers employed or under contract with the hospital. Specifies health care workers working for the hospital as of July 1, 2024, must receive training by June 30, 2025, and health care workers hired later must receive training upon hire. Requires the training to be at least four hours and to cover the listed topics, and requires annual training updates of two hours. Exempts health care workers from the |

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	training if they work remotely 95 percent of the time and do not interact with patients.
4	Legislative report required. Amends § 144.566, subd. 15. Requires the commissioner of health’s annual report on hospital action plans to address workplace violence, to also include information on hospital compliance with the requirements for violence interruption intervention teams.
5	Reports of acts or threats of violence. Adds subd. 18 to § 144.566. Requires hospitals to provide an online portal through which health care workers can submit reports of violence or threats of violence that occurred in the hospital or on hospital grounds. Requires data submitted through the portal to be maintained for at least seven years and made available to appropriate hospital personnel, to the commissioner of health upon request, and to union representatives with personally identifiable information removed or as summary data. Specifies data fields the online portal must contain.
6	Violence interruption intervention teams. Adds § 144.567. Requires hospitals to establish and maintain a violence interruption intervention program that includes violence interruption intervention teams. Subd. 1. Violence interruption intervention teams required. Requires hospitals, by July 1, 2025, to establish and maintain at least one violence interruption intervention team, and requires at least one member of the team to be a licensed medical professional who meets the listed requirements. Subd. 2. Definitions. Defines terms for this section and section 144.568: competency, crisis intervention, hospital, licensed medical professional, licensed mental health professional. Subd. 3. Violence interruption intervention team. Requires a violence interruption intervention team to include at least four members and consist of at least three licensed medical professionals, at least one licensed mental health professional, and any other health care staff needed to ensure patient care needs can be met. Prohibits health care staff who are not members of the violence interruption intervention team from performing interventions unless the team asks for assistance, but allows health care staff to support the team during a crisis. Prohibits a hospital from assigning team members duties that would prevent the team member from responding to a crisis. Requires a hospital to treat a response by violence interruption intervention team members as

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supplemental emergency services, and prohibits team members from being considered replacements for staff who would otherwise be assigned to the unit.

Subd. 4. Critical access hospitals. Provides a critical access hospital without a mental health unit or behavioral health unit is not required to have a violence interruption intervention team, as long as the hospital has a staff person available at all times who is a licensed medical professional, meets other requirements, and can provide crisis intervention as a violence interruption intervention team would.

Subd. 5. Violence interruption intervention. Requires hospital staff to seek assistance from a violence interruption intervention team when the patient is experiencing a crisis where the patient's behavior may escalate to violence or is violent or is at imminent risk for such a crisis. Also allows hospital staff to seek assistance from the team when another person in the hospital or on the hospital grounds is experiencing or at imminent risk of such a crisis. Requires team members to respond promptly and in person to all requests for assistance, and requires one team member to be designated team lead for each intervention.

Subd. 6. Violence interruption intervention follow-up; violence interruption intervention team responsibilities. After a crisis intervention, requires the violence interruption intervention team to conduct an informal debriefing to consider the listed items and make recommendations on improving future crisis interventions.

Subd. 7. Violence interruption intervention follow-up; care team responsibilities. After a crisis intervention, requires the patient's care team to review the patient's care plan and implement an updated plan to minimize the chance that a crisis will recur for the patient. Lists requirements for the patient's updated care plan, and requires the care team to evaluate the patient's care plan at least weekly.

Subd. 8. Violence interruption intervention follow-up; hospital responsibilities. Lists actions the hospital administration must take after a behavioral health crisis intervention takes place.

Subd. 9. Required violence interruption intervention policies. Requires hospitals to adopt and implement policies governing a violence interruption intervention team's response when a patient is experiencing or at risk of a crisis where the patient's behavior may escalate to violence or is violent. Specifies procedures the policies must include.

Subd. 10. Required safety procedures. Requires hospitals to adopt and implement safety procedures for situations in which the risk posed by a crisis

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exceeds the ability of the violence interruption intervention team to safely intervene. Lists what the safety procedures must include.

Subd. 11. Required training for violence interruption intervention team members. Requires a hospital to ensure violence interruption intervention team members receive training and annual education on psychiatric care, crisis intervention, substance use treatment services, trauma-informed care, and access to linguistically and culturally competent care. Lists other requirements for this training and education.

Subd. 12. Violence interruption intervention program implementation requirements. Requires hospitals to designate a licensed medical professional who meets the listed requirements to be responsible for implementing this section. Requires the violence interruption intervention director to ensure required policies and training programs are implemented and annually reviewed, and that the hospital's program is annually evaluated for effectiveness in providing timely access to crisis intervention services and reducing rates of workplace violence.

Subd. 13. Enforcement. Directs the commissioner of health to inspect hospitals for compliance with this section, to issue a correction order if the hospital is not in compliance with this section for three or more days, and to issue a notice of noncompliance if the commissioner determines upon reinspection that the hospital has not corrected the deficiencies. Authorizes imposition of a fine on a hospital that does not correct the deficiencies, and provides the hospital has the right to a hearing to contest the notice of noncompliance and fine.

Subd. 14. Limited immunity. Provides an individual employed to work in a hospital cannot be subject to civil or criminal liability for good faith compliance with the hospital's procedures for its violence interruption intervention program. Provides a licensed medical professional or licensed mental health professional employed to work in a hospital cannot be subject to professional disciplinary action or any other penalty for good faith compliance with the hospital's procedures for its violence interruption intervention program.



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