

March 20, 2019

**Re: Senate Bill 823 – OAHHS Supports with Amendments**

Chair Monnes Anderson and Members of the Senate Health Care Committee:

Thank you for the opportunity to testify on Senate Bill 823 and the conceptual amendments coming forth. On behalf of Oregon's 62 hospitals and health care systems, and the patients and communities they serve, we appreciate the opportunity to share with you our support for the pending amendments to SB 823.

The journey to SB 823 began in 2014 when OAHHS, Oregon hospitals, SEIU Local 49 and the Oregon Nurses Association (ONA) came together to collectively address the incidents, employee and organizational concerns, and costs associated with violence against health care employees. This collaboration, after four years of dialogue, pilot projects in Oregon hospitals, and fine-tuning practices, led to the development of the Workplace Violence Prevention Toolkit which has been deployed across the state. The toolkit has received national recognition and is now recognized by the Joint Commission as a recommended resource for other health care employers to proactively and comprehensively address workplace violence.

SB 823 seeks to improve Oregon's current workplace safety laws by embedding many of the toolkit elements and evidence-based best practices into statute and to address security, data sharing, and improving protections for reporting. In its current form the bill does not reflect a shared objective, but the conceptual amendments should reflect the following:

1. Improving protections for those who report in good faith. Currently, reporting assaults is not specifically called out under ORS 654.062, which provides anti-retaliation protections to employees who report a violation of the law, regulation, or standard pertaining to safety and health in the place of employment. We believe the conceptual amendments to SB 823 will be drafted in such manner that employees will feel safer to report assaults. This should help improve the data being tracked in the assault logs, in which we all agree incidents are likely underreported.
2. Current law requires every health care employer to conduct a periodic security and safety assessment. Then based on that assessment, develop and implement an assault prevention and protection program and provide ongoing training for the prevention and protection of employees. The conceptual amendment to SB 823 will require that each health care employer to perform an assessment using a tool that is recognized nationally or statewide and that assessment must be completed by the end of June 2021. This assessment tool could be the one recommended in the toolkit.
3. The conceptual amendment should also require that workplace safety committees review their assault prevention and protection plans every two years to assess efficacy and consider additional areas for improvement and revision, and to update them as needed.
4. The workplace safety committees should also have access to pertinent information about assaults, injuries, and illnesses that are barriers to health and safe work environments. The conceptual amendment should reflect this need and require that the employer share a summary of information that is collected in the hospital assault log, injury and illness log, but also from other sources including the code grey logs, staff surveys, and information garnered from environmental scans (walk-throughs). This information should be protected

and used for the improvement of the safety and health of the workplace, that is true if we extend that information to be made available to employees of healthcare facilities. This information used out of context could be dangerous.

The above areas are provisions that we can collaboratively align on in improving the law. We do have one outstanding item that we do not align on and that is creating an additional column on the assault log to specifically call out the nurse staffing levels at the time of the event. We believe this is already captured in the log under number of employees present at the time (column P). We would prefer that this section be discussed further as part of a larger conversation in how we can improve the assault log so that the data can better be captured to assist in identifying trends and preventing further assaults.

OAHHS appreciates the collaboration with its partners on the initial work to develop and create the Workplace Violence Prevention Toolkit, and the seriousness with which Oregon hospitals have undertaken this work. Furthermore, we appreciate ONA for working with us in improving Oregon's current law and the conceptual amendments that are pending.

No bill or law can fully predict or prevent every assault. However, the more open discussion about it and the more we prepare, the greater chance we can collectively work to reduce assaults on our health care employees. We look forward to seeing the final amendment so that we can fully support the bill. Until then we are hopeful that the pending conceptual amendment reflects the collaborative work between OAHHS and ONA.

Please let me know if you have any further questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Andi Easton". The signature is fluid and cursive, with a large initial "A" and "E".

Andi Easton  
Vice President Government Affairs  
Oregon Association of Hospitals and Health Systems