Testimony in Support of SB 823 A
May 16, 2019
House Committee on Health Care
Chris Hewitt

Chair Salinas, Vice-Chairs Nosse and Hayden and Members of the Committee,

Thank you for the opportunity to provide testimony in support of Senate Bill 823 A, on behalf of the Oregon Nurses Association. My name is Chris Hewitt and I serve as the Deputy Director of Government Relations for the Oregon Nurses Association. ONA represents over 15,000 nurses throughout the state, providing care in almost every setting of our state's health care system—including staff nurses in large and small hospitals alike throughout all regions of our state.

Despite Oregon having long led the nation in nursing practice, standards and patient outcomes, the issue of workplace violence and its adverse effects on both the nursing profession and direct care staff has continued to persist as one of the more complicated and dangerous occupational hazards facing front-line workers in today's health care sector. The testimony from ONA members submitted on OLIS painfully illustrates the individual trauma borne by workers and the complexity associated with this growing problem.

ONA has been engaged for many years in various stakeholder initiatives seeking appropriate and effective means to address this enduring challenge. Although you have already learned of some of the different impacts and costs associated with the trend of health care workplace violence, I'd like to also highlight a few other figures that we believe further underpin the need for strengthening existing language in statute:

- In 2017, 25 percent of all accepted private industry violence-related workers compensation claims in Oregon came from the hospitals and ambulatory surgical centers (66% for the entire health care and social assistance sector).[1]
- Health care workers who were victims of violence in 2016 experienced an average of 112.8 hours per year of sick, disability and leave time (60.4 hours more per year than peers who did not experience violence).[2]
- In 2016, The American Hospital Association reported that workplace violence costs to U.S. hospital and health systems were **approximately $2.7 billion**, including $429 million in medical care, staffing, indemnity, and other costs related to violence impacting hospital employees.

In short, the increasing frequency of violence in today's health care settings results in significant overall costs and can further undermine the ability to recruit and retain qualified providers. This,

[1] Department of Consumer and Business Services, 2017 Workers' Compensation Accepted disabling claims by industry (NAICS) and accident or exposure event, http://www.cbs.state.or.us/external/imd/rasums/2055t/17web/table10.pdf

[2] Hazardous to Your Health: Violence in the Health-Care Workplace. https://www.ashclinicalnews.org/features/hazardous-health-violence-health-care-workplace/

in a time when our systems are facing an unprecedented need for staff to meet the increasing demand for care while concurrently striving to reduce expenditures and improve outcomes.

ONA has long recognized that workplace violence in care settings is a multifaceted problem, involving numerous contributing factors. The previous panel shared the variety of elements that can increase the likelihood for incidents to occur. In addition to inadequate training or organizational policies to support prevention, OSHA and other national studies notably cite a lack of available community behavioral health services and supports as a critical underlying component of this challenge.[3] Emergency Departments and other acute care settings have increasingly become, in many areas, the only spaces for individuals experiencing behavioral health or substance abuse crises to access help. Yet, these are environments typically not equipped to provide the appropriate level of treatment often needed in such instances. Unfortunately, this can precipitate untenable and at times, hazardous circumstances for both staff and patients.

We characterize this trend as one symptom of a broader community-level crisis that SB 823A alone cannot solve inherently, but instead provides a set of commonsense enhancements to our state's existing health care workplace safety laws to enhance transparency around the problem and to reinforce a culture of workplace collaboration.

Senate Bill 823 A is the result of an ongoing dialogue between ONA, OAHHS and other key stakeholders and makes the following key changes to ORS 654.412-654.423, applying to hospitals, ambulatory surgical centers and home health services that are part of hospital systems.

First, the bill amends ORS 654.062 under section 3, which currently provides protections from employment-related reprisal for employees reporting workplace safety and health violations to their employer and/or DCBS. The language clarifies and extends existing retaliation protections for health care employees who report violent incidents that they or their coworkers are involved in. Workplace violence remains vastly underreported today, with national estimates that only 30 percent of nurses report incidents[4], resulting from an entrenched assumption that violence is just "part of the job"[5] or fear of experiencing some form of retaliation.[6] SB 823 A seeks to shift this culture so that that more staff feel safe reporting incidences to help better aid interventions.

Next, section 5, subsection 3 requires that the existing health care "Assault Log" (required under ORS 654.416) and other injury records employers currently must maintain today also be shared with the internal workplace safety committee (in accordance with ORS 654.176 and OAR 437-001-0765) and with other employees upon request, to support the evaluation and improvement of the local incident prevention protocols. SB 823 A will ensure greater transparency and staff awareness of the problem and help better achieve OSHA's key recommendations for robust

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[3] Occupational Safety and Health Administration. Guidelines for preventing workplace violence for healthcare and social service workers (OSHA, 3148- 04R).

[4] Speroni KG, et al. Incidence and cost of nurse workplace violence perpetrated by hospital patients or patient visitors. Journal of Emergency Nursing, 2014;40(3):218-28. 19. Behnam M, et al.

[5] McPhaul KM and Lipscomb JA. Workplace violence in health care: Recognized but not regulated. Online Journal of Issues in Nursing, 2004;9(3):7.

[6] Beale, D., Leather, P., Cox, T., & Fletcher, B. (1999). Managing violence and aggression towards NHS staff working in the community. Journal of Research in Nursing, 4(2), 87-100. doi: 10.1177/136140969900400203.

management commitment and employee involvement, hazard data analysis, recordkeeping and evaluation.[7]

The bill also requires that employers and workplace safety committees develop processes for reviewing their violence protection programs at least every two years, to enable ongoing evaluation and improvement of local prevention strategies. The Workplace Safety Initiative (WSI) Toolkit underscores that health care entities committed to ensuring a safer workplace from hospital administrators and managers on down are shown to be more successful in reducing incidences of violence.

SB 823 A standardizes key elements of the WSI Toolkit by equipping health care staff with more tools to increase transparency around the nature and frequency of harmful events while strengthening a framework for collaboration between employees and administration to improve strategies for mitigating violence in their workplaces.

ONA urges your support for SB 823 A.

Thank you,

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[7] Occupational Safety and Health Administration. (2004). *Guidelines for preventing workplace violence for health care & social service workers*.