



**Testimony in Support of SB 823**  
March 20, 2019  
Senate Committee on Health Care  
Chris Hewitt

Chair Monnes Anderson, Vice- Chair Linthicum and Members of the Committee,

Thank you for the opportunity to provide testimony in support of Senate Bill 823, with the forthcoming amendments, on behalf of the Oregon Nurses Association. For the record, 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 health care sector imaginable—including staff nurses in large and small hospitals alike throughout every region 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've just heard 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).<sup>1</sup>
- 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).<sup>2</sup>
- 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,

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<sup>1</sup> 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>

<sup>2</sup> 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.<sup>3</sup> 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 823 alone cannot solve inherently, but instead provides a set of commonsense enhancements to our state's existing health care employee safety laws to aid in enhancing transparency around the problem and to reinforce a culture of staff collaboration.

**Senate Bill 823 and the forthcoming proposed amendments are the result of an ongoing dialogue between ONA and OAHHS. They will comprise the following 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 amendments will reference ORS 654.062 under section 2 of the base bill, which currently provides protections from employment-related retaliation for employees reporting workplace safety violations to their employer and/or DCBS. The amendment language will clarify and extend retaliation protection explicitly for health care employees who report violent incidents that they and/or their coworkers are involved in. Workplace violence remains vastly underreported today, with national estimates that only 30 percent of nurses report incidents<sup>4</sup>, resulting from an entrenched assumption that violence is just “part of the job”<sup>5</sup> or fear of experiencing some form of retaliation.<sup>6</sup> SB 823 seeks to help shift this culture and assure that more staff feel safe reporting incidences

Next, under section 4, the amendments will replace subsection 3 with language mandating that the existing health care “Assault Log” (required under ORS 654.416) and other injury records employers currently must maintain 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 will ensure greater transparency and front-line staff awareness of the problem and

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

<sup>4</sup> 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.

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

<sup>6</sup> 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.



further help achieve OSHA's recommendations for management commitment and employee involvement, hazard data analysis, recordkeeping and evaluation.<sup>7</sup>

The amendments will also add a provision under section 4, subsection 1 requiring that the total nursing staff on shift within the unit at the time of an incident also be included as part of the existing "Assault Log" record in order to enhance the ability to analyze possible correlations between personnel levels in specific locations and incident propensity.

The Workplace Safety Initiative (WSI) Toolkit underscores that health care entities committed to ensuring a safer workplace from hospital administrators and managers are shown to be more successful in reducing incidences of violence. In reflection of that core principle, ONA has appreciated the good-faith collaboration we have engaged in for many months with the OR Association of Hospitals and Health Systems to ultimately find alignment in principle on this proposal.

SB 823 lifts up and 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 of SB 823, with the forthcoming amendments.**

Thank you,

Chris Hewitt

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<sup>7</sup> Occupational Safety and Health Administration. (2004). *Guidelines for preventing workplace violence for health care & social service workers.*