December 13, 2017

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and
Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Administrator Verma:

We are writing in follow up to our recent meeting in Kansas City where we discussed a variety of issues, but principally the challenge of workplace violence in health care facilities and the role the Centers for Medicare & Medicaid Services can play to honor the service of health care workers. We are grateful for the follow up by Kate Goodrich, M.D., and David Wright. Both have been very open to discussing options and programs.

One option we discussed at the meeting was the potential for a new partnership between CMS and the Occupational Health and Safety Administration. As we share in the attached document, OSHA is responsible for providing a safe and healthful workplace and CMS is charged through their Conditions of Participation and Conditions for Coverage of ensuring a set of requirements for quality in the operation of health care entities. The two mandates are different, yet, as OSHA points out in its reference to the Institute of Medicine's 1999 report, "To Err is Human," "The IOM committee states its belief that a safer environment for patients would be a safer environment for workers and vice versa, because both are tied to many of the same underlying and cultural and systemic issues."

However, over the past several years, a myriad of factors that include the nation's opioid epidemic, limited access to mental health services and other social pressures have served to change that balance. The introduction of these issues serves as a new challenge that disrupts the cultural environment described by OSHA, yet creates an opportunity for CMS and OSHA to collaboratively identify steps to ensure both patient and worker safety.

CMS's work on similar quality issues is not new. Working with the Centers for Disease Control and Prevention, CMS launched an initiative to improve quality of care in ambulatory surgical centers. In addition, we understand that a new collaborative between the two agencies on

hospital-acquired infections will soon be launched. CMS also has worked with the Food and Drug Administration in an effort to design a parallel process for drug and device approval and coverage.

As we shared in our September 25 letter (attached), a safe work environment for health care workers leads to reducing health care costs and improving quality care. We believe that the creation of formal and actionable mechanisms that use the expertise and knowledge of both CMS and OSHA staffs to align standards and activities to support patient care and worker safety would greatly benefit our health care system.

We understand the complexity of this issue, realize there are no easy solutions and that tackling this problem will take a multifaceted, collaborative approach. Yet, we also know that we must honor our nation's health care workers as we honor the security and safety of the patients they serve. In this regard, we ask you to consider actionable steps to bring about needed assistance for our health care workforce.

Sincerely,

Thomas L. Bell
President
Kansas Hospital Association

Herb B. Kuhn
President and CEO
Missouri Hospital Association

tlb:hbk/ds

attachments

c: Kate Goodrich, M.D.
David Wright

IMPROVING PATIENT, VISITOR AND HEALTH CARE WORKER SAFETY IN HOSPITALS: OSHA AND CMS COLLABORATION

> "The burden and cost of poor patient safety, a leading cause of death in the United States, has been well-documented and now is a major focus for most healthcare institutions. Less well-known is the elevated incidence of work-related injury and illness among healthcare workers (HCWs) that occurs in the work setting, and the impacts these injuries and illnesses have on the workers, their families, healthcare institutions, and ultimately on patient safety. It is not surprising that patient and worker safety often go hand-in-hand and share organizational safety culture as their foundation."
>
> From OSHA statement: Organizational Safety Culture - Linking patient and worker safety

The Occupational Health and Safety Administration and the Centers for Medicare & Medicaid Services are the lead agencies for ensuring worker and patient safety. Under the OSH Act, employers are responsible for providing a safe and healthful workplace. The Medicare Conditions of Participation and Conditions for Coverage set requirements for quality in the operation of health care entities.

Generally, the two agencies, with separate mandates for patients and workers, have worked well together for the health care providers and the patients they serve. With the release of the Institute of Medicine of Report, "To Err is Human" in 1999, both agencies have worked collaboratively with health care providers to improve the safety environment for patients, visitors and workers. As OSHA points out, "The IOM committee states its belief that a safer environment for patients also would be a safer environment for workers and vice versa, because both are tied to many of the same underlying and cultural and systemic issues." However, over the past several years, a myriad of factors that include the nation's opioid epidemic, declining capacity for mental health services and general community unrest have served to change that balance. The introduction of these issues serves as a new challenge that disrupts the cultural environment described by OSHA yet creates an opportunity for CMS and OSHA to collaboratively identify steps to ensure both patient and worker safety.

Currently, violence against health care workers occurs daily resulting in more than 50 percent of all workplace violence occurring in health care facilities. Between 2011 and 2013, approximately 24,000 assaults occurred each year in health care settings with incidents that ranged from verbal to assault, stalking and sexual aggression.

For decades, health care professionals have implemented procedures to assure hospitals are safe environments for patients, visitors and staff. Extensive training and exercises, outreach, education and coordination with other agencies have historically focused on external challenges,

largely natural disasters — tornadoes, earthquakes, hurricanes and floods. In recent years, education and exercises increasingly have focused on armed intruders, violent patient encounters and community unrest challenges. Ongoing work on de-escalation strategies and education is commonplace in all hospitals.

Concurrently, hospital activities have concentrated on assuring patient safety, of which physical protection is foremost. Furthermore, reduction of all-cause harm is the primary focus of the CMS Partnership for Patient's Hospital Innovation Improvement Network and the core mission for which patient safety organizations exist. Changes to care protocols, including visual and physical cues, have effectively reduced harm such as falls, infections and other medical complications. Although progress is noted, reduction of patient harm continues to be a core focus for hospitals and health care providers.

However, as changes in communities across the country continue to occur — fueled by substance abuse and other community challenges — the perception is that CMS has become a silent partner when it comes to policies and opportunities that focus on worker safety. Although worker safety is not part of its specific charge, CMS rightly declares that patients must be protected and that a zero tolerance standard is the only acceptable policy in any of the programs they oversee. As a result, health care workers feel more vulnerable than ever before when presented with violent situations involving patients. Their choice — defend themselves and be cited for a violation, or stand-by and risk harm to themselves, co-workers, visitors or other patients. Much as the patients they serve, these individuals are entitled to zero tolerance of workplace violence against them.

Elimination of harm to patients and health care workers should stand side-by-side in importance. Given the complexities of the health care system, there is an opportunity to ensure that the system is delivering to its full potential. The goal should be that patients have access to high-quality, safe and effective medical care. Similarly, health care workers should have access to support systems that provide adequate protection and intervention to permit them to deliver on the promise of high-quality care. Absent such action, the resilience of hospital workers could erode, thus creating greater difficulty in recruiting staff for emergency department and other critical care functions.

To achieve the goal of a health care regulatory system that focuses on both patient and worker safety, the Kansas and Missouri hospital associations request that OSHA and CMS collaborate to create formal and actionable mechanisms that use the expertise and knowledge of their respective staffs to align standards and activities to mutually support patient care and worker safety.

(November 2017)

September 25, 2017

Thomas E. Price, M.D.
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
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Robert Kadlec, M.D.
Assistant Secretary for Preparedness and Response
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
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Elinore F. McCance-Katz, M.D., Ph.D.
Assistant Secretary for Mental Health and Substance Use
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857

Dear Secretary Price, Administrator Verma, Secretary Kadlec and Secretary McCance-Katz:

We are writing to share our states' experiences with workplace violence in hospitals and request your ongoing review of programs within the U.S. Department of Health and Human Services to support dedicated health care workers.

The incidence of workplace violence has become commonplace in communities of all sizes, demographic and socioeconomic compositions. Regrettably, health care facilities are no exception to this growing problem that represents a significant threat to employee safety and patient care. On September 13, a psychiatrist in Wichita, Kansas, was stabbed to death by his patient.

The current challenges of violence are not limited to physicians, nurses or other health care staff — but also patients and visitors. Hospital executives in our states tell us that a decade ago, they would receive weekly reports of violent incidents in their hospitals; but now receive daily reports of incidents where staff are verbally abused, hit, kicked, shoved or beaten. Their staff are demanding action.

The growing challenges of the opioid epidemic, limited access to mental health services and other social pressures have contributed to a steady rise in violence elevated beyond routine workplace challenges. Workplace violence is an urgent and profound issue for health care providers. According to the U.S. Bureau of Labor Statistics, 52 percent of all workplace violence incidents is recorded in health care and social services.

Although the Occupational Safety and Health Administration has primary jurisdiction over workplace safety, we believe there are actions HHS can take to help ensure the safety of health care workers. However, we also believe they could aid in reducing health care costs and improving care quality. Workforce and patient safety outcomes are closely linked. In a 2011 study by McHugh, et al., published in *Health Affairs*, patient satisfaction levels were lower in hospitals with lower nurse satisfaction. The following year, a study by Taylor, et al., published in the *British Medical Journal of Quality and Safety*, found that lower staff perceptions of teamwork and safety among nurses are correlated with higher odds of pressure ulcers and injuries in patients and increased nurse injury.

We understand the complexity of this issue, realize there are no easy solutions and that tackling this problem will take a multi-faceted, collaborative approach. We ask that the following actions be reviewed with the goal of refining and expanding programs to better support strategies to reduce workplace violence for health care workers.

Health Care Worker Safety: Two HHS grants in which our states are actively involved provide some focus and limited resources on workplace violence.

- The Centers for Medicare & Medicaid Services Hospital Improvement and Innovation Network includes two measures to better understand the incidence of workplace injury and those caused by violence. Further refinement of these measures and guidance in methods of reliable and valid data collection would be an important initial action. Through previous funding for the Hospital Engagement Network, we have provided limited training for both verbal and physical de-escalation to drive improvement through the lens of worker safety.
- The HHS ASPR Hospital Preparedness Program includes planning and preparation for responder safety and health with a goal of provider resiliency. This has allowed use of grant funding to develop plans and training for armed violent intruders.

Through both the HIIN and HPP programs, we have provided limited planning and training for verbal and physical de-escalation and armed violent intruders. However, hospital budgets and supplemental program funding have not been enough to provide training for all health care facilities and staff. We urge you to please consider additional focus and funding on worker safety and health care resiliency in future HIIN, HPP and related programs.

Mental Health and Opioid Grants: Through the Substance Abuse and Mental Health Services Administration, we appreciate the new funding available to address the multi-faceted solutions to reverse the opioid epidemic.

The Opioid State Targeted Response grant is one example that expands access to provider training, medication-assisted treatment capacity and naloxone distribution. These strategies along with decreased barriers to medication-assisted treatment will begin to slow the incidence of Opioid Use Disorder.

Resources for, and access to, mental health services beyond the opioid-related issues also are extremely limited. Please consider specific focus and additional funding in all mental health and opioid-related funding opportunities for the protection of health care workers, community health workers, first responders and law enforcement.

Survey and Certification: Based on information we have received from hospitals, the State Boards of Nursing, individual health care workers and associations representing physicians and nurses, there are numerous examples of actions taken by regulatory officials following violent encounters requiring self-defense by the health care worker. The regulatory review and required plan of corrective actions required by CMS survey teams present a growing challenge for health care providers, physicians, nurses and health care leaders. Often, these reviews lead to potential Immediate Jeopardy status for the hospital, with limited clarity of direction on appropriate actions health care staff should take to protect themselves and their patients when under assault. Additional guidance and education from CMS survey teams on patient management during violent confrontations would be very helpful.

Thank you for understanding the gravity of this situation and our resulting requests. Dedicated health care workers must be confident they are safe and protected through systems of care and regulations so they can deliver high-quality, safe patient care.

Sincerely,

Thomas L. Bell
President
Kansas Hospital Association

Herb B. Kuhn
President and CEO
Missouri Hospital Association

tlb:hbk/jt