



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
U.S. Department of Health and
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Robert Kadlec, M.D.
Assistant Secretary for Preparedness
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U.S. Department of Health and
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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
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U.S. Department of Health and
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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

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