

Miller, Diane M. (CDC/NIOSH/EID)

From: Speidell, Paul [pspeidell@vhha.com]
Sent: Friday, June 27, 2008 2:49 PM
To: NIOSH Docket Office (CDC)
Subject: 135 - NIOSH Healthcare Workers Survey
Attachments: VHHA Comments on NIOSH Surveys 6-08.pdf

Attached, per the instructions on your website, please find comments on the proposed healthcare workplace and worker safety surveys. Please let me know if you have any difficulty opening the file.

Thank you for the opportunity to provide input.

Paul

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June 27, 2008

John Howard, MD
Director
National Institute for Occupational Safety and Health
NIOSH Docket Office
Robert A. Taft Laboratories
MS-C34
4676 Columbia Parkway
Cincinnati, OH 45226

Dear Dr. Howard:

The Virginia Hospital & Healthcare Association (VHHA) is strongly concerned about the National Institute for Occupational Safety and Health's (NIOSH's) proposed Survey of Healthcare Workers' Safety and Survey of Health and Healthcare Employer Safety and Health Practices. VHHA has 49 member health systems and hospitals, representing 112 community, psychiatric, rehabilitation and specialty hospitals throughout Virginia. We care deeply about the safety and health of the workers, patients, and visitors in these facilities. We appreciate and support NIOSH's interest in measuring and working to improve worker safety. However, both the content of the surveys and their administration will need significant changes to be objective and accurate.

Virginia's hospitals and health systems believe there is always room for improvement in health care and health. That includes constantly working to improve the environments in which we care for patients – for both those receiving and administering care. We remain committed to improving the care environments in our member facilities, including through NIOSH surveys as appropriate. However, we have significant concerns with both the content and administration of the employer and worker surveys as currently proposed.

CONTENT

Burdensome

The surveys are very long. NIOSH has grossly underestimated the time that will be required to complete them. While VHHA recognizes NIOSH's desire for more data, **the proposed approach is overly burdensome and needs to be streamlined.**

The core management survey is 50 pages long, with additional hazard modules for some respondents. There are some basic questions, such as whether the facility is not-for-profit or part of a managed care organization. However, the majority of questions will require detailed knowledge of and research into facility-specific information, such as the number of doses given in the past week for about 80 specific antineoplastic agents. Likewise, it asks how many workers at the facility use high level disinfectants on medical instruments and devices.

These are not simple questions. They will require research by numerous individuals, including infection control, occupational health, and safety officers. Also, while many hospitals have on-site occupational health offices, health systems with multiple hospitals may not have such offices within each of their facilities. Respondents would have to access data from within their systems' centralized occupational health departments to complete the survey. Moreover, smaller rural hospitals may have less staff to research and collect data – making the survey completion a large burden on a smaller staff.

NIOSH suggests this core employer survey will take 50 minutes to complete, and the hazard modules only a few minutes longer. VHHA believes it may take nearly that long simply to farm out the questions to the appropriate responder in the hospital. This represents a significantly greater burden on the facility than suggested in the proposal.

While not as long as the management survey, the worker survey is also burdensome, complex, and will take well more than the estimated 20 minutes to complete. There also are hazard modules for certain employees in addition to the core module. Workers will be offered a \$10 payment for their completed survey, so that financial incentive may be enough to encourage a broader response at the worker level than at the facility level. That could skew results and make it appear that hospitals are less concerned with worker safety than their individual caregivers.

To increase participation and level response rates between the two surveys, NIOSH should more realistically assess how long the survey will take to complete, and work to reduce that burden to a more manageable level for both the facility management and workers.

Objective or Subjective?

The types of questions posed suggest an inappropriate disconnect between the styles and therefore likely outcomes of the two surveys. This will almost certainly confound attempts to comparatively analyze responses to the two surveys. The management survey is based on objective measures while the worker survey is largely opinion-based and subjective. For example, the management survey poses questions like:

- Is there a policy for taking rest breaks at this facility?
- Does this facility have a formal emergency preparedness plan?

These questions seek specific, concrete responses to help assess the circumstances at a facility. They stand in sharp contrast to the employee survey, which asks respondents to rate on a scale whether they:

- Feel safe from work-related injury or illness in my current work environment.

- The safety procedures and practices in this organization are useful and effective.

These are not concrete and the responses “strongly agree, agree...” are not specific. VHHA recognizes that some differences will exist in the types of data available to management and workers. **But the gap in objectivity and specificity should be much smaller than the proposal. The subjective, immeasurable nature of the worker survey especially opens the door to biased responses. NIOSH needs to strive to ensure the worker survey is as objective and specific as the facility survey.**

ADMINISTRATION

Validated or Not?

NIOSH has indicated that it intends to validate the management surveys via site visits. Such site visits immediately escalate the burden associated with this process. It appears that NIOSH has not adequately accounted for this added burden in its assessment of how challenging the survey administration will be for facilities.

Moreover, NIOSH has given no indication of validating the worker survey responses. In fact, it does not appear that NIOSH will know which worker completed which survey. Of course, one might say the subjective nature of the questions in the worker survey does not lend itself to validation. That should raise concern about the subjectivity of the questions, as discussed above. It also raises the question of whether such subjective questions present an even greater need for validation despite the difficulty of that process.

For example, the worker survey asks “during the past seven calendar days, how many times did you lift or move objects, other than patients, weighing 50 lbs or more?” If workers did not know beforehand that question would be posed in a survey, it is highly unlikely they would be able to provide a reliable, accurate answer to this question. Did they count and record each time they lifted a heavy object in the last seven days? Did they weigh each object? Workers at an airline ticket counter have scales to tell them how much each piece of luggage weighs. Health care facility workers do not operate in that sort of environment and are unlikely to know how much objects weigh with such specificity. The question is subject to faulty memory, inaccurate judgment of weights, and other problems. This question and others like it beg validation.

VHHA believes that the subjectivity of the worker survey questions needs to be eliminated to the greatest extent possible. If responses to either survey are to be validated then both sets of surveys should have appropriate validation.

Neutral or Biased?

NIOSH has indicated it will use labor groups and professional associations to help distribute the worker surveys. These organizations may e-mail their members with a link to the survey or otherwise promote the survey to members. VHHA is concerned that this administration methodology will result in a slanted sample of respondents overpopulated with members of these organizations. Moreover, given the subjective nature of the worker survey, there is inappropriate room for these advocacy organizations to promote advocacy agendas via worker responses, resulting in even less objective and more biased responses. The lack of any planned validation

of the worker survey responses makes using organized labor advocacy groups to distribute the surveys (and encourage responses) particularly alarming.

NIOSH should not permit organized labor to be formally involved in distributing these surveys. There is nothing NIOSH can do to prevent organized labor from holding educational sessions or producing educational materials related to the survey – nor should there be. Those may be appropriate roles for a union. However, to formally enlist them as points-of-contact for the survey in distribution or collection represents a clear conflict of interest.

Labor unions should not distribute the surveys for NIOSH. A more statistically accurate methodology of survey administration should better reflect the health care workforce population. If labor unions are used, NIOSH should reach out to a wide variety of other organizations to help distribute the surveys. Additionally, NIOSH should add a demographic question to the worker survey to determine how much of the survey sample holds membership in a union.

Moreover, NIOSH indicates that its sample of hospitals will be stratified by the number of employees (1-19; 20-449; 500+). However, due to multiple variations among hospital types as well as among the communities that hospitals serve, typical hospital research sampling is based on bed size, geographic region, and type of facility. **NIOSH should consider adjusting its sampling strategy to most effectively capture the broad variety of hospitals and health systems in its sample.**

Thank you for the opportunity to comment on the proposed surveys. Virginia's hospitals and health systems are committed to the safety of our workers, patients, and visitors and support the need for specific information on hazards exposure. We also are committed to good governance. VHHA is strongly concerned that although the proposed surveys strive after the former, they over reach the latter. We would be pleased to work with NIOSH to revise and streamline the surveys in a way that will help to measure workplace safety more objectively and in the least burdensome fashion.

Sincerely,



Paul A. Speidell
Vice President