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THA

Tennessee Hospital Association

June 27, 2008

NIOSH Docket Office
Robert A. Taft Laboratories
MS-C34
4676 Columbia Parkway
Cincinnati, OH 45226

RE: NIOSH docket number 135, notice of public meeting and availability for public comment (Vol. 73, No. 64), April 2, 2008.

To Whom It May Concern:

On behalf of our member hospitals and health systems, the Tennessee Hospital Association (THA) appreciates the opportunity to comment on the National Institute for Occupational Safety and Health's (NIOSH) proposed national surveys of health care workers' safety and employer safety and health practices. THA is the premiere organization in Tennessee that promotes and represents the interests of all hospitals, health systems and other healthcare organizations and the patients they serve. Established in 1938, it also provides education and information for its members.

As employers and providers of health care, hospitals and health systems are committed to the health and safety of our caregivers and patients. THA and its member hospitals have been extremely proactive in developing programs and resources that are designed to protect employees and patients as new hazards emerge and best practices are developed.

As an example of the efforts that are underway in Tennessee, THA launched the Tennessee Center for Patient Safety (TCPS) to support and accelerate hospital patient safety and quality improvement efforts. The primary purpose of the center is to channel education, resources and support services to help hospitals in the state to accelerate adoption of evidence-based strategies that improve the reliability, safety and quality of care received by patients.

The center's first two statewide initiatives, operating under the banner of "Safe Patients. Healthy Patients," are a hospital collaborative on reducing healthcare-acquired infections, and a nursing collaborative to integrate nurse staffing, work environment and patient safety. These projects are expected to have a broad impact on the quality and reliability of care delivered to patients across Tennessee in the future.

TCPS and the Tennessee Chapter of the American College of Surgeons (TnACS) have received a $2.5 million grant from the Blue Cross-Blue Shield of Tennessee Health Foundation to develop the Tennessee NSQIP Surgical Quality Consortium, which is designed to evaluate and improve surgical care delivered by general and vascular surgeons in the state of Tennessee.

This collaboration between hospitals and surgeons represents an innovative partnership and will significantly enhance the TCPS' current initiatives on surgical care and reducing infections. It also will involve the collection of additional quality data that has been proven to be effective in driving improvement in surgical outcomes. Hospitals will use aggregate reports to identify improvement opportunities, identify areas that have better than average results, evaluate and identify difference in practice between the hospitals in the state, and ascertain and disseminate best practices in Tennessee

In addition, THA developed the Tennessee Rural Hospital Patient Safety Demonstration Project, which was a collaborative effort to improve patient safety in small, rural facilities by strengthening their ability to implement priority patient safety interventions, including the assessment of patient safety culture and implementation of a safety culture plan.

It is important to demonstrate that each state respectively has initiated the appropriate steps to protect the safety and well-being of their hospitals' staff and patients.

NIOSH states that the overall objective of this project is to "describe the prevalence and distribution of important health and safety hazards and perceptions, work practices, and use of exposure controls from a healthcare worker perspective, and to describe institution-based health and safety management policies, programs and resources of healthcare establishments, from the perspective of the person responsible for employee health and safety." THA, along with the American Hospital Association (AHA), agree it is critical to have current and accurate data on the top health and safety issues facing caregivers. However, we have serious concerns about these surveys and the methodology that NIOSH proposes to use to obtain this data.

Problems with the pilot-testing of the questionnaires. NIOSH reports it conducted a pilot-test of the surveys at two large medical centers to evaluate the establishment-based approach for implementing the employee survey, the preference for mode of response, response rates, and to validate the worker and management questionnaires. NIOSH further reports the management questionnaire was validated at four hospitals that completed the surveys and permitted site visits to assess the accuracy of their response. However, no detail is provided in the background materials as to the type, location or size of these hospitals or whether they included the two large medical centers that also participated in the employee survey pilot test.

Given the lack of detail in the background materials provided to the public, it is impossible to determine whether the pilot-testing was adequate and, therefore, whether the conclusions drawn from the pilot test can be used to support the content and conduct of the NIOSH surveys. Certainly, using just two large medical centers to validate the questionnaires would not lead to results that were representative of the different types of hospitals in the nation. In order to support the validity of the management survey in particular, it would be important to include several types of hospitals, such as a small rural or critical access hospital, and a medium-sized community hospital.

Problems with the length and complexity of the surveys. The management and healthcare worker surveys are extremely long, with complex questions, many of which contain multiple parts. We believe completing them will take far longer than the time NIOSH estimates. NIOSH estimates it will take 20 minutes to complete the core module of the worker survey, which is 25 pages long and contains 79 questions; and that the hazard modules, which include up to 42 questions, will take an average of seven minutes to complete. The

agency estimates it would take 45 to 50 minutes to complete the management survey, which is 50 pages long and contains 63 core questions, with 140 questions in the hazard modules. Further, many of the questions in the management survey would require significant research to determine the appropriate response.

Clearly, NIOSH has significantly underestimated the time it will take to complete the surveys. We are concerned this level of burden will reduce the survey response rate, particularly in the management survey, and result in an inadequate and non-representative sample of respondents completing the survey. A significant response burden would fall on larger hospitals, which, because they generally offer a full range of services, would need to complete not only the core questions but most or all of the hazard modules.

Completing the management survey is a far more complicated task than completing the worker survey. Within a single hospital, there will likely be a number of individuals, such as infection control, occupational health and safety/facility officer, who will be called on to complete various sections of the survey. While many hospitals have onsite occupational health offices, health systems with multiple hospitals may not have such offices within each of their facilities. They would have to provide access to data to complete the survey from within their centralized occupational health departments. Still other facilities contract out the occupational health functions to a third party.

There also are many variations in the types of positions responsible for the areas being addressed in the survey, making it more difficult to identify those to whom the survey should be targeted. These factors will make it difficult to ensure the survey gets to the right individual(s) within hospitals and increase the likelihood that surveys could be lost in the system, hurting the response rate and jeopardizing accuracy for the management survey.

Problems with survey questions. While NIOSH claims to be seeking comments on the content of the survey questionnaires, its background materials note that the survey questionnaires already have been pilot-tested in two large medical centers. The agency states "the content of the questionnaires has been fairly well-defined" and "minor revisions will be made...prior to use in this study." THA has serious concerns about many of the questions in the survey, which we describe in attached detailed comments. However, NIOSH implies that it does not intend to correct or remove the problems, errors and inconsistencies in the survey instruments and instead is seeking input only in an attempt to identify other issues for possible inclusion in these already long and burdensome questionnaires. We urge NIOSH to reconsider this decision and be open to making substantive changes to the content of the surveys.

Our greatest concerns relate to statements, especially those to which the worker is asked to respond, that are presented as factual or imply a best practice, but which do not have solid supporting evidence. Additionally, we are concerned that many questions, especially those referring to the use of personal protective equipment, have inadequate response options. As a result, respondents cannot answer in a way that accurately describes their health and safety practices.

Unless NIOSH ensures that its questions describe practices that are truly supported by scientific evidence and allow responses that reflect actual health and safety practices, the survey results will be misleading and identify gaps that are not relevant to worker health and safety. Detailed comments related to specific questions and concerns are being provided by AHA.

Concerns about the methodology for conducting the surveys. For the worker survey, NIOSH indicates it will use a "population-based" approach to gather hazard surveillance data from healthcare workers by partnering with various labor unions and professional associations that will send survey information to their membership. These organizations will either directly e-mail their members with a link to the survey or promote the survey to members via various avenues of communication and direct them to a web site where they can complete the survey. This results in a "convenience" survey sample of workers who are members of the partnering labor unions and professional associations and who have access to the Internet. To maximize response rates, NIOSH proposes to award workers who complete the survey with a $10 online gift certificate.

THA has serious concerns about this approach. As stated in NIOSH's background materials, the disadvantages associated with the use of a convenience sampling approach include the problem of a non-representative sample of the total population of workers and sampling bias. The use of labor unions to market the survey further magnifies this problem because within healthcare, labor unions are concentrated in certain areas of the country and, therefore, the workers that belong to unions, such as the Service Employee's International Union (SEIU), will be able to reach will skew the sample and move it further away from being nationally representative.

We recommend that NIOSH continue to reach out to other organizations that may have a more appropriate balance of geography among their membership to help ensure a more nationally representative healthcare worker survey sample. We also support NIOSH's intention to modify the survey to include questions regarding characteristics of the worker's place of employment (i.e. type and size) and professional association or labor union affiliation. This change will help researchers determine whether the survey results are nationally representative.

For the management questionnaire, NIOSH proposes to use an "establishment-based" approach from which a size-stratified random sample of hospitals will be drawn. Contact will be made with each hospital to obtain the name and email address of the person primarily responsible for employee occupational health and a series of survey related emails will be sent. While we believe this approach has a better chance of resulting in a nationally representative sample of respondents, we have a number of concerns and questions about how NIOSH is proposing to conduct the management survey.

First, NIOSH indicates the sample of hospitals it will draw will be size-stratified by the number of employees (1-19; 20-449; 500+). THA recommends that NIOSH not finalize this sampling framework, but instead use the more typical hospital research sampling framework that is based on bed size, geographic region and type of facility.

We also are concerned the stark differences in the approaches used to conduct the two surveys will make it appear, incorrectly, that hospitals are indifferent to the health and safety of their workers. As noted above, due to the lengthy and complex management questionnaire, we believe there will be a low response rate, resulting in an inadequate and nonrepresentative respondent population. While the worker questionnaire also is lengthy, workers will be provided with a financial incentive, a $10 gift certificate, to complete the survey.

In addition, the worker questionnaire, being primarily based on workers' perceptions and opinions, and loaded with questions that are not evidence-based, is far more subjective than the management questionnaire, which is largely based on concrete management practices.

There is no way to validate the results of the worker questionnaire because it includes no information that could link a worker to his or her place of employment. By contrast, NIOSH has indicated it will validate some samples of the management questionnaire responses via site visits.

For these reasons, we recommend that NIOSH reconsider its methodology for administering the healthcare worker survey. Instead of utilizing a convenience sample, NIOSH should evaluate how it could develop a statistical sampling approach that would more accurately represent the populations of workers it would like to survey. NIOSH also should consider developing a methodology to validate the worker questionnaire results, perhaps by linking the responses from workers within a single institution and/or through comparing the worker responses to the responses from a validated management questionnaire from the healthcare facilities in which they are employed.

If such changes are not made and the responses to the worker and management surveys are determined not to be nationally representative (as NIOSH notes it expects will be the case with housekeeping staff), NIOSH should place the caveat in its public release that the results should not be used to make generalizations about entire populations, and any associated conclusions run the risk of being false.

If you have any questions, please Chris Clarke, *cclarke@tha.com*, or Bill Jolley, *bjolley@tha.com*, at THA, 615-256-8240.

Sincerely,

Craig A. Becker, FACHE
President
Tennessee Hospital Association