

Workplace Violence Prevention Programs in NJ Healthcare Facilities

**Request for Office of Management and Budget Review and
Approval for Federally Sponsored Data Collection**
OMB Control # 0920-0914; expiration date 3/31/2018

Section A

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- Goal of the study - The long-term goal of the proposed project is to reduce violence against healthcare workers. The objective of the proposed study is: (1) to examine nursing homes compliance with the New Jersey (NJ) Violence Prevention in Health Care Facilities Act (2) to evaluate the effectiveness of the regulations in this Act in reducing assault injuries to nursing home workers.
- Intended use of the resulting data - 1) publish the findings in a peer-reviewed scientific journal, and in industry and healthcare association journals, 2) disseminate the information to health departments for potential development of legislation for a workplace violence prevention programs.
- Methods to be used to collect – interview
- The subpopulation to be studied - Nursing Home Administrators or their staff
- How data will be analyzed - compare the NJ workplace violence prevention program proportions to Virginia workplace violence prevention program proportions by employing 95% confidence intervals based on the binomial distribution

A. Justification

A.1 Circumstances Making the Collection of Information Necessary

This is an extension Information Collection Request (ICR) from the National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention seeking a one year extension approval from OMB. The currently approved ICR (0920-0914; expiration date 3/31/2018) is for data collection at 50 hospitals, for a 4000 nurse survey, 4000 home healthcare aide survey, and 40 nursing home interviews. Data collection is complete for the hospitals, nurse survey and home healthcare aide survey. Data collection is complete for 20 out of 40 nursing home interviews. We are requesting an extension to the existing ICR in order to complete the 20 nursing home interviews. Methods used for this ICR are mailed surveys (nurses and home healthcare aides) and in person interviews (workplace violence prevention committee chair or their designee at hospitals in New Jersey and at nursing homes in Virginia and New Jersey). We published peer reviewed articles in scientific and trade journals; the results can be useful for researchers, safety personnel, and healthcare workers.

Under the Public Law 91-596 (Section 20[a][1]), NIOSH is tasked with conducting research relating to occupational safety and health (Appendix A). The need for this information collection is described in this section. The workforce that provides nursing home healthcare is growing rapidly, with increases likely to continue with the aging population and changes in healthcare delivery policy. Nursing and residential care facilities reported 204,300 nonfatal injuries and illnesses in 2007 with a rate of 8.8 per 100 full-time workers, which is the highest for the healthcare and social assistance sector. The long-term goal of the proposed project is to reduce violence (i.e. physical assaults) against healthcare workers. The objective of the proposed study is: (1) to examine nursing homes compliance with the New Jersey (NJ) Violence Prevention in Health Care Facilities Act, and (2) to evaluate the effectiveness of the regulations in this Act in reducing assault injuries to nursing home workers. Our central hypothesis is that nursing home facilities under the NJ regulations will have more comprehensive workplace violence prevention programs than nursing homes not under the regulation (Virginia). This project is an intervention evaluation study, comparing the comprehensiveness of nursing home workplace violence prevention programs in New Jersey (NJ) with the comprehensiveness of programs in Virginia (VA). Virginia was selected as the comparison state for the following reasons: the distributions (size and type) of nursing homes is similar to NJ; the 2013 population estimates are similar; percent of persons 65 years and over are similar; our partner, James Blando has a working relationship with some VA nursing homes after his successful pilot study (completed September 2013) which will enhance study participation. Licensure is required for nursing homes in New Jersey and Virginia. The sampling frame of nursing homes eligible to participate in this study will include all nursing homes (n=362) licensed in NJ by the Department of Health and Senior Services and covered by the regulations and all nursing homes (n=279) licensed in VA by the Department of Health Professions.

A.2 Purpose and Use of Information Collection

The Violence Prevention Committee is responsible for completion of an annual violence risk assessment to analyze risk factors for workplace violence, to identify patterns of violence, and develop a written violence prevention plan that shall be submitted to facility administration.

The purpose of the interviews with the nursing home administrators is to measure compliance to the state regulations for a workplace violence prevention program: violence prevention policies, reporting systems for violent events, violence prevention committee, written violence prevention plan, violence risk assessments, post incident response and violence prevention training. We will utilize the Abstraction Form (Appendix C1) to collect data on the specifics of each component of their workplace violence prevention program. Positive need for this data is the collection of nursing home workplace violence prevention program components which has never been collected before; this information can be utilized by legislatures. We will utilize the Committee Chair Interview (Appendix C2) to collect data on the nursing home's policies and procedures for workplace violence prevention, their security services and barriers to developing and implementing the work workplace violence prevention program. The positive need for this collection is that the information can be disseminated to nursing homes regarding implementation of a workplace violence prevention program. A negative consequence of not obtaining this information from appendices C1 and C2 is that nursing homes will not have valuable tools to assist in implementing a workplace violence prevention program. Another negative consequence of not having the compliance information is that a high number of injuries will continue to occur to healthcare workers because NIOSH in accordance with its mandate did not move to disseminate successful legislation results to communities, to health departments, and to legislative bodies.

The purpose of the information collected is to disseminate the information to health departments for potential development of legislation for a workplace violence prevention programs. Barriers and facilitators to implementing a workplace violence prevention program will be distributed to nursing homes in NJ.

A.3 Use of Improved Information Technology and Burden Reduction

The personal interview methodology (using Appendices C1 and C2) was employed because this worked in the previous hospital NIOSH study. We will compare 20 nursing homes in New Jersey (regulated state) compliance proportions to 20 nursing homes in Virginia (nonregulated state) compliance proportions. To minimize the time of nursing home workers collecting the data, we will not use electronic respondent reporting. Therefore, we will use appendices C1 and C2 to conduct an interview with the nursing home administrators.

A.4 Efforts to Identify Duplication and Use of Similar Information

Only one study (see reference below) has examined compliance to legislation mandating implementation of comprehensive workplace violence prevention programs in healthcare facilities for reducing violence to workers. The NIOSH-funded work examined the effectiveness of a similar law in California using NJ hospitals as control sites. In this work, they found that assault rates to emergency department and psychiatric unit workers in California decreased following enactment of the California law, compared to assault rates in NJ hospitals. They also found that California hospitals had implemented many of the elements of a comprehensive violence prevention program. However, the California evaluation was unable to measure how the comprehensiveness of hospital workplace violence prevention programs changed as a result of the California law because they were unable to describe hospital programs prior to enactment of

the law. The findings from our study will have useful policy implications for New Jersey and for other states looking to enact workplace prevention laws.

Reference: Workplace violence prevention programs in hospital emergency departments. Peek-Asa C, Casteel C, Allareddy V, Nocera M, Goldmacher S, OHagan E, Blando J, Valiante D, Gillen M, Harrison R. *Journal of Occupational and Environmental Medicine*. 2007 Jul; 49(7):756-63.

A.5 Impact on Small Businesses or Other Small Entities

Small business may be involved in the data collection. Questions have been held to the absolute minimum required for the intended use of the data/information. We will not be collecting nursing home assault injury data since this is very time intensive. Therefore, we will be collecting publicly available workers compensation data.

A.6 Consequences of Collecting the Information Less Frequently

The information request is for a one-time collection only. There are no technical or legal obstacles to reduce the burden.

A.7 Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

There are no special circumstances connected with the information collection.

A.8 Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

- A. A 60-day Federal Register Notice was published in the *Federal Register* on November 22, 2017, vol. 82, No. 224, pp. 55611-2 (see Appendix B). We received two non-substantive comments and replied with a standard CDC response (see Appendix B2).
- B. We consulted outside the agency with the University of North Carolina, and Old Dominion University.

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A.9 Explanation of Any Payment or Gift to Respondents

The information collection does not provide a payment or gift to the respondents.

A.10 Protection of the Privacy and Confidentiality of Information Provided by Respondents

Privacy Impact Assessment Information

This submission has been reviewed by the Privacy Officer for CDC/ATSDR who determined that the Privacy Act does not apply. No personally identifiable information is being collected.

The following information will be collected during the in person interview with the nursing home violence prevention committee chair:

Nursing home information (number of patients per year, number of beds, number of employees); committee chair interviewee information (job title, how long have you been in current position, how long have you been the committee chair);

Workplace violence prevention program information (do they have a formal written workplace violence prevention plan, if answered yes, does the plan address the following: establishment of a violence prevention committee; violence prevention policies; work-on-worker violence policies; recordkeeping process for tracking violence events; incident reporting, investigation, and evaluation methods; follow-up medical and psychological care; directions on how to access the facility's post-incident response system); is a violence risk assessment completed, if answered yes, how often are the assessments completed; job- or task-specific factors (working with unstable or volatile persons; prevalence of weapons on site among patients, family, or visitors; presence of gang members; overcrowding and long waits for service that lead to client frustrations; isolated and/or solo work with patients and/or residents during examinations or treatment; lack of staff training; impact of staffing as a factor that may increase the risk of violent events); factors examined during walk through survey for hazards in the physical environment (physical layout; unrestricted access points; crime rate in surrounding area, nonworking alarm systems, communication devices, surveillance cameras and/or mirrors; poor lightning and visibility in facility; poor lighting and visibility in parking areas); how often are the violence prevention policies, procedures and responsibilities updated (annually or other);

Training information (do employees receive workplace violence prevention training; if answered yes, how frequently is the workplace violence prevention training offered; length in minutes and recipients of the training, nurses, physicians, unlicensed support staff, managers,

clerical staff, security, volunteers, contract employees, per diem employees, temporary staff; which formats are used for the training: lecture format, reading prepared material/handouts in print, interactive discussions, role-playing, DVD, computer-based training activities; which of the following components are included in the violence prevention training: requirements of workplace violence administrative roles, review of the facility's relevant policies, verbal methods to diffuse aggressive behavior, physical maneuvers to diffuse or avoid aggressive behavior, appropriate responses to workplace violence, reporting requirements and procedures, location and operation of safety devices, resources for coping with violence, summary and analysis of facility's risk factors identified in the worksite analysis and prevention actions taken in response to the risk factors identified, information on multicultural diversity to increase staff sensitivity to racial and ethnic issues and differences);

Record keeping of violent events and incident investigation information (does the facility keep records of all reported violent events; if answered yes, which department tracks the workplace violence reports; what type of data are recorded on the incident reports, incident date/time/location, job title of victim, activity at the time of the violent event, perpetrator, type of violent event, weapons used, description of any physical injuries, number of employees in the vicinity, employee actions in response to the event, facility actions in response to the event, recommendation); are incident investigations conducted, if answered yes, who fills out the incident investigation reports, what is collected in the incident investigation reports);

Post-incident response information (what types of services are available for employees who have been injured during a violent event, critical incident debriefing, employee health, employee assistance programs, psychological care/counseling);

Equipment information (what types of equipment does the facility utilize, alarm systems, cell phones, personal alarm devices, panic alarms, audio surveillance systems, video surveillance systems; are appropriate personnel trained to respond to each alarm system in use);

Violence prevention committee information (does the facility have a violence prevention committee, if answered yes, which job titles serve on the committee – nursing home administrators, security director, staff nurses, risk manager, nurse managers, staff physicians; what percentage of the committee engages in direct patient contact; how often does the committee meet; is the violence committee responsible for the following – completion of annual violence risk assessment, development of a written violence prevention plan, recommendations to the facility to reduce identified risk based on findings of the violence risk assessment, review of the design and layout of the facility as it relates to providing work areas safe from violence, development and maintenance of violence prevention training content and methods, development of strategies for encouraging the reporting of all incidents of workplace violence, development of procedures for reporting violent events, review data from post-incident reports in order to identify trends and make recommendations to prevent similar incidents);

Regulations information (are you familiar with the NJ Violence Prevention in Health Care Facilities Regulation, if answered yes, what do you feel are some of the strengths and weaknesses of the regulations);

Organizational-level safety climate information (16 statements such as reacts quickly to solve the problem when told about safety and security hazards; selects one of the following: completely disagree, disagree, neither agree nor disagree, agree, completely agree).

Facility (nursing home) interview

Interviews with Violence Prevention Committee Chairs: The purpose of these interviews with the nursing home chairs of the Violence Prevention Committees is to measure compliance to the state regulations (violence prevention policies, violence prevention committee, written violence prevention plan, violence risk assessments, post incident response and violence prevention training). Appendices C1 and C2 will be utilized during the interview.

Facility (Nursing Home) Interview (Appendix D): The letter of introduction and fact sheet will be sent to the Chair of the Violence Prevention committee introducing the study and the benefits of participation by Dr. Blando. Verbal consent from the Chair of the Violence Prevention committee to participate will be obtained by Dr. Blando. The information to be collected, the intended uses of the data, the minimal risk connected with their participation, and who to contact in the event of liability will be explained to them by Dr. Blando.

Respondents will be informed that their participation in providing information is voluntary. The intended use of the data and the minimal risk in participation will be explained to them. There will be no effect on the Chairs of the Violence Prevention committee who refuse to participate and do not reply to the information request.

A.11 Institutional Review Board (IRB) and Justification for Sensitive Questions

The protocol was approved by the IRB (Appendix E).

There will be no questions of a sensitive nature added to any of the data collection forms.

A.12 Estimates of Annualized Burden Hours and Costs

We are extending the existing ICR to complete 20 nursing home administrator interviews (40 interviews total). The table below shows the annualized burden hours. There are 20 respondents (nursing home administrators) that will be interviewed from March 2018 to March 2019. This will include 10 respondents from Virginia and 10 respondents from New Jersey. The abstraction form and the committee chair interview (appendices C1 and C2) will be used during the interview. We will not be collecting nursing home injury data (Employee Incident form - Appendix H) since this is very time intensive. There is also not a standard reporting system with standard workplace violence definitions for nursing homes to utilize. We are accounting for these burden hours in the current ICR in order to be consistent with the Notice of Action which includes 20 burden hours for the Employee Incident form. Once this ICR is approved by OMB, we will submit a non-substantive change request in order to have the Employee Incident form removed. Each form will take approximately 1 hour which results in 20 burden hours each. The total burden hours is 60.

The requested extension will not change the scope of the study.

Estimated annualized Burden Hours

Respondents	Form Name	No. of	No. of	Average	Total
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		Respondents	Responses per Respondent	Burden per Response (in hrs)	Burden (in hrs)
Nursing Home Administrators	Evaluation of Nursing Home Workplace Violence Prevention Program: Abstraction Form	20	1	1	20
Nursing Home Administrators	Committee Chair Interview	20	1	1	20
Nursing Home Administrators	Employee Incident Form	20	1	1	20
Total					60

An estimate of the annualized burden costs is provided below using Bureau of Labor Statistics (BLS) estimate wages by occupation.

Estimates of Annualized Burden Costs

Type of Respondent*	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Nursing Home Administrators	60	41.22	\$2473
Total			\$2473

* These estimates are calculated using the U.S. Department of Labor's National Occupational Employment and Wage Estimates for the United States. May, 2014. (<http://www.bls.gov/oes/current/oes119111.htm>). Salaries for nursing home administrators were estimated to be that of the BLS category of management occupations (medical and health services managers). The total annualized burden costs are \$2473.

A.13 Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

There are no additional cost burdens for respondents.

A.14 Annualized Cost to the Government

The annualized cost to the government for this project is estimated to be \$0 (FY18 No cost extension for the contract). The table below summarizes a breakdown of the estimated costs.

Item	FY 2016	FY2017	FY2018	Total
<u>Discretionary costs:</u> Equipment and supplies ¹				\$0
Contractual	\$19612	\$19612	\$0	\$39224
Travel				\$0
Total Discretionary	\$19612	\$19612	\$0	\$29224
Total Personnel and benefits				\$0
Total cost to Federal Government	\$19612	\$19612	\$0	\$39224

FY16 \$19612

FY 17\$19612

FY18 No cost extension for the contract

A.15 Explanation for Program Changes or Adjustments

We received OMB approval (0920-0914) to evaluate the legislation at 50 hospitals and at 40 nursing homes, to conduct a nurse survey and to conduct a home healthcare aide survey. Data collection is complete for the hospitals, the nurse survey, and the home healthcare aide survey. Data collection is complete for 20 out of 40 nursing home interviews. Ten nursing home interviews will be conducted in Virginia and 10 nursing home interviews will be conducted in New Jersey. We are requesting an extension for one year to collect the remaining 20 nursing home interviews.

We will not be collecting nursing home injury data (Employee Incident form - Appendix H) since this is very time intensive. There is also not a standard reporting system with standard workplace violence definitions for nursing homes to utilize. We are accounting for these burden hours in the current ICR in order to be consistent with the Notice of Action which includes 20 burden hours for the Employee Incident form. Once this ICR is approved by OMB, we will submit a non-substantive change request in order to have the Employee Incident form removed.

A.16 Plans for Tabulation and Publication and Project Time Schedule

After the extension request is approved, data collection will continue for 20 nursing homes. Clearance is being requested for 12 months.

We plan to publish project results in peer reviewed scientific journals with a high impact number. Additionally, results will be presented at national, scientific conferences with high public visibility to research audiences, and at trade associations in order to reach both industry and community leaders that are empowered to promulgate legislative ordinances for healthcare worker safety. Results will also be disseminated to stakeholder groups via presentation and written reports.

Activity	Time Schedule
Draw final sample from sampling frame 1 month after OMB approval	1 month after OMB approval
Begin interviews with Chair of Workplace Violence Prevention committee	2 months after OMB approval
Complete interviews	12 months after OMB approval
Complete cleaning of data and database development	12-14 months after OMB approval
Complete statistical analysis	15-18 months after OMB approval
Complete papers and reports for publication in peer-review journals & trade association journals & publications.	19-25 months after OMB approval
Complete presentations to research audiences and stakeholders	26-32 months after OMB approval

A.17 Reason(s) Display of OMB Expiration Date is Inappropriate

The OMB expiration date will be displayed on all questionnaires.

A.18 Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.