

ONE HUNDRED SEVENTEENTH CONGRESS  
**Congress of the United States**  
**House of Representatives**  
COMMITTEE ON ENERGY AND COMMERCE  
2125 RAYBURN HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515-6115

Majority (202) 225-2927  
Minority (202) 225-3641

March 24, 2022

Ms. Tawanda Austin, M.S.N., R.N., NE-BC  
Chief Nursing Officer  
Emory University Hospital Midtown  
550 Peachtree Street North  
Atlanta, GA 30308

Dear Ms. Austin:

Thank you for appearing before the Subcommittee on Oversight and Investigations on Wednesday, March 2, 2022, at the hearing entitled “Lessons from the Frontline: COVID-19’s Impact on American Health Care.” I appreciate the time and effort you gave as a witness before the Committee on Energy and Commerce.

Pursuant to Rule 3 of the Committee on Energy and Commerce, members are permitted to submit additional questions to the witnesses for their responses, which will be included in the hearing record. Attached are questions directed to you from certain members of the Committee. In preparing your answers to these questions, please address your response to the member who has submitted the questions in the space provided.

To facilitate the printing of the hearing record, please submit your responses to these questions no later than the close of business on Thursday, April 7, 2022. As previously noted, this transmittal letter and your responses, as well as the responses from the other witnesses appearing at the hearing, will all be included in the hearing record. Your written responses should be transmitted by e-mail in the Word document provided to Austin Flack, Junior Professional Staff, at [austin.flack@mail.house.gov](mailto:austin.flack@mail.house.gov). To help in maintaining the proper format for hearing records, please use the document provided to complete your responses.

Thank you for your prompt attention to this request. If you need additional information or have other questions, please contact Austin Flack with the Committee staff at (202) 225-2927.

Sincerely,

A handwritten signature in blue ink that reads "Frank Pallone, Jr." in a cursive style.

Frank Pallone, Jr.  
Chairman

Attachment

cc: The Honorable Cathy McMorris Rodgers  
Ranking Member  
Committee on Energy and Commerce

The Honorable Diana DeGette  
Chair  
Subcommittee on Oversight and Investigations

The Honorable H. Morgan Griffith  
Ranking Member  
Subcommittee on Oversight and Investigations

**Attachment—Additional Questions for the Record**

**Subcommittee on Oversight and Investigations  
Hearing on  
“Lessons from the Frontline: COVID-19’s Impact on American Health Care”  
March 2, 2022**

Ms. Tawanda Austin, M.S.N., R.N., NE-BC, Chief Nursing Officer, Emory University Hospital  
Midtown

**The Honorable Diana DeGette (D-CO)**

1. What can be done to better support nurses and other frontline health care workers as they deal with abuse from their patients while managing heavier workloads during the pandemic?
  - a. Have in place an organization-wide program to daily manage workplace violence including reporting, interventions to prevent and manage, and support of the individual targeted by the violence. The goal is for clinicians to know their organization works to improve safety and protect them from danger.
  - b. Currently in GA, assault on emergency personnel including emergency department personnel is a felony. All other instances are not. Laws should be extended to include assault on all healthcare workers as a felony, preferably at the federal level.
  - c. Establish appropriate penalties for first offense, second or subsequent abuse, and when creating a disturbance inside a healthcare facility against nurses and other frontline healthcare workers.
  - d. Mayo Clinic currently provides the gold standard regarding policies that support staff when they are faced with patient physical, emotional, and psychological abuse from patients. They have created an algorithm for staff to use to receive support after experiencing abuse. Policies like Mayo's put staff first. Emory is working on our own policy based on Mayo's work. We need clear pathways for staff to follow that are supported (and socialized) by Human Resources, so that staff feel psychological safety and support from the leadership and the organization when they experience abuse from patients.
  - e. Congress should provide sufficient funding for the recently passed Lorna Breen Act, which stands up programs to support the mental and behavioral health of health care providers.

**The Honorable H. Morgan Griffith (R-VA)**

1. Do you believe that health systems benefit from the use of digital health technologies, like remote patient physiologic monitoring (RPM), to help clinicians care for patients and relieve stress on nursing staff?

Yes, remote patient monitoring of acute care and critical care patients is beneficial to complement the clinician/nurse who is directly providing care. Most health care systems will hire increased numbers of new graduate resident nurses to rebuild the nursing workforce. These residents can be best supported by an experienced nurse in a virtual setting easily accessed by the direct care nurses to assist in patient care.

Additionally care model shifts that allow patients to remain in the comfort of their home for as much of their healthcare journey as possible relieves the burden of task work from professional nurses and allows them to practice at the top of their scope. Of course, like all technology, the success or failure of utilizing this model hinges on solid inclusion/exclusion criteria for patients who are clinically appropriate for this type of remote/virtual care.

2. Do you think that the appropriate use of medical technology to safely and reliably monitor patients can help reduce burnout in our healthcare workforce?

Yes, if the technology is designed and proven to ensure positive patient outcomes and will create situations that allow the nurse to spend more time interacting with the patient rather than with the machine or computer. One of the greatest benefits of medical technology that monitors patients is in populations who are high risk for falls or at risk for elopement. Systems that successfully monitor these patients (remote camera monitored at a central hub by a clinician) may reduce burnout because they provide improved safety to the patient, allowing the clinician on site to care for other patients successfully. Given the challenging nature of nursing work, any measures to improve their effectiveness can also improve their well-being.

At Emory, we currently utilize the E-ICU program for our ICUs. Using the newest technology and private, high-speed data lines, our critical care physician experts and experienced critical care nurses work in partnership with physicians and nurses at the patient's bedside by providing round-the-clock monitoring from an off-site location and rapid treatment and intervention at a moment's notice. The e-ICU service does not replace front line healthcare providers but provides additional support to ensure the best possible outcome for patients by working in a team-based healthcare setting.

It is important to note that the technology should be designed to ensure positive patient ~~outcomes, and~~ outcomes and validated third party evaluation. The technology should create situations where the Nurse is spending more time in true human interaction with the patient rather than “treating the machine.”

I would encourage our congressional leaders to continue to meet with their local hospitals, front line healthcare providers, and healthcare professional associations (e.g., American Nurses’ Association, American Organization of Nurse Leaders) to better understand the many causes of burnout in healthcare professionals like the impacts of the COVID pandemic, social unrest, and staffing; and then provide support where needed.