

Integrating Patient and Workplace Safety Programs

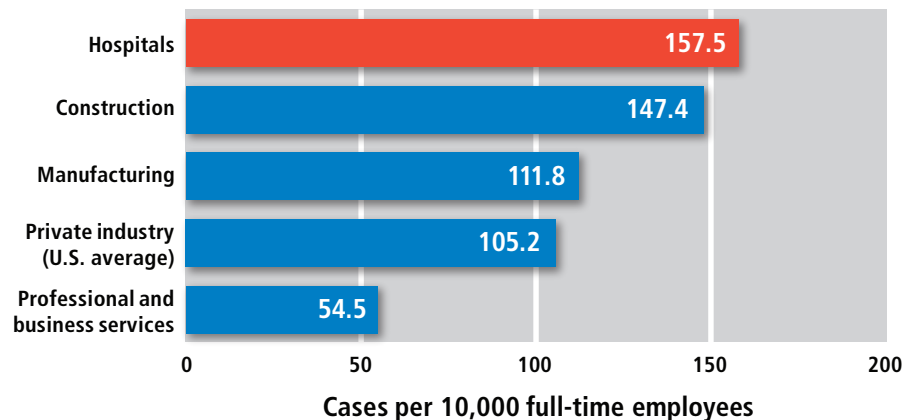


Lessons from High-Performing Hospitals

Hospitals can successfully manage both patient and employee safety risks using an integrated approach.

Hospitals rely on a diverse, dedicated, and skilled workforce to deliver quality care to patients. Keeping this workforce safe and healthy is a priority for hospital administrators, but it can be challenging. Though not widely recognized, hospital work can be surprisingly hazardous. According to the Bureau of Labor Statistics, the likelihood of injury or illness resulting in days away from work is higher in hospitals than in construction and manufacturing—two industries that are traditionally thought to be relatively hazardous (see the graph below).¹

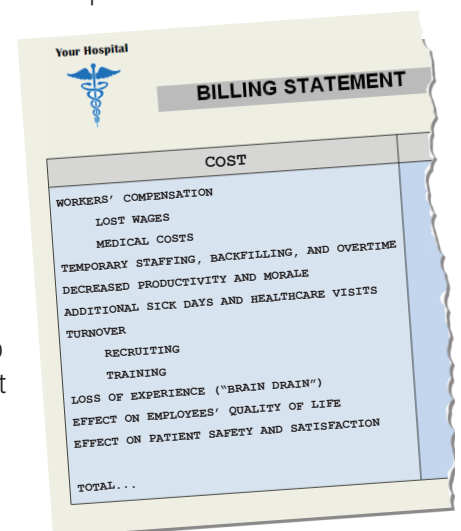
Injuries and Illnesses Resulting in Days Away from Work, 2011



Data source: Bureau of Labor Statistics

Occupational injuries and illnesses can increase your hospital's workers' compensation insurance costs, disrupt staffing and workflow, lead to the early exit of experienced staff, and damage workplace morale. The downstream effect on patient risk and satisfaction is also a major concern.

Increasingly, hospitals are applying lessons learned from best-in-class patient safety and patient satisfaction programs to address worker safety and health. Built around high reliability principles endorsed by the Joint Commission, these programs embrace a no-blame culture to de-stigmatize interventions, use the language of care to facilitate conversations and communicate concerns, and promote high reliability behaviors to reinforce proven best practices and prevent patient safety events.



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High reliability organizations (HROs): five operational processes

Sensitivity to operations:

Workers in HROs are mindful of procedures and interactions between team members. This heightened situational awareness sensitizes them to minor deviations and enables them to respond appropriately.

Reluctance to simplify:

When outcomes deviate from established plans, HROs question conventional explanations for why things went wrong and explore the entire potential scope of the problem.

Preoccupation with failure:

No matter how enviable their track records, HROs never let success breed complacency. They focus unceasingly on ways the system can fail, and encourage staff to always listen to their “inner voice of concern” and share it with others.

Deference to expertise: Team members and organizational leaders in HROs defer to the person with the most knowledge relevant to the issue they are confronting. This may involve deviating from the traditional physician, nurse, and technician hierarchy.

Resilience: HROs acknowledge that, despite considerable safeguards, errors will sometimes occur. By anticipating and planning for such situations, they can contain and minimize the adverse consequences.

The strategies to become a high reliability organization (HRO) are very similar to the ones used by hospitals participating in OSHA’s Voluntary Protection Programs (VPP) to manage workforce safety and health. VPP recognizes employers who have achieved excellence in occupational safety and health through adoption of a safety and health management system (also known as an injury and illness prevention program). Under VPP, employers and employees continually monitor the workplace for hazards and then cooperate to find and implement solutions. All of this happens within a Plan-Do-Study-Act management system framework that should be familiar to hospital leaders.

Integrating (or at least aligning) patient and employee safety programs makes sense

Hospitals concerned with both patient and worker safety can benefit from the experience of those who have integrated their programs. Safety and health management systems give hospitals a common framework for managing risks that can affect patient or worker safety.

Many sources of patient harm, such as falls, disruptive behavior, and hospital-associated infections, can also harm hospital staff. The same tools, strategies, and business processes used in patient safety can be equally effective when applied to employee safety. For example, if your hospital is Joint Commission accredited, you may be able to adapt existing compliance monitoring tools and infrastructure to address occupational safety. A number of VPP hospitals use their “environment of care” rounds to monitor for conditions that could impact either patient or worker safety.²

Best practice examples from VPP hospitals

- Each shift at St. Vincent’s Medical Center (Bridgeport, Connecticut) begins with a “safety huddle” led by a senior hospital executive. All departments, including both medical and support services, are required to attend. Together they review any patient or associate safety issues or concerns, recognize “good catches” (near misses), and share updates on the status of any safety-related projects or initiatives—either in process or on the horizon. These daily exchanges, fostered in an open, no-blame environment, help create an atmosphere of trust and cooperation. They send a message to staff that management cares and is focused on safety.
- Lancaster General Hospital (Lancaster, Pennsylvania) has piloted an ultraviolet room disinfection robot that can reach every surface in a room and disinfect 30 rooms in a day. Use of the robots will protect both patients and staff from common hospital pathogens, such as influenza, norovirus, and methicillin-resistant *Staphylococcus aureus* (or MRSA), and will prevent exposure to hazardous chemical disinfectants.
- Laundry staff at Southern Ohio Medical Center (Portsmouth, Ohio) previously performed tasks that involved the repeated lifting of heavy loads of laundry, often in awkward postures. To reduce strains from lifting, the hospital ergonomics staff redesigned the laundry cart unloading area to incorporate a mechanical tipping system.
- Saint Thomas Midtown Hospital (formerly Baptist Hospital) (Nashville, Tennessee) monitors its staff’s cumulative radiation exposure using sensor badges clipped to the employees’ jackets. Doctors who work at multiple sites have their exposures tracked and monitored through the Multiple Employer Total Exposure Reporting (METER) program.

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Hospitals in VPP

OSHA's Voluntary Protection Programs recognize workplaces that demonstrate excellence in implementing an effective occupational safety and health management system. Fourteen hospitals have achieved VPP status:

88th Medical Group WPMC,
Wright Patterson AFB, Ohio

AnMed Health Medical Center,
Anderson, South Carolina

Blake Medical Center, Bradenton,
Florida

Conroe Regional Medical Center,
Conroe, Texas

Dauterive Hospital, New Iberia,
Louisiana

David Grant Air Force Medical
Center, Travis AFB, California

Fairbanks Memorial Hospital,
Fairbanks, Alaska

Lancaster General Hospital,
Lancaster, Pennsylvania

Lima Memorial Hospital, Lima,
Ohio

New Ulm Medical Center, New
Ulm, Minnesota

Robert Packer Hospital, Sayre,
Pennsylvania

Saint Thomas Midtown Hospital,
Nashville, Tennessee

Southern Ohio Medical Center,
Portsmouth, Ohio

University Medical Center at
Brackenridge, Austin, Texas

- At University Medical Center at Brackenridge (UMC Brackenridge) (Austin, Texas), all employees, including 100 percent of on-site contractor staff, receive high reliability safety behavior training.

Results

Hospitals participating in VPP report finding numerous synergies and efficiencies when they aligned and integrated their patient safety and worker safety programs. Examples of these benefits are shown below.

Reduced employee and patient injuries	UMC Brackenridge has experienced declines in both the total number of recordable employee injuries and serious patient safety events.
Reduced workers' compensation costs	Saint Thomas Midtown Hospital reported a \$600,000 reduction in workers' compensation costs in 2012. Annual workers' compensation costs for Blake Medical Center (Bradenton, Florida) are 30 percent lower than they are for other Florida hospitals managed by the same parent company, HCA.
Increased staff and patient satisfaction	Anecdotally, hospitals report both higher Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores and improved employee satisfaction indicators, such as low turnover and improved morale.

Changing the culture at UMC Brackenridge

With 363 beds and nearly 2,400 employees, UMC Brackenridge is part of the 11-hospital Seton network, owned and operated by Ascension Health, in central Texas. The graphs on the next page show what happened at UMC Brackenridge as it began adopting HRO principles and applying them simultaneously to patient and worker safety. The incidence of serious safety events affecting both patients and workers declined. The employee injury and illness rate went from 6.5 in 2009—close to that year's average for all private general medical and surgical hospitals (7.3)—to 4.9 in 2011, which was 28 percent below the industry average (6.8) for that year. Over the same period, the number of serious patient safety events per year also fell.

In 2012, following a comprehensive external review, OSHA recommended UMC Brackenridge for participation in VPP. The hospital's commitment to being a high reliability organization has helped make this possible—going beyond equipment and procedures to create a prevention-based culture of safety. In the process, UMC Brackenridge has seen that associate safety and patient safety are closely linked; in fact, associate safety and patient safety depend upon, and reinforce, each other.

Integrating Patient and Workplace Safety Programs

“The organizational culture, principles, methods, and tools for creating safety are the same, regardless of the population whose safety is the focus.”

– The Joint Commission.
Improving Patient and Worker Safety: Opportunities for Synergy, Collaboration and Innovation

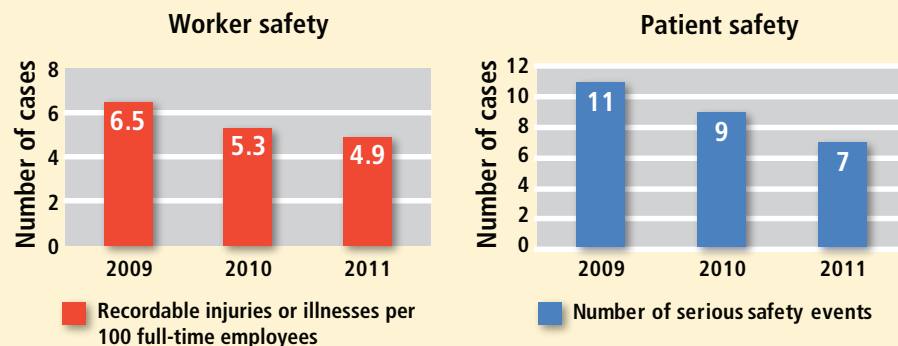
“Workplace safety is inextricably linked to patient safety. Unless caregivers are given the protection, respect, and support they need, they are more likely to make errors, fail to follow safe practices, and not work well in teams.”

– National Patient Safety Foundation, Lucian Leape Institute. *Through the Eyes of the Workforce: Creating Joy, Meaning, and Safer Health Care*

“Safety is safety. We don’t differentiate between patient and associate safety. We practice and encourage safety behaviors for both patients and associates. The behaviors we promote are exactly the same.”

– Kate Henderson, Vice President and Chief Operating Officer, UMC Brackenridge

Safety Improvements at UMC Brackenridge



Learn more

For more information about VPP and safety and health management systems, consult the following resources:

VPP home page: www.osha.gov/vpp

VPP Participants’ Association: www.vpppa.org

OSHA’s voluntary safety and health management program guidelines, issued in 1989:

- Fact sheet: https://www.osha.gov/OshDoc/data_General_Facts/vol_safetyhealth_mngt_.pdf
- Guidelines: https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=FEDERAL_REGISTER&p_id=12909

Safety and health management systems eTool: www.osha.gov/SLTC/etools/safety-health/index.html

Safety and health management systems fact sheet: www.osha.gov/Publications/safety-health-management-systems.pdf

Safety and Health Management Systems: A Road Map for Hospitals: www.osha.gov/dsg/hospitals

¹ Bureau of Labor Statistics, Case and Demographic Incidence Rates, private industry. In this figure, “hospitals” represents NAICS code 622, “Hospitals.”

² A comparison between VPP safety and health management system elements and the elements of performance found in related Joint Commission standards can be found at www.osha.gov/dsg/hospitals.

This document is advisory in nature and informational in content. It is not a standard or regulation, and it neither creates new legal obligations nor alters existing obligations created by OSHA standards or the Occupational Safety and Health Act.