

Worker Safety in Healthcare: A \$13 Billion Challenge



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WORKPLACE HEALTH AND SAFETY

Session Objectives

Describe the scope, magnitude and cost of healthcare worker injuries and illnesses in 2013

Identify conditions within healthcare that have led to recent OSHA scrutiny

Clearly articulate the case for safety culture in healthcare



Polling Question #1

More of the 134 million U.S. workers in 2013 were in

Healthcare ?	16.1 million
Retail Trade ?	15.1 million
Education ?	12.1 million
Manufacturing ?	12 million



Polling Question #2

Healthcare workers made up 12% of the 2013 U.S. workforce.
The majority were in

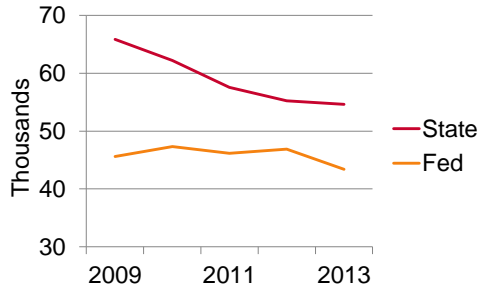
Nursing and Residential Care ?	3.4 million
Hospitals ?	6.1 million
Ambulatory Health ?	6.6 million
Physician offices (2.5 m)	
Home healthcare (1.2 m)	
Outpatient / ASC (.7 m)	
Other...	



Polling Question #3

With 12% of the 2013 U.S. workforce, healthcare accounted for what percentage of OSHA inspections that year?

- 3
- 11
- 16



Hospital OSHA Inspections

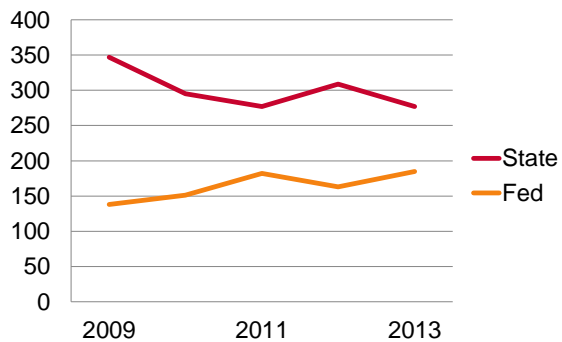
2013 (States)

277 at hospitals

2013 (Fed)

185 at hospitals

0.47% of inspections



Hospital worker population (4.6%) = 4,507 potential inspections



Nursing Care OSHA Inspections

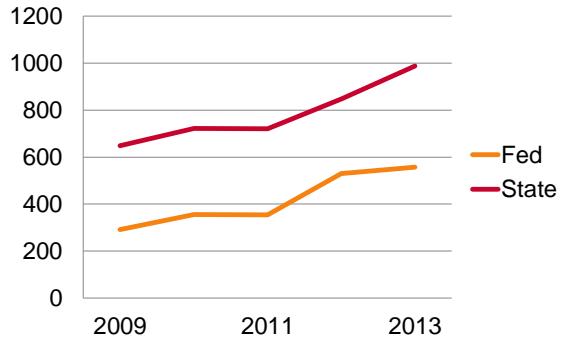
2013 (States)

988 at NCFs

2013 (Fed)

557 at NCFs

1.6% of inspections



Nursing Care worker population (2.5%) = 2,450 potential inspections



Ambulatory Health OSHA Inspections

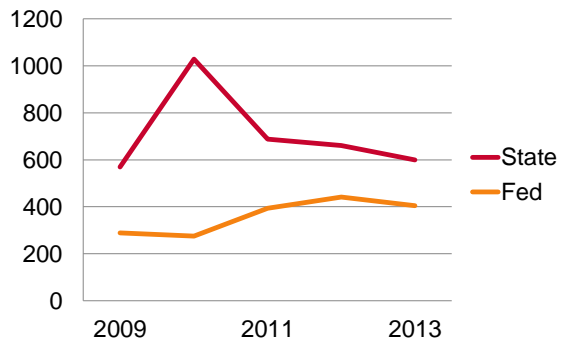
2013 (States)

599 at AHFs

2013 (Fed)

405 at AHFs

1% of inspections



Ambulatory Health worker population (4.9%) = 4,801 potential inspections



OSHA Inspection Priorities

8+ million covered workplaces

1 CO per 59,000 covered employees

Typically 1% of workplaces inspected yearly

OSHA prioritizes based on

Imminent danger

Fatalities and catastrophes

Complaints / referrals

Programmed

High injury & illness rates

“High-hazard”



Polling Question #4

You are more likely to be injured at work in

Transportation and warehousing ?

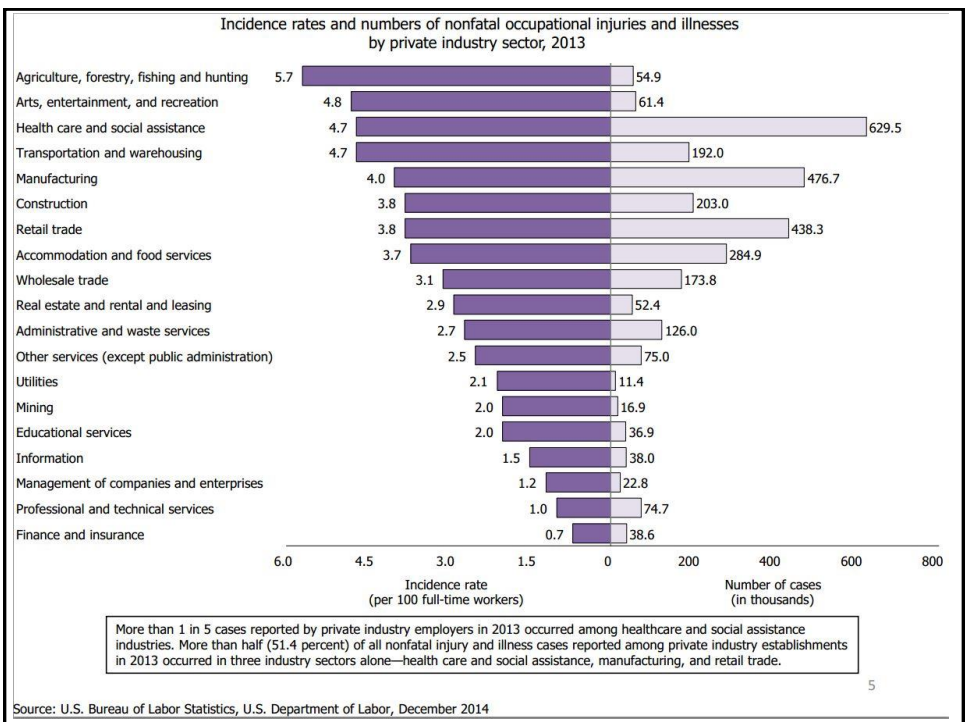
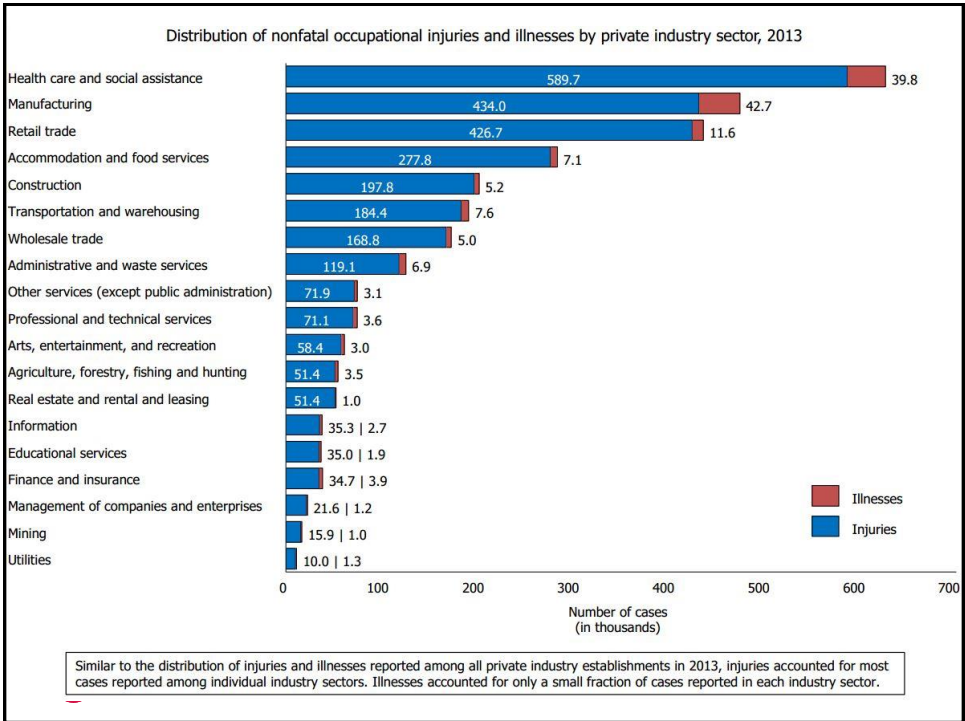
Healthcare & social assistance ?

Manufacturing ?

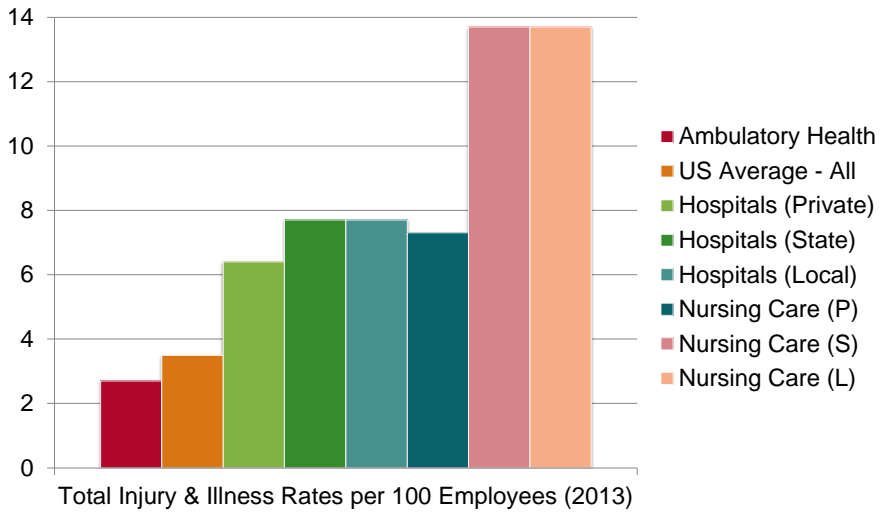
Construction ?

Mining ?

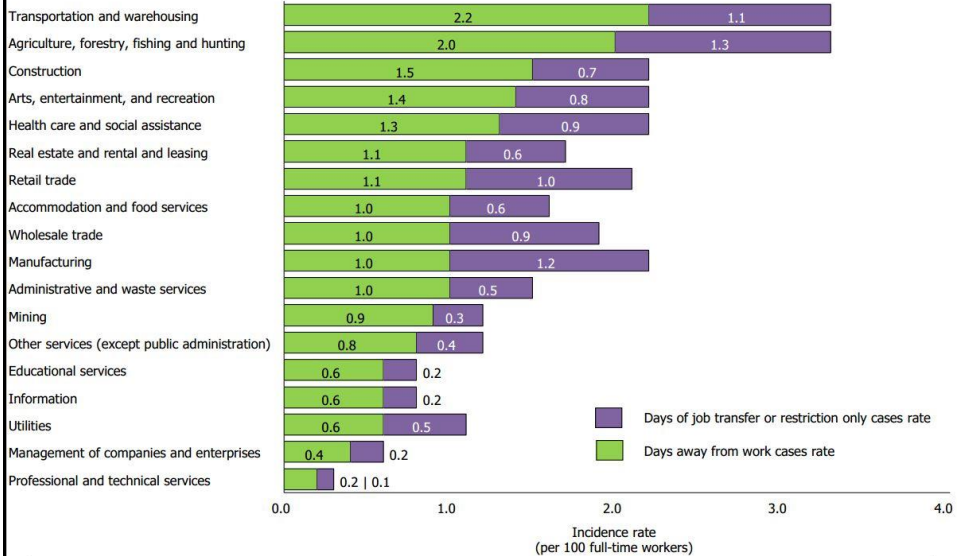




Healthcare Incidence Rates

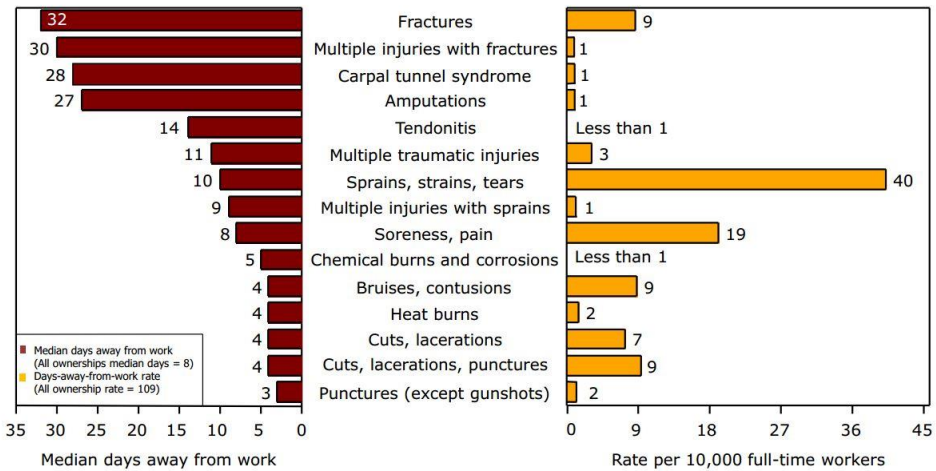


Incidence rates of nonfatal occupational injury and illness cases with days away from work, job transfer, or restriction, by private industry sector, 2013



The rate of job transfer or restriction only (DJTR) cases in the manufacturing industry sector has exceeded the rate of cases involving days away from work (DAFW) every year since 1998. Manufacturing remained the only private industry sector in 2013 in which the incidence rate of DJTR cases (1.2 cases per 100 full-time workers) exceeded the rate of DAFW cases (1.0); both of these rates declined in manufacturing by 0.1 case from 2012.

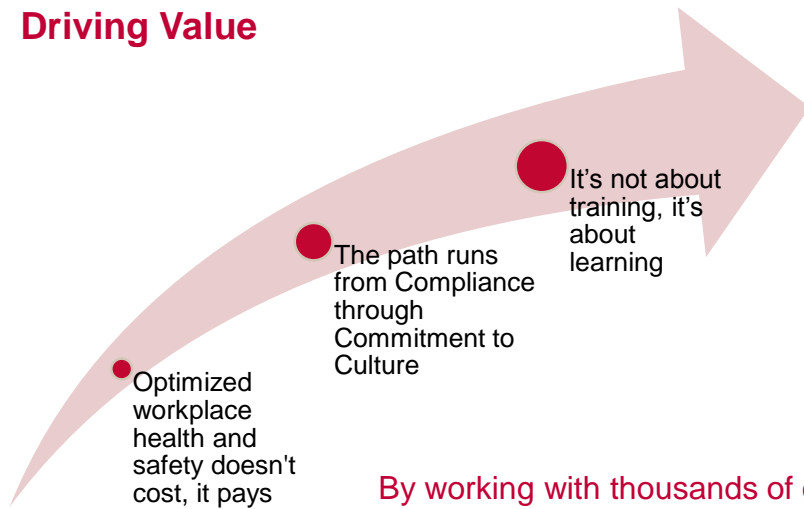
Median days away from work and incidence rate due to injuries and illnesses by nature, all ownerships, 2013



Source: Bureau of Labor Statistics, U.S. Department of Labor, December 2014

Chart 11

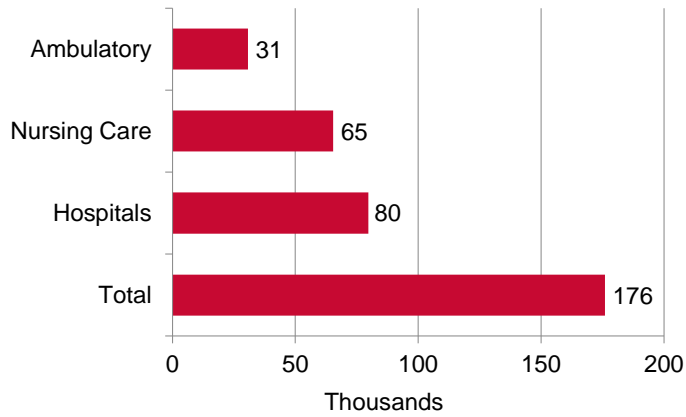
Driving Value



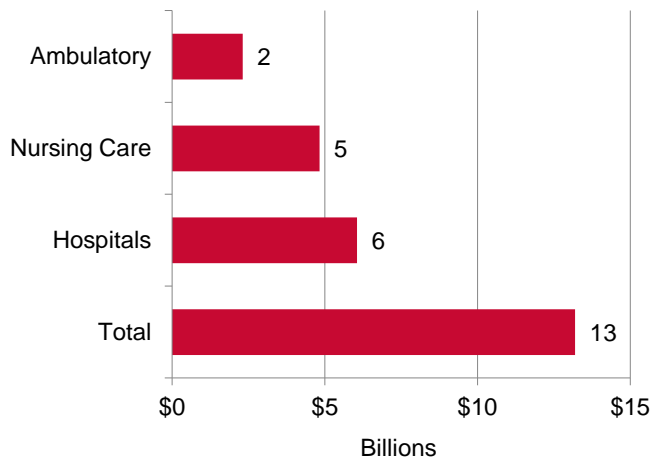
By working with thousands of clients, we've identified three significant principles common to successful workplace health and safety programs



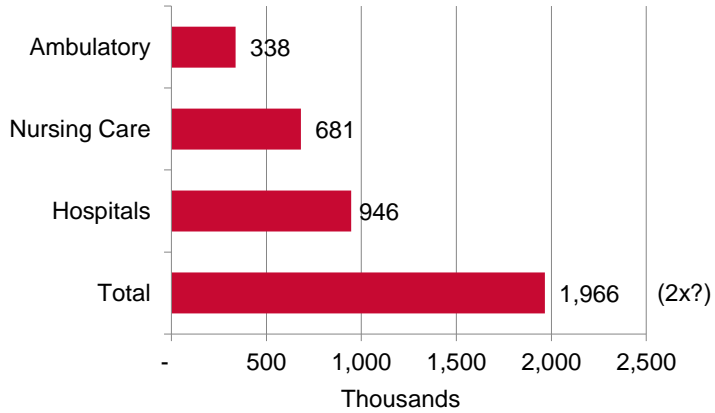
Lost-Time Cases (2013)



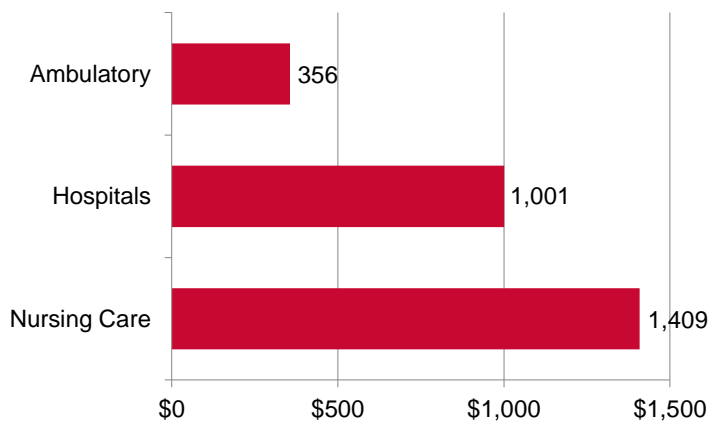
Lost-Time Injury Costs (2013)



Days Lost from Injuries (2013)



Lost-Time Cost per HC Worker (2013)



Profile of the Injured HC Worker

45-54 year old female

Ambulatory Health

22% out for 31+ days

1-5 years on the job

5+ for Hospitals

Hospitals

24% out for 31+ days

On duty 2-4 hours before injured

Nursing Care

Sprains/strains to backs

21% out for 31+ days

Overexertion

Patients, floors



Whistleblower Program

Line-item budget

Full-time Director

Budget increases

New staff

Higher visibility

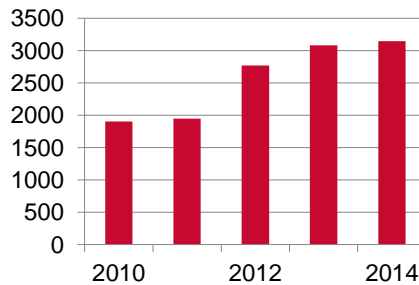
Web pages / posters

10 / 30-hour courses

Online complaint form

Penalties much higher

Cases



Ms. June Cholewin
Employee Health Nurse
Triumph Healthcare

This letter is in regards to the several discussions you and I have had over the lack of policies and procedures regarding "Isolation Precautions" and lack of training on these. This would also deal with the N95 mask that we are tested on for our respiratory protection but are not stocked in the patients rooms for use as needed with infectious diseases such as TB, SARS and HIV that we deal with on a regular basis. The types of mask that have been available have been only the Medline Basic Isolation or Standard mask that are not effective for these diseases nor have we been trained on. As we discussed I know that I have been directly exposed to these hazards due to the lack of proper and timely isolation signage on patients. On numerous occasions myself and others in the Rehab Department have worked with patients that have had no isolation signage of any kind, and had been cleared by nursing as having no Nosocomial hazards or infections, only to come back later and find airborne or droplet isolation precautions signage newly posted. I continue to fear for my safety and well being due to these discrepancies.

Due to the lack of information and training that Triumph is willing to give in dealing with these hazards, I would like to propose to you an OSHA training course specifically for healthcare that I have found that deals directly with these. Other issues that this course deals with that have also been problems I've seen are: PPE, proper use, don-doff as well as respiratory fit test, Bloodborne Pathogens, Fall Protection, Electrical Hazards, ergonomics and HazCom just to name a few.

I must say that in the last three weeks I have been receiving some retribution about and with my job due to concerns I have expressed with my supervisor about problems I see at work with these safety & health issues. This includes particularly the transportation of infected patients with isolation precautions limited to essential purposes, which does not include therapy. I am worried that my trying to work safely is getting me in trouble.

I really believe this 30-hour OSHA 511 would go a long way towards helping understand and resolve these and other OSHA issues. Please contact me as soon as possible to discuss this.

Thanks, Scott Scherer



Not a Joint Commission Issue

TJC standards overlap *some* OSHA requirements

Monitor "levels of hazardous gases..." (EC.02.02.01-10)

Safety Data Sheets (EC.02.02.01-11)

Label hazardous materials (EC.02.02.01-12)

Fire, exits, life safety (i.e., UL / NFPA)

A process to monitor, report, investigate injuries / illnesses (EC.04.01.01)

But not the most common hospital 2013 fed-OSHA violations

Bloodborne Pathogens

Electrical

Hazard Communication

LOTO



Recent OSHA Scrutiny

Site-Specific Targeting 2014 (SST-14) Inspection Plan

For FY2014

Based on 2011 DART rates (2012 survey)

Non-manufacturing (15+)

Includes healthcare (except Nursing & Residential Care)

2012 NEP

Nursing and Residential Care facilities

1,000 inspections (over 3 years)

DART > 5.3

Back injuries / BBP / workplace violence / slips, trips & falls



Recent OSHA Scrutiny

9,413 “outreach” letters

March 2013

13% (1,218) to healthcare

97.5% of those (1,187) to

Nursing & Residential Care

If DART > your industry average

Previously if > U.S. avg

Message?

Your rate is too high

Get help

You may get inspected

Posted at OSHA.gov



Nursing Care DARTs

Worst Performers (2011)

Perspective

Tucker, GA (2,970)

Atlanta, GA (143)

Kinsley, KS (41.5)

Lancaster, OH (41.4)

Billings, MT (38.6)

Grand Junction, CO (33.4)

Norwich, CT (33.12)

Boise, ID (32.1)

Farmington, CT (31)

Hamilton, TX (29.6)

State homes = 7.4

Local gov homes = 7.1

Private homes = 5.3

U.S. average = 1.9

Best 100 performers at 4.5 - 6



Recent OSHA Scrutiny

Region 4 REP (to 9/30/12)

ASCs / Emergency Care Clinics / Primary Care Medical Clinics

BBP / Sharps

NS injuries / patient Hep/HIV notifications

OSHA Healthcare RFI (May 2010)

Workplace-acquired infections are a “persistent problem”

“Lack of effort by healthcare employers” in tracking them

“A weak culture of worker safety in this sector...”

Seeking best practices on infection control

“...what action, if any, the Agency may take to further limit...”



HAIs / Nosocomials (RFI)

Infectious agents are “also transmitted from healthcare workers to patients”

“Preventing infectious disease among workers also will reduce exposure to their family members and to patients.”

“...among the leading causes of death in the United States.”

“...accounted for an estimated 1.7 million infections and 99,000 associated deaths in 2002.”

Revised to 722,000 / 75,000 (hospitals, 2011 CDC / NEJoM)



Polling Question #5

Healthcare-Associated Infections (HAIs) kill more people in the U.S. each year than

Motor vehicles and firearms

Melanoma, AIDS, workplace fatalities and foodborne illness

All of the above



75,000 HAI fatalities per year in acute care hospitals (only)

Compare U.S. fatalities from other high-profile causes

33,561 from motor vehicles

13,834 with AIDS diagnosis

11,208 firearm homicides

9,710 from melanomas of the skin

4,405 fatal workplace injuries

3,000 from foodborne illness

= 75,718



Real Safety Culture

Organization-wide commitment to safety -- *period*

Continuous improvement / visibility

“Measure what matters”

Focus on leading indicators

Early reporting of risks

Prevention

Eliminate fear of reprisal for reporting

Ongoing learning as a key prevention tool



Healthcare Safety Culture does what?

- ✓ Links worker / patient safety
- ✓ Lowers injury / illness rates, HAIs
- ✓ Increases Productivity / Morale
- ✓ Increases Situational Awareness
- ✓ Reduces Risk / Lower Costs
- ✓ Improves Processes / Patient Care



What Safety Culture is *not*...

A policy / program / procedure

Distinct from organizational culture

Implemented overnight

A punishable mandate

Beatings will continue until morale improves

Fire the “unhappy people”

“Injuries are a violation of our safety policy”

“What was the employee doing wrong when injured?”



The Case for Safety Culture

OSHA sees healthcare as poor safety performers

Lack of visibility marginalizes OSHA within HC

Emphasis programs / targeted inspections
OSHA “still reviewing” 502 RFI comments

Numbers make the case

16.1 million employees / thousands of worksites
High incidence / HAI rates
\$13 billion on injuries in 2013 (2+ million lost work days)
Little or no relation to OSHA citations

Not a Joint Commission issue

This is about building a sustainable culture of health and safety



Discussion?



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Clearly articulate the case for safety culture in healthcare

