Using Data to Improve Your Employee Safety

Eric Bacigal, MS, CHSP

Henry Ford Health System

Who is HFHS

- Henry Ford Health System is a Michigan based Health System headquartered in Detroit
- Roughly 30,000 employees
- 5 Medical Hospitals
- 2 Behavioral Hospitals
- Over 100,000 hospital admissions and 3.77 million outpatient visits
- Founded in 1915 by auto pioneer Henry Ford
- HAP – provides health coverage to more that 675,000 members

Disclaimer

- This is still a work in progress!

Question -

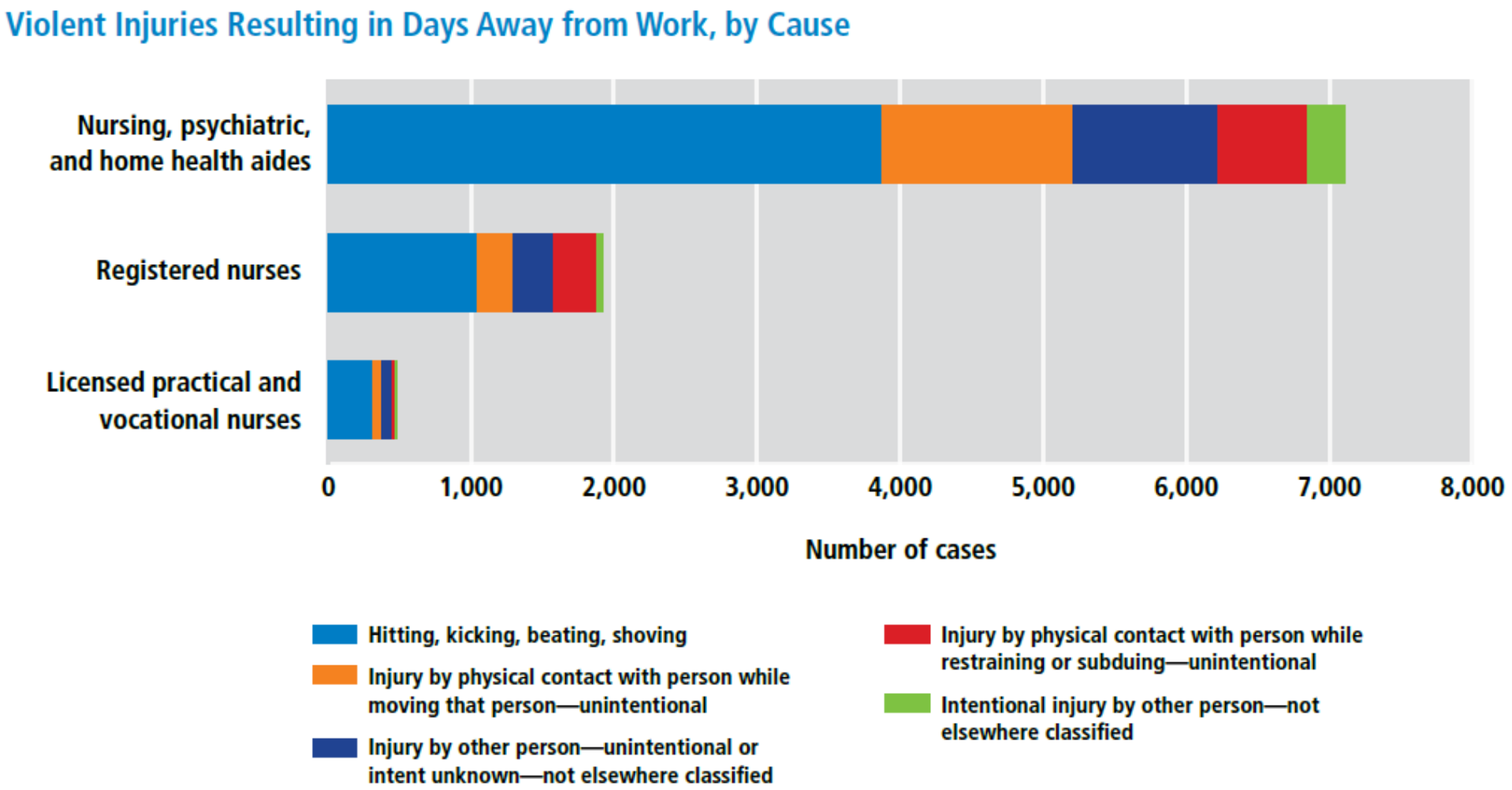
- Break into groups of 3
- Take 2-3 minutes to answer this question.
- What do you see as the greatest challenge facing the workforce in Healthcare from an employee safety perspective today?

Do you think about getting injured when coming to work in the morning?

- In 2013, the Bureau of Labor Statistics reported that more than 23,000 workers suffered significant injuries from being assaulted at work
- More than 70 percent of these assaults were in the healthcare and social service settings
- Healthcare and social service workers are almost four times more likely to be injured as a result of violence in the workplace than the average private sector employee

BLS, 2013

According to BLS, 2013 data



To Put this into Perspective

- In 2013, the broad “healthcare and social assistance” sector had 7.8 cases of serious workplace violence per 10,000 full-time employees Other large sectors such as construction, manufacturing, and retail all had fewer than two cases per 10,000 full-time employees

- Data Source: Bureau of Labor Statistics data for intentional injuries caused by humans, excluding self-inflicted injuries

Video Clip

- https://www.youtube.com/watch?v=P0h_EvSqc5Y

Why is Healthcare at Risk?

Workplace Violence Risk Factors

- Working with people who have a history of violence or who may be delirious or under the influence of drugs
- Lifting, moving, and transporting patients
- Working alone
- Lack of training and policies for staff
- Understaffing in general, and especially during meal times and visiting hours
- High worker turnover
- Inadequate security staff

- Source: OSHA, Workplace Violence in Healthcare

Why is Healthcare at Risk?
Workplace Violence Risk Factors

- Long wait times and overcrowded waiting rooms
- Unrestricted public access
- Lack of means of emergency communication
- Presence of firearms
- Working in neighborhoods with high crime rates

- Source: OSHA, Workplace Violence in Healthcare

Other Factors Specific to Healthcare

Culture

- Caregivers feel a professional and ethical duty to “do no harm” to patients
- Some will put their own safety and health at risk to help a patient, and many in healthcare professions consider violence to be “part of the job.”
- Healthcare workers also recognize that many injuries caused by patients are unintentional, and are therefore likely to accept them as routine or unavoidable
- Unwillingness among healthcare workers to stigmatize the perpetrators due to their illness or impairment

- Source: OSHA, Workplace Violence in Healthcare

These Numbers are Conservative

- While some data are available for other violent incidents, surveys show that many incidents go unreported, even at facilities with formal incident reporting systems
- According to OSHA, reasons for underreporting include:
    - Lack of a reporting policy
    - Lack of faith in the reporting system
    - Fear of retaliation

Findorff, M.J., McGovern, P.M., Wall, M.M., and Gerberich, S.G. 2005. Reporting violence to a health care employer: A cross-sectional study. AAOHN Journal. 53(9): 399–406

Metrics

Where Do You Even Begin?

- No system wide common platform from which to pull and understand Employee Safety Opportunities
- No single system being utilized across the system to standardize consistent data collection
- How do we compare performance between hospitals?
- What should our benchmarks be?
- Employee Safety is Counter-Cultural in Healthcare

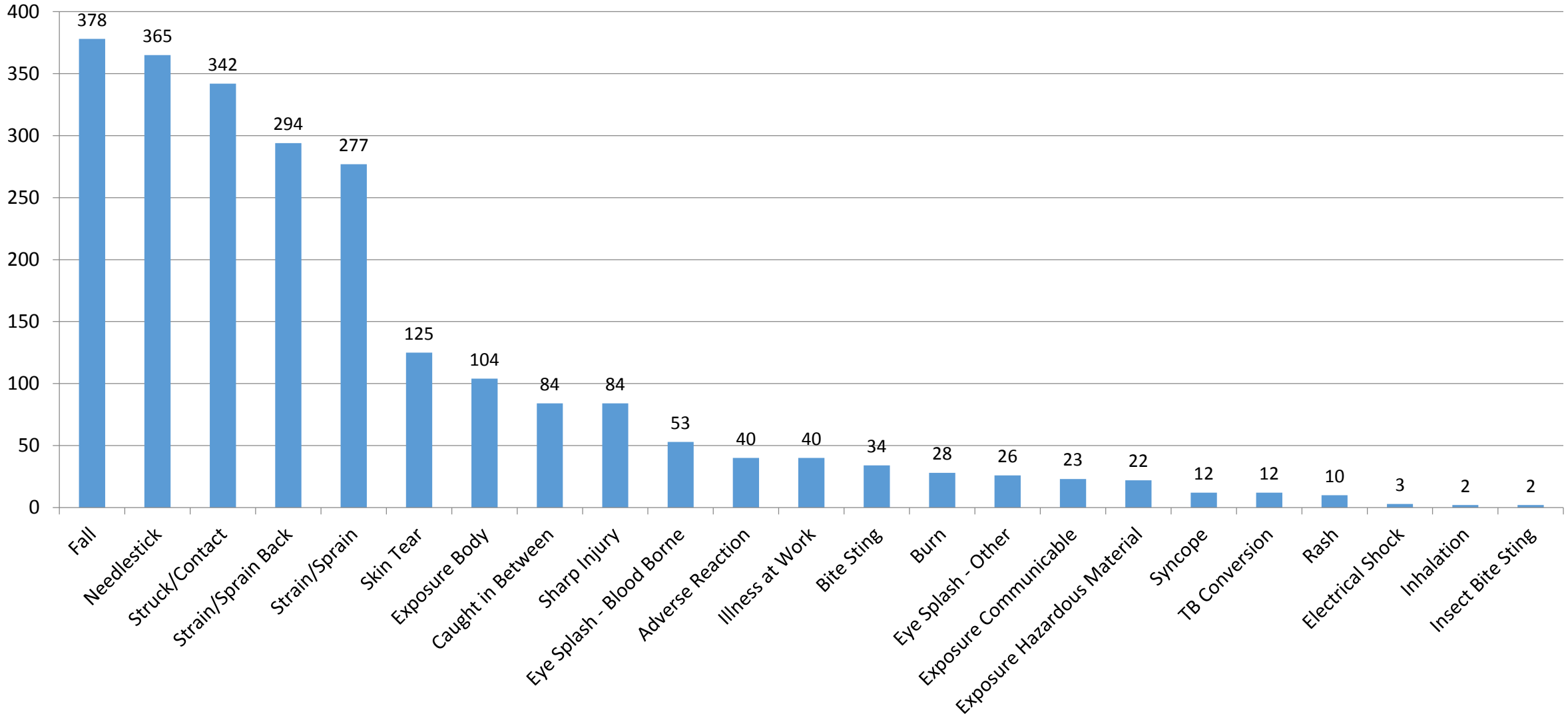
Opportunities

- Reviewed the various data bases managing employee safety events and established a consistent platform as well as data gathering techniques and metrics

- Leadership and employees are unaware of Employee Safety, what roles each plays in addressing current injuries and preventing future one

- Safety Officers are located at each business unit, however, there is no coordination of efforts, no strategic alignment, nor any reporting structure that supports them from a system perspective

Review of 2011 Employee Injuries System Wide



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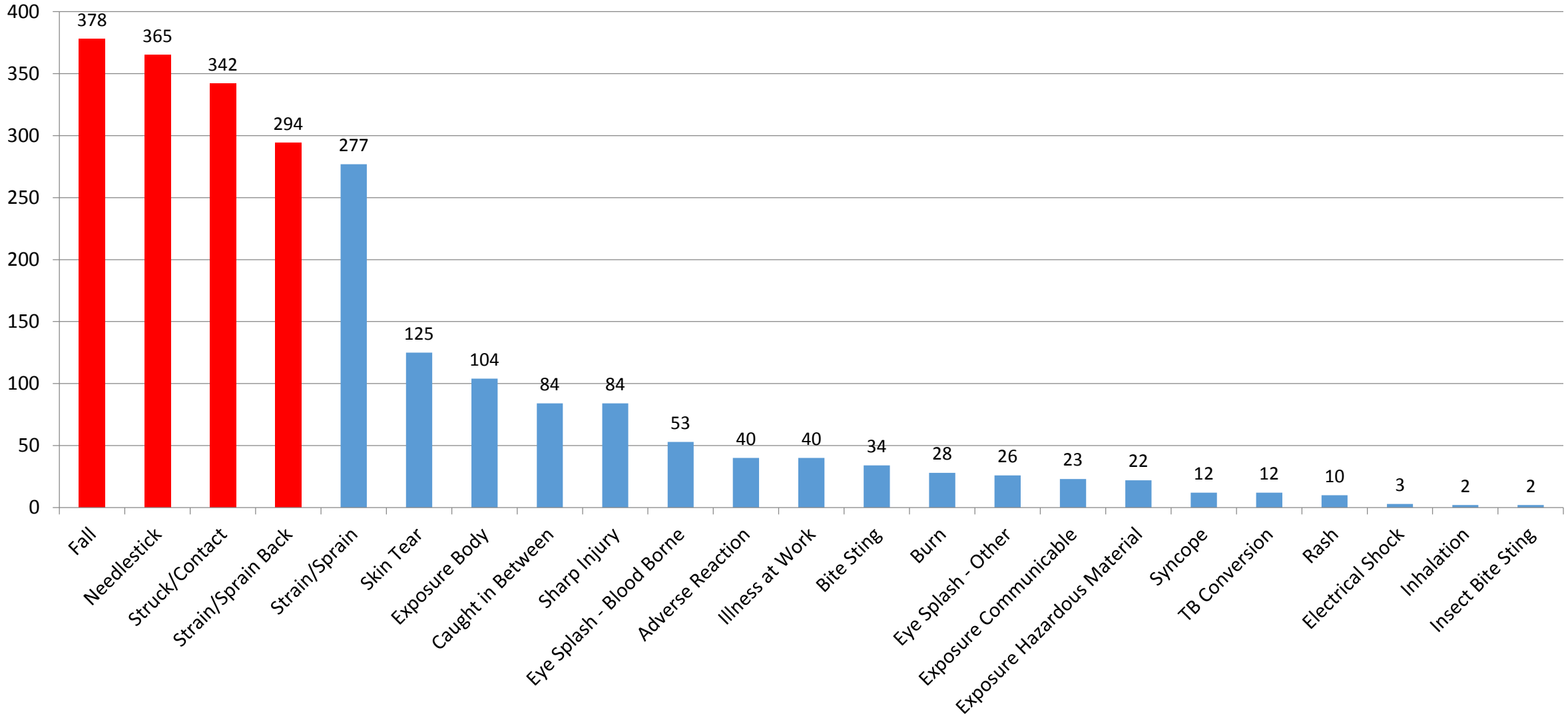
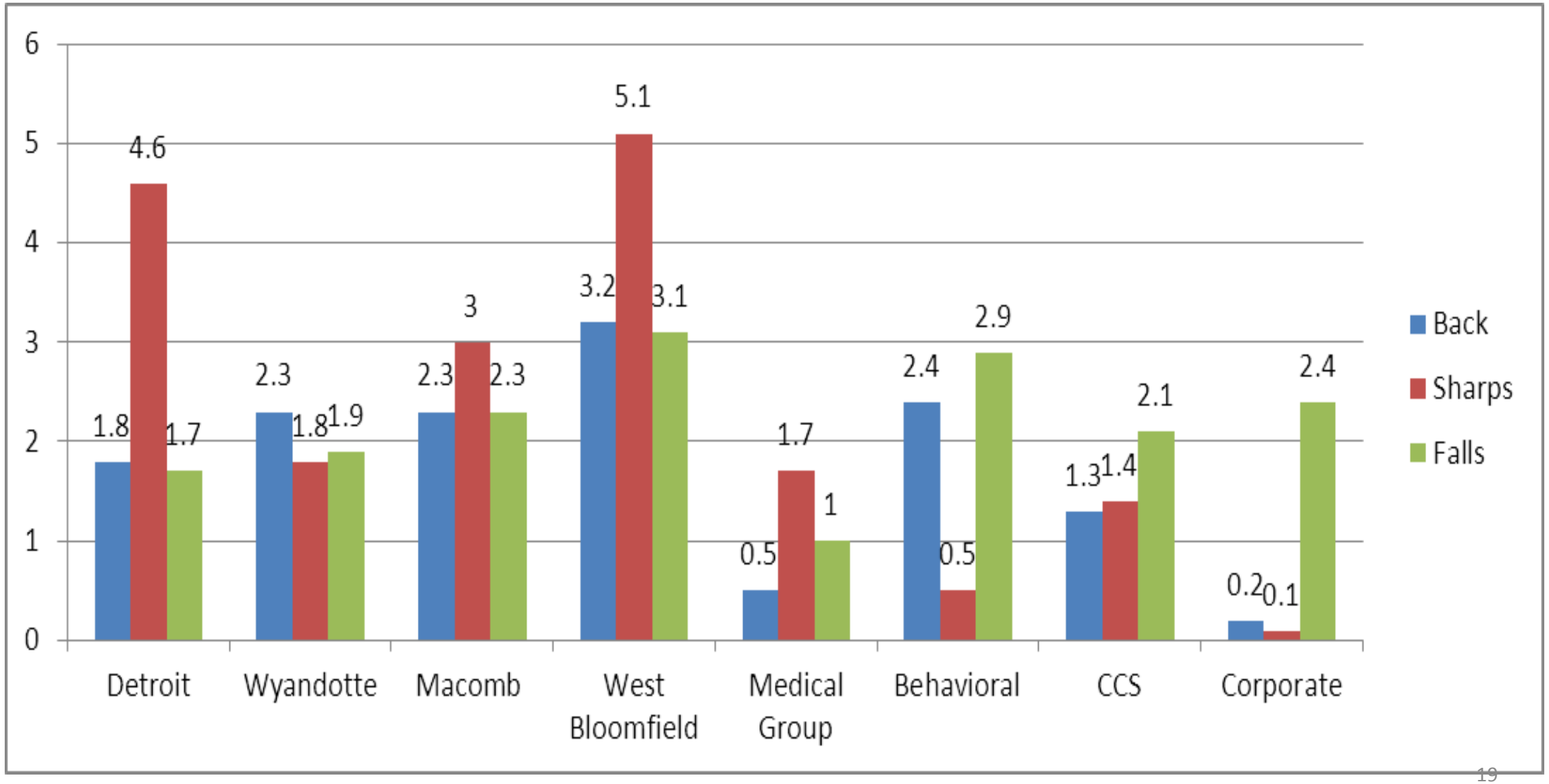


Frequency Rate

- Bureau of Labor and Statistics,(BLS), Frequency Rate will show the #of injuries per 100 employees.

  The Formula:
  # of injuries X 200,000 (40 hours X 50 weeks x 100)/ employee hours worked

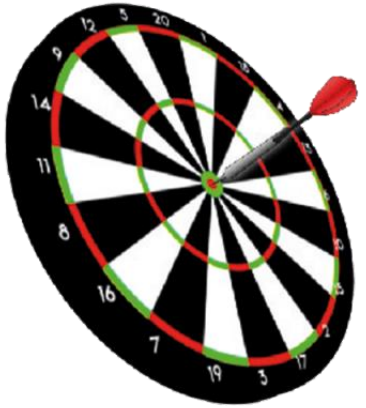
Frequency Rate of Trips/Falls, Backs and Sharps by Business Unit (Per 100 Employees)



Two Other Metrics

DART Rate

- What is it?
  - A mathematical calculation that describes the number of recordable incidents per 100 full time employees that resulted in *lost or restricted days* or job transfer due to *work related injuries or illnesses*



IIR (Illness Injury Rate)

- What is it?
  - A mathematical calculation that describes the number of recordable incidents per 100 full time employees in any given time frame

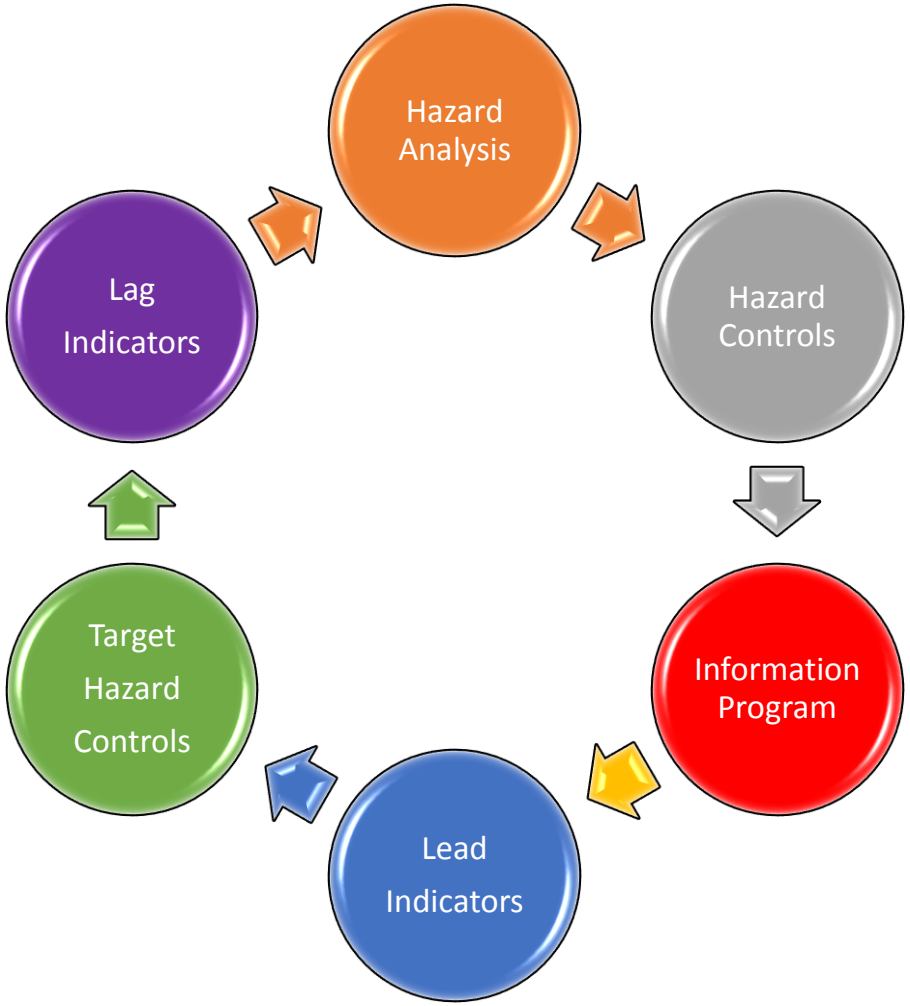
National Benchmark

- Bureau of Labor Statistics

	DART Rate	IIR (Injury Incidence Rate)
Hospital	2.4	6.0
Ambulatory	0.9	2.4

What to do

Full Circle Program



- Healthbeat, July 2016

Data is Not Enough

1. Hazard Analysis – Identify by department what your hazards are
2. Hazard Controls – What controls need to be in place to address the hazard
3. Information Program – Remind staff of the hazards in safety huddles for example
4. Lead Indicators – Validate that safe behaviors are being practiced
5. Targeted Hazard Controls – Adjust your controls based on what you learn from your lead indicators
6. Target Investigations around Lagging Indicators – What injuries continue to occur?

Workplace Violence

Multi-faceted Approach

- At the very least, you should consider:
  1. If you do not already have one, then create a Workplace Violence Prevention Policy and Program

     - Assessing violent hazards (typically patient or family member toward care giver)
     - Preventing or controlling the hazard
     - Reacting to the violence (post event)
     - Documented training
     - Reporting events

- Pulled from MIOSHA

Multi-faceted Approach

2. Means for identifying and analyzing the risk (past behavior)

    - Triggers
    - Type of violence (severity, pattern, etc.)
    - Means of gathering and recording data (ie: what worked in the past)
    - Develop a system to identify patients with potential for violence (consider your EMR)
    - Communicate, communicate, communicate so employees know what to do and how to update system

Multi-faceted Approach

3. Safety of the Staff – Role of Security

   - Personal alarm devices (especially in high risk areas)
   - Minimum of two-person staffing at high risk security posts
   - Consideration of alternative (non-lethal) approaches to addressing escalated behavior
   - Mobile trained security staff to increase walk around presence

4. Other Safety Considerations
   - A process to rotate staff members who may be targeted by repeat violent patients or who were involved in an altercation
   - Vary employee check-in/check-out times with different routes

Multi-faceted Approach

5. Training

- Provide training for staff in self-defense (ie: How to deflect a blow or get out of a hold)
- Provide de-escalation training – how to recognize body language, increased agitation and what to do to assist in de-escalating behaviors to avoid an event
- Consider utilizing an external vendor (such as Crisis Prevention Institute (CPI) or Escaping Violent Encounters (EVE))
- Suggest customizing training based on role of employee (ie: security and employees in the ED and/or in a Behavioral setting)

Post Workplace Violent Event

- Resources

1. Employee Assistance Program
2. Post Crisis Response Team
3. Legal
4. Security and assistance in filing charges or placing a restraining order
5. Hazard Plan – evaluate why the injury occurred and how to redesign facilities and/or processes to avoid future injuries
6. Communication Plan – consider developing a workplace safety survey or implementing a hotline

House Bill No. 5592

- Amends section 91d of the Michigan penal code (1931 PA 328)
  - An individual who assaults, batter, wounds, or endangers a Health Professional who the individual knows or has reason to know is performing his or her duties is guilty of a felony…
  - OR – causing a bodily injury requiring medical attention or medical care to that person or Health Professional….
  - OR – causing the death of that person or Health Professional is guilty…

Other Resources

- **Workplace Violence Prevention Resources**
- OSHA's Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers describe the five components of an effective workplace violence prevention program, with extensive examples. See www.osha.gov/Publications/osha3148.pdf

- Preventing Workplace Violence: A Road Map for Healthcare Facilities expands on OSHA's guidelines by presenting case studies and successful strategies from a variety of healthcare facilities. See www.osha.gov/Publications/OSHA3827.pdf

- Workplace Violence Prevention and Related Goals: The Big Picture explains how you can achieve synergies between workplace violence prevention, broader safety and health objectives, accreditation, and a "culture of safety." See www.osha.gov/Publications/OSHA3828.pdf