



# Hospital and Worker Culture of Safety – Key Strategies for Success



**Washington State Hospital Association**

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# Hospital and Worker Culture of Safety

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### **Recognition to the following organizations for collaboration and support in reducing hospital worker injury:**

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EFFORTS LIKE THIS PROJECT ARE PUSHING AWAY AT THE CULTURE OF COMPLACENCY AND CHALLENGING US TO FIND BETTER AND BEST PRACTICES FOR CARE RATHER THAN SETTling FOR DOING WHAT WE'VE ALWAYS DONE, STAYING WITH THE STATUS QUO. THANK YOU FOR THE OPPORTUNITY TO BE A PART OF THIS PROGRAM, PUSHED TO DISCOVER A BETTER WAY TO BE AND TO BE ENCOURAGED TO CONTINUE CHALLENGING THE AREAS WHERE WE MAY BE COMPLACENT.

- Janet Ihle, Columbia County Health System

## Executive Summary

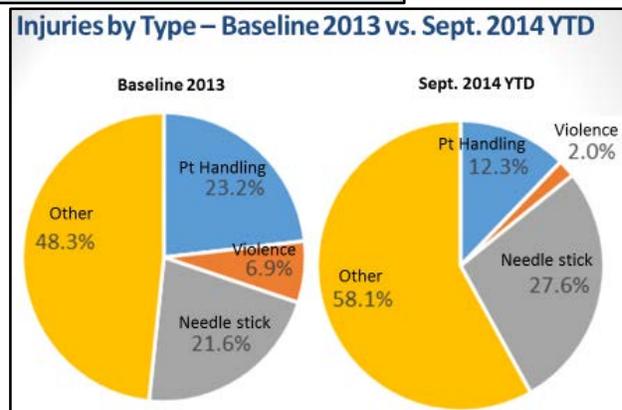
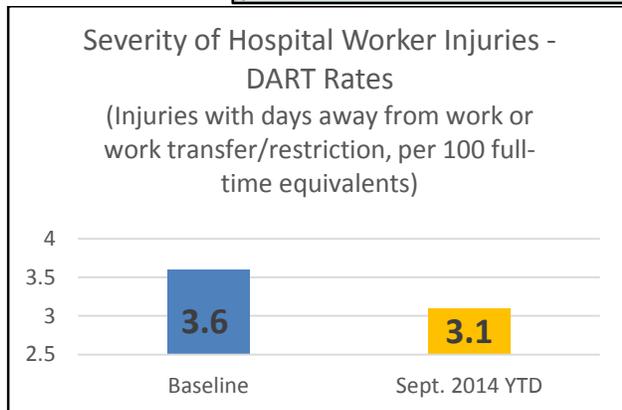
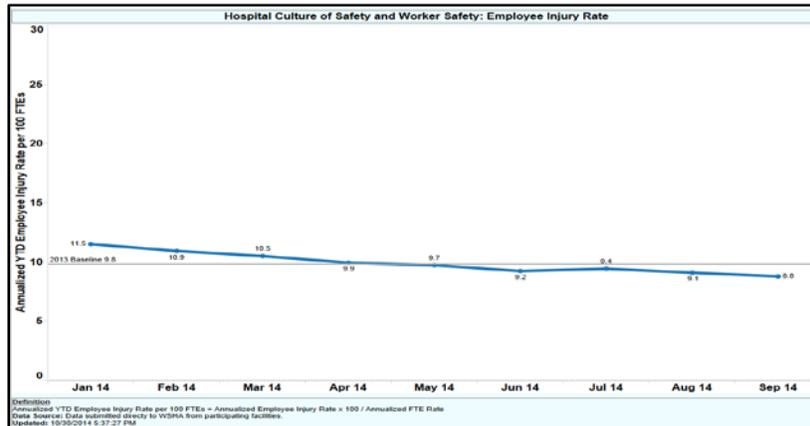
The rate of worker injury in hospitals is higher than in manufacturing or construction, and nearly double the injury rate of private industry overall. In particular, the rate of musculoskeletal injuries from overexertion among healthcare workers is twice the rate among all occupations. Hospitals also have one of the highest rates of lost work days in all of private industry.<sup>1</sup> Annually, hospitals in the U.S. spend about \$2 billion on workers' compensation, in addition to costs for staffing coverage, turnover, and other effects of worker injury.<sup>2</sup> Creating a safer workplace for hospital workers also improves patient safety.<sup>3</sup>

The Washington State Hospital Association (WSHA), through its contract with the Centers for Medicare & Medicaid Services on Leading Edge Advanced Practice Topics (LEAPT), worked with 9 hospitals to implement a multi-faceted, systematic approach for creating a strong infrastructure for worker safety. This included testing the use of an [Executive Rounds for Safety Bundle](#) for promoting a culture of safety and a [Safe Patient Handling Bundle](#) for reducing worker injury. While safe patient handling was emphasized, the strategies in the bundles could be used for addressing any type of worker injury.

### RESULTS

**In under a year, the LEAPT hospitals:**

- ✓ **Reduced the rate of injuries to their workers by 10%.**
- ✓ **Reduced the severity of injuries by 14%.**
- ✓ **Reduced the proportion of all injuries that were caused by patient handling by 50%.**



(See [Hospital & Worker Safety Metrics Definitions Sheet](#) for more detail.)

## What Did We Learn?

LEAPT hospitals credited their success to **increasing avenues for communication** about worker safety. Improvements to safety equipment and training were also valuable.

### Do this:

- Start with a [gap analysis](#) of your current worker safety program.
- Done right, [executive rounds for safety](#) can increase awareness of worker safety as a priority issue across all levels of staff and lead to identification and elimination of many specific safety hazards.
  - Follow up on issues raised during rounding must be communicated to staff so they believe their input is valued.
  - Develop systems for documenting information collected during rounding, and on follow up needed and completed. Designate time for rounding and follow-up – this will help you sustain your program.
    - Aim to do rounding at shift change to catch the most staff. Remember to get input from night shift workers – they may face different safety issues.
- Use interactive **worker engagement** programs that emphasize fun, such as contests, to involve hospital workers in safety promotion.
  - If read, newsletters and bulletin boards can spread worker safety messages. Having workers appear in posters or other safety promotion materials helps capture the attention of their colleagues.
- Institute **unit-based safety champions** to provide coaching on safety practices, serve as a point person for communicating safety issues, and otherwise support your safety program. Provide adequate support as they establish their role.
- Increase the impact of your **Safe Patient Handling Committee** by ensuring its collaboration with other committees, such as Safety or Environment of Care. Consider having committee members serve as champions back in their own departments.
- Use daily departmental [safety huddles](#) that address both patient and worker safety issues.
- **Use OSHA log data** to track worker injury – it's convenient, but keep in mind that it does not capture injuries non-employee workers in the hospital.
- **Devise tracking systems** for recording incidents, including injury to non-employee workers, and findings from safety audits to enable more complete hazard identification. These can combine tracking of worker and patient safety issues.
- **Ensure collaboration between departments**, such as Human Resources, Employee Health, and Workers Compensation offices, to get accurate and complete data on employee injury. Discrepancies may exist between the numbers of injuries recorded in different documentation systems.

### Don't do this:

- **Worry if it takes of up to a year** before programmatic changes that improve safe patient handling practices result in reduced rates of injury. Musculoskeletal injuries from patient handling are often the result of repeated strain over time.
- **Assume your safety equipment is up to date.** Assess equipment needs based on current patient population, particularly where there is an increase in bariatric surgery patients or other larger or

less mobile patients. Make sure your existing equipment is in good repair and stored where easily accessible.

- **Forget to update your safety training practices.** Trainings on using safety equipment should be offered repeatedly for infrequently used equipment to maintain staff competency. Competency checklists help identify if workers are able to perform key tasks after being trained. Making managers accountable for worker training attendance institutionalizes worker safety as a priority of equal importance to patient safety.
  - Training staff to use equipment in the environment where they actually work (patient rooms) is ideal.
  - Training may need to explicitly address workers' perceptions that they need to work quickly and that asking for help is problematic, as these are barriers to use of safe practices.
  - Trainings for managers on how to properly report and follow up on injuries, and how to positively reinforce safety practices including hazard and incident reporting, may be needed.
  - Training staff on protocols for routinely assessing patients' mobility and capacity to cooperate with safe patient handling practices could lead to safer worker decisions about how to move patients.

## References

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## Tools and Resources

See WSHA's [Hospital and Worker Culture of Safety resource webpage](#) for a full set of tools, resources and helpful links.