Overcoming Barriers To Implementing Ergonomics Programs In Healthcare: Case Studies From The Field

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Session Objectives

- Define the labor, management -government collaboration used to address health care ergonomics related issues in Oregon

- Identify common challenges to implementing ergonomics program in health care

- Identify strategies to overcome these challenges
The Oregon Coalition for Health Care Ergonomics (OCHE)

OCHE Mission:
To improve healthcare employee and consumer safety by promoting ergonomics best practices across the continuum of care (August 2003).
The OCHE Member Organizations

- Oregon OSHA
- Associated Oregon Industries
- The Labor Education and Research Center, University of Oregon.
- Oregon Association of Hospitals and Health Systems
- Oregon Federation of Nurses & Health Professionals 5017
- Oregon Health Care Association
- Oregon Nurses Association
- SAIF Corporation
- OCHE Member at Large (VA nurse)
- Oregon chapter of American Occupational Health Professionals
- Representative for Physical Therapists
OCHE Projects Overview

- CNA curriculum changed to promote training re safe patient handling
- Supported development of training materials for patient handling and care tasks
- Presentations by OCHE members about the coalition and health care ergonomics made at various professional conferences in Oregon and other states.
- Professional liaisons with other organizations interested in prevention of WRMSDs in health care, e.g., the VA Patient Safety Center, Tampa, FL.
- Support of OCHE member organizations ergonomics and safety projects
OCHE Objectives for 2005/2006

- Health care ergonomics 2006

- Develop a Center of Excellence for HealthCare Ergonomics and SPH in Oregon in Long Term Care (LTC)
  We are currently exploring partnership with the Governors Healthcare Workforce Initiative Task Force

- Facilitate LTC involvement in healthcare ergonomics issues– round table discussion/forums

- Survey Acute and LTC facilities re ergonomics and SPH programs
OCHE Objectives for 2005/2006

- Work to change RN education curriculum
- Work to develop resource website/LISTSERV
- Add a physician and others to the coalition
- Individual member organizations are developing training that furthers awareness and/or conducting research that adds to the evidence base of best practices in SPH and ways to address ergonomics issues in non-direct patient/client care tasks.
- Continue collaborative partnerships within and beyond the OCHE to develop evidence based activities that reduce the incidence of WRMSDs, improve patient safety and benefit the business of health care in Oregon
Information Presented Collected From:

- Direct work with 12 acute care facilities
- ONA members
- OCHE members/organizations
Ergonomics Related Issues in Health Care

Organizational Culture & Work Systems

Patient Care & Handling

Patient Care Units
Emergency Room/EMS
Clinics/Rehab
Radiology
Surgery
Morgue
Home Health/Hospice

Manual Material Handling

Patient Care Units
Housekeeping Facilities Maintenance
Laundry
Food Services
Sterilization Svcs.
Deliveries

Workstation Design

Patient Care Units
Computer workstations
Lab
Office
Pharmacy

Equipment & Tool Design

Patient Care Units
Surgery
Radiology
Pharmacy
Facilities Maintenance

Work Organization
Facilities Layout & Environmental Issues
Controls & Displays – Human Error
The Challenge of Competing Issues & Limited Resources In Health Care

- Reimbursement
- Nursing recruitment & retention
- JCAHO/ EoC requirements
- Environmental regulations
- Infection control
- Litigation and malpractice
- Indigent care
- Increasing competition for customer segments

- Changing patient population
- Patient Safety
- Shiftwork & overtime
- Bioterrorism
- Facilities Design
- Aging workforce
- Physical job demands
- Cognitive job demands
- Culture & norms of professional groups
- Workplace violence
- Workplace stress
Components of Successful Safe Patient Handling/Ergonomics Programs

- Management Commitment
- Employee Involvement
- Program Management
- Worksite Analysis
- Hazard Prevention & Control
- Education & Training
- Medical Management
Safe Patient Handling/Ergonomics Program Goals

- Reduce the incidence and severity of musculoskeletal injuries in nurses and other health care employees

- Create a culture of safety and empower health care employees to create safe working environments

- Address ergonomics and safety issues proactively

- Improve quality of care and patient safety
Challenge: Obtaining Initial and Ongoing Management Commitment

- Lack of awareness of the injury risk associated with manual patient handling and some job tasks performed by support services and officer personnel

- Competing financial, resource and regulatory demands ++++

- Lack of understanding re business/financial impact of WRMSDs on organization’s profit margin and operations
Approach to Obtaining Initial and Ongoing Management Commitment

- Must identify accurate direct and indirect cost of WRMSDs (cost of overtime, premium shifts, agency staff usage) and relate impact to facility operations and profit margin

- Link program and solutions to:
  1. Patient safety & satisfaction, e.g. patient falls during transfers (JCAHO focus 2007) or related to poor facility design
  2. Staff retention (harder to do)

- Use business program plan approach

- Provide ongoing research data re ergonomics activities in health care (evidence based)
Profit Margin Impact Analysis
ABC Hospital Injury Data

Top 5 claims-past 4 years WRMSDs
(patient handling & repetitive motion)

= $332,351 Direct Costs Only

Est. profit margin 4%

Amount of reimbursement needed to offset the cost of these claims

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\frac{332,351}{0.04} = 8,308,775
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Challenge: Obtaining Ongoing Employee (User) Involvement

- Competing demands (patient care, regulatory
- Staffing shortages
- Work force norms, culture and language
- Ergonomics is another ‘Another flavor of the month’ or ‘They never ask us’ or ‘Our input is not valued’
- Lack of awareness re ergonomics solutions such as patient handling equipment
Approach to Getting Employees (Users) Involved

Participation in:

- Ergonomics and safety program planning committees
- Ergo teams to identify and address hazards
- Choosing, implementing & evaluating solutions
- Root cause analysis of WRMSDs
- Education to increase awareness of evidence based ergonomics solutions, etc.
Who Should Participate in Ergonomics Program Activities?

- Employees (End-Users)
  - Patients & Families
- Outside Resources
  - e.g. insurance carrier
- Training Personnel
- Safety, Health, EC and IC Personnel, Other Patient Care Grps
- Labor Org.
- Management Supervisors
- Ergonomics Specialists
- Human Resources
- Health Care Providers (internal & external)
- Physical & Occupational Therapists
- Maintenance/Facilities Designers/Housekeeping

ERGONOMICS PROGRAM
Challenge: No Program or Project Management

- Lack of knowledge re program and project management
- No program facilitator or coordinator
- Poor documentation and tracking of programs
- Poor communication tools
- Staff, units, depts. and facilities work as ‘Silos’
Approach to Facilitating Effective Program or Project Management

- Develop a Ergonomics or Safe Patient Handling program plan. i.e., the Program Road Map
- Choose a program coordinator with good communications skills and knowledge of current and future health care and business issues
- Provide education and training in program and project management
Approach to Facilitating Effective Program or Project Management

- Use a multidisciplinary approach
- Involve labor organizations
- Provide unit based SPH or injury prevention coaches
- Use a quality improvement approach and link activities to JCAHO QIP initiatives
Challenge: Lack of Focused & Accurate Worksite Analysis, Hazard Prevention & Control

- Poor and inaccurate injury data collection
- Lack of risk management skills to prioritize tasks to be analyzed
- Lack of knowledge re ergonomics analysis tools and correct application
- One person delegated task of ergonomics analysis vs. a team approach
- Systematic QIP not used to develop and implement solutions
Challenge: Lack of Focused & Accurate Worksite Analysis, Hazard Prevention & Control

- Users not involved in analysis and solution development
- Lack of knowledge re fundamental ergonomics design principles & use of engineering controls
- Lack of knowledge re solutions available and understanding re level of risk reduction leading to a mismatch between equipment and task, patient and facility design
Approach to Facilitating Focused and Accurate Worksite Analysis, Hazard Prevention and Control

- Provide education, training and coaching re data collection and management
- Use Ergonomics core principles, analysis methods and design principles
- Provide resources (web, text, learning, etc) re health care ergonomics
- Facilitate sharing of information between organizations/facilities
Approach to Facilitating Focused and Accurate Worksite Analysis, Hazard Prevention and Control

- Use economic analysis techniques to justify purchase of equipment, etc
- Educate and work with architects & facilities designers re ergo design principles
- Go beyond physical ergonomics – educate re cognitive and macro ergonomics. Make the link to patient safety
Challenge: Ineffective Education and Training

- Body mechanics training for manual patient handling still provided
- ‘Ergonomics’ training viewed as the primary solution to reducing WRMSDs
- Trainer has insufficient knowledge of ergonomics topic
- Scheduling staff time to attend training
Challenge: Ineffective Education and Training

- Needs analysis not conducted prior to developing education/training programs
- Education not customized for job tasks being performed or employee job classification, e.g., administrators, managers, staff nurses, housekeepers, etc
- No follow-up to determine effective transfer of training
Approach to Facilitate Effective Education and Training

- Plan education and training to be conducted within context of ergonomics program plan – e.g. true cost and scheduling challenges of education/ training classes
- Involve clinical educators
- Ensure that trainers have appropriate knowledge base and skills to conduct training
Approach to Facilitate Effective Education and Training

- Use train the trainer programs
- Ensure management commitment to extra staffing coverage
- Ensure management communicate to staff if training is mandatory
- Offer continuing credit education to nurses and other licensed professionals
Challenge: Ineffective Medical Management

- Under and late reporting of WRMSDs
- Poor response to reports of WRMSDs by supervisor
- Use of emergency room physicians for treatment of WRMSDs
- Lack of internal injury/claims case manager – reliance on worker comp insurance carrier
- Lack of return to work programs
- No or poor worksite evaluation to address root cause of WRMSDs
Approach to Facilitate Effective Medical Management

- In-house claims manager – preferably OHN or Employee health nurse with appropriate education/experience
- Education of staff re injury reporting policy, etc
- Provide training for supervisors and other staff re injury investigation related to WRMSDs
- Conduct systematic and consistent injury investigation
- Implement return to work programs including worksite evaluation and accommodation
In Conclusion……

- Awareness about Safe Patient Handling and Ergonomics is increasing

- More facilities are attempting to address risk factors for WRMSDs… however, key program elements appear to be missing and many programs or initiatives are not sustainable

- More research is needed to define key elements of successful health care ergonomics programs

- Is industry specific ergonomics or SPH legislation needed?