LEADING EDGE ADVANCED PRACTICE TOPIC (LEAPT)
CULTURE OF SAFETY
INTEGRATING WORKER AND PATIENT SAFETY

BOLD AIM:
To reduce worker injury rates by 10% to 25% by December 2014 through promoting a safety culture.

50 PILOT SITES
across the nation are leading this effort

6.6
Work-Related Injuries And Illnesses For Every 100 Full Time Employees
2012 Rate of Workplace Injuries

31,624 to 79,064
Nationally, Potential Number of Work-related Injuries Prevented With a 10% to 25% Reduction in worker injuries

KEY LEARNINGS FROM LEAPT PILOT SITES:
• Positioned to spread best practices within our HENs and across the nation starting in May 2014.
• Provide mentor support and monthly coaching calls/webinars.
• Enhance the business case for the integration of worker and patient safety.
• Disseminate worker/patient safety programming to all areas of healthcare continuum.
• Engage patient and family in ensuring safety.
BUILT ON A STRONG FOUNDATION:
The LEAPT integration of worker and patient safety efforts builds on a strong foundation with demonstrated success.

PARTNERSHIPS INCLUDE:
- Paul Oneill Alcoa’s experience: “A company is only as strong as its employees.”
- Occupational Safety & Health Administration (OSHA): Guidelines for Preventing Workplace Violence for Healthcare and Social Services Workers
  - Roadmap for Hospitals
  - Voluntary Protection Programs
- Injury Prevention Program
- Centers for Disease Control and Prevention (CDC): Workbook for Designing and Evaluating Sharps
- National Institute for Occupational Safety and Health (NIOSH): Slips, Trips and Fall Prevention for Healthcare Workers
- Bryan Sexton – Resiliency
- Lucian Leape Institute: Through the Eyes of the Workforce

PATIENT/HOSPITAL TESTIMONIALS:

February 2014 MHA LEAPT Resiliency course: “Four words describing your course experience.”

“What I’m already hearing from staff is they are taking [employee resiliency training] and moving it out into what they are doing with the patient care they are giving. We had a patient with some psychosocial issues……his nurse took him through a process called ‘Three Good Things’…..and she shared that he was in tears by the time the conversation was done…She made a real connection, and in terms of what [frontline staff] all desire in terms of patient care—[that connection] happened in a really strong and powerful way.” — Minnesota Hospital Association

FOCUS AREAS OF EMPLOYEE SAFETY:
- Safe Patient Handling and Mobility (SPHM)
- Workplace Violence (WPV) Prevention:
  - Bullying
  - Intentional Harm
  - Incivility
- Slips, Trips and Falls (STF)
- Worker Safety Culture
- Employee Resiliency
MEASURES:

<table>
<thead>
<tr>
<th>OUTCOME</th>
<th>DEFINITION DISTINCTIONS</th>
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<tbody>
<tr>
<td>Worker injury</td>
<td>• OSHA Incident Rate representing the number of injuries and illnesses per 100 full-time associates = (N/EH) x 200,000:</td>
</tr>
<tr>
<td></td>
<td>• N = number of injury and illnesses</td>
</tr>
<tr>
<td></td>
<td>• EH = total hours worked by all associates during the calendar year</td>
</tr>
<tr>
<td></td>
<td>• 200,000 = base for 100 equivalent full-time associates (working 40 hours per week, 50 weeks per year)</td>
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<tr>
<td></td>
<td>• Reduce Total Case Incidence Rate (TCIR) by 5-25% by December.</td>
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<tr>
<td></td>
<td>• Reduce TCIR and Days Away, Restrictions, Transfers (DART) rates by 10-25% by December.</td>
</tr>
<tr>
<td></td>
<td>• Lost workdays per 100 staff.</td>
</tr>
<tr>
<td>Safe Patient Handling Injury</td>
<td>• Associate injuries related to patient handling and mobility in relation to productive manhours.</td>
</tr>
<tr>
<td>Workplace Violence Incidence</td>
<td>• Number of reported workplace violence events per number of associates.</td>
</tr>
<tr>
<td></td>
<td>• Voluntary RN turnover.</td>
</tr>
</tbody>
</table>

PROCESS

- Education/training completed by direct care providers on recommended practices/techniques -100%.
- Hand Hygiene by independent observer at 90% or greater.
- Hospital personnel influenza immunization rates submitted to National Healthcare Safety Network (NHSN).
- Executive rounds conducted quarterly.
- Employee Safety Culture Surveys conducted and analyzed twice before December 2014.

Integrated Patient And Worker Safety Model

“Creating a world where patients and those who care for them are free of harm.”
### RAPID CYCLE INNOVATIONS:

**CLINICAL**

1. Ensure budgeting is appropriate for safety resources.
2. Develop “Business Case/ROI Tool” for justification of resources into Worker Safety Programs such as lift equipment and employee education.

**PROVIDER**

1. Adopt Caregiver Recognition Programs - newsletters, awards.
3. Identify mentor physicians and hospitals to serve as faculty and consult for hospitals beginning the journey.
4. Engage all stakeholders that can help disseminate/spread and create momentum as a state/nation.

### CLINICAL:

1. Establish a model for an Interdisciplinary Threat Management Team.
2. Provide access to individuals trained in Critical Debriefing for staff support during times of extreme stress/crisis.
4. Establish a Safety and Health Management System that incorporates Staff and Patient Family Engagement.
6. Review worker injury data and explore potential relationship with hospital leadership/governing board providing oversight.
7. Include safety huddles within worker and patient safety information.
8. Provide frontline workers access to worker/patient safety dashboard/scorecard through postings, newsletters or electronic Intranet.

**PROVIDER**

1. Adopt standardized definitions for the above incident / event types.
2. Adopt a Standardized Inventory of “hazards” that lead to focus key injuries / events.
3. Improve reporting of safety events through near miss, anonymous reporting, electronic reporting, safety hotlines (employees and patients).
4. Provide integrated Safety Dashboards that include patient and employee events.
5. Use social media and e-learning modules for communication and education.
6. Provide new hires with worker’s safety messaging.

**CLINICAL**

1. Encourage patients and families to alert staff to safety concerns through the ability to call “Rapid Response.”
2. Engage patient and family in safety design.
3. Communicate and empower patients and families to engage in safe practices and principles during care.

**PROVIDER**

1. Empower patients and families to report near misses and other safety concerns via Hotline or online reporting.
### RAPID CYCLE INNOVATIONS: continued

#### CLINICAL:
1. Develop Worker Patient Violence education program and protocol.
2. Establish a Policy for Zero Tolerance for Workplace Violence that addresses Peer Physician, Patient and Family Disruptive Behavior.
3. Implement Best Practice Checklist for reducing Blood and Body Fluid Exposure (BBFE), Falls/Slips/Trips/Safe Patient Handling and Violence.
4. Evaluate Safety Culture:
   - AHRQ Patient Safety Culture Survey.
   - Employee Safety Culture Survey.
5. Implement Equipment Safety Audits.
7. Provide “train the trainer” ergonomic workshop addressing patient mobility.
8. Explore employee fatigue component relative to worker injuries and serious patient events.
9. Acquire assistive devices and technology for care providers to safely mobilize patients with emphasis on low tech (slide sheets, slide boards & limb lifters) approaches that maximize transportability and resources.
10. Utilize hands on education and repeat demonstration techniques.
11. Focus on Safe Patient Handling:
    - “SAFE LIFT” Safe Patient Handling Roadmap and toolkit.
12. Implement employee return-to-work program designed to accommodate work restrictions while matching organization need with employee expertise and skill sets.
13. Participate in rounds:
    - Routinizing executive rounds for safety.
    - Improve/increase rounding (involvement) at the employee, manager, executive and physician levels – document.
14. Evaluate the efficacy of a “Zen” / “tranquility room” for employees.

#### PROVIDER:
1. Implement provider training and education on a tiered model – Faculty Champions (FC), Super Users (SUs) and general care providers for maximum penetration and dissemination of training at a rapid pace (over 4,000 staff in about 6 weeks).
2. Provide Resilience (WISER)Training.
3. Implement SPHM program, SmartMOVES.
4. Implement Healthcare Performance Improvement program.
5. Address employee burnout:
   - Conduct Duke University Employee Resilience Training.
   - Analyze employee fatigue.
6. Participate in OSHA Voluntary Protection Program.
7. Host focus groups with frontline healthcare workers to obtain feedback on improvements.
8. Engage local champions who represent multiple disciplines to establish a team approach that embraces the characteristics of high reliability.
9. Conduct monthly high-visibility staff engagement events.
### RAPID EARLY REPORTING FOR IMPROVEMENT:

<table>
<thead>
<tr>
<th>PERCENTAGE CHANGE IN INJURY RATES FROM BASELINE BY HEN</th>
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<tbody>
<tr>
<td>Employee Injury</td>
</tr>
<tr>
<td>Washington</td>
</tr>
<tr>
<td>-11.68%</td>
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<tr>
<td>OSHA Injury</td>
</tr>
<tr>
<td>Georgia</td>
</tr>
<tr>
<td>-19.43%</td>
</tr>
<tr>
<td>Workplace Violence</td>
</tr>
<tr>
<td>Ascension</td>
</tr>
<tr>
<td>-46.42%</td>
</tr>
<tr>
<td>Safe Patient Handling</td>
</tr>
<tr>
<td>Ascension</td>
</tr>
<tr>
<td>11.09%</td>
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*Source: HSAG based on April 2014 LEAPT HEN report (May 6, 2014)*

### INDIVIDUAL HEN RESULTS

#### Ascension Health LEAPT hospitals have decreased the rate of employee injury related to manual handling of patients by 9%.

#### Georgia Hospital Association Research and Education Foundation have decreased their employee turnover at the LEAPT hospitals.

#### Minnesota Hospital Association

#### Ohio Hospital Association has increased their hand hygiene compliance to over 90% at their LEAPT hospitals.
# LEAPT— Culture of Safety
## Integrating Worker and Patient Safety

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