OSHA & Worker Safety

Safety Synergy

The importance of stressing safety for both workers and patients in health care organizations

It's been said that safety doesn't happen by accident. That is why it must happen by design. This is especially true in health care organizations: Without taking proper safety precautions, the vulnerability of staff to inevitable accidents, injuries, and illnesses can affect patients—and vice versa.

Consider the alarming numbers which demonstrate that both patients and staff face risks with health care facilities. According to the Bureau of Labor Statistics, the health care and social assistance industry logged 653,900 work-related injury and illness cases in 2010—more than any other private industry sector.[1] The Institute of Medicine (IOM) has reported that preventable medical errors result in the deaths of between 44,000 and 98,000 patients each year.[2] And, per the Centers for Disease Control and Prevention, nearly 2 million patients suffer from health care–associated infections in U.S. hospitals each year, resulting in 99,000 deaths.[3]

Indeed, the issue of staff and patient safety is as serious and top-of-mind today as it was when the IOM issued its landmark reports *To Err Is Human: Building a Safer Health System*[2] in 1999 and *Crossing the Quality Chasm: A New Health System for the 21st Century* in 2001.[4] To fully implement a culture that promotes patient safety, the safety of everyone in a hospital

Many threats to worker and patient safety exist in health care facilities, including mislabeled and mishandled biohazard medical containers.
Source: Debora Cartagena, Centers for Disease Control and Prevention.

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needs to be included, says Rosemary Sokas, MD, MOH, professor and chair, Department of Human Science, Georgetown University School of Nursing and Health Studies, Washington, DC.

"Health care workers have a very high rate of lost work time compared to the US workforce as a whole," says Sokas, who notes that, in 2010, the rate of non-fatal work-related injuries and illnesses at hospitals was a very high 7.0 per 100 workers, compared to 4.0 and 4.4, respectively, for the construction and manufacturing industries.[1] In addition to preventable back injuries, environmental hazards may range from slips, trips, and falls to exposure to infectious agents, to verbal and physical assault.

Clearly there is a need for improvement and renewed emphasis on safer health care environments for everyone concerned. To reduce these risks and decrease their liabilities, health care organizations need to understand how patient and staff safety are intertwined, realize why it's important to stress safety for both groups, and implement ways to better protect them.

How patient and staff safety are interrelated

Patient safety and worker safety are not mutually exclusive. High-performing health care organizations incorporate leadership commitment, frontline worker participation, hazard identification, and tracking and feedback loops that affect both. For example, moving a patient using appropriate assistive devices and procedures can prevent a nurse from experiencing severe back injury and reduce the potential for patient falls and skin tears. Having appropriate security

Patient Safety Focus Areas
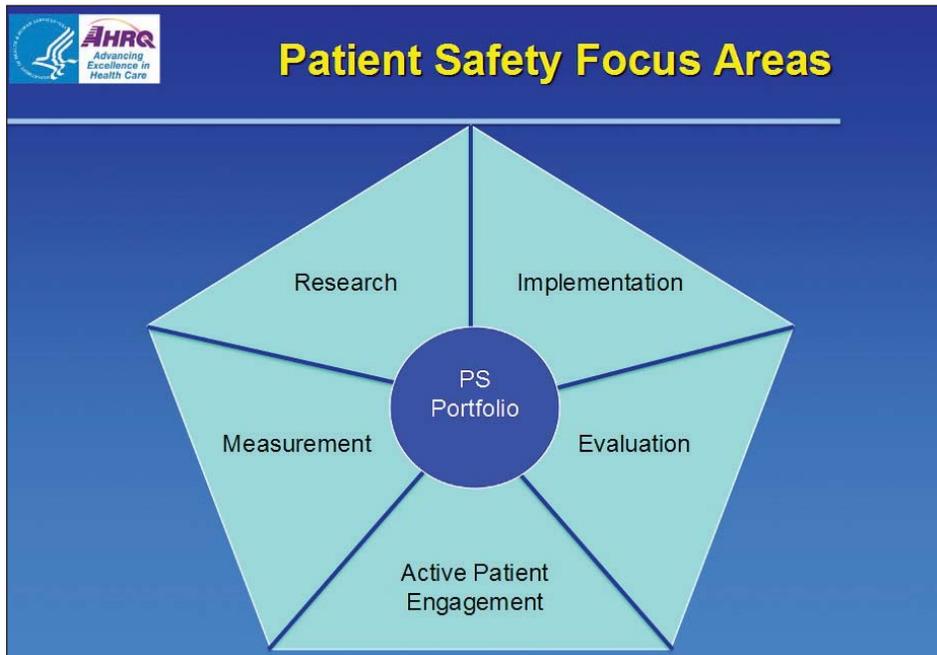
The Agency for Healthcare Research and Quality encourages health care organizations to focus on patient safety in five key areas.
Source: AHRQ. Used with permission.

staff in place to respond quickly to a potentially violent visitor can protect workers and patients from being harmed. Following established hospital procedures on the disposal of hazardous materials and waste can safeguard against injury and the spread of infection to workers and patients. And minimizing combustion risks throughout a facility as well as enforcing a no-smoking policy can help prevent dangerous fires that could jeopardize all facility occupants.

Patient safety is directly affected by worker safety in several areas. Studies have shown that physicians and nurses are more likely to make errors related to diagnoses, medications, and documentation when they are fatigued than when they are fresh. In addition, the fatigued workers are at increased risk for motor vehicle accidents on the way home and exposure to bloodborne pathogens. McHugh et al. found that patient satisfaction levels were lower in hospitals with nurses who are dissatisfied or burned out than in other hospitals.[5] McCaughey et al. reported that health care workers who

routinely care for high-risk patients are more likely to have decreased perceptions of the safety climate and increased levels of stress.[6]

Patricia Bray, MD, MPH, medical officer for the Office of Occupational Medicine, Occupational Safety and Health Administration (OSHA), says OSHA recognizes that health care worker safety is linked to patient safety, since caretakers and patients closely interact in a shared environment.

"Health care environments in which medical errors occur have much in common with workplaces that have high injury rates among workers," says Bray.

The value of stressing mutual safety

It's understood that poor safety culture and working conditions are related to undesirable consequences for staff, and unfavorable worker outcomes are linked to negative patient outcomes. It's reasonable to conclude that health care organizations that value safety shouldn't

concentrate only on patient safety or worker safety.

Furthermore, health care facilities that emphasize minimizing risks and hazards and enhancing safety for workers and patients can better protect their bottom lines by reducing lost work time, injury compensation claims, and lawsuits.

Barbara Braun, PhD, project director, Department of Health Services Research, Division of Healthcare Quality Evaluation for The Joint Commission, says efforts to improve safe patient handling though proper use of equipment and teamwork have been shown to prevent injuries to both patients and workers.

"One example of this is in the area of falls. In an effort to prevent a patient from falling, the worker may not be using the right tools or posture to position the patient properly, and as a result may end up injuring himself or herself in the process," says Braun. "Better training and equipment could prevent the pain, insurance claims, and lost productivity costs associated with injuries to both patients and workers."

Improving safety involves trust and commitment, says Sokas: "It's not that there needs to be a perfect balance between worker safety and patient safety, but there needs to be synergy. Worker safety and patient safety feed into each other in very positive ways if done right. If your organization can merge these two into a kind of overarching people safety principle, then both staff and patients will benefit."

How to better protect both groups

According to Sokas, shielding hospital patients and workers from harm requires a commitment to do the following:

- Honestly assess hazards
- Take needed precautions

> "The recognized hazards leading to worker injury and illness are often not adequately controlled. Common OSHA citations relate to inadequacies in hazard communication, worker training, and control of exposures to bloodborne pathogens."
>
> — *Patricia Bray, MD, MPH, OSHA medical officer*

- Listen to those who have direct experience
- Follow established regulations
- Evaluate and improve protocols
- Communicate effectively

Sokas also notes that such efforts start at the top, with hospital leadership, who must do the following:

- Demonstrate in all circumstances that safety is a prerequisite
- Commit to and ensure high-quality training and supervision
- Ensure that safe procedures are followed and redundant safety measures are in place to prevent predictable human error
- Encourage an environment of open, inclusive communication

"You want to make sure [that workers] feel safe to be honest about reporting near misses and failures so the organization can work on preventing them. Workers need to trust that they'll be respected and not punished for being honest," Sokas says. "Also, all staff needs to be engaged, including frontline workers like those in [facilities management,] food services, and environmental services. Patient safety committees should be established, and these folks should be represented at those committee meetings, just like other departments are. Not only can frontline staff provide important input, but when empowered, they can serve as frontline safety monitors as well."

Sokas further recommends reading the Joint Commission's new monograph, *Improving Patient and Worker Safety: Opportunities for Synergy, Collaboration and Innovation*[7] (*see* Sidebar 1, page 5), which offers suggestions on several areas that should be emphasized to advance worker/patient safety, including the following:

- Safe patient handling methods to prevent musculoskeletal injuries and accidents
- Best practices to reduce sharps injuries and infection transmission
- Strategies to prevent unnecessary exposure to hazardous substances
- Strategies to reduce violence in the health care setting
- Approaches that address staffing fatigue and health care–induced emotional distress

In addition, carefully reviewing and following OSHA standards (*see* Sidebar 2, page 5), with which health care employers are required to comply, can reduce illnesses and injuries in health care organizations.

"The recognized hazards leading to worker injury and illness are often not adequately controlled," Bray says. "Common OSHA citations relate to inadequacies in hazard communication, worker training, and control of exposures to bloodborne pathogens."

Remember: The Joint Commission reports that the following conditions can contribute to behaviors that undermine a culture of safety[8]:

The Joint Commission's recent monograph, *Improving Patient and Worker Safety* (available at http://www.jointcommission.org /improving_Patient_Worker_Safety), offers the following action steps to successfully integrate patient and worker safety:

- Encourage leaders to make patient and worker safety a core organizational value.
- Identify opportunities to integrate patient and worker safety activities across departments and programs.
- Understand and measure performance on safety-related issues.
- Implement and maintain successful worker and patient safety improvement initiatives better."

Improving Patient and Worker Safety

Opportunities for Synergy, Collaboration and Innovation

The Joint Commission
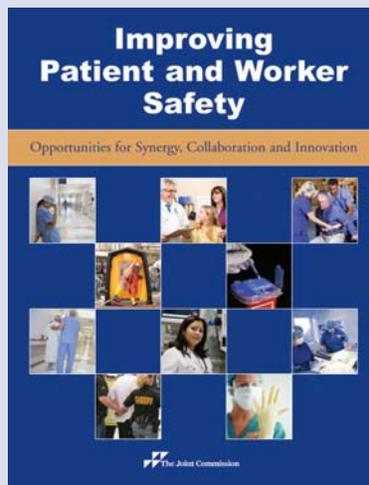
The following resources can be helpful in explaining the interrelationship between patient safety and worker safety:

- **OSHA regulations and industry standards:** http://www.osha.gov/law-regs.html
- **OSHA Voluntary Protection Programs:** http://www.osha.gov /dcsp/vpp /index.html
- **Through the Eyes of the Workforce—A National Patient Safety Foundation Report:** http://www.npsf.org/about-us /lucian-leape-institute-at-npsf/lli-reports -and-statements/eyes-of-the-workforce
- **A draft of standards by the Safe Patient Handling and Mobility National Standards Working Group:** http://www.nursingworld.org/DocumentVault /NursingPractice/Public-Comment/SPHM-Standards-draft.pdf
- **Patient Safety: Achieving a New Standard for Care (IOM report):** http://www.iom.edu/Reports/2003/Patient-Safety-Achieving-a-New-Standard-for -Care.aspx

- High-stress environments
- High patient acuity
- Increased productivity demands
- Cost-containment requirements
- Embedded hierarchies
- Daily changes in shifts, rotations, and support staff

If health care organizations address these conditions, they can better enhance the safety of both patients and workers.

Braun concludes, "In general, workers who feel respected and supported by leadership, management, and workers are better able to provide high-quality care than are those working under stressful conditions."

This is Part 1 of a two-part series that explores the significance of mutual patient and worker safety and ways both groups

can be better protected. Next month, Part 2 of this series on patient and worker safety will examine how to build a high-reliability organization, emphasize incident reporting and feedback, and build a better safety culture. EC

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