Through the Eyes of the Workforce: Creating Joy, Meaning, and Safer Health Care

Lucian Leape Institute
at the National Patient Safety Foundation

Webcast | Tuesday, March 19, 2013
Moderator

Patricia McGaffigan
Interim President, National Patient Safety Foundation
Interim President, Lucian Leape Institute at NPSF
Lucian Leape Institute
at the National Patient Safety Foundation

- Mission
- Strategic Focus
- Transforming Concepts
LLI Transforming Concepts

- Medical education reform
- Integration of care within and across delivery systems
- Restoration of joy and meaning in work and ensuring the safety of the health care workforce
- Active consumer engagement in health care
- Transparency as a practiced value in everything we do in health care

Webcast Faculty

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(Former) Chief Quality and Patient Safety Officer
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Former Chairman and CEO, Alcoa
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Assistant Secretary of Labor for Occupational Safety and Health
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Policy Director, Committee of Interns and Residents
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Through the Eyes of the Workforce:
Creating Joy, Meaning, and Safer Health Care

From the Lucian Leape Institute Roundtable on
Joy, Meaning, and Workforce Safety

Download at
www.npsf.org/lli
Joy and Meaning in Work and Workforce Safety Roundtable Attendees

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Joy and Meaning in Work and Workforce Safety Roundtable Attendees

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Evidence for Change

- 60% respondents of MD survey are considering leaving practice
- 70% knew at least one MD who left practice due to poor morale
- 37% of newly licensed RNs are thinking of leaving their job
- 13% vacancy rate for RNs
- Few CEOs have taken up the challenge to transform their organizations
- Health care work force injuries are 30x greater than other industries
Vulnerable Workplaces

Physical Harm

- Health care workforce injuries 30 times higher than other industries
- More FTE days are lost due to occupational illness and injury in health care each year than in industries such as mining, machinery manufacturing and construction
- 76% of nurses in national survey indicated that unsafe working conditions interfere with the delivery of quality care
- An RN or MD has a 5-6 times higher chance of being assaulted than a cab driver in an urban area
Vulnerable Workplaces

Psychological Harm

- Lack of respect
  - A root cause, if not THE root cause, of dysfunctional cultures
  - 95% of nurses report it; 100% of medical students; huge issue for patients
- Lack of support
- Lack of appreciation
- Non-value add work
- Production pressures
Costs of Inaction

- Burnout, lost work hours, turnover, inability to attract newcomers to caring professions
- Less vigilance with regard to safety practices – both for patients and for workforce
- Increased opportunities for medical errors
- Impact on patient experience
Not a New Issue

- “Most hospital safety programs are focused on patients…little focus on employee safety…Indeed, solid application of basic environmental safety standards to all hospital areas will enhance patient safety and care.” Kagey, JAMA, 1972

- Call for “…a serious, evidence-based approach to identifying opportunities to improve the quality of the health care workplace, and in so doing, improve both the health of health care workers and the health of those for whom they care.” JCAHO, 2001

- Work done by OSHA, NIOSH, TJC, others to improve workforce safety and align it with patient safety
Evolution of the Transforming Concept
Joy and Meaning of Work

- Meaning: The sense of importance of an action

- Joy: The emotion of pleasure, feeling of success, and satisfaction as a result of meaningful action

- Workforce Safety: Physical and psychological freedom from harm, neglect, and disrespect – a precondition to Joy and Meaning
Initial Premises

- Effective, safe care requires effective care delivery organizations
- Effective organizations care for their employees by continuously fulfilling some basic preconditions
- These preconditions enable employees to habitually pursue excellence, i.e., engage in continuous learning. As a result, employees derive joy and meaning from their work and their organizations experience better outcomes
- The purposeful creation and maintenance of these pre-conditions is the primary role of leadership and governance
- The absence/violation of these pre-conditions obscures meaning and drains motivation while imposing significant costs on the organization, its employees, its patients and the economy, including costs associated with patient harm and workforce harm
Conclusion

“Workforce safety is inextricably linked to patient safety. Unless caregivers are given the protection, respect, and support they need, they are more likely to make errors, fail to follow safe practices and not work well in teams.”

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Habitual Excellence

Organizations are either habitually excellent or they’re not.
Vision

“Our people are our most important asset.”

The proof is: An Injury-Free Workplace.
A precondition - not a priority
The Three Questions

Can each person in the workforce answer “yes” to these three questions each day?

1. Am I treated with dignity and respect by everyone, every day, in each encounter, without regard to race, ethnicity, nationality, gender, religious belief, sexual orientation, title, pay grade, or number of degrees?

2. Do I have what I need: education, training, tools, financial support, encouragement, so I can make a contribution to this organization that gives meaning to my life?

3. Am I recognized and thanked for what I do?
Healthcare Is Not a Safe Industry for Its Workforce

- Patient lifting/repositioning
- Needlesticks
- Violence
- Exposure to chemicals
- Unique challenges

*Data source: Bureau of Labor Statistics, 2011*
Establishing a Culture of Safety

ELEMENTS:

- Management leadership
- Worker participation
- Hazard identification and assessment
- Hazard prevention and control
- Education and training
- Program evaluation and improvement
OSHA’s Voluntary Protection Programs

- Worksite-based program to recognize outstanding occupational safety and health management efforts
  - Performance-based criteria
  - Site application process
  - Onsite review by OSHA

- Over 2,300 sites nationally, including 31 hospitals, nursing homes and ambulatory care services

- DART case rate 52%
OSHA-CMS Partnership

- Interagency agreement
- Develop products in three areas:
  - Injury and illness “factbook”
  - Injury and illness prevention programs (I2P2)
  - Safe patient handling
- Format under development
- Goals: build momentum and drive results
Focuses on:

- Ergonomic stressors relating to resident handling
- Workplace Violence
- Blood and other potentially infectious materials
- Slips, trips, and falls
- Tuberculosis
To Prevent Workplace Violence
OSHA recommends:

- Policy Statement
- Hazard/Threat/Security assessment
- Workplace controls and prevention strategies
- Training and education
- Incident reporting and investigation
- Periodic review with employee input
The long road to sharps safety……

1986 – 1st OSHA Petition
1991 – 1st Bloodborne Pathogens Standard
1999 -- Legislation introduced in > 30 states

All leading to the Federal Needlestick Safety & Prevention Act of 2000

HCW injury rates drop by 34% [1993-2004]
For nurses – a 51% reduction

A heavy lift -- Safe Patient Handling…

Lifting & transfer injuries – greatest HCW injury threat

8 states now require comprehensive program in health care facilities

California -- Kaiser Permanente reported 47% drop in patient lifting and transfer injuries between 2001-2004 after implementing lift teams in their Southern California hospitals

Washington State -- Business and tax credits to purchase equipment and qualify for reduced workers comp premiums; early evaluation points to reduced injuries & comp claims.

SEIU Health & Safety Department & American Nurses Association. Nursing World
Only WE can change the culture….

Sharps injuries increased 6.5% in the OR despite federal law
99% of surgical residents had a sharps injury by their last year of training; 53% with a high risk patient

“There were multiple sutures that had to be done very quickly. The attending tossed the needle driver and it landed on my hand. I was unable to report it until 9 hours later. No one said I couldn’t go….it was understood, the patient comes first.
But I was also trying to get a surgical residency and a good rotation grade, so I stayed.”


Put H & S on the C-Suite radar screen…

- **Embrace** the conversation with your unions
- **Engage** front line care givers in devising the solutions to a safer workplace – they know best
- **Create** a safe place to **Report** injuries & near misses
- **Investigate** every report as if a medical error
- **Loop back** to explain the improvements made
FATIGUE
Patient Safety

JOY

MEANING
Attendee Questions & Discussion

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After reading, send your comments via http://www.surveymonkey.com/s/LLI_WorkforceSafety
Thank You!

To learn more about the Lucian Leape Institute at NPSF, visit [www.npsf.org/lli](http://www.npsf.org/lli).