

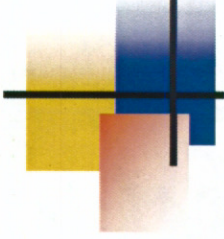
Engaging Stakeholders in Expanding Occupational Health Surveillance within the National Healthcare Safety Network (NHSN)

Employer-based System (Duke Health and Safety Surveillance System)

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OBJECTIVES

- Discuss the History of Occupational Injury Surveillance at Duke University
- Review the Application of the Data
- Discuss the Anticipated Value of the NHSN System



HISTORY OF OCCUPATIONAL INJURY SURVEILLANCE

- Initially in Corporate Risk Management
 - Focus was on cost
- Transitioned to Occupational and Environmental Safety
- Resulted in a Collaboration with Workers' Compensation and Employee Occupational Health Service



HISTORY OF OCCUPATIONAL INJURY SURVEILLANCE

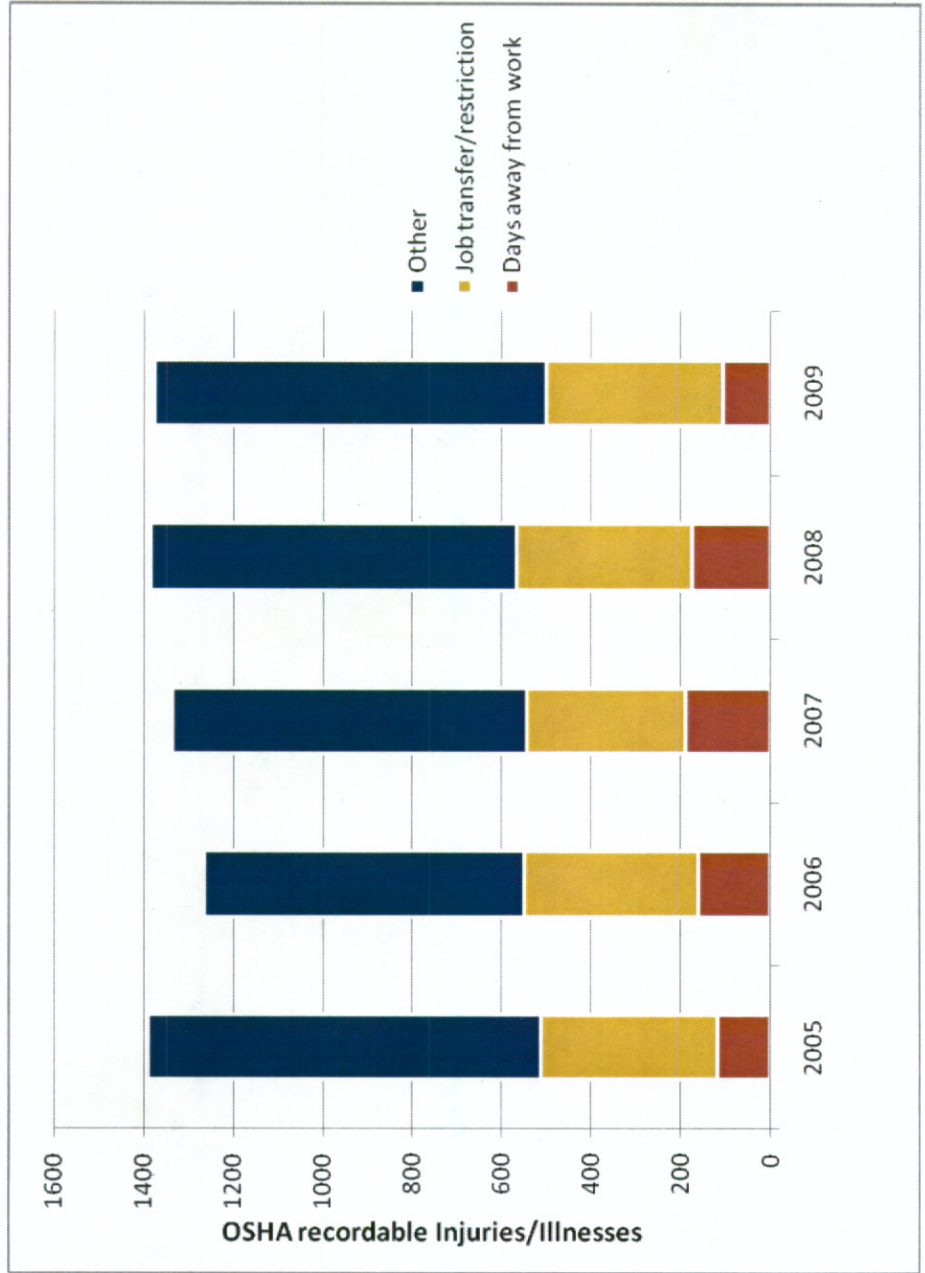
- Founded in Principles of Infection Control/Hospital Epidemiology
 - Standardized case definition
 - Routine monitoring of incidence
 - Evaluation of rates to identify need for intervention
- Inviting to our Occupational Epidemiology Faculty



HISTORY OF OCCUPATIONAL INJURY SURVEILLANCE

- Initially We Focused on “Gross” OSHA 200/300 Log Data
 - Trees lost in the forest
 - Intervention opportunities were hard to identify
 - Not sensitive enough to evaluate the impact targeted interventions

OSHA 300 LOG





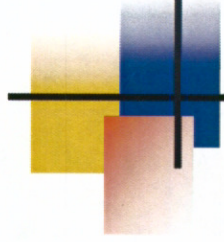
HISTORY OF OCCUPATIONAL INJURY SURVEILLANCE

- Joined the CDC NaSH Program for Bloodborne Pathogen Exposure Monitoring
 - Reinforced the value of “standardized” monitoring and reporting
 - Provided critical data on exposures
 - Supported targeted interventions
 - Provided training information



HISTORY OF OCCUPATIONAL INJURY SURVEILLANCE

- Continued NaSH Data Collection and Evaluation when National System Ended
- Applied these Principles to Other Injury Categories
 - Materials handling injuries
 - Patient handling injuries
 - Slips and falls



APPLICATION OF THE DATA

- Medical Centers are Data Driven
 - Data must be meaningful to leadership
 - Competes with other "priorities"
 - Must justify commitment of resources
 - Data must address a recognized need
 - Productivity and work culture (satisfaction)
 - Data must support identification of risks
 - Data must be comparable to others
 - How are we doing

APPLICATION OF THE DATA

Linkage to Organizational Mission

- Linked Minimal Manual Lift Program to Patient Safety
 - Broad collaboration
- Linked BBP Exposures and Patient Handling Injury Rates to our Balanced Scorecard
 - Salaries depend on performance

APPLICATION OF THE DATA

Identification of High-Risk Groups

- Identifying the "Trees"
- May be Work Groups or Injury Types
- Provides a Focus for Interventions
- Allows Monitoring of Performance

APPLICATION OF THE DATA

Target Group Identification

Table 1: Rates of Recordable Injuries/Illnesses per 100 FTE's (annualized)

Group	2008-1	4Q Avg
Health System - Environmental Services	7.0	16.8
Medical Center - Lab Animal Resources	9.8	14.8
Durham Regional Hospital - Med/Surg Services	15.1	13.4
Durham Regional Hospital - Surgical Services	12.5	12.6
University - Dining Services	18.6	11.3
Durham Regional Hospital - AOO, Facilities	13.2	8.8
University - Facilities Management	14.2	8.2
University - Housekeeping	7.0	7.5
Duke Hospital - AMBULATORY SERVICES	10.2	7.1
Duke Hospital - FOOD & NUTRITION	12.0	6.2
Durham Regional Hospital - Nursing Support Services	0.0	6.1
Durham Regional Hospital - Emergency Department	5.6	5.9
Duke Hospital - PERIOPERATIVE SERVICES EYE CENTER	5.8	5.9
University - Residence Life and Housing Services	13.7	5.6
Medical Center - MC Engineering & Operations	4.1	5.6
University - Parking & Transportation Services	0.0	5.3
Duke Hospital - HEART	6.1	5.2
Duke Hospital - PERIOPERATIVE SERVICES DUKE NORTH	7.5	4.9
Duke Hospital - MED SURG CRITICAL CARE	7.4	4.8
Duke Home Care and Hospice - Duke Home Care and Hospice	4.3	4.8
Duke Hospital - NEUROSCIENCES	5.2	4.8
Durham Regional Hospital - Critical Care Services	3.1	4.7
Duke Hospital - WOMENS	3.0	4.6
Duke Hospital - PERIOPERATIVE SERVICES ASC	8.8	4.5
Duke Hospital - HOSPITAL SUPPORT	4.9	4.3
Durham Regional Hospital - Maternal/Child Care Services	4.0	4.2
Durham Regional Hospital - Rehabilitation/CNO Nursing Programs	4.1	4.2
University - Biology *	0.0	2.7

* Days Away Rate greater than 2.0

APPLICATION OF THE DATA

Organizational Recognition

- WRII Intervention Programs Highlighted in Submittals for:
 - Magnet recognition in nursing
 - Baldrige Award
 - American Hospital Association

VALUE OF THE NHSN SYSTEM

Standardized Data Collection

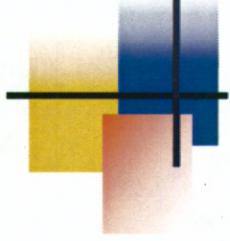
- Critical for Comparison with Other Facilities (Benchmarking)
- Reduces “Operator Error” in Characterizing Injuries
 - Consistency of data
- Provides Focus for Intervention



VALUE OF THE NHSN SYSTEM

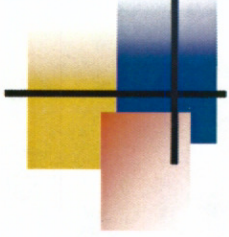
Benchmarking

- Leadership is Focused on Benchmarking
 - National Patient Safety Goals
 - Medical Performance Indicators
- Comparison of Employee Safety is Consistent with These Drivers
- Clearly Linked to Productivity



VALUE OF THE NHSN SYSTEM

- Opportunity to Participate in Defining the Agenda
- Almost “Free” Monitoring Tools
- New Collaborations and Professional Recognition
 - CDC/NIOSH
 - Participating Institutions



CONCLUSIONS

- Injury Prevention is an Operational Imperative
- Consistent Data Collection and Evaluation is a Critical Factor
- Benchmarking provides Opportunities to Develop New Best Practices
- NHSN Can Provide an Exceptional Platform for Performance Improvement



EMPLOYER-BASED PERSPECTIVE

QUESTIONS?