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Rapporteur's Report Healthcare and Social Assistance Sector

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1. Introduction

An estimated 16.6 million people are employed within the Health Care and Social Assistance (HCSA) sector. The HCSA sector comprises establishments providing health care and social assistance for individuals. Workers in the Health Care and Social Assistance sector are potentially exposed to a wide range of health and safety stressors including infectious, chemical, and physical agents; ergonomic hazards associated with lifting and repetitive tasks; psychological hazards (stress); workplace violence; and risks associated with changing organization of work. Although it is possible to prevent or reduce worker exposure to these hazards, workers in the HCSA sector are experiencing higher rates of illness and injury as compared to all private industry.

2. Most Compelling Idea/Recommendation to Come Out of the Discussions

One overarching issue, throughout the formal presentations and café groups, was the necessity for promoting the concept of the interrelationship of patient safety, worker safety, and environmental safety. Without such a triangulation, both in theory and practice, efforts to promote Prevention through Design (PtD) in the healthcare sector will be compromised. Given that both patient and environmental safety have had more public attention, visibility, and received more resources, such a triangulation might enhance fiscal resources for worker safety. To achieve an effective integration of these three areas there is a need to involve a broad group of stakeholders from many disciplines.

Another fundamental issue identified was the need for a shift in management culture and leadership influence to integrate PtD into the healthcare system, by developing a vision aligned with sustainability and patient safety, and not just another program or fad.

Particular efforts should be made to assure that current frontline healthcare workers and patients be viewed as critical stakeholders. To maximize their participation, they should have training to understand the technical expertise of other stakeholders. An example of such training was the design course for frontline nurses, which was discussed in the presentation on “Product-User Interface in the Healthcare Setting.”

There was much discussion about the Center to Protect Worker Rights (CPWR) and its impact on construction. There was a general consensus that this would be a good model for the healthcare sector. To create such a center, it will be necessary to have a designated line item in the NIOSH budget. For this to happen, political will needs to be mobilized to lobby Congress.

There was broad consensus that a steering group, representing a broad spectrum of stakeholders, be created to give direction to creating a center. A discussion regarding the nature and activities of such a center included the following:

1. Reviewing the state of science and practice of PtD in the healthcare sector
2. Translating such a review in format and language, so that it is accessible and comprehensible for all stakeholders
3. Developing a needs list for research, practice, and education
4. Providing small grants for appropriate research, demonstrations, and education
5. Working with NIOSH to leverage funding from other agencies that have mandates within the triangulation

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3. Practice (Needs, Challenges, Opportunities)

- Practice must be driven by research – e.g., evidence-based research that shows that “green,” or sustainable building, positively impacts patients, workers, and the community
- Credible research provides a source of leverage. In depth basic research is not always needed; applied research can be effective.
- Need to be able to make a case for PtD – a business case and “return on investment” (ROI), but also beyond the business case – employee satisfaction, patient care, community benefits – qualitative information
- Drivers – include employee satisfaction and improved patient care, government regulations, manufacturer guidelines
- Need a means to share best practices, as well as design failures, in order to learn from these (a clearinghouse of information, particularly in the arena of healthcare design and construction)
- Conduct a needs assessment of new devices, products, and methods
- Need guidelines or criteria for what is considered “best practice”
- Global Health and Safety Initiative (Kaiser Permanente and other organizations) is one vehicle or model for information dissemination that promotes the concept of the interrelationship of patient safety, worker safety, and environmental safety.

4. Policy (Needs, Challenges, Opportunities)

- Regulations are key among the driving forces and can be barriers
- Management culture and leadership influence are needed to make PtD integral to the healthcare system; a vision aligned with sustainability and patient safety, (i.e., cannot be just another program)
- Barriers include cost and culture. A driving force needed for change should take into account cultural, economic, workers compensation, good business outcomes and worker retention
- Need to align the incentives to support workers’ safety
- All stakeholders need to be involved in improvements/changes, including frontline workers
- Align different efforts — worker safety, patient outcomes, environment
- Immediate resources and actions involve multiple organizations (e.g., Association for the Advancement of Medical Instrumentation, ECRI Institute, Agency for Research and Healthcare Quality, Institute of Medicine, Center for Healthcare Design and the American Institute of Architects/Facility Guidelines Institute)
- Use models of best practices that already exist — ventilation standards and guidelines
- Lots of knowledge exists; pulling it all together involves the need for a central database or clearinghouse of existing “best practices.”

- Systematic approach for interrelationship among the “3 Safeties” – i.e., patient, worker health and safety, and environmental safety
- Inclusion of the measurement of the “3 Safeties” into Medicare/Medicaid report cards, as well as in public reports of certifying bodies (e.g., the Joint Commission)
- Identifying best practices on integrated “3 Safeties” approaches
- Integrating worker safety into overall culture of patient safety and sustainability movement
- Seek Institute of Medicine experts’ opinions on integrated patient and worker safety

5. Research (Needs, Challenges, Opportunities)

- Literature search should be conducted to identify knowledge and gaps about PtD in healthcare
- Stakeholder involvement
- Barriers — competition for limited funding, as well as state regulations
- Research is needed to understand why good practices aren’t being implemented even when laws mandate them (need behavioral, human factor studies)
- Research on how organizations view employee input
- Research cannot take place in a vacuum; define critical variables to look at, consider pilot programs, consider drivers for trying new things (e.g., change Medicare regulations or interpretive guidelines)
- Need to identify or develop a clearinghouse database for information
- Identify new paradigms, especially in healthcare management
- Consider how to change culture to encourage empowerment. What is the driving force for management to utilize empowerment?
- Look for synergies with other efforts; healthcare can learn lessons from other industries
- Explore international models
- NIOSH needs to identify state-of-the-art documents on healthcare worker health and safety
- NIOSH should collaborate more closely with other government agencies to fund the “3 Safeties” (patient, worker, environmental safety) for example, with the Environmental Protection Agency and the Agency for Healthcare Research and Quality
- NIOSH grant/funding reform needed
 - More emphasis on user input
 - Emphasis on how to translate research into practice
 - Focus on multiple site interventions
- NIOSH should set up a CPWR type model for this sector
- Human factor research needed to look at complexities within this sector

6. Education (Needs, Challenges, Opportunities)

- Need to weave education into existing curricula – drop-in modules, case studies – rather than new in depth courses

- View PtD as a new paradigm with the need to restructure curricula to reflect this paradigm.
- Undergraduates need exposure to design principles in order to incorporate them into their work thinking and practices.
- Need to assess training effectiveness
- Education should integrate the interrelationship among the “3 Safeties” –worker, patient, environment
- For manufacturers – lack of clinical knowledge is a big gap – need to determine how to bridge this gap
- Need for Continuing Education Unit credits is a driver – develop continuing education courses that explain PtD
- Best practices, especially those that are proven to work, can be shared as direct knowledge transfer. These practices will be immediately useful as a driver to justify time taken from work for education
- Need a central database or clearinghouse of educational practices that are applicable to healthcare design, construction, and healthcare facility operations
- The media can play an important role in educating about PtD, and the needed culture shift to develop expectations among leaders to integrate PtD into current focus on patient safety and environmental sustainability.

7. Conclusions

For the Healthcare and Social Assistance Sector, Prevention through Design should consider the interrelationships of

patient safety, worker safety, and environmental safety. Influencing management leaders in this sector to adopt a culture of Prevention through Design can be accomplished by aligning PtD principles with already embraced concepts of sustainability and patient safety. Developing a steering group of stakeholders and studying models that have proven successful in other sectors should be considered to share expertise and develop sector consensus standards for PtD.

Implementing PtD will require the challenging concept of transformative versus reformative change. The latter can be described as being accommodating (i.e., either making existing things better or less bad). Transformative changes are more sweeping and can lead to new forms and practices that guide us to safer and more productive environments. PtD, if viewed and practiced with broad vision, should further transformative changes that promote patient, worker, and environmental safety. Creating such changes requires top down, as well as bottom up, commitment and involvement. Shared governance is a critical underpinning for effective transformative changes. Implicit in this paradigm shift is moving toward a “no blame” culture, which encourages participatory problem solving and identification of needed PtD.