



EHSSSENTIALS 2017

Environmental, Health & Safety Symposium for Healthcare

APRIL 28, 2017
The University of Texas
MD Anderson Cancer Center
Houston, Texas



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THE UNIVERSITY OF TEXAS
**MD Anderson
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Hospital**

bsi.

 **CHI St. Luke's
Health**

Proven Best Practices and Strategies for Injury Reduction

Christy Foster, HEM
BSI EHS Services and Solutions
Director, Healthcare



EHSSSENTIALS 2016

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Agenda

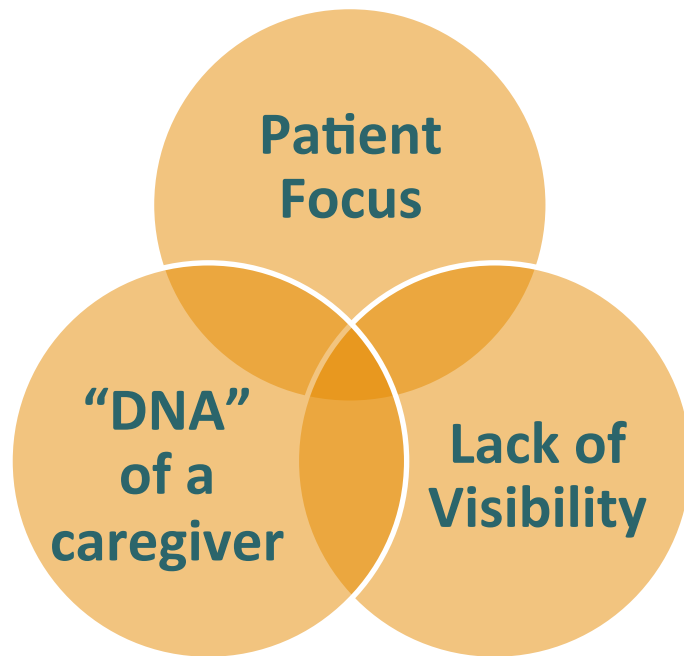
- The challenge
- Elements of best in class injury prevention programs
- Case studies



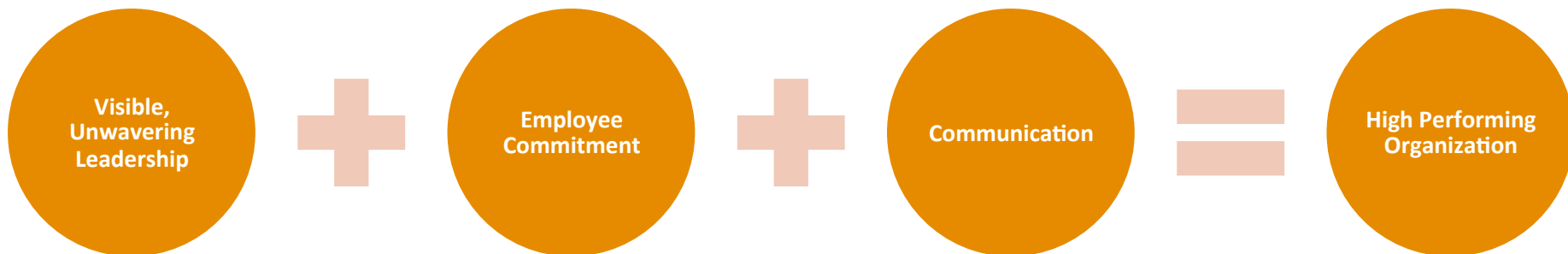
Healthcare Worker Exposures



Unique Challenges



Recipe for Success



The Role of the Leader

**Building
Relationships**

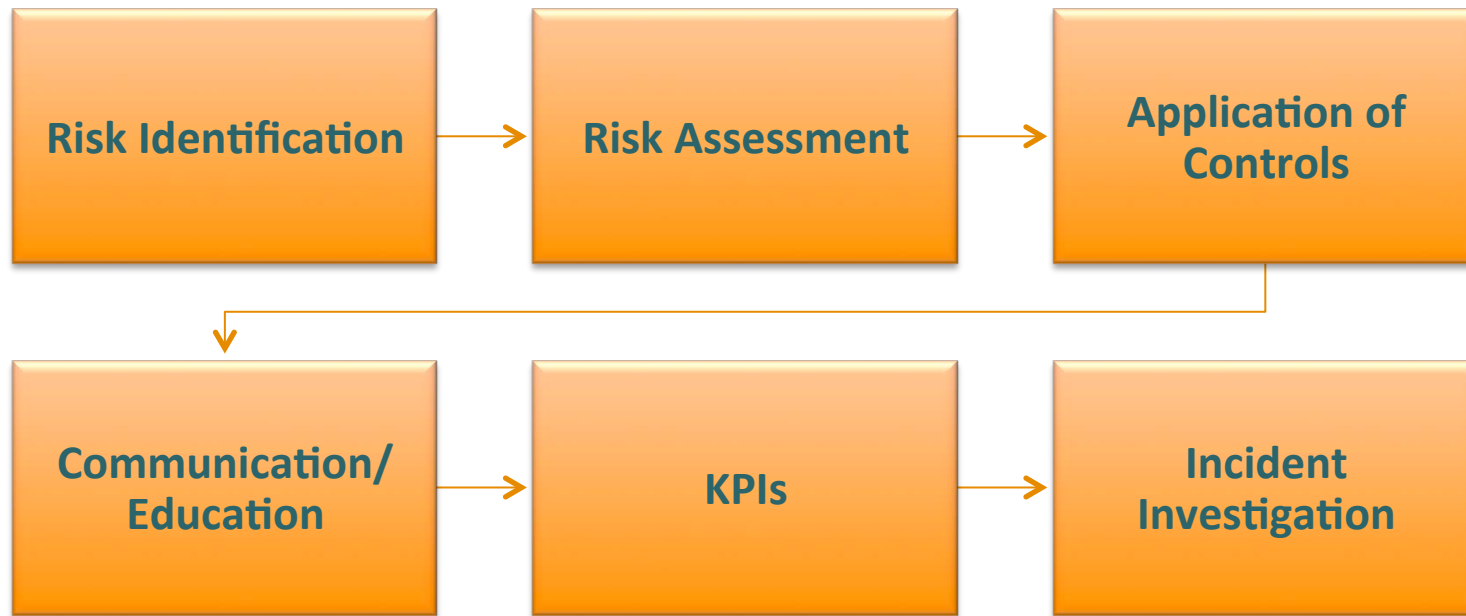
**Commitment
and Concern**

**Employee
Engagement**

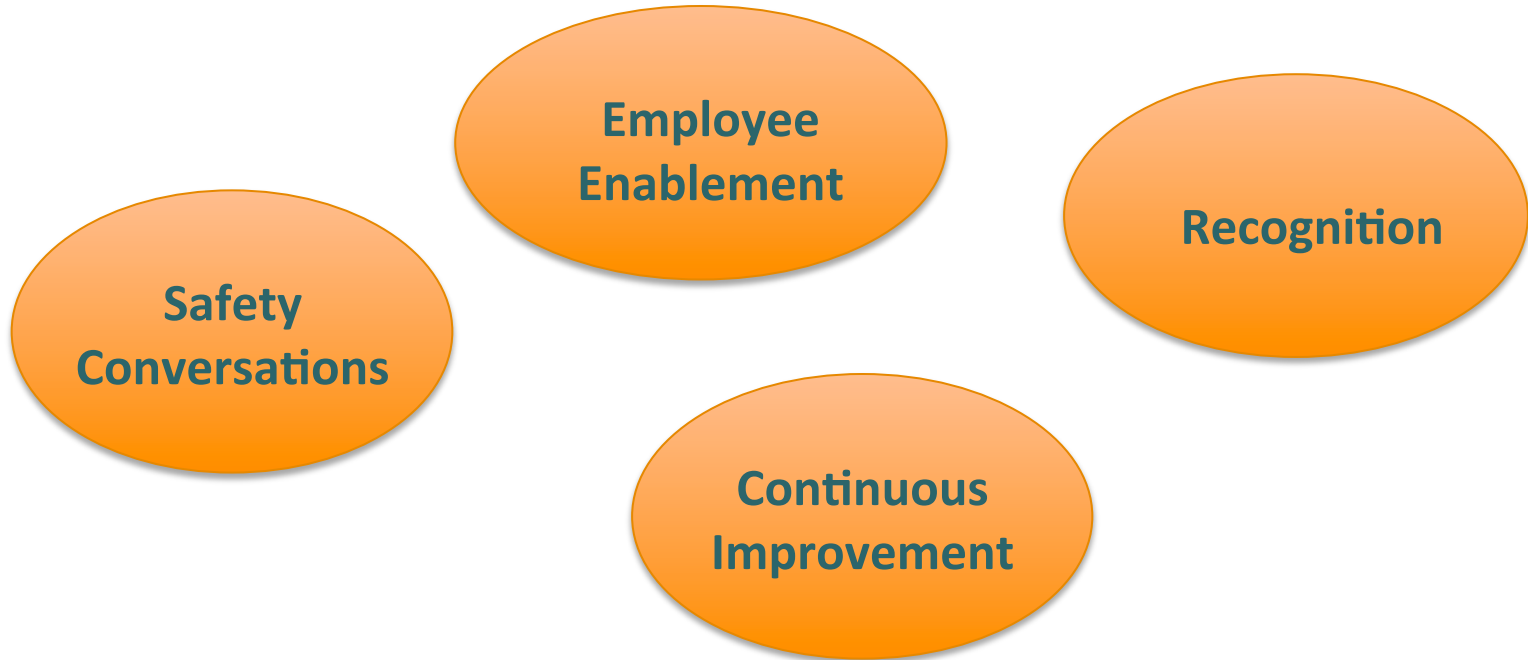
**Consistent
Follow up**

**Visible Decisions
with Foundation
of Safety**

Building Blocks



Holding the Blocks Together



Case Studies

- Linen Handling – EVS



- Patient Mobilization – Step-down ICU



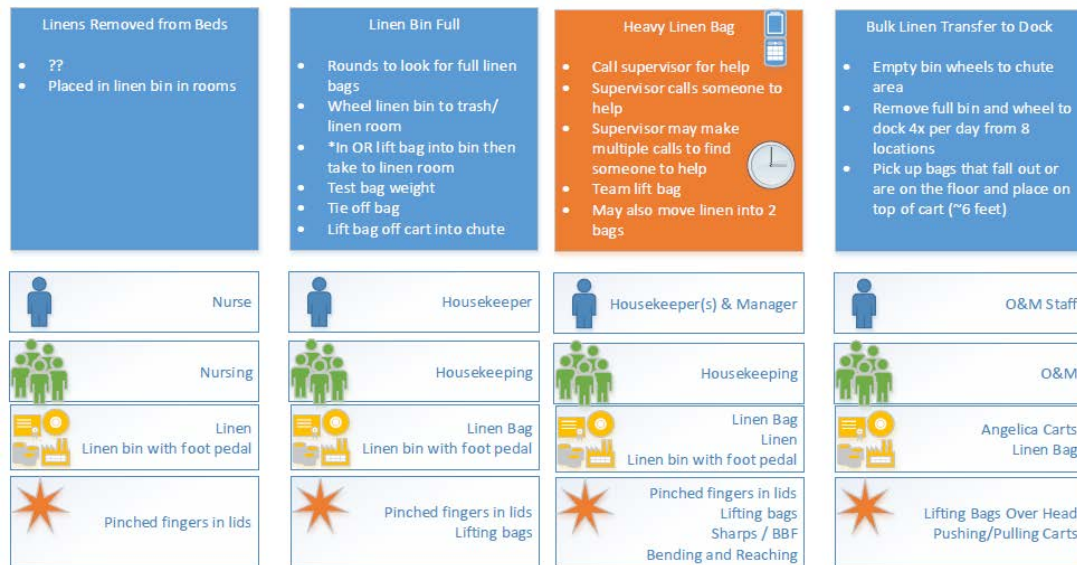
Linens Handling Injury Reduction

- Linen handling in Environmental Services
 - Heavy bag weights (up to 50lb)
 - Repetitive lifting
 - Awkward loads
 - Lifting from below knee height
 - High forces when pushing/pulling/ steering carts
 - Clogged laundry chutes
- 30% of EVS injuries were related to linen handling



Linen Handling: Process Review and Risk Assessment

- Leadership Kick-off
- Process mapping exercise (employee engagement)
- Data analysis
- Task force development
 - Bag weight
 - Linen chute management



Linen Handling: Corrective Actions

- Switched to smaller bags – decreased weight from 40 lbs to 18 lbs
- Additional staff for high turnover times
- Linen chute maintenance and management
- Staff empowerment
- Nursing partnership and education

Description of Current or Proposed Task	Frequency of Lift	Recommended Weight Limit (lbs)	Actual Weight of Bags (lbs)	Ergonomic Risk (LJ)
PATIENT UNITS				
Current process in units, assuming one lift per bag for first hour	0.3 lifts/min.	18	32	1.6
Current process in units, assuming two lifts per bag for first hour	0.6 lifts/min.	17.4	32	1.6
Current process in units, assuming one lift per bag for remaining 6 hours	0.17 lifts/min.	18	32	1.6
Current process in units, assuming two lifts per bag for remaining 6 hours	0.3 lifts/min.	18	32	1.6
New process to have one person dedicated to moving 200 bags per day	0.8 lifts/min.	14.6	32	2.0
New process to have two people dedicated to moving 200 bags per day	0.4 lifts/min.	18	32	1.6
New process of reduced bag weight and lifting 1.5 times the number of bags (due to the reduction in bag size), assuming two lifts per bag for the first hour	0.9 lifts/min	17.4	20	1.0
New process of reduced bag weight and lifting 1.5 times the number of bags, assuming two lifts per bag for next 6 hours	0.5 lifts/min	18	20	1.2
New process of reduced bag weight and lifting 1.5 times the number of bags with one person dedicated to moving 300 bags per day	1.25 lifts/min	13.5	20	1.3
New process of reduced bag weight and lifting 1.5 times the number of bags with two people dedicated to moving 300 bags per day	0.6 lifts/min	14.6	20	1.2

Assessment completed: April 2016 by Jessica Ellison, M.S., CPE, CSP

Linens Handling: Results



Morale

Increased reporting of near misses
Employee engagement in solution



Injuries

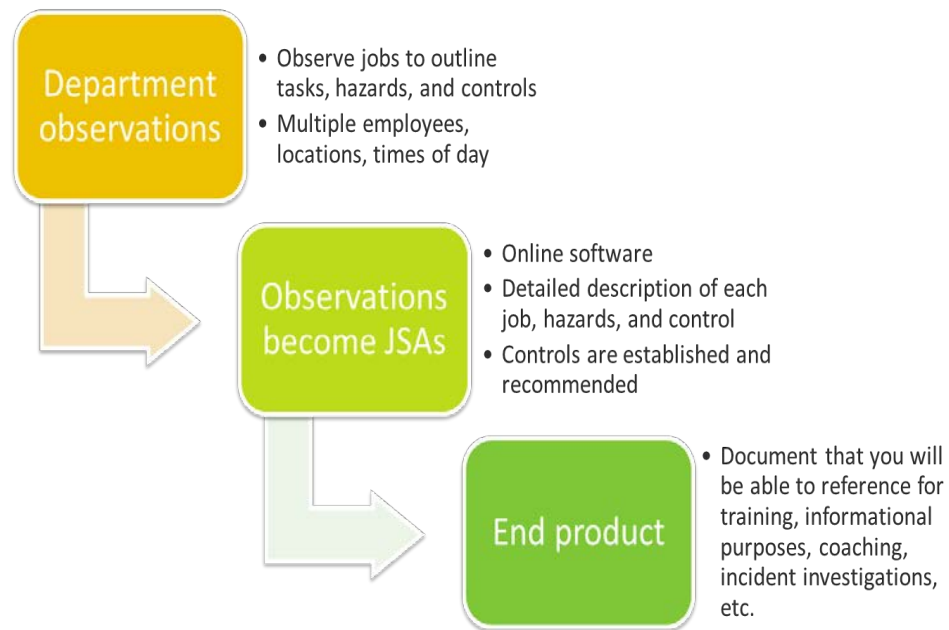
83% Reduction in linen handling injuries
44% Reduction in cost of injuries

Patient Mobilization Injury Reduction: Step-down ICU

- Department TCIR of 11.5
- Significant morale and staffing issues
- Risks included repositioning and moving patients with limited mobility

Patient Mobilization Risk Assessment and Process Review

- Leadership kick-off
- JHAs
- Root Cause Analysis Exercise
- Brainstorming session



Patient Mobilization Corrective Actions

- SPH Equipment located in every room
- Process alignment with OR and ICU
- Staff training
- Contests



Patient Mobilization Results

- 100% reduction in patient mobilization injuries
- Continued focus on risk identification
- Several awards for their performance



Summary

