



Managing Injuries in Hospitals: A Comprehensive Solution for a Complex Environment

Presented by:
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Today's Agenda

- **Introductions**
- **High Level Overview - Tenet Healthcare Work Injury Management System (WIMS)**
 - Infrastructure
 - Reporting and Investigation
 - Injury Triage and Care
 - Data Integrity
 - Communication
 - Transitional Duty
 - Injury Prevention
- **Discussion**

If only it were this simple...



Goal

**Reduce the frequency and severity
of work related injuries**

Best Practices

To achieve that goal, we have developed our internal best practices called WIMS (Work Injury Management Systems)

Consists of 10 guidelines to direct action and practice

Reality?...



Infrastructure

- **Sufficient staff to manage program**
 - Employee health and human resources
 - ACOEM guidelines: 1 per 800-1000 employees
- **Appropriate space and equipment**
 - Confidentiality
 - Security
 - Hardware/Software



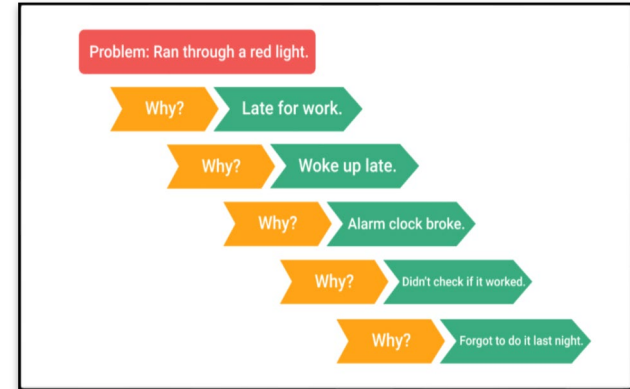
Infrastructure

- **Participation**
 - Visible senior management engagement/ownership
 - Department manager support
 - Employee input
- **Committee or work group support**
 - Injury trending
 - Solution development
 - Implementation support



Reporting and Investigation

- **Timeliness of report**
 - Employee
 - Supervisor
 - Employee health/HR
- **Employee incident report**
 - Format & transmission– electronic or paper
 - Accuracy
 - Investigation
 - Corrective actions



Injury Triage and Care

- **Injury triage**
 - Employee health
 - After hours nurse triage
 - Emergency or urgent care
- **First aid care**
 - Sharps or blood and body fluid exposure
 - Strain/Sprain
 - Slip/trip/fall



Injury Triage and Care

- **Advanced care**
 - Appropriate level of care
 - Present panel of providers if required
 - Communication with providers on expectations



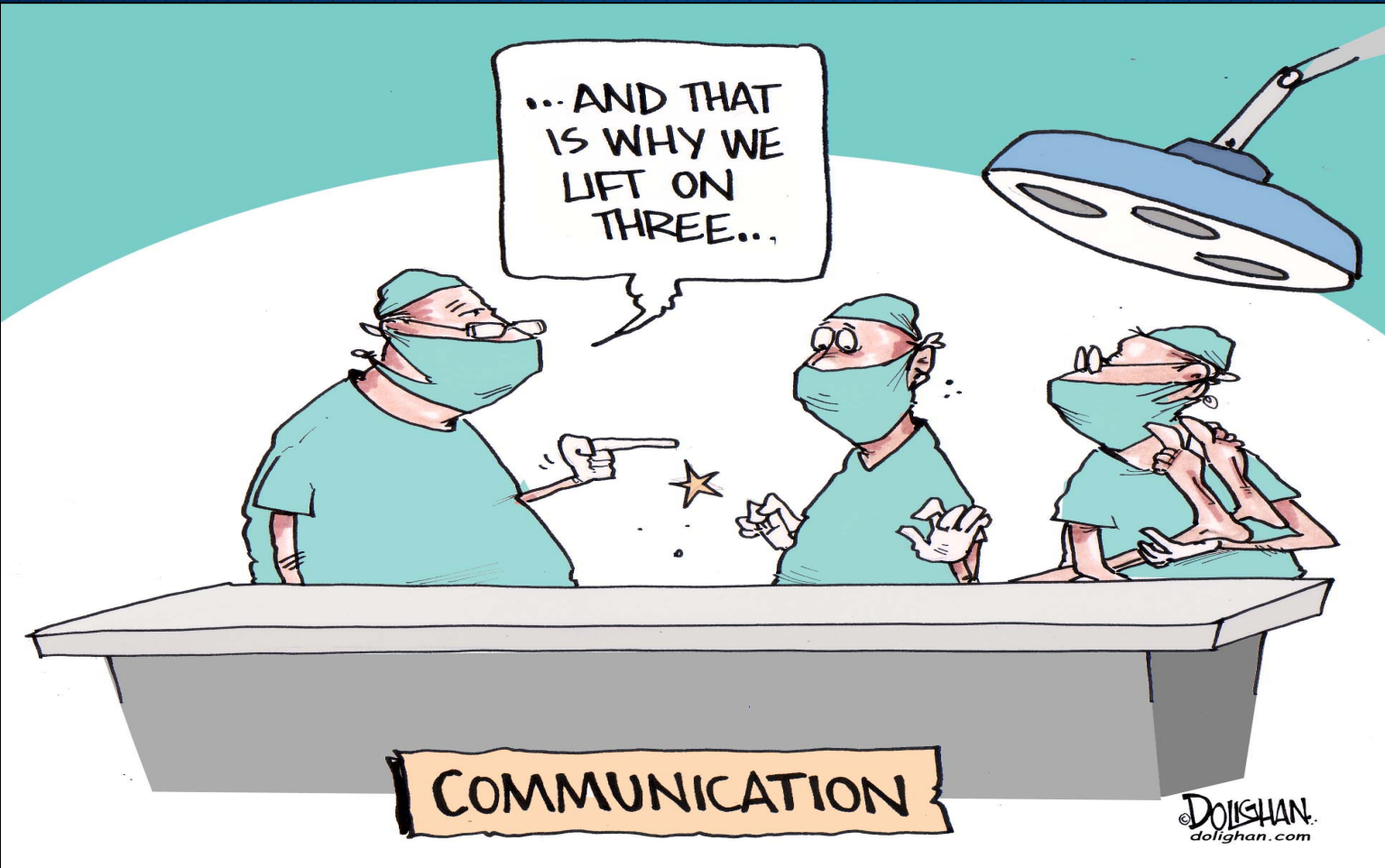
Data Integrity

- **Injury coding**
 - Accuracy
 - Drives trending and analysis
 - Impacts solution generation and implementation



Data Integrity

| Body Part | Event Description | Claim Code | Claim Code No. |
|-----------|--|------------------|----------------|
| Eye | Pt. was trying to get out of bed, was confused and punched employee in eye causing swelling & blurred vision | Patient handling | 4 |
| Foot | Employee was transporting pt. in bed in ICU, as backing up, wheel rolled over employee foot causing pain and bruising. Sent to employee health | Patient handling | 4 |



Communication

- **Lead person responsible**
 - Employee health nurse or human resource rep
 - Skilled in WC processes, leave policy, TPA
- Time frames
 - Initial employee contact within 2 days of incident
 - Ongoing
 - Employee after each medical visit
 - Transitional duty assignment and advancement

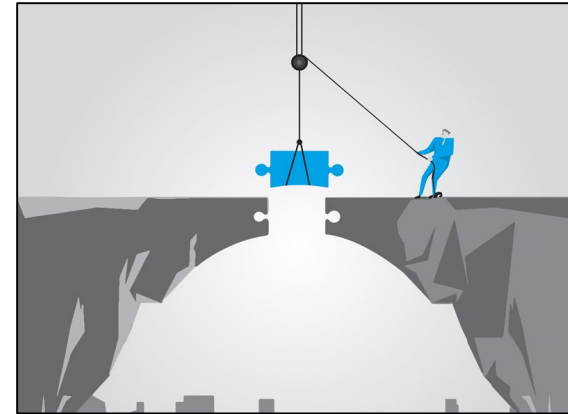


Transitional Duty

- **Return to Work (RTW)/Transitional Duty policy in place**
- **Team manage RTW – employee, employee health, work comp coordinator, HR, supervisor, medical provider**
- **Interactive process**
- **Routine progression and advancement**

Transitional Duty

- **Must understand physical requirements of employee's essential job functions**
- **Compare first to employee's original job demands**
- **Need to know employee's capabilities**
- **Determine “gap” between these points**
- **Interactive process is coming to agreement in how to “fill gap”**



Injury Prevention

- Patient handling
- Slip, trip, fall
- Sharps/needlesticks



Injury Prevention

- **Patient handling**
 - Perfect storm is present
 - Change caregiver mindset
 - Understand patient mobility needs
 - Program ownership



Injury Prevention

- **Patient handling**
 - Equipment and when to utilize
 - Friction reducing devices
 - Vertical lifts
 - Sit/stand lifts
 - Manual
 - Power



Injury Prevention

- **Slip, trip, fall**
 - Awareness
 - Environment
 - Footwear
 - Obstructed view
 - Hurrying

Injury Prevention

- **Sharps/needlesticks**
 - Awareness
 - Recapping
 - No safety or incorrect use of safety
 - Zone of use
 - Hurrying
 - Incorrect disposal

Injury Prevention

- **Safety Check**
 - What am I about to do?
 - What tools do I need?
 - How could I get hurt?
 - What will I do to protect myself and others?
- **Be mindful before you act**

Discussion

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Running on Empty Fatigue Management in Healthcare

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Covid Fatigue

“Pandemic Fatigue” term used to describe not just the intense tiredness and weariness many are feeling, but the irritability and disorientation which accompany it, for example, not knowing which day of the week it is as the days appear to merge into one...



Fatigue Overview

- What we Know

- ✓ Fatigue-Related Incidents in Healthcare
- ✓ When do fatigue errors occur?
- ✓ Types of fatigue? Compassion Fatigue?
- ✓ Who OWNS fatigue?
 - ✓ Employer Contributing Factors
 - ✓ Employee Contributing Factors
- ✓ Elements of a successful Fatigue RM Program (Sleepwell 2017)
- ✓ Fatigue Countermeasures
- ✓ Covid Fatigue Self-Care

Effects of Fatigue:

- Performance levels drop as work becomes longer and sleep loss increases (Lamond & Dawson, 1999)
 - Staying awake for 17 hours has same effect on performance as having a blood alcohol content of .05
 - Staying awake for 21 hours is equivalent to blood alcohol content of .1
- Working MORE than 12.5 hour shift increases the likelihood of errors **THREEFOLD** (Rogers, 2004)
 - Sleepiness
 - Irritability
 - Lack of Concentration
 - Poor Judgment
 - Impaired Recall
 - Reduced ability to communicate
 - Reduced fine motor skills and hand/eye coordination

Effects of Fatigue:

- Affects the ability to think clearly

- Nurses can't gauge their own level of impairment

Caldwell, Caldwell, Schmidt. 2008

- **Fatigue-Related Incidents Increase:**

- Those working 'odd' hours
 - ✓ Shift work
 - ✓ Work at night
 - ✓ People on call
 - ✓ Work regular overtime

Fatigue



Non-Work Related Fatigue

- Quantity of Sleep
- Quality of Sleep
- Absence or presence of sleep disorder
- Existing health issues

Fatigue-Related Incidents in Healthcare

- Injuries (Needle exposure)
- Medical Errors and Near Misses
- Drowsy Driving

Fatigue played a role in

- Exxon Valdez
- Chernobyl
- Challenger



Compassion Fatigue

- **Combination of physical, emotional and spiritual exhaustion associated with care of people with distress.** Lombardo & Eyre, 2011
- **Signs:**
 - ✓ Reduced ability to feel empathy
 - ✓ Lack of joy and/or purpose
 - ✓ Sleep challenges
 - ✓ Anxiety and memory issues
 - ✓ Substance abuse, depression and anger



Fatigue Interventions

- **Talk about it (EAP)**
 - Counseling
 - Education: Time Management, Caring for Aging Parent, Stress management, work/life balance
 - MemorialCare: Employee Wellness
- **Hospital**
 - Change/Track work assignments or shifts
 - Recommend time off or reduce overtime
 - Assess work satisfaction, balance, healthy attitude
- **Code Lavender**

Code Lavender

- Cleveland Clinic
- Keck USC (code lavender basket)
- Tampa General
- OSF St. Joseph's (code compassion)
- Johnson City Med Center

Code Lavender Team

- Support team finds you
- SOS program, one trained RN
- ER Code Compassion
- Led by clergy at hospital



In a “Normal” World, Who OWNS Fatigue?

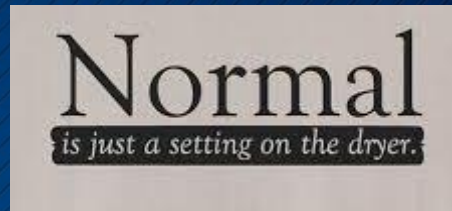
Normal
is just a setting on the dryer.

- The Employee?
- The Unit?
- The Organization?

It is a ‘shared’ responsibility to reduce the risks from shift work and long hours.



Who OWNS Fatigue: Employer



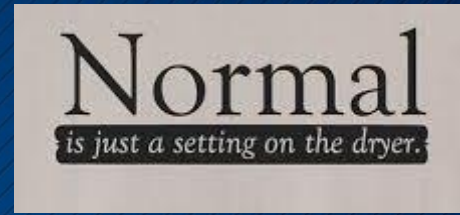
- Those who can influence work hours need to promote safe and healthy work hours
- Employer needs to shift paradigm and create a culture of safety and good outcomes
- Certain factors can and do contribute to fatigue (Hendren)
 - Assess staffing, scheduling, acuity levels, off-shift hours
 - Develop a plan, get staff input, encourage teamwork
 - Internal system to monitor and report fatigue

Fatigue: Employer Contributing Factors

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- Lack of Organizational support
- Changes in Leadership
- Frequency of change
- Decision dilemma
- The 24/7/365 nature of the business
- Daily changing of priorities
- Fewer resources combined with greater expectations
- Exhaustion
- Putting out fires

Who OWNS Fatigue: Employee



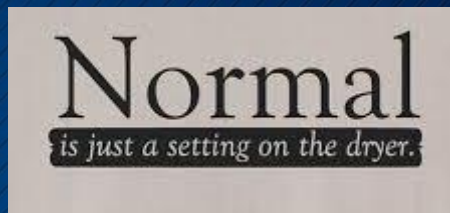
It is everyone's responsibility to address one's own (and coworker) fatigue. Employees must know their limits!

It is the responsibility of the nurse to follow safe work practices and work safely.

Nurses need to **OWN** their own safety and reject work assignments that compromise enough recovery time.

- Self-Care versus Culture
 - Hospital or Unit Culture
- Can nurses accurately assess their own level of fatigue?

Fatigue: Employee Contributing Factors



Work-Related:

- Scheduling
- Actual hours, overtime, extra shifts
- Type of work
- Work environment

Non-Work Related

- Quantity of Sleep
- Quality of Sleep
- Absence or presence of sleep disorder
- Existing health issues



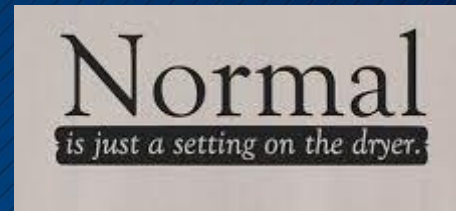
Super Nurse Syndrome



- Nurses' personal obligation to sacrifice themselves for the good of the patient
- To project an image of strength to avoid judgment by peers
- Nurse resistance to asking for help
- Fatigue is perceived as a sign of weakness
- Self Care versus Culture
- Generational difference:
 - Younger and less experienced nurses may not identify as a super nurse and prioritize home/life balance

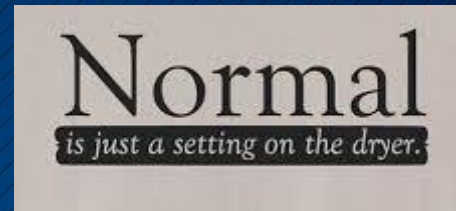


Elements of A Successful Fatigue Risk Management Program



- **FRMP is a program that brings all causes, controls and strategies for dealing with fatigue in the workplace in order to keep employees safe.**
Sleepwell Consulting, 2017
- **Committee:**
 - ✓ Part of Safety Committee – Add ‘how many hours have you worked prior to the incident’ to reporting systems
 - ✓ Occupational Health and Nursing Supervisor
 - ✓ Upper Management
 - ✓ Unit Leads
 - ✓ Employees

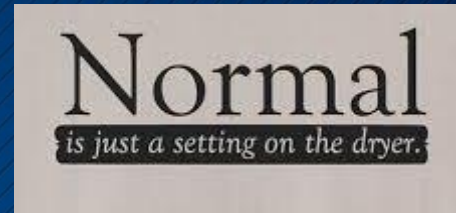
Elements of A Successful Fatigue Risk Management Program



1. Statement of intent and scope
2. Statement of acceptable work hours and **OT limits**
3. Identifying and Assessing Risk
 - ✓ Where do fatigue-related issues exist?
 - ✓ Which shift is at-risk?
 - ✓ Staffing
 - ✓ Consecutive Shifts
 - ✓ Off-hours work

Sleepwell Consulting, 2017

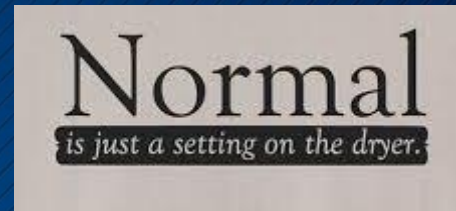
Elements of A Successful Fatigue Risk Management Program



4. Minimize and Control Risk

- ✓ Change start times
- ✓ Re-arranging or reassigning duties
- ✓ Providing napping opportunities
- ✓ Improve lighting
- ✓ Posters as reminders
- ✓ Pairing workers together
- ✓ Checklists
- ✓ Screening for and treating sleep disorders

Elements of A Successful Fatigue Risk Management Program



5. Investigate Fatigue Incidents

- Have a procedure for investigating whether fatigue played a part in incident. **Ask ‘how many hours have you worked prior to the incident’ on reporting systems.**
- Decide how to manage it in the future.
- Employees should feel comfortable reporting fatigue prior to accident occurring. (Not punitive)
 - ✓ Did employee have sufficient time off to get enough sleep?
 - ✓ Did employee exhibit signs of fatigue?
 - ✓ Were errors result of fatigue or something else?

Elements of A Successful Fatigue Risk Management Program

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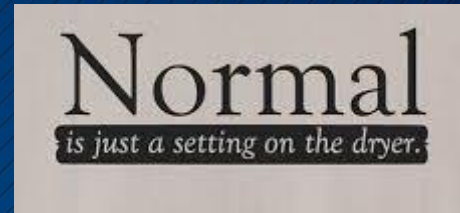
6. Awareness and Training

- Dangers of Fatigue
- Recognizing fatigue in self and co-workers
- FRMP only works if people know about it



Sleepwell Consulting, 2017

Fatigue Countermeasures



- **A targeted solution to address fatigue by enforcing:**
 - Regular breaks
 - Scheduled meal times
 - Regular work hours
 - Regular time away from job, even for a few minutes
- **Per diem or float pool RNs work during meals**
- **Monitor hours and provide adequate staffing**
- **Offer sleep accommodations (recliner and timer)**
- **Nap policies**
- **Create a CULTURE where this is the norm**

Fatigue Countermeasures

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- **WEARABLES:**

- Future of fatigue countermeasures
 - Healthcare, Transportation, Construction
- Device worn to predict and illustrate drowsiness
 - Blood pressure, pulse, gamification for alertness
- Currently trying to bio-mathematically identify fatigue
- Similar to a Fitbit or Apple watch



Covid Fatigue

“Pandemic Fatigue” term used to describe not just the intense tiredness and weariness many are feeling, but the irritability and disorientation which accompany it, for example, not knowing which day of the week it is as the days appear to merge into one...



Handling Covid Fatigue

- Take regular breaks during your working shifts, *even if you have work to do*. Breaks make us more efficient and productive and they help us to avoid burnout.
- Remember this is a long-game and none of us are indispensable—handover to your team or another colleague so you can properly switch off during your rest time.
- Consider a 3-minute ritual at the end of each shift—take 3 deep breaths and clear your head, mindfully.
- Stress Management to control the things you CAN control.

Stress Today is Unique

- **On-going Economy**
 - Uncertainty
- **2 Working Parents**
- **Single Parents**
- **Teacher Parents**
- **Sandwich Stress**
 - Caught between children & elder parents
- **COVID/Compassion Fatigue**
- **Balancing work, home and health**



Signs of stress will continue to escalate as COVID continues... recognize them!



- Anxiety, worry and fear
- Feeling on the “edge”
- Changes in appetite, energy, and activity levels
- Sleeping problems
- Concentration problems
- Increased irritability
- Increased use of drugs and alcohol
- Verbalizing thoughts of hopelessness and thoughts of suicide

Stress



- Over engagement
- Reactive/Emotional
- Sense of urgency
- Lost or diminished energy
- Leads to Anxiety
- Physically draining

- Disengagement
- Distant emotions
- Sense of helplessness
- Lost motivation
- Leads to feeling depressed
- Emotionally draining

Burnout



How Do People Typically Handle Stress?

- **RAGE!!**
- **Eat!**
 - Stress eaters
 - Stress Non-eaters
- **Distorted Thinking Patterns**
 - Silver Linings Playbook

There is only one you!



Develop and Follow a self-care plan



- Physical self-care includes
 - Diet
 - Water
 - Exercise
 - Proper rest

Develop and Follow a self-care plan

Self-Care for Mental Health

- Mental self-care includes:
 - Attending to your emotional needs by talking to other adults and examining the problem outside of your body.
 - Let go of self criticism as everyone has made mistakes in the face of the pandemic.
 - Express your thoughts and emotions through journaling, painting, drawing, gardening, and other creative avenues.



Ideas for Practicing Self Care

Physical:

- Go for a Walk
- Hike
- Dance
- Swim
- Clean a closet/drawer


Mental:

- Turn your phone off
- Read a book
- Do a DIY project
- Learn a new skill
- Draw or Color

Emotional:

- Meditate
- Yoga
- Talk to a friend
- Journal
- What are you grateful for?

Develop and Follow a self-care plan

- If you don't take care of you, who will?
-
-
-
-
-
-
-
-
-
-
- Self Care is:
 - Physical
 - Mental
 - Emotional
- 



Amy Latta



Spiritual self-care, even if you are not religious, includes living by a set of values you wish for others (compassion, empathy, friendliness, helpfulness, humor, and respectfulness).

- Embrace nature by spending time outdoors.
- Model good values by being that positive person for your family and others!

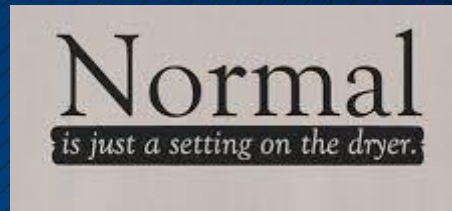


Summary on What We Know

Normal
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- Long shifts = Fatigue = Medical errors
- Nurse Fatigue affects patient safety, patient satisfaction and nurse job satisfaction
- Only 14 % of nurses report leaving work on time
- Most important factors for maladaptive fatigue
 - Shift worked (rotating and night shifts are worst)
 - Younger workers report higher rate of fatigue and poorer recovery than older workers Hill, 2011/Winwood, et al, 2006
- Overtime is financially driven

Summary on What We Know



- Fatigue is a collaboration among hospital administration, nurse management and the nursing staff. It is a shared responsibility.
- Policies need to be in place to monitor schedules, overtime and fatigue.
- Hospital culture needs to change to increase fatigue countermeasures.
- Awareness training on the effects of fatigue and burnout.
- Need for sleep is 2nd most powerful urge of body, 1st is need to breathe.

Resources

- Joint Commission “Health Care Worker Fatigue and Patient Safety (focus on shift length and work schedules)”
- Fatigue & Hours of Work Toolkit
 - Wisconsin Hosp Association
 - www.wha.org/fatigue.aspx
- Research by Linsey Steege, Univ of Wisconsin, Madison
- American Nurses Association
- Emergency Nurses Association
- Institute of Medicine



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