AOHP 2015 National Conference Poster Abstracts

**PP2015001**  
**Culture Change: Employee Safety through the Capture of Hearts and Minds**  
Cory Worden, MS, CSHM, CSP, CHSP, REM, CESCO  
*Memorial Hermann Health System, Houston, TX*

If we know that unsafe behaviors and unsafe conditions cause workplace injuries and illnesses, we know that we need to not only ensure regulatory compliance, but also to implement culture change in safety. This culture change is, however, an abstract concept – how can a methodological culture change be executed? We can look to those who have worked in culture changes in the most austere and dangerous of conditions for this process. Using “hearts and minds” counterinsurgency operational components, we can avoid being the “safety police” and instead enable and empower our employees to own safety at their own choosing.

**PP2015002**  
**Employee Health Role and Response in Emergency Preparedness**  
Cathy Floyd, DPA, MS, BSN, RN, COHN-S  
*Memorial Hermann Health System, Houston, TX*

The roles and responsibilities for employee health professionals during disasters is critical in planning communication, care and coordinated response for employer work populations. This not only conserves critical external resources, but supplements public health and emergency response efforts for the community. Upholding the OSHA General Duty Clause means responsible employee health professionals must prepare response plans in collaboration with other designated emergency response professionals during those times when providing a “safe and healthful work environment” extends into worksite or community catastrophic events. Creating plans and testing them in advance will help ensure successful outcomes for employees, employers and entire communities.

**PP2015003**  
**High-Reliability Employee Safety Culture Development**  
Cory Worden, MS, CSHM, CSP, CHSP, REM, CESCO  
*Memorial Hermann Health System, Houston, TX*

In healthcare, employee safety becomes one of many competing priorities. Regulatory compliance measures such as OSHA and Joint Commission standards tend to become benchmarks for success, while accident and injury rates persist to the outdated mantra of “the cost of doing business.” By utilizing High-Reliability principles to account for the comprehensive and systemic identification, assessment, and control of hazards among environmental conditions and behaviors, components and relations, and managerial oversight to promote reliability of behaviors and validity of metrics, workplace safety can become a matter of continual improvement, and accident and injury reduction can become a reality.
**PP2015004**

**Infectious Disease Transmission via Conjunctiva: Occupational Contamination Risk and the Role of Eyewear**  
Victor R. Lange, MSPH, MS, BS, BA, ICP, CRC, CRA, JD Candidate  
*Promise Hospital of San Diego, San Diego, CA*

Infectious pathogens can transmit via conjunctiva. Wherever bodily fluids are present, potentially deadly infection risk remains. However, splashes and sprays often occur without healthcare provider knowledge. The risk, therefore, is underestimated. In addition, protective eyewear, when used, can both prevent infection transmission and remain a source of ongoing risk. In a clinical study, nearly 50% of eyewear was contaminated after use. Post decontamination, nearly 75% of reusable eyewear remained contaminated. The role of eyewear in occupational health and safety is undervalued. Readily available disposable eyewear at point-of-use, combined with clinical education, can reduce risk and improve performance.

**PP2015005**

**Preparing for an Ebola Response: Failure Mode Event Analysis**  
Susan Flores, RN, COHN-S; Donna Newby-Bennett, MS, RN, CPHQ; Margaret Holt, BSN, RN; Janet Bacon, RN, CIC; David N. Scheck, MD; Denise Geuder, MS, RN, CNOR  
*Cancer Treatment Centers of America, Southwestern Regional Medical Center, Inc., Tulsa, OK*

Failure Mode Event Analysis (FMEA) is a proactive evaluation of a process to identify how and where it may fail, as well as to calculate the relative impact of each failure; the goal is to implement changes that prevent failures. Given the outbreak in West Africa, the spread to the United States, and considering 70% of patients travel from out of state to Southwestern Regional Medical Center (SRMC), the Ebola response plan was chosen for the proactive risk assessment. Overall, this poster outlines the steps, analyses, results and changes as a result of the FMEA for the Ebola response at SRMC.

**PP2015006**

**Preventing Chemotherapy Exposure During Heated Intraperitoneal Chemotherapy (HIPEC)**  
Susan Flores, RN, COHN-S; Davena Talley, MBA, BSN, RN, CNOR; Denise Geuder, MS, RN, CNOR  
*Cancer Treatment Centers of America, Southwestern Regional Medical Center, Inc., Tulsa, OK*

Hyperthermic intraperitoneal chemotherapy (HIPEC) is an innovative treatment for advanced abdominal cancers performed at Southwestern Regional Medical Center (SRMC). During the initiation of the HIPEC program, safety training was performed according to general guidelines. However, stakeholders began to express concerns about chemotherapy exposure after experiencing symptoms such as burning eyes during the procedure. Therefore, the occupational health team at SRMC began an ongoing investigation to document symptoms, assess current procedures and ultimately implement changes to prevent chemotherapy exposure during HIPEC. Overall, this collaborative effort resulted in important changes within the surgical suite to protect stakeholders performing HIPEC at SRMC.
PP2015007
Reducing Blood borne Exposures in the Peri-Operative(POS) Arena
Sarah M. Parris, MSN, RN and Subha Chari, MSN, MA, RN, CNOR, RNFA
Cancer Treatment Centers of Virginia Hospital Center, Arlington, VA

Blood borne Exposures (BBE) are a concern in the Peri-Operative Division at Virginia Hospital Center. In 2013, a significant increase in BBE was noted. As a result, in early 2014 a multi-disciplinary task force was formed. It was comprised of nurse educators, employee Health professionals, registered nurses in main and OB operating Areas, and surgical Technologists. The two posters describe the history/background of BBE including root causes, methods/strategies identified to reduce BBE. Retrospective data analytics for 2011-2014 resulted in a strategic plan to reduce BBE by six occurrences by the end of 2014 and an annual goal of 20% reduction.

PP2015008
Sit vs. Stand / Why Not Both?
Terri Vaughan, CEAS II
BJC Healthcare, St. Louis, MO

Background:
Is sitting the new smoking? Studies show that people may be healthier and more productive when they can frequently change postures in their work spaces.

Methods:
♦ Ergonomic specialists have historically recommended staff stand and stretch every 20 – 30 minutes.
♦ Call center staff indicate feeling tied to the desk based on call volume.
♦ Staff report to Occupational Health with discomfort to back, neck and hands.
♦ Staff are surveyed prior to move to new environment to determine current issues.
♦ Interventions are placed in new environment prior to occupancy.
♦ Post surveys of staff reveal improvements in comfort, productivity, mental focus and wellness.

Results:
Employees in a 24-hour RN-staffed call center at a new office building embraced the opportunity to invest in furniture that allows staff the ability to easily adjust their work surface height from seated to standing.

PP2015009
The Eyes Have It - Managing Highest Risk Exposures First
Amber Hogan Mitchell, DrPH, MPH, CPH
International Safety Center, Apopka, FL

Splashes and splatters of blood and body fluids are especially important with the emergence of threats like Ebola and ever-growing endemics associated with multidrug resistant organisms. Exposures to mucous membranes like the eyes pose a great threat as a window to infection/illness, especially when compliance with PPE use is low. This research is the largest quantitative occupational incident dataset from U.S. hospitals that contribute to the International Safety Center’s EPINet® surveillance system.
Incident data describe exposures to the eyes across job category, incident description and PPE use. This research drives focus on conquering the highest risk exposures first.

**PP2015010**

**The Use of Scorecards to Create a Culture of Safety in the Environmental Services Department**

Alicia Perez, DPT, PT, CEES  
UCSF Benioff Children’s Hospital Oakland, Oakland, CA

The Environment Services Department (housekeeping/janitorial) has among the highest injury rates due to many factors: physical demands of the job; aging population; multiple jobs. After a detailed ergonomic assessment of job tasks was performed, risk areas were identified. This information was correlated to the job descriptions, and a scorecard/checklist was developed for use as a training and assessment tool. The scorecards were introduced to staff during a group training as a guideline for how to perform tasks in a safe manner and as a tool to communicate feedback both from supervisor to employee and from employee to management. Delivered by a neutral person representing employees’ health and hospital safety, the message was received more openly by both supervisors and employees. Gradually, a culture of team safety was created, and the number and severity of injuries have decreased.

Many factors contribute to the success of the program. The group training provides consistency, which is reinforced with the use of the scorecards. The scorecard identifies any individualized training that is needed by providing an opportunity for the supervisor to watch in detail what the employee is encountering and to offer assistance in decreasing the risk, as well as to praise the employee for activities well done. Employees are also praised for asking questions, making suggestions and seeking guidance. Providing group training assists the employees in understanding other areas of work and therefore interchange positions when and if the need arises.

Another factor contributing to the success of the program is increased trust. Training and regular evaluations emphasize the “got-your-back” culture. Employees trust that we are using the scorecard to identify areas of risk and will do our best to remove them. A summary report is presented quarterly to the Safety Committee, and justification for changes is reported, in addition to level of urgency. Employees are updated during monthly staff meetings on status of the department and participate in an annual skills day to reinforce good safety practices. All activities contribute to improving employee safety and decreasing injury costs.

**PP2015011**

**Total Worker Health™- Collaborating for Safer and Healthier Workplaces**

Doris L. Dicristina, MS, BSN, RN, COHN-S/CM  
William H. Connolly and Co., LLC, Montclair, NJ

Total Worker Health™ provides recommendations for multi-disciplinary teams and healthcare specialties to partner together and combine their skills and experience to create safer and healthier workplaces and employees. The implications for a better overall quality of life, as well as helping to control rising healthcare costs associated with injuries and chronic illness, make this an imperative
approach for all healthcare professionals. Tremendous opportunity exists for occupational health nurses and industrial hygienists to combine their synergistic professional specialties to create improved outcomes for the shared populations we serve. This presentation, based on CDC/NIOSH research and program development, offers suggestions for successful collaboration.