

AOHP 2007 National Conference Poster Presentations Overview

A Hospital Minimal Lift Environment Enhances Patient Safety

Tammy Vasta, COHN

Memorial Health System

South Bend, IN

Measures will include functional independence measures, pt fall stats, pt skin related complications and pt satisfaction. We will also present material to demonstrate how a minimal lift environment improves staff satisfaction and quality of life related to ee safety and patient safety and outcomes.

Anatomy of a Detailed Post-offer Health Screen

Josie Clem, RN, Valerie Harrison, RN, Linda Struckhoff, RN and Linda Maassen, RN, COHN

Boone Hospital Center

Columbia, MO

We will state why we do a detailed post-offer health screen, giving examples of questions asked and other components. We will include samples of letters that employees take to their personal physicians for clarification of pre-existing conditions or restrictions. We will state what we believe are the benefits to the employer and employee of spending the time doing a detailed health screen and obtaining clarification of pre-existing conditions and/or restrictions.

Caring for Self, Caring for Others Occupational Wellness Program

Sharyn S Tondel MSN,ANPC

Hospital for Special Surgery

New York, NY

Participants in the Hospital for Special Surgery Wellness Program experience the benefits of learning to Care for Self so that they become healthy models for others. This program is based on Jean Watson's Caring Theory model. Programs are interdisciplinary reinforcing the Hospital goals of Caring Practice. Programs have been: "Nurses as Wounded Healers" nursing case studies, Stress Management for the Holidays Conference, Workday Yoga classes and The NEW YOU-innovative health challenge for employees. The Hospital's 2007 Education Day Theme is "Caring for Self, Caring for Others" using this as an Occupational Wellness Program outreach.

Injury Prevention: A Safe Patient Handling Success Story

Alane Strong RN, BSN

Hartford Hospital

Hartford, CT

One injury-prone area in our hospital was the Cardiac Lab. The injury rate from patient handling spiked in 2002, (increasing 6 fold), as costs increased from \$0 spent in 2001 to \$17,000 in 2003. Lost time increased from 0 days to 153 days in 2005. We evaluated lateral transfer devices and purchased an air transfer device for each treatment room to be used on all patients. Since this practice change in 2006, we have had no medical costs, lost time or OSHA reportable injuries from this area.

Managing Norovirus in the Workplace

S. Akers, LPN

Missouri Baptist Hospital
Sullivan, MO

In November 2006, the IC/OH professionals of this small community based healthcare facility noted an increase in the ee absentee rate. More than 33 ee's and 6 pts became ill during the Norovirus outbreak. Interventions consisted of aggressive hand hygiene campaign, instructions on reporting and criteria for return to work.

Meeting the Challenge: Obtaining High Employee Participation in Your Flu Campaign

Donald R Dush COHN

Parkland Health Center
Farmington, MO

Annual immunization against influenza is recommended for healthcare workers. High employee participation can challenge occupational health. Parkland Health Center, using previously identified best practices, traditional methodologies and innovative strategies, increased participation in our influenza vaccination campaign. Some creative enhancements included a dollar for each vaccination taken was put into a "kitty" by administration with the money randomly drawn and divided between three employees. The 100% Club was developed to recognize departments where all employees were vaccinated as well as a Dare to Care Club for departments with increased participation. Our participation increased by 15% for an overall rate of 80.6%.

Minimal Lift Program

Kelly Flewelling

St Mary's Hospital
Amsterdam, NY

St. Mary's Hospital is a 143-bed acute care hospital in the foothills of the Adirondack Mountains of New York state, employing approximately 1,100 associates. 63% of the nursing staff is over the age of 40 and the average age of our RN staff is 47. Recognizing that patient handling injuries were impacting our workforce, we conducted an ergonomic study to quantify the extent of our exposure and to determine potential solutions.

A minimal patient lift program was launched in 2004 to reduce Workers' Compensation claims and to protect our bedside care providers. This poster presentation will provide results of this program.

OSHA addresses OR safety: Blunt-tip suture needles reduce injury risk to surgical personnel

Sheila Brown Arbury, RN, MPH, COHN-S

Occupational Safety and Health Administration
Washington, DC

Occupational exposure to bloodborne pathogens may occur when employees receive an injury that penetrates their skin (percutaneous injury). In the surgical setting, sharp-tip suture needles are the leading cause of percutaneous injuries. One alternative to sharp-tip suture needles is blunt-tip suture needles which may be used to suture less-dense tissue, including muscle and fascia. This poster presentation by OSHA staff will describe the hazard of sharp-tip suture needles, present evidence of the

effectiveness of blunt-tip suture needles in decreasing injuries to surgical personnel, and emphasize OSHA's requirement in the Bloodborne Pathogens standard to use safer medical devices where clinically appropriate.

TB Surveillance using QuantiFERON-TB Gold

Airn A. English, MSN, ANP-CNP

University of Illinois at Chicago
Chicago, IL

QuantiFERON-TB Gold (QT), a blood test used for detection of immune response to tuberculosis infection, was implemented at UICMC in 2006 and over 4,000 tests have been completed. A positive result indicates an exposure to Tuberculosis, not active Tuberculosis. QT eliminates false positive results due to BCG vaccination and most non-tuberculous mycobacteria infections, which increases the number of employee's included in surveillance. QT is a blood test, therefore a second visit is not required for surveillance leading to less annual visits and less lost time. Because it requires only one visit and is done at the employee's convenience, it has the potential to increase satisfaction and improve compliance.

The Bus Stop Flu Vaccination Program

Laurie Barnes, RN, Jan Dean, RN, COHN-S, Linda Grabau, RN, Cheryl Ash, RN, Nancy Peterson, RN and Robin Goetz, BSN, RN, COHN-S

Mayo Clinic
Rochester , MN

The Mayo Clinic Employee Occupational Health Service Flu Committee is responsible to coordinate the Influenza Vaccination Program for the 29,000 Mayo Clinic employees. The challenge was to find a process to reach the 6,500 nurses for influenza vaccination. The Bus Stop Vaccination Program was developed to bring the vaccine to the work units to facilitate convenience and limit the interruption of patient care. This poster emphasizes the nursing strategies implemented for improved vaccination rates for the Department of Nursing at Mayo Clinic.