2011P001
Alternate Uses for Ceiling Lifts
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To decrease the stresses and strains on its healthcare workers, BJC has added ceiling lifts in the Physical Therapy and Obstetrics departments. In Physical Therapy, the ceiling lift is used for training patients to assess increased weight bearing and to initiate early gait training outside conventional parallel bars. Obstetrics is using ceiling lifts during delivery to assist staff by comfortably holding the legs of obese women, allowing staff to better assist both the patient and the medical provider.

2011P002
Cost Savings Through the Prevention of Blood Spray Exposure During an Umbilical Cord Transection
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The risk of blood spray during an umbilical cord transection is significant, and the cost of managing an exposure event is substantial. A new shielded umbilical cord cutter and clamp device was tested against the usual method of scissors, hemostat and Hollister clamp (Winters, 2002). A cost simulation model was developed including equipment cost, number of healthcare workers present, number of deliveries and average cost of managing a blood exposure event. The results indicate that the new device can reduce costs by nearly 40%. This model indicates the potential for significant cost savings to hospitals during umbilical cord transections.

2011P003
Decreasing Needlesticks In Surgery
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In 2007 and 2008, the Surgery Department had the highest number of needlesticks of all hospital departments. In 2009, a “Sharps Awareness Week” was held in the Surgery Department, providing the surgeons and staff a look at new equipment and blunt suture needles. A “no touch” method of passing sharps was implemented. Blunt suture needles were introduced in 2010. In 2010, needlesticks decreased to 10 with no needlestick injuries occurring with passing instruments or sutures, reflecting a 47% decrease in needlestick injuries and a 57% decrease in needlesticks to the surgical techs.

2011P004
Hazardous Drug Health and Safety Policy: Providing the Best Employee Protection
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Healthcare workers may be at risk for unprotected exposure to hazardous drugs. A team comprised of key stakeholders from various professional backgrounds reviewed national research, regulatory standards and professional organization recommendations, as well as surveyed other healthcare organizations’ policies to determine best practices and develop a standard organizational policy to adequately protect employees. A medical surveillance program, including a surveillance questionnaire, exposure assessment tool and target group identification process, was developed. PPE selection and policy wording were clarified.

**2011P005**

**Mandatory Influenza Immunization Policy: Management of Adverse Reactions**  
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To protect patients, employees, family members and the community from influenza infection, in November 2009, Barnes Jewish Hospital implemented a mandatory influenza immunization policy. All Barnes Jewish employees, contracted clinical personnel and volunteers were required as a condition of employment to be immunized against influenza each year. This policy includes, but is not limited to, those with and without direct patient care or contact. All Barnes Jewish Hospital vaccination programs are coordinated through the Occupational Health Department. The Occupational Health Department was confronted with the task of planning, implementing and enforcing for the first time an unpopular mandatory immunization program during the 2009 flu season. The 2009 season required two vaccines for full protection, the H1N1 and Seasonal Flu.

**2011P006**

**Mitigation of Health Risks Within a Housekeeping Department**  
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*OSF Saint Francis Medical Center, Peoria, IL*

The Housekeeping Department of this medical center suffered a high injury rate and had low participation in wellness activities. A multidisciplinary team embarked on a year-long research study to determine if focusing on nutritional education would impact the injury rate. It is hypothesized that monthly nutritional education sessions will be effective in modifying eating behaviors and reducing the body mass index (BMI), which will lead to a reduction in work injuries. Six-month results reveal a decrease in injury rate. Data analysis will also review pre- and post-intervention personal wellness profiles to determine effectiveness of the education.

**2011P007**

**Preventing Workplace Bullying: The Role of Occupational Health Nurses**  
*Suzette Bramwell, MN RN COHN-S*  
*Intermountain Healthcare, Medical Group, Salt Lake City, UT*

Are workplace violence and bullying on your agenda? Occupational health nurses can be key resources and leaders in your organization for this initiative! Effective in 2009, The Joint Commission created a new standard requiring healthcare organizations to have a code of conduct and process for managing disruptive and inappropriate behaviors. The American Nurses Association has vested interest in the health and safety rights of nurses and has identified workplace violence as a priority issue. This poster
will describe Intermountain Healthcare’s new Workplace Violence Initiative and its approach to addressing workplace bullying, with emphasis on the role of occupational health nurses.