

AOHP 2013 National Conference Poster Presentations Abstracts



2013P001

A Pilot Nurse Peer Vaccination Program Improves Flu Vaccination Rates

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The Vanderbilt Occupational Health Clinic's (OHC) influenza vaccination campaign for 2012-2013 ended successfully and achieved a historically high vaccination rate. Despite all the effort utilized in the past, vaccination rates haven't been so great, especially among nurses. This year, OHC launched a pilot Peer Vaccination Program (PVP) for the purpose of providing greater convenience for nurses who couldn't leave their units. The PVP utilized designated nurses throughout Vanderbilt to offer influenza vaccines to their coworkers. The pilot program went well, and the peer vaccinators helped give more than 1,300 influenza vaccines to their peers!

2013P002

Case Managing the Injured Caregiver

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Workers' Compensation at a large midwestern tertiary care center identified a need for a coordinated hospital-based return to work program for occupationally injured employees.

A case manager interfaces with the Occupational Health medical team and oversees a modified duty return to work program (MDRTWP) promoting earlier workforce re-entry. Weekly conversations with the employee provide support and assistance with appointments. The injured employee is accountable to attend therapy, often progressing more rapidly. Pertinent medical information allows claims to quickly progress. Quality assurance for workers' compensation for OSHA compliance has improved. Employee satisfaction and engagement has increased as employees have quickly returned to work.

2013P003

Clowning Around with Employee health

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In my practice, especially in trainings, I found that I needed a new, creative approach. I tried clowning to liven up the topic of OSHA training. "Curly Q" showed up at training classes and got immediate attention. She helped the employees look forward to their training instead of dreading it. Because Curly Q was so popular in OSHA training, she now shows up to cheer a lackluster day, spread some happiness or just make us laugh. Clowning has been fun for me and the employees. It is inexpensive to start. I just bought a wig from a local novelty shop and got some "wild and wooly" clothing from the local Goodwill. I have discovered a whole different side of myself, and the employees grin when they see me coming!

2013P004

Creating Respiratory Protection Competencies for Occupational Health Nurses

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The Institute of Medicine (IOM) report *Occupational Health Nurses (OHNs) and Respiratory Protection: Improving Education and Training* (2011) outlined seven recommendations to improve the competency of OHNs in respiratory protection. An advisory board was convened in December 2011, with stakeholder representation from the CDC/NIOSH/NPPTL, AAOHN, AOHP, ABOHN, ANA and the IOM Standing Committee on Personal Protective Equipment for Workplace Safety and Health. Based on the results of the 2012 survey of OHNs, the advisory board appointed a team to develop respiratory protection competencies and educational products to educate nurses at all levels about respiratory protection. This poster will outline the progress to date in the development of the competencies.

2013P005

Data Collection on Ortho/Neuro Unit To Determine Correct Bed To Ceiling Lift Ratio

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Data were collected on an Ortho/Neuro unit in a large metropolitan hospital where 50 percent coverage of ceiling lifts were installed. Due to point prevalence study results, the coverage for med/surg was determined to be 50 percent. Data collection selection included: hospital acquired pressure ulcers; quarterly staff focus groups; staff survey; patient survey; monthly lift count; retention of staff; workers' compensation patient handling injuries; and documentation reviewed to address culture change. Data were collected for one year prior to install and for one year post install.

2013P006

Developing and Implementing a Comprehensive Safe Patient Handling Program at Mayo Clinic Florida

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Background: Mayo Clinic Florida (MCF) patient and employee injuries are a large health, staffing and financial burden. Direct and indirect costs associated with employee injuries from 2005-2009 were \$1.3-\$2.7 million. This included healthcare, wages, lost time, legal fees, administrative time and employee replacement. In addition, if a patient is injured in a preventable fall, there are additional costs of \$9,113-\$13,507, (Physical Therapy, 2009) according to Medicare. The National Institute for Occupational Safety and Health states that employees should not lift more than 35 lbs in providing patient care and should not push or pull greater than 20 percent of their body weight. The epidemic of obesity is further compounding the issue by adding to employee injury and by making it impossible for some patients to obtain healthcare due to access issues. As evidence supporting safe patient handling (SPH) grows, unions and state legislatures are moving to pass laws that protect healthcare workers and patients. Objective: To develop and implement a comprehensive SPH program at MCF, which would decrease OSHA (Occupational Safety and Health Administration) reportable injuries and DART (Days Away and Restricted Time) by 20 percent in 2012, and to increase awareness and reporting of injuries.

Conclusion: The SPH program at MCF has provided an effective set of tools and supportive measures for decreasing employee injuries.

2013P007

Does A Mandatory Influenza Masking Policy Program Sustain Results?

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Influenza (the flu) is a contagious respiratory illness caused by the Influenza viruses. It can cause mild to severe illness, and at times lead to death. Older people, and young children with certain health conditions, are at high risk for serious flu complications. The best way to prevent the flu is by getting vaccinated each year. Research has now led to the development of an anti-viral medicine, Tamiflu, to treat flu symptoms. But, flu season still comes every year, and with it comes the threat of another pandemic virus like H1N1. Getting healthcare workers to vaccinate on a voluntary basis has been difficult; finding a way to increase the statistics was a long hard process, including many hours of brainstorming.

Our health system recognizes that vaccination is the most effective way to protect employees and patients from influenza, but many employees refuse to be vaccinated. We implemented a formal masking policy to help prevent the spread of influenza by requiring un-vaccinated healthcare workers to wear masks. Statistics obtained and analyzed from Health Services Electronic Medical records confirm sustainability and increased compliance. These statistics are inclusive to all employees and show a 90 percent or greater vaccination rate.

2013P008

Ergonomics: A Proactive Approach to OR Innovation, Surveillance and Redesign

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Vanderbilt University Medical Center has 83 operating rooms (OR.) The overall ergonomic well-being of OR staff and OR design should be continually addressed to minimize injury risks and to keep technology current. A focus group, led by the Vanderbilt Occupational Health Clinic (VOHC,) recognized that one-time fixes are not likely to provide lasting benefit. This group reviewed the information gathered by VOHC and prioritized four areas of concern: lighting; visual systems; slips, trips and falls; and patient handling. Based on the evaluation findings, VOHC developed a comprehensive report of recommendations and best practices for future OR innovation, surveillance and redesign.

2013P009

Implementing Respiratory Protection Programs: Examples, Strategies, and Innovative Approaches from the Field

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The Joint Commission, Oakbrook Terrace, IL

The Joint Commission and Centers for Disease Control and Prevention (CDC,) National Institute for Occupational Safety and Health (NIOSH,) National Personal Protective Technology Laboratory (NPPTL) have collaborated to develop a new educational monograph designed to assist hospitals in implementing their respiratory protection programs (RPPs.) The monograph features examples, strategies and a variety of implementation approaches which were solicited from the field and vetted through an eight-member Technical Expert Panel. The monograph is part of a cluster of research

activities spearheaded by NPPTL/NIOSH around respiratory protection programs and will be available for free download from The Joint Commission Web site.

2013P010

Improving Coworker Safety through implementation of SPHM Program

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This poster will present details of the development and implementation of a successful Safe Patient Handling and Movement program, including documented results of injury reduction for St. Joseph's Candler, a magnet facility with two hospitals and more than 3,600 coworkers.

The program included a focus on several things:

- To achieve a "No Lift" work environment in all Patient Care settings
- Change Healthcare Culture
- Anticipating the Needs of the Future:
 - ◆ Aging Workforce/ Patient Population
 - ◆ Bariatric Patients
- Implement a System Wide SPHM Program with a Phase-in approach with equipment/training

St. Joseph's Candler has reduced coworker injuries by 50 percent in less than two years, in addition to conducting a Gap analysis and planning to implement additional equipment to further reduce injuries.

2013P011

Patient Handling Program Post Implementation: A Two Year Survey of Caregivers Injured While Manually Lifting Patients.

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Safe patient handling program development and implementation best practices abound in nursing literature. The Joint Commission and The American Nurses Association have weighed in on patient handling programs by developing patient handling standards. An assessment of patient handling programs post implementation, specifically effectiveness and impact on caregivers, is warranted. At Vanderbilt University Medical Center, a two-year assessment of caregivers injured while manually lifting patients despite a fully implemented safe patient handling program was completed. Respondents (n=116) were interviewed to determine perceived barriers to, as well as recommendations for, compliance with patient handling equipment use.

2013P012

Perceived Stress and Workplace Psychosocial Risk Factors: The Impact on Uruguayan Health-Care Professional's Health Related Quality of Life

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Previous studies have demonstrated an increased impact on the healthcare professional's health related quality of life (HRQoL,) as they are exposed to specific work-related stressors and risk factors. This study

reports on perceived stress, psychosocial risk, and HRQoL of Uruguayan Public Health emergency nurses and physicians.

We collected data from a sample of 200 Uruguayan healthcare professionals. Measures included: PSS; MOS-SF-12v2; ISTAS. Preliminary analyses have been conducted: frequencies; descriptives; mean differences; and correlations for scales items.

ANOVAs showed important gender, occupation and profession-based differences in HRQoL.

Results have implications for group-based tailored psychoeducational programs that specifically address this population's mental health and psychosocial needs.

2013P013

Reducing Needlesticks: Engaging the End User

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In January 2012, the Product Evaluation Committee of a large midwestern tertiary care center recommended a Safety Syringe Committee investigate safer insulin and heparin needles. Members included Supply Chain, enterprise wide Occupational Health, Environmental Health & Safety, and nurse managers. Vendors were selected for a product trial on nursing units based on needlestick injury rate and participant interest. Users provided feedback via an on-line survey. The committee analyzed survey data and presented results to the Product Evaluation Committee. A vendor was selected based on survey results. Needlestick injuries declined during the product trial on the pilot units. Conversion to the selected product occurred in 2013.

2013P014

Thermal Stress On Occupational Health In Micro And Small Sized industries of Punjab - Pakistan

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Heat stress and related illnesses are more liable to develop among workers because of prolonged working hours and high metabolic rates under increased ambient temperature. A cross-sectional study on eight small and medium sized entrepreneurs in Punjab-Pakistan showed that the mean age of workers was 28.6 ± 10.5 years working for 8.8 ± 1.5 hours a day at a metabolic rate of 165-230 W/m² (ISO 7243 exertion level) with 0.5-2 hours rest. Results of this study revealed that workers are liable to have heat stress and related illnesses because of longer working hours, limited rest duration and high wet bulb globe temperature (indoor) exposure values.

2013P015

Where there is Fire, there is Smoke and Smoke and Smoke

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In September 2012, lightning strike fires and windy weather set off a chain reaction of concerns for the Wenatchee Valley area. For weeks, the fire and smoke issues were profoundly problematic for humans and animals alike. Public health bulletins cautioned the local air quality as severely compromised, and hospitals, nursing homes, schools and businesses were impacted. Potential and actual loss of property, the unpredictable nature of multiple fires and smoke presence made life difficult for thousands of people. Central Washington Hospital reacted quickly to anticipate and mediate problems for patients, visitors and staff coping with the fires and smoke.

Departments were affected in unanticipated ways with air handling issues. Public Health recommended N95 masks for the very high particulate counts. Employee Health provided emergency training to several hundred people on fit testing and wearing N95 respirators. Staff were challenged by personal, respiratory issues, school and daycare closures and fire proximity issues. The community worked together to control panic and anxiety in this time of crisis. While our Employee Assistance Program usage was only slightly elevated, many employees requested consultation from employee health about how the fires and smoke had impacted them personally.

2013P016

Workplace needs in emergency departments – perceptions of health care workers

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The nature of work demands and conditions poses significant threats to occupational health and safety (OHS) among healthcare workers (HCWs) in emergency departments (EDs.) For an effective approach to risk reduction and health improvement, consideration of specific needs from the perceptions of HCWs is required. A cross-sectional study was conducted for interviews and focus group discussions. Three major themes emerged, including: the threat of violence from patients and their family members; work-related stress; and effectiveness of OHS management. These findings contribute to the program design and considerations regarding workplace health and safety for workers in EDs.