

Best Practices for **Extended-Care Facilities**



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Introduction

Living longer can be a mixed blessing in today's society because sometimes chronically ill or frail individuals need assistance with the basic functions of living. Many dependent elderly become extended-care facility residents, where their physically demanding needs are both a challenge and a hazard to nursing aides and other caregivers.

Extended-care facility workers are caring individuals and often place more emphasis on patient safety issues than their own. Such circumstances have led to extended-care facility employees sustaining frequent and often severe workplace injuries, according to the federal Bureau of Labor Statistics (BLS).



Nationally, extended-care facility workers have experienced injuries and illnesses at an alarming rate. BLS reported in 2006 that for Standard Industrial Code 8050, the extended-care facility injury and illness incident rate was 9.8 in comparison with a private industry incident rate of 4.4. This fact is largely why BWC's Division of Safety & Hygiene and numerous federal agencies have focused on the extended-care facility industry for accelerated hazard-control activities.

There are many reasons for the high injury and illness rates in extended-care facilities. Generally speaking, injuries occur throughout a facility, but are largely due to the high incidence of resident transfers. According to the BLS:

- Nursing home workers suffer most injuries when handling residents (51.2 percent);
- Fifty-eight percent of their injuries were strains and sprains;
- While back injuries account for 27 percent of all injuries in the private sector, they account for 42 percent in nursing homes;
- Of the 10 occupations with the highest number of injuries and illnesses, only truck drivers and laborers exceed the injury rate for nursing aides and orderlies.

In addition, according to BWC statistics, back injuries average more than \$23,000 in workers' compensation expenses.

Many residents are totally dependent on staff members to provide for their daily living activities. Recent hospital trends indicate these facilities send older, more dependent patients to extended-care facilities for care in an attempt to cut rising hospital costs. The nurses' aides are those workers who primarily assist residents with their daily needs, experiencing the risks of awkward positions, excessive force and repetitive motions.

Other sources of injury and illness include:

- Bloodborne pathogens;
- Electrical hazards;
- Physical conditions that lead to slips, trips and falls.

Extended-care facilities dedicated to quality resident care, and maintaining a quality and stable work force, have risks inherent to the business that have been controlled. Attention to ergonomic risk factors and controls, a strong management commitment, involvement of the employees, strong and regular safety awareness training, and progressive claims management are commonalities in these institutions.

This manual is dedicated to the communication of these commonalities found to be successful for extended-care facilities in Ohio in terms of safety and health, and workers' compensation management. Do not consider it all-inclusive, but rather representative of successful strategies that these organizations have learned are vital to a sound process.

BWC research findings

This publication contains a variety of examples of extended-care facilities that share successes — public and private, large (350 employees/200 residents) and small (60 employees/32 residents), and statewide in location.

Results

On average, the facilities that participated in this study experienced:

- A 29.6 percent increase in payroll over three years;
- Claims costs per claim 85 percent lower than the state-wide average for the industry group;
- One facility had no claims;
- One facility accomplished a 99-percent experience modification for workers' compensation, down from 350 percent five years earlier. Proactive, aggressive loss prevention and control were the cited reasons. "Administrators need to be out helping staff to gain the opportunity to see the problems of staff members," the facility's administrator said. "Senior managers must personalize the work environment and get to know their employees, and treat them like family;"
- One facility, whose administrator advises safety is about coaching and mentoring with visibility being the key, has profited by being in a group-rating program for eight years. That organization's premiums are roughly 59 percent of the base rate for this industry;
- A 100-bed facility in southwestern Ohio in group rating pays 59 percent of the base rate as compared to a high of 180 percent three years earlier. Going from paying almost twice as much workers' compensation insurance as competitors to just more than one-half has made quite a difference in the profitability of the facility. It reports "there are two crises in health care; injury rates and turnover. This intervention in our process has made a phenomenal difference in both;"
- Another success story is in the experience of a larger facility that reports a turnover rate of 5 percent in an industry where rates of 50 percent, 60 percent, even 100 percent are not uncommon. "Get people involved and take injury prevention seriously," said the facility's human resource director. "Regulations are not a terrible imposition; accept them and build for these minimum standards, and strive to be better. Try to reach excellence in daily operations. Get the temp-agency employees involved by training them and explaining the correct procedures; make them feel part of the operation. Help others be successful, and be genuine in your efforts. Management must put forth the extra effort, and follow up on all comments and suggestions. Teams work. The staff here knows that the administrator will ask them about any accident that they had, ask them to fill out forms and ask how they are doing. It is important to show injured workers that management cares about them."

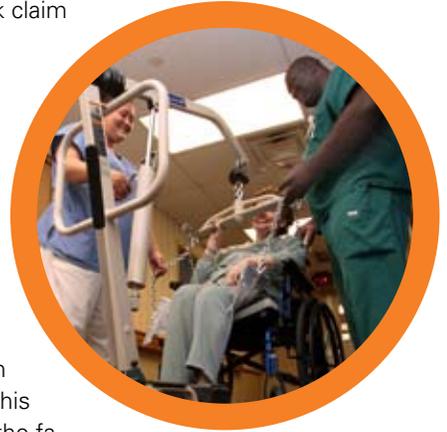


One hundred and eleven health-care facilities in Ohio participated in the SafetyGRANTS\$ program where they purchased equipment to reduce or eliminate lifting and or bending. This equipment included electric beds, ceiling lifts, floor lifts, bathing systems and lateral transfer devices. On average, their back incidence rate per 100 full-time employees reduced from 3.91 to 2.19, a 44 percent reduction. Each facility spent approximately

\$50,000, and the return on investment was 1.3 years using an average back claim cost of \$23,000.

Non-tangible, but equally important, results include:

- Reductions in injury frequency and severity;
- Improvements in employee/management communications;
- Heightened safety awareness;
- Employee morale, attitude and productivity improved.



Common accomplishments

Upon review of results from interviews of representatives from these facilities, common activities surfaced as effective means of loss prevention and control. These accomplishments are summarized in the categories on this page and page 6. Again, not to be perceived as an all-inclusive list, each of the facilities champion these activities, citing them as largely responsible for their continued success.

Commitment represents:

- Dedicated resources;
- Management participation;
- Meetings to relay process;
- Accountability;
- Staff and equipment expenditures;
- Better wages and benefits;
- Maintenance of a mission.

Management commitment

- Resources of time, money and personnel are dedicated to the safety process.
- Administration provides a visible, active voice and participation in the process.
- Regular meetings of management include progress of safety process activities.
- Authority and accountability are given to employees and their supervisors for the safety process.
- Commitment is made to better the work environment, by maintaining more nursing aides on staff than required by the state, and purchasing patient-handling equipment beyond basic needs.
- Readiness to offer increased wages and/or benefits to attract a more dedicated staff.
- Maintaining a mission that includes quality care for residents and workers.
- Zero-lift or team-lift policies aid in the minimization or elimination of back injuries.
- Zero-lift policies promote the use of lift devices instead of physically handling clients.
- Team-lift policies prevent individual handling by any one employee.

Employee recognition

Various programs offer recognition for a job well done with awards ranging from simple praise to monetary incentives for completion of goals.

Examples seen in this study include providing the most safety suggestions in a given period, serving on employee safety committees, contributing to employee safety efforts such as Safe Workplace Days and using safety publications, etc. Some facilities reward and recognize employees based on a reduction in the number of workplace injuries as well. Although these efforts can be successful, you must be cautious when recognizing and rewarding employees based only on statistics. These programs tend to focus on past rather than future performance, and can result in the discouragement of early reporting of injury symptoms. One facility administrator uses the philosophy that his reward program avoids giving any prize that “even a dead person could win.”

Employee involvement

- One of the most effective forms of employee involvement is the safety team or committee, which the majority of the interviewed facilities use. These committees have a variety of duties, suited to each organization, but overall empowerment to solve safety process concerns is common. Other duties include safety audits of the physical locations, review of incident reports and the authority to make decisions on type of patient handling devices.

Employee recognition means praise for a job well done.

To involve employees:

- Form a safety team;
- Allow employees to make policy changes;
- Institute employee suggestions;
- Encourage employee-generated corrections.

Effective claims management includes:

- Employment of transitional duty;
- Accident analysis;
- Communication with injured workers;
- No manual-lift policies.

- The employer gives employees the opportunity to help make policy and procedure changes.
- Management values employee suggestions and acts upon them in a timely manner.
- Employees create work orders to correct physical hazards.

Claims management

- Transitional duty is an effective method of getting workers back to their regular job in a timely manner with no risk of injury. One facility employs a back safety program to get the injured worker back to the facility as soon as possible. It does this by offering inter-departmental job choices, in-house rehabilitation and usage of the training personnel for re-training of job duties that may have led to the injury.
- Accident analyses are held for every incident, whether it results in injury or not.
- Attention to claims is essential; periodic communication with injured workers and the medical providers is an important part of that.
- Zero-lift or team lift policies aid in the minimization or elimination of back injuries.

BWC's safety and services

BWC offers a long-term care program to help Ohio nursing homes and hospitals reduce injuries related to patient moving and lifting. This specialized program reimburses nursing homes and hospitals the interest paid on specific types of equipment loans.

By helping their employers safely lift residents or patients long-term care loans may assist nursing homes and hospitals to purchase, improve, install or erect needed equipment. This equipment includes sit-to-stand floor lifts, other lifts and fast electric beds.

For additional information visit the long-term care program Web page at <http://www.ohiobwc.com/home/current/releases/2007/LTCL.asp>, or call 1-800-OHIOBWC.

To learn more about the safety services BWC offers visit BWC's Web site, ohiobwc.com, or call 1-800-OHIOBWC, to request a Safety Services Catalog.

Internet sites for extended-care worker safety and health

Occupational Safety and Health Administration

www.osha.gov/SLTC/nursinghome/index.html

Ohio Department of Health (nursing home inspection and regulations)

www.odh.state.gov

National Institute for Occupational Safety and Health (NIOSH)

www.cdc.gov/niosh/topics/healthcare

Strategies to reduce the risk of back strain in nursing homes

<http://www.safetek.com/safetyplans/nh>

New York State Zero Lift Task Force

www.zeroliftforny.org/index.php

Department of Veteran Affairs Safe Patient Handling

www.visin8med.va.gov/patientsafecenter/safepthandling/default.asp