

Graphs and Pictures were taken out in this handout

Live audience polling will be done – come for an interactive experience!!

The Intersection between
Worker and Patient Safety
*Harmonizing Employee Health,
Wellness and Safety*

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Objectives

- Describe the link between worker health and safety and patient health and safety
- Assess current programs already in place in hospitals and healthcare systems
- Identify elements to best integrate worker and patient health and safety programs in your organization

Goals

- Patient safety – a key health care issue driving decision-making and policy formulation
- Emerging issue – health and safety of those who treat patients
- AND, the impact of healthcare worker health on patient safety

Look at national data:

- Lower Patient Mortality
- Decrease recordable injuries

Projects around the Nation that we should look at in Maine

- Strengthening the Connection Between the Health and Safety of Healthcare Workers and Their Patients
- Organizational Health and Well-being is at the top of the agenda for most organizations
 - Paradoxially,

How can patients get well if their caregivers are at risk?

- Health care: the riskiest work in the United States
- Musculoskeletal issues, infectious disease, violence, stress, and more
- Evidence suggests healthcare workforce health/safety is linked to quality of care and patient safety

Inextricable link between Healthcare Worker Safety with Patient Safety

- ACOEM position paper

Healthcare Workers

- Prone to a wide variety of health risks, ranging from musculoskeletal issues to depression and burnout
- Burnout and dissatisfaction among healthcare workers compromises the goals of the triple aim:
 - Improving patient experience
 - Improving health of populations, and
 - Reducing per capita costs of health care
- Shift towards the Quadruple Aim

UK – team based care Optimal Team Approach

- Empowers the health well-being of their healthcare workforce
- Percentage of their staff working in the well structured teams – lower patient mortality within their hospital health systems
- PICTURE of GRAPH – Error, Stress and Injury
- Patient Mortality Rate

Healthcare Workforce is Particularly Unhealthy

- 55% of nurses are obese (BMI >30)
- 28% LPNs smoke
- Significant % of ER staff suffers from addiction
- High Utilizers of Medical Services
 - Typically receive “curbside consults” and do not receive recommended treatment/preventive services
 - No appropriate follow up and follow through
- Stress/Depression levels are considerably higher (e.g. second victim syndrome)

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Stress

The most ubiquitous toxic exposure in the Healthcare Workplace

Healthcare Worker Burnout and Dissatisfaction

- Percent burnout increased 10% overall from 45.5% to 54.4% between 2011 – 2014
- GRAPH placed here
- Talk about Culture of Health and Safety – physical and psychological safety
 - Coping and Resiliency Training

Evidence – Systematic Reviews

- 80% of studies conclude that well-being and burnout are associated with patient safety. (Hall et al. 2016)
- Positive associations of physicians' occupational well-being with patient satisfaction, treatment adherence, interpersonal aspects of patient care. (Scheepers et al. 2015)
- Nurse staffing hours inversely related to patient falls, mixed results for nurse staffing and pressure ulcers. (Stalpers et al. 2015)

Evidence – Systematic Reviews

- Positive organizational climates related to improved patient safety and worker satisfaction, mixed results related to worker turnover. (Stone et al. 2008)
- Safety culture improves worker safety behavior and injury rates. Mixed results for patient outcomes. (Health Foundation of the UK)

Dartmouth and UCLA Experience

- Share data collected in New Hampshire and California
- Talk about how to apply in Maine

MaineGeneral Experience

- Relationship between our wellness program and DART and Experience MOD rates
- Return of Investment and Value of Investment Data on MaineGeneral strategic well-being initiatives
- Talk about how did we shared strategies and implemented programs to community employers ranging from 11 employees – 700+ employees in various industries

Metrics

- By Units: Surgery, Pediatrics, Orthopedics, etc. and certainly by hospital (if applicable)
- Integrated: might include patient safety issues like falls, quality incidents and “near misses” but also think about BBP exposures and infectious disease exposures like TB and possibly patients satisfaction
- Data on healthcare staff working within that unit – such as workers’ compensation claims, health risk assessments, medical and pharmacy claims data, OSHA encounters and patient safety/quality data
- Ideally, create a dashboard for ease in reviewing metrics

Q&A and Discussion

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