

# AOHP 2008 National Conference Poster Presentations Overview

## DECON TEAM... The Occupational Health Role

**S. Akers, Occupational Health LPN/ Infection Control Assistant, S. Marcee, EMT-P, Manager of Emergency Medical Services, N. Gemeinhart RN, BJC Manager Occupational Infection Control and Dr. J. Fitzgerald, Medical Director of MBH-S Emergency Room**

Missouri Baptist Hospital-Sullivan  
Sullivan, MO

In response to Emergency Preparedness and Hospital Disaster Procedures, Missouri Baptist Hospital-Sullivan established an emergent Patient Decontamination Team (DECON). This multidisciplinary team successfully implemented guidelines highlighting a safe decontamination process involving chemical, biological, radiological and nuclear contaminants. Program objectives include staff/visitor/patient protection, prevention of secondary contamination, and concise, open communication surrounding the hazardous substance. Team competency is escalated through frequent training exercises/drills and participation in genuine decontamination events. The Occupational Health role focuses on employee health assessments throughout PAPR suit time, including safety issues related to use of equipment, wearing of personal protective equipment, and monitoring for potential toxic exposures.

---

## Exceeding the Expectation...A Voluntary Influenza Vaccination Program

**Cindy Bardon R.N., Occupational Health Nurse**

Barnes Jewish St. Peters Hospital  
St. Peters, MO

Each year, we face the challenge of immunizing healthcare workers (HCW) against influenza. Despite the Centers for Disease Control's recommendations, on average, 42% of HCWs are immunized. To promote both patient and employee safety, Barnes Jewish St. Peters Hospital set a target of 80% vaccination of HCWs for 2007-2008. By mid January, 85% of HCWs were immunized. The keys to success of our voluntary vaccination program were education, leadership support, and the use of a variety of vaccination tools. From ancillary services to professional staff, employees demonstrated personal accountability in exceeding our goal.

---

## Management of a Potential Pertussis Exposure

**Ann R. Bienstock, BS, RN and Eileen A. Finerty, MS, RN, CIC, FNP**

Hospital for Special Surgery  
New York, NY

Pertussis, is a highly communicable, vaccine-preventable disease that lasts for many weeks and is typically manifested in children with paroxysmal spasms of severe coughing, whooping, and posttussive vomiting. The Director of Infectious Control received a telephone call from the New York State Department of Health regarding positive Pertussis serology on a patient who had recently been discharged. Infection Control contacted Occupational Health Services. Patient care and ancillary departments who were potentially exposed were notified of the exposure event and advised to send their employees to OHS for evaluation and follow-up. Through out the incident, open lines of communication were kept with the New York State Department of Health who provided expert clinical guidance regarding Pertussis exposure. All employees that had contact or suspected contact were notified and seen in OHS and started on Azithromycin for 5 days. Bactrim was the alternate medication choice for employees with Azithromycin allergy. Five employees developed respiratory symptoms and were prescribed Azithromycin after obtaining nasal-pharyngeal swabs. Of the five, three were symptomatic, met the potential case definition criteria and were furloughed for 5 days until

their course of antibiotics were completed. None of the employees became ill or had adverse reactions to Azithromycin. A confirmed diagnosis of Pertussis was never obtained for the source patient and no employee developed Pertussis. Obtaining a definitive diagnosis of Pertussis can be tricky. Laboratory results are confusing and nasal-pharyngeal swabs are difficult and uncomfortable to obtain. We fully appreciated the expert guidance offered by the Department of Health and our Infectious Disease physician, however, expert guidance should be readily available to Occupational Health Clinicians who may need rapid access to information at an inopportune moment like the Friday of a long holiday weekend when Infectious Disease and epidemiology coverage may be reduced. Excellent communication between Infection Control and Occupational Health is essential especially during potential outbreak.

---

### **Linking Anticipated Outcomes of Safe Patient Handling Program to the Mission, Vision, and Values of the Organization**

**Jacquelyn G. Curry, MSN, MBA, CRNP**

Franklin Square Hospital Center/MedStar Health  
Baltimore, MD

At Franklin Square Hospital Center in Baltimore, Maryland, our values support our vision to be the trusted leader in caring for people and advancing health. They are symbolized by five Pillars of Excellence, People, Service, Quality, Growth, and Fiscal Responsibility. The assertion was made that the benefits of a Safe Patient Handling/Minimal Lift Program relate to these values, and that implementation of such a program is another avenue to achieving our corporate mission to serve our patients, those who care for them, and our communities.

---

### **Transforming the Culture through Information Technology to Implement a Safe Patient Handling/Minimal Lift Program**

**Jacquelyn G. Curry, MSN, MBA, CRNP**

Franklin Square Hospital Center/MedStar Health  
Baltimore, MD

Implementation of a Safe Patient Handling/Minimal Lift Program requires a cultural transformation. A multitude of personnel require effective training and ongoing support of their learning to ensure this transformation occurs. Not only is classroom education and competency assessment necessary, but clinical resources must be made readily available and accessible at the point-of-care. Often, resource manuals are created and placed on units for staff to use as their reference guides. However, these resource manuals quickly become misplaced, torn and out-of-date. Information technology was used to ensure all users at the point of care had information readily available and up-to-date.

---

### **SRHS SafetyFirst Employee Safety Program**

**Denise Hollis, RN**

Spartanburg Regional Healthcare System  
Spartanburg, SC

SRHS developed the SafetyFirst Employee Safety program with the goal to support and improve the quality of life, health and safety of our 5000 employees. From 2001 through 2007, SRHS's multifaceted approach has resulted in a reduction in gross incurred workers' compensation medical costs by 74% and a reduction in DART and TCIR by greater than 40%. The SafetyFirst process includes enhanced Employee Health services, return to work, transitional duty, minimal lift patient handling, ergonomic services, a novel employee safety incentive program, creative staff education and management accountability resulting in the acceptance of a culture of safety.

---

### **Antineoplastic Medical Surveillance of Employees**

**Karen Karwowski RN, BSN Other Team members (not attending conference): L. Carter, CIC, CHSP; C. Dougan, RN, BSN; D. Drabik; S. Gendjar, RPh; M. Lehr, RPh; L. Lenihan, RN; H. Pratt, RN; R. Salter, SPHR; G. Sohal, M.D.; I. Wollner, M.D.; J. Wonsul, RN, BSN.**

Henry Ford Health System  
Detroit, MI

Historically, Henry Ford had an employee health program for those employees who worked with chemotherapy drugs, but the program had been eliminated many years ago. In 2004, the Office of Environmental Safety began receiving calls requesting the re-implementation of such a program, and about the same time, the NIOSH Alert Preventing Occupational Exposures to Antineoplastic and Other Hazardous Drugs in Health Care Settings was published. Discussions began soon after with Employee Health and in late 2005 an Anti-neoplastic Team was called together with Employee Health facilitating this Team. In October 2007, our new program was rolled out to our employees. This program is not only for medical professionals, but for all employees who come into contact with chemotherapy drugs. We have them assigned to three groups according to their level of potential exposure risk: primary, secondary, and tertiary. The components of this program include (a) mandatory yearly education for all three groups of exposure risk; (b) surveillance questionnaire and physical examination performed by our Occupational physician and RN every 2 years. The exam includes blood work, EKG, systems and physical review along with specific personal protective equipment review.

---

### **SmartMOVES A Corporate Wide Approach to Safe Patient Handling**

**Kelly Flewelling, Human Resources Specialist; Dee Kumpar, RN, BSN, Lavina Taylor, RN; Mary Ellen Whalen, RN, BSN**

Ascension Health  
St. Louis, MO

Ascension Health encompasses over sixty acute care hospitals and more than 20 long term care facilities - representing upwards of 110,000 associates. As we face a future with an aging workforce and potentially fewer caregivers, maintaining the physical and emotional health of our staff is crucial. A focused approach is necessary to help eliminate injuries to associates that occur while handling and transferring patients. This poster offers an overview of the patient and associate safety initiative: SmartMOVES. It will reveal essential components of a safe patient handling program, including how multiple hospital systems disseminated SmartMOVES to caregivers at all levels. The program was conceived in March 07'. Selection of a multidisciplinary team brought together experts from Nursing, Education, PT, HR, Financial/Statistical Analysis Team and Management. Together they have created a program designed to change the culture of patient handling as it is known today. The poster reflect a "Lights, Camera, Action" theme to represent steps take to initiate, implement, and sustain a safe patient handling program. Key Points are addressed including knowledge transfer, equipment selection, education, competency and staff training, barriers, and sustaining the program.

---

### **In 3D: The Three Dimensions of Employee Wellness**

**Scott Lawson M.S., Certified Industrial Hygienist, President and Founder of The Scott Lawson Companies**

The Scott Lawson Companies - Scott Lawson Group, Ltd.; Comp-SIGMA, Ltd.; Workforce Wellness  
Concord, NH

With healthcare costs growing exponentially, employers are increasingly seeking ways to improve employee health. There are three dimensions of employee health: healthy and safe work environments, quality workers' compensation insurance, and the physical wellness of employees. Together, they create TOTAL HEALTH, a necessary component in creating and maintaining a productive workforce. With the right tools and complete management commitment to TOTAL HEALTH, every company can build wellness, improve health, and maintain a robust bottom line.

---

**Flu Shots: Not so inclined to decline**

**Dr. Steven Cummings – Medical Director of Employee Health and Tina Thompson, RN BSN MPH – Employee Health Manager**  
Saint Louis University Hospital  
Saint Louis, MO

Mandating influenza vaccination in healthcare workers has been a focus topic for years now. Virginia Mason's strongly motivating approach was tempting. Saint Louis University Hospital, a Tenet owned facility, took a middle of the road approach for the 2007-2008 Flu season.