

# AOHP 2009 National Conference Education Sessions Abstracts

**A** = Advanced **I** = Intermediate **B** = Basic

## PRECONFERENCE WORKSHOPS

**W001** **B**

8 hour Workshop

### **Getting Started Workshop**

**By Aftab Ahmed, RN, BSN, Carolyn Amrich, RN, COHN and JoAnn Shea, ARNP, COHN-S, MS**

**Overview:** This comprehensive, informative course is designed for the occupational health professional new to the field. The eight-hour didactic course was developed from the *Getting Started* manual. The manual is updated every two years by the AOHP organization. Course content is up-to-date, encourages interactive discussion and is presented by a team of experienced experts. All participants will receive the 2008 edition of the *Getting Started* resource manual in CD format.

#### **Aftab Ahmed, RN, BSN**

**Speaker Bio:** Aftab Ahmed is a nurse in the Employee Health Department for Covenant Health System, Lubbock, Texas. He graduated from nursing school in Manchester, England and also holds a bachelor's in nursing from West Texas A&M. He worked in public health nursing prior to coming to Lubbock. Aftab has 25 years of nursing experience in a wide variety of health care settings, including intensive care, nursing administration and occupational health nursing. He has been employed in occupational health since 1994. Aftab is responsible for 6,500 employees, physicians and volunteers for health maintenance. Other responsibilities include hospital safety, Decontamination Response Team, Emergency Preparedness Task Force, implementation of safe needle devices throughout the system, and injury prevention and management.

#### **Carolyn Amrich, RN, COHN**

**Speaker Bio:** Carolyn Amrich began her career as a pediatric nurse at Children's Medical Center Dallas and has been in Occupational Health at Children's since 1991. Carolyn took the exam for certification (COHN) in May 2000. The department has expanded from Employee Health Services to Occupational Health and Wellness through the past 15 years. She began as the sole employee and now manages four nurses, one medical assistant and one administrative assistant. The wellness program is expanding and includes Weight Watchers at Work, a walking program called Step Now and a tobacco free program.

#### **JoAnn Shea, ARNP, COHN-S, MS**

**Overview:** JoAnn Shea is an adult nurse practitioner and has been the Director of Employee Health Services at Tampa General Hospital for 22 years. Her responsibilities include coordination of the Drug-Free Workplace Program and Employee Recovery Program. JoAnn is experienced in substance abuse interventions and drug testing. She has served as Past President of the Florida West Coast AOHP Chapter.

**W002** **I**

8 hour Workshop

### **Mini-FCE: The Role of Brief Functional Screening in Return to Work**

**By Deborah Lechner, PT, MS**

**Overview:** After a course of acute care, return-to-work decisions are typically made without functional information. Functional testing for the injured worker has traditionally been reserved for a comprehensive three- to four-hour Functional Capacity Evaluation (FCE). Because of their length and expense, FCEs are often ordered only for patients whose conditions are more chronic. However, the Mini-FCE, administered earlier in the return-to-work process, can play an important role. In conducting a brief functional screen of the most physically demanding job tasks, the clinician can provide functional information for the treating physician and facilitate better return-to-work decisions.

**Objectives:**

1. Understand the role of the Mini-FCE in return to work.
2. Design a Mini-FCE and incorporate it into clinical practice.
3. Communicate the results of the Mini-FCE in an effective manner.

**Speaker Bio:** Deborah Lechner has more than 20 years of experience in industrial rehabilitation and injury prevention. She has developed and validated functional capacity, post-offer and job analysis protocols. She has published numerous articles in international peer-reviewed journals and has presented numerous workshops at national and international conferences on FCE, JDA and POS.

**W003** 

4 hour Workshop

**Disruptive Behavior in Healthcare: Zero Tolerance!**

**By Stephen A. Burt**

**Overview:** Healthcare leaders and caregivers have known for years that intimidating and disruptive behaviors are a serious problem. Verbal outbursts, condescending attitudes, refusing to take part in assigned duties and physical threats all create breakdowns in the teamwork, communication and collaboration necessary to deliver patient care. The Institute for Safe Medication Practices found that 40 percent of clinicians have kept quiet or remained passive during patient care events rather than question a known intimidator. The Joint Commission will require hospitals and other organizations to have a code of conduct that defines disruptive behavior and a process to address such behavior. The new Standard is coded LD.03.01.01, EP 4, EP 5, and became effective January 1, 2009. EP 4 states, "The hospital/organization has a code of conduct that defines acceptable and disruptive and inappropriate behaviors." EP 5 stipulates that, "Leaders create and implement a process for managing disruptive and inappropriate behaviors."

**Objectives:**

1. Recognize the 10 elements of performance for the Joint Commission Standard for disruptive behavior.
2. Explain the negative effects that undesirable behavior can have on healthcare, such as increased medical errors, adverse outcomes and staff turnover.
3. Be able to initiate legal strategies to address issues of disruptive behavior at any level, including a workable process to address disruptive behavior.

**Speaker Bio:** Stephen A. Burt is President of Healthcare Compliance Resources of Roanoke, Virginia. From 1981 to 1994 Steve was the Corporate Environmental Manager for Carilion Healthcare System and was awarded the prestigious American Hospital Association's Phoenix Award. Most recently, Steve was the Corporate Administrator of Employee Safety for Inova Health System in Falls Church, Virginia. He serves as Vice President of the AOHP Virginia Chapter.

**W004** 

4 hour Workshop

**EHS Quality Assessment: Essential Tools of a Systematic Analysis for Today's Business Climate**

**By Dee Tyler, RN, COHN-S, FAAOHN**

**Overview:** In a business climate that emphasizes quality and quality care, occupational health professionals need to also be prepared to objectively demonstrate that they are providing quality in their services to the healthcare community while striving for continued improvement. The only way to do this is to have a systematic way to collect information and analyze the collected data, followed by planning for improvement. This session will assist the occupational health professional to develop the skills and tools they need to accomplish this task. By doing so, these professionals can determine that the services they offer meet regulatory and industry standards, as well as to help justify the importance of the role they hold to their employers.

**Objectives:**

1. State the purpose and benefits of conducting a systematic quality analysis in Employee Health.
2. Identify the five main areas of conducting a quality audit in Employee Health.
3. Receive a tool to assist in performing ongoing Employee Health quality audits and analysis.

**Speaker Bio:** Dee Tyler is the Director of Medical Management for FinCor Solutions. She provides nurse case management for disability claims and loss prevention services in Michigan, Minnesota, South Dakota, Wisconsin, Ohio and Indiana, as well as return-to-work program development and occupational/employee health consulting. Her background includes occupational medicine in the health care and manufacturing settings. Dee has 23 years of experience in occupational health and safety issues affecting both manufacturing and the health care industry. Some of these include development and implementation of OSHA and Michigan (MI) OSHA regulatory compliance programs, employee safety education, incident and accident investigation, workers' compensation medical case management, infection control, employee health and safety services development, and return-to-work program development. She has served on MIOSHA Standards Advisory Committees and has presented on a number of topics related to occupational health, nurse case management and workers' compensation on the state and national levels. Dee attended the Lakeview Medical Center School of Nursing, where she became a registered nurse. She is also a certified occupational health nurse. She is the Founder for the Michigan Health Care Safety Association and was awarded the Michigan Occupational Health Nurse of the Year award in 2002. In 2007 she received her AAOHN Fellow in Occupational Health Nursing.

**W005** 

4 hour Workshop

**Thriving, Not Just Surviving, in Our Professional & Personal Lives**

**By Linda Hawes Clever, MD, MACP**

**Overview:** The accomplishments, excitement and pressures of taking excellent care of patients and living a fulfilling life can make our heads spin. The goal of this lively session, led by Linda Hawes Clever, MD, Internal Medicine and Occupational Medicine Specialist, is to: steady us; explore our values; find ways to juggle wisely; develop approaches to having whole, healthy lives; and embrace change as an opportunity – not necessarily an enemy. These are essential steps along the path to professional and personal growth.

**Objectives:**

1. Define and refresh values as they pertain to the care of patients and personal growth.
2. Identify practical ways to leading a fulfilling, healthy life so professionals and patients achieve their goals.
3. Recognize health professionals' common personality styles and coping practices that can enhance or interfere with good health and accomplishments.

**Speaker Bio:** Linda Hawes Clever is Founder and President of RENEW, the not-for-profit that helps devoted professionals maintain their enthusiasm, effectiveness and purpose. She also founded the Department of Occupational Health at California Pacific Medical Center, is a member of the Institute of Medicine of the NAS, and is Clinical Professor of Medicine at UCSF.

**W006** 

4 hour Workshop

**A Practical Guide for Developing, Maintaining and Enhancing Your Safe Patient Handling Program**

**By Rick Barker, Catherine Gouvin and Kent Wilson, CIE**

**Overview:** This 4-hour pre-conference workshop will offer recommendations and advice from three individuals who have experience with implementing and sustaining a safe patient handling (SPH) program from the perspective of the employer, consultant and vendor. This workshop will be geared for those professionals who have a management role for SPH in an acute care environment. Practical examples and tools will be presented that will be useful in a clinical setting. The workshop will be a combination of lecture, group interaction and exercises,

and a review of case studies and assessment tools. Attendees will be encouraged to bring their tough problems to the workshop for discussion.

**Objectives:**

1. Identify strategies for implementing and sustaining a safe patient handling (SPH) program.
2. Explain the use of assessment tools for SPH programs.
3. State how to measure results of an effective SPH program.

**Rick Barker**

**Speaker Bio:** Rick Barker is a certified professional ergonomist and a full member of the Human Factors and Ergonomics Society. He has also provided safety consulting services for a number of Fortune 500 companies and government agencies. Rick was the primary developer of an ergonomics risk assessment process adopted throughout the Department of Defense. He has served as an expert witness and consulted on multiple OSHA abatement cases.

**Catherine Gouvin**

**Speaker Bio:** Catherine Gouvin is a registered occupational therapist, certified hand therapist and certified specialist in health ergonomics. She is responsible for the Ergonomics Program and Safe Patient Handling Program at Lawrence & Memorial Hospital. She has practiced occupational therapy in a variety of areas including out-patient orthopedics, psychiatry and in-patient rehabilitation. She is a graduate of Quinnipiac University with a bachelor's degree in occupational therapy.

**Kent Wilson, CIE**

**Speaker Bio:** Kent Wilson has performed ergonomic and safety evaluations for dozens of healthcare facilities around the country. He is a certified ergonomist who takes an active role in the development of regulatory standards. He is a full member of the Human Factors and Ergonomics Society, The American Society of Safety Engineers, National Safety Council and The American Industrial Hygiene Association, as well as an active participant on their Ergonomic and Healthcare committees.

**W007** 

4 hour Workshop

**Elements of a Respiratory Protection Program**

**By Illa Gilbert-Jones, CIH, CSP, R. Ann Moorman, CIH, CSP, ARM and Siobhan Murphy, CIH, CSP**

**Overview:** Personal protective equipment must be the “last line of defense.” When engineering control systems are not feasible to mitigate exposure to inhalation hazards, respirators are used. To appropriately protect workers under such circumstances, a respirator program must be implemented. The OSHA-required elements will be presented in this course. These key elements begin with a hazard assessment that will provide the necessary information to select the appropriate respirator. Once selected, those required to wear respirators must undergo medical evaluation, fit-testing and training prior to use. The program must continually be evaluated to ensure effectiveness and protection of employees. Additionally, OSHA requires program records to be maintained.

**Objectives:**

1. Demonstrate knowledge of respiratory protection program elements.
2. Apply practical approaches to protect workers from inhalation hazards.
3. Identify sources and tools for specific program needs.

**Illia Gilbert-Jones, CIH, CSP**

**Speaker Bio:** Illia Gilbert-Jones has been a Senior Safety Management Consultant with SAIF Corporation since 2006. She has more than 23 years of experience in health and safety, which began at Boeing Corporation after receiving a Master of Science in Toxicology and Industrial Hygiene from the University of Washington. Past positions

included Security, Safety, Health & Environmental Manager for ICI Paints, Corporate Occupational Health Manager for Phelps Dodge Corporation and Senior Industrial Hygienist for Bayer Corporation.

**R. Ann Moorman, CIH, CSP, ARM**

**Speaker Bio:** Annie Moorman has worked more than 25 years in the occupational health and safety profession. She started her career as an Industrial Hygienist with Oregon’s Accident Prevention Division (currently OR-OSHA program.) After completing graduate coursework in industrial hygiene at the University of Michigan, she returned to Oregon and worked at SAIF Corporation. She moved to Richland, Washington, where she was the Manager of Industrial Hygiene Services at Hanford Environmental Health Foundation. She returned to the Portland area to work as an EHS Coordinator at Intel. Ten years ago, she returned to SAIF, where she is currently a Senior Safety Management Consultant.

**Siobhan Murphy, CIH, CSP**

**Speaker Bio:** Siobhan has more than 14 years of experience in health and safety after earning her master’s degree in public health - environmental health science - industrial hygiene from the University of California at Berkeley. She has worked in health and safety in the energy generation and transmission, high technology and transportation industries. She currently works for a workers’ compensation insurance carrier as an Industrial Hygienist. Siobhan has managed respirator programs for 10 years and has extensive experience developing and implementing new programs.

**W008 **

4 hour Workshop

**The OSHA Recordkeeping Standard: Common Misunderstandings**

**By Stephen A. Burt**

**Overview:** Are you recording injuries and illnesses that are not required to be documented on the OSHA 300 log? Are you aware of the many recent changes in the OSHA Recordkeeping Standard that may directly affect your facility? Recordkeeping violations are consistently on OSHA’s “Top-10” list of most frequently cited violations. A request to produce your OSHA 300 logs from the past five years is likely to be an OSHA inspector’s first act on your premises. Improper OSHA recordkeeping can skewer your statistics and make you a target for a much more in-depth OSHA inspection.

**Objectives:**

1. Know specifically which injuries and illnesses need to be recorded on the OSHA 300 log.
2. Review past OSHA 300 logs and remove inappropriate entries, thereby reducing their DART rate.
3. Minimize “recordables” by educating healthcare providers as to the difference between “first aid” and “medical treatment.”

**Speaker Bio:** Stephen A. Burt is President of Healthcare Compliance Resources of Roanoke, Virginia. From 1981 to 1994 Steve was the Corporate Environmental Manager for Carilion Healthcare System and was awarded the prestigious American Hospital Association’s Phoenix Award. Most recently, Steve was the Corporate Administrator of Employee Safety for Inova Health System in Falls Church, Virginia. He serves as Vice President of the AOHP Virginia Chapter.

## GENERAL AND BREAKOUT SESSIONS

**A001 **

**A Path to Personal Growth: What Color is Your Brain?**

**By Sheila Glazov**

**Overview:** What Color is Your Brain (WCIYB) is beneficial for anyone who wants to gain a better understanding of themselves and others. WCIYB helps individuals resolve conflicts quickly, build harmonious relationships and improve job performance. A personality assessment completed during this session will help participants identify professional attributes and abilities. WCIYB is a fun and fascinating approach that minimizes frustration in numerous aspects of everyday and workplace lives as participants gain insightful relationship ideas. Attendees will discover how to utilize the WCIYB approach to make decisions, handle change and effectively build rapport with others to break down barriers to improve communication and cooperation at home and the workplace.

**Objectives:**

1. Recognize how your Brain Color learns and works best on the job.
2. Apply Brain Color Styles in the workplace.
3. Understand how to work more efficiently and harmoniously with colleagues.

**Speaker Bio:** Sheila Glazov is an award-winning author, professional speaker and educator, garnering national acclaim and recognition for her groundbreaking books and workshops. Helping individuals break down barriers to build effective communications and cooperation is the essence of Sheila's workshops and books. Sheila earned her Bachelor of Science in Education from Ohio State University, as well as a degree in Creative Leadership from Disney University. She is also a graduate of the Iowa Summer Writer's Festival, the Creative Problem Solving Institute and the McNellis Creative Planning Institute. Sheila has been a member of the National Speakers Association, National Speakers Association of Illinois, The Society of Children's Book Writers and Illustrators, Governor's Commission on the Status of Women in Illinois, Women In Management, American Association of University Women, National Association for Self-Esteem, and a board member of many community organizations.

**A002** 

**Confronting the Challenge of Declining Cognitive/Coping Ability in Healthcare Workers**

**By Maggie Kelley, MSN, APRN, BC, COHN-S**

**Overview:** Do your job descriptions provide enough insight into cognitive ability for healthcare worker positions at your medical center? Do managers look to your Employee Health Department to evaluate gradually declining work quality? Take your physical demands tool to a new level to facilitate appropriate on-boarding and work capacity determinations. This session will provide you with background, case discussions and examples of language to facilitate adaptation of physical demands tools to include cognitive functional demands.

**Objectives:**

1. Identify unique challenges of aging/long term employees in healthcare settings.
2. Define how occupational health clinicians can effectively use a medical center cognitive functional language to clarify work capacity related to post-offer/pre-placement, stay-at-work/return-to-work and fitness for duty evaluations.
3. Adapt healthcare worker physical demand tools to include cognitive functional demands.

**Speaker Bio:** Maggie Kelley has 15 years experience as an occupational health nurse in both industrial and healthcare settings. She recently worked as Director of Employee Health Services at a 606-bed Level I Trauma Center in Maine for six years, where she developed tools to facilitate appropriate healthcare work capacity determinations.

**A003** 

**Healthcare Legislative Update: 2009**

**By Stephen A. Burt**

**Overview:** It is important for all healthcare team members to be aware of the new changes occurring in the 111th Congress. For example, the Working Families Flexibility Act (HR 1274) would give workers the right to request flexible work options to balance the demands of their jobs and home life. The Registered Nurse Safe Staffing Act of

2009 (S 54) would require each hospital to adopt and implement a staffing system that specifies a number of registered nurses on each shift and in each unit of the hospital. This act would ensure appropriate staffing levels for patient care and provide for the public reporting of certain staffing information, including a daily posting for each shift in the hospital of the current number of licensed and unlicensed nursing staff directly responsible for patient care. This session will present and explain the most pertinent and germane congressional bills impacting hospitals introduced in the 111th Congress to date.

**Objectives:**

1. Recognize the changing political atmosphere in Washington by observing new congressional bills.
2. Prepare for changes in healthcare facilities caused by the impacts of new Senate and House bills.
3. Understand how congressional activity can directly impact positions of healthcare workers.

**Speaker Bio:** Stephen A. Burt is President of Healthcare Compliance Resources of Roanoke, Virginia. From 1981 to 1994 Steve was the Corporate Environmental Manager for Carilion Healthcare System and was awarded the prestigious American Hospital Association’s Phoenix Award. Most recently, Steve was the Corporate Administrator of Employee Safety for Inova Health System in Falls Church, Virginia. He serves as Vice President of the AOHP Virginia Chapter.

**A004** 

**Influenza and the Healthcare Worker**

**By Ann-Christine Nyquist, MD, MSPH**

**Overview:** Influenza presents an undo burden of disease in the United States each year in a predictable manner. Despite an aggressive vaccination program for high risk populations, high rates of hospitalizations and deaths occur among adults and children. This program will discuss which populations actually carry the burden of influenza disease each year and compare that to those who experience the worst outcomes. The presentation will also review well-established and new influenza vaccines and influenza prevention strategies focusing on the healthcare worker.

**Objectives:**

1. Understand the epidemiology, disease burden and pathophysiology of influenza and choices for influenza prevention.
2. Review CDC recommendations for influenza vaccination.
3. Define challenges and opportunities to vaccinate healthcare workers with influenza vaccine.

**Speaker Bio:** Ann-Christine Nyquist is an Associate Professor in the School of Medicine, Department of Pediatrics, Sections of Pediatric Infectious Diseases and Epidemiology at the University of Colorado Denver School of Medicine. She also holds a faculty appointment at the Colorado School of Public Health and serves as the Medical Director of Infection Control at The Children’s Hospital. She is board certified in Pediatrics and Pediatric Infectious Diseases. Her interests include antibiotic utilization, immunizations, influenza, hospital epidemiology and the elimination of healthcare disparities.

**A005** 

**OSHA Update**

**By Richard S. Terrill, CIH**

**Overview:** The Occupational Safety and Health Administration (OSHA), like all federal regulatory agencies, is under new management. Find out what changes and new initiatives are evolving at OSHA that may affect your workplace.

**Objectives:**

1. Discuss the status of regulatory initiatives affecting the healthcare industry.
2. Discover sources of information and assistance.

3. Learn what future actions OSHA is contemplating.

**Speaker Bio:** Richard Terrill has served as Regional Administrator for the Occupational Safety and Health Administration (OSHA) in its Seattle region since 1995. He is responsible for administering the OSHA safety and health programs in Washington, Oregon, Idaho and Alaska. These programs have as their goal the reduction of workplace injuries and fatalities. They strive to ensure that employees in these states have workplaces that are free from recognized hazards, and that employers are provided with the technical assistance and advice necessary to provide safe workplaces. Prior to serving as Regional Administrator, Richard served as OSHA's Deputy Regional Administrator in Seattle, with responsibilities for managing the day-to-day operations of the federal OSHA program in the region. He has also served OSHA in various technical and managerial capacities, including assignments in Washington, DC, Dallas and Kansas City. He began his Department of Labor career in 1974 as an Industrial Hygienist with OSHA's Milwaukee Area Office. Richard received a Bachelor of Science and a Master's of Business Administration from the University of Wisconsin. He is certified in the comprehensive practice of industrial hygiene by the American Board of Industrial Hygiene.

#### A006

### **The 10 Essential Characteristics of Successful Worksite Wellness Programs**

**By Elaine Frank**

**Overview:** Research has shown that companies providing wellness programs receive an average Return on Investment (ROI) of \$3.48 to one due to reduced health care costs and \$5.82 to one due to reduced absenteeism. As an outgrowth of this, many corporations are providing wellness programs or are planning to do so. The components of these programs, as well as how much ROI they generate, can differ greatly. This talk will describe a best practice approach organizations can use to implement successful wellness programs. First, it will address the issue of how comprehensive a wellness program should be. Second, a variety of program options will be discussed based upon employers' specific needs. Other topics include maximizing employee participation, involving dependents, teaching wise consumerism, addressing low and high risk employees, online versus offline interventions, psychosocial issues, legal implications and evaluation. Finally, peer reviewed research studies will be presented that document the economic benefits of wellness programs.

#### **Objectives:**

1. Identify the most effective wellness program topics to offer.
2. Learn how to market a wellness program to maximize participation.
3. Recognize the importance of addressing high risk and low risk employees.

**Speaker Bio:** Elaine Frank is a Vice President of the American Institute for Preventive Medicine and Director of the URAC accredited HealthyLife Program, offered at five Chrysler sites. She is a member of the URAC Wellness Advisory Board and, as part of that group, worked to write national standards for wellness program accreditation.

#### B001

### **The Clinician's Role in Disability Management**

**By Steven L. Wiesner, MD**

**Overview:** This presentation will provide participants with a clinical approach to preventing needless workplace disability. Research related to the importance of employability will serve as the foundation to the importance of maintaining safe activity levels following an injury or illness. By understanding the difference among risk, capacity and tolerance, the clinician will be better able to identify and document activity restrictions and limitations and how subjective factors affect return-to-activity decision making. The presentation will highlight the importance of the history and physical examination in determining the correct diagnosis to guide treatment plans and activity recommendations.

### Objectives:

1. Recognize the differences between activity restrictions and activity limitations in relation to disability determination.
2. Understand the importance of transitional work tasks.
3. Identify the risk factors that can lead to delayed recovery and prolonged disability.

**Speaker Bio:** Steven Wiesner is a physiatrist and Chief of the Occupational Health Department and Co-chief of the Physical Medicine and Rehabilitation Department with the Kaiser Permanente Medical Center in Oakland, California. He serves as the Medical Director for the Kaiser Permanente Medical Care Program, California Workers' Compensation Department-Northern California and is the National Physician Advisor for Kaiser Permanente's Integrated Disability Management Program. He received his undergraduate and medical training at the University of Wisconsin-Madison and completed his internship and residency training in Physical Medicine and Rehabilitation at the Northwestern University Medical School/Rehabilitation Institute of Chicago. Following completion of his residency, Steven continued at Northwestern University as a faculty member, in addition to developing two outpatient musculoskeletal clinics. He joined The Permanente Medical Group in 1994, where he provides clinical care to injured and ill workers, as well as services requested directly by employers, including pre-employment evaluations, medical surveillance, fitness-for-duty assessments and work site evaluations. He has a special interest in disability management and is a member of the American Academy of Physical Medicine and Rehabilitation, the American College of Occupational and Environmental Medicine and the California Medical Association.

### B002

#### **Air Quality in the Indoor Environment: Meeting Joint Commission Requirements, Emerging Issues and Dealing with Crisis Situations**

**By Martin Rose, BS, MS, CIH**

**Overview:** Providing optimal indoor air quality (IAQ) for healthcare workers should be a proactive process, but can at times be necessarily reactive. The Joint Commission publishes requirements which cover proactive risk assessments for utility systems, but these standards also cover employee and patient health issues regarding communicable disease, infection control, temperature, relative humidity, odors and IAQ management during construction. Emerging IAQ issues affecting healthcare facilities include microbiological contamination, volatile organic compounds, ozone, green building problems and stress. The presentation will discuss notable IAQ crisis situations, including evacuations, and review best management practices to minimize their impact on business continuity and healthcare operations.

### Objectives:

1. Understand The Joint Commission requirements for proactive indoor air quality evaluations.
2. Anticipate potential indoor air quality issues affecting healthcare facilities today.
3. Constructively anticipate, facilitate and minimize crisis building air quality episodes.

**Speaker Bio:** Martin Rose is a board-certified industrial hygienist with more than 14 years of experience in occupational health and safety who specializes in indoor environmental quality (IEQ). He provides expert witness testimony; serves as a liaison to the public, regulators and employee stakeholders; and provides technical presentations to a wide variety of organizations.

### B003

#### **Evidence-Based Medicine and the Chronic Pain Patient**

**By Steven L. Wiesner, MD**

**Overview:** This presentation will provide participants with a treatment approach that is evidence-based, allowing patients with chronic pain to achieve their highest level of function. This session will address the importance of identifying the risk factors that may lead to the development of a delayed recovery and will also present research on the prevalence of psychiatric disorders in patients with chronic pain. Treatment interventions, including

implementation of a biopsychosocial approach, will be discussed. The role for the use of opioids will be discussed in relationship to maximizing functional gains.

**Objectives:**

1. Understand the difference between acute and chronic pain, and define “function” and its role in chronic pain management.
2. Recognize “iatrogenic” disability and how to prevent its occurrence.
3. Identify the core components of a biopsychosocial pain management program.

**Speaker Bio:** Steven Wiesner is a physiatrist and Chief of the Occupational Health Department and Co-chief of the Physical Medicine and Rehabilitation Department with the Kaiser Permanente Medical Center in Oakland, California. He serves as the Medical Director for the Kaiser Permanente Medical Care Program, California Workers’ Compensation Department-Northern California and is the National Physician Advisor for Kaiser Permanente’s Integrated Disability Management Program. He received his undergraduate and medical training at the University of Wisconsin-Madison and completed his internship and residency training in Physical Medicine and Rehabilitation at the Northwestern University Medical School/Rehabilitation Institute of Chicago. Following completion of his residency, Steven continued at Northwestern University as a faculty member, in addition to developing two outpatient musculoskeletal clinics. He joined The Permanente Medical Group in 1994, where he provides clinical care to injured and ill workers, as well as services requested directly by employers, including pre-employment evaluations, medical surveillance, fitness-for-duty assessments and work site evaluations. He has a special interest in disability management and is a member of the American Academy of Physical Medicine and Rehabilitation, the American College of Occupational and Environmental Medicine and the California Medical Association.

**B004** 

**A Lean Six Sigma Project – Subcutaneous Needlestick Injuries**

**By Christine C. Zirges, RN, ACNS-BC, CIC**

**Overview:** Since implementing a safety device for intramuscular/subcutaneous injections at this large healthcare facility, the mean needlestick injury (NSI) rate nearly doubled. Recognizing periodic training had not yielded significant results in terms of decreasing the mean injury rate, a Lean Six Sigma team was chartered. Team processes such as brainstorming and consensus voting structured team meetings. Tools guided the team through several decision-making points, the main one being the project scope. It became clear that the scope would be on the actual process of giving a subcutaneous injection. Each step within that process was then analyzed further to guide interventions.

**Objectives:**

1. Discuss using Lean Six Sigma methodology to evaluate needlestick injuries.
2. Verbalize how the environment of care may contribute to needlestick injuries.
3. Describe what this team learned that can be applied to your practice.

**Speaker Bio:** Christine Zirges is an Infection Prevention Consultant for BJC HealthCare, St. Louis, Missouri. She earned her bachelor’s degree from Webster University and master’s in nursing from St. Louis University. She is board certified as an advanced practice nurse in Missouri and is certified as an infection prevention specialist.

**B005** 

**Accident and Cost Reduction Through Safe Patient Handling**

**By Joseph J. Austin, MS, MIS, CHMM**

**Overview:** Back injuries associated with providing patient care are common and expensive. Many of these injuries are preventable. In 2005, a Safe Patient Handling Program (SPHP) was implemented to address this issue at a 200-bed healthcare facility. The result was a greater than 75 percent reduction in associated injuries in the first year. Similar programs have also been associated with increased employee retention and decreased pool staff usage. A

case study in the implementation of phase one of the SPHP will be presented. The session will demonstrate that safe patient handling provides benefits to residents, employees and the facility's bottom line.

**Objectives:**

1. Understand that back injuries and chronic pain associated with providing resident care in the long term care industry are preventable.
2. Recognize a cost effective method of reducing employee and patient injuries.
3. Discuss the business case behind the implementation of a Safe Patient Handling Program in the long term care setting.

**Speaker Bio:** Joseph Austin is responsible for implementing risk management strategies relating to county facilities. This includes minimizing exposure pertaining to fines, litigation, employee safety, workers' compensation and mine safety. Recently, he has spearheaded the implementation of a Safe Patient Handling Program at a 200-bed county owned long term healthcare facility as well as helped lead the implementation of a Pilot SPH wing in the short term care setting.

**B006** 

**Boost Your Growth: Discover Your "Workplace" Brain Color**

**By Sheila Glazov**

**Overview:** This expands upon Brain Color knowledge from the general session presentation as attendees learn to adapt in a changing work environment. What Color is Your Brain (WCIYB) is beneficial for anyone who wants to gain a better understanding of themselves and others. WCIYB helps individuals resolve conflicts quickly, build harmonious relationships and improve job performance. WCIYB is a fun and fascinating approach that minimizes frustration in numerous aspects of everyday and workplace lives as participants gain insightful relationship ideas. Attendees will discover how to utilize the WCIYB approach to make decisions, handle change and effectively build rapport with others to break down barriers to improve communication and cooperation at the workplace.

**Objectives:**

1. Recognize how change affects your Brain Color.
2. Evaluate how to develop a respectful rapport with different personalities and compliance agencies.
3. Identify your personal Brain Color and professional Brain Color(s).

**Speaker Bio:** Sheila Glazov is an award-winning author, professional speaker and educator, garnering national acclaim and recognition for her groundbreaking books and workshops. Helping individuals break down barriers to build effective communications and cooperation is the essence of Sheila's workshops and books. Sheila earned her Bachelor of Science in Education from Ohio State University, as well as a degree in Creative Leadership from Disney University. She is also a graduate of the Iowa Summer Writer's Festival, the Creative Problem Solving Institute and the McNellis Creative Planning Institute. Sheila has been a member of the National Speakers Association, National Speakers Association of Illinois, The Society of Children's Book Writers and Illustrators, Governor's Commission on the Status of Women in Illinois, Women In Management, American Association of University Women, National Association for Self-Esteem, and a board member of many community organizations.

**B007** 

**Immunization Update 2009**

**By Donna L. Weaver, RN, MN**

**Overview:** The purpose of this session is to update occupational health professionals regarding current immunization recommendations for persons 19 years of age and older based on age, as well as medical and occupational risk factors. Vaccine recommendations will include the latest recommendations for protection against pertussis (whooping cough) and zoster (shingles). In addition to copies of current immunization schedules, participants will receive information on Web-based resources for their practice and clients.

**Objectives:**

1. Describe the difference between the two Recommended Adult Immunization Schedules.
2. State two new vaccines recommended for adults.
3. Locate at least two Web sites that provide current immunization resources.

**Speaker Bio:** Donna Weaver has been the Immunization Nurse Educator at CDC since 2000. She earned her master's degree in nursing at the University of South Carolina. Donna travels the United States providing immunization information to healthcare providers, publishes immunization articles in nursing literature and assists in developing immunization training programs at CDC.

**B008** **National Healthcare Safety Network (NHSN): Healthcare Personnel Component**

**By Tara Maccannell, MSc and Carol Rao, MS, ScD, CIH**

**Overview:** Nearly nine million healthcare personnel (HCP) are at risk of acquiring infections from occupational exposures in the United States. Although recommendations, guidelines and regulations to minimize exposures to occupational hazards exist, compliance is difficult to measure. The Centers for Disease Control and Prevention (CDC) has a new HCP Safety Component within its existing surveillance system, the National Healthcare Safety Network (NHSN). The HCP Safety Component allows participating facilities to collect data on occupational blood/body fluid exposures and their management, as well as seasonal influenza immunization uptake. The system will aid in monitoring trends, identifying emerging hazards for HCP, assessing risks of occupational infection and evaluating preventive measures.

**Objectives:**

1. Describe epidemiology of healthcare personnel influenza vaccination.
2. Summarize recommendations to reduce occupational exposures to bloodborne and respiratory pathogens in healthcare settings.
3. Utilize a national surveillance system to assess blood/body fluid exposures and influenza vaccination among healthcare workers.

**Tara Maccannell, MSc**

**Speaker Bio:** Tara Maccannell is an epidemiologist with the Division of Healthcare Quality Promotion at the Centers for Disease Control and Prevention in Atlanta, Georgia. Her research interests include infection control and preventing bloodborne pathogen exposures among healthcare personnel. Tara received her PhD and MSc (healthcare epidemiology) from the University of Calgary, Canada.

**Carol Rao, MS, ScD, CIH**

**Speaker Bio:** Carol Rao is an epidemiologist with the Division of Healthcare Quality Promotion at the Centers for Disease Control and Prevention in Atlanta, Georgia. Her research interests include preventing airborne infectious disease transmission. Carol received her doctorate in environmental health and her master's in industrial hygiene from Harvard University, School of Public Health.

**B009** **The Employee Who Refuses the Transitional Work Assignment**

**By Linda S. Wentworth**

**Overview:** We have all encountered employees who thwart every effort we make to assist them in their return to work. What do you do when they flatly refuse a reasonable transitional work assignment? A case review will be done so that participants can look at the obstacles that the provider and the employer encountered. How can we as employers ease the transition of an injured employee back into the workplace? What must be in place before the injured employee returns to work?

**Objectives:**

1. Describe three obstacles that prevent an employee from returning to work.
2. Recognize how these obstacles affect both the employee and the employer.
3. Review effective methods occupational health professionals can use to encourage employees to return to work.

**Speaker Bio:** Linda Wentworth began her career as an emergency nurse in 1984 after obtaining an ADN. Over the years, she has earned her BSN, MSN and FNP and transitioned her work to the field of occupational health. Currently, she is the Director of Occupational Health Services for St. Andrews Hospital.

**B010** 

**Shoulder Injuries in Occupational Health**

**By Alan Greenwald, MD**

**Overview:** This presentation describes the anatomy and physical exam of the shoulder girdle. Dr. Greenwald will present a classification of shoulder injuries and provide a rationale for treatment, including surgery. The rehabilitation and anticipated return to work will be provided for each condition.

**Objectives:**

1. Describe the anatomy of the shoulder, physical exam and classification of injuries.
2. Explain the treatments, from conservative to surgical.
3. Discuss post-operative rehabilitation and return-to-work goals.

**Speaker Bio:** Alan Greenwald is a Staff Orthopedic Surgeon at Jefferson Healthcare in Port Townsend, Washington. He has been practicing orthopedic surgery for 25 years and has a focus on shoulder arthroscopy. He graduated from Washington and Jefferson College with a bachelor's in chemistry, obtained his medical degree at the University of Pittsburgh and did his internship in Portland, Oregon. He worked at an orthopedic medical office at the Public Health Hospital in Seattle before completing his orthopedic training in San Francisco, graduating in 1984. He practiced in San Francisco for 22 years before moving to Port Townsend. He was on the clinical faculty of UCSF Department of Orthopedics and consulted extensively for occupational health during his years in California.

**B011** 

**Best Practices: Implementing a Mandatory Influenza Immunization Program at Virginia Mason Medical Center**

**By Beverly Hagar, RN, BSN, COHN-S**

**Overview:** In the fall of 2004, Virginia Mason Medical Center (VMMC) implemented a mandatory influenza vaccination policy. Prior vaccination rates were deemed inadequate to provide maximum patient safety, so the organization took on the challenge of mandatory vaccination. This is one component of its fitness for duty policy, which also applies to contracted service workers, vendors, volunteers, students and community providers. Due to a vaccine shortage in 2004, VMMC was unable to fully implement the policy until 2005. Since then, the organization has achieved vaccination rates up to greater than 99 percent annually. VMMC was selected to receive the National Influenza Vaccine Summit Immunization Excellence Award for its Healthcare Worker Campaign in 2006. This program will discuss how VMMC implemented its policy and will give tips on how to manage an effective influenza vaccination campaign.

**Objectives:**

1. Explain the rationale for implementing a mandatory vaccination program.
2. Describe steps to implement a successful program at your facility.
3. Outline how to overcome potential obstacles to mandatory vaccination.

**Speaker Bio:** Beverly Hagar is the Supervisor for Virginia Mason Medical Center’s Employee Health Department. She has been a registered nurse since 1978 and received her BSN from the Intercollegiate Center for Nursing Excellence through Washington State University. Bev has been involved in employee/occupational health for about 13 years, is certified as an occupational health nurse-specialist and is the current President of the Pacific Northwest Chapter of the AOHP. Bev has been involved with the mandatory vaccination program at VMHC since its inception and can offer insight into all aspects of program development.

**B012** 

**Surviving Shiftwork Safely: Managing Fatigue in the Healthcare Workplace Part One**  
**By Deborah L. Fell-Carlson, RN, MSPH, COHN-S, HEM**

**Overview:** The American workweek has evolved into a medley of extended shifts, rotating shifts and flexible schedules. Workers may experience physical, social and psychological stresses with shiftwork, and fatigue may contribute to increased injury rates and errors. The first part of this two-part presentation will open with an overview of the science behind sleep and a review of recent research findings related to the health effects of shiftwork. The effects of worker fatigue on performance will be discussed.

**Objectives:**

1. Define “shiftwork.”
2. Understand the science behind sleep.
3. Explain two health effects that may be related to shiftwork.

**Speaker Bio:** Deb Fell-Carlson is known for her passion and enthusiasm for healthcare safety. As the Loss Control Program Advisor for SAIF Corporation, a public, non-profit workers’ compensation insurance carrier exclusive to Oregon, she has had a visible role in strategic efforts to transfer evidence-based injury prevention knowledge to the Oregon healthcare community.

**B013** 

**Good Practices - Good Defense**  
**By Mary C. Floyd, RN, BS, MPH and James Freeman, BA**

**Overview:** Healthcare, like other businesses, is experiencing lawsuits related to perceived job discrimination. Title VII of the Civil Rights Act of 1964 and its amendment, The Pregnancy Act, as well as Title I and Title V of the Americans with Disabilities Act (ADA) are two primary areas for which employees are filing Equal Employment Opportunity Commission (EEOC) suits alleging employment discrimination. Our facility has a dedicated staff position, the Return to Work (RTW) Coordinator, who assists employees with work restrictions, return-to-work issues and workplace accommodations for disabilities. The RTW Coordinator works closely with Employee Relations to make sure that: employment rules are followed; our policies and practices are followed; all possible options are considered, and; communication occurs. This proactive and collaborative approach has resulted in successful defense against EEOC charges.

**Objectives:**

1. Review federal EEOC laws that prohibit job discrimination.
2. Understand the return-to-work process, including accommodations, safety and infection control issues, and other considerations.
3. List resources to assist in considering accommodations.

**Mary C. Floyd, RN, BS, MPH**

**Speaker Bio:** Mary Floyd has been a practicing RN since 1979. She has 12 years experience providing in-patient hospital care, nine years experience in case management and nine years experience in occupational health (five

years as the RTW Coordinator). In addition to her nursing degree, she has a bachelor's in professional management and a master's in public health.

**James Freeman, BA**

**Speaker Bio:** James Freeman currently is a Special Projects Coordinator for Faculty Group Practice, Shands Healthcare. He has 15 years of experience in human resources, with most recently nine years experience in employee relations. He has a bachelor's in international relations.

**B014** 

**From Research to Practice: The Application of NIOSH Model Ergonomic Program in a Healthcare Setting**  
**By Manny Halpern, PhD**

**Overview:** This presentation reports the findings of a pilot project translating the NIOSH model of an ergonomic program from industrial settings to healthcare. The program was introduced in the pathology lab of a specialty hospital. The actions taken were compared against those recommended by NIOSH. While 73 percent of the recommendations were applicable, there are important limitations due to the scope of the program: it addresses only the ergonomic issues of healthcare providers, disregarding the relationship between employee and patient safety. A system approach is needed in healthcare settings. The project yielded several lessons relating research to practice while introducing ergonomics in a hospital.

**Objectives:**

1. Plan an ergonomics program within a healthcare organization.
2. Adapt elements of an ergonomic program as appropriate for the organization.
3. Identify the gaps in knowledge about practice and research of healthcare ergonomics.

**Speaker Bio:** Manny Halpern is a certified professional ergonomist. He is a Research Assistant Professor at NYU School of Medicine, and the Manager of Ergonomic Services at the Occupational & Industrial Orthopaedic Center (OIOC). He has consulted service industries and public utilities on issues related to prevention of musculoskeletal injuries. Currently, he is interested in evidence-based design of healthcare facilities.

**B015** 

**Substance Abuse and Drug Diversion in Healthcare Workers**  
**By JoAnn Shea, ARNP, COHN-S, MS**

**Overview:** Drug diversion by healthcare workers affects all healthcare organizations. The speaker will review the reasons healthcare workers become addicted, as well as the warning signs of substance abuse and drug diversion in healthcare. Common drugs of diversion will be discussed, as well as new concerns about opiate addiction with an emphasis on increasing use of Fentanyl.

**Objectives:**

1. Recognize the effects of drug diversion by healthcare workers on the organization.
2. Identify four behavioral signs of substance abuse in healthcare workers.
3. List uses and impacts of common drugs of diversion.

**Speaker Bio:** JoAnn Shea is an adult nurse practitioner and has been the Director of Employee Health Services at Tampa General Hospital for 22 years. Her responsibilities include coordination of the Drug-Free Workplace Program and Employee Recovery Program. JoAnn is experienced in substance abuse interventions and drug testing. She has served as Past President of the Florida West Coast AOHP Chapter.

**B016** 

### **Guidelines for the Evaluation of PPE for Infection Prevention and Control**

By *Vince Gonzalez*

**Overview:** Several factors must be considered when evaluating PAPRs to protect healthcare workers from bacterial and viral contamination exposure. Specific performance standards need to be taken into consideration, such as filtration efficiency, comfort, ease of use, mobility and decontamination. Alternative respiratory protection and compliance issues must also be addressed. Converting from your current form of respiratory protection to PAPRs involves cooperation among all departments involved in infection prevention and protection. Understanding appropriate levels of protection, along with procedures for effectively adopting higher levels of protection, is necessary so as not to compromise healthcare workers' and patients' health and safety.

#### **Objectives:**

1. Understand the difference in the levels of protection offered between N95s and PAPRs.
2. Identify and understand the critical elements involved in evaluating the optimum levels of protection with PAPRs.
3. Recognize the specific levels of bacterial and viral protection PAPRs offer for bio-hazard protection.

**Speaker Bio:** Vince Gonzalez is the Director of Sales with Bio-Medical Devices International in Irvine, California. He has been involved in recommending respiratory protection solutions in the healthcare and industrial markets for 32 years. Vince has served as the Western Region Training Manager for the 3M, Willson Safety and Ergodyne organizations.

**B017** 

### **Surviving Shiftwork Safely: Managing Fatigue in the Healthcare Workplace Part Two**

By *Deborah L. Fell-Carlson, RN, MSPH, COHN-S, HEM*

**Overview:** The American workweek has evolved into a medley of extended shifts, rotating shifts and flexible schedules. Workers may experience physical, social and psychological stresses with shiftwork, and fatigue may contribute to increased injury rates and errors. The second part of this two-part presentation will present measures to help employers and employees prevent or reduce fatigue and its potentially serious consequences.

#### **Objectives:**

1. Expand on the health effects that may be related to shiftwork.
2. Discuss ways to reduce or prevent fatigue.
3. Translate interventions into a reduction of shiftwork-related risk.

**Speaker Bio:** Deb is known for her passion and enthusiasm for healthcare safety. As the Loss Control Program Advisor for SAIF Corporation, a public, non-profit workers' compensation insurance carrier exclusive to Oregon, she has had a visible role in strategic efforts to transfer evidence-based injury prevention knowledge to the Oregon healthcare community.

**C001** 

### **Workers' Compensation: Challenges and Opportunities in 2009**

By *John Cherf, MD, MPH, MBA*

**Overview:** Our workers' compensation (WC) is a micro economy estimated at more than one trillion dollars in both direct and indirect costs. The cost of WC care continues to increase at a higher rate than inflation, the medical price index and private health costs. The changing demographics of our workforce will put additional pressures on the WC system. In the future, successful providers will need to efficiently manage new technology, episodic

treatments, site of care and local policy/regulation. This will occur in a new healthcare landscape that demands transparency in cost, patient satisfaction and quality.

**Objectives:**

1. Define the economic drivers of today's workers' compensation system.
2. Underscore what differentiates providers.
3. Outline strategic actions for future success.

**Speaker Bio:** With more than 18 years of clinical experience in orthopedics, sports medicine and workers' compensation, John Cherf is a thought leader in caring for the injured worker. He speaks at numerous local, regional and national meetings on orthopedic occupational medicine, has served as an orthopedic consultant for Concentra, is a member of the Illinois Governor's Council on Health & Physical Fitness and serves on the editorial board of the Workers' Compensation Alert and Workers' Compensation Report published by M. Lee Smith Publishers.

**C002** 

**Building Successful Seasonal Influenza Vaccination Programs**

**By Nancy L. Hughes, MS, RN**

**Overview:** The American Nurses Association (ANA) advocates for increasing unacceptably low seasonal influenza vaccination rates of registered nurses and other healthcare workers. To assist organizations to increase vaccination rates at their facilities, ANA conducted the Best Practices in Seasonal Influenza Vaccination Campaign. This campaign recognized hospitals using effective strategies resulting in enhanced seasonal influenza vaccination rates. Successful components of seasonal influenza vaccination programs of the award recipients were compiled into a brochure and were published in three articles to assist other organizations to emulate these successful programs. This presentation will discuss the development of successful seasonal influenza vaccination programs at healthcare organizations and offer information attendees may choose to utilize in their own programs.

**Objectives:**

1. Describe the benefits of seasonal influenza vaccination of healthcare providers.
2. Discuss myths and barriers to vaccination.
3. Identify at least three successful elements of successful vaccination programs.

**Nancy L. Hughes, MS, RN**

**Speaker Bio:** Nancy Hughes is the Director of the Center for Occupational and Environmental Health at the American Nurses Association. She has developed and implemented seasonal influenza vaccination programs for five years at a large healthcare organization, presented at the National Influenza Vaccination Summit in 2008, worked with the National Foundation of Infectious Diseases on seasonal influenza and led the ANA seasonal influenza initiatives since 2005.

**C003** 

**MRSA – What Can We Do?**

**By Marcia Patrick**

**Overview:** MRSA infection and colonization continue to be a problem in healthcare facilities. There are many issues related to management of healthcare workers with MRSA, including safety to continue working, under what conditions, who pays and does decolonization work, etc. This session will look at these problems. Please come prepared to discuss possible solutions!

**Objectives:**

1. Identify three issues in healthcare worker-related MRSA colonization/infection.
2. Discuss possible approaches for occupational health to take in addressing these issues.

3. Explain the pros and cons of decolonization strategies.

**Speaker Bio:** Marcia Patrick is Director of Infection Prevention & Control for MultiCare Health System. She has been involved in infection control for more than 27 years in a variety of settings. She was co-editor of the APIC Guideline for the Elimination of MRSA Transmission in Hospitals, 2007 and is a member of the APIC Board of Directors.

**C004** 

### **A Spoonful of Sugar Helps the Budget News Go Down**

**By Kathy Espinoza, MBA, MS, CPE, CIE**

**Overview:** This session will help participants look at their organization's management attitudes and how they will impact staff during this budget crunch. Management's tone and delivery of the message will set the stage for employee acceptance or apathy. Why is this important to you, as it's not your job to control management attitudes? These factors will have an impact on your workers' compensation claims, which will impact your job. Learn how to help your organization prevent workers' compensation claims driven by poor management attitudes when delivering budget news.

#### **Objectives:**

1. Understand the factors that influence employee acceptance of budget news.
2. Recognize signs of employee apathy and disengagement.
3. Learn steps to reconnect your workforce and methods to increase your communication skills.

**Speaker Bio:** Kathy Espinoza is a board certified professional ergonomist, with an MBA and a master's degree in work science/physiology. She has worked at Keenan for seven years providing back injury prevention and ergonomics training to management, office personnel, clinical and non-clinical workers, food service and EVS staff. She gained most of her experience in ergonomics while serving as the Coordinator of the Chronic Back Pain Program for Kaiser Permanente in Fontana for 12 years. Kathy also teaches Ergonomics in the Workplace at UC, Riverside and has 30 articles published in the field of ergonomics.