

AOHP 2012 Annual National Conference Poster Abstracts



Poster Presentations & Overview

2012P001

A Rehabilitation Hospital Approach to Safe Patient Movement

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Madonna Rehabilitation Hospital, Lincoln, NE

Purpose – Madonna Rehabilitation Hospital made a commitment: to practices that promote the safety of patients and employees during the movement of patients; to be consistent with achieving optimal functioning and rehabilitation potential for each patient; and to be consistent with the provision of dignified and comfortable care.

Components – Using Continuous Quality Improvement and evidence based practice, the hospital developed a specific population and multi-faceted organizational program focusing all work on our Safety Culture.

Results – OSHA recordable transfer injuries were reduced more than 51 percent over a six-year period, and cost of transfer-related staff injuries were reduced in excess of 81 percent in a five-year period.

2012P002

CSTE Abstract: Six-Year Trends in Healthcare Personnel Exposures to Respiratory Infectious Hazards

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Objective – To evaluate the efficacy of respiratory protective interventions for healthcare personnel (HCP,) it is necessary to understand the types of hazards endemic to the medical work environment and the disease outcomes related to those hazards. In this paper, we assess the frequency and outcomes of occupational exposures to respiratory infectious illnesses in a large academic medical center.

Results – Vanderbilt University Medical Center HCP Exposure Events to respiratory infectious hazards were analyzed over a six-year period for frequency and disease outcomes. There were 1,844 HCP exposed to tuberculosis, with nine tuberculosis outcomes; 17 HCP were exposed to measles, with zero disease outcomes; 1,434 HCP were exposed to varicella, with zero disease outcomes; and 818 were exposed to pertussis, with two disease outcomes.

Conclusion – Tuberculosis remains the most common respiratory infectious hazard for healthcare personnel, and the only hazard with significant risk of disease development secondary to a known patient exposure. HCP with unprotected exposures to measles, varicella and pertussis are the next most common, but the risk of secondary disease development is low.

2012P003

Disposable vs Reusable: A Carbon Footprint Comparison of Sharps Containers at Northwestern Memorial Hospital

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Hospitals are striving to reduce their greenhouse gas (GHG) emissions. Replacing disposables with reusables is one recommendation to achieve this goal. Using a life cycle assessment, we assessed annual GHG emissions when disposable (DSC) sharps containers were replaced with reusable (RSC) sharps containers at an 850-bed U.S. hospital. In a cradle-to-grave assessment, GHG emissions were determined for all processes requiring energy, and these were collated into manufacture, transport, washing and treatment disposal. The DSC were not recycled nor had recycled content. Emission totals were workload-normalized per 100 OB-yr and analyzed using the Fisher test with $P \leq 0.05$ and 95 percent CL. With RSC, the hospital: reduced its annual GWP by 127 tons of CO₂ equivalents (-83.5 percent); diverted 30.9 tons of plastic and 4.9 tons of cardboard from landfill; and reduced containers manufactured from 34,396 DSC annually to 1,844 RSC in year one only.

2012P004

Electronic Health Records in EOHS-> Building Blocks to a Paperless Process

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Background – Managing data is a crucial function of Employee Occupational Health Services (EOHS.) As services expand, regulations become more rigorous and employees become more mobile, “old school” methods of data management must give way to the improved efficiency and accuracy possible through technology.

Approach – This poster presentation chronicles one healthcare system’s journey of implementing the EOHS electronic record. It is anticipated that our discussion of victories and challenges will stimulate useful collegial sharing of experiences.

Objectives

1. Discuss decisions related to implementing an EOHS electronic record.
2. Discuss victories and opportunities.
3. Discuss research on electronic record effectiveness.

2012P005

Hazard Identification for Injury Prevention in a Medical Laboratory

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The occupational health nurse promotes safety in the workplace. The process of a hazard assessment offers the nurse the opportunity to work cooperatively with a department. Proactive hazard identification and mitigation benefits employees, the department and the entire healthcare facility.

After the assessment was completed, the findings were discussed, and risk analysis was performed cooperatively with the entire lab staff. Potential administrative, engineering and work practice controls were discussed and options evaluated.

The nurse is also an educator. Hazard assessment and the process of identification of hazards, evaluation and analysis of risk, and selection and implementation of preventive measures, offer an opportunity to educate employees.

2012P006

Implementing Electronic Medical Records in a Hospital Occupational Health Setting

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The purpose of this educational presentation is to identify organizational factors that influenced the adoption and implementation of a paperless Electronic Medical Record (EMR) system in an occupational health department within an urban specialty hospital. The literature has identified the benefits of the EMR to advanced healthcare quality and safety, as well as improved employee satisfaction with improved documentation quality, communication and ease of retrievability. Using the Systems Theory framework and Iowa Model of Evidence-Based Practice, barriers within the unit, as well as the organization's system, were identified as a process improvement data problem. One of the organization's priorities was the facilitation of internal and external benchmarking OSHA requirements and infection prevention data for employees.

2012P007

Keeping It Simple: Successful Just In Time Bedside Repositioning Training

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Healthcare workers sustain 4.5 times more over-exertion injuries than any other job classification. Barnes Jewish Hospital Occupational Health Department and BJC Ergonomic Department partnered to develop a "just in time" bedside training program specially designed to reduce injuries caused by repositioning patients in bed. Observations made by the Ergonomic Specialist revealed five common errors made by caregivers that increased the likelihood of injury when repositioning a patient in bed. These commonly made errors were then addressed during short bursts of training at the bedside. Observations repeated six months after the training revealed staff using the proper body mechanics. No patient handling injuries were reported in departments participating in the program.

2012P008

Occupational Health Nurses and Respiratory Protection Competency

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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. Two recommendations are guiding the initial work of the advisory committee, including:

1. Conducting focus groups and administering a survey to assess current OHN roles and responsibilities relevant to respiratory protection, education and training needs.
2. Determining how OHNs achieve and maintain knowledge and skills in respiratory protection, and how OHNs motivate employees to use respirators appropriately.

2012P009

Safe Patient Handling Regulation Implementation

[Pam Law, BSN RN OHN and Terri Vaughan, CEAS II](#)

Missouri Baptist Medical Center/BJC Corporate Health Services, St Louis, MO

Missouri Baptist Medical Center, a BJC HealthCare facility in St Louis, MO, embraces the recent state legislation to mitigate patient and staff injuries related to manual safe patient handling.

19 CSR 30-20.097 Safe Patient Handling and Movement in Hospitals

A 489-licensed-bed community medical center shares its journey of aggressively addressing a state rule that imposed a one-month implementation date. The Occupational Health and Ergonomics departments stepped up to the plate to ease the transition from regulation concept to action plan.

Policy, committee formation, training plans, management team buy-in, electronic patient lift assessment, unit assessments, patient education – Have all the bases been covered? This needs to be implemented by when? No problem!

2012P010

Know It's NIOSH-approved

[Judi Coyne, MBA MA and Jackie Krah, MA](#)

National Institute for Occupational Safety and Health (NIOSH,) Pittsburgh, PA

NIOSH discovered false advertising claiming NIOSH approval, cases of NIOSH-certified filtering facepieces being altered by affixing decorative fabric, voiding the approval, and also the sale of rescinded products. NIOSH's NPPTL lists rescinded products on the Web site and initiated a public service to identify certification markings, as well as how to check the NIOSH Web site for current approvals in addition to products that have been rescinded.

2012P011

Strategies for a Successful Workers' Compensation Program-Prevention and Control

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BJC HealthCare, St Louis, MO

Issue – Left unchecked, workers' compensation costs are subject to become out of control, placing a financial burden on the industry owing to lost time, escalating medical costs and lost productivity.

Project – A successful workers’ compensation program must include injury prevention and control strategies. Elements of prevention include commitment from leadership and key stakeholders, effective policies and procedures, ongoing data analysis and effective interventions targeting high risk issues. Control includes access to timely evidence-based care, disciplined oversight of the medical process and disciplined oversight of the claims process.

Result—Using a standardized methodical approach to preventing and controlling work-related injuries in the healthcare setting, BJC HealthCare demonstrated and sustained dramatic reduction in injury rates and lost time.