

**I. Background:** The mission of the Department of Workplace Safety and Emergency Management includes as it's number one objective "to protect the health and safety of employees and the environment." This inherently includes injury prevention as a primary goal and Laguna Honda has set a goal of zero workplace injuries as one of its True North Metrics. A safe and healthy work environment also contributes to the SFHN True North Metrics involving staff satisfaction and care experience. In FY12-13, LHH experienced a recordable injury rate (number of injuries resulting in lost time or medical treatment per 100 FTE) of 11.9 and in FY13-14, the rate was 11.5. In FY14-15, we had a significant decrease in our recordable injury rate to 8.2, but then in FY15-16 the rate went back up to 11.6 compared to the CY14 national average for skilled nursing facilities of 7.8/100 FTEs.

**II. Current Conditions**

| Functional Job Category | # Injuries Reported | # Recordable Injuries | # FTEs      | Recordable Injury Rate |
|-------------------------|---------------------|-----------------------|-------------|------------------------|
| Resident Care           | 214                 | 98                    | 834         | 11.8                   |
| Food Service            | 38                  | 18                    | 95          | 18.9                   |
| Facilities              | 13                  | 6                     | 33          | 18.2                   |
| Other                   | 12                  | 9                     | 86          | 10.5                   |
| Office                  | 11                  | 9                     | 119         | 7.6                    |
| EVS                     | 26                  | 6                     | 93          | 6.5                    |
| <b>Total</b>            | <b>314</b>          | <b>146</b>            | <b>1259</b> | <b>11.6</b>            |

Our rate of recordable injuries for FY2015-16 was 11.6 injuries per 100 FTEs, with 67% of the recordable injuries occurring in resident care jobs. These have the biggest impact on our overall rate due to the large number of FTEs in this category. Food Services injuries also have a significant impact on our overall injury rate since these are 12% of our recordable injuries, but only 7.5% of our FTEs are in this category. The rate of recordable injuries in Facilities job categories is quite high, but the number of FTEs is small as are the number of injuries. The number of reported injuries in EVS is significant, but these injuries tend not to be serious and do not negatively impact our recordable rate.

**Problem Statement**

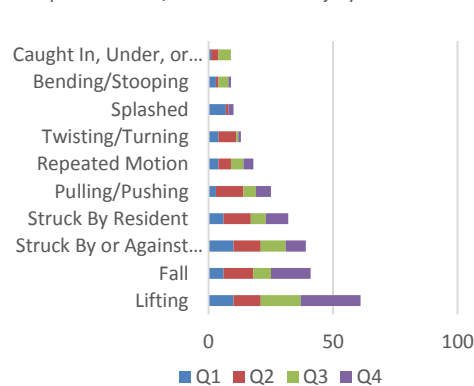
Our rate of recordable injuries is significantly higher than the national average for skilled nursing facilities, which was 7.8/100 FTEs in 2014. The consequences of injuries include individual pain and suffering, decreased job satisfaction, reduced quality of care, and significant economic cost.

**III. Goals & Targets**

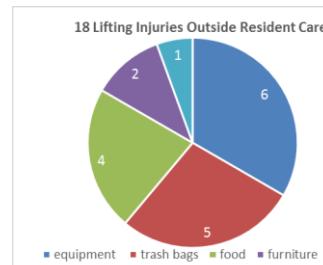
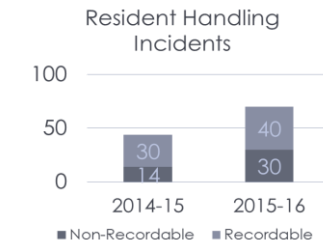
1. Reduce the rate of recordable injuries by 5% each fiscal year starting with a reduction to 11 /100 FTE in FY16-17. – **Target met with a decrease of 6.9%**
2. Reduce the rate of recordable injuries to below the national average within 10 years. – **Moving in the right direction**
3. Reduce the number of recordable musculoskeletal injuries related to resident and material handling activities by 10% in two years. – **Recordable resident handling injuries increased to 45 in 2016-17**

**IV. Analysis**

Top Ten Causes/Mechanisms of Injury 2015-16



The most common cause of injury in 2015-16 was lifting with 61 lifting injuries reported. These injuries were also much more serious in that 40 (66%) were recordable. 43 of the reported lifting injuries were associated with resident care with 29 (67%) recordable. This is consistent with the 33% increase in recordable resident handling injuries from the prior year. Of the 11 recordable lifting injuries that were not associated with resident care, 7 were in Food Services. Interventions focused on reducing injuries in resident care and food services tasks could significantly impact our overall recordable injury rates. The second most common cause of injury is falls. These occur in all job categories and need further analysis in a separate A3.



**IV. Analysis (Continued)**

Employee awareness of hazards and education on minimizing exposure to hazards can have a large impact on injury rates. We have historically met regulatory requirements for health and safety training by assigning training on health and safety topics hospital-wide. In FY2015-16, we offered two 50 minute classes (live for CNAs and online for others) that encompassed the areas of hazard communication, injury and illness prevention, respiratory protection, blood borne pathogen and aerosol transmissible disease exposure control, PPE, and ergonomics. This is insufficient coverage of these topics for certain staff from a regulatory perspective and irrelevant to other staff. 88% and 93% of staff completed these training assignments meaning there are 100-200 individuals (mostly in Nursing and Medical Services) who did not get the training we did offer. The LHH Occupational Safety and Health Committee was formed in 2014 with the mission of enhancing the health and safety program and encouraging open communication about health and safety concerns. The membership consisted of the chair from WSEM and representatives from 18 other departments or functional areas. In three years, we have had 27 meetings and with the exception of WSEM, DPH OSH and SFSD, attendance ranged from 0% to 70%. Front line staff with safety concerns attended one meeting in October 2014. The responsibilities of the OSH Committee can easily be taken on by the growing Department of Workplace Safety and Emergency Management.

**V. Recommendations / Proposed Countermeasures**

1. More analysis of specific injury types – specifically resident handling and falls.
2. Redesign the health and safety training process to include appropriate hands-on training and competency testing.
3. Re-evaluate the role of the Occupational Safety and Health Committee and either restructure to involve more worker participation in an effort to identify problems/hazards or eliminate as muda.
4. Involve workers in solving the problem:
  - a. Create visual data showing current injury experience to be posted in each department/neighborhood.
  - b. Develop work groups and departmental safety committees to work on specific problems.
5. Begin publishing a safety newsletter in March 2017.

**VI. Plan**

| Action Item  | Who?                                  | How?   | When?   | Status                                 |
|--|---------------------------------------|--|---|--|
| Analyze resident handling injuries to determine root cause and implement countermeasures | Kate and Resident handling work group | A3   | Start meeting 10/16; implementing countermeasures by 2/17                             | A3 in progress                         |
| Analyze falls to determine root cause and implement countermeasures                      | WSEM and work group                   | A3   | Start 11/16; implement countermeasures by 2/17  | A3 in progress                         |
| Develop curriculum for health and safety orientations                                    | WSEM (Kate and Tony)                  | Create and collaborate with Education and individual departments schedule. | Start in 12/16. Complete initial curriculum by 4/30/17 for implementation in FY17-18. | Completed and implemented July 1, 2017 |
| Develop visual tool for posting injury data in neighborhoods and departments             | WSEM (Kate and Tony)                  | Get creative   | Start designing the tool in January 2017. Post in Departments by March 2017.          | Not implemented                        |
| Publish monthly safety newsletter  | WSEM (Tony)                           | Create template, choose topics – generate monthly                          | Start producing the newsletter in March 2017.   | Began in May 2017                      |

**VII. Follow-Up**

- The recordable injury rate for 2016-17 was 10.8 – a decrease of 6.9% from the previous fiscal year.
- Evaluations will be included as part of training curriculum and employees will be surveyed in 2018 to get feedback on effectiveness of the new training program and newsletters.
- Further analysis will continue on injuries resulting from resident handling, workplace violence, and falls, which continue to be our most common injuries.
- A new A3 will be developed for the next fiscal year to continue toward our goal of 0 recordable injuries.

Recordable Injury Rates

