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Title: Senior management commitment to improve ergonomics in acute healthcare

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Introduction:

The reported injuries to staff in this large healthcare group involving eight hospitals, indicates that patient related handling and manual handling are the most prevalent injury types. The outcome of the incident investigations indicated the primary risk factors related to repetitive tasks, faulty or inappropriate or not utilised equipment, and unpredictable movement of the patient during a transfer activity.

Until 2013, the major investment in prevention of these injuries related to training of the nursing staff on safe patient handling and manual handling work methods utilising the equipment purchased for these activities in the hospital. However, the rate of injuries continued to be sustained despite the investment in this training program.

During 2013, the Board of Directors, Group CEO, and Senior Executive Leadership Team launched a new Strategy Plan to focus on work health safety and wellbeing risks. They made an objective that a thorough investigation should be undertaken to identify what needed to be done in their hospitals to build a culture of safety and wellbeing and to prevent harm to any staff. This strategy included a commitment to working towards achieving a significant reduction of work related injuries by at least 20% each year from 2013-2017 in line with Safe Work Australia’s national reduction target.

This approach was an example of transformational leadership (Bass, 1985) where leadership “inspires employees to go beyond their self-interest, and instead focus on the norms, values, and the goals of the organisation and subsequently perform beyond expectations”. The motivation for this objective, was not only to address and improve the bottom line through reduced costs associated with these injuries to the hospital and the individual (Boles, et al, 2004). It was also to retain the skill set of the highly qualified staff who were being injured or leaving the hospital for other jobs.

In her thesis on leadership theory, corporate governance and safety performance, (Ferguson, 2015) described the four planks of transformational leadership being the vision, personal commitment, decision making and transparency from the Board and the CEO to achieve sustained improvements in safety performance.

This study provides an opportunity to assess the contribution of these four planks with this large healthcare group.

Methods:

1. A series of workshops and discussions occurred with members of the Board of Directors, Group CEO and the Executive Leadership Group. This provided them the opportunity to share their vision for an improved health and safety performance for the hospitals.

2. During these discussions, each senior leader was challenged to identify what personal commitment they would make and what actions they would undertake to demonstrate their commitment towards achieving this objective.
3. Data was provided to the senior leaders in relation to the injuries that had been occurring and the outcomes of the investigations that were undertaken. These were used to highlight opportunities to make strategic investments in architectural design of specific areas of the hospitals undergoing redevelopment. It also provided an opportunity to focus on the need to invest in a wider range of patient handling equipment to eliminate or reduce manual handling risks to the staff.

4. A multidimensional program was developed through the hospital Operations Management and the Human Resource Department to raise staff awareness of the commitment from the Board and senior leaders towards addressing root causes of risk. It also was to focus on a change in culture to provide a more transparent approach towards raising and resolving risks within the workplace.

**Project Outcomes:**

1. An annual capital budget for safety was established involving more than $750,000 over 2.5 years to enable the departments to purchase new equipment to address the ergonomics risks. These included specialised beds for Intensive Care, new trolleys, 'gzunders' for moving beds, a range of new hoists, adjustable height tables, as well as eliminating some of the previous engineering systems for vacuum cleaning.

2. When visiting hospital workplaces, members of the Board and members of the Senior Leadership Team personally requested supervisors and staff representatives to show them areas where health and safety improvements have been implemented, or are awaiting resolution. This provides them an opportunity to then speak about these issues during their subsequent Board and Senior Leadership Team meetings.

3. The program of providing general patient handling training to all staff on an annual basis was reviewed and updated including the online component. The new program was a much more targeted program to focus on the safe introduction of the new equipment items and the consistent implementation of new safe work procedures. This training also focussed on the integration of these new systems of work in to the overall work practice within the patient handling area. There is ongoing annual training and assessment.

4. The senior leaders participated in a group wide multimedia launch that was disseminated throughout the hospitals for all staff to see. This provided a clear commitment to the improvement in health and safety performance, as well as providing examples of expenditure that had been undertaken to address risks.

5. Funding was provided to the hospital Health, Safety and Wellbeing Team, to increase the investment in staff resources and capability. This enabled a Health and Safety Advisor to be working with each division and partnering within the business to support them on their Safety and Wellbeing Actions Plans and initiatives.

6. Each Senior Leadership meeting, the Group CEO required each executive to report on any health and safety incidents including any lost time injuries that occurred within their division, and what measures had been undertaken to address the underlying risks.
Results:

1. Within the first 18 months of commencing this program, the lost time injury frequency rate (LTIFR) decreased on a month to month basis. Within the first 12 months, it had reduced by 35%. Within the first 18 months it had reduced by 50%.

2. To assess the impact on workplace culture from the leadership provided by the Board and the Senior Executive, a staff engagement survey which included a workplace safety module was conducted in late 2013. This survey had been conducted each 2 to 3 years prior to this period however this was the first time it included workplace safety. This indicated that 81% of staff agreed that their workplace was a safe place to work. It also found that 91% indicated that they were confident to report any unsafe work conditions to their manager.

3. The multimedia initiative resulted in a range of promotional programs on the prevention initiatives that had been implemented. This was launched and featured the Group CEO of the hospital in providing his personal commitment towards investing in the prevention programs identified through the health, safety and wellbeing initiatives in each division of the hospital.

Discussion:

This project found that sustained improvements in health and safety performance could be achieved through a multidimensional program led by the Board, Group CEO and Senior executives. This included the resourcing and support provided to the Health, Safety and Wellbeing Team to work with the Division Leaders in identifying and addressing ergonomics risks. This approach is consistent with the safety leadership and governance models discussed by (Ferguson, 2015). In accordance with the culture ladder (Hudson, 2014) the transfer of focus from documented health and safety systems and development of procedures to focusing on the implementation of safe work practices, is supported by the outputs of this project.
One of the key drivers for the engagement of the Executives was the inclusion of their personal commitment to lead the safety culture. The direct engagement of the Group CEO and senior managers with supervisors and staff wherever a work related injury or incident occurred within their department became a primary agenda item for management meetings. When safety procedures were found not to be followed, the senior managers were requested to lead a full investigation to identify the underlying root causes.

The expenditure of more than $750,000 on a wide range of equipment and systems of work underpinned the vision of the leaders to address risk at the root cause.

The ongoing improvement in the injury performance across the range of hospitals is now setting new performance indicators as a solid foundation for ongoing continuous improvement.

References:


Ferguson, K., 2015 A Study of safety leadership and safety governance for Board members and Senior Executives. Doctor of Philosophy Thesis, Queensland University of Technology.