

Check it once, check it twice – SHOW ME THE MONEY!

Presented By:

Megan Coville, MS, OTR/L, ARM, CSPHP

Senior Risk Management Consultant

All of the speakers and presenters have signed Disclosure Statements indicating they have no Conflict of Interest or Vested Interests that conflict with their role at this conference.

Objectives

- Identify required elements of the Safe Patient Handling Act
- Describe how the insurance incentive is applied to standard premiums (starting point for worker compensation insurance policies)
- List next steps to understanding worker compensation policies and how to identify facility loss drivers (accident causes) to reduce worker compensation costs

Who is Required?

Public Health Law § 2997-h

1. “Health care facility” shall mean general hospitals, residential health care facilities, diagnostic and treatment centers, and clinics licensed pursuant to article twenty-eight of this chapter, facilities which provide health care services and are licensed or operated pursuant to article eight of the education law, article nineteen-G of the executive law or the correction law, and hospitals and schools defined in section 1.03 of the mental hygiene law.

§ 1.03 Definitions, NY MENT HYG § 1.03

11. “School” means the in-patient service of a developmental center or other residential facility for individuals with developmental disabilities under the jurisdiction of the office for people with developmental disabilities or a facility for the residential care, treatment, training, or education of individuals with developmental disabilities which has been issued an operating certificate by the commissioner of developmental disabilities.

NYS Safe Patient Handling Act – What is Needed

- ✓ Safe Patient Handling committee
- ✓ Implement Safe Patient Handling program
- ✓ Conduct a Hazard Assessment
- ✓ Identify criteria for equipment use
- ✓ Provide training & education
- ✓ Establish process for injury investigation & plan of corrections
- ✓ Conduct annual performance evaluation
- ✓ Consider SPH when developing new construction or remodeling
- ✓ Create a process for good faith employee refusals

Committee Requirements

- **Purpose of Committee:** Develop, evaluate and revise facility SPH program as an ongoing process with an ultimate goal of changing the safety culture of the facility.
- Can be newly established or rolled into already established committee*
- No meeting time requirements (i.e. weekly, monthly, quarterly, etc.), meetings should be periodically and make most sense for your facility
- The committee must include people with expertise or experience relevant to SPH.

Committee Representatives

- ½ the committee **must be frontline non-managerial employees** providing direct care
- At least 1 non-managerial nurse & 1 direct care worker present
- Leadership of committee should be co-chaired by management & non managerial nurse/direct care worker.
- Where there are employee representatives, at least one shall be appointed on behalf of nurses and at least one shall be appointed on behalf of direct care workers.
- Where a resident council is established, and where feasible, at least one member of the committee shall be a representative from the resident council.

Committee Representatives

- Other positions could include:
Risk Management, Safety, Clinical, Nursing, Program Directors/Managers, DSPs, Union Representation, Patient/Resident/Individual representation, Maintenance, Purchasing, Senior or Executive Management, etc.
- Executive Management support & engagement is necessary for success

Written Policy, Procedures & Implementation Plan

- Policy = a clear statement of commitment & support for SPH
- Procedures = steps outlining agency process for assessments, equipment needs, training, program evaluation, employee contribution, communication & refusals
- Plan = steps outlining how the facility will put procedures in place

Implementation may be phased in... while phasing out of manual transferring and movement

Ultimate goal is to:

Remove or reduce human strength from transfers, movement and repositioning tasks



- *To increase the quality of care*
- *To perform a safe & comfortable lift, movement and/or transfer using mechanical or strength reducing devices*
- *To create a safe working environment by reducing the frequency of manual lifting, transfers & repositioning.*
- *To reduce & prevent work related injuries to direct care workers*
- *To reduce lost time related to injury and/or fatigue in staff*

NIOSH Guideline - Up To 35lbs?

“...Clearly, the majority of patient handling situations are far less than ideal, thus **NIOSH cannot designate 35 lbs., nor any other weight**, as a protective “exposure limit” for patient handling. Instead, NIOSH shares in the consensus among patient handling professionals that the **goal of safe patient handling programs should be to eliminate all manual lifting whenever possible.**”

Assessment Requirements

- **Patient/Resident/Individual Assessments**
 - Initial/admission, status change, periodical reassessment
 - Address contraindications of devices
- **Hazard Assessment**
 - Assessment of current patient/resident/individual abilities
 - Evaluate equipment and environmental needs
 - Identify potential problems with equipment (e.g. lifts vs. beds)
 - Accessibility, storage & maintenance of equipment
 - Trends in injuries & near misses for employees and Pt./Res/Ind.

Training Requirements

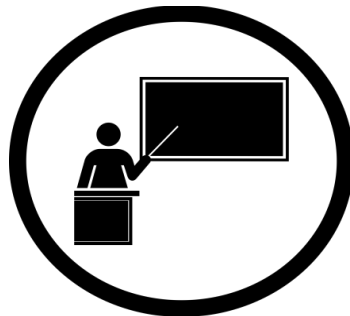
SPH Training Must be Initial and Annually for all Direct Care & Supervisory staff!

Training should include, at minimum:

- Policy & procedures
- Education on patient-handling related injuries (causes & prevention)
- Reporting procedures for reporting injuries, near misses and unsafe work conditions
- SPH equipment demonstrations & hands-on participation training for staff involved in direct care activities
- Skills check or competency testing is highly recommended

Training – NOT IN BEST PRACTICE

- Lacks tools to evaluate training effectiveness
- Fails to include both lecture and hands on
- Built on body mechanics and/or focuses on human strength
- Does not reference written policy
- Fails to include education on anatomy of injuries
- Fails to include causes of injuries and preventative steps



Right to Refuse / Good Faith Refusal

- Develop a process by which employees may refuse to perform and be involved in patient handling or movement that the employee reasonably believes in good faith will expose a individual or employee to an unacceptable risk of injury.



Within a well-planned program, this situation should generally not occur

Injury Investigations

ACCIDENT INVESTIGATION REPORT				CASE NUMBER	
COMPANY _____		ADDRESS _____			
DEPARTMENT _____		LOCATION (if different from mailing address) _____			
1. NAME of INJURED		2. SOCIAL SECURITY NUMBER	3. SEX <input type="checkbox"/> M <input type="checkbox"/> F	4. AGE	5. DATE of ACCIDENT
6. HOME ADDRESS		7. EMPLOYEE'S USUAL OCCUPATION		8. OCCUPATION at TIME of ACCIDENT	
11. EMPLOYMENT CATEGORY <input type="checkbox"/> Regular, full-time <input type="checkbox"/> Temporary <input type="checkbox"/> Nonemployee <input type="checkbox"/> Regular, part-time <input type="checkbox"/> Seasonal		9. LENGTH of EMPLOYMENT <input type="checkbox"/> Less than 1 mo. <input type="checkbox"/> 6 mos. to 5 yrs. <input type="checkbox"/> 1-5 mos. <input type="checkbox"/> More than 5 yrs.		10. TIME in OCCUP. at TIME of ACCIDENT <input type="checkbox"/> Less than 1 mo. <input type="checkbox"/> 6 mos. to 5 yrs. <input type="checkbox"/> 1-5 mos. <input type="checkbox"/> More than 5 yrs.	
13. NATURE of INJURY and PART of BODY		12. CASE NUMBERS and NAMES of OTHERS INJURED in SAME ACCIDENT			
14. NAME and ADDRESS of PHYSICIAN		15. TIME of INJURY		17. SEVERITY of INJURY	

- 1) Gather the Facts
- 2) Analyze the Facts
- 3) Correct the Issue



Injury Investigations



Gather The Factors

- 1) Who? (was injured/involved)
- 2) Where? (location)
- 3) When? (time frame)
- 4) What happened? (Injury)
- 5) How did it happen? (actions causing injury)
- 6) *Why did this happen?*
- 7) *How will we prevent this accident from occurring again?*

Injury Investigations

What is supposed to happen?

- (policies/procedures, plans of protection/care plans, safeguards, transfer & mobility plans, etc.)

What usually happens?

- (norms)



What happened that day? What was different about that day?

- (event/close call)

Why weren't we prepared for this situation?



Root Cause

Focus on prevention, not blame or punishment

Evaluate system vulnerabilities first, then performance:

- Ineffective Communication
- Lack of Accountability
- Lack of Supervision/Management
- Equipment Barriers/Failures
- Environment Barriers
- Inadequate Training
- Fatigue/Schedules
- Cultural Norms



corrective action

Should eliminate or reduce the effects of the root cause

What can we do to prevent this event from occurring again??

- ✓ Identify why the situation occurred
 - ✓ Address factors leading up to situation
 - ✓ Set up plans to address similar situations if they do happen again: (who to contact, what to do, how to support without getting hurt)
 - ✓ Communication is key!
- **Always follow up** to ensure corrective actions were implemented and are working!

Annual Performance of SPH Program

- To what extent has the SPH program reduced risk of injury to individuals and employees
- Track, trend and monitor injury data
- Review equipment needs, replacement needs and use protocols
- Adjust program as patient/resident/individual needs change
- Construction/remodeling architectural planning

SPH Data Analysis

Employee Injury Data

- Frequency vs. severity
- Report vs. medical vs. lost time claims
- OSHA Logs
- Age of employee / tenure of employee
- Root causes / activities causing injury
- Type of injuries
- Shift / time of day
- Programs or locations or Unit
- Indirect impacts from injuries

Patient/Resident/Individual Incident Data

- Falls
- Combativeness during transfers
- Pressure Sores
- Physical function/activity levels

Other Data

- Worker fatigue
- Job satisfaction
- Pt/Res./Ind. Satisfaction
- Worker turnover

Constructing a Workers Compensation Premium

The Starting Point:

$$\text{Manual Premium} \times \text{Experience Modification Factor} \\ = \text{Standard Premium}$$

- Where it all starts for an underwriter.
- Where the price of premium starts for the insured

Constructing a Workers Compensation Premium

Classification Codes & Rates

Specific to exposure (the type of work you do)

The "Rate" is defined by NY State

Rate reflects the degree of risk.

CLASS	CODE	LOST COST RATE
8829	Nursing Home—All Employees	\$3.77
8833	Hospital—Professional Employees	\$1.46
8865	Alcohol or Drug Rehabilitation Facility-All Employees-& Clerical	\$3.49
9040	Hospital—All Other Employees	\$5.04

Constructing a Workers Compensation Premium

Manual Premium

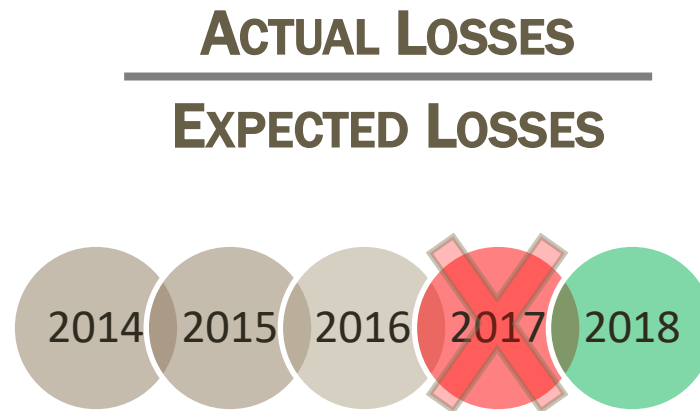
$$\text{Class Rate} \times \text{Payroll}^* / 100$$

CLASS	RATE	EXPOSURE/ PAYROLL	MANUAL PREMIUM
8829	\$3.77	\$8,000	\$30,160
8833	\$1.46	\$8,000	\$11,680
8865	\$3.49	\$8,000	\$27,920
9040	\$5.04	\$8,000	\$40,320

*Payroll Example = \$800,000 in each class code

Constructing a Workers Compensation Premium

Experience Modification Factor (EMF)



- Uses the **oldest 3 years** of the **last 4 years** experience
- One **BAD** loss year stays with you for **3 years**
- **<1** = Better than Average; **>1** = Worse than Average
- Developed by State Workers' Compensation Board or NCCI

Constructing a Workers Compensation Premium

$$\text{Manual Premium} \times \text{EMF} = \text{Standard Premium}$$

CLASS	RATE	EXPOSURE/ PAYROLL	MANUAL PREMIUM
8833	\$1.46	\$8,000	\$11,680
9040	\$5.04	\$8,000	\$40,320
			<u>\$52,000</u>

	Manual Premium	EMF	Standard Premium	SPH Credit 2.5%	ANNUAL PREMIUM
Excellent	\$52,000	0.75	\$39,000	(\$975)	\$38,025
Average	\$52,000	1.00	\$52,000	(\$1,300)	\$50,700
Poor	\$52,000	1.25	\$65,000	(\$1,625)	\$63,375

How the SPH Credit Effects Premiums

	Manual Premium	EMF	SP	SPH Credit 2.5%	ANNUAL PREMIUM
Excellent	\$52,000	0.75	\$39,000	(\$975)	\$38,025
Average	\$52,000	1.00	\$52,000	(\$1,300)	\$50,700
Poor	\$52,000	1.25	\$65,000	(\$1,625)	\$63,375

Difference between EMF
1.25 vs. 1.00 is **\$13,000**

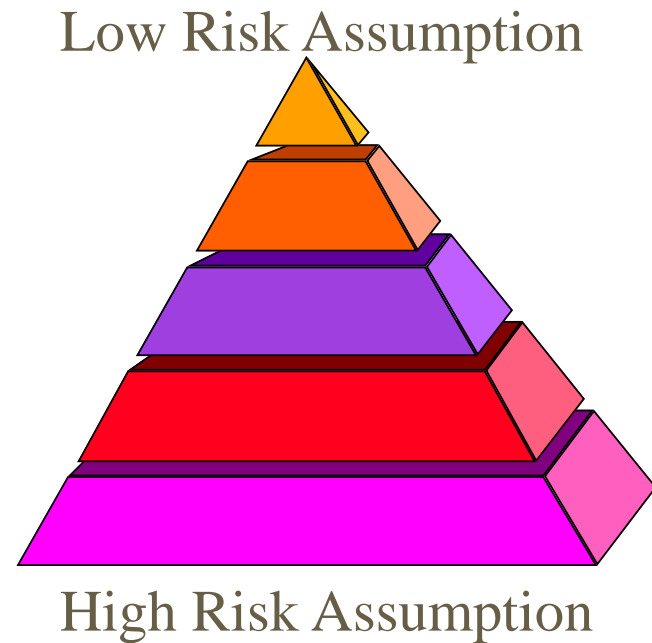
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Credit

Preventing worker compensation claims to
reduce EMF provides a more savings than the
SPH insurance incentive credit.

Types of Insurance Programs

- Guaranteed Cost
- Sliding Scale
- Retention
- Retrospective Rating
- Deductible
- Self Insurance
- Captives



Control The Risks By:

- Reporting injuries immediately
- Investigating for root causes immediately
- Implementing corrective actions and follow up
- Reviewing claims periodically
- Returning workers to the job ASAP
- Know your industry-specific exposures –review data for your specific trends
 - *Patient Handling*
 - *Behavioral/Aggressive interactions*
 - *Slip Trips Falls*
 - *Material Handling*
 - *Ergonomics*
 - *Cut by/Struck by Objects*

Next Steps

- Review your SPH program to ensure you have all elements required
- Review your organization worker compensation program – determine if and how the SPH credits may apply
- Find out your Experience Modification Factor (EMF) – is it above or below 1.00?
- Contact Broker/Agent/Carrier to determine what they need to obtain the credit?

What to Expect?

Your carrier may request:

- *A signed affidavit*
- *Review of a compliancy checklist*
- *Copies of policy, procedures & trainings*
- *Copies of SPH committee meeting minutes*
- *Onsite compliancy visit*
- *May request to attend committee meetings*

Check the Box vs. Culture Change

- Set clear expectations and measurable goals
- Communicating specific responsibilities
- Education and Buy In
- Creating accountability
- Institute consequences
- Address deficiencies promptly
- Changing the thought process
- Share the experiences

References

- NYS Zero Lift Task Force SPH Best Practice Guide. Available at: <http://www.pef.org/wp-content/uploads/2015/12/NYS-Zero-Lift-Task-Force.pdf>
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