Ensuring OSHA Compliance through Proactive Self-Audit

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Background

Bureau of Labor Statistics data identifies hospitals as one of the most hazardous places to work. Hospitals face unique challenges that contribute to the risk of injury and illness. Some common Hospitals hazards, include:

- Ergonomic (lifting, transferring, and repositioning patients);
- Slips, Trips, and Falls;
- Bloodborne Pathogens;
- Workplace violence;
- Needlesticks;
- Electrical;
- Fire Hazards;
- Hazardous Chemicals;
- Infection;
- Seasonal Flu;
- Latex Allergy;
- Noise;
- Mercury;
- Inappropriate PPE;
- Stress;
- Lack of Universal Precautions;
- Workplace Violence;

Hospital work takes place in an unpredictable environment with a unique culture. Caregivers feel an ethical duty to "do no harm" to patients, and some will even put their own safety and health at risk to help a patient.

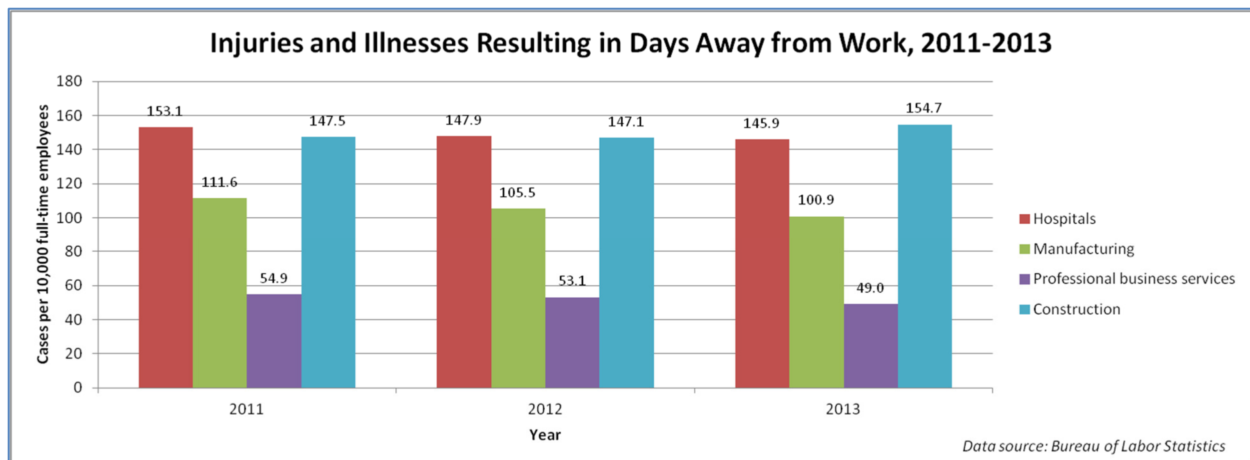

Figure 1. Injuries and Illnesses Resulting in Days Away from Work, 2011 - 2013

Bureau of Labor Statistics Data from 2011 to 2013 shows that the Hospital and Construction Industries were among the leading sources of Injuries and Illnesses resulting in days away from work (as shown in Figure 1). Rates of OSHA-recordable injuries and illnesses have a decreasing trend in all industries in the United States, including in hospitals. However, the injury and illness rate in hospitals remains higher than the rates in construction and manufacturing—two industries that are traditionally thought to be relatively hazardous.

According to the 2013 Hospital Workers' Compensation Benchmark study by Beecher Carlson Insurance Services that looked at claim information from 2007 through 2011 for over 600 hospitals across 41 states, hospital industry incurred $846 million in paid workers' compensation loses. A review of the cause and cost incurred showed that over the five-year period, 15% of the claims due to patient movement resulted in 21% of the total cost incurred and 18% of the claims due to slips/trips/falls resulted in 25% of the total cost incurred. Figure 2 below shows the detailed comparison of the total incurred to number of claims. Closer investigation of the average cost incurred due to the different causation factors shows that Patient Movement had resulted at the highest average cost per claim (shown in Table 1).

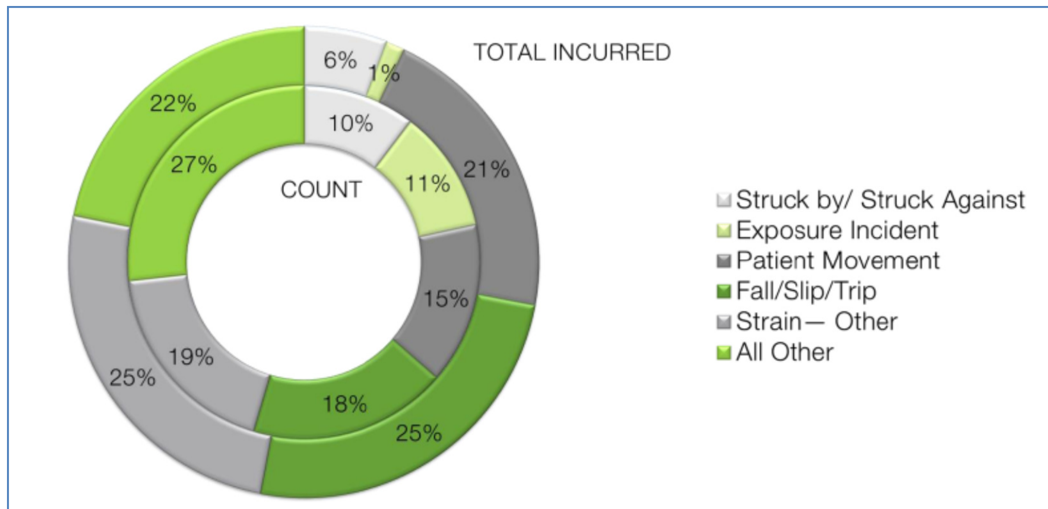

Figure 2. Comparison of the Total Incurred to Number of Claims for the Different Causations

Table 1. Average Cost Incurred for Different Causations

Cause	Count	Total Incurred	Average
Strain-Other	23727	$229.8 M	$9,686
Falls/Trips/Slips	23242	$229.4 M	$9,827
Patient Movement	18871	$191.1 M	$10,127
Exposure Incident	14301	$12.1 M	$844
Struck By/Against	13203	$52.2 M	$3,955
All Other	34106	$199.3 M	$7,536

Under the Occupational Safety & Health (OSH) Act, employers are responsible for providing a workplace "recognized hazards that are causing or are likely to cause death or serious physical harm". OSHA's mission is to assure safe and healthful workplaces by setting and enforcing standards and by providing training, outreach, education and assistance. In accordance with this mission, OSHA over the past several

months has taken steps to target the Injury and Illness rates in the Healthcare industry. Figure 3 shows a timeline for recent OSHA events related to Healthcare.

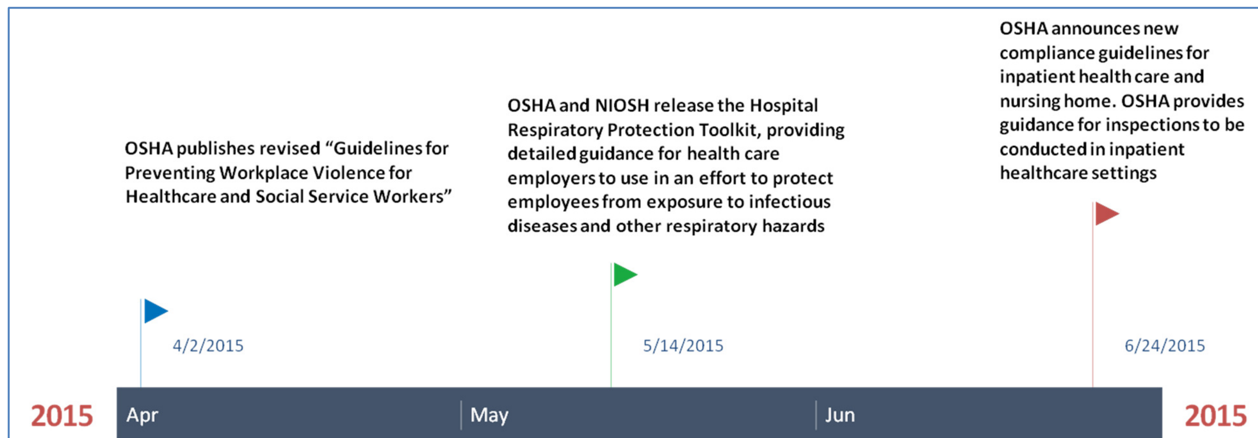

Figure 3. Timeline and Milestones of Various Initiatives taken by OSHA to Address Injury and Illness Rates in Healthcare Industry

In its most recent memorandum on June 25, 2015, OSHA provides inspection guidance to its inspectors for the inpatient healthcare setting. The guidance memo requires both federal OSHA Regional Offices and State Plans to evaluate the number of work-related injuries and illnesses at inpatient health care and nursing home facilities in their areas and to target those facilities for inspections. The memo identifies and focuses on five major Hospital hazards:

- Musculoskeletal disorders ("MSDs") relating to patient or resident handling;
- Workplace violence (WPV);
- Blood borne pathogens (BBP);
- Tuberculosis (TB); and
- Slips, trips, and falls (STFs)

The primary objective of this directive is to significantly reduce overexposures to these hazards through a combination of enforcement, compliance assistance, and outreach.

Role of Third-Party Proactive Compliance Audits

OSHA inspection of a healthcare facility can be conducted without advance notice and could include a combination of on-site inspections and/or Phone/Fax investigations. OSHA inspection typically consists of the following steps/phases:

- Arrival
- Opening Conference
- Records Review
- Program Review
- Inspection
- Employee Interview
- Abatement
- Closing Conference
- Re-inspection (if required)

A proactive approach is essential so that employers operating inpatient healthcare facilities can demonstrate their commitment to employee and workplace safety. Timely compliance audits serve that purpose. Such proactive audits can provide the employers with the necessary information to ensure that their facility is inspection-ready.

Compliance audits serve a varied purpose. If properly conducted these audits include providing information on general safety, records, policies and documentation requirements, identifying training/retraining requirements, identifying and remedying existing problems (e.g. Procedures for lifting/moving patients, reasonable devices exist to prevent awkward postures, repetition, and force, instruction on how to properly use assist devices, etc.). Additionally, these audits could be tailored to serve as mock OSHA inspections for testing the readiness of the facility.

Given some of the fines proposed against healthcare facilities in the past year this new directive should not come as a surprise. A hospital in Boston was recently fined $28,000 for BBP standard violation. In August of 2014 two healthcare facilities in New York were fined approximately $70,000 each for not implementation adequate WPV prevention programs, which OSHA believes would have helped prevent a number of incidents at their faculties. Then, in March of this year, a California hospital was fined over $70,000 for mishandling patients who were suspected of having TB. Finally, a massive fine in excess of $200,000 was handed to a New York hospital earlier this year for apparently willfully violating both BBP and TB standards. Examples like these are just the beginning. The new OSHA directive now enables a system which makes fines such as these easily enforceable. It is, now more than ever, crucial that healthcare facilities take a proactive role to ensure compliance and be prepared for OSHA inspections before they begin.

Strategic planning is essential to successfully navigating any OSHA inspection. In summation every healthcare facility needs to demonstrate its commitment towards a safe workplace environment and this can be achieved by conducting frequent compliance and safety audits, promoting a sense of safety culture, providing training and re-training to its employees about the safety policies and programs in place and ensure they adhere to them, and require all safety and health related information be documented, maintained, current, and dated.