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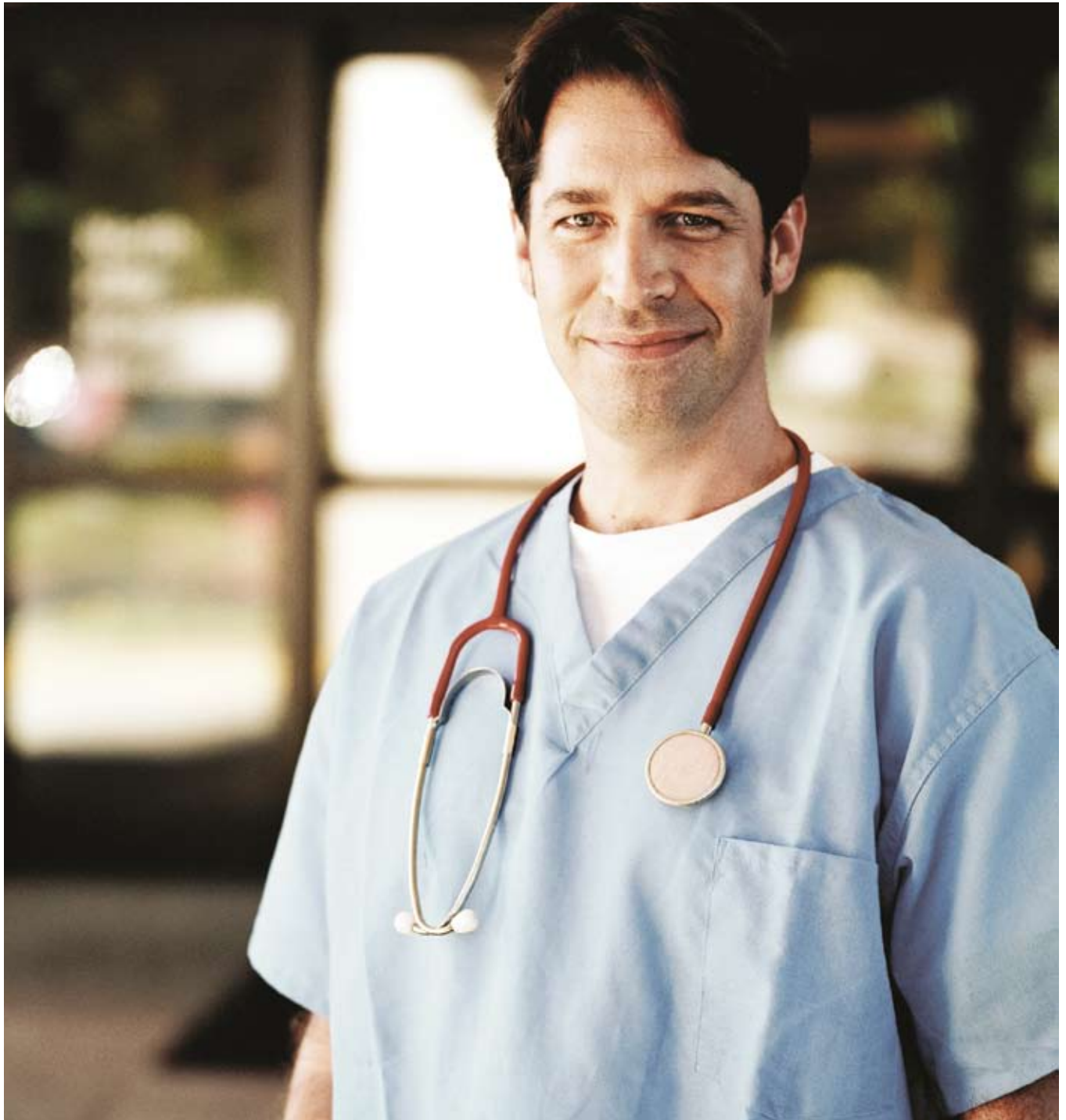


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# Establishing a Culture of Safety: Safeguarding Employees, Clients, and the Public



**E**conomic, political, and social influences in recent years have resulted in massive health care reform, demanding a plethora of changes to our community and health care organizations and their management structures. Rising injury rates, an increased prevalence of risk factors, stress and burnout, and absenteeism along with the growing public demand for quality health care are all strong motivators leading organizations to create a culture of safety. Client and employee safety have traditionally been viewed as distinct and separate entities, yet quality care is dependent upon a healthy and safe workforce and environment. The link between employee safety and client safety outcomes is critical to establishing one culture of safety for all. The Ontario Safety Association for Community and Healthcare (OSACH) Health and Safety Management System is a blueprint for building a single, integrated culture of safety that will result in safe work systems and workplaces for clients, employees, and the public.

There is growing evidence that indicates there is a relationship between employee and client safety, and that quality care is dependent upon a healthy and safe workforce and environment.

MSDs incurred through client care activities such as lifting, transferring, and repositioning are the major cause of lost time injuries (Yassi, Gilbert, & Cvitkovich, 2005). Violence-related injuries are becoming increasingly prevalent. In Ontario, the health care sector had the highest rate of lost time injuries associated with workplace violence compared to other sector groups in the province, occupying 31% of all workplace violence lost time claims in the province, as shown in Figure 1 (Workplace Safety and Insurance Board of Ontario, 2008).

The National Survey of the Work and Health of Nurses (Statistics Canada, Health Canada, & Canadian Institute for Health Information [CIHI], 2005) reveals that Canadian health care workers are reporting an increased prevalence of risk factors that are contributing to these higher rates of injury and disability. These include restructuring, increased workloads, and an aging workforce. These risk factors undermine injury prevention initiatives, supporting the need for prevention strategies to be integrated into the core business of health care workplaces. The result will be improved working conditions and enhanced quality of worklife and client care (Yassi, Gilbert, & Cvitkovich, 2005).

Stress among nurses, and the resulting burnout leading to disability, is well documented. Burnout is defined as “high levels of emotional exhaustion, high levels of depersonalization, or low levels of personal accomplishment” (Grunfeld et al., 2000). Burnout has been linked with mental and physical health problems and is associated with high absenteeism rates, high staff turnover rates, and low productivity (Grunfeld et al.,

## The Health of Our Health Care Workforce

Health care workers have the greatest risk of workplace injuries and non-compensable illness than any other Canadian occupational groups (Evanoff, Wolf, Aton, Canos, & Collins, 2003). The most prevalent classifications of workplace injuries in the health industry are musculoskeletal disorders (MSDs), violence, and slips and falls. Analysis of occupational MSDs among Canadian workers confirms that health care workers face the highest risk of incurring this type of injury (Volpe & Lewko, 2008).

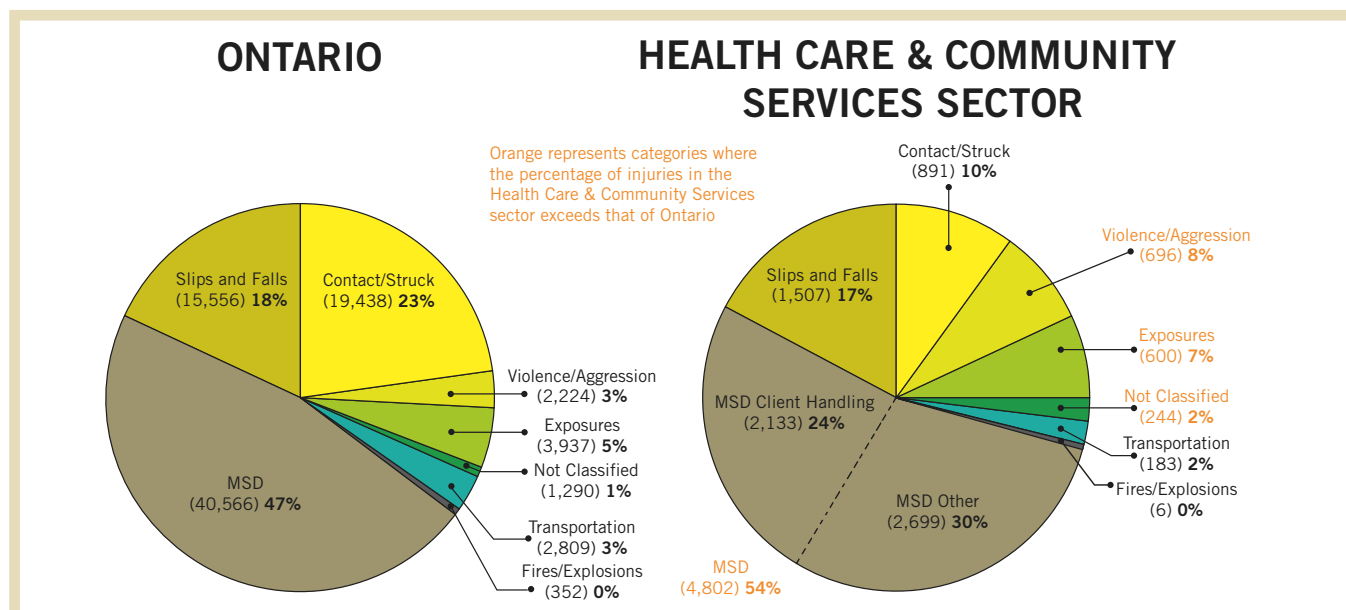


Figure 1. Lost Time Injury Categories, 2007

2000). Health care workers also have one of the highest rates of mental illness.

Absenteeism is a major concern in the health sector. Health care workers are absent from work as a result of illness or disability more than any other type of worker in Canada, experiencing 13.1 sick days per year compared to 7.8 days for all other Canadian workers in 2005 (Statistics Canada, 2005). Given that over 1.5 million people work in Canada's health and social services sector—approximately one in ten employed Canadians (CIHI, 2006)—this not only equates to considerable costs for health care employers, but also has detrimental social costs for both the employee and their clients. “The social costs to clients and their families for the pain and suffering of complications, additional days in the hospital, and/or the loss of a loved one are also sizable” (McClure & Hinshaw, 2002).

## The Link Between Employee Safety and Client Safety Outcomes

Client safety is a current priority in the Canadian health care system. Safety in health care is the degree to which the risk of an intervention and the risk in the environment are reduced for clients, employees, and other persons. Client and employee safety have traditionally been viewed as distinct and separate entities. However, there is growing evidence that indicates there is a relationship between employee and client safety, and that quality care is dependent upon a healthy and safe workforce and environment.

Medical errors cost the United States approximately \$37.6 billion each year, and approximately \$17 billion are associated with preventable errors (Williams, 2002). In a study of critical incidents and adverse events in Canadian hospitals, 7.5% of adult clients experienced an adverse event during hospitalization, and 36.9% were said to be preventable (Baker et al., 2004). These figures indicate that 9,000 to 24,000 deaths were related to preventable adverse events. Medical errors are inherent in the work of all health care professionals and most often result from an interplay of complex factors. According to Kuhn et al. (2002), medical errors are only rarely due to the carelessness or misconduct of an individual. They are usually due to system design issues and a lack of prevention strategies to enhance carefulness on behalf of the provider or caregiver. Human beings make mistakes because we have poorly designed systems, tasks, and work processes (Williams, 2002).

The body of evidence linking employee safety to client safety is expanding. There is now evidence that the detrimental effects of long working hours and lack of sleep are linked to poor quality and substandard client care (Taub et al., 2006). The National Survey of the Work and Health of Nurses (2005) revealed that 27% of nurses surveyed felt that quality of care deteriorated over the previous year due to fewer staff (67%) and too many clients (38%) [respondents could select more than one option]. Further, the results revealed that 30% of female nurses and 37% of male nurses worked more paid overtime versus 13% and 28% of all employed. A study conducted by Laschinger and Leiter (2006) further supports the belief that client safety outcomes are associated with the work environment and that burnout plays an important role. Nicklin and Graves (2005) cite that Canadian health care leaders must act upon the working conditions of nurses, specifically staffing ratios and skill mix, as they have a direct relationship to client outcomes such as satisfaction, morbidity, and mortality.

## Integrating Safety – Adopting a Systems Approach

With shrinking workforces, a shortage of skilled health care professionals, increasingly complex technology, the increased complexity of client care, increased disability and injury rates among health care employees, and increased public demands for quality health care, organizations must strive to create a culture focused on safety. According to Yassi and Hancock (2005), organizational culture and the safety climate are important determinants of both caregiver well-being and client safety. Organizations need to approach safety holistically, that is, striving to achieve employee health and wellness, quality client care and public safety, and environmental and workplace health—all leading to the goal of total organizational

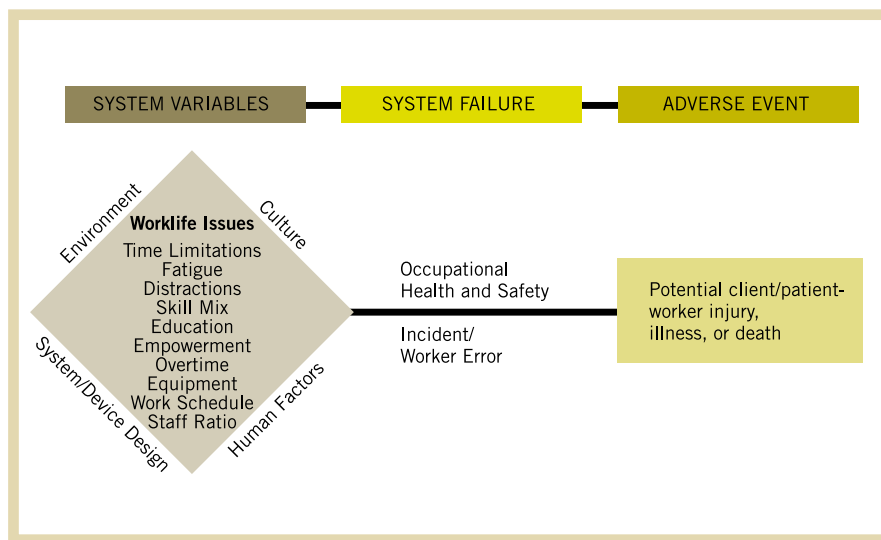


Figure 2. Current System of Care

health and wellness. What is needed is the implementation of a system of care that links these organizational relationships (environment, culture, system/device design, and human factors) to achieve safety solutions and quality outcomes.

The aviation, nuclear, mining, and construction industries have for many years recognized the potential for human error and have adopted health and safety management systems to prevent, mitigate, and manage potential risk of injury to staff, clients, and the public. Well-established safety controls are in place to prevent catastrophic events. Health care is also a high-risk industry but it has yet to adopt this practice and continues to rely mainly on individual human judgment. Environmental work factors such as burnout, fatigue, stress, illness, poor work design, and loss of experienced and knowledgeable staff from workplace injuries can impact the effectiveness and quality of work teams and critical judgment. These effects have the potential to lead to catastrophic outcomes for clients, workers, or the public, similar to other risk critical industries (see Figure 2).

In response to this need for a systems approach in health care, the Ontario Safety Association for Community and Healthcare (OSACH) designed a Health and Safety Management System (HSMS) specifically for the health and community care sector (see Figure 3). Based on the CSA Z1000 standard (Canada’s first consensus-based workplace health and safety management standard), the system is unique in that it draws upon the interrelationship of the client, the health care worker, and the public across all organizational programs to assess risk and untoward events. Using five key management system pillars, the OSACH HSMS focuses on a system of care that links



organizational relationships (environment, culture, system/device design, and human factors) to achieve safety solutions and quality outcomes. Leadership commitment and risk evaluation assessments along with strong feedback mechanisms and root cause analyses of critical events, work processes, and environmental factors are all evaluated. The outcomes guide organizations in the proactive adoption of safe practices and actions to prevent, mitigate, and manage risk within the holistic context of the client, worker, and public.

To establish a culture of safety and health, the OSACH HSMS guides health care organizations in their commitment to establish a fair and open safety culture. This entails moving away from a culture of blame to openly admitting that errors will occur. There is a need for timely identification and



Figure 3. OSACH Health and Safety Management System: Building a Culture of Health, Safety, and Wellness

assessment of interrelated events through a comprehensive and coordinated system to manage safety-related issues that will support learning and safe practice enhancements. In fact, other safety critical industries such as aviation have noted that an increase in error reporting led to a decrease in adverse events (Milligan & Dennis, 2005). Engaging health care staff to play an integral role in identifying safety-related issues and implementing viable solutions will not only improve client care, it will also engage them in safe work practices that will promote a safe working environment (Milligan & Dennis, 2005).

Health care is a fast-paced and complex environment that relies mostly on people to deliver its core business, often in unpredictable settings. The OSACH HSMS provides a proactive management structure that is specific to the needs and challenges of this sector. It is a blueprint for a system of care that will assist organizations in building a culture of safety and health for clients, staff, and the public. Q

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