Auditing Your Occupational Health Program to Improve Safety Management

Presented by:
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AIHce 2006
Why Should You Care?
Migration
to Corporate Health
Definition of Corporate Health

Corporate Health is a multi-department, multi-level approach that

- Coordinates and integrates individual and environmental level health promotion policies and safety practices to promote worker health
Characteristics of Corporate Health

- Program links to business objectives
- Support from top management
- Effective communication
- Effective incentive programs
- Evaluation
  - Systematic
  - Shared and valued by top management
  - Shared with employees
Characteristics of Corporate Health

- Create supportive environment
- Program is appropriately resourced, with a sufficient budget
- Program design based on best practice management and behavioral theory
Fear Factor

- Injuries
- OSHA Non-Compliance
- Cost Overruns
- Internal Corporate Relations
Desire Factor

- Credit for Approved Programs
- Improve the Bottom Line
- OSHA Compliance
- Reduced Injuries
- External Validation
<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>Drivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Production</td>
<td>Production</td>
</tr>
<tr>
<td>HR</td>
<td>Hiring and Retention; Personnel Issues; Benefits</td>
</tr>
<tr>
<td>Risk Management</td>
<td>Insurance, Legal, External Relations</td>
</tr>
<tr>
<td>EHS</td>
<td>OSHA, EPA, Injury Prevention, etc.</td>
</tr>
<tr>
<td>Occupational Medicine</td>
<td>Worker &amp; Community Health; Client Agenda; Law/ Ethics</td>
</tr>
</tbody>
</table>
Overview

- Types of Occupational Health Models
- Benchmarked Programs
- Universal Audit Elements
- Case Examples
  - *The Good, The Bad and... The It’s-Amazing-You-Don’t-Have-An-OSHA-Infraction*
- Closing
Types of Occupational Health Programs
5 Examples of Types of Programs

Wide Variations
1 Bare Minimum

- Not structured
- One person---many hats
- HR serves as quasi nurse
Limited Onsite Care/ Assessment

2
Good Resources
Poor Utilization
Good Resources, Good Utilization
Fully Integrated
Benchmarks in Corporate Health and Safety
Benchmark Awards

Partnership for Prevention™
Secretary's Innovation in Prevention Awards

C. Everett Koop National Health Awards

Corporate Health & Productivity Management Award

ACOEM

IH-PM

Robert W. RWC Campbell Award
Universal Audit Elements
You Can’t Manage What You Can’t Measure
Universal Audit Elements

- Form a team
- Collect accurate/relevant data
- Analyze data
- Make recommendations
Audits Evaluate OHS Controls

- Assess adequacy of health/safety systems
- Identify or determine if compliance gaps exist
- Evaluate effectiveness of controls
- Analyze effectiveness of clinical operations
- Determine employee satisfaction with service
- Explore ROI
ACOEM – CHAA checklist

- 1.0 Leadership & Management
- 2.0 Healthy Workers
- 3.0 Healthy Environment
- 4.0 Healthy Organization
A Sampling of Checklist / Audit Points

- Full document is 27 pgs!
- Emphasis on Medical pieces
1.0 Leadership & Management

- 1.1 Organization and Administration
- 1.2 Organizational Commitment, Innovation and Change Management
- 1.3 Health Information Systems
- 1.4 Program Evaluation and Quality Improvement
- 1.5 Privacy, Confidentiality and Health Records Management
- 1.6* Systematic Research, Statistics and Epidemiology
1.1 Organization & Admin: Some Outcome Indicators

- Program Components and Processes
- Dissemination

- **Outcome Measures:**
  - Percent compliance with legal and regulatory reporting requirements
  - Number of certified health and safety professions
  - Days Away, Restricted or Transferred (DART) Rate (this includes cases involving days away from work, restricted work activity, and transfers to another job)
  - Days Away from Work Injury and Illness Case Rate per 100 full-time equivalent employees
  - Lost Workday Injury and Illness (LWDII) Rate (includes cases involving days away from work and restricted work activity)

- Trends
1.3 Health Information Systems: Some Outcome Indicators

- Data/information systems are used to support medical surveillance, tracking OSHA/regulatory compliance, absence management, health and wellness, workplace hazards, ergonomics and other health-related programs

- **Information Systems:**
  - Multi-site integrated data system (in-house or vendor-operated)
  - Consistent metrics across organizational lines
  - Data protection and security adequate
  - Computer backup systems
  - Links between medical, industrial hygiene data and job exposure information
  - Electronic medical record
  - Medical decision support systems
1.4 Program Evaluation and Quality Improvement

- **ACOEM Standards:**

  - Annual evaluation of the safety and health management system

- **Adherence to the ACOEM Code of Ethical Conduct**

- **Audits (internal and external third-party)**
ACOEM Code
of Ethical Conduct

- **Physicians should:**
  1. accord the highest priority to the health and safety of individuals in both the workplace and the environment;
  2. practice on a scientific basis with integrity and strive to acquire and maintain adequate knowledge and expertise upon which to render professional service;
  3. relate honestly and ethically in all professional relationships;
  4. strive to expand and disseminate medical knowledge and participate in ethical research efforts as appropriate;

- **5. keep confidential all individual medical information, releasing such information only when required by law or overriding public health considerations, or to other physicians according to accepted medical practice, or to others at the request of the individual;**

- **6. recognize that employers may be entitled to counsel about an individual's medical work fitness, but not to diagnoses or specific details, except in compliance with laws and regulations;**

- 7. communicate to individuals and/or groups any significant observations and recommendations concerning their health or safety; and

- 8. recognize those medical impairments in oneself and others, including chemical dependency and abusive personal practices, which interfere with one's ability to follow the above principles, and take appropriate measures.
2.0 Healthy Workers

- 2.1 Health Evaluation of Workers
- 2.2 Occupational Injury or Illness Management
- 2.3 Non-occupational Injury and Illness Management
- 2.4* Traveler Health and Infection Control
- 2.5 Mental and Behavioral Health/Misuse of Substances
- 2.6 Medical Screening and Preventive Services
2.1 Health Evaluation of Workers

- Worker health evaluation and screening program structures are in place to provide specific screenings for target populations, according to specified time frames, with feedback and followup of results.

- Appropriate health evaluations should be performed and workers should be fully informed of results of each health evaluation, whether normal or if variations are detected. Those performing health evaluations must be familiar with the workplace.
2.2 Occupational Injury or Illness Management

- The occupational health professional should objectively resolve issues about *occupational causation of illness*, be knowledgeable regarding available rehabilitation programs and facilities, and interact with program administrators as appropriate to facilitate post illness or injury return to work based on *familiarity with the worksite* and input from supervisory/management personnel.
Occupational Injury or Illness Management: Outcome Measures

- Injury or illness rates (OSHA 300 log)
- Lost work time
- Early return-to-work trends
- Re-injury rates
- Utilization of return-to-work programs
- Workers’ compensation claims/costs
- Rate of injury and illness cases involving days away from work due to overexertion or repetitive motion
- Occupational disability retirement awards (reduction over time)
2.3 Non-Occupational Injury and Illness Management

- Programs are in place to provide treatment for emergency conditions not work related, including emotional crisis.
- Collaboration of care is provided for workers treated by personal health care providers to reduce unnecessary time away from the job for treatment.

**Outcome Indicators**

- **Written** policy disseminated on the treatment of personal illnesses
- Emergency response teams
- First aid/ CPR/automatic external defibrillator (AED) training
- Categories of service are tracked (e.g., blood pressure checks, immunizations, allergy desensitization)
- **Work status communications** procedures in place
- Agreement with EMS for rapid response when necessary, with regularly scheduled drills
2.3 Non-Occupational Injury and Illness Management (Continued)

- **Outcome Measures:**
  - Treatment activity logs
  - Utilization rates
  - Kept-at-work rates
  - Early return-to-work trends
  - Costs of different patterns of treatment
  - Productivity improvements due to on-site medical services (e.g., number of lost work-days saved per employee)
  - Patient satisfaction results
  - Percentage of those with disabilities who return to work (pre-injury or another job)
2.6 Medical Screening and Preventive Services

- **Outcome Indicators:**
  - **Program Components, Processes, Dissemination:**
    - System for offering regular examinations, including cancer screening
    - Appropriate scope of preventive services
    - Evidence of a preventive approach to employee health, safety, and ergonomics
    - Services and programs are offered to all workers in all locations
  
- **Outcome Measures:**
  - Acceptance rates of examinations
  - Worker and participant satisfaction surveys
  - Sentinel disease rates
  - Risk factor and health behavior analyses
  - Effectiveness of health education
3.0 Healthy Environment

- 3.1 Workplace Health Hazard Evaluation, Inspection and Abatement
- 3.2 Education Regarding Worksite Hazards
- 3.3* Personal Protective Equipment
- 3.4* Toxicological Assessment and Planning
- 3.5 Environmental Protection Programs
- 3.6 Emergency Preparedness, Continuity Planning, Disruption Prevention
Medical Components of PPE

- Audiometric
- Respiratory
  - Need medical clearance
  - Including N-95 even if voluntary!
- Special situations
  - Radiation
  - Thermal
Toxicological testing is performed on chemicals that are produced or used in the workplace *for which adequate data are not available*. Results are communicated and appropriate action is taken.

**Outcome Indicators**
- Particularly Hazardous Substance reviews are completed
- Health function advised before the introduction of new materials or agents to a site
- OEH professionals provide readily available information for recognizing and treating overexposure

**Outcome Measures:**
- Number of toxicologic evaluations
- Number of times that the toxicologic evaluations led to changes/improvements in work processes
- Incidence of exposures to judge needs in this area
3.6 Emergency Preparedness, Continuity Planning, and Disruption Prevention

- Occupational Health programs should have a plan for managing health-related aspects of emergencies, including disasters, terrorism and public health hazards. … Occupational health professionals should assure that proper treatment referral networks, such as employee assistance programs (EAP) and critical incident debriefing resources are in place.
- First aid, CPR regular training and emergency medical response documented
- OEH staff on community panels
- EAP prepared for critical incident debriefing (CID)
- **Outcome Measures:**
  - Number of drills and assessments of readiness
  - Reports on degree of success in response to real or near-disasters
4.0 Healthy Organization

- 4.1 Health Promotion and Wellness
- 4.2 Absence and Disability Management
- 4.3 Health Benefits Management
- 4.4 Integrated Health and Productivity Management
4.1 Health Promotion and Wellness

- Health risk appraisals and assessment of readiness to change health behaviors
- Risk factor screening (e.g., cardiovascular fitness, body mass index, blood pressure and cholesterol)
- Personal follow-up of those at high risk
- Health information and health education programs (e.g., weight loss, smoking cessation, health club, smoke-free environment, healthy vending machine and cafeteria selections)
- Health benefit plan activities that educate and promote good health
- Guidelines and communications to doctors to encourage health promotion
- Programs to improve quality of preventive clinical care and services provided to plan members
- Specific cancer screening programs for early detection following national guidelines
4.1 Health Promotion and Wellness: Outcome Measures

- Participation rates, i.e., percent of beneficiaries getting screening, health risk appraisals (HRAs), health education and behavior change programs
- Prevalence of health risks and chronic disease in worker/beneficiary populations
- Projection of health-related costs and return on investment (ROI) analyses
- Effectiveness of risk reduction programs
- Participant satisfaction rates
- Impact of programs on clinical data and productivity
4.2 Absence and Disability Management

- **Outcome Indicators**
  - Written absence/disability management/Family Medical Leave Act (FMLA) policies and procedures
  - Active case management (ambulatory, disability)
  - Medical practice guidelines used for the most common causes of illness absence
  - Transitional jobs available for temporary assignment
  - Functional job descriptions to facilitate effective RTW programs
  - Health plan activities to help people manage chronic illness while working
  - Effective program for improving quality of clinical care provided to health plan members
  - Guidelines to assist plan doctors provide optimal care
4.3 Health Benefits Management

- Occupational health professionals collaborate with human resources personnel in the design, evaluation and quality assurance of employee health benefits.
4.4 Integrated Health and Productivity Management

- The organization implements integrated programs to assess and enhance population health status and reduce the impact of occupational and non-occupational illness and injury on costs and workforce productivity, including turnover rate, absenteeism and presenteeism.
Sample Audit
Clinic Evaluation
Sample Audit: Employee Health

<table>
<thead>
<tr>
<th>Area</th>
<th>Assessment</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborative treatment of non-occupational conditions.</td>
<td>Do programs and services accurately invite business and community team work?</td>
<td>Oversight is isolated within the organization. No broader integration or focus. Employees have incentives to under-report occupational musculoskeletal conditions.</td>
</tr>
</tbody>
</table>
Sample Audit: Workplace Environment

<table>
<thead>
<tr>
<th>Area</th>
<th>Assessment</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation, inspection &amp; abatement of workplace hazards</td>
<td>Do programs exist to assess hazards, risks and monitor exposures?</td>
<td>Programs exist, but are focused in the Safety area. No well-articulated holistic strategy. Under-staffed for industrial hygiene.</td>
</tr>
<tr>
<td>Area</td>
<td>Assessment</td>
<td>Findings</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Assistance in control of illness-related absence from job.</td>
<td>Do policies, guidelines and practices promote early return to work, disability and risk reductions?</td>
<td>Mixed results. Business control of absences doesn’t encourage effective RTW. Benefit plan doesn’t incent RTW. Disability mgmt programs not well defined and deployed.</td>
</tr>
</tbody>
</table>
Sample Audit: Management and Leadership

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<thead>
<tr>
<th>Area</th>
<th>Assessment</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biostatistics and epidemiologic assessments.</td>
<td>Is the company committed to an ongoing effort to evaluate health and safety risks and when possible participate in studies?</td>
<td>No data available that would allow participation In external research/studies.</td>
</tr>
</tbody>
</table>
Audits Drive Results

<table>
<thead>
<tr>
<th>Employee Satisfaction</th>
<th>Employee Injury &amp; Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe Work Practices</td>
<td>Absenteeism</td>
</tr>
<tr>
<td>Productivity</td>
<td>Workers’ Comp Costs or Rates</td>
</tr>
</tbody>
</table>
## Audit Examples

<table>
<thead>
<tr>
<th>Category</th>
<th>4- Month Actuals</th>
<th>Annualized Total</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Donations</td>
<td>337</td>
<td>1011</td>
<td>21</td>
</tr>
<tr>
<td>Blood Pressure Check</td>
<td>31</td>
<td>93</td>
<td>2</td>
</tr>
<tr>
<td>Cholesterol Check</td>
<td>9</td>
<td>27</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Consultation</td>
<td>26</td>
<td>78</td>
<td>2</td>
</tr>
<tr>
<td>EIP</td>
<td>50</td>
<td>150</td>
<td>3</td>
</tr>
<tr>
<td>Emergency</td>
<td>5</td>
<td>15</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Hepatitis – New Employee</td>
<td>114</td>
<td>342</td>
<td>7</td>
</tr>
<tr>
<td>III Evaluation (Near Miss)</td>
<td>0</td>
<td>0</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Immunization</td>
<td>19</td>
<td>57</td>
<td>1</td>
</tr>
<tr>
<td>Medical Surveillance</td>
<td>151</td>
<td>453</td>
<td>9</td>
</tr>
<tr>
<td>Return to Work – Non-Occupational</td>
<td>25</td>
<td>75</td>
<td>1</td>
</tr>
<tr>
<td>Return to Work – Occupational</td>
<td>21</td>
<td>63</td>
<td>1</td>
</tr>
<tr>
<td>RN Assessment – Non-Work Related</td>
<td>118</td>
<td>354</td>
<td>7</td>
</tr>
<tr>
<td>RN Assessment – Work-Related</td>
<td>123</td>
<td>369</td>
<td>8</td>
</tr>
<tr>
<td>Over-The-Counter Medication Requests</td>
<td>574</td>
<td>1722</td>
<td>36</td>
</tr>
<tr>
<td>Totals</td>
<td>1603</td>
<td>4809</td>
<td></td>
</tr>
</tbody>
</table>
Audit Examples

- **Comments**
  - The OHS is very active and is fulfilling its assignment for XXX in YYY. The general practices and health care appears appropriate. The OHS appears to be functioning better in 2004 than previously. The formalization of the Transitional Work Program has been a major accomplishment and should facilitate employee recovery from injuries and illnesses. A similar program for non-work-related conditions could provide similar benefits. The proprietary occupational health software is due to be updated in 2005.

- There are some issues that need to be addressed by OHS to improve its functioning. These are noted in the following bullet points.
  - The Medical Directives are dated from the early 1990s, are not approved and are not specific to XXX
  - There were no written protocols for operation of the clinic, including compliance with applicable clinical facilities standards, medical record storage and communications with others within and outside of XXX
More Audit Examples

- **Recommendations**
  - The following recommendations are made by general area of activity.

- **Injury/Illness and Other Clinic Activities**
  - Consider expanding the clinic hours to accommodate other work shifts
  - Consider having the nurse practitioner (advanced practice nurse) treat some work-related injuries/illnesses
  - Clarify the role of the medical director in case assessment and case management activities
  - …
More Audit Examples

- **Prioritization of Recommendations**

- As noted in this report, there are many corrective activities that need to be done. Since they cannot be done all at one time, I would offer this prioritization:
  - Update and finalize programs and procedures currently in draft status and/or never approved
  - Determine functioning relationship with and role of the medical director
  - Develop a consistent set of questionnaires and forms
  - Make the medical surveillance programs mandatory
  - Develop a pre-placement medical assessment program
  - Evaluate staffing needs in order to operate all of the program changes
Closing
Migration to Corporate Health

- Workers’ Compensation - Injury/Illness Care
- Medical Surveillance
- Disability/Absence Management
- Complex Care Management
- Case Management
- Disease Management
- Health & Wellness
- Productivity Enhancement
- Corp Health