



The Direct Link Between Hospital Safety and Patient Satisfaction

Our Speakers



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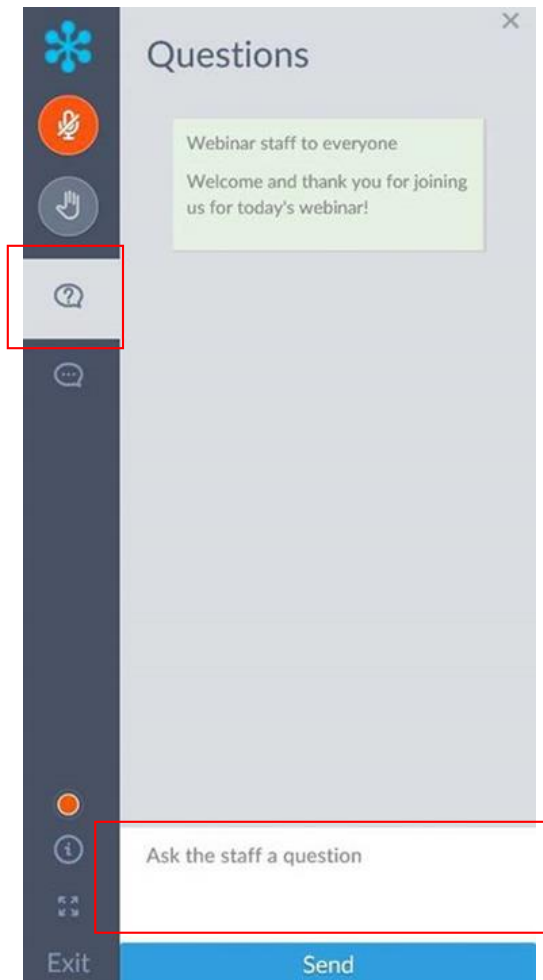
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Your Participation

Please submit questions and comments via the Questions panel.

Note: Today's presentation is being recorded and will be provided within 48 hours.

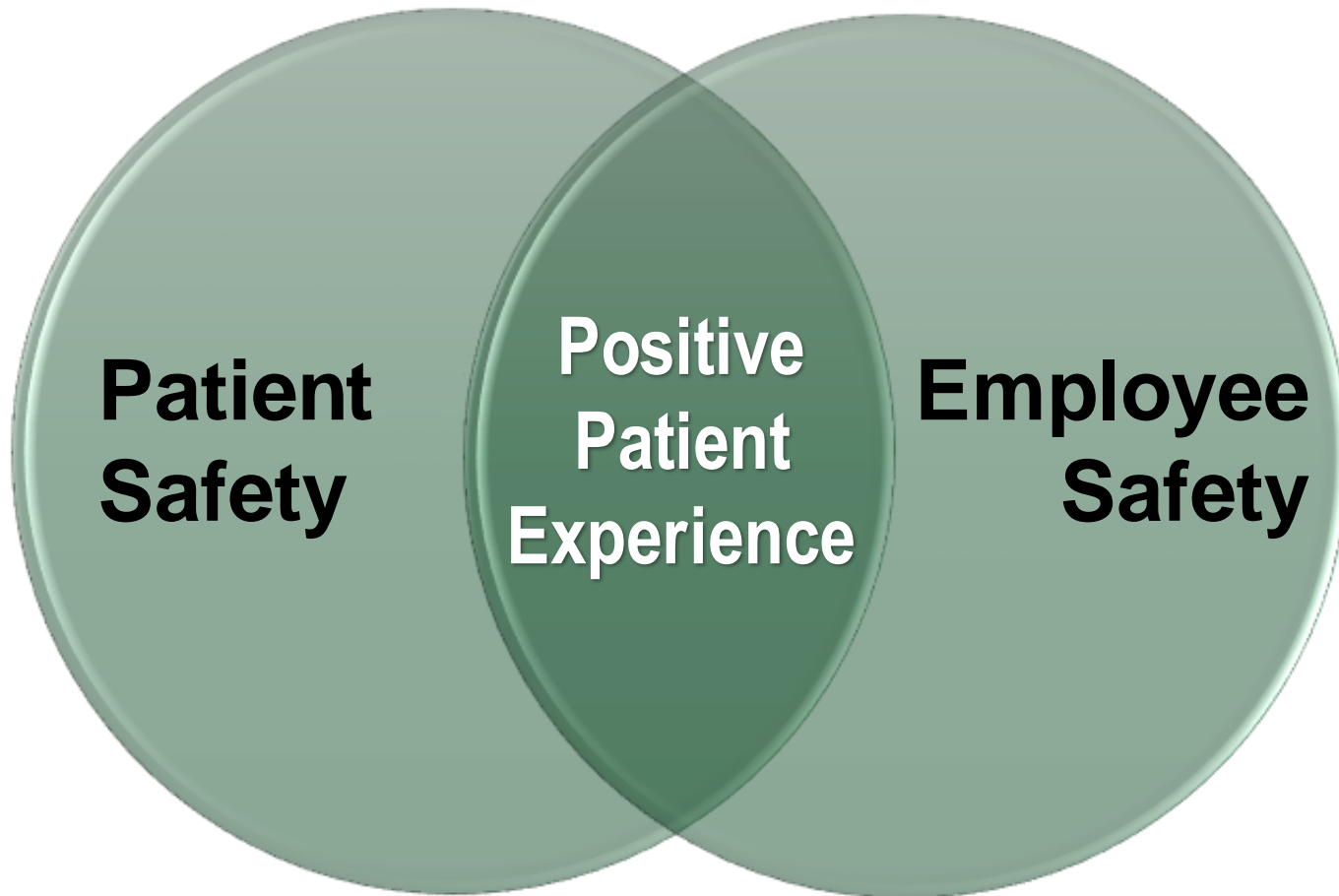
Common Misconception



**Patient
Safety**

**Employee
Safety**

The Ultimate Goal



Safety National Insures



Over **3.6 million** healthcare employees in the U.S.



75% of the hospitals listed on the 2020-21 Best Hospital Honor Roll*



70% of the hospitals listed on the 2020-21 Best Children's Hospital Honor Roll*



52% of the largest non-profit healthcare systems*

Relationship Between Employee Satisfaction and Patient Experience



Culture of Safety Increases Employee Satisfaction Because....



- Regarded as the first step toward improvement in healthcare delivery.
- Provides a healthy work environment.
- Enhances staff's physical and mental well-being.
- Helps organizations sustain quality, staff and patient satisfaction.
- Enhances employee-to-patient engagement.

Culture of Safety Increases Employee Satisfaction Because....



- Decreases employee turnover.
- Influences productivity and quality of patient care.
- Helps hospitals reduce workers' compensation costs and lowers the amount of lost work days.

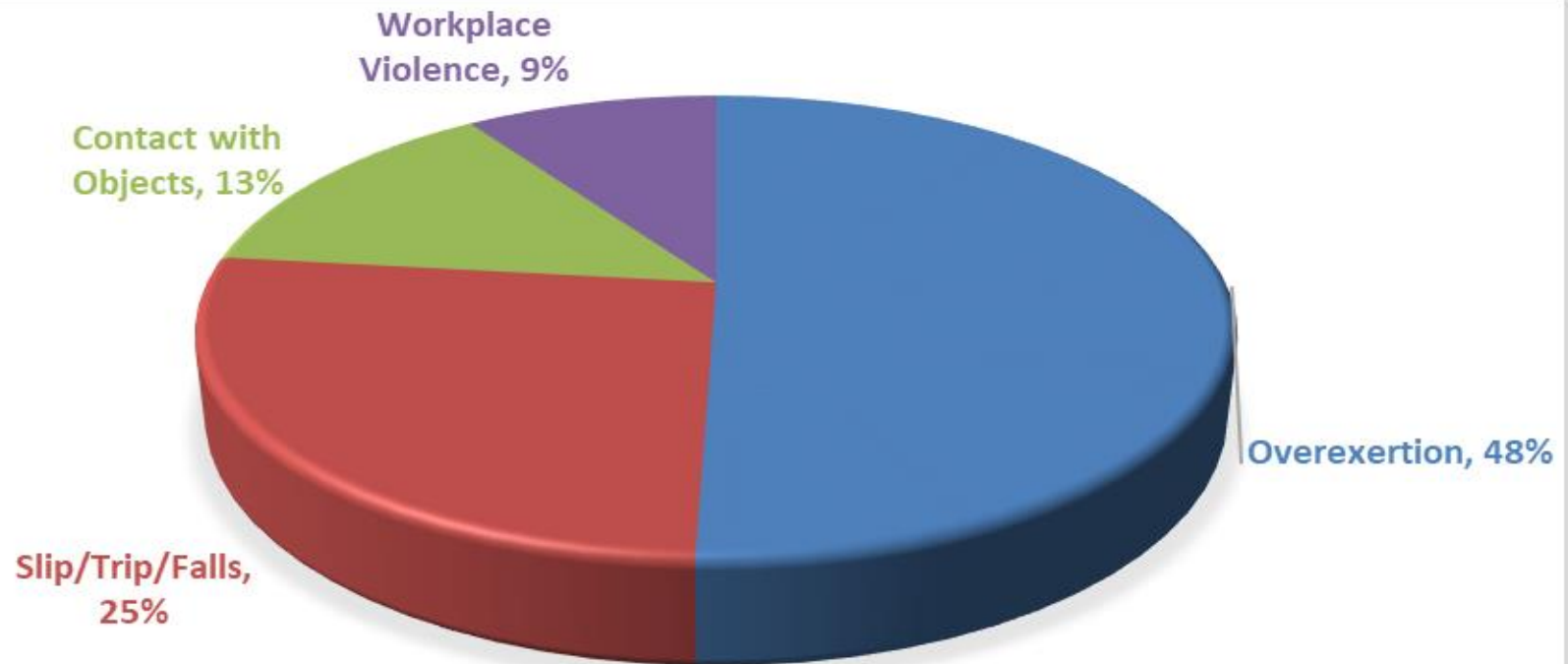


The Correlation Between Employee Satisfaction and Patient Satisfaction



- Healthy work environments for caregivers optimize patient safety.
- A culture of safety keeps healthcare workers safe, so they can help patients achieve better clinical outcomes.
- Caregiver injury rates are linked to shortage in care and less time engaging the patient at the bedside which are linked to negative patient outcomes.
- Negative reports and surveys with low scoring patient experience is damaging to the hospital's reputation.
- High safety standards bolster a hospital's reputation and patient satisfaction levels.

Top Four Exposures/Injury Causes



COVID-19 Best Practices



Operational Impact

- Crisis Management Committee
- How are visitors assessed?
- Telemedicine capabilities?

Employee Exposure & Communication

- Training to recognize symptoms?
- Conspicuous notices and updates posted?
- In receipt of information to help stop the spread?

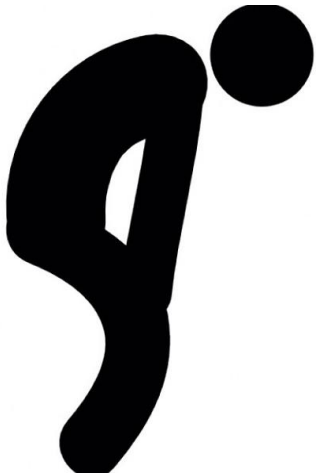
Employee Screening

- Is a policy developed to outline how employees will be screened?
- Are temperatures being checked?
- Are employees trained to recognize the symptoms of COVID-19

Controls

- Hand washing
- Social distancing
- Physical barriers
- PPE
- HVAC Maintenance

Top Three



Overexertion
48%



Slips, Trips, Falls
25%



Workplace Violence
9%

Overexertion – Patient Handling Risk Factors



Lack of:

- A SPHM program
- Proper education in nursing school
- Program not enforced
- Proper equipment
- Bariatric equipment
- Proper placement, easily-accessible equipment
- Equipment maintenance
- Training on policies and equipment
- Awareness of existing minor injury that could worsen with repeated exposure
- Proper emergency evacuation planning





- **Policy Development**

- Written policy that is understood by all staff and reviewed on a regular basis.

- **Management and Staff Involvement**

- Successful programs embrace a culture of safety that includes safe patient handling, as employees appreciate knowing that senior managers care about their well-being.

- **Needs Assessment**

- Every patient has unique characteristics and mobility capabilities that need to be assessed on a regular basis.

SPH Program – Best Practices



- **Equipment**

- Selection and choosing correct equipment based on patient needs.

- **Education and Training**

- For both staff and patients

- **Program Evaluation**

- As with any other program, review and amend as conditions change.

Slips, Trips, Falls – Risk Factors



- Lack of proper bedside mobility assessment tools
- Elderly Patients
- Medication
- Communication failures
- Lack of adherence to protocols and safety practices



Slips, Trips, Falls – Risk Factors



- Inadequate staff orientation, supervision, staffing levels or skill mix
- Deficiencies in the physical environment
- Lack of leadership
- Inadequate lighting
- Improper use of floor mats and runner

Slips, Trips, Falls – Best Practices



- Provide and maintain a written housekeeping program
- Keep floor clean and dry
- Wear slip resistance shoes (have a shoe program)
- Prevent entry into wet areas



Slips, Trips, Falls – Best Practices



- Keep patient areas/rooms free from tangled, hanging cords
- Keep areas maintained around drinking fountains
- Ensure prompt communication to clean up spills. “If you see it, you own it.”
- Encourage all employees to report, cover or clean spills
- Use highly visible caution signs



According to the World Health Organization:

- Between 8% - 38% of healthcare workers suffer some sort of physical violence at some point in their careers.
- Workplace violence and disruptive behavior are barriers to fostering a culture of safety and are considered a public health threat.

Workplace Violence



CA Senate Bill 1299:

- Requires healthcare employers to ensure a safe environment for patients and nurses by preventing workplace violence before it happens.
- Healthcare employers were required by law to have a comprehensive, unit-specific workplace violence prevention plans in place by April 1, 2018.

Types of Workplace Violence



- Patient-to-Staff (per BLR accounts for **80%** of incidents)
- Visitor/Family to Staff
- Staff-to-Staff Violence/Harassment
- Physician or Third-Party Professional to Staff
- Stranger/Non-Employee to Staff

Workplace Violence – Risk Factors



- Working with people who have a history of drug abuse
- Lifting, moving, transportation patients
- Working alone
- Poor environmental design; blockage of escape routes
- Poor lighting in hallways and/or exterior areas
- Lack of emergency communication
- Lack of training



Workplace Violence – Risk Factors



- Understaffing or high turnover
- Long wait times/overcrowding
- Unrestricted public access
- Perception the violence is tolerated
- Presence of firearms
- Inadequate security
- Unrestricted public access



Workplace Violence Prevention – Best Practices



- Management commitment and worker participation
- Written policy and program
- Worksite analysis and hazard identification of high risk areas
- Hazard prevention and control
- Staff training (de-escalation & self defense)
- Complete incident forms

Workplace Violence Prevention – Best Practices



- Recordkeeping and program evaluation
- Pre-employment background screening
- Patient specific proactive prevention (past history of violence)
- Have law enforcement numbers readily available with written criteria

Common Negative Outcomes



- Lost workdays
- Reduced productivity
- Expensive workers' compensation claims

Diminished ability
to care for patient

Steps to Improve Safety



- Promote a culture of safety
- Development and implement sound protocols
- Improve patient handling
- Enhancing record-keeping
- Optimizing staff levels and schedules, and
- Implementing safety-oriented IT systems





A safety culture is built on trust:

- Empowers staff to report errors, near misses.
- Recognize unsafe behaviors and conditions that can put patients at risk.
- All of which drive improvement.

Staff safety plans and protocols can:

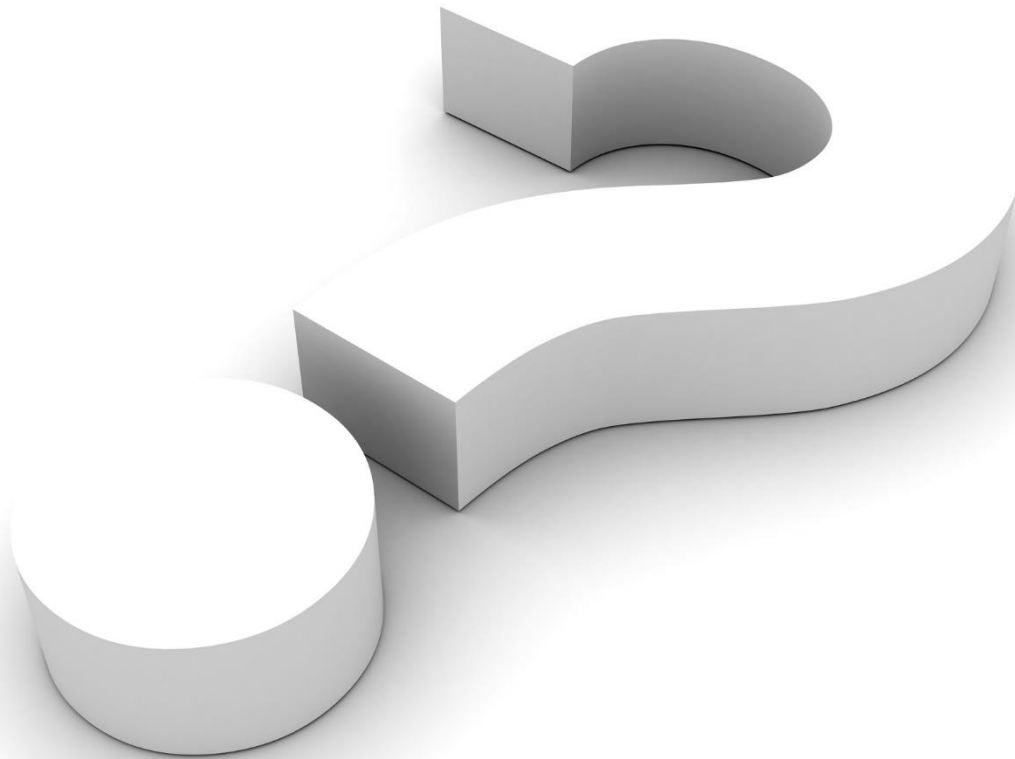
- Reduce costs and unplanned leave.
- Improve patient satisfaction and outcomes.
- Protect the reputation of healthcare organizations.



“Of the top 10 sources of innovation, employees are the only resource that you can control and access that your competitors cannot. Employees are the one asset you have that can actually be a sustainable competitive advantage.”

Kaihan Krippendorff
Business Strategy Speaker & Author

Questions?



Thank You!



If you have questions or would like to speak further, please feel free to reach out to either of us at any time!

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