Linking Worker and Patient Safety in Victorian Hospitals: A Pilot Study

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Josephine McMahon, WorkSafe – Health Practice

Denise Goodwin, Monash University – BehaviourWorks
Outline

Introduction to the WorkSafe’s Hospital Intervention Program

Linking Worker and Patient Safety Pilot study

What next? - Questions
WorkSafe’s Hospital Intervention Program

• To ensure safe and efficient workforce systems by engaging hospital boards and senior management.
• By increasing accountability for OHS, we aim to promote a sustainable safety culture in hospitals.
Tackling the issues – what we know

Commitment by hospital board members and Snr Management is required to achieve sustainable outcomes
(Cherie Curtis, 2015)

Worker safety is a key driver to improve patient safety outcomes
(Yassi & Handcock, 2005)

A pro-active preventive approach with early intervention is the most effective way to sustain optimal OH&S outcomes
(DeCieri et al., 2015)
Why Link Worker & Patient Safety?

Current focus

• Performance is based on patient outcomes (measured by clinical outcomes and patient surveys)
• Sustainability of OHS initiatives negatively impacted by poor worker safety

Research focus

• Develop local evidence by engaging with Victorian hospitals to support research studies
• Research aimed at specific risks generally targeting clinical outcomes against patient care
Rapid literature Review

Identify determinants of worker and patient safety as perceived by workers and patients

“They need more staff on this ward for optimal worker safety and patient safety”

“They need more staff on this ward for optimal worker safety and patient safety”
<table>
<thead>
<tr>
<th>Determinant</th>
<th>Patients</th>
<th>Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Management of workers (e.g., workloads and staffing levels)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>2. Communication (e.g., between patient and provider, among workers, between wards)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>3. Worker attitudes (e.g., beliefs, values and opinions expressed by workers)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>4. Worker capability (e.g., worker knowledge, skill)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>5. Hospital management/operations (e.g., hospital policies and protocols)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>6. Patient characteristics (e.g., behaviour, gender, clinical features)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>7. Environment (e.g., space, lighting)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>8. Equipment (e.g., availability, maintenance)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>9. Continuity of care (e.g., the coordination between workers)</td>
<td>✓</td>
<td>✗</td>
</tr>
<tr>
<td>10. Hospital cleanliness (e.g., cleanliness of the setting and the hygiene practices of workers)</td>
<td>✓</td>
<td>✗</td>
</tr>
<tr>
<td>11. Accessibility to workers (e.g., waiting time)</td>
<td>✓</td>
<td>✗</td>
</tr>
<tr>
<td>12. Task factors (e.g., how difficult/easy a task is)</td>
<td>✗</td>
<td>✓</td>
</tr>
<tr>
<td>13. Patient autonomy (e.g., how much control patients have over their care)</td>
<td>✓</td>
<td>✗</td>
</tr>
</tbody>
</table>
Linking worker and patient study

Method
A cross-sectional survey study of hospital workers and patients within six wards across three Victorian-based hospitals.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Patient</th>
<th>Worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - ward 1</td>
<td>28</td>
<td>25</td>
</tr>
<tr>
<td>1 – ward 2</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>2 – ward 3</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>2 – ward 4</td>
<td>0</td>
<td>22</td>
</tr>
<tr>
<td>3 – ward 5</td>
<td>26</td>
<td>19</td>
</tr>
<tr>
<td>3 – ward 6</td>
<td>22</td>
<td>27</td>
</tr>
</tbody>
</table>
Communication

Patient:
“Communication. To make sure the staff are helping the right patients in the right way”
- Patient (Female, 60-69 years old)

Worker:
“Comprehensive training. Excellent communication. Well trained staff who are able to communicate well can: 1. work well together. 2. overcome issues in a safe and efficient manner. 3. Communicate to patients their role”
- Pharmacist (Full-time, 1-4yrs in role)
The Environment

Patient:
“Infection control and preventing falls. I don’t want anymore injuries”.
- Patient (Male, 70+ years old)

Worker:
“The hospital environment needs to be safe for both workers and patients. Work place needs to be a safe environment for workers as we spend more than 8 hours at work. In the same way patients admit in hospital for treatment of their disease’s. They should not get any injury or deteriorate due to unsafe environment.”
- Nurse (Full-time, 1-4yrs in role)
Policies and Procedures

Patient:
“Policies, procedures, commitment for a work safe environment. Both outcomes for all people when safety is a top priority in real terms, not just talked about”.
- Patient (Female, 70+ years old)

Worker:
“Understanding of likely / foreseeable risk and mitigation strategies proportionate to the likelihood of occurrence and consequences to patients and staff should they occur. Unrecognised and unmanaged risk is inconsistent with the organisations strategic goals, their legal and ethical obligations, the obligation to provide patient centered care and stated priority to provide a supported, resilient and quality staff.”
- Physician (Full-time, 20+yrs in role)
Skills and Knowledge

Patient:
“Excellent and well qualified staff. To make sure the patient has the best treatment possible”.
- Patient (Male, 70+ years old)

Worker:
“knowledge about safety in the workplace i.e. communication. […] Staff need to be educated about safety issues arising in the workplace and communicate with patients and staff to ensure optimal safety is in place.”
- Nurse (Part-time, 10-19yrs in role)
- How do patients and workers rate safety factors?
- How do they rate these factors on their ward?
- Are there any differences between the two?

<table>
<thead>
<tr>
<th>How much do you agree or disagree with the following statements . . .</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree or Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>The competency, skill and knowledge of staff . . .</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Influences patient safety</td>
<td>□</td>
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<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Influences worker safety</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Have been excellent in this [name of ward]</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
Findings

- Overall the 13 determinants of safety were rated as influential for both patients and workers.
  - Workers rated them as important for both themselves and patients
  - Patients rated them as important for both themselves and workers

- Out of the 13 determinants, communication was reported as the most important thing for patient and worker safety from both of these groups.

- In line with previous research, patients tend to have a more positive evaluation of the quality of care provided and safety in their current ward, compared to workers.
“More important to keep the workers safe, because they in turn keep us safe”

- Patient, Male, 60-69 years old
What next?

- Larger, more comprehensive study

- WorkSafe currently conducting a number of studies with ISCCR linking worker and patient safety
  - Musculoskeletal disorders
  - Manual handling

- Full evaluation report (2018)
Questions

Josephine McMahon
WorkSafe – Health Practice
Josephine_mcmahon@Worksafe.vic.gov.au

Denise Goodwin
Monash University – BehaviourWorks
denise.goodwin@monash.edu.au

@DeeGoody79  @BehavWorksAus