HRET HIIN Culture of Safety
Virtual Event

Who Has YOUR Back?
Building Safe Patient Handling Programs that Work
March 20, 2018
WELCOME AND INTRODUCTIONS

Kavita Bhat, MD, MPH | Program Manager, HRET
Webinar Platform Quick Reference

- Mute computer audio
- Today’s presentation
- Download slides/resources
- Register for upcoming events
- Chat with participants

HRET HIIN VIRTUAL EVENT

Chat [Everyone]

Links
- Encyclopedia of Measures
- HRET HIIN Website
- HRET HIIN Upcoming Events
- More information about HIIN
- NHSN Instructions

Files
- Name: Data (Slides) Size: 9 MB

Upcoming Events
- 11/29 Sepsis
- 11/30 Fellowship
- 12/1 Falls
- 12/6 CAUTI
- 12/8 Fellowship (Repeat)
## Today’s Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenter(s)</th>
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<tbody>
<tr>
<td>11:00 - 11:03 am</td>
<td>Welcome and Introductions</td>
<td>Kavita Bhat, MD, MPH Program Manager, HRET</td>
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<tr>
<td></td>
<td>Introduction to today’s event and agenda overview.</td>
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<tr>
<td>11:03 - 11:10 am</td>
<td>Introduction to Safe Patient Handling and Practices to Reduce Patient and Worker Harm</td>
<td>Betsy Lee, MSPH, RN Cynosure Improvement Advisor Jackie Conrad, RN, BS, MBA, RCC Cynosure Improvement Advisor</td>
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<tr>
<td></td>
<td>Learn the definition and importance of safe patient handling and gain a better understanding of practices available to reduce patient and worker harm, including the GET UP Campaign.</td>
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<tr>
<td>11:10 - 11:15 am</td>
<td>We Have Your Back -- Safe Patient Handling Program</td>
<td>John Wilgis, MBA, RRT Director, Emergency Management Services, Florida Hospital Association</td>
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<td>Explore the impact of the Florida Hospital Association’s <em>We Have Your Back</em> initiative, specifically the program’s impact on engaging both hospital leadership and front line teams in improving care and safety.</td>
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<tr>
<td>11:15 – 11:45 am</td>
<td>Building Will and Designing the Way for Comprehensive Safe Patient Handling and Movement</td>
<td>Dr. Christine Norton, PhD, ATC/L Injury Prevention Specialist, Baptist Health, Jacksonville, Florida. Manon Labreche PT, CEAS II Manager, Injury Prevention &amp; Lift Team, Tampa General Hospital</td>
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<td>Hospital leaders from two Florida hospitals will describe their approaches to understanding the issues and need for improvement, building executive will and leadership for change, and engaging front line staff. They will detail key elements for success, as well as provide tips for addressing barriers.</td>
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<tr>
<td>11:45 – 11:55 am</td>
<td>Questions from the Participants</td>
<td>Participants and Presenters Facilitated by Betsy Lee and Jackie Conrad, Cynosure Improvement Advisors</td>
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<td>Bring your questions, stories, and barriers to action! We will have an interactive, facilitated dialogue between participants and presenters.</td>
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<tr>
<td>11:55 – 12:00 pm</td>
<td>Wrap Up</td>
<td>Kavita Bhat, MD, MPH Program Manager, HRET</td>
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<td></td>
<td>Available HRET HIIN Culture of Safety Resources</td>
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SAFE PATIENT HANDLING:
REDUCING PATIENT AND WORKER HARM

Betsy Lee, MSPH, RN and
Jackie Conrad, RN, BS, MBA, RRC™
Improvement Advisors, Cynosure Health
Polling Question: Do all nurses, other staff, and families feel your organization is supportive in providing the assistance they need when they need help mobilizing a patient?

- All of these people, all of the time
- Most of these people, most of the time
- Some of these people, some of the time
- Very few of these people, rarely
- No one is comfortable asking for assistance
# Culture of Safety Drivers

<table>
<thead>
<tr>
<th>Further a Culture of Safety That Fully Integrates Patient Safety with Workforce Safety</th>
<th>Change Idea</th>
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<tbody>
<tr>
<td><strong>Commit and Communicate the Priority of Patient and Workforce Safety</strong></td>
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<tr>
<td>Demonstrate the commitment to safety at all levels of the organization</td>
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<tr>
<td>Build systems and processes that integrate patient and workforce safety</td>
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<td>Engage all team members in the commitment to safety, including patients and their families</td>
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<tr>
<td><strong>FOSTER A CULTURE OF TRUST, REPORTING AND LEARNING</strong></td>
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<td>Support a culture that balances a systems approach and individual accountability</td>
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<td>Create a reporting mechanism that is easy to use, meaningful and has a built in feedback process</td>
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<td>Promote reflective learning and improvement</td>
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<td><strong>Build a Work Environment to Enable Staff to Provide Safe, Quality Care</strong></td>
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<tr>
<td>Design and ensure a safe work environment</td>
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<tr>
<td>Provide training on processes to support and improve patient and workforce safety</td>
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<tr>
<td>Furnish staff with necessary equipment and supplies</td>
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Musculoskeletal Injuries

- Overexertion injuries - Bureau of Labor Statistics (BLS) - 2014
  - All industries – 33/10,000 FTEs
  - Hospital workers – 68/10,000 FTEs
  - Greatest risk factor: manual lifting, moving, repositioning patients

- Back injuries impact up to 38% of all nurses
**Safe Patient Handling and Mobility (SPHM)**

**SPHM** “involves the use of assistive devices to ensure that patients can be mobilized safely and that health care providers avoid performing high-risk manual patient handling tasks.” U.S. Department of Veterans Affairs


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**National Institute for Occupational Safety and Health (NIOSH)**

“Limited Guidance” for eliminating patient lifting over 35 lbs. without assistive equipment/devices

[https://www.cdc.gov/niosh/topics/safepatient/default.html](https://www.cdc.gov/niosh/topics/safepatient/default.html)
OSHA Myth Busters

**Myths:**
- We can train workers to use proper body mechanics and avoid injury.
- Patients are not as comfortable or safe with mechanical lifting.
- It takes less time to manually move patients than to use lift equipment.
- Lifting equipment is not affordable or cost-effective.
- If we invest in equipment, workers will not use it.

**Facts:**
- Research shows that relying on body mechanics alone is insufficient to prevent injuries.
- Patients feel more secure with mechanical transfer devices.
- Takes longer to round up team for manual lifting.
- Studies show that investment in policies and equipment can be recovered in 2-5 years.
- Engaging staff in selecting the equipment promotes using it.
- Training is key to success.

OSHA Self-Assessment - SPH

- Magnitude of impact
  - Recorded injuries
  - Lost time
  - Total WC claims
  - Turnover rates

- Who is getting hurt?
  Where? How?

- Impact on patient care:
  - HAPU/I
  - Falls with injury
  - Patient injuries due to manual lift, repositioning or transfer

- Strengths and opportunities

GET UP

• HRET HIIN **UP Campaign**
• Get Up Must Do # 2
  – Easy access to appropriate assistive devices
  – Safe mobilization and patient handling training for nursing staff and families

Gait belts are used to help control the patient’s center of balance. Gait belts are not intended to hold a patient up.

See CAPTURE Falls Project Website for guidance:
WE HAVE YOUR BACK PROGRAM

John Wilgis, M.B.A., RRT
Director of Emergency Management Services,
Florida Hospital Association
Mission to Care. Vision to Lead.

WE HAVE YOUR BACK

A HOSPITAL WORKER SAFETY COLLABORATIVE

An Initiative of the Florida Hospital Association
Founded in 1927, the Florida Hospital Association (FHA) is the voice of Florida’s Hospital Community.

- Promote
- Advocate
- Advance

315 hospitals statewide including large health systems and small community hospitals.
Florida Hospital Association
MEMORANDUM

REGIONAL ADMINISTRATORS

FOR: STATE DESIGNEES

FROM: DOLORES DOUGHERTY
Deputy Assistant Secretary

SUBJECT: Inspection Guidance for Inpatient Healthcare Settings

June 25, 2015

This memorandum establishes guidance for inspections conducted in inpatient healthcare settings. The National Emphasis Program for Nursing and Residential Care Facilities includes a focus on workplace hazards for healthcare workers. This guidance is intended to help inspectors identify and address hazards that may be present in these settings.

Inspections will focus on:

- Musculoskeletal disorders (MSDs) related to patient handling.
- Workplace violence (WV).
- Bloodborne pathogens (BBP).
- Tuberculosis (TB).
- Slips, trips, and falls (STFs).

These hazards will be addressed in addition to other hazards that may be the subject of the inspection. Inspectors should consider the safety and health hazards noted above.

Background: The U.S. Department of Labor’s Bureau of Labor Statistics and OSHA’s inspection history show that inpatient healthcare settings consistently have exposures to the safety and health hazards noted above.

For example, between April 5, 2012, and April 5, 2015, OSHA conducted 1,100 inspections of nursing and residential care facilities under the NH-NEP. The proportion of inspections that identified ergonomic issues increased from 56% in the first quarter of 2012 to 59% in the fourth quarter of 2013. These inspections included the issuance of 395 citations for ergonomic hazards, with 182 citations for ergonomic hazards.

Ergonomic hazards were identified in 80% of these inspections, with 37 inspections involving ergonomic hazards.

For more information, see the attachment.
This graph shows injury and illness rates per 100 full-time equivalent employees (FTEs)—also known as the Total Case Incidence Rate (TCIR)—in hospitals and selected other industries from 1989 to 2011. The increase in hospital injuries and illnesses in 2002 is believed to reflect more complete reporting of sharps injuries in conjunction with OSHA’s expanded Bloodborne Pathogens Standard. This figure includes data for all OSHA-recordable injuries and illnesses, regardless of whether they resulted in days away from work or modified duty assignments. “Days away” injuries, workers’ compensation claims, and other analyses show a similar pattern of consistently elevated injury rates for hospitals.
This graph compares hospitals with selected other industries in terms of injuries and illnesses resulting in days away from work in 2011. It shows rates in terms of cases per 10,000 FTEs.
MEMORANDUM

FOR: REGIONAL ADMINISTRATORS

STATE DESIGNEES

FROM: Deputy Assistant Secretary

SUBJECT: Inspection Guidance for Inpatient Healthcare Settings

This memorandum applies to inspections in inpatient healthcare settings, such as hospitals, nursing homes, and other similar facilities. The purpose of this memorandum is to provide guidance on how to conduct inspections of inpatient healthcare settings.

The inspection will focus on the following areas:

- Injuries relating to patient handling
- Bloodborne pathogens
- Tuberculosis (TB)
- Slips, trips, and falls

These hazards are common in inpatient healthcare settings and can lead to serious injuries and illnesses. By addressing these hazards, we can improve worker safety and reduce the risk of injuries.

Background:

The U.S. Department of Labor’s Bureau of Labor Statistics (BLS) and OSHA’s inspection history show that inpatient healthcare settings have a higher risk of injuries than other industries. OSHA has received numerous complaints and injury reports from these facilities.

For example, between April 1, 2012, and April 5, 2015, OSHA conducted 1,000 inspections of inpatient healthcare facilities. These inspections led to 192 citations for hazards and recommendations for improvements.

OSHA recommends that all inpatient healthcare facilities implement preventive measures to reduce the risk of injuries and illnesses. These measures may include:

- Providing proper personal protective equipment
- Improving workplace layout
- Providing ergonomic training

By implementing these measures, inpatient healthcare settings can significantly reduce the risk of injuries and illnesses, and improve worker safety.

June 25, 2015

OSHA Focus on Health Care
OSHA Focus on Health Care

- Musculoskeletal disorders (MSDs) relating to patient or resident handling,
- Workplace violence (WPV),
- Bloodborne pathogens (BBP),
- Tuberculosis (TB), and
- Slips, trips and falls (STFs).
WHYB

Promoting workforce safety as an organizational priority

FOCUS AREAS:
• Safe patient handling and mobility
• Sharps injury and blood exposure prevention
• Workplace violence
• Finding solutions to reduce work stress, fatigue, and burnout
2016
- 100 hospitals pledged to participate
- Virtual focus group webinars
- Worker safety bundle strategies
- Baseline data collection
- 1st Annual WHYB Conference

2017
- Learning and Sharing Webinars
- Focus Area Bundle Strategies
- SME Resources
- Effective Practice Sharing
- Data Analysis
- ROI Calculation Instruction
- Networking
- Ongoing data surveys

2018
- Continue educational programs
- Focus on workplace violence and fatigue, stress and burnout
- Association and alignment with the Culture of Safety
SPHM Bundle

1. Engage a group of key stakeholders to develop a SPHM program.
2. Select, install and maintain safe patient lifting and handling equipment as needed in all direct patient care areas of the hospital.
3. Establish a system for education, training, and maintaining competence.
4. Implement a Safe Patient Lifting and Handling Peer Leaders Program to promote engagement and compliance of front line caregivers.
5. Develop a plan for ongoing SPHM evaluation.
6. Adopt a safe patient lifting and handling policy for your organization.
OSHA Form 300A Data

2015 (JAN-DEC)
- 64 hospitals reporting out of 100 participating
- Total # Cases Related to Lifting, Moving and Handling of Patients = **1069**

2016 (JAN-JUN)
- 64 hospitals reporting out of 100 participating
- Total # Cases Related to Lifting, Moving and Handling of Patients = **585**
FHA HIIN Data

Number of worker harm events related to patient handling / Number of full-time equivalents (FTEs)

Worker Safety Harm Events - Patient Mobilization

<table>
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<tr>
<th></th>
<th>BL</th>
<th>Oct-16</th>
<th>Nov-16</th>
<th>Dec-16</th>
<th>Jan-17</th>
<th>Feb-17</th>
<th>Mar-17</th>
<th>Apr-17</th>
<th>May-17</th>
<th>Jun-17</th>
<th>Jul-17</th>
<th>Aug-17</th>
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<tr>
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<td>0.13</td>
<td>0.11</td>
<td>0.12</td>
<td>0.13</td>
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<td>0.14</td>
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<td>0.13</td>
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<td>0.12</td>
<td>0.13</td>
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<td>0.11</td>
<td>0.13</td>
<td>0.10</td>
<td>0.12</td>
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<tr>
<td># FL Reporting</td>
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<td># HIIN Reporting</td>
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<td>1,248</td>
<td>1,257</td>
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<td>1,245</td>
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<td>1,218</td>
<td>1,161</td>
<td>1,116</td>
<td>1,045</td>
<td>909</td>
</tr>
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</table>
Just Keep Swimming...
Christine E. Norton, PhD, ATC/L
Injury Prevention Specialist, Baptist Health

BUILDING A SUSTAINABLE SAFE PATIENT HANDLING PROGRAM
Baptist Health Experience

2002-2005

- 82% increase in OSHA recordable patient handling injuries over a 4 year period
  - Total number of injuries – 311
  - Total days away – 1,485
  - Total Restricted duty days – 10,563
- Increase in Worker’s Compensation (WC) costs
  - Direct costs $98K
  - Indirect cost can be 1.5-5x cost of an actual claim
The Journey Begins

In 2006, multidisciplinary team formed:

- Injury Prevention Specialist
- Occupational Health RN
- Nurse managers
- Rehab professionals
- Infection Control
- Environmental Services
- Materials Management
- Risk Management
- Finance
- Administration (Sr. Leaders)
- Education
- Leaders from each facility
Dedicated System Resource

- **Injury Prevention Specialist**
  - New position created 2006
    - Scope – Health System
  - Responsibilities
    - SPHM program administration
    - Ergonomic Evaluations
    - Injury Investigations
    - Workers’ Compensation case management
    - Occupational Health data reporting
    - Resource for Occupational Health issues
Peer Leaders

• Peer Leaders – TLC Coaches
  – Frontline Caregivers: RN, ANM, Rad Tech, CNA
  – 8-hour training class (initially)/4-hour class (currently)
  – Act as unit liaison for SPHM issues
  – Act as unit trainer for new hire and annual competency
Patient Handling Injuries

- Significant reduction in Days Away/Light Duty
- Significant savings in incurred WC costs
Sustainable Culture Change

• Develop a compelling business case
  – ROI, workplace engagement, stories, patient experience

• Key Stakeholders
  – Sr. leadership, service-line directors, support departments

• Create a vision for culture change
  – Mission statement, SMART goals, policies/procedures

• Communication/Marketing
  – Naming of program, frequent credible communication, use existing channels

• Empower team members, coaches and leaders
  – Remove barriers, problem solving, provide the tools

Sustainable Culture Change

• Celebrate early success
  – Annual goals, achievable objectives, communicate, recognize and reward

• Build on initial success
  – Force detailed analysis, look for opportunities to expand, adopt new technology, incorporate with other initiatives

• Continual evaluation
  – Regular rounding, injury investigation, continued education, annual reports and goals, annual inventory and budget recommendations

Challenges

- Supply chain and laundry
- Caregiver buy-in and use; ongoing
- Planning for growth
- Home Health and out-patient areas
- Documentation in EMR
- Bariatric patient
WHAT A LIFT TEAM CAN DO FOR YOU

TAMPA GENERAL HOSPITAL
MARCH 2018

Manon Labreche, PT, CEAS II
Manager Lift Team & Injury Prevention
mlabreche@tgh.org
Tampa General Hospital (TGH) Tampa, Fl

- Level 1 Trauma Center: 1000 beds
- 6800 Employees
- Magnet Hospital
- Bariatric Center of Excellence
- IP Coordinator/Manager for 17 years.
- Report to Employee Health Director
- Lift Team program for 16 years
- Lift team operate 24/7
Injury Prevention Program (IP)

• IP program started in 2000. (*Role similar to Baptist Health*). No patient lifting equipment or Safe patient handling and movement program (SPHM) at that time.

• **2000-2002**: data analysis, needs assessment, obtain buy-in/support, literature review, networking with other facilities, site visits, started ergonomic program etc.

• SPHM Common findings from other facilities (2001):
  – **Admin**: “Invested a lot of $ for purchase of equipment, but there has been no reduction in injuries”
  – **Mgmt**: “First year staff were excited, now they don’t used equipment”
  – **Staff**: “It takes too long to use equipment. Equipment is not accessible, available or in good working condition. I don’t feel comfortable using it”
Lift Teams

• Researched Lift Teams in 2001.
  – 60-80% reduction in injuries and 80-90% reduction in costs (liftteams.com)

• Successful lift teams had following components:
  – Administrative buy-in & support
  – Dedicated Manager to overcome day to day challenges
  – Adequate lift equipment on each floor
  – Good response time
  – Utilize equipment
  – SPHM policy
• Proposed lift team approved for 6 full time staff in 2002. Available M-F 11hrs/day, no night coverage.

• Purchase of $250,000 equipment (ceiling lifts and floor lifts, slide sheets).

• Lift team should be an adjunct to your SPHM program.
  – Should not be: “a Lift team OR Equipment & SPHM program”
  – Lift team is a COMPONENT of SPHM program

• Required to utilize lift equipment if available.

• Lift team check equipment on their downtime

• Education: PCT’s: One hour class upon hire, lift team trained one week upon hire.

• Lift team worked in pairs with nurse in room.

• Logged calls on paper and nursespaged via pagers.

• 20 calls/day
Workers’ Compensation
Experience Modification Factor

1.0 = reflection of last 3 year experience vs. expected losses for like hospitals
> 1.0 = worse than average
< 1.0 = better than average

* National Council of Compensation Insurance, Inc.

Started IP and Lift team program

American Hospital Association

HRET Health Research Educational Trust
Patient Handling Injury (PHI) Rate
per 100,000 productive work hours
1999-2017

82% reduction since Lift Team

Prepared by Employee Health Services

* first 3 quarters of 2017
Lift Team & SPHM Program 2018

- **Lift team:** 29 lift team staff: 4 supervisors, One IT support staff, Tech 1 & 2’s
  - > 3-4 million $ of equipment.
    - Lift equipment now under our cost center each year
    - All ICU beds have a ceiling lift track
    - New construction: full room system with 825 pounds ceiling lift
    - Sit to stand devices & standing aids in every dept.
    - Air assisted technology, Slide sheets, Floor lifts with walking arms
  - Lift team **round in 11 ICU units** every 2-3 hours at scheduled times. Work alone in collaboration with nursing staff, educate on each call.
  - **Electronic data base** for all calls, 200-250 calls per day. IPADs
  - LT Document in pt chart and flag their patients.
  - **SPHM Education:** new patient care staff hands on training 3 hours upon hire. Lift team 8 week training. Peer leaders (**100 participants**). Webpages and videos. NEW: PCT shadow lift team for a shift.
  - **Other IP education:** post injury hands on training with actual patients, WC & managers/supervisors, back in motion classes, near misses or post incidents with equipment etc
Why a lift team if you have equipment?

- **January 2018:** Nancy L. Noble, DNP and Nancy L. Sweeney, PhD. Barriers to the Use of Assistive Devices in Patient Handling. *Workplace health and safety, volume 66, No 1, p. 41-48*

“This study confirmed that the *most influential factors in the decision to use assistive devices for patient transfers are time constraints and difficult patient-handling situations*. These factors lead to infrequent use of assistive devices, especially mechanical devices that are difficult to retrieve or not readily available”
Why a Lift Team (LT)?

• Lift teams help overcome SPHM barriers.
• LT are experts in SPHM: LT focus on staff and patient safety.
  – Nursing tend to focus on “task” to assure patient satisfaction, not so much on their own safety.
  – Lift team have 8 weeks of training, nurses 3 hours......
  – Peer leaders have their own case load with minimal time to train and not always available
  – Staff turn over?
  – Gaps with school (nursing, therapy etc)

• More time for other nursing duties. Nurses call LT rather than pulling others to help.
• LT is resource for nurses with difficult pts:
  – Bariatric care, ECMO pts OOB, Floor transfers
  – Collaborate with therapy for early mobility
  – Assist skin care team with rounds, transport staff as needed
  – ER ambulance transfers, Vehicle transfers
  – Radiology, procedural areas (prone) complex patients
  – Morgue and out-pt surgery transfers
Why a Lift Team (LT)?

- Recruitment and retention of nurses
- LT experts with equipment: troubleshoot equipment such as: specialty beds, lift equipment, collaborate with biomed, vendors, evaluate equipment etc
- Assure equipment is available and accessible and in good working condition: lift team check daily, restock slings, hover mattes, assure equipment accessible.
- LT Educate with actual patients
- Patient outcome benefits to LT:
  - Less falls
  - Turned more frequently
  - Get OOB more often
  - Patient satisfaction: LT follow pts throughout length of stay
Future

- Convert LT to **bedside coaches** and consult service for average size patients.
- **Education**: SPHM educators, Unit based education, monthly classes for any staff, structured annual competency program, 2 minute videos.
- **Equipment**: Bed technology for repositioning and early mobility.
- More Incentive & recognition programs
WRAP UP

Kavita Bhat, MD, MPH | Program Manager, HRET
Continuing Education Credits

• Launch the evaluation link in the bottom left hand corner of your screen.

• If viewing as a group, each viewer will need to submit separately through the CE link.
Culture of Safety Change Package Link
THROUGH THE EYES OF THE WORKFORCE
Creating Joy, Meaning, and Safer Health Care

Leading a Culture of Safety: A Blueprint for Success
• Leading a Culture of Safety: A Blueprint for Success (NPSF/ACHE):
  http://www.hret-hiin.org/resources/display/leading-a-culture-of-safety-a-blueprint-for-success
• Through the Eyes of the Workforce (Lucian Leape Institute):
• OSHA Safe Patient Handling Self Assessment:
• OSHA Safe Patient Handling: Busting the Myths:
• OSHA Safe Patient Handling Programs: Effectiveness and Cost Savings:
  https://www.osha.gov/Publications/OSHA3279.pdf