

Combining Ergonomics Intervention and Transformation Leadership: How a Healthcare Group reduced its Injury Rate by Half

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Abstract. A large healthcare provider has reduced its staff injury rates by 50% over the past 3 years. One of the key drivers of success has been the engagement of the Group CEO, board of directives and executive team's personal commitment to lead the safety culture improvement. A multidimensional program was developed to raise staff awareness of the organization's commitment towards addressing root causes of risk. This included increasing resources to the Health and Safety team, investing in manual handling equipment, updating the manual handling program, conducting walks with executive team and embedding safety within the organisation.

Keywords: Healthcare, organizational, workplace culture

1. Introduction

Epworth Healthcare is a large healthcare group incorporating eight hospitals throughout Victoria, Australia. Staff injury data over a 3 year period indicate that patient related caring activities and manual handling are the most prevalent mechanism of injury. The primary risk factors for staff related injuries are repetitive tasks, faulty or inappropriate equipment or failing to use equipment, rushing to complete the job and unpredictable movement of the patient during a transfer activity.

Until 2012, the major investment in the prevention of these injuries related to training nursing staff on safe patient handling and manual handling work methods utilizing the equipment purchased for these activities in the hospital. However, the type of injury and injury frequency remained unchanged despite the investment in this training program.

In 2013; Epworth Healthcare (Board of Directors, CEO and Senior Executive Leadership team) launched the Epworth's Workplace Safety and Wellbeing Initiative. They made a commitment that a root cause investigation should be undertaken with each incident with the aim of identifying preventative improvement strategies that can be incorporated into their healthcare network. The aim was to build a culture of safety and wellbeing and to prevent harm to any staff. This strategy included a commitment to working towards achieving a significant reduction of work related injuries by at least 20% each year from 2013 to 2017 in line with Safe Work Australia's national reduction target.

This approach was an example of transformational leadership (Bass, 1985) where leadership "inspires employees to go beyond their self-interest, and instead focus on the norms, values, and the goals of the organization and subsequently to perform beyond expectations". The motivation for this objective, was not only to address and improve the bottom line through reduced costs associated with these injuries to the organization but also to the individual (Boles, et al, 2004). The byproduct goal was also to retain the skill set of the highly qualified staff who were being injured or leaving the hospital for other jobs.

2. Methods

A series of workshops were held with members of the Board of Directors, Group CEO and the Executive Leadership Group to discuss their vision for an improved health and safety performance for the hospitals.

At the workshops, each senior leader was challenged to identify what personal commitment they would make and what actions they would undertake to demonstrate their commitment towards achieving this objective.

Staff injury data was provided to the senior leaders in relation to the injuries that had been occurring and the outcomes of the investigations that were undertaken. The data highlighted opportunities to make strategic investments in architectural design of specific areas of the hospitals undergoing redevelopment.

The executive team across the group participated in a group wide multimedia launch that was disseminated throughout the hospitals for all staff to see. This provided a clear commitment to the improvement in health and safety performance, as well as providing examples of expenditure that had been undertaken to address risks.

There has also been a significant investment in staff resources and capabilities in the hospital health safety and wellbeing team. This enabled a Health and Safety Advisor to be working with each division and partnering within the business to support them on their Safety and Wellbeing Actions Plans and initiatives.

A multidimensional program was developed with the site executive team to raise staff awareness of the commitment from the Board and senior leaders towards addressing root causes of risk. Safety was discussed at monthly executive meetings, operational meetings and at staff forums. Members of the senior leadership team completed regular safety walks and visit departments where staff recently sustained a workplace injury. This provides the supervisor and staff representative an opportunity to discuss the incident and corrective actions to prevent a similar injury. This has also enabled the senior leadership team to have a better understanding of the incident and in turn gives them an opportunity to then speak about these issues during their subsequent Board and Executive meetings.

The manual handling training program was reviewed and updated. The new program designed to be a much more targeted program which focuses on the safe introduction of the new equipment items and the consistent implementation of new safe work procedures. Roll out of more targeted manual handling training programs specific to high risks tasks in each area. There is an ongoing annual training and assessment program.

3. Results

Since the commencement of the program in 2013; the lost time frequency rate (LTIFR) decreased by over 50%. The health and safety scorecard lead indicators have improved significantly with incident investigations and corrective actions are completed within 14 days and staff injuries are reported to the line manager and Executive Director within 24 hours.

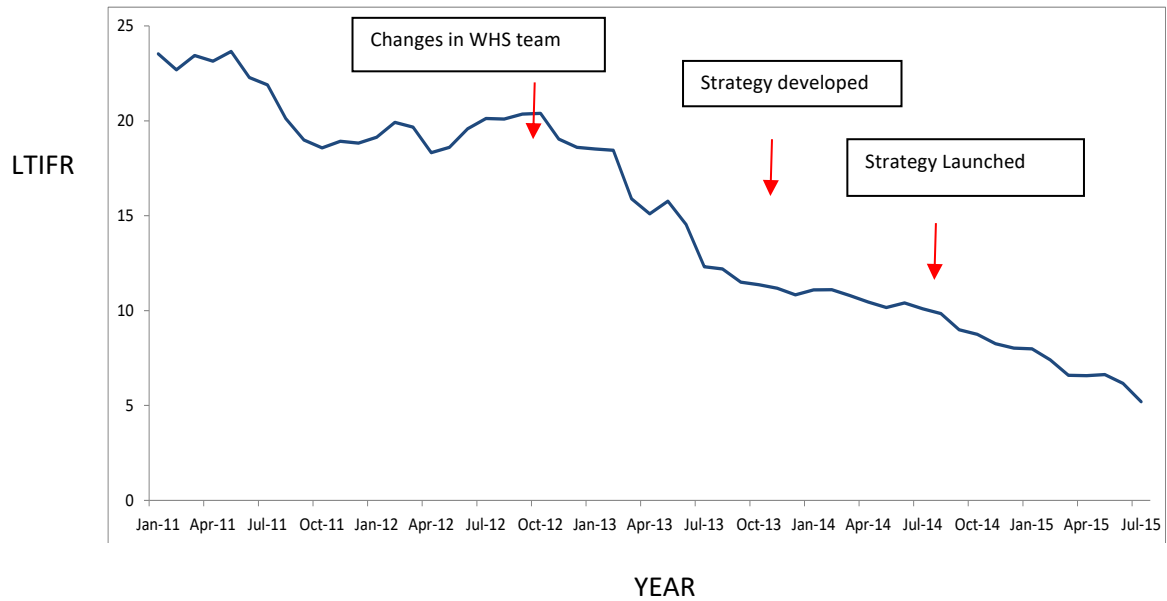


Table 1. Results: Significant Injury Reduction > 20% per annum target (LTIFR)

To assess the impact on the workplace culture from the leadership provided by the Board and the Executive team, a staff engagement survey which included a workplace safety module was conducted in 2013. This survey is conducted every 2 years. This indicated that 81% of staff agreed that their workplace was a safe place to work. It also found that 91% indicated that they were confident to report any unsafe work conditions to their manager. Another staff survey was completed in 2015 and the results will be published in early 2016.

The multimedia initiative resulted in a range of promotional programs on the prevention initiatives that had been implemented. This was launched and featured the Group CEO of the hospital in providing his personal commitment towards investing in the prevention programs identified through the health, safety and wellbeing initiative.

4. Discussion & Conclusion

This project found that sustained improvements in health and safety performance could be achieved through a multidimensional program led by the Board, Group CEO and Senior executives. This included the resourcing and support provided to the Health, Safety and Wellbeing Team to work with the Division Executive Team in identifying and addressing ergonomics risks. This approach is consistent with the safety leadership and governance models (Ferguson, 2015). In accordance with the culture ladder (Hudson, 2014) the transfer of focus from documented health and safety systems and development of procedures to focusing on the implementation of safe work practices, is supported by the outputs of this project.

One of the key drivers for the engagement of the Executives was the inclusion of their personal commitment and transformation to lead the safety culture. The direct engagement of the Group CEO, executive team and senior managers with supervisors and staff wherever a work related injury or incident occurred within their department became a primary agenda item for management meetings. When safety procedures were found not to be followed, the senior managers were requested to lead a full investigation to identify the underlying root causes.

The expenditure of more than \$750,000 on a wide range of equipment and systems of work underpinned the vision of the leaders to address risk at the root cause.

The ongoing improvement in the injury performance across the range of hospitals is

now setting new performance indicators as a solid foundation for ongoing continuous improvement.

References

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