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Prevention through Design

We have learned a lot about how design makes a difference to employee safety since we began working with our membership on the Zero Lift Program in 2000. When one of our members is looking to build a new hospital, a new wing, or redesign an existing space, we have met and offered to meet with the architects working with our members to participate in the process. We aren't architects, but we do have a lot of experience with how employees sustain on the job injuries and we have a lot of ideas on how injuries can be minimized or eliminated through design.

Many organizations spend a great deal of time on design for patient safety and satisfaction, and we have sought out those organizations that include the employee safety perspective in the design process. We believe a true culture of safety includes *everyone* who is within the hospital setting. So, constantly we look for opportunities to work with members to assist them in building for the future, without repeating design problems of the past.

Safety Coordinator, Mike Lary, has met with one architectural organization to discuss design for employee safety. He will be giving a presentation later this year at a time yet to be determined, with architects and interested hospitals to discuss bringing human factors into design for employee and patient lifting safety. We encourage all of our members who are considering remodeling or building new editions to their hospitals to contact us to discuss how we can provide assistance and ideas to make the hospital a safer place for employees as well as patients.

We have included a link to a NIOSH publication, [*PtD in Motion*](#) that has some interesting ideas for improved employee safety through design. Highlights include: Integrating Occupational and

Environmental Health and Safety into Health Care Design, Health Care Design Challenges, Comprehensive Workplace Violence Programs Include Attention to Environmental Design, and User-Based Design: A Case Study in Prevention of Occupational exposure to Blood.

For *PtD in Motion* visit: www.cdc.gov/niosh/topics/ptd/pdfs/PtD-inMotion-Issue1.pdf.

And for more information please visit the NIOSH website at www.cdc.gov/niosh/topics/ptd/.

Employers Take Note — New [Domestic Violence Leave Law](#) Now in Effect

On April 1st, Governor Chris Gregoire signed a new law into effect that provides a “reasonable period of leave,” with or without pay, to employees who are victims of domestic violence, sexual assault, or stalking, so they can take care of certain needs including legal, law enforcement, medical, psychological, or victim services. The law requires job reinstatement and continuation of benefits like health care coverage when they return to work. There is no specified maximum amount of leave, only that it be “reasonable.”

This new law applies to employers of all sizes, and potentially to any affected employee regardless of length of service or part-time/full-time status. Employees taking leave are to give notice to their employers, and employers may require verification. The law also imposes confidentiality and posting requirements on employers. Violations of the new law are enforced by the Washington State Department of Labor and Industries or through a private lawsuit.

The Workers’ Compensation Program will not be specifically addressing this law as it is outside the scope of our program, but it is important that each hospital obtains the information in order to comply with the new law. For more information, the Washington State Department of Labor and Industries offers a fact sheet for more information about the new law. Please visit:

<http://www.lni.wa.gov/WorkplaceRights/files/FamilyLeave/2008-04-01DomesticViolenceLeave.pdf>

Winner of the [TRUST NOTES](#) Reader Appreciation Award

In the last issue of [TRUST NOTES](#), sent out on March 27th, we had a Reader Appreciation Contest. The first reader to respond to the Managing Editor, Sera Osborn, on April 1st won a \$50 Target Gift Card.

Congratulations to Ed H. Keele, Director of Plant Operations for Othello Community Hospital, who contacted me at 6:41 a.m. on April 1st. An honorable mention goes to the only other respondent Ron O’Halloran, Administrator at Ferry County Memorial Hospital, who contacted me at 7:30 a.m.

Please keep reading; we really do appreciate it!

From the Accident Investigation Files – Patient Lifts Can Pose Danger

Washington Hospitals Workers' Compensation Program subscribes to ECRI Institute's Risk Management Reporter and requested permission to reprint this article to share it with our members.

ECRI Institute's Accident and Forensic Investigation (AFI) group provides specialized services to investigate, analyze, and prevent incidents, injuries, and deaths related to medical device failures and organization systems and processes. This column discusses risk management implications of cases from the AFI group's archives.

Patient Lifts Can Pose Danger

Patient lifts are used to transfer patients safely from beds, wheeled stretchers, chairs, bathtubs, toilets, and wheelchairs. Use of a patient lift may help prevent or minimize injuries to both staff and patient during transfers but can put a patient at risk if the lift has not been properly chosen or applied, maintained, or inspected. There have been numerous reported instances of patients falling from lifts, resulting in contusions, cuts, broken bones, and death. ECRI Institute's AFI Group staff have investigated many incidents involving patient lifts and assisted in evaluating patient lifts. In years past, ECRI Institute has also performed comparative evaluations of lifts.

Inspection of patient lifts is important because these lifts are subjected to impact, dynamic loads, corrosion, and wear over time, any of which may compromise the lift's ability to work properly. The slings used with the lift should also be inspected for damage before use. Clinical staff should be also trained in what to look for on the lifts and slings that may indicate a need for repair or replacement (e.g., bent support arms, significant cracks, loose casters, frayed sling components). Before transferring the patient, the intended path for the lift should be cleared of any obstacles that could snag the patient or hinder maneuvering the lift and patient to the new position.

Caregivers should be alert to how the patient and the sling are interacting. The sling must be properly positioned on and, in some cases, secured to the patient to minimize the risk of the patient sliding out or the sling injuring the patient. If not properly attached to and hung from the suspension arms, the sling can pinch or twist the patient or allow the patient to fall out.

Caregivers should also be trained to safely move patients using lifts. As the patient is being lifted, the caregiver should check the sling and suspension to ensure that the patient is fully supported, or cradled, in the sling.

Routine scheduled inspection and preventive maintenance of patient lifts should also be conducted. A critical component of any patient lift is the linkage between the patient suspension mechanisms and the lift arm, warned Albert de Richemond, M.S., P.E., associate director for ECRI Institute's AFI group. This mechanical attachment accommodates movement of the patient, sling, and suspension bar and carries the entire load of the patient and suspension mechanisms. The linkage is subject to wear and sudden failure and must be periodically examined for excessive wear, cracking, or component loosening. Typical problems with lift linkages include deformed hooks, loose bolts, cracked welds, or components that slip. These can contribute to a sudden failure in which the patient may fall as much as several feet. In such an instance, a caregiver may not be able to catch the patient or prevent a fall. Also, as part of the

routine inspection, the lift and sling should be loaded with a dummy patient load, and then the lift should be operated and maneuvered with the load to verify its safe operation. ECRI Institute's published inspection and preventive maintenance procedure for patient lifts recommends a minor scheduled inspection every 6 months and a major inspection every 12 months.

To safely use and maintain patient lifts, ECRI Institute recommends the following:

- Ensure that caregivers are trained in the supplier's instructions for use of the lift, including application of the sling and suspension.
- Instruct caregivers to inspect the sling, suspension, and lift before use to ensure that the equipment is intact and properly assembled.
- Position the lift so that the patient can be easily lifted and maneuvered to the intended nearby location.
- Ensure that the sling is properly attached to the lift, and place the sling so that the patient is evenly and fully supported.
- Test the lift by raising the patient a few inches, and examine the setup for proper support and stability before transferring the patient.
- Ensure that the lift and its components are routinely inspected. Consider an annual maximum rated weight capacity test of the lift to reveal problems that would be undetectable by visual inspection or by tests with lesser loads.

Risk managers should note that risks associated with using patient lifts for super-obese people are beyond the scope of this article. For more information about ECRI Institute's accident investigation services or its medical device Inspection and Preventive Maintenance System, send an e-mail to accidents@ecri.org.

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An Interview with Safety Coordinator Suzanne Metz

Suzanne Metz has been with Washington Hospitals Workers' Compensation Program as a Safety Coordinator since May of 2004. Her experience includes over ten years of "hands-on" healthcare safety experience in hospitals, fourteen years managing workers' compensation claims and workers' compensation programs, including designing and implementing return to work and transitional duty programs, and also three years experience working in the vocational rehabilitation field. She is an OSHA Authorized Trainer, and a



Mike Lary and Suzanne Metz, Our Safety Coordinators

Certified Trainer for the national violence prevention program, Handle with Care, used by healthcare and public institutions for the management of violent and combative behavior.

Currently, Suzanne is completing a master's degree in Healthcare Administration through Troy State University, and she is an active member of Toastmasters International and a public speaker and presenter on a wide range of subjects. She has also served on the Washington Self-Insured Association Board of Directors.

“I've had the entire range of experiences in healthcare – from the joy of work satisfaction to the pain of injury. Many people don't know that I worked as a nurses' aid while attending college and seriously considered becoming a nurse. As a claims adjudicator, I managed work injury claims for hospitals and nursing homes. The next career step was the management of a workers' compensation program within a healthcare organization. Then, I took responsibility for the management of the workers' compensation program plus employee and facility safety for a large healthcare organization with multiple locations. My work experience includes managing employees, running committees, writing policies and procedures, and dealing with budgets. This direct work experience enables me to walk into a hospital or nursing home, get into the shoes of those I meet and respectfully walk alongside them. ”

Q. What is one of your best hospital experiences?

A. There are so many memorable experiences and wonderful people. Here is just one example: Last month, I delivered a stair chair and commendations to Klickitat Valley Health. KVH Emergency Medical Services (EMS) employees won the stair chair for their outstanding entry in the 2007 EMS contest. It is a great experience to watch hospitals and their employees use their knowledge and creativity to bring their safety programs to new levels of excellence.

Q. With that in mind, what are some best safety practices that you have seen in hospitals?

A. Utilizing the root cause analysis process is an important best practice in hospitals. Understanding why incidents or deviations happen and why policies and procedures don't work is very important. This understanding leads to solutions that save money, prevent injuries for patients, employees and visitors, and overall, improves the organization.

Q. What are some important, ongoing safety concerns that you have when you visit hospitals?

A. The effectiveness of employee training and drills is an on-going concern.

Q. How have our programs made a difference in hospital safety?

A. We know that each of our member hospitals is unique. We bring practical solutions to healthcare safety, regulatory compliance, and individual program development. Our programs are designed to be customized by each unique facility. Our Trusts programs offer each facility an opportunity to develop their own safety solutions, decrease costs, achieve regulatory compliance, and retain valuable employees.

Suzanne Metz's Contact Information and Assigned Hospitals are as follows:

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Public Hospital District WC Trust

Arlington	Cascade Valley Hospital & Clinics
Colfax	Whitman Hospital & Medical Center
Dayton	Dayton General Hospital
Ellensburg	Kittitas Valley Community
Goldendale	Klickitat Valley Health
Ilwaco	Ocean Beach Hospital
Kennewick	Kennewick General Hospital
Morton	Morton General Hospital
Othello	Othello Community Hospital
Prosser	Prosser Memorial Hospital
Pullman	Pullman Regional Hospital
Quincy	Quincy Valley Medical Center
Ritzville	East Adams Rural Hospital
South Bend	Willapa Harbor Hospital
White Salmon	Skyline Hospital

Washington Hospitals WC Trust

Clarkston	Tri-State Memorial Hospital
Olympia	Capital Medical Center
Sunnyside	Sunnyside Community Hospital
Walla Walla	Walla Walla General Hospital

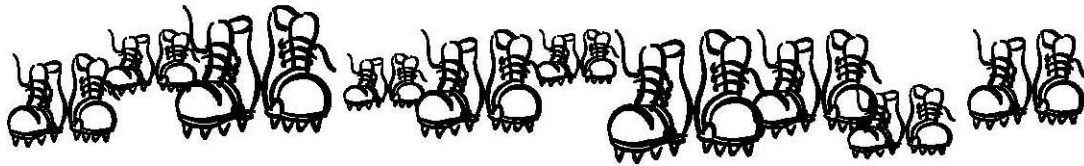
Upcoming On-site Claims Management Visits

These on-site visits provide each hospital with status updates of their open claims, education on workers' compensation, and an opportunity to address specific issues, as well as meet Workers' Compensation personnel. The claims staff will call to confirm dates with those facilities scheduled below.

- May 2nd, Friday Cascade Valley Hospital & Clinics Visit – Arlington
- May 16th, Friday Island Hospital – Anacortes
- June 17th, Tuesday Quincy Valley Medical Center – Quincy
- June 18th, Wednesday Ferry County Memorial Hospital – Republic

Upcoming Meeting Dates

- April 23rd, *Wednesday* Public Hospital District &
WA Hospitals Board of Trustees Meeting – SPRING
Radisson Hotel Gateway – Sea Tac
- May 12th & 13th,
Monday & Tuesday OSHA 10-hour Course
Radisson Hotel Gateway – Sea Tac
- June 13th, *Friday*
West Side Regional Claims Meeting – Boot Camp
Radisson Hotel Gateway – Sea Tac
- June 16th, *Monday*
East Side Regional Claims Meeting – Boot Camp
Samaritan Healthcare – Moses Lake



More information on meeting dates can be accessed on our [website](http://www.whs-seattle.com/wcp/meetings/index.htm) at www.whs-seattle.com/wcp/meetings/index.htm.

What Have We Been Up To Lately?

Totals for First Quarter of 2008

Number of Claims Received:	264
PHD Trust Hospitals:	216
WAH Trust Hospitals:	48
Both Trusts – Total Checks Issued:	4,593
Total Closed Claims:	320



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Sera Osborn is Managing Editor for **TRUST NOTES**. If you have any suggestions for **TRUST NOTES** articles or topics of special interest that you would like to know more about, please feel free to contact Sera via email: SeraO@wsha.org or call 206.216.2549. Thank you for reading **TRUST NOTES**!

