Healthcare workplace safety

A simple guide to keeping your staff and patients safe
Introduction: Do no harm

As managers and clinicians, we have a duty to keep our workers and patients safe. This is exemplified by the statement ‘first do no harm.’

More recently, the introduction of the Health and Safety at Work Act 2015 (HSWA) has reinforced this message, giving leaders the regulatory impetus to ensure they provide and maintain a safe working environment. So, at KPMG we have developed this simple guide to help everyone responsible for patient and staff safety achieve this goal.

In healthcare, we face a wide range of risks. In addition, many of our patients are elderly or immobile, and their immediate condition often means they are incapable of keeping themselves safe. Unfortunately, the result can be a long trail of broken beds, broken backs, or accidental injuries.

The good news is that with a little thought, good equipment, and an ongoing commitment from leaders, adverse events can be avoided. We believe that the following 10 tips will help you achieve an injury-free hospital environment.
In our experience, the best starting point is to take a fresh look at your department, ward, or unit. Start by walking around. Talk to the people involved in hands-on care, observe practices and equipment use, and ask questions. For example, have you asked your teams questions like these:

- What happens when things are busy (or very quiet)?
- How are workers trained to avoid risk to themselves or others?
- Where is harm, or the risk of harm, most likely to happen?
- What equipment is available and when?
- What would be the outcome if things were to go wrong?
- Is the equipment fit for service?
Discuss what can be done

Can we design any physical controls?
This encourages staff to examine how design can control risk, e.g. the way we build rooms, or designated areas for contaminated waste and disposal. It includes familiarising yourself with the safety features of equipment (such as beds that tilt to enable high BMI patients to place their feet on the floor before transferring weight) or identifying the lack of safety features.

Can we eliminate the risks?
For instance, should we stop using a particular treatment? A great example of this is the move away from using concentrated alcohol solutions in operating theatres due to the fire hazard they present. Other examples include removing mats or creating ramps.

What are the components of my department?
Empower your team to take action and follow through by discussing each component that makes up your department e.g. medical gases, biological hazards, patient disorientation or distress. The solutions are often close at hand.
Simply put, modern equipment is designed to take the heavy work out of healthcare, and ensure the safety of workers and patients.

The key is to use equipment to prevent injury to both staff and patients. Many health providers have utilised ‘equipment bundles’ to achieve this. A bundle is a combination of physical equipment, clinical supplies, and supplementary aids designed to ensure that staff have everything on hand for treatment or care as early as possible. That way, accidental injury, e.g. a pressure injury or fall, is avoided. For example, post-operatively an immobile patient may be provided with a ripple mattress to prevent Pressure Injury (PI), and at the same time stockings to prevent DVT, and wound care products such as vacuum-sealed packs and powders to enhance healing or avoid infection. This is both good healthcare and good economics because less labour is required and patients recover faster.

One final thing to remember: safety for both workers and patients continues even after you have done your job or provided your treatment. To ensure continuity of care is maintained and the next health worker is safe. Equipment should follow the patient! Modern tracking systems make this simple. It is easy to locate and reposition equipment when it is no longer in use, and allocate costs to the department or provider using that equipment.
Everyone recognises the benefits of training. However, all too often, training delivered in a classroom is forgotten when it’s time to put it into practice. Even when training is remembered, the real-life scenario doesn’t always fit. Training at the bedside has the advantage of being more practical and relevant, and creates a shared understanding between senior and junior staff. We believe that, while classroom training has its place, it should be heavily supplemented by on-the-job training at the point of delivery. It is now common to see industry reps on-site, in theatres and procedure rooms, training and guiding staff in the use of the equipment, best practice techniques, and the technologies in which they are experts. We recommend you use this resource when available. This results in better patient outcomes, reduces the potential for injury to workers and patients, and makes learning fun.
Tip 5

Keep policies practical and visual

Most healthcare providers have a policy for almost everything. However, how many healthcare workers actually read them or remember them? To keep staff engaged and up-to-date, leading hospitals are now using things like short video clips and YouTube-inspired case studies, all designed to fit into an 8-minute tea break, hand-over, or ward round.

In this way, workers are almost unaware they are learning about policy. Where you are required to have written records, consider electronic record-keeping using smart technology, and include pictures and icons that communicate your message in a more interactive way.
Prevention costs less than care

The phrase ‘nice to have, but we can’t afford it’ does not apply in the world of ‘keeping my workers and patients safe from harm.’ There are now plenty of independent studies and advice showing that protecting your workers and patients costs significantly less than treating preventable injuries, managing complaints, or going through an investigation. Add to this the human costs for patients and workers, and the numbers can be in the millions.

If you want to know the real cost of an injury, ACC has developed a handy injury cost calculator for organisations to use. They have posted a great example of a nurse aide sustaining a minor back injury, with costs totalling over $9,000.

Health Quality & Safety Commission New Zealand: http://www.hqsc.govt.nz

Individual responsibility is the key to success. It is easy to think of health and safety as someone else’s job. Not true! As a Director of Nursing (DON/ADON), a Team Leader, or Service Manager, you are responsible too. Everyone personally plays a part. This concept is integral into the core values of ‘first do no harm.’ The first and most important thing you can do is to recognise what could go wrong, and knowing what to do about it.

When things go wrong, it’s important to learn from them. All hospitals have incident/event reporting systems, investigations, and use techniques such as root cause analysis. A good root cause analysis can identify all kinds of issues that make great stories to help people understand what went wrong. We believe the best stories include the human element. Success is often in empowering the worker or patient to tell their story and share their thinking with others.

New Zealand is a story-telling culture, so why not take short videos of patient or worker stories (with the appropriate consent), put them into a three-to-five-minute clip and share the true impact of an injury on people’s lives.
In healthcare, your commercial partners are often your best sources of advice. They provide a great way to gather information, obtain training support and practical advice. They have a wealth of information on effective ways to minimise risk or harm to patients or workers. Often their products have been supported by significant investment in research, and they provide access to experts in their field. However, hospital managers and nurses are often shy of accessing this resource for fear of becoming locked into a sales pitch, product range, or a specific vendor. Remember, you are in control. Don’t be shy to ask your vendor these questions:

- Can I select a bundle of care from your range?
- Do I only pay for what I use?
- How, when and where will you train my staff?
- If I’m not satisfied (or I place the wrong order), does your company have a ‘no questions asked’ money-back policy?
- Where is the research (i.e. evidence) that proves your product improves safety to both workers and patients?
Tip 10
Prevention costs less than care

“If you think it’s expensive to use a professional, try using an amateur!”
Red Adair

In clinical care, it is important to get ahead of risks and seek specialist advice early. The same applies to health and safety.

There is an old saying, “if you think it’s expensive to use a professional, try using an amateur!” The world of health and safety can be a mystery to many.

Partnering with a health and safety professional can assist your business with risk management and solution development. It provides clinical leaders, managers, and boards with the confidence that they are first doing no harm, and at the same time optimising care.

If you would like to discuss this article, contact KPMG’s dedicated Health and Safety or Healthcare team who have a depth of experience both in healthcare and safety.
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