A STUDY OF LEADING INDICATORS FOR OCCUPATIONAL HEALTH AND SAFETY MANAGEMENT SYSTEMS IN HEALTHCARE

SUMMARY 2 OF 5

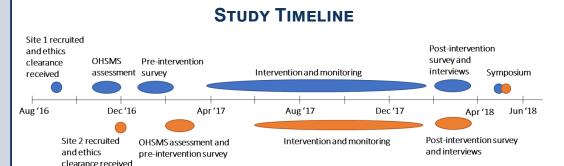


BACKGROUND

Approximately \$2.5B is spent annually on occupational injuries in healthcare. Key to changing this trend is the effective utilization of leading indicators within an Occupational Health and Safety Management System (OHSMS). The purpose of this study was to evaluate the feasibility of implementing interventions guided by six leading indicators and the effectiveness of these interventions on improving the health and safety climate.

A quasi-experimental longitudinal design was used within two acute care hospitals. Phase I identified facilitators and barriers to changing the current OHSMS. assessed the OHSMS in participating sites using 6 leading indicators, and identified possible leading indicators to be added or changed. This phase concluded with the development of tailored interventions based on the gaps identified in the assessment. Phase II pilot tested and evaluated the feasibility and effectiveness of the interventions.

This is the second in a series of summaries highlighting findings from a research study funded by the Ontario Ministry of Labour Research Opportunity Program. Additional information and summaries are available on our website at https://www.gueensu.ca/leadingindicatorsforohsms/.



OBJECTIVE 1: IDENTIFYING FACILITATORS AND BARRIERS TO CHANGING CURRENT OHSMS

How

Semi-structured interviews were completed using questions developed by research team

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- Chief Executive Officer (CEO)
- Members of hospital Board
- Administrative team (e.g. Vice-President (VP), Directors)
- Occupational Health & Safety (OHS) Department (e.g. Director, Specialist and/or Advisor)
- Joint Health & Safety Committee

ANALYSIS

Interview answers were categorized into themes

RESULTS

- 28 interview participants
- As shown in the figures below, similar barriers and facilitators to changing the current OHSMS were identified at both study sites

Facilitators to change



- Board and Executive support
- Strong communication strategies
- Efficient and appropriate dissemination of information
- Accountability
- Easy fit into current continuous improvement strategies

Barriers to change



- · Time and workload
- Technology
- Budget
- Competing priorities
- Silos in communication
- Changing normal daily routine
- Lack of availability/turnover of
- Organizational culture



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Research Team

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OBJECTIVE 2: ASSESSING CURRENT OHSMS USING SIX LEADING INDICATORS

How

- Leading Indicator Assessment Tool (LIAT) was developed based on six leading indicators¹
- Semi-structured interviews were completed using the LIAT
- Hospital documentation (e.g. meeting minutes, newsletters) was requested to support interview responses

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 Same participants as Objective 1 (see previous page)

ANALYSIS

 Interview answers and hospital documents were reviewed and summarized by OHS consultants on research team

RESULTS

 Answers from 28 interview participants were reviewed and, in conjunction with over 275 hospital documents provided to support the interview responses, a score was assigned

Example questions from the "Leading Indicator Assessment Tool"

Question	Scoring	
Leading Indicator 1 - Senior Management Commitment		
Does the President and/or CEO accept the role as OHS champion?	No (0%)	0
	<50% of the time	1
	>50% of the time	2
	Yes (100%)	3
Leading Indicator 3 - Communication		
Does each employee receive information, training or similar interactive discussions on OHS at least 4 times per year?	Employees did not receive OHS information during the year	0
	-<50%	1
	50-90%	2
	4 different trainings sessions for majority of employees with interactive delivery	3
Leading Indicator 5 - Employee involvement in OHS		
Are all staff involved in an OHSMS initiative at least once per year?	Only select members involved in OHSMS – JHSC	0
	25-50% of staff involved in OHSMS initiatives once per year	1
	>50% of staff involved in OHSMS initiatives once per year	2
	90 - 100% of employees are involved in OHSMS initiative at least once a year	3

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