Loss Control Services in the Health Care Setting

General Services

• Provide loss analysis to identify trends and root causes of accidents.
• Educate managers/supervisors in insurance operations and cost controls.
  o Present WC 101 to managers/supervisors/dispatchers.
  o Present Modified Duty Program as a cost control measure including:
    ▪ Claims Management
    ▪ Letter to Physician
    ▪ Release of Medical Information
    ▪ Physicians Assessment
    ▪ Written Offer of Modified/Transitional Duty Assignment to the Injured Employee
    ▪ Post Injury Checklist
  o Develop a list of predetermined modified duty tasks (including those that can be remotely performed).
  o Investigate the use of volunteer programs for remote locations (legality may vary by state).

• Educate managers/supervisors on behavior-based safety (safety observations, tracking percent safe, positive feedback and reward). Assist them with identifying safe behaviors they want to reinforce and a method of tracking and rewarding for these behaviors.
• Educate managers/supervisors on common Workers’ Compensation Exposures (i.e. resident/patient handling activities, slips/trips/falls, combative incidents, etc.). Assist with employee training development to address these exposures.
• Conduct an SPHM Perception Survey.
• Educate on United Heartland’s Safety Training Resources (CLMI & Lezage).
• Provide train-the-trainer training using United Heartland’s “Kindness in Motion” DVD, and let them keep to use to help educate their staff.
• Provide resources to assist with the development of a stretching program.
• Assist with establishment of a Safety Committee and/or Injury Review Committee.
• Assist with development of safety posters utilizing photos of their operation.
• Participate in staff in-services to educate on workers’ compensation exposures.
• Accident Investigation presentations to those responsible for these activities.
• If transportation of residents is conducted by the insured, evaluate motor vehicle controls.
• Assist insured with best practices in employee selection and educate them on drug testing programs.
• If the account utilizes volunteers, evaluate tasks being performed, and whether they could be considered an employee under the state’s workers’ compensation statutes.
• Share BLS comparison to perceived high hazard industries to gain buy-in and support (NOTE: See attached document which I need to update; I have found this to be very eye opening for health care accounts and helps with a sense of urgency).

Safe Patient/Resident Handling-Related Injuries

• Evaluate current written program on SPHM.
• Evaluate training program on SPHM.
• Evaluate objective criteria used to determine transfer method and device.
• Review United Heartland best practices.
• Sit through SPHM training session to evaluate content and provide feedback through recommendations.
• SPHM perception survey to management.
• Gap analysis to get employees’ perception of the current SPHM program.
• Transfer observations to ensure staff competencies.
  o Provide tools to account staff.
  o Teach staff how to conduct these surveys to become self sufficient.

• Review United Heartland “Kindness in Motion” DVD with insured and provide supplemental quiz.
• Conduct training session with account on best use of devices.
• Conduct train-the-trainer on SPHM program.
• Demonstrate how devices are used (Lift Kit options), and where they may be beneficial in their facility.
• Assist with best practices when vehicle transfers are being performed.
• In clinic settings, evaluate level of assistance needed for transfers with their particular patient population. Provide best practices.
• Preparing for bariatric transfers.
• Ensuring that two persons are in place for all mechanical aid transfers and working through best practices to follow when only one person can be present.
• What is the procedure when a resident is not capable of getting off of the floor?
• Post injury retraining conducted for staff involved in resident transfer injuries.
• Mechanical Lift/Sling inspections.
• Work with account on “most difficult transfers/scenarios” and assist them in working through best solutions. Contact vendors as necessary to assist on resolving issues.
• Assist account when experiencing resistance from family on practicing SPHM with their loved one (patient/resident); work with account to develop materials/education to educate them on SPHM program. Information to be presented on admission so all parties aware of SPHM expectations.
• Discuss and troubleshoot ways to obtain SPHM equipment.

Combative Injuries
• Evaluation of current Behavior Management Program and de-escalation training (CPI, Mandt, Handle with Care, etc.).
• Sit through training on de-escalation techniques to evaluate content and provide feedback through recommendations.
• Review content of United Heartland’s Behavior Management Program with insured and assist them in incorporating/enhancing current practices where deficiencies noted.
• Assist with tracking/trending of combative injuries to focus prevention efforts and control similar claims.

Slips/Trips/Falls
• Provide a loss analysis to identify trends and root causes.
• Conduct fall awareness training.
• Assist client to establish a footwear policy.
• Winter months – snow/ice cleats where appropriate.
- Identify high hazard areas (parking lots, entrance ways, patient/resident rooms, etc.).
- Housekeeping audits to identify problem areas (cords on floors, floor mats).
- Making sure walk-off mats are in place during winter weather conditions.
- Evaluation of the condition of rugs, runners and mats.
- Proper anti-fatigue mats in the kitchen environment (beveled edges to reduce trip exposure).
- Evaluation of flooring materials (tile/carpet/etc).
- Shower room procedures.
- Wet floor signage used appropriately?
- Ladder safety for maintenance personnel.
- Utilize/incorporate UH slip, trip and fall prevention materials, handouts, posters, etc.
- Assist account in developing facility-specific slip, trip and fall prevention checklist.

**Material Handling- Type Injuries (Lifting/Lowering, Push/Pull, Reaching/Bending, etc.)**
- Provide a loss analysis to identify trends and root causes.
- Provide material handling training.
- Review uses, types, and maintenance of material handling equipment (dollies, carts, etc.).
- Evaluate casters on food carts/med carts/mechanical lifts.
- Crank-style beds in the facility? Explore ability to purchase electric.
- Laundry observations/ergonomics.
- Evaluate stocking food supplies in kitchen.
- Evaluate storage of supplies.
- Evaluate handling of wheelchairs.
- Evaluate/observe shipping and receiving area, processes, docks, storage, etc.

**Kitchen/Dietary Safety**
- Evaluate conditions of kitchen area.
- Are knives stored appropriately (kept in drawers or scabbards) to prevent lacerations?
- Is the proper PPE available (cut gloves, oven mitts, etc.)?
- Anti-fatigue mats available for those standing for long periods of time?

**Maintenance/Housekeeping Personnel Safety**
- Evaluate whether proper tools are provided to safely perform the job?
  - Carts/dollies to move furniture/equipment.
  - Power tools/hand tools.
  - Ladders to access areas needed.
- Evaluate ladder safety program.
- Are roofs accessed by maintenance personnel?
  - For what tasks?
  - Fall protection needed?
- Evaluate how supplies to the facility are unloaded.
  - Insured staff or by outside vendors?
Our safety evaluations, reports and recommendations are made solely to assist your organization in reducing hazards and the potential of hazards and accidents. These recommendations were developed from conditions observed and information provided at the time of our visit. They do not attempt to identify every possible loss potential, hazard or risk, nor do they guarantee that workplace accidents will be prevented. These safety evaluations, reports and recommendations are not a substitute for ongoing, well-researched internal safety and risk management programs. This report does not warrant that the property inspected and its operations are compliant with any law, rule or regulation.

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