Chapter 2: Program planning

Chapter overview

Any successful worksite health program is built on a well-informed plan. This chapter discusses three main components to program planning, suggestions for conducting these components, and strategies for applying the SafeWell approach to program planning efforts.

An important first action to implementing a successful worksite health program is to appoint a person or group of persons to integrate and coordinate SafeWell program planning activities at the worksite (e.g., Steering Committee and/or working groups as included in "Chapter 1: Providing the Foundation"). This person/group will be accountable for implementing the components to program planning that are covered in this chapter.

In order to develop a well-informed plan, it is recommended that organizations conduct all three of the following components to at least some degree. Subtopics provide additional information for the three components

- Assessing organizational resources and needs to inform planning

- – What to include in the assessment process and description of resources
- – Systems for collecting the data
- – Communication re: data collection
- Analyzing the data to inform the planning process
  - – Synthesize the data
  - – Develop priorities
  - – Prepare a report
- Designing a plan for sustainability

While these components are somewhat sequential in nature, there may be overlaps between them. For instance, communications about the planning process is highlighted in the first component with data collection (bullet 1 above). However, good communication about all stages of the program is an important principle underlying the overall SafeWell approach.

The program planning process for the SafeWell approach to workplace health recommends program planning that spans across the departments that traditionally address worker health issues independently, including worksite health promotion/wellness (WHP), occupational safety and health (OSH), and to some extent, human resources (HR). For more information on the role of each of these departments, see the "Introduction."

General support for worksite program planning

There are existing OSH, WHP, and HR planning resources available on-line for worksites and staff interested in more detailed information. Although they do not aim to provide guidelines for an integrated approach, they nonetheless provide useful planning tools. These include:

- *Working on Wellness,* Massachusetts Department of Public Health (MDPH): http://www.mass.gov/Eeohhs2/docs/dph/mass_in_motion/worksite_toolkit.pdf
- *Workplace Health Promotion,* Centers for Disease Control and Prevention (CDC): http://www.cdc.gov/workplacehealthpromotion/model/index.html
- *Safety and Health Management Systems e-tools,* Occupational Safety and Health Administration's (OSHA) e-tools for comprehensive health and safety management systems: http://www.osha.gov/SLTC/etools/safetyhealth/index.html and
- *Guidelines on Occupational Safety and Health Management Systems* (ILO-OSH 2001)*,* the International Labour Organization's guidelines on occupational safety and health management systems (ILO-OSH 2001): http://www.ilo.org/safework/normative/codes/lang--en/docName--WCMS_107727/index.htm.

Assessing organizational resources and needs to inform planning

This section contains guidelines for using a comprehensive approach to assessing workplace resources and needs, and includes: the purpose of assessments, topics to include in an assessment and descriptions of corresponding resources, systems for collecting assessment data, and communications in regards to data collection.

Background and purpose of assessments

Workplace assessments are objective reviews of environmental, organizational, and individual programs, policies, practices, beliefs, and needs. A wide range of workplace assessments exist such as checklists that safety and health personnel complete to assess compliance with Occupational Safety and Health Administration (OSHA) regulations, management reviews of policies concerning nonsmoking at the worksite and health benefits, employee surveys about their health interests and behaviors, and others. Findings from workplace assessments help to drive priorities for the organization.

A workplace's resources include its people, environment, programs, and policies. In order to understand the strengths and opportunities at the organization, all of these may be assessed to guide an effective and well-informed plan.

Conducting worksite assessments serve to:

- Inform the development of priorities and appropriate programs, policies, and practices
- Provide baseline and follow-up measures to benchmark and monitor a program's impact
- Determine the extent to which a worksite is in compliance with Federal and State regulatory, legislative and accrediting bodies such as OSHA, the Environmental Protection Agency (EPA), and the Joint Commission
- Identify opportunities and facilitators for meeting goals and objectives
- Inform continual program improvement

General guidance for assessments: What to consider and include

Decide about goals and priorities

To help decide what to include in the assessments, think about *what the goals and priorities are* that led to interest in adopting the SafeWell approach to worker health. Determining organizational goals, and the objectives to achieve through the assessment, will help in determining and focusing priorities for the assessments. Some of the information needed to address priorities may already be collected at the worksite.

For example, in planning for the assessment, how would the following objectives be weighted in terms of being priorities?

- Improving the satisfaction, safety, health, and productivity of employees: This information can be found through surveys of employees, as well as OSH and HR records.
- Reducing healthcare costs: Information about major cost drivers may be available from the HR and OSH departments and/or from healthcare insurance provider(s)
- Ensuring compliance with Federal and State laws and regulations (e.g., OSHA and EPA) and meeting requirements of an accrediting organization (e.g., Joint Commission) or going beyond compliance: Occupational/environmental health and quality improvement departments may be integral to this type of focus.
- Addressing the organization's employee-centered mission by improving company programs, policies, and practices toward a culture of health: HR, OSH, and WHP can contribute to assessing this potential goal.

Depending on the goals, the questions to be answered from the assessments may differ. Different health assessments have different purposes, so it is important to outline goals clearly before choosing any assessment tools. To determine key questions for data collection, an option to consider is to facilitate a discussion among members of the steering committee/planning group (discussed in "Chapter 1: Providing the foundation"). Getting perspectives from management and employees may help to inform the entire process. As a starting point, consider asking the following questions which have been adapted from CDC's Toolkit for Workplace Health Promotion, which is available online:
http://www.cdc.gov/workplacehealthpromotion/assessment/index.html.

- What factors are contributing to health-related costs?
- What are the key health issues affecting employees now and over time?
- What are employees' health and safety priority concerns?
- What are characteristics of employees (e.g. demographics) that may influence program planning? For instance, a predominantly older workforce may have different needs and interests than a younger workforce.
- What factors at the worksite influence employee and worksite health? What optimizes health? Where are the barriers?
- Does the organization want to include employee dependents in the assessments and/or programs?
- What measures does the organization want to use to track program progress?
- Do organizational systems support the SafeWell approach to workplace health? Are policies and practices in place to support worker health?

Address goals and allow adequate time and resources

Consider assessments that will address goals and not be prohibitively costly in terms of time and resources. Depending on the complexity of the organization, consider allowing

several months to review various assessments to see which best meets organizational needs.

In addition to taking the time to choose the right assessments for organizational goals, consider the various resources needed. Those who are responsible for conducting the assessments need adequate resources, including:

- Staff
- Time to conduct the assessments
- Direct financial resources if vendors are used to conduct assessments and programming, and/or if incentives for participation are provided

Start smart and scale up

Some of the problems and the strengths at the workplace may already be evident to management and employees. Consider targeting assessments and initial programs to focus on these first, before rolling out broader programs. Demonstrating success on a small scale may build support for subsequent expansion efforts. While the chapters of these Guidelines are sequentially ordered, in practice, worksites may start implementing programs (Chapter 3) before all assessments are finished.

Consider whether to use a vendor to conduct assessments and program activities

In these Guidelines, use of the word "vendor" encompasses for-profit and not-for-profit service providers of OSH, worksite health promotion, and employee benefits, including insurance plans. Many organizations rely on external vendors to conduct their workplace and worker assessments, as well as to provide programming to the workplace and to employees. There are large numbers of worksite health promotion, health insurance, and OSH vendors in the US today. However, none to date have been found that provide comprehensive programming that integrates worksite health promotion with OSH and employee benefits. Nevertheless, using vendors provides some of the following attributes:

- Vendors' product(s) and services are their business. A health care organization's primary focus is probably not centered on conducting worker and workplace health assessments and programs. Hiring a vendor allows an organization to focus on its primary product or service.
- Vendors have expertise and knowledge that the organization might lack about worker and workplace health. As a result, hiring vendors may reduce the amount of time and money spent compared to trying to conduct assessments and programs in-house.
- Vendors provide extra help to complete the project. While organizations may have internal OSH-related staff (e.g. safety managers), worksite health promotion staff, and evaluators, they all probably have busy jobs right now, and

incorporating new programs and evaluations into their current tasks may be difficult.

- Vendors may provide anonymity and confidentiality to the assessment process and program delivery. Employees, who might be hesitant about replying to a survey conducted by their employer, might be more likely to respond if they are assured that the vendor will not share their individual results with management.

Kruse mentions three factors to consider when choosing a vendor: cost, value, and service.[1] Following are some specific topics Kruse considers in vendor selection. For a detailed list of questions for each of these topics, please see Appendix 1.[1]

- Customer service: How well will the vendor support organizational efforts— including the SafeWell approach?

- Experience: Does the vendor have extensive experience in the topics required, as well as with the industry? Make sure that vendors are appropriately qualified and staff trained.

- Confidentiality and liability: What procedures are in place to protect employee and employer information? What is the vendor's liability policy?

- Satisfaction (participant and customer): Will the vendor share customer (including individual employee) satisfaction information?

- Metrics and evaluation: What does the vendor provide in terms of evaluation and how often? Will the vendor work with others if integrated information is requested?

- Account management: It may be helpful to assess the extent of the account manager's involvement with the project and what resources s/he has available.

Consider the response rate in relation to the goals and purposes of the assessments

Being clear on the goals of the assessments also influences the response rate to achieve at the individual level. For instance, if a goal is to understand the percentage of employees who smoke or who have diabetes, it is important that the participation rate of individual level assessments (e.g. a health risk assessment) is reflective of the worksite population. That means it is important to have participation of a majority of the worksite population (e.g., over 60%), and that those who do participate reflect all types of populations. If certain groups of employees do not participate, it may bias the results or not be a true reflection of health risks (e.g., smoking/diabetes) among employees. If a low participation rate is obtained, one should be cautious about making decisions or conclusions based on the incomplete data.

However, some organizations use the health assessment to provide feedback and coaching to individual employees to maintain and improve their health. If this is the goal of the assessment, lower participation rates are acceptable.

Additional ways to increase participation are presented in "Further recommendations on collecting the data" below.

Specific levels and topics to assess using the SafeWell approach

The SafeWell approach to worker health is based in research showing that addressing both the work environment and workers' individual health leads to improved worker health and management systems. Many factors contribute to a healthy worker, including: healthy food options, good mental and physical health benefits, and a safe and healthy work environment with hazardous exposures eliminated where possible. To guide effective planning for implementing the SafeWell approach, it is important to assess the various factors that contribute to health.

The SafeWell approach includes assessing:

- **Environmental level factors and facilities**: Physical environment, facilities, and exposures
- **Organizational level systems, policies, and practices**: Measured by items such as
  - OSH trends and performance indicators based on injury, illness, and incident records (e.g., incident rates per 100 full-time equivalent employees [FTE])
  - OSH, WHP, and HR policies and programs
  - HR and other organizational policies related to benefits, compensation, staffing, and scheduling
- **Individual-level:** Characteristics, health status, behaviors, needs and interests, workplace injury and illness reports

Some of these categories overlap. For instance, occupational health and safety factors may be assessed at environmental, organizational, and individual levels. The worksite environment may be assessed by walkthroughs by a safety officer or industrial hygienist. Furthermore, the work environment assessment may include reviews of OSH-related policies and programs to protect employees from various hazards, as well as analyses of employee worksite injury, illness, and other incident records.

Description of SafeWell assessments for planning purposes

The complexity and sheer number of potential assessments may be daunting. The organization may already collect a lot of these data, but not in a coordinated and integrated manner. Or the organization may be just starting out on such a journey. Organizations tend to be at different places on the continuum of striving toward a fully integrated system. Table 1 identifies a minimum set of sample assessments that may be considered as adhering to the SafeWell approach. Additionally, an "enhanced" level of assessments is articulated that may be considered if resources allow and goals and interests align. Later in the chapter, additional ideas of how to choose which assessments to use are provided.

**Table 1: Suggested basic and enhanced SafeWell assessments
for planning purposes**

Level	Environmental	Organizational	Individual
Basic	**Compliance** OSH auditing and compliance tool Joint Commission compliance (if applicable) Food and fitness facilities	**Integrated Management System** SIMS checklist **Policy and program review** *OSH* Identify existing policies and programs *WHP/HR* Stress Tobacco use Nutrition Fitness Benefit design	**Employee health and interests** Employee needs, satisfaction, and interests survey **Employee occupational health and safety** Employee/supervisor injury and incidence form
Enhanced (basic level plus)	**NIOSH guide to prevent slips, trips, and falls among healthcare workers** **Patient Care Unit and Worker Safety walkthrough** **CDC's worksite health environmental assessment**	**Programs and Policies** WW2 OH mgt system survey OSHA's bloodborne pathogens standard Safe patient handling programs OSHA's Ergonomic Guidelines for Nursing Homes MSD prevention Disability management and return-to-work OSHA's resources for violence prevention JourneyWell's Dimensions of Corporate Wellness CDC's "additional measures" Review of employee record data (e.g. claims analysis, absenteeism) Review program costs	Health Risk Appraisal (HRA) with feedback Biometric screenings Focus groups Individual interviews

Basic SafeWell assessments for risk and hazard identification: Environmental, organizational, and individual-levels

Companies use a wide range of information and data to inform program planning. Decisions about which to use can be based on resources, interests, needs, and priorities. Table 1 above indicates suggested types of assessments within each of the three levels:

environmental, organizational, and individual. Some of these assessments may fall into more than one level, as the lines blur sometimes between the levels. Within each of these levels, it is recommended that OSH, WHP, and HR factors be addressed to some degree to qualify as using the SafeWell approach. This section describes the basic level of assessments needed and provides suggested tools for the assessments.

Basic level assessments are most appropriate for healthcare facilities with lower levels of resources to commit to an assessment, or for those organizations just beginning to use the integrated approach to worker health.

Basic environmental level assessments

Environmental assessments review the safety and healthfulness of physical facilities at the worksite, as well as management efforts to meet legal and regulatory requirements. They are often conducted by walkthroughs of different areas of the workplace. These assessments may also include reviews of organizational level programs and policies, so there is not always a firm demarcation between environmental and organizational level assessments. Findings from the assessments can be used to ensure compliance and develop OSH and WHP policies and programs to support worker health.

There are two types of basic environmental-level assessments:

1. Compliance with Federal, State, and Local regulations, and the Joint Commission (if applicable to the healthcare organization)
2. Food and fitness facilities

1. Compliance in healthcare facilities: At a minimum, healthcare facilities need to comply with a number of Federal, State, and local laws and regulations on safety, health, and environmental protection. These include, but are not limited to, requirements of:

- Federal Occupational Safety and Health Administration (OSHA)
- State OSHA Plans
- Environmental Protection Agency
- Department of Transportation
- The Joint Commission: -Hospitals and healthcare organizations may want to comply with the requirements of the Joint Commission which accredits 10,000 healthcare organizations

Worksites in the healthcare industry might ask their responsible safety and environment personnel/units to conduct compliance worksite analyses.

Auditing and compliance tool from the field

Dartmouth-Hitchcock Medical Center in Lebanon, NH uses an auditing and compliance tool that is attached as Appendix 2. It is a basic assessment of occupational health and safety management practices that is relevant for healthcare institutions that adhere to

accreditation practices of the Joint Commission, as well as to Federal and State mandates and regulations. It should be complemented by walk-through assessments of the physical environment, tailored to a particular worksite.

1a. The Joint Commission's tools

For those healthcare institutions interested in accreditation or maintaining their accreditation, The Joint Commission has many resources available through its website regarding accreditation measures. Some of these need to be purchased. The main web portal is at: http://www.jointcommission.org/

1b. Another available tool

OSHA's Hospital eTool is an interactive, highly illustrated, web-based training tool containing graphical menus and expert system modules. The Hospital eTool aims to provide reliable advice on how OSHA regulations apply to the hospital and personal healthcare settings. At least 18 categories of potential hospital-wide hazards, and solutions to addressing those hazards, are given. In addition, the e-Tool illustrates specific hospital areas for hazards and preventive measures against them. The tool is available at: http://www.osha.gov/SLTC/etools/hospital/index.html

2. Assessing food and fitness facilities: It is important to assess the health behavior environment such as healthy food options and fitness facilities/options to provide information on two basic factors that can influence health and wellbeing.

2a. Food facilities

For food facilities this would include assessing whether an on-site food service exists including cafeterias or vending machines:

- If on-site services do not exist, what food choices exist in the geographical area (e.g., none, mobile trucks, fast food or sandwich shops)?
- If there are on-site services, do healthy food options exist, are these healthy options highlighted, and are pleasant surroundings available for employees to relax?

2b. Fitness facilities

For fitness facilities this would include assessing whether fitness facilities exist in the worksite, including accessible and safe stairwells and walkways. If on-site facilities exist, they should be assessed to see if they adhere to recommended standards. The American College of Sports Medicine has guidelines that provide tools for doing this.[2] If fitness facilities do not exist, a company could assess whether there are safe and accessible opportunities available in the surrounding area.

Tools available from the field

Massachusetts Department of Public Health's (MDPH) Working on Wellness toolkit includes a Worksite Health Improvement Survey tool that asks many questions about food and fitness options at the worksite and its environs. Sample questions include:

> **-Does the organization provide point-of-purchase nutrition information in the cafeteria, canteen truck, and/or vending machines?**

> **-Does the workplace promote the use of stairs? Does the organization subsidize memberships to an off-site fitness facility directly or through a health plan?**

The toolkit is available at: http://www.mass.gov/Eeohhs2/docs/dph/mass_in_motion/worksite_toolkit.pdf

North Carolina's Eat Smart Move More campaign, promoted by CDC, has a detailed toolkit with easy-to-use surveys for assessing the food and physical activity environment at the worksite. The particular assessment is called "Policy and Environment Survey" and is available as Appendix J at: http://www.eatsmartmovemorenc.com/NCHealthSmartTlkt/CommitteeWrkBk.html

The CDC's Healthier Worksite Initiative has a wealth of toolkits it recommends. The home page is available at: http://www.cdc.gov/nccdphp/dnpao/hwi/index.htm

Basic organizational level assessments

The purpose of organizational level assessments is to understand existing policies, programs, and practices that support, or compromise, worksite and worker health and well-being. In conjunction with other assessments, this review can illuminate policies and programs that might be adopted to support broader company goals. For instance, instituting worksite-wide policies such as bans on tobacco use on company grounds have been shown both to improve productivity and to reduce tobacco consumption.   While they often incorporate policy document reviews, they can also include reviews or analyses of administrative data (e.g. cost data).

Assessments that are recommended as basic organizational level assessments include:

1. A checklist assessing the state of the integrated management system at a worksite
2. Reviews of OSH, WHP, and HR policies, programs, and practices

Reviewing OSH, WHP, and HR policies, programs, and practices informs management of existing activities and opportunities for improvement, and ways to develop plans for an integrated approach to worker health.

1. Assessing the SafeWell Integrated Management System (SIMS)

Completing a review of a worksite's SIMS (see Chapter 1 for an explanation of SIMS) allows an organization to see programs and policies that currently exist, or could be implemented or better integrated, to improve worker health and well-being. Results of the review may drive goals and priorities. It also allows for management to talk across departments of OSH, WHP, and HR and to plan accordingly.

1a. SIMS checklist

A checklist for management to complete assessing the SIMS is included in Appendix 3 of this chapter. Top management and management responsible for OSH, WHP, and HR may complete the checklist and discuss together with the steering committee (see "Chapter 1: Providing the foundation").

2. Assessing worksite policies, programs, and practices for worker health and well-being

The most important occupational safety and health assessments for the basic level are the audit and compliance tool and walkthrough assessment to ensure compliance with laws and regulations. These are described above.

2a. Identify OSH policies and programs

For the basic level organizational level assessments in OSH, merely identifying policies and programs that currently exist at the organization will assist in program planning. For a health care organization these may include programs to comply with OSHA's bloodborne pathogens standards, safe patient handling legislation by various states, and/or violence prevention policies .   These policies and programs are detailed further in "Enhanced level of organizational assessments" below.

2b. WHP/HR policies and programs

Additional reviews of company policies, programs, and benefit designs to support employee health and contain costs may be conducted through the HR and WHP departments. As key drivers of health, policies and programs addressing stress reduction, tobacco use, and healthy food and fitness options may be assessed. Examples of areas to be assessed:

- Stress reduction
  - How work is organized--its pace, intensity, the control allowed over one's own work process, work hours, compensation, and employment security—can be as hazardous or benign to workers' health over time as safety, chemical, physical, or biological job hazards. Poor work organization has been found to be hazardous to mental health and associated with depression and burnout

as well as a contribution to serious physical health outcomes such as back pain and other musculoskeletal disorders, hypertension, heart disease, stroke, Type II diabetes, and even death.[3] A safe work environment includes preventing psychosocial hazards. It adapts to the needs and limitations of workers and allows them to participate in designing their workstations, schedules, and duties.[4]

- As part of the assessment process, consider reviewing staffing levels, scheduling of work hours (e.g., how long are shifts, do employees have consistent shifts or do they rotate, can employees choose which shifts they work), flex-time policies, and break polices and practices as part of addressing stress reduction.

- Tobacco use: Assessments regarding tobacco use may address whether written policies exist about workplace tobacco use. For example, is tobacco use allowed on-site?
  - If so, where may tobacco use occur? What types of measures are in place to address exposures to secondhand smoke, tobacco waste, and potential fire hazards?
  - If not, are there physical areas where tobacco waste is found? How is noncompliance with the policy addressed? Is there prominent signage alerting employees and visitors about the policy, and penalties for noncompliance?
  - Are benefits in place to support employees who want to quit smoking?

- Nutrition and fitness: Review benefits to assess whether healthy nutrition services and fitness opportunities exist. For instance, does the health plan cover Weight Watchers or subsidize gym memberships?

- Benefit design: To support worker well-being, review health care benefits to determine whether the insurance plan(s) cover preventive services (e.g. cancer screenings, well-baby visits, annual check-ups) and mental health services.

Tools from the field

MDPH's Working on Wellness Worksite Health Improvement Survey: The MDPH toolkit, referred to in the above section on environmental assessments, includes a Massachusetts Worksite Health Improvement Survey containing questions about healthy food and fitness options, tobacco use, stress reduction, and occupational health and safety.
http://www.mass.gov/Eeohhs2/docs/dph/mass_in_motion/work site_toolkit.pdf

STRESS AT WORK website: This website from NIOSH includes various sources related to the NIOSH job stress research program

that aid understanding the influence of work organization or psychosocial factors on stress, illness, and injury; and identifying ways to redesign jobs to create safer and healthier workplaces; and (3) measuring the quality of work-life.
http://www.cdc.gov/niosh/topics/stress/

Basic individual level assessments

The purposes of individual level assessments are to understand work and non-work factors that may influence the health, safety and well-being of employees; and to track progress of implementing the SafeWell approach. They are usually conducted through surveys or through group or individual interviews. Topics may include the health status, behaviors, and risks of employees, including occupational injuries and incidents. It is also important to know which worksite programs would be appealing to employees. Before conducting the assessments, address whether there are any particular considerations that should be made to ensure that assessments are appropriate to the workforce. For instance, are assessment materials needed in different languages if there is a diverse workforce, or in larger print if there is an older workforce?

Confidentiality of employee input is critical and needs to be communicated to employees. If employees think they might be fired for truthful responses, they may not participate. If participation is low, programmatic results may be hampered too. Participation is critical to a program's success. Basic individual level assessments include:

1.   Employee Needs, Satisfaction, and Interests survey
2.   Employee injury and incidence reports

1. Employee Needs, Satisfaction, and Interests survey

These surveys collect information on employee demographics, health and health behaviors, job satisfaction, interests, and participation in work- and health-related programming. They also may assess employee attitudes about workplace and job health and safety, and social support from colleagues and supervisors. Presenteeism (i.e., health-related productivity loss) may be assessed too. Outside vendors may be sought for these types of surveys. Alternatively, some workplaces with in-house evaluation teams have created their own surveys through Survey Monkey (http://www.surveymonkey.com). Some organizations have used both—a more formal survey offered less frequently, and a "Survey Monkey" survey on an annual basis.

To address the SafeWell approach, these employee needs and interest surveys might include questions that examine OSH knowledge, attitudes, and behaviors of employees. The survey could also measure group phenomena such as safety climate and examine self-reported safety practices, injuries, illnesses, and other incidents (e.g. near-misses).

2. Employee Injury and Incidence Reports

The purpose of the incident investigation is to identify root causes of injuries and exposures. Those responsible for worksite occupational safety and health review incident reports for cause, and investigate appropriate follow-up actions. Incidents that meet the criteria as OSHA-recordable incidents prompt an investigation by a supervisor/manager and/or by those responsible for OSH at the worksite. The SafeWell approach supports a worksite environment that encourages employees to feel comfortable in reporting incidents and accidents.

Tools available from the field

MDPH's toolkit includes an employee-based Worksite Wellness Needs/Interest Survey: http://www.mass.gov/Eeohhs2/docs/dph/mass_in_motion/worksite_toolkit.pdf

Dartmouth-Hitchcock Medical Center uses an injury/exposure investigation form that is provided in Appendix 4.

Suggested enhanced SafeWell assessments for planning purposes: Environmental, organizational, and individual-levels

This section describes the part of Table 1 called "Enhanced Assessments." These assessments augment the basic level of assessments and are meant to be conducted in addition to those. This section aims to identify the value-added for augmenting the basic assessment list and is geared toward better-resourced healthcare organizations (the target of these Guidelines). As part of the planning process, these additional assessments will help to understand and improve further the health and well-being of the workforce and workplace. Consider choosing those most applicable to the worksite. Although discussed separately below, there is overlap between different surveys of the environmental and organizational levels.

Tools from the field

The American College of Occupational and Environmental Medicine has created the Corporate Health Achievement Award (CHAA) for organizations. As part of the application process, organizations are supposed to complete an on-line assessment process that adheres to standards of excellence in Occupational and Environmental Health Practice.

What it includes: The main categories assessed are leadership and management, healthy workers, healthy environment, and healthy organization. This self-assessment could be used as "one-stop

shopping" for an enhanced SafeWell assessment. The checklist covers OSH, WHP, and HR at the environmental/organizational and individual levels. Downloadable at http://sa.chaa.org.

What it lacks: In-depth analysis of psychosocial hazards at the workplace such as work scheduling and stress. Care will be needed in analyzing and planning to ensure that programs, policies, and practices are integrated across disciplinary silos.

The CHAA self-assessment may not be applicable to all organizations. The following is a detailed discussion of SafeWell assessments at the enhanced level.

Enhanced environmental level assessments

In addition to the basic level of assessments that organizations need to conduct to be in compliance with OSHA, there are specific OSHA standards and guidelines that are applicable to health care organizations. Exposure prevention and control plans for these topics can be augmented by walkthrough assessments tailored to the specific hazards at the worksite. As part of the SafeWell approach, consider assessing other opportunities to support worker health and well-being.

Following is a short list of suggested assessments at the environmental level—enhanced (basic level plus):

- NIOSH Guidelines for preventing slips, trips, and falls
- HSPH Center for Work, Health, and Well-being Patient Care Unit and Worker Safety walkthrough
- CDC Workplace Health Environment Assessment

Why conduct these assessments and what is the value added? Both OSHA and NIOSH have produced guidelines for injuries and hazards applicable to health care organizations. The NIOSH guide addresses slips, trips, and falls at the workplace and is described below. Developing prevention and control plans for the organization for these hazards improves the health and safety of employees and patients, as well as the organization's image in the community.

1. *Improve the health and safety of employees, patients, and visitors*

a. NIOSH Guide to Slips, Trips, and Falls: Injuries from slips, trips, and falls may occur to staff, patients, and visitors. Apart from the injuries related to them, such mishaps may result in lawsuits. Monitoring general housekeeping and keeping hallways free of equipment, boxes, etc., can reduce these hazards. Injury reporting forms help to assess the problem. NIOSH has developed a guide entitled "Slip, trip, and fall prevention for healthcare workers." http://www.cdc.gov/niosh/docs/2011-123/pdfs/2011-123.pdf

b. Harvard School of Public Health Center for Work, Health, and Well-being's (CWHW) Patient Care Unit and Worker Safety walkthrough

assessment: Prevention of Muscoskeletal Disorders (MSDs) is an important goal in the health care setting. One of the projects of CWHW has developed a walk-through environmental assessment that may be conducted to identify potential targets for prevention in a patient care unit. The tool may be requested from its author, Dr. Jack Dennerlein (jax@hsph.harvard.edu).

c. Center for Disease Control and Prevention's Workplace Health Environmental Assessment: The link below provides information about the physical environments at and nearby the worksite that can influence employee health and wellbeing. This includes assessing the workplace setting; communications about health, fitness, and nutrition environments; health and safety environment surrounding community; and direct observation of employees working. As may be seen, it utilizes an integrated approach. There are links to assessment tools for all of these topics. http://www.cdc.gov/workplacehealthpromotion/assessment/assessment_interviews/environmental-assessment.html

Enhanced organizational level assessments

As mentioned above, the purpose of organizational level assessments is to understand existing policies, programs, and practices that support, or compromise, worksite and worker health and well-being. They can also point to opportunities for collaboration within the organization. Some of the recommended assessments cover topics that are also included in either the basic level assessments (but in more depth) or in the environmental level assessments discussed above. Also included here is the topic of "violence prevention," which can be applicable to the health care setting.

Following is a short list of suggested assessments at the environmental level—enhanced (basic level plus).

- WellWorks-2 Occupational Safety and Health management program survey
- OSHA's Bloodborne Pathogen Standard
- Safe patient handling legislation by various States
- MSD Prevention
- OSHA's Ergonomic Guidelines for Nursing Homes
- Disability management and return to work
- OSHA's resources related to violence prevention
- JourneyWell's Dimensions of Corporate Wellness
- CDC "additional measures"
- Review of claims data
- Review of absenteeism data
- Review of program costs

Why conduct these assessments and what is the value added? As mentioned above, reviewing OSH, WHP, and HR policies, programs, and practices informs management of existing activities and opportunities for improvement, and points to ways to develop plans for an integrated approach to worker health. They also can improve the health and safety of employees, patients, and the organization's standing in the community.

1. To provide a more in-depth analysis of the OSH management program at the worksite.

a. WellWorks-2 Occupational Safety and Health management program survey

LaMontagne and colleagues tested an instrument for assessing OSH management programs that was developed from OSHA's 1995 Program Evaluation Profile.[5] It is a more in-depth program review than the one suggested in the basic level category. While developed for manufacturing worksites, it could be applicable to health care organizations as well. See reference for the instrument.

2. To conform with OSHA's bloodborne pathogens standard.

a. OSHA's Bloodborne Pathogen Standard

Bloodborne pathogens and needlestick prevention provides information about what is necessary to institute in the organization to prevent and control the likelihood of exposure from bloodborne pathogens and needlesticks. It includes requirements for recordkeeping.
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051
Also see: http://www.osha.gov/SLTC/bloodbornepathogens/index.html

b. Workbook for Designing, Implementing and Evaluating a Sharps Injury Prevention Program

The Centers for Disease Control and Prevention (CDC) has developed a *Workbook for Designing, Implementing and Evaluating a Sharps Injury Prevention Program*. It is designed to assist healthcare facilities to set up and evaluate sharps injury prevention programs, a significant component of the OSHA's Bloodborne Pathogen's Standard.
http://www.cdc.gov/sharpssafety/pdf/sharpsworkbook_2008.pdf

3. To prevent back injuries and other musculoskeletal disorders (MSDs)

a. Safe patient handling

Back injuries among health care workers from handling and transferring patients are endemic in health care organizations. Safe patient handling programs and policies are aimed at preventing back injuries among workers. Various states have implemented safe patient handling legislation (see example from the State of Washington below). OSHA has developed guidelines for nursing homes that are useful to consider for their

applicability in all health care organizations. OSHA has concluded that in addition to reducing work-related musculoskeletal disorders, facilities that use these guidelines may experience lower rates of staff turnover and absenteeism, and increased productivity and employee morale. In terms of assessment in this area, OSHA's injury reporting regulation (29 CFR 1904) required employers to record work-related injuries. These report forms can be analyzed periodically for trends in injuries, as well as to address problems early.
http://www.osha.gov/ergonomics/guidelines/nursinghome/final_nh_guidelines.html

Additional tools available from the field

Safe patient handling programs in healthcare settings are vital to prevent low-back injuries/ pain among healthcare workers. Many US states, such as Washington, have implemented safe patient handling legislation in hospitals. An assessment for safe patient handling from Washington is available at: http://www.washingtonsafepatienthandling.org/images/Swedish _Hospital_Risk_Assessment_Tool.pdf

An example of a vendor who provides a safe patient handling program is from Prevent, Inc.'s The "Get a Lift!" program. www.getalift.com .

The Centers for Disease Control and Prevention (CDC)'s Workbook for Designing, Implementing and Evaluating a Sharps Injury Prevention Program is designed to assist healthcare facilities to set up and evaluate these important programs. The workbook contains assessment information and is aimed primarily for infection prevention and occupational health personnel, healthcare administrators, and sharps injury prevention committees. http://www.cdc.gov/sharpssafety/pdf/sharpsworkbook_2008.pdf

b. MSD prevention

The Occupational Health and Safety Council in Ontario, Canada developed a toolkit on MSDs that includes risk assessments and guidelines for prevention programs. Worker participation in the assessment and programmatic phases is a key feature of this toolkit. Though not specifically targeted toward health care settings, its tools, checklists, and guidelines are adaptable. It is available on the Institute for Work and Health's (Ontario, Canada) website: http://www.iwh.on.ca/msd-tool-kit

4. To address disability management and return to work

a. ACOEM self-assessment

A parallel area to preventing MSDs is having a plan in place to manage absence from disability that may occur as a result of an illness or injury and to proactively support employees' return to work, including making job accommodations. As the American College of Occupational and Environmental Medicine (ACOEM) notes, disability management is broadening to include the identification of employees who may be performing poorly because of health issues and, in turn, find positive ways to decrease absences and improve their health and productivity.[6] Organizational policies and practices around work disability and absence management and return to work may be assessed. ACOEM's Corporate Health Achievement Award program has a self-assessment that includes checklists of program components and outcome measures in this area. http://sa.chaa.org

5. To prevent workplace violence

a. OSHA's resources on violence prevention

Violence and harassment at the worksite may occur frequently. OSHA states that violence in its most extreme form, homicide, is one of the top leading causes of all work-related fatalities.[7] As many health care organizations are open to the public, violence can occur from many different sources. There can be inter-staff as well as domestic violence which can enter into the workplace. While OSHA does not have a specific standard in this area, it does have resources on its website to help organizations develop violence prevention programs.
http://www.osha.gov/SLTC/workplaceviolence/

Included in the following link are sample security checklists and report forms:
http://www.osha.gov/workplace_violence/wrkplaceViolence.intro.html

6. To assess the organization's culture of health and alignment with best practices.

a. JourneyWell's Dimensions of Corporate Wellness

Based on NIOSH's *Essential Elements of Effective Workplace Programs and Policies for Improving Worker Health and Well-being,* JourneyWell (a health and wellness company) has developed a scorecard to assess the organization's status in providing effective programs for worker health. It is included in Appendix 5.

7. To conduct a more in-depth review of benefits, programs, and policies

a. CDC's "Additional Measures"

In its online workplace health resources, CDC includes a table of additional benefits, programs, and policies to consider assessing for a more in-depth understanding of the comprehensiveness of organizational support of worker health.
http://www.cdc.gov/workplacehealthpromotion/assessment/assessment_interviews/data-collection.html

8. To understand major health care cost drivers and health and safety trends

a. Employee record data

Review of employee record data can include health and worker compensation claims, absenteeism, short- and long-term disability reports, and on-site injury reports. Analysis of claims data is complex and time consuming, so consider whether to do it in-house or hire a consultant/company to help. The question of legal and regulatory requirements to ensure employee confidentiality and protection of personal health information will have to be addressed.

The organization's insurers probably already analyze these data in order to know how much to charge and may be willing to share it for free. They may also be interested in working together in an effort to reduce the claims and thereby the costs.

To use the claims data for making informed plans, the most salient findings need to be summarized and prioritized. Some questions to think about when doing this: What are the organization's most important challenges? What are the trends in claims data?

9. To assess current program costs and identify opportunities for cost-sharing

a. Program costs

This analysis might include a review of costs incurred for health and health and safety programming, as well as benefits. This analysis may help to identify areas where costs could be shared between departments or reduced because of duplication.

Enhanced individual level assessments

As mentioned above, the purpose of individual level assessments is to understand work and non-work factors that may influence the health and well-being of employees. In addition to a basic needs assessment of employees (see section on "Basic level assessments" above), many companies are interested in conducting Health Risk Assessments (HRA) which contain, at a minimum, a survey that assesses how the respondent may compare to meeting public health standards such as servings of fruits and vegetables, minutes of physical activity, and number of alcoholic beverages consumed in a day. HRAs may be supplemented with biometric screenings of items such as weight, blood pressure, and cholesterol levels. Focus groups with employees to discuss interests and/or findings from the HRAs are another method of gaining input and understanding into employee health, safety, and well-being. The discussion of these assessments is gleaned from a number of sources, including the Institute of Medicine's *Integrating Employee Health: A model program for NASA.[8]*

As with all individual-level assessments, confidentiality of employee input is important and needs to be communicated to employees. Employees may not participate in the

HRAs if they think their benefits or employment are at risk. If employees do not participate, desired results of the program may not be attained. Consider hiring an external consultant or vendor to assist with individual level assessments. This may reduce employee concerns about confidentiality.

In addition to the basic individual level assessments (see section on "Basic level assessments" above), following is a short list of suggested assessments at the individual level—enhanced (basic level plus):

- HRAs with feedback
- Biometric screenings
- Focus groups
- Individual interviews.

Which assessments are recommended, why conduct them, and what is the value added?

1. To identify health risks and provide tools

a. Health Risk Assessments (HRA) with feedback

HRAs allow employees to identify their health risks and often provide them with tools/counseling to improve their health. They also can provide base-line data about the health of the organization that may assist in priority-setting, program planning, and benchmark progress. HRA vendors can: deliver reports to the organization on aggregate health behaviors and risks, provide health coaching to employees, conduct follow-ups to track progress, and be integrated with health plan information to improve disease prevention and management.

A HRA usually consists of a survey which assesses and estimates an employee's risk of disease. In order to be effective in reducing risk, research has found that the HRA needs to have a feedback component. This means having an educational and behavior change component delivered to the employee as part of the HRA package. Vendors often provide these services as well either through health coaching, or on-line services.

As an important component of an HRA, the organization may consider including questions about stress-related issues at the worksite, other mental health issues, and measuring presenteeism. Presenteeism is productivity loss at work from health-related issues.

Tools from the field for HRAs

The National Business Coalition on Health has an online value-based purchasing guide that provides advice about HRAs. It is available with a free online membership at: http://www.nbch.org/VBPGuide

The National Business Group on Health has a toolkit for employers interested in conducting HRAs. Employers need to be a member to access the full toolkit, but the following link explains its contents.
http://www.businessgrouphealth.org/benefitstopics/et_healthrisk.cfm

2. To motivate employees for health behavior change

a. Biometric screenings

Some organizations include biometric screenings as part of their assessment process. Screenings may include measuring weight, blood pressure, blood cholesterol levels, and carbon monoxide levels in exhaled breath.[9] When followed up with information about what their measurements mean in terms of risks, employees may be motivated to make health behavior changes or maintain healthy lifestyles. It is important to provide resources for employees to contact if their risks are high.

There are vendors who provide these types of services. Some health care organizations may be able to provide these services in-house too. Employee privacy and confidentiality should be assured during the screening process.

SafeWell developed a protocol for an integrated biometric screening for manufacturing companies that is applicable for areas of health care institutions that have exposure to carbon monoxide (e.g., loading docks, emergency room entrances, driveways with idling cars or buses, areas of the facility with certain types of machines running). It can also apply to home exposures related to faulty heating systems or other appliances that might emit carbon monoxide (CO). The biometric screening integrates OSH and HP in an analysis of CO in the exhaled breath. This screening addresses individual and environmental factors at work and home that may increase CO levels. It uses a breath test to measure the CO level in an individual's exhaled breath. It is quick, easy to conduct, and non-invasive. Smokers are often motivated to quit smoking if their results indicate a moderate to high level of CO in their breath. Moderate to high levels of exposure among non-smokers can prompt investigations into work and home sources of their exposure.   There is a full description of a sample program for this screening in Appendix 1: Program B in Chapter 3.

3. To provide in-depth information on a specific topic of interest to the organization

a. Focus groups

Focus groups can provide in-depth information on a specific topic of interest to the organization. They may be used to gather information about needs, concerns, and interests of employees and managers at the worksite.[10] For instance, a focus group might address health and safety concerns of nurses on a medical-surgical floor, or

concerns of managers and employees about deployment of a proposed HRA. Findings may facilitate planning efforts.

Focus groups are group interviews on a specific topic run by a moderator. S/he asks open-ended questions to generate an in-depth conversation and avoids questions that produce short answers.

An ideal focus group consists of 6-8 participants, but even as few as 4 participants in a focus group can generate an informative discussion. Focus groups with more than 10 participants tend to become more difficult to manage. One of the benefits is gaining knowledge from a number of people at the same time. On the other hand, some issues may not be discussed if individuals are not comfortable with raising them in front of other people/co-workers.[10]

When recruiting the focus group participants, it is good to target a group with similar characteristics (e.g., occupation) and common experience (e.g., occupational injury, smokers). Focus groups require more time and resources than surveys. The findings from the focus groups are not generalizable to the entire workforce; they are representative of the individuals who participate.

So that all levels of employees feel free to discuss their concerns, consider hiring an outside consultant/vendor to conduct focus groups.

4. To provide employee input and recommendations

a. Individual interviews with employees

Individual interviews with employees may produce additional insight and understanding to existing worksite hazards and injuries. Since employees are the ones most familiar with the work they do, they can provide input on existing procedures, and make useful recommendations for change.

Individual interviews are one-on-one, face-to-face discussions where the interviewer asks the same set of questions to one person at a time.[10] For instance, employees are asked what their concerns are about the workplace environment, their health, and their job. This type of method can provide more in-depth and nuanced information than a survey. The interview process takes more time and resources than a survey, and different types of information would be obtained. It is recommended that individual interview questions are open-ended rather than questions that produce "yes" or "no" answers. A challenge is how to analyze the open-ended data. Therefore, it is recommended that interviews are recorded and typed transcripts produced from the recording to enable an accurate review and analysis of the data. It is important to interview a range of people who represent all the important worksite stakeholders. The SafeWell approach suggests interviewing employees from different departments and representing all levels of employees. Recognize that the information collected is not necessarily generalizable to the entire employee population.

So that all levels of employees feel free to discuss their concerns, consider hiring an outside consultant/vendor to conduct these interviews.

See Appendix 6 for suggested questions on safety and health for the employee interviews.

Steps in choosing the health assessment

There are many items to consider when choosing which health assessment to use. Associated costs, content, and potential outcomes need to be weighed. The first step is to clarify goals. Another important step is to decide whether an outside vendor will be used to conduct assessments or whether they will be done "in-house." For thoughts on choosing a vendor, see "Consider whether to use a vendor to conduct assessments and program activities" above.

Framer and Chikamoto have developed a "Health Assessment (HA) Program Checklist"[9] that lists a number of items to consider in choosing an appropriate health assessment. It is geared mostly towards health promotion programs, so some safety and health topics are added here. It is also geared toward choosing a health assessment at the individual employee level. While many of the topics also apply to environmental and organizational level assessments (e.g., goals and buy-in, program review, reports), it would need to be adapted for topics that are specific to those areas (e.g. review of physical facilities, review of management systems and organizational policies).

1. Goals and buy-in

- Clearly define the goals of the SafeWell program (see "Decide about goals and priorities" above)
- Share the goals with representatives of management, union (if applicable), employees, and the vendor (if applicable)
- Obtain buy-in from all levels of management, employees, and union (if applicable).

2. Assessment and related program review

- Assessment contents and method:
  - Does the assessment include measures that align with the goals?
  - Are there questions related to the health outcomes of the population (e.g. low back pain for patient care assistants)?
  - Are there questions about a wide variety of health behaviors, stress, and participation in organizational programs?
  - Are health and safety questions included?
  - Are the questions easy to understand and answer? Consider piloting an assessment with a group of employees representing the different populations of the organization to see if they understand it.

- – How long does it take to complete? Framer and Chikamoto recommend it be less than 20 minutes. Those that are 7-10 minutes increase participation but may not be comprehensive.
- – How will it be conducted and accessible to all employees? Consider all shifts (if applicable) and all employees, some of whom may not have access to or capability with computers. Consider different modes (e.g., computer, paper and pencil) if necessary to improve participation.

3. Employee reports/feedback

- Ask to see a sample report from the vendor (if using a vendor), or plan to create one. Consider the following:
  - – Are the recommendations in it current with scientific literature? Ask the vendor how often they update the science in their assessment and program.
  - – Is the tone in the report and the feedback material appropriate for organizational goals and the motivation of employees?
  - – Do the recommendations to employees align with resources available to them at the worksite or in the community? Is the organization willing to include additional resources for employees that are included as recommendations?
  - – Is the report visually appealing?
  - – Is the reading level and language appropriate for employees?

4. Aggregate reports to management

- Ask to see a sample report from the vendor (if using a vendor), or plan to create one. Consider the following:
  - – Does the vendor have a process for eliminating any identifying information in the aggregate report?
  - – Are the measures used and presented by the vendor aligned with organizational goals?
  - – Will the report compare the organization's results with national, state, or industry figures?
  - – Can a cohort of employees who remain at the organization be tracked so that results show the impact of programs on existing employees over time?
  - – When and how will the reports be presented to management? Will there be a chance for review and editing before the final is delivered?

5. Eligibility for participation

- Determine who is eligible for participation, and consider the following groups:
  - – Full-time/part time
  - – Employees/contractors
  - – Employees/dependents
  - – Retirees

Part of the decision about who is eligible will depend on organizational goals and priorities. If health care cost reduction is a main goal, consider including anyone on the organization's health insurance program. If it is to reduce absenteeism, consider including all employees and contractors.

6. Program delivery method

- Determine how to deliver program. Although this item may seem unrelated to the assessment process, in the case of HRAs with feedback, the way a program is delivered to employees is also an important consideration. If the program is delivered over a computer or by phone, and employees don't usually access computers or phones, then participation in the assessment as well as the program may suffer. Areas to consider are:
  - Will the program be available to employees on work time, only off work time, or both? If it's available off work time, how many hours a day will employees have access to it?
  - Will the program be delivered in person, or by a health coach over the computer, or by phone?
  - If a person is not delivering the program, are different ways to access information available? For instance via computer, or by hard copy for those who are not comfortable with, or who do not have access to, computers?

7. Communications about program

- Communicate about the program to the multiple populations in the organization.
  - What are the best communication mechanisms to reach all employees (e.g., flyers, e-mails, announcements at meetings)?
  - What are the messages the organization wants to convey to employees about the program?

8. Biometric screenings

- Review procedures and qualifications for screening
  - Are the procedures scientifically valid and reliable?
  - How will biohazardous waste be eliminated?
  - Are staff properly credentialed, trained, and monitored?
  - How will results be communicated to staff?
- Communication about screening
  - Have employees been communicated with about preparing for the screening, if necessary (e.g. fasting requirements for blood draw for glucose testing)?
  - Are screening times convenient for staff to adhere to requirements (e.g. beginning of a shift if fasting is required)?
  - Have staff been apprised of how information will be kept confidential?
  - Are potential risks of the screening been communicated to staff?

- Confidentiality and legal issues
    - Have appropriate accommodations been secured in which to conduct the screenings and provide feedback on results to staff?
    - Have HIPAA regulations been reviewed, and staff who come in contact with personal health information trained about the handling of data?
    - Have preparations been made for any emergency that might arise and has legal counsel been consulted about potential liability issues?

9. Implementation monitoring

- Monitoring the process and making mid-course corrections if necessary:
    - Is the health assessment accessible to employees as planned?
    - Are screenings occurring on schedule?
    - Have problems arisen that need to be addressed and is there a process for doing so?

10. Evaluation

- Discussing the results and planning for the future:
    - To whom will results be provided to and in what format?
    - Will results be tracked over time?
    - What will next steps be?

Further recommendations on collecting the data

These guidelines have focused heavily thus far on what kind of data to collect. In addition to considering *what* to include in the assessments, as part of the SafeWell planning process it is important to consider coordinated and systematic approach to data collection, and *who* will collect it.

Suggestions for a coordinated and systematic approach to data collection

1. Consider a coordinated approach

The employee health surveys, health and safety walkthroughs, and HR benefits and policy assessments are often conducted independently by different departments, with minimal chance of addressing workplace health in a comprehensive fashion. A more coordinated approach that has a team of individuals representing the different departments discussing which data to collect may lead to both a reduction in duplicate efforts and interdepartmental collaboration that spills over into implementing the program. Here is an example from the field.

Deployment of Dimensions of Corporate Wellness

A coordinated approach to assessments can have many benefits, including the building of collaborations that go beyond the assessment process. This pleasantly unexpected outcome was

**found in the recent deployment of an assessment scorecard called
the Dimensions of Corporate Wellness that is being piloted by
JourneyWell (www.journeywell.com). The scorecard is based on
NIOSH's Essential Elements and guides organizations in reflecting
upon how congruent their practices are with the Essential
Elements. Employer groups are asked to complete the scorecard
and discuss the results as a group. JourneyWell has found that the
process of completing the scorecard with representatives from
different departments has led to collaborations between
departments in addressing worker health in a coordinated
manner.**

2. Consider a systems-approach that collects data consistently

It is important to establish systems that collect data in consistent ways over time. Part of
setting up such a system would be to determine what type of information to collect and
how often. This can be driven by organizational priorities. It is helpful to have a long-
term view of this process. As part of the SafeWell approach, consider collecting data on
the work environment, organizational policies, and individual health risks into a
coordinated system. Such coordinated data systems can contribute to the design and
evaluation of programs and policies, and may help to identify current strengths and
resources, as well as gaps and limitations of the organization. They can help with
monitoring progress and inform the need for mid-course corrections. Developing a fully
integrated data-based approach to planning will ensure that the programs and polices
are integrated and coordinated across organizational systems. This approach may be
more appropriate for organizations that are well-resourced and have a long-term
commitment to using the SafeWell approach to worker health.

- A useful reference for setting up an integrated data and health management
  system is the Institute of Medicine's *Integrating employee health: A model
  program for NASA*. Washington, DC: National Academies Press, 2005.
- The National Business Coalition on Health also addresses integrated data
  systems at: http://www.nbch.org/Foundational-Business-Diagnostics-
  Introduction

3. Consider providing paid work time for completing assessments

This will reduce employee barriers to participate. However, it is important to secure
management (and union, if applicable) alignment with this procedure beforehand. Top
leadership may want to hold managers accountable for their employees' participation in
the assessment process, and to stress the importance of participation to organizational
goals and objectives. This may be difficult for time-sensitive tasks or emergency-related
occupations. Discussions with managers and employees about how it might be best
accomplished are warranted.

Challenges and tips from the field

Challenge*:* Obtaining paid time to do assessments

Tip: *S*taff responsible for the SafeWell program will explain to top management that allowing employees to complete assessments on work-time greatly increases their participation. If there are low participation rates, the information received may not be representative of the worksite, and programs may not be relevant to employees. That means the money that management has allocated to employee health and well-being may not be wisely spent.

If top management agrees to conduct assessments on work-time, work with all supervisors to assure their support. Address any concerns they might have *before* the assessment process begins.

4. Consider providing incentives

Research shows that providing financial incentives increases employee participation in HRAs, especially when partnered with intense recruitment efforts.[8] When considering incentives, Van Wormer and Pronk note that two core principles are most important: value and contingency.[11] A good incentive needs to be of value to members of the organization. One way to determine what is of value is to ask employees, pilot test the incentive, and then observe how it works.[11]

One type of incentive is usually provided to a large group of employees, such as cash, health insurance premium discounts, and gift cards. The value needs to be of a large enough magnitude to motivate employees to take the survey to obtain the incentive, but not so large that they feel coerced into participating or that it takes away from their intrinsic motivation to behavior change. It is important that the incentive is contingent upon the employee completing the survey and is received as close to the survey being completed as possible.[11] Incentives should be factored into the original budgeting process, and can run from $50-$400 per employee. Research by the Integrated Benefits Institute of more than 500 employers found that about 50% of employers respond they spend more than $200 per participant per year on incentives, and more than 20% of employers spend more than $400.[12] The average amount spent by large employers in another study of major US employers was $192 per person per year.[13]

However, when addressing the OSH components critical to SafeWell, Sorensen and Quintiliani add an additional principle: Consider and prevent unintended consequences of incentives.[14] The use of incentives to reduce accidents must not result in decreased accident reporting. Also, incentives should not inappropriately burden employees when employers have the responsibility to provide safe work environments.

Note from the Field

Dartmouth-Hitchcock Health Care (D-H) in New Hampshire was interested in increasing its response rate to its health assessment. In 2009, the response rate was 11%. D-H took two major steps to increase the response rate:

1) Provide financial incentives

2) Use social marketing techniques on its on-line benefit enrollment system to encourage employees to choose to participate. The financial incentive included a $200 tax-free reduction in health care premiums if employees attested that they had/would take the health assessment; an additional $50 if they attested they were non-smokers or would participate in a D-H smoking cessation program; and an additional $50 if they attested they had/would get a flu shot. Employees would be eligible for a $300 financial incentive if they participate in all three parts.

As a result, in 2010 participation in the health assessment grew to 65%.

Suggestions on <u>who</u> to collect the data

Another important component to consider is: *who* will collect the data?

1. Evaluators and vendors

Some workplaces may have in-house evaluation teams that can collect and analyze the data. It may be worthwhile also to consider having an outside evaluator help with the assessment and evaluation process. Vendors that provide worker health services and programs, including health plans, may collect data for the organization. If outside vendors and health insurance plans collect and analyze data, they might provide the client with aggregate information. It may be useful to bring these vendors and/or evaluation teams together in a meeting to discuss the organization's goals in collecting and reporting on data. That way each will know the organization's expectations and the vendors' roles in contributing to the planning process. It may also reduce duplicative efforts.

An advantage of having an outside evaluator is that there may be less bias in the results. External evaluators have less investment in the outcomes and can be more objective than internal staff might be.

Another important reason to have outside evaluators/vendors conduct and lead the assessment process is to reduce employee concerns about confidentiality. A message may be communicated to employees that all their input will be confidential, and that management will only receive information at the aggregate level. More information on

choosing vendors is included above in "Consider whether to use a vendor to conduct assessments and program activities."

2. Employee input

To increase employee and manager buy-in to the assessment process, consider how they might participate. The planning committee (discussed in "Chapter 1: Providing the foundation") might include different levels of employees who may provide input on what kinds of data and information are collected. They have the best knowledge of problems at their worksite and may offer great suggestions for change and improvements.

Communications about data collection

Communication with all levels of employees is important in the data collection process, whether the organization has conducted assessments before or not. As mentioned in "Chapter 1: Providing the foundation," CDC recommends developing a communications plan for implementing health promotion programs, and this may be extended to the data collection process as well. Here is the link to CDC's communications planning section of its workplace health program:
http://www.cdc.gov/workplacehealthpromotion/planning/communications.html

It is important for employees to know:

- Purpose of data collection
- When it is going to occur
- How long it will take
- All assessments are confidential
- When they will hear results

Consider involving different levels of employees in some of the communications and decisions about the data collection process. If a thoughtful communications plan is implemented, it may increase participation and quell any myths that may circulate about the process. If there are concerns or problems with the process, having employees from different levels involved may inform program organizers of issues that might be addressed subsequently. Similarly, those employees may help to spread the word about how concerns/problems will be addressed. For instance, some employees might believe that if they complete the HRA truthfully they might lose their job or their benefits might cost more. An effective communications campaign would emphasize that all data are confidential, will only be summarized on the aggregate level, and that no one will lose their job because of completing an HRA. If an outside vendor is used to conduct the HRA, employees may be told that only aggregate-level information will be shared with the employer. Some companies have used informed consent forms to relay this information. See the "Note from the field" below regarding a communications campaign about conducting health risk appraisals, including biometric screenings (e.g., weight, blood pressure, cholesterol)

Note from the field: Communicating about individual level assessments

When an occupational health nurse was hired to run health promotion activities at the Dartmouth-Hitchcock Community Group Practices in Southern New Hampshire, one of the first main activities was to field a health risk appraisal and biometric screenings of all employees. Recognizing that this was a daunting task for someone new to the organization, a number of steps were followed to communicate about the assessments that would be launched, including:

Meeting with main leaders and managers in the different clinics to tell them about the assessments and discuss barriers to conducting them and who could help from each division

Taking the survey and undergoing the biometric assessments to provide first-hand knowledge about what was being asked of others

Making formal presentations to all managers that focused on the health care costs in their divisions

Conducting the same presentation to employees in the divisions, including a slide that employees were to have 1 hour of work time to complete the assessments

Meeting with lots of people during this process to discuss it and allay concerns

Developing a website and newsletters about the assessments

This story from the field highlights a couple of important points regarding communication. First, having a communication plan that is targeted at different groups of employees and discusses the assessment is an important component to successful field implementation. Secondly, while one person may have led the assessment process, the buy-in and engagement of management and employees was important to implementation.

Challenges and tips from the field

Challenge: Employees may be reluctant to complete an HRA because of their fears of repercussions.

Tip: Provide information on how the confidentiality of all responses will be protected. This may include contracting with outside vendors to collect and analyze the data, reporting only on

aggregate results, assuring employees through communications vehicles that they won't lose their jobs or benefits because of truthful responses.

Challenge*:* Employees are not participating in the HRA

Tip: There may be many reasons why employees are not participating that may be related to lack of communication and understanding, or because of poor support from middle managers. Talk to employees to discover their concerns and address them. For instance, if managers are not encouraging employees to take the HRA, talk with managers and instruct them as to how the effort ties in with company goals. Another idea might be to provide a communication from top management about the importance of participation in the effort.

Some companies have tied an HRA with new employee orientation. Others have provided incentives, such as money or a gift card for completion, or reductions in health insurance premiums tied with completion and program participation.

Analyzing the data to inform the planning process

Once assessment tools have been chosen and data collected, the findings need to be analyzed and a report created that can be distributed and communicated to worksite stakeholders. Analyzing the data will be more focused if questions to be answered have been developed up front. See "Decide about goals and priorities" earlier in this chapter for purposes of data collection to help focus the review.

Consider who should be involved in the analysis. In part this depends on who was involved in collecting the data. If an outside vendor is collecting and analyzing the data, it is still critical for company personnel to be involved in requesting the type of information and format of the report. If data are collected and analyzed in-house, the broadest understanding will be reached by including representatives of different departments and types of employees. In any case, for the SafeWell approach, pull together representatives from human resources, occupational safety and health, and wellness departments to discuss findings.

Synthesis: What do the data show

There are three major tasks to analyzing and synthesizing the data:

- Analyze the assessments
- Identify strengths, weaknesses, and trends
- Develop list of recommendations and priorities based on goals and findings

Convene the planning group (see Chapter 1 for descriptions of the Steering Committee and/or working groups) to review the analyses, interpret the findings, and discuss what actions to recommend. A summary of the assessments should be prepared and distributed before this meeting. While strengths, weaknesses, and recommendations may be drafted before the meeting, these items will benefit from richer discussion with representatives from human resources, occupational health and safety, and wellness departments.

Focusing and analyzing the assessments using the SafeWell approach

This is the point at which goals that were developed during the assessment phase are addressed. Focus on data that will help reach these goals; identify the current status of programs, policies, and practices that are important to the goals; help make priorities; and inform program planning.

Analyzing the data is not just about crunching numbers, it provides an opportunity to determine what topics to highlight in a summary of the data to provide to worksite stakeholders.[15]

Some questions to consider answering in the summary include:

- What are the major health, and health and safety issues affecting employees now and over time?
- What are the main drivers contributing to health-related costs?
- What are the main health and health and safety concerns of employees?
- What groups of employees are at-risk? How is risk differentiated across employee groups?
- What are the organization's biggest challenges?
- What organizational and system factors influence employee and worksite health? What optimizes health? Where are the barriers?
- Do the management systems support the SafeWell approach to workplace health? For instance, do benefits and other programs and policies provide an environment conducive to work-life balance? Are data systems integrated so that information about health costs, absenteeism, and occupational injuries can be tracked and correlated?
- If a health care organization is accredited by the Joint Commission, have its reporting requirements been included?

Tools from the field to analyze evidence

There are existing tools that outline what to think about when summarizing or analyzing all the workplace evidence gathered. They focus on health promotion programs, so information about benefits and health and safety could be added to adhere to the SafeWell approach. Unfortunately, an integrated analysis tool has not been found.

- The Massachusetts Department of Public Health's worksite wellness toolkit has a sample form for summarizing data, starting on page 62 of the following link http://www.mass.gov/Eeohhs2/docs/dph/mass_in_motion/worksite_toolkit.pdf
- Another tool, from CDC's SWAT, provides a listing of items that will provide direction to a comprehensive workplace health program: http://www.cdc.gov/nccdphp/dnpao/hwi/downloads/swat/SWAT_interpretive_asessment_checklist.pdf
- While there may not be one tool that analyzes and compiles health and safety findings, organizations' injury and incident logs, workers' compensation claims runs, and job hazards analysis will provide this information.

Identifying strengths and opportunities

The assessment phase will undoubtedly show areas of strength and areas for improvement. It is important when identifying these areas to address them at multiple levels. For instance, give similar focus to identifying strengths and opportunities in the work environment, health promoting environment, organizational policies and systems, as to employee health risks.

Frame the strengths and opportunities in a way that will support efforts to implement a comprehensive approach to workplace health. For instance, what systems currently exist to coordinate policies and practices across Human Resources, health promotion, and health and safety? What systems need to be put into place to achieve this?

Developing a list of recommendations and priorities

The planning committee can develop a list of recommendations that it will circulate to workplace stakeholders for discussion and engagement. These will include priorities for the ensuing programs. When thinking generally about making recommendations and priorities, consider the following points:

- Identify priorities that a worksite program could change
- Identify priorities that are important to the organization and a wide range of its employees
- Choose priorities that can be turned easily into programs in which employees can and want to participate
- Make short-term and longer-term recommendations
- Consider resources available
- Consider costs and benefits

For the SafeWell approach consider including recommendations that:

- Develop or strengthen systems to integrate data, programs, and policies of the human resources, occupational health and safety, and wellness departments
- Consider ways of allocating budgets and conducting programs that coordinate and integrate activities across departments

- Implement data management systems that continue the measurement and analysis of key priorities as well as worksite health and OSH performance indicators
- Suggest programs, policies, and practices that influence health and contain components of health promotion, occupational health and safety, and work-life balance
- Address multiple levels: the work environment, management and organizational systems, and employees and their families

Preparing and communicating findings and recommendations

Different stakeholder groups within the organization will be interested in the findings of the assessment phase. However, the depth of information they may be interested in may vary. Consider multiple documents or communication venues for distributing the findings of the report.

Communicating the findings and recommendations are part of the campaign to engage all organizational stakeholders, so it is important to tailor communications appropriately for the different audiences.

- Top management will probably be more interested in a condensed report (think Executive Summary), with costs and benefits outlined clearly.
- Managers involved with implementation may want more details and implementation considerations.
- Employees may want to know how the program will change their working environment and availability of resources for them and their families.

CDC's Workplace Health toolkit has a useful outline of the types of information to be considered for an overall report, and it is applicable to the SafeWell approach. The original components of CDC's report are available at:
http://www.cdc.gov/workplacehealthpromotion/assessment/reporting/index.html

The outline for reporting findings and recommendations may be adapted from the CDC outline just mentioned. Appendix 7 of this chapter includes a sample outline adapted from the CDC outline. Also, the information will need to be distilled for the various stakeholder groups. It is important to cover the goals of the effort, as well as the process used, both for the assessment phase and the development of the recommendations. Describe who was involved, what type of information was gathered and reviewed, and how recommendations were developed.

Communicating findings and recommendations: The SafeWell approach

It is important to discuss findings about the worksite environment, organizational policies and practices, and aggregate-level data about the workforce. Communicate how the organization operates in relation to the SafeWell approach. Do departments address worker health in silos? Or do they work together? In the recommendations section,

suggest ways that departments may work together and barriers and opportunities that exist for collaboration.

Designing a plan

This section outlines a sample program plan and additional key considerations in program planning, and provides additional resources for sample plans.

Developing the plan

There are a many models for developing the actual plan that all share some common components. The steps outlined here are adopted from a training manual on Designing the Age Friendly Workplace© produced by the University of Washington.[16]

The plan includes choosing:

- Priorities
- Measurable objectives to meet priorities
- Measures to track progress
- Person(s) accountable for implementing the steps,
- Timeline/due dates for completion
- Specific steps to address the objectives
- Barriers and facilitators to completing the plan and how to address them.

The SafeWell approach additionally encourages consideration of:

- Linkages that could be made across systems/departments to help achieve each priority
- Costs and ways that different departments could help defray costs
- Address environmental/organizational level as well as individual level objectives where possible

Please see below for a sample program plan to reduce back injuries.

Sample program plan

Using the University of Washington's format, the following is an example of a program plan that has as its priority to reduce back injuries.

Priority: Reduce back injuries

Measurable objective: Reduce the number of back injuries at work by 10% in the Orthopedics Department in 1 year.

Measure: Baseline measure will be the number of back injuries from the Occupational Hazard and Injuries Report Form (e.g., Appendix 4) in the Orthopedics Department at the start of the program.

Steps to achieve objective (each step will have sub-steps):

Organizational/environmental levels:

- Institute safe patient handling (SPH) policy and procedures
- Install SPH equipment
- Institute other ergonomic programs and policies
- Instill supervisor support of staff break-time
- Instill supervisor support of physical activity
- Provide benefits through HR for gym memberships
- Make walking trails and stairwells attractive
- Provide areas for stretching
- Consider cross-departmental sharing of costs

Individual level:

- Train staff and supervisors in SPH
- Communicate to all employees ways to reduce back injuries at home and at work
- Instill co-worker support of break-times
- Instill co-worker support of exercises to strengthen backs

Who is responsible: The program lead is the Director of OSH. S/he will be assisted by a team including: an OSH nurse, the Nurse Manager on Orthopedics, a nurse champion from Orthopedics, the Wellness Coordinator, an HR representative for benefits, and the communications representative for the SafeWell program. Including these members will assist in making linkages across departments.

Due dates: The overall deadline is 1 year from inception of the program. Each step will need to be outlined with its corresponding due dates.

Challenges to completing the plan and responses

Challenges	Response
Cost	Combine budgets from OSH, WHP, and HR
Taking breaks	Develop break schedules, Supervisors can encourage employees to take their breaks. Co-workers can encourage each other to take breaks.
Getting supervisor and nurse buy-in	Involve the nurse manager in planning. Identify a nurse champion from the floor to assist in planning and implementation.

Additional considerations in planning

Two final important considerations in planning are to show organizational support and commitment to it; and to communicate widely about the plan to the entire worksite population.

Organizational support and commitment

Consider:

- Having someone in senior leadership lend his/her support to the specific plan (e.g. by attending a planning meeting, announcing to the worksite his/her support of SafeWell program activities)
- Providing resources for implementation of it
- Designating officially a committee or coordinator(s) to lead the planning and implementation process.

Communications about the plan

As it was important to communicate about the assessment phase, it remains important to communicate about the development and implementation of the plan. Include topics such as:

- Who was involved in developing priorities?
- Who was involved in developing the plan?
- Who is responsible for planning and implementation?
- How long will the program last?
- Who is eligible to participate?
- What are the priorities to be targeted?
- How the organization will address the priorities?
- How will the priorities be measured?
- How will the program be evaluated?

Tools from the Field

The following resources contain more information for developing program plans. Computer software for program management also exists and can help track progress toward goals.

Centers for Disease Control and Prevention: http://www.cdc.gov/workplacehealthpromotion/planning/index.html and http://www.cdc.gov/workplacehealthpromotion/planning/action_plan.html

University of Washington: http://www.agefriendlyworkplace.org/workshop.html

Commission on Health and Safety and Workers' Compensation: http://www.dir.ca.gov/chswc/WOSHTEP/Publications/WOSHTEP_TheWholeWorker.pdf

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Appendix 1: Selecting vendors: Topics and questions[1]

The following table is a summary of potential topics and questions developed by Kruse to consider when selecting a vendor for evaluation or programs.

Topic	Questions
Customer Service	How quickly are questions answered?
	How much does the vendor support implementation and delivery process?
	How are complaints handled?
	Will there be a designated person assigned to the account?
	Are there hidden costs?
	What is the turnaround time on reports and documents?
Experience	What is the average number of years staff has been involved in programming?
	How many clients does the vendor work with in a year?
	How long has the vendor been in business?
	Does the vendor have subcontractors that deliver part of their services?
	What are staff credentials?
	How is field staff trained?
	Are there customer satisfaction statistics on staff performance?
Confidentiality and Liability	Is the vendor HIPAA compliant?
	What processes are in place for handling and storing personal information?
	How does the vendor handle communication of personal information at screenings to ensure confidentiality?
	How does the vendor transmit personal information?
Satisfaction (participant and customer)	What type of participant satisfaction documentation does the vendor have?
	How satisfied have other clients been with performance?
Metrics and evaluation	What kind of evaluations does the vendor provide for the program?

	Will the vendor work with other vendors, insurance brokers, and others to integrate information?
Account management	What is the account manager's experience?
	How much guidance does the manager provide?
	Who supports the manager?

Adapted and summarized from Kruse, Mary M. "From the basics to comprehensive programming" in ACSM's Worksite Health Handbook: A guide to building healthy and productive companies. 2nd ed. Pronk, N (ed). 2009. Champaign, IL: Human Kinetics, pp. 296-307.

Appendix 2: Example of a baseline occupational safety and health audit and compliance form

This is an example of a baseline occupational safety and health audit and compliance assessment for a healthcare organization that contributes to a safe environment of care for staff, patients, and visitors. The tool has been developed and implemented at the Dartmouth-Hitchcock Medical Center, Lebanon, NH. Permission to include it has been granted by Lindsey Waterhouse at Dartmouth-Hitchcock, the collaborator on the development of these guidelines. It is to be completed by an occupational/environmental health professional and can highlight strengths and areas for improvement. It is to be complemented by walk-through assessments of the physical environment, tailored to a particular worksite.

Occupational Health and Safety: Auditing and Compliance

The following questions are intended to obtain basic information and understanding of the scope of organizational programs contributing to a safe environment of care for patients, visitors, and staff. Requested information is based upon regulations and standards developed by the following organizations:

- Occupational Safety and Health Administration (OSHA)
- US Environmental Protection Agency (EPA)
- National Fire Protection Association (NFPA)
- New Hampshire Dept of Labor and Dept of Environmental Services (NH DOL/NH DES)
- Joint Commission on Accreditation of Healthcare Organizations (JC)
- Centers for Disease Control (CDC)

Location-specific information:

Name of facility:_____ Contact phone #:

Facility type   _____ Occupancy:

Date of construction: _____ Owned/leased:

Primary Activity Description:

1. **Safety Management**" The organization has established committees and processes to address occupational health, safety, and environment of care issues:
a. A committee or working group exists that is responsible for the review and oversight of occupational health and safety activities at the organization.
   Yes   No   NA

b. A person has been designated to act as the organization's health and safety officer or representative.
   Yes   No   NA

c. Safety Surveillance is conducted of all patient care locations every six months and non-patient care areas annually.
Yes   No   NA

d. A procedure exists to facilitate staff reporting of occupational injuries and illnesses, accident investigation, worker's compensation, and compliance with OSHA injury tracking requirements.
Yes   No   NA

****

2. **Environment of Care or occupational health and safety plans** exist to address operational hazards and employee exposures.

		Yes	No	NA
a.	Environment of Care Plans:	Yes	No	NA
	i. Safety Management Plan	Yes	No	NA
	ii. Security Plan	Yes	No	NA
	iii. Hazardous Materials and Waste	Yes	No	NA
	iv. Fire Safety Management Plan	Yes	No	NA
	v. Medical Equipment Management Plan	Yes	No	NA
	vi. Utilities Management Plan	Yes	No	NA
b.	Emergency Management Plans adequate to support organizational hazard vulnerabilities			
	i. Fire Response Plan	Yes	No	NA
	ii. Bomb threat plan	Yes	No	NA
	iii. Workplace violence	Yes	No	NA
	iv. Building evacuation	Yes	No	NA
	v. EMS reporting and response	Yes	No	NA
	vi. Power/IS Out Plan	Yes	No	NA
	vii. Severe Weather Plan	Yes	No	NA
c.	Hazard Communication Program	Yes	No	NA
d.	Bloodborne Pathogens Safety	Yes	No	NA
e.	Personal Protective Equipment	Yes	No	NA
f.	Respiratory Protection	Yes	No	NA
g.	Compressed Gas/Cryogen Safety	Yes	No	NA
h.	Medical Surveillance	Yes	No	NA
i.	Laboratory Safety	Yes	No	NA

j.	Radiation Safety (Ionizing and Non)	Yes	No	NA

k. OSHA Occupation Specific Programs and Policies

i.	Electrical safety	Yes	No	NA
ii.	Confined Space Entry	Yes	No	NA
iii.	Lock Out/Tag Out Safety	Yes	No	NA
iv.	Fall Protection	Yes	No	NA
v.	Shipping/Receiving safety	Yes	No	NA

****

3. **Construction Safety** - Plans or procedures are in place to address the impact of construction and refurbishment activities on the care environment.

a. A process is in place to ensure contractors will conduct their work safely with minimum impact on patient care and employee activities. Multi-employer worksite conditions apply.

Yes   No   NA

b. An Interim Life Safety measure is implemented when life safety systems may be impacted due to construction?

Yes   No   NA

c. An infection control risk assessment is completed before each project to define the potential for impact on patient care activities?

Yes   No   NA

****

4. **Control of hazardous substances** - Procedures and processes are in place to ensure the control of hazardous substances:

a. The organization obtains and uses hazardous materials. This may include medications, pharmaceuticals, chemotherapy, and radioisotopes.

Yes   No   NA

b. A process is in place to collect and characterize potentially hazardous waste to ensure proper collection, storage and disposal.

Yes   No   NA

c. This location generates potentially infectious materials and medical wastes.

Yes   No   NA

d. Cleaning products have been selected so as to be effective to clean and sterilize the facility while minimizing the hazard to housekeeping staff, employees and patients

Yes   No   NA

e. Procedures are in place to properly collect waste sharps, tissue, blood and body fluids for proper disposition.

Yes   No   NA

f. Procedures are in place to collect, store and dispose of Universal wastes.

Yes   No   NA

g. Procedures are in place to collect and recycle solid wastes (paper, cardboard, food and drink containers

Yes   No   NA

h. Procedures are in place to collect and dispose of putrescible garbage at the end of each day.

Yes   No   NA

i. The facility contains special contaminants that could expose staff and contractors if not properly identified and controlled (Examples include – asbestos, lead paint, mercury, or polychlorinated biphenyls).

Yes   No   NA

****

5. **Staff education and training** - The following procedures exist to educate and familiarize staff regarding the hazards associated with their environment and work activities.

a. There is a process in place to orient new employees on organization health, safety and emergency response procedures.

Yes   No   NA

b. Within 30 days of employment, new staff receive information and education on the hazards and required actions to accommodate the hazards present within their workplace.

Yes   No   NA

c. A procedure is in place to assess and ensure employee knowledge and understanding of organization and departmental safety, health and emergency management procedures.

Yes   No   NA

6. **Fire Safety Management.** The following actions are taken to ensure staff, patient and visitor safety in the event of fire.

a. A site specific fire response plan has been developed and available for review.

Yes   No   NA

b. Fire drills are conducted periodically (at least annually) based upon facility occupancy type and staff competency.

Yes   No   NA

c. Fire extinguishers are of the proper type, size, and properly placed so as to support incipient fire fighting activities.

Yes   No   NA

d. Placement of illuminated exit signage to include identification of non-fire exit doors in egress routes is appropriate.

Yes   No   NA

e. Emergency lighting is appropriate and operational.

Yes   No   NA

f. Emergency exits and egress corridors are maintained open and unobstructed.

Yes   No   NA

g. Accumulation and storage of flammable and combustible materials are controlled so as not to contribute to a fire emergency.

Yes   No   NA

h. In the event of a fire, staff are knowledgeable of their roles, required actions to be taken in the event of a fire, how to safely evacuate the fire hazard location, and the location of the staff re-assembly point.

Yes   No   NA

Appendix 3: SIMS Checklist

Does the organization have an integrated management system? Below is a checklist of questions to answer about whether an organization has an integrated management system. If answers to all these questions are "yes," an integrated management system exists! If answers to any of the questions are "no," these are areas on which to work. Topics in the checklist are covered in the chapters indicated in parentheses.

System	Yes	No
1. Have integrated decision-making systems been developed?		
a. Is there interdepartmental collaboration, coordination, and decision-making around developing, implementing, and evaluating programs and policies to promote and protect worker health? (Ch. 1)		
b. Have the health and safety management program and worksite health promotion program been integrated where possible? (Ch. 1)		
c. Are adequate human and fiscal resources allocated to implement SafeWell? Does the program have a budget? (Ch. 1)		
d. Are resources allocated to support interdepartmental collaboration and coordination? (Ch.1)		
e. Do vendors and their staff have the experience and expertise necessary to coordinate with and/or deliver the SafeWell approach? (Ch. 2)		
f. Are staff trained in explaining and conducting the SafeWell approach? (Ch. 3)		
g. Has a SafeWell Steering/Leadership Committee been appointed and activated? (Ch. 1)		
h Does the Steering Committee have representation (management and employee) from occupational health, health promotion, and human resources? (Ch. 1)		
2. Do integrated program planning, implementation, and evaluation occur?		
a. Is there knowledge about what data are already collected? (Ch. 2)		
b. Is there knowledge about who collects, analyzes, stores, and communicates about data? (Ch. 2)		

c. Have discussions occurred regarding the use of integrated data systems? (Chs. 1, 2, 4)		
d. Has it been possible to integrate data systems across the organization to coordinate data gathering, management, and analysis? (Chs. 2, 4)		
e. Have the data been analyzed and interpreted by members from OSH, WHP, and HR? (Ch. 2)		
f. Has consensus been reached on integrated priorities? (Ch. 2)		
g. Has a consensus program plan been developed that integrates OSH, WHP, and HR to help achieve goals? (Ch. 2)		
h. Has the integrated SafeWell approach been implemented? (Ch. 3)		
i. Has evaluation and corrective action occurred? (Ch. 4)		
3. Is there a multilateral communications program?		
a. Are different communications vehicles used? (Ch. 1)		
b. Are communications appropriate for the various types of employees and management that exist? (Ch. 1)		
4. Are all levels of employees engaged? (Ch. 1)		

Appendix 4: Example of an injury/exposure investigation form

On the next page is an example of an injury/exposure investigation form developed and implemented at the Dartmouth-Hitchcock Medical Center, Lebanon, NH. The permission to include this form is granted by Lindsey Waterhouse at Dartmouth-Hitchcock, the collaborator on the development of these guidelines. The purpose of the investigation is to identify root causes of injuries and exposures, and consequently, to eliminate or reduce the root causes to prevent injuries and exposures.

The Safety & Environmental Programs Department of Dartmouth-Hitchcock reviews all incident reports for cause and investigates follow-up actions. The incidents that meet the criteria as OSHA recordable incidents require a formal investigation by the affected supervisor/manager or the Safety & Environmental Programs Department. A Safety Officer investigates all serious or unusually frequent incidents or near-misses within all Dartmouth-Hitchcock Medical Center Departments. Investigation results are regularly reviewed by the Employee Health and Safety Subcommittee. The results are presented to the Environment of Care Committee.

Supervisor Occupational Exposure Assessment Report

Employee Name _____	Sex of Employee (Check one)	☐ F ☐ M
Department _____	Employment Status (Check one)	☐ FT ☐ PT
Date of Incident/Injury _____	Location of Occurence _____	
Regular Assigned Position _____	Length of time in position _____	

Was Employee Performing Regular Job Duty? (Check One) ☐ y ☐ n If no, Explain

This task is performed (check one) ☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly ☐ Seldom

Was Employee working overtime? (Check One) ☐ y ☐ n If yes, Explain _____

Does employee work a rotating shift? (check one) ☐ y ☐ n Was there a recent change in shift? ☐ y ☐ n

Witness' Name _____ Witness' Job Title _____ Witness' Phone Number _____

Employee's Supervisor at time of incident

Where did the incident happen? _____ Time of Incident _____

What body part was injured? _____ Nature of the injury

Severity of Injury (check one) ☐ First Aid ☐ Doctor's visit ☐ ED Visit ☐ Occupational Medicine Visit

Effect on Work Status (check if applicable) ☐ Restricted Duty ☐ Lost Time

Describe, in detail, what happened _____

Has this employee received previous training to prevent this type of injury? ☐ Yes ☐ No   if yes, date _____

Describe previous training (if applicable) _____

Describe any damage occuring to equipment

How do you think this incident could have been prevented?

Environmental Factors (check those that apply)

☐ Weather Conditions	☐ Hazardous Chemical/Substance	☐ Noise
☐ Heat	☐ Smoke/Fumes	☐ Dust
☐ Cold	☐ Third Party	☐ Other

If you checked "other", please define _____

Work Conditions (check those that apply)

☐ Poor Housekeeping/Clutter	☐ Uneven/wet/slippery walking surface	☐ Lack of Adequate Ventilation
☐ Defective/Inappropriate Equipment	☐ Lack of Adequate PPE	☐ Poor Building Design
☐ Lack of Adequate Work Space	☐ Lack of Adequate Lighting	☐ Other

If you checked "other", please define _____

Personal Factors (check those that apply)

☐ Unsafe Act/Inappropriate Behavior	☐ Lack of planning/preparation	☐ Violation of safety rules
☐ Lack of Knowledge/skill/experience	☐ Fatigue/stress	☐ Mental/physical deficit
☐ Improper motivation/inattention to detail	☐ Deviation from established procedure	☐ Other

If you checked "other", please define _____

1

Job Factors (check those that apply)		
☐ Inadequate Design	☐ Lack of or unsafe tools/equipment	
☐ Lack of adequate procedures/policies	☐ Lack of maintenance	
☐ Lack of Inspection	☐ Inadequate purchasing	

Management Issues (check those that apply)	
☐ Insufficient Training	☐ Lack of enforcement of expectations of safe work practices
☐ Lack of orientation of hazard identification	☐ Budgetary Constraints
☐ Lack of planning for safe operations	☐ Understaffed
☐ Lack of program support/time for program support	☐ Failed to identify hazards in the workplace/activity

Corrective Action Plans (include immediate, short term, and long term plans)

Immediate Action _____

Assigned to _____ Date Accomplished _____

Short Term Plan _____

Assigned to _____ Date Accomplished _____

Long Term Plan _____

Assigned to _____ Date Accomplished _____

Additional Information _____

Investigation Completed By _____	Date	_____
Reviewed By _____	Date	_____
SEP Action :_____	Date	_____

2

Appendix 5: JourneyWell Dimensions of Corporate Wellness Scorecard

This following scorecard has been developed by JourneyWell, a health consulting firm, for employers and employer-employee groups to assess the existence and strength of effective health programs at the worksite. It is based on the National Institute for Occupational Safety and Health's (NIOSH) *"The Essential Elements of Effective Workplace Programs and Policies for Improving Worker Health and Well-being."* Permission to include here has been granted by JourneyWell

Dimensions of Corporate Wellness

presented to

<COMPANY NAME>

Contents

Overview & Scoring

Overview

JourneyWell interventions support comprehensive approaches to reduce workplace hazards and promote worker health and well-being. Based on scientific research and practical experience in the field, comprehensive practices and policies that take into account the work environment--both physical and organizational--while also addressing the personal health risks of individuals, are more effective in preventing disease and promoting health and safety than each approach taken separately.

The following scorecard is based on the National Institute for Occupational Safety and Health's (NIOSH) *"The Essential Elements of Effective Workplace Programs and Policies for Improving Worker Health and Well-being."* In order to maintain the concepts from the original document, each of the twenty essential elements is presented alongside the original description.

JourneyWell has adapted this scorecard as a guide for employers and employer-employee partnerships wishing to establish effective workplace programs that sustain and improve worker health. Outlined below are twenty components of a comprehensive work-based health protection and health promotion program, categorized into four dimensions: 1) Organizational Culture and Leadership, 2) Program Design, 3) Program Implementation and Resources, and 4) Program Evaluation.

Scoring

Employer groups are asked to rate the presence of each essential element on a scale from 0 to 5. Ratings are related to the following definitions:

0   Does not apply at all
1   Applies somewhat
2   Applies frequently
3   Applies often
4   Applies almost always
5   Fully applies

Scoring is anchored against the 0-5 scale where "0" implies that the essential element do not exist or apply at all (0%) and "5" implies that the essential element is completely present and applied 100%. Scores of 0, 1 and 2 reflect a presence of the essential element of less than 50% whereas scores of 3, 4, and 5 reflect a presence of the essential element of 50% or higher.

The scoring grid presents the maximum possible sub-scores for each of the essential elements dimensions and the maximum possible score for the entire scorecard.

Organizational Culture and Leadership

After reading each essential element, select the number in the corresponding cell that most accurately represents your organization's success in integrating this essential element.

Essential Element	Description	Does not apply at all	Somewhat	Frequently	Often	Almost always	Fully applies
Develop a "Human Centered Culture"	Effective programs thrive in organizations with policies and programs that promote respect throughout the organization and encourage active worker participation, input, and involvement. A Human Centered Culture is built on trust, not fear.	0	1	2	3	4	5
Demonstrate leadership	Commitment to worker health and safety, reflected in words and actions, is critical. The connection of workforce health and safety to the core products, services and values of the company should be acknowledged by leaders and communicated widely. In some notable examples, corporate Boards of Directors have recognized the value of workforce health and well-being by incorporating it into an organization's business plan and making it a key operating principle for which organization leaders are held accountable.	0	1	2	3	4	5
Engage mid-level management	Supervisors and managers at all levels should be involved in promoting health-supportive programs. They are the direct links between the workers and upper management and will determine if the program succeeds or fails. Mid level supervisors are the key to integrating, motivating and communicating with employees.	0	1	2	3	4	5
Organizational Culture and Leadership sub-score							
Maximum possible sub-score				**15**			

Program Design

Essential Element	Description	Does not apply at all	Somewhat	Frequently	Often	Almost always	Fully applies
Establish clear principles	Effective programs have clear principles to focus priorities, guide program design, and direct resource allocation. Prevention of disease and injury supports worker health and well-being.	0	1	2	3	4	5
Integrate relevant systems	Program design involves an initial inventory and evaluation of existing programs and policies relevant to health and well-being and a determination of their potential connections. In general, better integrated systems perform more effectively. Programs should reflect a comprehensive view of health: behavioral health/mental health/physical health are all part of total health. No single vendor or provider offers programs that fully address all of these dimensions of health. Integrate separately managed programs into a comprehensive health-focused system and coordinate them with an overall health and safety management system. Integration of diverse data systems can be particularly important and challenging.	0	1	2	3	4	5
Eliminate recognized occupational hazards	Changes in the work environment (such as reduction in toxic exposures or improvement in work station design and flexibility) benefit all workers. Eliminating recognized hazards in the workplace is foundational to WorkLife principles.	0	1	2	3	4	5
Be consistent	Workers' willingness to engage in worksite health-directed programs may depend on perceptions of whether the work environment is truly health supportive. Individual interventions can be linked to specific work experience. Change the physical and organizational work environment to align with health goals. For example, blue collar workers who smoke are more likely to quit and stay quit after a worksite tobacco cessation program if workplace dusts, fumes, and vapors are controlled and workplace smoking policies are in place.	0	1	2	3	4	5

Program Design

Essential Element	Description	Does not apply at all	Somewhat	Frequently	Often	Almost always	Fully applies
Promote employee participation	Ensure that employees are not just recipients of services but are engaged actively to identify relevant health and safety issues and contribute to program design and implementation. Barriers are often best overcome through involving the participants in coming up with solutions. Participation in the development, implementation, and evaluation of programs is usually the most effective strategy for changing culture, behavior, and systems.	0	1	2	3	4	5
Tailor programs to the specific workplace and the diverse needs of workers	Workplaces vary in size, sector, product, design, location, health and safety experience, resources, and worker characteristics such as age, training, physical and mental abilities, resiliency, education, cultural background, and health practices. Successful programs recognize this diversity and are designed to meet the needs of both individuals and the enterprise. Effective programs are responsive and attractive to a diverse workforce. One size does not fit all—flexibility is necessary.	0	1	2	3	4	5
Consider incentives and rewards	Incentives and rewards, such as financial rewards, time off, and recognition, for individual program participation may encourage engagement, although poorly designed incentives may create a sense of "winners" and "losers" and have unintended adverse consequences. Vendors' contracts should have incentives and rewards aligned with accomplishment of program objectives.	0	1	2	3	4	5
Find and use the right tools	Measure risk from the work environment and baseline health in order to track progress. For example, a Health Risk Appraisal instrument that assesses both individual and work-environment health risk factors can help establish baseline workforce health information, direct environmental and individual interventions, and measure progress over time. Optimal assessment of a program's effectiveness is achieved through the use of relevant, validated measurement instruments.	0	1	2	3	4	5

Program Design

Essential Element	Description	Does not apply at all	Somewhat	Frequently	Often	Almost always	Fully applies
Adjust the program as needed	Successful programs reflect an understanding that the interrelationships between work and health are complex. New workplace programs and policies modify complex systems. Uncertainty is inevitable; consequences of change may be unforeseen. Interventions in one part of a complex system are likely to have predictable and unpredictable effects elsewhere. Programs must be evaluated to detect unanticipated effects and adjusted based on analysis of experience.	0	1	2	3	4	5
Make sure the program lasts	Design programs with a long-term outlook to assure sustainability. Short-term approaches have short-term value. Programs aligned with the core product/values of the enterprise endure. There should be sufficient flexibility to assure responsiveness to changing workforce and market conditions.	0	1	2	3	4	5
Ensure confidentiality	Be sure that the program meets regulatory requirements (e.g., HIPAA, State Law, ADA) and that the communication to employees is clear on this issue. If workers believe their information is not kept confidential, the program is less likely to succeed.	0	1	2	3	4	5
Program Design sub-score							
Maximum possible sub-score		**55**					

Program Implementation and Resources

Essential Element	Description	Does not apply at all	Somewhat	Frequently	Often	Almost always	Fully applies
Be willing to start small and scale up	Although the overall program design should be comprehensive, starting with modest targets is often beneficial if they are recognized as first steps in a broader program. For example, target reduction in injury rates or absence. Consider phased implementation of these elements if adoption at one time is not feasible. Use (and evaluate) pilot efforts before scaling up. Be willing to abandon pilot projects that fail.	0	1	2	3	4	5
Provide adequate resources	Identify and engage appropriately trained and motivated staff. If you use vendors, make sure they are qualified. Take advantage of credible local and national resources from voluntary and government agencies. Allocate sufficient resources, including staff, space, and time, to achieve the results you seek. Direct and focus resources strategically, reflecting the principles embodied in program design and implementation.	0	1	2	3	4	5
Communicate strategically	Effective communication is essential for success. Everyone (workers, their families, supervisors, etc.) with a stake in worker health should know what you are doing and why. The messages and means of delivery should be tailored and targeted to the group or individual and consistently reflect the values and direction of the programs. Communicate early and often, but also have a long-term communication strategy. Provide periodic updates to the organizational leadership and workforce. Maintain program visibility at the highest level of the organization through data-driven reports that allow for a linkage to program resource allocations.	0	1	2	3	4	5

Program Implementation and Resources

Essential Element	Description	Does not apply at all	Somewhat	Frequently	Often	Almost always	Fully applies
Build accountability	Build accountability into program implementation. Accountability reflects leadership commitment to improved programs and outcomes and should cascade through an organization starting at the highest levels of leadership. Reward success.	0	1	2	3	4	5
Program Implementation and Resources sub-score							
Maximum possible sub-score		**20**					

Program Evaluation

Essential Element	Description	Does not apply at all	Somewhat	Frequently	Often	Almost always	Fully applies
Measure and analyze	Develop objectives and a selective menu of relevant measurements, recognizing that the total value of a program, particularly one designed to abate chronic diseases, may not be determinable in the short run. Integrate data systems across programs and among vendors. Integrated systems simplify the evaluation system and enable both tracking of results and continual program improvement.	0	1	2	3	4	5
Learn from experience	Adjust or modify programs based on established milestones and on results you have measured and analyzed.	0	1	2	3	4	5
Program Evaluation sub-score							
Maximum possible sub-score		**10**					

Scoring Summary

Essential Element Dimension	<YOUR COMPANY> sub-score	Maximum possible sub-score
Organizational Culture and Leadership	10	15
Program Design	50	55
Program Implementation and Resources	15	20
Program Evaluation	10	10
TOTAL SCORE	**85**	**100**

Appendix 6: Examples of questions for individual worker interviews to understand their experience specifically on worksite hazards and risks

In addition to safety and health worksite walkthroughs, worker interviews will help gaining additional insights and understanding to existing worksite hazards. Here are some examples of questions to ask workers that have been adapted from Markkanen, P. In-depth interview and focus group questions developed by the Project SHARRP (Safe Homecare and Risk Reduction for Providers), the Sustainable Hospital Program of the University of Massachusetts Lowell, 2005. These are not representative of worker views on health promotion or benefits, which could be included for a more integrated approach.

What is your job title?

How long have you worked at this worksite?

What specific tasks do you perform in your job?

Would you describe any dangerous situations you have encountered in your job?

Can you tell us about a particular experience that resulted in an injury or near-miss?

What kinds of conditions might contribute to dangerous incidents in your job (e.g. rushing hurrying, being tired, distractions) – could you give an example?

Tell us about machines, devices, equipment, or tools you use in your work.

What kind of chemicals or materials do you handle in your job?

Tell us about your workstation you use for your job.

If you could advise the leadership of your worksite, what advice would you provide them that could lead to safer and healthier work practices?

We wanted you to help us in gaining insights of work hazards at the worksite that complement our other worksite hazard analyses. Did we miss anything important?

Appendix 7: Example of an Assessment Report Outline

The following is adapted from CDC's Workplace Health toolkit, available at
http://www.cdc.gov/workplacehealthpromotion/assessment/reporting/index.html

I. Assessment Goals
II. Workplace Assessment Process
III. Key Findings
     A. Description of Workforce at Aggregate Level
        - Demographics
        - Employee health and risk behaviors and attributes
        - Health care and pharmaceutical use and costs
        - On-the-job injuries, workers compensation costs
        - Employee productivity and attendance
        - Individual level barriers and opportunities to improving the health of the workplace
     B. Description of Workplace
        - Health-related programs, policies, and benefits
        -By disease or risk factor (e.g., tobacco, physical activity, injury)
        - Physical work environment
        - Management alignment with a culture of health
        - Communications across departments and level of employee
        - Data collection and evaluation systems for HR, OSH, Worksite Health Promotion (WHP), and for the coordinated SafeWell approach
        - Community linkages for safety, health, and well-being
        - Organizational barriers and opportunities to improving the health of the workplace
     C. Overall assessment of alignment of organization's programs, policies, and practices with the SafeWell approach

IV. Recommendations for Planning, Implementing, and Evaluating a SafeWell Program
     A. Description of the Program Planning process
        - Garner top leadership support
        - Align middle management with SafeWell program goals
        - Identify a coordinator and/or committee with diverse stakeholders
        - Dedicate resources to stimulate integrated functioning between departments
        - Develop a workplace health improvement plan with input from diverse stakeholders
        - Communicate widely about the program and plan
        - Leverage workplace health informatics across departments

B. Recommendations for Implementing Programs
This section should be organized based on the health issues, risk factors, and organizational factors and priorities identified for the worksite. Some example topics are:

1. Preventing and reducing injuries
2. Reducing work stress and improving health outcomes
3. Improving management systems to improve worker health and safety

The SafeWell approach suggests that whichever topic(s) is addressed, human and financial resources from OSH, WHP, and HR should be utilized collaboratively to address the priorities chosen. Additionally, the implementation recommendations will include recommendations for the worksite environment, organizational policies, programs, and practices, and individual level activities.

C. Recommendations for Program Evaluation
1. Link to goals and priorities
2. Careful tracking of participation and processes
3. Plan for longitudinal assessment of changes
4. Periodic analyses of data on outcomes—demonstrate both short and long-term improvements/declines
5. Factor in opportunities for change if programs/policies are not meeting expectations
6. Consider leveraging data across OSH, HR, and WHP