

WINTER 2017

2017 QUARTERLY MEETINGS

Thursday, March 16th 11:00 A.M.—1:00 P.M. EST

Friday, June 16th 11:00 A.M.—1:00 P.M. EST

Thursday, September 14th 11:00 A.M.—1:00 P.M. EST

Friday, November 10th— 11:00 A.M —1:00 P.M. EST

The call in number and Web Ex link for the March Membership meeting will be provided in a separate



MICHIGAN HEALTH CARE SAFETY ASSOCIATION

Advocating for Safety in Health Care

NEWSLETTER

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2017-2018 MHCSA Board

President: Janice Homola (Coverys)

Planning/Education Committee: John Bennett, Hospital Network Ventures

Vice President: Rita Stockman (Trinity Health) Membership/Marketing: TBD

Interim Treasurer: Sandy Allen (Coverys)

Past President: Ken Smith

Secretary: Terry Fisk (Trinity Health)

LETTER FROM THE PRESIDENT



Warm greetings to all, and welcome to our new members!

Also, a big thank you to our outgoing Vice President, **Pierre Gonyon**, for your exceptional patience, warmth, leadership and dedication. I also want to welcome and congratulate our new and returning board members. Thank you for your willingness to serve; MHCSA is in good hands. I look forward to a rewarding 2017-2018!

Through the past year, we have had stimulating and

thought provoking discussions in our quarterly phone calls and through our list serve, and we have enjoyed the ability to find support and knowledge amongst our colleagues. We have read interesting articles in our newsletter. We have contacted each other individually, and shared our trials and our triumphs. Lastly, we were enriched by an overwhelmingly successful 2016 Fall Conference, hosted by St. Mary's in Livonia.

Now spring is coming, and as we look forward to the coming of warmer breezes and bluer skies, we also see the possibility of change in a regulatory landscape where many of us find ourselves spending much of our time. With change, opportunities arise. In the words of John F Kennedy, **"Change is the law of life. And those who look only to the past or present are certain to miss**

the future." (brainyquote.com)

We also know that progress is not possible without change, and healthcare is always reinventing itself with new technology, new methods of care, expansions, remodels, and new payment systems; the list seems endless. As in healthcare as a whole, in the health and safety profession, change is a constant.

I look forward to these next two years with you - experiencing change, embracing new opportunities, and taking part in our future together!

Sincerely,
Janice Homola, ARM
MHCSA President
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Workers' Compensation Services
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MHCSA list serve email address: Mhcsa-list@mhcsa.org

MHCSA website: <http://mhcsa.org>

MHCSA MISSION: To promote and maintain "safety" as a primary function in the delivery of quality health care services.





WINTER WEATHER SLIP, TRIP AND FALL PREVENTION

Every 8 minutes someone is the victim of a slip and fall accident on the job. Although slips and falls can occur year round, wintertime poses special hazards. A few things that you can do to stay on your feet include:

- Be aware of current and emerging ice and snow conditions.
- Use special care when entering and exiting your car and hold on to your vehicle for support, until you have secure footing.
- Look ahead and down while you are walking to avoid snow, ice and water.
- Always use designated walkways to and from the building.
- Wear fully enclosed shoes or boots. Ideally they should have a slip resistant outsole. Remove your boots or clean them thoroughly upon entry into the building.

- Consider traction aids such as Yaktrax in icy conditions.
- When snow and ice is observed– Take slow short steps and walk like a duck.
- Keep your cell phone and other electronic devices in your pocket to keep your hands free and avoid distracted walking.
- Finally, if you do fall you can spread the force [butt-roll, slapping the floor with your arm or turning your head if you are falling backwards] or shout or exhale to reduce internal compression.



If you should slip, trip or fall the first thing you need to do is to report it and fill out an employee/colleague incident report. Be as specific as you can regarding location and conditions noted at the time of the slip and fall. Early and accurate reporting and follow up is critical in addressing hazards and preventing additional slip, trip and fall incidents.

2016 MHCSA FALL CONFERENCE

Conference Highlights

Bob Williamson shared so much, and we certainly all saw what ongoing success looks like! Certainly, safety is not to be performed in a silo: injury prevention is for all, patients, employees and visitors alike. If one facility can, so can another. There were so many nuggets he provided, including the importance of data analytics, and considering lift equipment a form of PPE.

The stories of encouragement and conversations with staff **Ken Smith** gave that enabled his healthcare system to move from resistant to champions resonated with many. So many innovations were discussed including special shoes for waxing floors! Ken provided hope and belief that it can be

done: Michigan healthcare organizations CAN move their programs further along that path to zero injury.

Johnathan Flannery shared a plethora of excellent examples, and he drew a very clear line between facility upkeep and patient safety, and how they make such a difference –indeed, how you make such a difference – in the lives of others.

Perhaps most of all, we went home with a renewed sense of, “What we do, matters.” We would love to continue the conversations that were sparked at your Fall Conference. As you implement your programs, we would be vastly interested in hearing about them – how you are making it happen, your challenges, and your successes, big and small.

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INFLUENZA PREVENTION

As many of you are aware the flu season is in full swing. Public health officials indicate that annual staff flu vaccination is the most effective way of protecting staff and patients from contracting and transmitting influenza. In 2015 the American Nurses Association (ANA) published a position calling for all nurses to be immunized against vaccine-preventable diseases, with the only exemptions being for medical or religious reasons. Despite the benefit of influenza vaccination on patient outcomes, absenteeism and reducing infection, healthcare personnel vaccination coverage remains well below The Joint Commission goal of 90% vaccination of healthcare personnel by 2020.

Clearly, additional education and understanding is needed for preventing the transmission of this virus. Test your own influenza IQ by answering the following questions:

1. Influenza is the leading cause of vaccine-preventable death in the US. TRUE
2. Symptoms of flu may include, fever, headache, extreme tiredness, dry cough, sore throat, runny/stuffy nose, muscle aches. TRUE
3. Influenza is contagious from one or two days before symptoms develop and up to five days after becoming sick. TRUE
4. It takes one to two days for a flu shot to provide immunity. FALSE [It takes about two weeks for immunity to be established]
5. I can get the flu from the flu vaccine. FALSE
6. I will **not** get the flu if I receive the vaccine. FALSE [The vaccine is not 100% effective.]
6. Non-vaccine influenza control and prevention measures include hand hygiene, cough etiquette, cleaning high touch surfaces and masking for unvaccinated health care personnel. TRUE

2017 MHCSA MEMBERSHIP RENEWAL

Membership renewals have been sent and are due **February 28th**. Those attending the 2016 MHCSA conference are already members for CY2017. Member contact information should be provided regardless of the method of payment.

Payment through PayPal is available. When in PayPal, select "Pay for goods or services" with

no fee to you. Where an email address is requested, direct to: payment@mhcsa.org and enter \$25. Your receipt may be accessed by either printing the confirmation screen or if you have a PayPal account, by viewing the transaction details.

Please contact Sandy Allen (smallen@coverys.com) if you have any questions or visit our website at <http://mhcsa.org/>.

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MHCSA MEMBERSHIP AND MEETINGS

A warm welcome to all of our new and returning Michigan Health Care Safety Association (MHCSA) members. MHCSA membership includes participation in quarterly interactive meetings and education sessions, the MHCSA newsletter subscription, membership in the MHCSA list serve, and access to the MHCSA website at <http://mhcsa.org>. The following summarizes the key benefits of MHCSA membership and how are membership meetings are conducted.

The List Serve

As a member, you are registered in our private MHCSA List Serve. If you have a pressing question or something to share, this is a forum where you can ask your colleagues for input or provide direction or comment on another’s question. To use, simply send your question or response to our list serve address, and all current members will receive your message.

Our MHCSA list serve address is: Mhcsa-list@mhcsa.org

How our Meetings Work

This interactive meeting consists of two parts, starting with a meeting and interactive discussion, followed up by an educational session.

Conference call [11:00 A.M.-11:50 A.M. EST] - First, we have an interactive conference call, with a very short business portion immediately followed by confidential, candid discussions in a “round table” format, where members share what is happening in their organization, and what challenges or successes they may have. Other members might share how they may have overcome a particular challenge, and we all benefit. No written notes of the candid discussions are kept.

Webinars [Noon-1:00 P.M. EST] - Second, in keeping with our mission to provide educational opportunities, we provide a teaching session in an online, webinar format.

The presentation for our March 16th membership meeting has been confirmed. Before the meeting you will receive the necessary call in information and Web Ex link. The following is a summary of the session that will be offered.

“An Integrated Approach to Mobilizing Patients with Combative Behaviors”

Speakers: Ken Smith CHSP, CIE, CCM, Director of Associate Safety, SCL Health and Nancy McGann PT, CSPHP, System Manager of Ergonomics and Safe Patient Handling, SCL Health

This presentation combines the practices of workplace violence prevention and safe patient handling to demonstrate how the two programs support and promote a safer work environment for staff and the patient while improving the patient experience.

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REGULATIONS AND INFORMATION

Changes to Conditions of Participation

The Joint Commission says hospitals will have until November 2016 to prepare for new Centers for Medicare & Medicaid Services (CMS) requirements. CMS will begin surveying health care facilities on its new Conditions of Participation (CoPs) on November 7, 2016, after the CoP effective date of July 5. Beginning November 7, facilities will need to comply with the new CoPs, which adopt the 2012 editions of NFPA 101: *Life Safety Code*® and NFPA 99: *Health Care Facilities Code*.

[Several ASHE resources related to the new CMS requirements are available online.](#)

Bureau of Labor statistics publish OSHA injury and illness rates for 2015

The Bureau of Labor Statistics has recently updated its OSHA Rate information to include calendar 2015 averages. Please see the link to its pdf report. <http://www.bls.gov/iif/oshwc/osh/os/ostb4748.pdf>

The 2015 mean average OSHA rate for General and Surgical Hospitals [NAICS: 622100] with greater than 1000 employees is 6.0 for 2015, compared with 6.2 for 2014 and 6.4 for 2013.

What Podiatrists Think About Crocs

http://www.huffingtonpost.com/entry/are-crocs-bad-for-you_us_574de531e4b02912b241081f

“Unfortunately Crocs are not suitable for all-day use,” Dr. Megan Leahy, a Chicago-based podiatrist with the Illinois Bone and Joint Institute, told HuffPost. While she granted that they “offer nice arch support,” she added that the real reason you shouldn’t wear them over long periods of time is that “these shoes do not adequately secure the heel. When the heel is unstable, toes tend to grip which can lead to tendinitis, worsening of toe deformities, nail problems, corns and calluses. The same thing can happen with flip flops or any backless shoes as the heel is not secured.”

Method Helps Protect Healthcare Workers from Hazardous Drugs

<http://www.cdc.gov/niosh/research-rounds/resroundsv2n2.html>

All drugs carry risks, as well as benefits, as the patient warnings listed on the accompanying inserts indicate. One class of drugs with especially serious risks are anticancer drugs, which can be associated with organ damage, reproductive harm, hearing impairment, and cancer. For patients who need these drugs for treatment, the benefits often outweigh the risks. For healthcare workers, however, it is critical to prevent possible exposures through a comprehensive drug-safety program that includes a method called surface wipe sampling. Studies show that healthcare workers face exposure to anticancer and other hazardous drugs, most often through skin contact, although accidental inhalation and ingestion also can occur.

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REGULATION AND INFORMATION UPDATES

Use the following links for additional information on hazardous drugs.

[Surface Wipe Sampling for Antineoplastic \(Chemotherapy\) and Other Hazardous Drug Residue in Healthcare Settings: Methodology and Recommendations](#)

[Safe Handling of Hazardous Drugs](#)

[Occupational Exposure to Antineoplastic Agents And Other Hazardous Drugs](#)

[Hazardous Drug Exposures in Health Care](#)

MIOSHA 2016 - [Antineoplastic and Other Hazardous Drugs – State Emphasis Program \(SEP\)](#)

MIOSHA Enforcement Field Operations Manual

In 2016, MIOSHA issued a revised Field Operations Manual (FOM) covering enforcement activities. The revisions incorporate changes made by federal OSHA to its manual on October 1, 2015. MIOSHA is required to adopt policies that are “at least as effective as” the policies put in place by federal OSHA.

Some of enforcement changes include:

- Clarified the policy in situations where a hazard is covered by both a horizontal and a vertical standard.
- A rule violation will be cited as a repeat violation if the violation occurred within **five** years of the original case closing date for general industry inspections.
- The gravity-based penalties in the Serious Violation Penalty Table was revised.
- Reporting in-patient hospitalization, amputation, loss of eye was added to the Regulatory Penalty Table.

The revised Field Operations Manual is posted on the MIOSHA website at: www.michigan.gov/miosha. Look under the “A-Z Topic Index” or “Policies and Procedures” for “[Field Operations Manual](#),” and “[Field Operations Manual 2016 Instruction with Significant Changes](#).”

MIOSHA Stop Falls. Save Lives.

In 2016, Michigan had an unprecedented amount of workplace fatalities. In total, 22 workers were killed due to falls, all of which could have been prevented. To raise awareness of fall hazards and provide employers and employees from around the state with resources to prevent injuries and deaths by falls, MIOSHA will be launching a fall prevention campaign, including a new webpage that will be introduced soon.

The webpage will provide summaries of recent workplace fatalities caused by falls, fact sheets and tool box talks that can be used to help train employees on fall hazards, relevant MIOSHA standards for construction and general industry, free video streaming and video loan services, and more.

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