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It's safety first for a growing number of occ-health nurses, say observers

Whether in new positions or current ones, the trend is clear

Mirroring an overall trend in health care quality, employee safety increasingly is taking center stage for occupational health nurses, say the experts. And this trend is growing in two parallel directions: an expanding role for current occ-health nursing positions, as well as potential new job opportunities.

"I think this [shift] is true in both areas," asserts **Deborah Roy**, MPH, RN, COHN-S, CET, CSP, president of SafeTech Consultants Inc. in Portland, ME. "From a data standpoint, we may not have it yet, but anecdotally we do."

Given current downsizing trends, "in many workplaces, the OHN may be the only safety, health, and environmental professional — they are sometimes *it*," adds **Marcella Thompson**, CSP, RN, COHN-S, principal safety engineer for ON Semiconductor Corp. in East Greenwich, RI.

And **Annette B. Haag**, RN, BA, COHN, president of Annette B. Haag & Associates in Simi Valley, CA, has seen the trend slowly evolving among nurses. "Nurses have started to take on more safety responsibility," she asserts. "We began to see more discussion about it two to three years ago; I started getting a lot of calls from nurses about liability insurance and whether AAOHN [American Association of Occupation Health Nurses] would cover them [in a safety position]." Haag says she's always advocated that safety be ingrained in the job description of an occ-health nurse, "since their main role is preventing injury and illness."

Surveys show trend

Thompson points to a 2002 trend by the American Board for Occupational Health Nurses (ABOHN) as indicative of the importance of safety in occupational health. "ABOHN asked all certified OHNs whether in their present or most recent position they had responsibility for some aspect of safety, and 82% answered yes," she reports. "Of those who answered yes, they indicated that, on average, 28.7% of their job functions were related to safety."

While she says ABOHN might have been a bit surprised by the answers, Thompson surmises that one of the reasons they asked the questions was

that they suspected what the answers might be. In addition, she notes, when asked whether a credential in safety as a subspecialty might make them more marketable to employers, 79% of the respondents said yes.

An ongoing survey may contain even more interesting information, says Roy, who sits on the ABOHN board of directors, as well as on their practice analysis committee.

This survey, which deals with practice analysis, is conducted every four or five years, she reports.

The survey "validates the certification exam, looks at what functions the nurses perform, and then the certification exam in turn is oriented based on the functions that nurses actually perform in real life," Roy explains.

Preliminary data from this latest on-line survey, completed March 1, was to be reviewed in Chicago in early April. In a previous, less formal ABOHN survey, it found that "a very high percentage" of occ-health nursing activity was devoted to safety.

In this particular survey, the analysis survey of the Board of Certified Safety Professionals was incorporated, as well as ABOHN's own. "So, from this new survey we can tell whether occ-health nurses are performing the same functions as safety professionals, or whether they are doing something different," notes Roy.

She anticipates that if there is a close match, in the fall, ABOHN will be offering a safety certification exam for nurses.

"Obviously, based on that, they think there's a market," she observes. "This will be a terminal certification for nurses who want to be certified in occ-health and safety. You can only sit for the exam if you are already certified as an occ-health nurse or an occ-health nurse specialist."

Another sign of the times is the fact that this year's AOHC [the joint meeting of the AAOHN and the American College of Occupational and Environmental Medicine (ACOEM)] will devote an entire track to safety. "I will be teaching a full-day course in safety engineering for people who need to see what they know and what they don't know, and Marcy [Thompson] will teach one on fire protection," says Roy.

In addition, notes Haag, more of the questions on the COHN and COHN-S exams now fall in the safety area. "AAOHN has sought input from safety and hygiene medicine," she notes.

A natural fit

This growing trend is not surprising, say observers, because there is a natural connection between occupational health and safety. What's more, occ-health nurses are well positioned to assume greater responsibility for employee safety.

"Safety is a very broad discipline; there's a long continuum between nursing and safety," says Thompson. "The largest overlap is in communication and education, including all the mandatory training under OSHA [Occupational Safety and Health Administration] — anything from first aid to Hazmat communications to bloodborne pathogens. It all depends on where the nurse is in her knowledge base."

Thompson's own entry into the area was through education, as she possesses two master's degrees. When she left hospital clinical nursing,

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she received advanced degrees from both the Harvard School of Public Health and from Boston University.

"It was a multidisciplined education," she notes, which brought her into contact with safety professionals, occ-health physicians, ergonomists, industrial hygienists, public policy experts, and attorneys. "I also inherited the security role for chemicals as a result of 9-11, which in turn, rolled into emergency planning," she says.

The kinds of safety positions to which occ-health nurses can aspire depend on their background, Thompson notes.

"To be qualified to be a safety engineer, for example, you must have preparation in safety on the bachelor's level and/or some related field, or as an engineer who receives training in safety," she notes. "The requirements are most rigid."

For those who do not have such a background, they often begin with a position in occ-health nursing and gain entrée into safety through areas like loss control prevention (workers' comp). "Being a manager could also possibly open the door," she says. "There's not one sole way of doing this."

Roy concurs. "In some cases, the occ-health nurses can just assume some of the safety roles in the organization; in others, they move into a new position," she says. "If a company downsizes, they might not feel they need an occ-nurse, a safety professional, and an environmental professional. From a company standpoint, it's an advantage [to give the added responsibilities to the nurse] because the nurse is licensed, and thus can perform his or her own role plus the safety role."

Nurses also often have the people skills and technical skills needed to deal with training, facilitating committees, and so on, Roy continues. "These other skills are a benefit for an employer," she emphasizes. "And their problem-solving skills really apply to the prevention piece for safety."

Haag also stresses the importance of prevention. "It's true that supervisors or safety professionals conduct accident investigations, but they must also be keenly aware of what happened, and how it can be prevented in the future," she asserts. "The occ-health nurse's whole mission is to be proactive, not reactive; it involves really digging into the real causes.

"AAOHN's latest survey says that the nurse's greatest responsibility is in case management, but that, unfortunately, is after the fact," she continues. "As with any illness, if you prevent it or catch it early, it's a lot less costly."

Rising workers' comp costs make a proactive approach more important than ever, Haag emphasizes. "According to the March issue of *Insurance Networking News,* average workers' comp costs have risen 50% in the last three years," she reports.

In addition, she notes, AAOHN also is emphasizing prevention in this area. "One of their courses is looking at root cause analysis," she observes. **(See related article on root cause analysis and disability management, p. 52.)**

Views on future mixed

Will this current trend continue? Will ever-increasing numbers of occ-health nurses take on safety positions? On that, the experts are divided.

"As far as we know, there are currently only 12 nurses with both the CSP [Certified Safety Professional] and COHN-S designations," says Thompson. "If more nurses choose to pursue the safety angle, that would be great, but you have to keep in mind the economic reality of the workplace and the future of industry in America."

Currently, says Thompson, what she sees is job erosion. "Safety professionals who work on that level may also be displaced," she says. "In light of the current marketplace, if nurses are diligent in their education, they may very well qualify for a job, but it may not be a given that such a job will be available."

Roy is more sanguine. "One advantage is if nurse have the credentials to sit for the CSP, we could see an increase in those numbers [of nurses who have both designations]," she says.

What might really be required, she offers, is an attitude adjustment. "A lot of people would be eligible; in many cases, they just need to have the courage," Roy says. "Many nurses are math-phobic; they are concerned that the safety engineer piece would be too much for them, but the reality is most of these people have the skills. They had to have good enough math skills to perform well in other sciences like physics. They know it; they just don't *think* they do."

She sees nurses having an advantage in areas such as accident investigation and ergonomics.

"They can not only treat the injured individual, but they can look at the job, see the problems, and come up with a solution; they can do both sides," she notes.

"On a smaller scale, that's how they assume

the safety role — by expanding their role in activities they already do."

Such a move holds a strong attraction for many nurses, says Roy. "Most of us are looking for more of an intellectual challenge," she explains.

"With downsizing, there may actually be *more* job opportunities," adds Haag. "We need to articulate back to our bosses how our efforts impact on premium dollars."

With the aging workforce, safety becomes even more important, she continues. "If a company has a fleet of cars, it's critical that they have a defensive driving course and target it to high-incident repeaters, just like [you would target obese employees] in disease management."

Once the crossover has been made, says Haag, nurses will need to find more creative ways of selling safety to ensure success. "One area I think is very important is marketing," she offers.

"If your organization has a marketing department, use it to help you develop your safety and health programs. They have the finesse. You're already spread so thin; you need to tap into the resources of your company as these jobs become available," Haag adds.

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Improve DM through root cause analysis

It is especially powerful in prevention efforts

Root cause analysis, long a popular tool for quality improvement initiatives, holds tremendous promise for occupational health professionals seeking to improve their disability management programs, says **Jennifer Christian**, MD, president and chief medical officer of Webility Corp. in Wayland, MA.

Unfortunately, she adds, while many occ-health professionals are effectively using root cause analysis in other areas of their work, few if any have applied it to disability management.

Root cause analysis entails finding the real cause of a problem and dealing with it, rather than simply continuing to deal with the symptoms.

One of the key questions it poses is: How can we prevent this from happening again?

Why hasn't root cause analysis made inroads in disability management? "I think disability management is at a pretty primitive level in this country; we're pretty much in a reactive mode and not focused commonly on prevention," Christian asserts.

Examining its potential in safety programs reveals the opportunities to employ root cause analysis to great benefit, she says.

"It can really become powerful on the prevention side when you start mining every incident for the way it teaches you about how your preventive system is working," Christian explains. "When you stop looking at injuries as failures, but rather as intelligence, you can take it to the next level."

Unfortunately, she adds, the concept of using a disability episode is foreign to most companies. "Most are still in the reactive mode."

Nevertheless, she continues, "In quality management programs in general, when you start to really make a difference is when you begin to understand what the fundamental factors driving your problems are, and when you try to set up a process that will work right — rather than trying to mop up the mess at the other end. I tend to see things as systems."

Real-world examples

Christian first realized the potential of root cause analysis while studying disability data in her previous position as vice president and chief medical officer at ManagedComp Inc. in Waltham, MA.

"For a while, we decided to take a graph sample of claims each month — one week's worth of lost time injury — and have the field offices do an analysis to explain why that case went to lost time," she recalls.

"It was an amazing process, because generally

speaking, *nobody* had ever asked that question before."

What the process did was to give Christian and her colleagues the ability to classify common themes underlying the injuries, and some ideas as to what could be done to improve the system.

Each of the seven field offices had different systemic problems. "In some areas, we were not teaching the client our system — we were not giving them the tools they needed to be successful," she says. "For example, the supervisor did not have the name of the individual to whom to refer cases."

About 50% of the time, she notes, they discovered the problem lay with the employer and, most commonly, with the first-line supervisor.

"In another case, a company officially had a return-to-work program, but when push came to shove, some supervisors said they couldn't be bothered," says Christian.

The bottom line, she says, was "We started to figure out we had to put some more meat in more hamburgers."

For example, as a company, ManagedComp was proud of the fact that it referred in network. "We believed, based on our own assessment, that we referred 80% of the cases," Christian observes. "But when we actually looked at the data and developed, through a tremendous amount of hard work, the ability to actually track which doc was intended for each facility to use, the patients actually went to them 30% of the time."

When most companies refer to network penetration, what they're really talking about is how many of the bills were billed by a doctor who is a member of the discount network, Christian explains. "That's *a lot different* than saying the employee was directed where they were supposed to go."

When Christian and her colleagues figured this out, they built up their capability to ensure employees were directed to the right physician.

"We ended up doubling, and almost tripling, the percentage who ended up in network," she reports.

Other applications

There are other areas of disability management where root cause analysis can make a real difference, says Christian.

"The two biggies are getting the employee to the right doctor, and providing transitional work immediately," she says. "When you do a root cause analysis, another thing you discover is not only a failure to offer transitional work, but also slow response time."

In other words, a lot of time is wasted during any given day. "Yes, maybe the case went to lost time; you had a doc willing to sign a release, and an employer willing to provide light duty, but there was an unaccountable slowness in responding. This is flabby management, and it's hard to defend," says Christian. "A lot of lost dollars could be recovered."

In an effort to help recover some of those dollars, Webility (www.webility.md) now is teaching root cause analysis in its course for supervisors, and trying to advocate for this method of analysis.

"From a QI point of view, you need to get to a new level in the management of a program, where you go beyond telling people what they are supposed to do, and you actually check to see if they are doing what they said they would do," Christian concludes.

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Employers still support insurance benefits

Many say it has multiple benefits

Despite the crushing impact of steadily rising health coverage costs, the majority of employers still believe in and are willing to help underwrite health insurance for employees, according to a new study released by The Commonwealth Fund, a New York City-based private foundation that supports research in health-related fields.

Of 453 employers surveyed for the study, 59% said it was "very important" that employers provide health coverage to their employees or contribute to the cost. Roughly 93% said they would provide information to employees about how to apply for Medicaid or the Children's Health Insurance Program (CHIP), while 26% said they would be "very interested" in a program in which their employees would be able to buy coverage through a state or federal employee benefit plan with employers paying part of the cost.

More than half of the employers surveyed (67%) said offering health benefits improves employee health, while 39% said it increases employee productivity.

"What really comes through in this survey is that even though costs are going up and employers often have to shift more of the cost to employees, you really get a strong sense that they believe in health insurance," says **Sara R. Collins**, PhD, senior program officer for The Commonwealth Fund and lead author of the study, "Job-Based Health Insurance in the Balance: Employer Views of Coverage in the Workplace." (The complete report is available at www.cmwf.org.)

"As a whole, employers believe health insurance improves health and morale, satisfaction with jobs, and many even believe it is linked to productivity," she continues. "You get the sense they are not cutting and running for the exits, even though costs are rising."

A broad spectrum

In the sample of 453 employers who were surveyed between October 2002 and May 2003, many different types of companies were included, Collins explains. "They were evenly split between large and small [fewer than 100 employees] companies," she notes. "Four in five currently offer coverage. These employers view health insurance as a core part of their benefits package."

One of the more powerful challenges they face, she notes, is the pressure of rising costs. "With increasing premiums, they have had to increase cost sharing and create higher deductibles and copays," she says.

"They strongly feel the need for options other than cost-shifting," she notes. Many favored a wide range of policy options to expand coverage and to make it more affordable. They include:

- **Tax credits:** Nearly all recent health insurance expansion proposals have sought to make coverage affordable by providing premium assistance in the form of tax credits for workers and families.
- **Consolidated Omnibus Budget Reconciliation Act (COBRA):** Another option would be to allow unemployed workers to use tax credits to offset the costs of COBRA.
- **Increasing enrollment in Medicaid and CHIP:** Millions of adults and children who are currently eligible for insurance coverage under Medicaid and CHIP are not enrolled in these programs.
- **Employer requirements to offer or contribute to employee health insurance:** Surprisingly, perhaps, a majority of employers believe that corporations should be responsible for sharing the costs of their employees' health benefits.
- **New group alternatives to employer coverage:** This includes programs in which employees and dependents would be able to buy coverage through a federal or state employee benefit plan, with part of the premium paid by the employer.
- **Expanding coverage to dependent young adults:** Currently, such coverage usually ends when the child reaches 19.

"There's quite strong support for a variety of these policy options," notes Collins.

Health link undeniable

Proponents of continuance of the health insurance benefit also can point to strong evidence that such coverage contributes to better employee health. "Certainly, the research is there that health insurance has an effect on health and that people do not get good health care if they do not have adequate insurance," says Collins.

She points to a Commonwealth Fund health insurance survey published in 2001 ("Security Matters"), that asked participants if they had ever been uninsured during the previous year. "About half of the participants who had any time uninsured said they had not filled prescriptions, did not see a specialist when they needed to, or skipped a test or a follow-up visit when they were sick, so it really does make a difference," says Collins, who adds that the survey also is available on the Commonwealth web site, and that a new one was to be released in April.

A supermarket chain based in Portland, ME, Hannaford Bros. Co., is strongly on board with the linkage between health insurance coverage and employee well-being. "Health insurance coverage is still a way to become a preferred employer, but from our experience and those I work with in the state, we feel that the quality of care issue is more significant," said **Peter Hayes,** manager of employee benefits for Hannaford Bros.

Hayes made his remarks during a teleconference on March 9 that discussed the ramifications of the Commonwealth survey.

"We are starting to use ways of looking at the outcomes information for chronic diseases," noted Hayes, who said that Hannaford operates more than 120 supermarkets.

"For example, only 40% of our diabetics are getting the right care. And parents lose 50% less time from the workplace if their kids get the right treatment."

In other words, Hayes emphasized, providing insurance is only a first step. "Getting insured is important, but getting the right care, in the right place, at the right time, *must* be assured," he noted. "And employers see themselves as being one of the few groups that can move the marketplace to do this."

And that's the real good news coming out of the Commonwealth survey: Employers are in this for the long haul. "Employers will stay in the game because they recognize the void in the market, and they want to make this happen," Hayes concluded.

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Ergonomics program gives a lift to morale

Hospital survey shows satisfaction

Ergonomics is more than a way to lift patients. As Butler (PA) Memorial Hospital found, it can lift morale and employee satisfaction as well. The challenge is to overcome negative perceptions and convince staff that hospital administration is serious about reducing injuries, says **Karen Bosley**, RN, manager of the employee health service of the western Pennsylvania hospital.

In a five-question survey, she found that employees did not feel they had adequate training or equipment. The survey indicated that employees believed that injuries were not a high priority to hospital administration. As a consequence, the employees paid little attention to the ergonomic devices the hospital provided. "We found we had employee reluctance to take the time to either use the equipment or get additional staff [to help with a lift]," Bosley explains.

During the following year, the hospital spent $80,000 on equipment, developed a training program, and initiated an incentive program to reward employees who complied. Visible support for ergonomics was evident from administration.

Injuries declined by 33%, and related medical costs were reduced by $123,000. Just as important, however, was the change in attitude, as demonstrated in a post-implementation survey. "It's absolutely amazing," she says. "Now people think administration cares. They know they've gotten education. They know we've got equipment."

Ergonomics now has become one aspect of the hospital's efforts to be an Employer of Choice — a hospital that has an edge in recruitment and retention. Butler Memorial actually began to investigate ergonomics because of concern over several serious injuries. It was not just the cost that concerned Bosley; although at $400,000 in workers' compensation, the cost was significant.

"We identified employees who had been injured previously, whose quality of life had been [permanently] changed." Employees had undergone back surgery, including fusions and diskectomy, due to work-related injuries, she says.

"They're still working here, but they are not able to do the job they were doing before," Bosley points out. "They are RNs who will probably never be able to go back to the nursing job they did before. Most of them are in nonpatient care-related jobs, such as data collection or staff education. We didn't want any other person to have to go through that. We wanted to see what we could do to prevent future injuries."

In July 2001, the hospital's safety committee decided to create a subgroup to investigate the injuries and develop a plan of action. The committee included Bosley, the safety officer/risk manager, an ergonomist, an employee educator, a floor nurse, the physical therapy director, and the systems improvement manager.

Identifying causes

The causes identified by the team are common ones: Employees used poor transfer and lifting techniques. The hospital had no policy defining safe lifting techniques. It lacked adequate equipment. Employees needed patient assessment tools to define when equipment should be used, and employees were reluctant to take the time to use equipment or get additional staff. Bosley and her colleagues wrote a policy and developed patient assessment algorithms. But they knew that was just the first step.

The safety team sought strong administrative support as well as employee buy-in. She and her colleagues were able to get a commitment for $80,000 to purchase equipment — and the team

agreed to be accountable for results. They assured administrators they would achieve a reduction in lifting injuries by at least 25% and a savings of $100,000 in related costs. "We really were adamant that we could do it," Bosley stresses. "We asked for this money and asked for a chance to prove that we could make a difference."

The survey of 1,500 employees provided a way to measure another outcome: employee satisfaction. The safety team was very hopeful it would improve after the intervention.

Staff and managers were an integral part from the start of the program. Employees helped evaluate and select the lifting equipment. They acted in a video that became the training tool for the lift devices. Supervisors added ergonomics to their annual staff competency testing. Additionally, the hospital's ergonomist went to office workstations to make adjustments and improve comfort.

They also faced a common challenge: How do you keep employees motivated to use the equipment? She uses an incentive program to reward staff who were observed using lifts, Hover mats, gait belts, or other ergonomic items. Employees receive $5 gift certificates for pizza, ice cream, movie theaters, and other local stores, along with a congratulatory note. "It wasn't a great deal of money, but it's made a tremendous impact," explains Bosley, who estimates she spent about $1,000 on the incentives. "People really do appreciate that they've been noticed."

She adds that she was pleased recently when she learned of two employees who followed the appropriate lifting policy when a patient lost her balance and began to fall. The nurses eased her gently to the floor. Then, instead of manually lifting her, one stayed with her while the other got a lift. "They didn't put their own backs at risk," says Bosley. "The patient wasn't injured, and neither were the employees. It's a win-win." ■

Group drumming cuts turnover rate by 18%

Billion dollar savings possible

In a ground-breaking study published in the fall/winter issue of *Advances in Mind-Body Medicine,* a six-week program based upon Group Empowered Drumming demonstrated not only reduced burnout in long-term care workers, but also reduced Total Mood Disturbance by 46%.[1]

The researchers, citing industrywide human resources data, projected that such an improvement could result in an 18.3% reduction in employee turnover, saving an average 100-bed facility more than $89,000 a year — and the entire long-term care industry as much as $1.46 billion annually.

"We now have an evidence-based program that is shown to be cost effective and beneficial for employees," asserts **Christine Stevens**, MSW, MA, MT-BC, director of music therapy and wellness for HealthRHYTHMS, a division of Remo Inc., a Valencia, CA-based firm that manufactures the drums used in these programs. "It reduces burnout, improves morale, and has proven cost-effectiveness."

Why drumming?

It may seem surprising at first that something as simple as drumming can have such a powerful impact on worker wellness, but Stevens explains that it is not only powerful, but in many ways a mainstream, rather than an alternative, approach to wellness.

"Drumming is a vehicle that integrates a lot of proven health strategies; it really has more to do with feeling good," she says. "Everyone has rhythm; everyone has a heart beat. Everyone grew up hearing their mother's heart in the womb, and thus we are wired for rhythm. When we were little kids we all wanted to bang on pots and pans."

In terms of wellness, drumming really is about stress reduction, exercise, self-expression, building connections with other people, and spirituality, says Stevens. "Those are the key elements we find create a health benefit."

She goes on to note that Webster's dictionary defines wellness as "the active pursuit of health."

How it works

"What we're talking about," Stevens emphasizes, "is active music-making — people taking an active role in their own well-being. It is a shift from 'Just give me the pill' to being involved in personal health. In addition, it's palatable; this is for all people, all religions, all tribes. And it doesn't have any side effects."

In the aforementioned study, a total of 112 workers were selected at Wesbury United Methodist Retirement Center in Meadville, PA.

"We eliminated those who had drummed before," says Stevens. "We wanted to show that you don't need prior experience."

In an earlier study, she notes, her group had compared four kinds of drumming, to determine which elements worked best. "It's a kind of best practice approach, integrating into science and medicine," she explains. "In other words, we sought to discover the best way to deliver this program for people who had not drummed before."

In the study, participants were given six weekly one-hour sessions. Each session began with five-minute mind/body wellness exercise played on a Clavinova (a computerized keyboard instrument). Breathing, music, and awareness were incorporated into these sessions, as music played in the background. An ice-breaking session followed, during which shakers were passed around at increased speed until they dropped, which usually resulted in group laughter.

Then, participants chose their drums, and were given a short explanation of drumming. They began with rhythmic naming, or tapping out the syllables of their names, together with Clavinova accompaniment. About halfway through, they were asked to respond nonverbally, by playing their drums, to a series of 12 questions designed to inspire deep thought, contemplation, and mutual respect. **(See questions, at right.)**

They were then given the option to discuss their responses. Each subsequent week, they were encouraged to put into practice insights gained from previous sessions. At the end of each session, the initial mind/body exercise was repeated.

"The key steps of the protocol are always the same, but every group is different," notes Stevens. "The differences are based on empowering the group to perceive what they need."

Why it works

Why is group drumming so effective? "The reason it works is because of the integration of the other health promotion strategies," Stevens explains. "We know what they are, so when you combine them with music, it is engaging."

The second key, she says, is that the protocol is a whole-person approach. "Music reaches the mind, the body, and the spirit — there's something integrative and fully encompassing of the whole person," says Stevens.

The group structure also is critical. "When you create a system of support, permissiveness, creativity, and freedom, you can really support an individual's transformation," Stevens asserts. "We all need that environment to help us move in a direction that's healthy — to move beyond our perceived limitations."

When individuals experience difficulty with their drum, members of the group can tap each others' drums, which often creates a breakthrough, notes Stevens. "We work in teams, so when we drum in teams, it transfers the benefits of drumming to the team. The magic is when we make music in a group, and we start bringing spirit into the music, and it just gets better."

Any worksite is appropriate

Group drumming can be performed at any worksite, Stevens says. "There's nothing to stop you from doing it; you hire a facilitator and send one of your staff for training, or you just hire a consultant, and you've built something that is sustainable and accessible. And the drums last."

Wesbury Study Questionnaire

- ❑ What are you bringing to work today from your personal life and how does it sound?
- ❑ What is one of the unique gifts (not necessarily your job description) that you bring to this experience?
- ❑ What do you find particularly challenging or stressful about your job or co-workers?
- ❑ What do you find particularly rewarding about your job or co-workers?
- ❑ Can you recall something a co-worker did that was admirable? What was the result and how did it make you feel?
- ❑ What does your own personal pressure sound like, and where does it originate? Can you change its (your) tune?
- ❑ Which residents are you most like, and which resident do you find most inspirational?
- ❑ How did you feel the last time a resident close to you became seriously ill or passed on?
- ❑ Can you share how you felt the last time you were at the end of your rope?
- ❑ What does it feel like when the atmosphere is perfect for you to do your best?
- ❑ Where would you be if you weren't here, and why?
- ❑ If you could change anything at work, what would it be?

It costs a total of about $5,000 to train two people and to purchase the drums (which cost around $2,700), says Stevens.

"Most companies have paid more than that for a keynote speaker to come in and boost morale," she observes.

Any worksite can benefit from this program, Stevens asserts. "We chose to test long-term care employees because there was a scale available [for measuring changes in burnout and mood dimension], and this is an industry that is very challenged economically."

She is convinced the protocol is translatable to virtually any industry.

"Toyota is doing group drumming in it headquarters," Stevens reports. "They've actually built a drum room, and they bring employees in there and drum."

She foresees a big future for drumming. "This is just the beginning; I think this study will be the tipping point," she predicts.

Stevens recognizes, however, that when many occ-health professionals think of what they can do to improve employee health, they do *not* think of music. "But we need to change our thinking," she insists. "Music is *not* an alternative therapy; it is a key element of an holistic approach to wellness."

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Reference

1. Bittman B, Bruhn KT, Stevens C, et al. Recreational music-making: A cost-effective group interdisciplinary strategy for reducing burnout and improving mood states in long-term care workers. *Advances in Mind-Body Medicine* 2003; 19(3/4): 4-15. ■

NEWS BRIEFS

Occupational health leader will be missed

The occupational health community has experienced the loss of one of its leaders. Geoff Kelafant, MD, MSPH, FACOEM, 45, died unexpectedly March 16 while on vacation in Cancun, Mexico.

Kelafant was medical director of Occupational Health and Employee Health at McLeod Regional Medical Center in Florence, SC. Previously, he worked as medical director of the Occupational Health Department at Sarah Bush Lincoln Health Center in Mattoon, IL.

He also has served as chair of the medical center occupational health section of the American College of Occupational and Environmental Medicine and as a consultant for the Joint Commission on Accreditation of Healthcare Organizations.

He received his medical degree from the University of Vermont College of Medicine in Burlington and completed his occupational medicine residency at the University of Kentucky in Lexington.

Through the years, Kelafant was an advocate for worker protection. He linked scores of clinicians together through his e-mail listserv, sharing his opinions and, questions. ▼

Workplaces with high injury rates named

The Assistant Secretary of Labor for Occupational Safety and Health has alerted approximately 13,000 employers throughout the country that their injury and illness rates are significantly higher than the national average and encourages them to take steps to address safety and health hazards in the workplace.

The notification was simply a proactive step to encourage employers to take steps now to reduce the rates and improve safety and health for their employees, wrote **John Henshaw** in a March 2004 letter.

"The intent of the notification is to alert employers that their injury and illness rates are above average, but, as important, we also want to offer them assistance to help reduce those rates," he explained. "This process is not necessarily a negative; on the contrary, it provides employers a

tremendous opportunity to take steps to improve workplace safety and health and create value for their organization."

OSHA identified establishments with the nation's highest workplace injury and illness rates based on data reported by 80,000 employers surveyed by the agency last year (that survey collected injury and illness data from calendar year 2002). Workplaces receiving the alert letters had seven or more injuries or illnesses resulting in days away from work, restricted work activity, or job transfer (DART) for every 100 full-time workers. Nationwide, the average U.S. workplace had fewer than three DART instances for every 100 workers.

"The data collection initiative is conducted each year and gives us a clearer picture of those establishments with higher than normal injury and illness rates," Henshaw said. "This information allows us the opportunity to place our inspection resources where they're most needed and to plan outreach and compliance assistance programs where they will benefit the most."

The 13,000 sites are listed alphabetically, by state, on OSHA's web site at: www.osha.gov/as/opa/foia/hot_10.html. ▼

AAOHN plans independent conference in 2005

The American Association of Occupational Health Nurses Inc. (AAOHN) in Atlanta plans to hold an independent conference in 2005, breaking a years-long tradition of cosponsoring the AOHC conference with the American College of Occupational and Environmental Medicine (ACOEM). The AAOHN-sponsored Symposium and Expo is scheduled for April 29-May 6, 2005, in Minneapolis.

"We're very excited about the new symposium, and committed to providing quality education for our diverse membership through an independent conference," said AAOHN president **Susan A. Randolph**, MSN, RN, COHN-S, FAAOHN.

CE objectives

The CE objectives for *Occupational Health Management* are to help nurses and other occupational health professionals to:

- **develop** employee wellness and prevention programs to improve employee health and attendance;
- **implement** ergonomics and workplace safety programs to reduce and prevent employee injuries;
- **develop** effective return-to-work and stay-at-work programs;
- **identify** employee health trends and issues;
- **comply** with OSHA and other federal regulations regarding employee health and safety.

AAOHN's decision to host an independent conference came after a lengthy process involving numerous deliberations and meetings between AAOHN and ACOEM. In making its decision, AAOHN analyzed data from a number of sources, including past and current meeting attendance, membership demographics, feedback from membership surveys and AOHC evaluations, financial information, and occupational health trends data.

The AAOHN-sponsored conference will be open to all members, occupational and environmental health nurse nonmembers and occupational health and safety professionals. The meeting will include a symposium with educational sessions, networking opportunities, business and section meetings; and an exposition featuring an exhibit showroom, poster presentations, and networking and social events.

AAOHN will remain a co-sponsor of AOHC 2004, and will continue to work with ACOEM for a successful conference.

"We are very proud of our long-standing relationship with ACOEM," Randolph said. "We will continue to pursue a variety of opportunities to collaborate with all of our colleagues in the occupational health and safety arena with various public policy initiatives, educational and training endeavors and other means." ▼

COMING IN FUTURE MONTHS

- Workers' comp fraud: How big an issue is it?
- Call centers: The unhealthiest working environment in America?
- Department of Labor funds training program for health care workers
- How good are small businesses at occupational health and safety?
- Occ-health nurses and physicians: The current state of affairs

$15.7 million set aside for RTW programs

The U.S. Department of Health and Human Services (HHS) has awarded $15.7 million in grants to 28 states and the District of Columbia to help people with disabilities find and keep work without losing their health benefits. This brings the total in Medicaid Infrastructure grants to $57 million to 42 states and the District of Columbia. The grants advance the goals of the Ticket to Work and Work Incentives Improvement Act of 1999, a law passed by Congress to encourage people with disabilities to work without fear of losing their eligibility under Medicare, Medicaid, or similar health benefits.

"These grants will help states to develop programs for working people with disabilities enabling them to go to work and receive health coverage through Medicaid," said HHS Secretary **Tommy Thompson** in announcing the grants.

Under this program, states use the grants to help people with disabilities retain their Medicaid coverage when they become employed, to help provide appropriate personal assistance services for those who need help bathing, dressing and other necessary activities, and to support other improvements to help people with disabilities to remain successfully employed.

To date, more than 59,000 working people with disabilities have received health coverage under such programs. ■

CE *questions*

Nurses and other professionals participate in this continuing education program by reading the issue, using the provided references for further research, and studying the questions at the end of the issue.

Participants should select what they believe to be the correct answers, then refer to the list of correct answers to test their knowledge. To clarify confusion surrounding any questions answered incorrectly, please consult the source material.

After completing this semester's activity, you must complete the evaluation form provided in the June issue and return it in the reply envelope provided in order to receive a certificate of completion. When your evaluation is received, a certificate will be mailed to you.

17. In disability management, root cause analysis can improve network penetration.
    A. True
    B. False

18. In a recent Commonwealth Fund survey, what percentage of employers said providing health insurance improved employee health?
    A. 17%
    B. 67%
    C. 57%
    D. 37%

19. Butler (PA) Memorial Hospital's safety team listed which of the following as reasons for injuries:
    A. Employees used poor transfer and lifting techniques.
    B. The hospital had no policy defining safe lifting techniques.
    C. The hospital lacked adequate equipment.
    D. All of the above

20. Group drumming has been shown to produce benefits in the following areas:
    A. Total mood disturbance
    B. Cost-efficiency
    C. Burnout
    D. All of the above

Answers: 17-A; 18-B; 19-D; 20-D