Occupational Health In VHA

VHA and TWH can optimize the Psychosocial Work Environment

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With assistance from 10P3D Staff and Program Directors
VA’s Health Care Expertise

VA is one of the largest civilian employers in the federal government and one of the largest health care employers in the world.

300,000+ Total VHA Employees

177,000+ Clinical Employees

88,000+ Veteran Employees
The Veterans Health Administration (VHA) Hospital System to Health System

- **151** Medical Centers
- **985** Outpatient Clinics
  - **820** Community-Based
  - **151** Hospital-Based
  - **8** Mobile
  - **6** Independent
- **300** Vet Centers
- **70** Mobile Vet Centers
- **103** Domiciliary Residential Rehabilitation Programs
- **135** Community Living Centers
- **8.93 Million** Enrollees in VA Health Care System
Categories of Recognized Hazards
Health Care Work Environment

- **Infectious** (e.g. Hepatitis B, Hepatitis C, HIV, TB)
- **Chemical** (e.g. cleaning chemicals; toxic drugs)
- **Ergonomic/Mechanical** (Patient lifting, trips/falls)
- **Physical hazards** (e.g. radiation, noise, assaults)
- **Organization of Work** (e.g. stress, burnout, verbal abuse, staffing, work hours, control over work; job demands)
VHA Office of Public Health
Occupational Health

Employee Health Promotion Disease and Impairment Prevention
Employee Occupational Health
Worker's Compensation

Workplace Violence Prevention
Safe Patient Handling and Mobility
Occupational Health Surveillance & Evaluation

OCCUPATIONAL HEALTH
Comparison of organizational risk factors for violence and job stress: Violence

- Lack of facility policies and staff training for recognizing and managing escalating hostile and assaultive behaviors from patients, visitors, or staff;
- Working when understaffed—especially during mealtimes and visiting hours;
- High worker turnover; Inadequate security;
- Long waits for patients or clients and overcrowded, uncomfortable waiting rooms;
- Unrestricted movement of the public in clinics and hospitals; and
- Perception that violence is tolerated and victims will not be able to report the incident to police and/or press charges.
Comparison of organizational risk factors for violence and job stress: Work Organization

Job Content
Work Load and Pace
Working Hours
Participation and Control
Career
Development/Pay/Status
Role in the Organization
Interpersonal Relationships
Work Culture
Home Work Interface

WHO, 2004
Veterans Health Administration’s Workplace Violence Prevention Program

- Recent and Selective History of VHA Workplace Violence Prevention: Initiatives, Events, and Drivers
- VHA Workplace Violence Prevention Program (WVPP) Model
- Workplace Behavioral Risk Assessment
- Disruptive Behavior Committees (DBCs)
- Workplace Violence Prevention Training
  - Prevention and Management of Disruptive Behavior
WVPP Model

Element I: Employee-Generated Disruptive Behavior
- Employee Threat Assessment Teams (ETATs)

Element II: Patient-Generated Disruptive Behavior
- Disruptive Behavior Committees (DBC) and Patient Record Flags (PRFs)
- Behavioral Limit-Setting Mini-Residency Program

Element III: Employee Education and Training
- Prevention and Management of Disruptive Behavior (PMDB)
- MyVeHU On-Demand Trainings

Element IV: Disruptive Behavior Reporting and Tracking
- National Violence Reporting System

Element V: Environmental Design
- National Conferences
- On-Demand Trainings
- Environmental Design
Disruptive Behavior Committees

Consultation

Education

Threat Assessment

Risk Mitigation
Workplace Violence Prevention Training

• Prevention and Management of Disruptive Behavior (PMDB) Program—training employees for 30+ Years
  – Cascade Training Program
  – Trains basics of assessing threat in others and environment
  – Trains verbal and non-verbal interventions for de-escalation
  – Trains physical safety techniques to minimize harm from assaults
  – Trains physical containment of patients who are violent
  – Educates employees to report disruptive behavior
The AES is a “living” instrument responsive to modern VA needs.

- The AES is an annual, voluntary, and confidential census survey of the VA workforce.
- The data are reported anonymously and used in local action planning as the employees’ voice to leadership.
# AES Key Survey Components

## Selected Themes

<table>
<thead>
<tr>
<th>Theme</th>
<th>Scale</th>
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</thead>
<tbody>
<tr>
<td><strong>Employee Satisfaction</strong></td>
<td>Very Dissatisfied - Very Satisfied</td>
</tr>
<tr>
<td>Employee satisfaction with their job.</td>
<td></td>
</tr>
<tr>
<td><strong>Organizational Climate</strong></td>
<td>Strongly Disagree - Strongly Agree</td>
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<tr>
<td>Aspects of the work climate: workload, job control, recognition, etc.</td>
<td></td>
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<tr>
<td><strong>High-Performing Workplace</strong></td>
<td>Strongly Disagree - Strongly Agree</td>
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<tr>
<td>Illustrated by workplace performance (HR), civility, and psychological safety.</td>
<td></td>
</tr>
<tr>
<td><strong>General Workgroup Perceptions</strong></td>
<td>Strongly Disagree - Strongly Agree</td>
</tr>
<tr>
<td>Workgroup qualities of work/life balance, safety, collaboration, ethics, etc.</td>
<td></td>
</tr>
<tr>
<td><strong>Supervisory Behaviors</strong></td>
<td>Strongly Disagree - Strongly Agree</td>
</tr>
<tr>
<td>Supervisor fairness, communication, psychological safety, etc.</td>
<td></td>
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<tr>
<td><strong>Burnout</strong></td>
<td>(Frequency) Never - Every Day</td>
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<tr>
<td>(lower scores more favorable)</td>
<td>MBI Scale: exhaustion, depersonalization, reduced personal achievement.</td>
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<tr>
<td><strong>Turnover</strong></td>
<td>Strongly Disagree - Strongly Agree</td>
</tr>
<tr>
<td>(lower scores more favorable)</td>
<td>Employee intentions and plans to leave VA.</td>
</tr>
<tr>
<td><strong>Managing Risks</strong></td>
<td>Strongly Disagree - Strongly Agree</td>
</tr>
<tr>
<td>Responsiveness to learn from errors and speak up in the workplace.</td>
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Perceived sharing of AES data and using it to inform local change.
What is psychological safety?

• **Psychological safety** is a shared belief that the team is safe for interpersonal risk taking. In *psychologically safe* teams, team members feel accepted and respected.

Here’s what we currently know about VA from the AES data...

• **Being respectful and courteous at work helps you, coworkers, and clients.**
  - Greater workplace civility in VA is related to greater satisfaction with one’s supervisors and job, positive patient care experiences, mission success, and faster claims processing, as well as lower sick leave usage, reduced turnover intentions, and fewer EEO claims.

• **Promotions and career ladders improve employee retention. Providing opportunities for employee development or training can increase employees’ career growth.**
  - Employees who move up a pay grade during their VA tenure are more likely to stay with VA than those without this growth. Employees connect their VA opportunities for skill development to merit-based promotions, awards, and quality recognition.

• **The way that VA supervisors respond to workplace conflicts and communicate with staff determines whether staff feel “psychologically-safe” to report errors.**
  - In VA, supportive supervisory behaviors influence greater workplace psychological safety.
ORGANIZATION

Organizational Consultation
Employee/Leadership/Team Development, Executive Coaching, and more.

Team Building Tools
Executive Team Assessment, Team Assessment.

CREW ( Civility, Respect, and Engagement in the Workplace )

Organizational Health
Access to resources, AES portal, and newsletter.

VA Professional Development Tools
Executive 360/360/180-degree assessments.

VA All Employee Survey (AES)
Annual, VA-wide, census survey. Data available through ProClarity.

Change Management
Change assessments and consultations.

Survey Team Services
Survey support and consultation.

Center for Organizational Development
A service of the Department of Veterans Affairs

♦ Workforce Engagement
♦ Leadership Development
♦ Organizational Health
♦ Consultation and Interventions

Integrating Research, Training, and Practice
CREW Objectives

- Raise/maintain awareness of the importance of civility and respect among co-workers, customers/patients
- Increase understanding of the relationship between civility and successful achievement of VA’s mission, business outcomes
- Achieve agreement about what defines “a respectful workplace”.
- Identify barriers that get in the way of a respectful workplace
- Instill commitment to “raising the bar” for behavior in the workplace
- Recognize and reward behaviors that improve the climate
- Link CREW to other aspects of VA’s work and culture
- Engage all staff in continuously improving the workplace culture
A Guide to Supporting Employee Health, Well-being, and Resilience

Caring for VA’s Most Valuable Assets: Our Employees

At this moment, we in VHA are facing challenges that can be confusing, overwhelming and stressful, but as you know, even in times of adversity, there is an opportunity to renew our commitment to the VA mission and to improve how we work. Each one of us has a role to play in this journey.
Occupational Health Team

• Washington DC – Clinical Occupational Health/Surveillance/Metrics/Program Eval
  – Pam Hirsch, Jen Lipkowitz-Eaton, Bryan Richardson, Kevin Grant, Christina Gerstel, Omar Williams, Field based: David Mohr (Boston), Sally Foster-Chang (Philadelphia), Christina Bulas (Salem)

• Minneapolis VAMC – Employee Health Promotion/Impaired Provider Program
  – Ebi Awosika, Leonard Haas, Sandy Schmunk, Tammy Schult, Brenda Burdette (virtual), Jeremy Senstadt

• Tampa Patient Safety Center of Inquiry – Safe Patient Handling
  – Mary Matz and field based SME’s

• Portland VAMC – Workplace Violence Prevention
  – Lynn Van Male, Kelly Vance (Lexington VAMC), Frank Corbin, Ashley Brodie

• Virtual Occupational Medicine Consultants
  – Steve Kirkhorn, (Minneapolis), Dan Brustein (Cleveland), Wendy Thanassi (Palo Alto), Amir Mohammed (New Haven), Steve Hunt (Seattle)
THANK YOU!