Occupational Health in the Veterans Health Administration: A Chart Book [DRAFT]
Introduction

Access to timely, actionable public health data is one of the cornerstones of monitoring and improving employee health.

A common understanding of key employee population health metrics and available services provides a framework for communication among stakeholders committed to worker health and safety\(^1\).

It is our hope that this chart book can serve as a ready resource for stakeholders seeking population and/or health issue specific indicators for policy, organizational and clinical decision-making related to VHA employee health\(^2\).
Intended Audiences

It is our hope that this chart book can serve as a ready resource for stakeholders seeking population and/or health issue specific indicators for policy, organizational and clinical decision-making related to VHA employee health\(^2\).

- Policy makers
- Facility and VISN Leadership
- Program Managers and Clinicians
- VA Labor Union Partners
- Veteran Service Organizations
- VHA Employees
Trend in Occupational Injury & Illness Incidence

VHA cumulative work-related injury and illness rate declining on average over the past decade, but notable inter-facility variation presents opportunities for improvement.

Source: VHA ASISTS Database
Employee Population Occupational Risk Profile

The majority of VHA employees work in physically demanding positions, ranging from direct healthcare occupations to facility maintenance, transportation and other trades.

Occupational Distribution of VHA Employees
Compared to the US healthcare workforces as a whole, VHA employees are older.*

Median Age of Employees: VHA versus US healthcare sector

Percent of VHA employees by age group FY13

<table>
<thead>
<tr>
<th>Age Group</th>
<th>VHA %</th>
<th>US HCWs %</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;30</td>
<td>7.2%</td>
<td>30-39</td>
</tr>
<tr>
<td>30-39</td>
<td>18.5%</td>
<td>25.3%</td>
</tr>
<tr>
<td>40-49</td>
<td>25.3%</td>
<td>33.1%</td>
</tr>
<tr>
<td>50-59</td>
<td>33.1%</td>
<td></td>
</tr>
<tr>
<td>60+</td>
<td>15.9%</td>
<td></td>
</tr>
</tbody>
</table>

* Source: VHA Internal Data
Chart XX-X

Prevalence of Health Risk Behaviors

VHA employees report higher rates of smoking, obesity and physical inactivity. Worksite wellness programs can be effective interventions to decrease sick leave and maintain adequate staffing for optimal care.

- % Physically Inactive: 25.3%
- % Smokers: 21.6%
- % Obese: 32.5%

VHA vs U.S. Population

Healthy People 2010

- VHA
- U.S. Population
Employee Occupational Health Clinical Services

The majority of VAMCs provide on-site occupational medical services that increase workability among staff. Room for improvement remains, particularly for work-related injuries and emergency preparedness.

- DEMPS/NEMRT: 91
- Vaccinations: 99
- Treatment of work-related injury: 92
- Pre-placement exams: 98
Chart X-X

Employee health clinic performance

Occupational Health/Medicine Specialty Provider Staffing

Access

- OEM Physician
- Certified OH Nurse
- Non-Certified
- Secure Email
- Telephone Visits
- Extended Hours
- Open Access
In 2014, the teleconsult program expanded access to occupational medicine specialty care for VHA healthcare workers by more than 200%.
Results from the VHA EHPDIP program show that dedicated health coaches can be critical supports to establish and maintain a culture of health in the hospital workplace.

Chart X-X

Employee Health Promotion

Wellness Committee: 89% (FTE and training), 78% (no FTE but training), 73% (no FTE and no training), 0% (No Coach)

Wellness Plan: 56% (FTE and training), 54% (no FTE but training), 45% (no FTE and no training), 23% (No Coach)

Healthy Food Environment: 32% (FTE and training), 32% (no FTE but training), 9% (no FTE and no training), 30% (No Coach)

Employee Wgt Management: 83% (FTE and training), 70% (no FTE but training), 66% (no FTE and no training), 23% (No Coach)

Comp Tobacco Cessation: 67% (FTE and training), 55% (no FTE but training), 36% (no FTE and no training), 30% (No Coach)
Impairment Prevention Program Impact

Since implementation of the EHPDIP program evaluation process, drug testing errors have decreased by X%.
Trend in incidence of patient handling injuries

Overall incidence of HCW injuries related to patient handling is decreasing, reflecting increasing uptake of Safe Patient Handling culture and technology across VHA.
Patient handling injuries among nursing staff

Nurses bear the greatest burden of injuries from moving patients, with frontline nursing assistants and practical nurses facing the greatest risk.
Chart X-X

Incidence of assault in the VHA workplace

The majority of reported workplace violence events involve verbal threats, indicating opportunities for violence de-escalation and prevention.
Types of assault in the VHA workplace

The majority of reported workplace violence events involve verbal threats, indicating opportunities for violence de-escalation and prevention.

- **Verbal Only**: 39%
- **Verbal and Criminal**: 16%
- **Physical Only**: 13%
- **Verbal and Physical**: 13%
- **Verbal, Criminal, Physical**: 8%
- **Physical and Criminal**: 4%
- **Criminal Only**: 3%
- **Other Combinations/Not Specified**: 4%
Workplace Violence Prevention Program
PMDB Trainers by VISN
Workers’ Compensation

$664,687 per day
VHA workers’ compensation expense in 2013

$340,167 per day
VHA workers’ compensation expense related to disability wage-loss or

Lost Productivity!

Disability wage-loss could fund another 1,165 medical professionals each year!*

* Source: FedScope 0600 series with an average salary of $83,861 annually.*
Workers’ compensation injuries by occupation

Frontline healthcare workers in VHA are most likely to suffer work-related injuries and enter the workers’ compensation system.

1. Nurse
2. Nursing Assistant
3. Practical Nurse
4. Housekeeping Aid
5. Health Aid
6. Medical Support
7. Food Service Worker
8. Miscellaneous Assistant
9. Social Work
10. Medical Supply Aid
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