Staff Competency Program in Manual Handling Operation (MHO) Management

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OSH in KEC – An Overview

• KEC is the first cluster with full time OSH Team under HR to look after OSH in 2008/09
  ➢ This provides end to end service – from identification of risk, provision of training, employee compensation, staff caring, and return to work support
  ➢ We lead OSH, with shared vision & shared values
  ➢ We ensure colleagues safety at work because - we care about people, with commitment and passion
  ➢ We develop OSH structure and Safety Management System
OSH in KEC – An Overview

• Injury On Duty (IOD) in KEC
  ➢ Representing an overall decrease in 41% in no. of IOD cases per 100 staff since 2008/09
Staff Competency Program in MHO Management

• MHO: A Focused issue:
  ➢ MHO-related injuries
    ▪ Ranked the top three in KEC
    ▪ Took extra sick leave days
  ➢ We targeted Nursing and Supporting staff who heavily involved in MHO tasks

• Started the above program since 2009
Objectives

- To reduce MHO-related IOD and sick leave
- To enhance staff competency of MHO skill
Our Journey

Key features:

• Engage right people
• Identify causes of injury
• Develop and implement right strategies on high risk MHO tasks
• Ensure compliance to safe practices
• Promote safety culture and build ownership
• Support and take care of the injured staff
• Monitor and review the program regularly
1) Engage right people

**Experts in Ergonomics**
- They provide professional inputs in MHO in *working group*

**Frontline workers and supervisors**
- They know the best on their respective work tasks and environment
- OSH Team engage them together to *analyze causes* of MHO-related injuries and *identify high risk tasks* at their workplaces
2) Identify Causes of Injury

- Targeted Nursing and Supporting who are heavily involved in MHO tasks
- **Walk through high risk MHO tasks** with experts, supervisors, and frontline staff
- **Help supervisors and frontline staff identify and recognize risks** such as patient’s readiness to be transferred, communication between staff and patients, posture, environment
3) Develop and implement right strategies on High Risk Tasks

- Work out **agreed safety procedures**, e.g. collection of linen bags

  - Stabilize door
  - fully open the cover
  - fix the rim with cover

  - tie the bag below the linen frame
  - pull bag out with both hands
4) Ensure compliance to safe practices

- Proper and extensive training - skill transfer and behavioral change with demonstration and assessment
- Reinforcing onsite supervision by supervisors to sustain training effect, own the safety responsibility by the units, and ensure safe behavior
5) Promote safety culture and build ownership

- Promote pre-work stretching exercise
- Coordinate recognition scheme for self-initiated improvement projects

1. Pouring fluid, you love to do it!

3. Bend your back, we say bad!
6) Support and take care of the injured staff

Collaborate with OMCS

• **Fast track treatment and rehabilitation**
• with necessary work-task/environment modifications to facilitate earlier return to work
7) Monitor and review the program regularly
Results

Extensive coverage of training

• Initial coverage of around 76% targeted colleagues in 09/10 and 10/11
• Training videos for departments’ trainers
• Since 2010/11, tailor-made refresher training to suit particular needs of targeted staff and departments
Results (II)

OSH Survey in Dec 2011

- To understand colleagues’ feedback on OSH

<table>
<thead>
<tr>
<th>No. of Survey return received</th>
<th>Agree / Strongly Agree overall effectiveness of existing OSH Program</th>
<th>Agree / Strongly Agree confident to do job safely</th>
<th>Agree / Strongly Agree felt satisfied with my job needs at work</th>
</tr>
</thead>
<tbody>
<tr>
<td>415</td>
<td>63%</td>
<td>67%</td>
<td>63%</td>
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Results (III)

Reduction in IOD rate and IOD days lost rate

<table>
<thead>
<tr>
<th></th>
<th>No. of cases per 100 staff</th>
<th>Days lost per 100 staff</th>
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<tbody>
<tr>
<td>MHO-related IOD</td>
<td></td>
<td></td>
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<tr>
<td>2008 / 09</td>
<td>2.04</td>
<td>138.87</td>
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<tr>
<td>2012</td>
<td>0.88 (↓ 57%)</td>
<td>122.82 (↓ 12%)</td>
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<tr>
<td>KEC</td>
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</table>

The MHO program honored Winner Award in HMA 2012

13 papers accepted by HA Convention (since 2009)
Results (IV)

• As invited speakers
  ➢ “Staff Wellness Program” & “CQI Program - MHO Program” at HA OSH Conference 2011
  ➢ ”Safety enhancement program for hospital facilities and laundry plant” at Sharing Seminar of Civil Services Bureau 2011
  ➢ “MHO Improvement Projects in Operating Rooms” at HA OSH Sharing on Ergonomics Improvement Program 2012
Results (V)

- “Safety enhancement program for hospital facilities and laundry plant” honored Bronze Award in 2011 by Hong Kong Occupational Safety and Health Council (OSHC)
- 9 colleagues honored different awards (Merit to Gold) in The Best OSH Employee organized by OSHC and Labour Department
The Way Forward

- Invite experts to enhance Control Landing Skill at MHO training
- Work with high incident departments to make and implement improvement plans
- Implement post-incident re-training & supervision
- Reorganize labeling for handling objects
Conclusion
Conclusion

- Less injury and manpower loss
- Healthier, happier, and more committed colleagues
- Safe environment ensured
- Harmonious staff-patient relationship
Conclusion

Key success factors:

- Shared vision and values
- Senior management support
- Proper staff engagement and strategy
- Ownership by different levels of staff
- Regular review and monitor
Everyone
We treasure
Thank You!
Staff Competency Program in Manual Handling Operation (MHO) Management

Q & A