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A Risk Management Model for the Home Health Services Industry

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Introduction

Health care services provided in the home will be one of the fastest-growing employment sectors of our economy over the next ten years. Few occupational safety standards apply to the many hazards in the home, and no employee safety regulatory agency in the country has the authority to access private homes to inspect workplace safety hazards. Added to this lack of system controls, the employers and regulatory agencies have limited resources available to provide employee safety equipment or training that works well in a home environment or directly relates to safety issues in a home working environment. Home health care service employees have more than double the national accident rate for all industries, ranking them among the ten highest reported for "over exertion" by the Bureau of Labor Statistics. (Bureau of Labor Statistics [BLS], 1998-2008). [1]

Personal and Home Care Aides and Home Health Aides will be the second and third fastest-growing occupations in the country between 2006 and 2016, increasing by 51 percent and 49 percent, respectively.

Top Ten Fastest-Growing Occupations, 2006–2016
Occupation Growth rate

1. Network systems and data communications analysts 53.4%
2. **Personal and home care aides 50.6%**
3. **Home health aides 48.7%**
4. Computer software engineers 44.6%
5. Veterinary technologists/technicians 41.0%
6. Personal financial advisors 41.0%
7. Makeup artists 39.8%
8. Veterinarians 35.0%
9. Substance abuse and behavioral disorder counselors 34.3%
10. Skin care specialists 34.3%

ParaProfessional Health Care Institute, CareerOneStop, 2008 [2].

This article will summarize the occupational safety hazards of this growing employment sector and define a risk management safety model to help control the occupational safety risks and their associated costs.

This industry is made of establishments primarily engaged in providing skilled nursing services in the home, along with a range of the following: personal care services; homemaker and companion services; physical therapy; medical social services; medications; medical equipment and supplies; counseling; 24-hour home care; occupation and vocational therapy; dietary and nutritional services; speech therapy; audiology; and high-tech care, such as intravenous therapy.

Safety programs require finances, to develop and supply them with the correct tools to be safe. Safety is never free. This is one of the major barriers to having a successful home health safety program. The home health services company, which is often times primarily a hiring agency, has small staffs and limited training budgets and thousands of employees all working in client homes, across the country. The hiring, training, monitoring, and turnover are common business issues which detract from being able to have a comprehensive risk management and safety program, as the staff are remote and the resources are decentralized.

There is a lack of reimbursement to home health care employers for safety equipment such, as mechanical lifts, and they operate on very small profit margins. The current Durable Medical Equipment guidelines do not allow for the “new-modern lift equipment” for home care clients even though they can provide a better quality and performance of tasks because they eliminate manual hand pumping, and they lift and tend to tip less than older style lifts. [3]

The financial impact of liability and workers’ compensation claims to this industry is that they are paying heavily on the “after the event side” because of the lack of an effective use of engineering solutions in the home. They pay in the form of workers’ compensation, liability and property claims occurring as a result of the physical demands of the work and the work environment. These “after the fact dollars” are estimated to be three to ten times greater than the initial investment that could have been made to prevent them.

Currently, Federal and State Safety regulations do apply to the home health industry for typical occupational hazards related to blood, needles and chemicals and driving. But one of the leading causes of injuries to employees in this industry, the musculoskeletal repetitive strain injuries, is not regulated. Injuries occur during the primary task of home health service aids’ work—aiding during the manual movement and assistance of patients, such as, assisting them to get out of bed, assisting them to get from surface to surface (bed to chair etc) lifting them from the floor if they have fallen, providing assistance getting dressed, etc. These assistance tasks are usually performed by females, alone, and with limited training.

One might argue that there is state endorsed, “Safe Patient Handling” legislation, which is designed to begin regulating the employee safety aspect of these assisting tasks, but none of these regulations include the Home Health Service Industry. Therefore, no Home Health Service company in the United States is required to comply with any statutes for employee safety related to the safe movement of patients.

Patient handling-related claims are one of the leading causes of injuries in this industry and often generate some of the most costly and long-term claims. Direct and indirect costs associated with

back injuries in the health care industry, adjusted for inflation, are estimated to be $7.4 billion annually in 2008 dollars.[4] The home health industry costs are a part of this $7.4 billion dollar estimation, and considering the explosive growth of this industry and future employment trends, this industry needs to start planning now to eliminate the risks. But, commonly when one begins to discuss how the organization can eliminate the risks, one hears the home health service organization lament that they have little ability to control safety, especially, patient-handling issues. All too often the solution is: Blame the employee. Make them control their movements better through body mechanics education. We can not afford more employees per patient nor equipment. It's too costly to buy any safety equipment to fix the problems.

In a recent review of written job descriptions for home health service aide jobs, it was common to find the physical demands section to include expectations of being able to manually lift up to 50 pounds unassisted and be able to push/pull 350 pounds unassisted. Few, if any, industries in the United States have job expectations with these physical demands. The safe lifting limit commonly followed in general industry is 51 pounds or lower. A recent revision of the NIOSH lifting limit, that took into consideration the complexities of patient handling, indicates the health care safe lifting limit *should be* 35 pounds.[5]

The acceptance of manual patient handling to the 300+ pound range along with the belief employers have little ability to control hazards are central reasons for the costly employee (and patient) safety issue in this industry. This acceptance of manual patient handling and the lack of safety education and controls are the two primary root causes for the industry safety hazards. This is where great opportunities exist for safety professionals and home health professionals to work collaboratively.

The three most prominent occupational (and patient safety) hazards in the home health services industry are created by: 1) the patient, 2) the movement of the patient and his/her things in the home, and 3) the home itself and getting into and out of it. These are each summarized below in greater detail. These are the compelling reasons why the home health service industry needs a comprehensive safety review and assistance by multi-disciplined team of safety and home health professionals to design the best risk management model possible to control the risks and their associated costs.

The scope of the problem and the leading safety issues in the Home Health Services Industry;

1. The patient is a hazard
2. Safe patient handling and material handling
3. The home is the hazard

1. **The patient is a hazard**: **Patients present hazards in and of themselves to the care provider**: From the perspective of risk and employee safety, this article lists some of the most common occupational hazards a patient presents to a home health service employee.

   - **Blood borne Pathogens & bodily fluid exposures and their associated diseases-HIV, AIDS, Hepatitis B, C, D, E, & G--**all which all can be contracted through contaminated needle (dirty) stick incidents and or bodily fluid exposures to open cuts/scrapes, eyes, nose or mouth of care providers.
   - **Complications of disease, treatment plans and pharmaceutical needs--**home care patients will have a complex list of medical conditions, treatment plans, services they

need to access and pharmaceuticals they need to take. To have one care provider that has the knowledge to address all the needs of the patient and access all the services in a timely manner and safely requires staffs that are detail oriented and have strong training programs. The complexity of the patients' needs can overwhelm the care providers at times and cause incidents of all kinds, from medicine delivery errors to treatment errors and access errors.

- **Dementia patients** –can be combative, aggressively kicking, scratching, hitting, and biting. The dementia patient can be depressed, confused and simply repetitive as memory loss will lead to repeating instructions and answers over and over, patience and empathy by the care provider can be tested.
- **Disabled patient population-** Significant numbers of families care for their own disabled child or parent(s)--"the sandwich generation" in their homes themselves and often have little to no background in health care. Or they may hire personal care assistants to assist them for all or part of their child's or parent's care. The physical demands to assist the disabled patient population in assisting to move them and provide activities of daily living can be some of the most hazardous due to the patients' dependency levels.
- **Elopement-wandering** concerns of developmentally disabled and dementia patients require extra security measures to be put in place by the care provider and family and diligent monitoring of entrances and exits which can be multiple in the home and hard to manage, creating stress for all involved.
- **Needle stick / sharp(s).** A common incident/accident in the home to care providers are the many cut/puncture/scrape injuries associated with the management, use, and disposal of needles, and various sharp objects in the home from personal care to kitchen activities.
- **Obesity epidemic-** The Center for Disease Control's Behavioral Risk Factor Surveillance System (BFRSS) (http://www.cdc.gov/obesity/data/trends.html#State) has confirmed that the U.S. patient population from 1985-2008 has seen a dramatic increase in obesity. During the past 20 years there has been a dramatic increase in obesity in the United States. In 2008, only one state (Colorado) had a prevalence of obesity less than 20%. Thirty-two states had prevalence equal to or greater than 25%; six of these states (Alabama, Mississippi, Oklahoma, South Carolina, Tennessee, and West Virginia) had a prevalence of obesity equal to or greater than 30%. The bariatric population lives in all communities across the United States and is part of the boomer population as well as our youth.[6]
- **Science has confirmed** that that the amount of force on the spinal disk during the manual two person transfer from bed to chair, of a cooperative, 110 lb patient who has upper body strength, is beyond safe lifting limits. This task as well as all one-person manual transfers of dependent patients are now defined as "high risk task".[7]

2. **Safe patient handling and material handling. The tasks that cause employee (and patient) injury claims in the home health service industry:**
   - **Assistance with moving-things and people. All the while performing this manual handling over uncontrolled walking / working surfaces.** (manual handling of household objects which can be too heavy, bulky and lack handles or lack of other staff/helpers) Assisting people to stand, sit or walk, exercise, get into or out of vehicles (patients can crumble/fall onto and into care providers, crushing or

bruising or straining them). These tasks are often performed with no access to effective lifting equipment or friction reducing or assistive devices (slide sheets, slide boards, pivot discs, etc). Moving a patient who can not assist themselves, also referred to as “dead weight,” places care providers in unsafe lifting levels with little industry support to agree to change this hazard.

- **Confined work spaces.** Working in small or cluttered spaces while providing care (bathrooms, bedrooms, etc.) contributes to care providers placing themselves in unsafe and awkward postures. These awkward postures get repeated multiple times per day which results in various strain injuries. Elimination of awkward postures is a key factor for safe patient handling program success for the home health services industry.
- **Housekeeping equipment/tools**. The repetitive use of home vacuum cleaners which are not evaluated for weight, how well they do or don’t push and pull well, how much stooping over, lifting up and down stairs, the dust/mold exposures involved with this work, household chemical use, lack of personal protective equipment, (PPE) all can contribute to occupational injury.
- **Motor vehicle incidents.** The work related incidents/accidents-in the course of driving to and from appointments, errands, visits, etc and assisting patients/clients into and out of their personal or public transportation vehicles. **Getting patients in and out of cars** presents a hazard of stooping low to help lift feet out of foot wells and then assisting to stand, places great force on the spinal discs of home health care providers. If the patient crumbles during the assistance many times the care provider is taken down in the incident or intervenes to lessen or stop the fall.
- **Personal care**. Providing repetitive bathing, showers and or tubs on slippery walking / working surfaces; or in the bed bathing which causes working in forward flexion stooped, static postures due to non height adjustable beds; and or applying or changing dressings--static holding of limbs, with forward flexion postures or working on ones knees to apply compression stockings, perform foot care and assisting to dress/undress.

3. **The home is the hazard: The home health work environment is a hazard in and of it self.** The “uncontrolled” work environment begins when the employee leaves his/her home, travels to the patient/client, enters the home, provides care, exits from the home environment and returns to his/her home. The variety of home settings home care employees enter can also present unique safety hazards. Multiple dwellings, single homes, rural, inner city, college campuses, assisted living environments, etc. Each present unique hazards and need to be evaluated from a risk perspective that takes into account, first and foremost, the employee. Many times these environments are assessed prior to signing on a new patient/client, but few with a comprehensive review for employee safety and many times by staff who have little to no training in hazard identification or risk control. This is another key factor for risk management teams to address. A simple way to accomplish this is requiring a safety assessment both telephonic and in person using a safety checklist. The following hazards should be part of a comprehensive risk assessment prior to signing a home health services patient/client. A sample pre-contract home health safety checklist and or a current client safety checklist can be obtained, for free, from the author.

(Listed in alphabetical order only)

- **Animal attacks-**A wide variety of pets exist in the home, the most common being, cats, dogs and various exotic pets.
- **Indoor (environmental) hazards-fire** –In the home environment are a long list of chemicals, herbicides, pesticides, sometimes unsecured and not properly labeled. A patient and or family member may be a smoker and place the employee in environments of breathing in second hand smoke, or exposing them to wood burning stove smoke, and even mold spores. Smoking, matches, candles, hot fire place ashes, barbeque briquettes, flammable chemicals, additionally expose all to the risk of fires.
- **Outdoor environmental hazards-** such as, poor lighting, ice and snow and unclear paths to and from a property and poor physical access to homes which result in numerous slip, trip and fall claims by employees, patients and family members.
- **Work place violence-** Home health services employees frequently work alone and can face some form of "violence" from patients/clients and or family members, neighbors, or the communities they travel to and from. The risk of walking through a high crime neighborhood or just walking in multi family dwellings can be dangerous and then once in the home, a family member can present aggressive behaviors to the patient and or the care provider with no witnesses.
- **Working alone-**Many home health service employees work alone, traveling to and from the patients/clients, while working one on one, etc. The time spent alone presents great risks for an employer. Solutions for helping reduce the working alone risks, include using cell phones, pagers, and requiring employees to make calls to "check in" and "check out" of client locations. If this is not being addressed in an organization's current risk management plan, it should be reviewed and research conducted to implement appropriate solutions to reduce exposures to workers' compensation and or other types of claims or lawsuits.
- **Weather hazards**--severe weather onset in a home, one perhaps with little protection, can place employees and patients in harm's way for the aftermath of a severe weather storm. This can also happen during the traveling to and from portion of the job for employees.

Three compelling employment trends add to these employee occupational safety issues.

1. **Projections of smaller employee base**: The home health services industry is a rapidly growing workforce in the United States and the number of women aged 25–54, the main labor pool from which these workers will be drawn, is projected to increase (2006-2016) by less than 1 percent. [8]

2. **Projections of many patients**: During the baby boomer years, 1946-1964 (inclusive), 75.8 million Americans were born. The biggest year of the boom was 1957, when 4.3 million "boomers" were born. In 2011 the 1946 "boomers" turn 64 years old and will begin the uptick in service demands as they begin to retire. The Census Bureau predicts that 57.8 million "boomers" are expected to still be alive in 2030. Many of them will require some form of "extended care" such as those services offered by the home health services sector. [9]

3. **Aging workforce:** Some baby boomers may decide to work longer and delay retirement and look to the home health service industry as a means of income and enjoyment, to be with others. Employing the over 55 work force will require home health service

employers to plan for business strategies to preserve the health of their senior work force at the same time applying strategies to retain and motivate the workforce for employee safety, all typically with a decentralized management structure.

Risk Management Model: Key Steps
The following steps can be taken to implement a comprehensive risk management safety model for the home health services industry. This will help home health service employers reduce the total cost of risk in their organizations.

1. **Have well written job descriptions and clearly define the physical demands of the jobs.**
To ensure the best employees are hired to match the needs of the organization and limit all liabilities, well written job descriptions that also clearly define the physical demands of the jobs will help reduce turnover and their associated costs. It helps to have the physical demands defined by a physical therapist or job demands expert to ensure ever changing employment law requirements and safety laws/best practice standards are outlined. This also helps to recruit and match the best staff possible. With well defined physical demands an employer can clearly ask if a candidate can safely perform the job as described. The employee can easily answer if he/she is capable of completing the job. The well defined job description can later become helpful tool for a treating physician who needs to understand if he/she can consider transitional alternate duty options with your organization for injured employees with workers' compensation work restrictions.

2. **Use pre employment screening tools to hire the best and place them with the most complex clients.**
Hire the best staff you can by using affordable employment screening tools available in the market place that establish the organization's needs, with criteria that define the job demands and stay within employment laws. To reduce liability, match the best staff to service the organization's most complex patients/clients. This along with the well written job description and physical demand descriptions can help reduce turn over and the costs associated with re-staffing.

3. **Develop management safety statements in line with the organization's mission and value statements and exercise overt involvement of management in day to day safety.**
Safety management statements set the tone for how employees will perceive the culture of safety and how they can or can't behave towards safety day to day. A successful safety program has safety statements that are developed by the management team and the safety committee members. It should be signed by the top leadership of the company. These statements act as the pillars of the organization. These safety statements need to be part of ***all*** employee communications and there should be obvious and direct presence of leadership emphasizing the importance of safety to all employees at all times. The manager who expects safety and also acts out those safety requirements in front of his/her staff-will get safe actions and behaviors in return.

4. **Create a Safety/Risk Management Team for insurance program oversight.** Besides just having written statements of safety, an effective risk management control is to have a multi-disciplined Risk/Safety Management steering committee/team in the organization

regularly reviewing, discussing and monitoring the insurance coverage's/program of the organization.
The purpose of this steering committee/team is to develop an open line of dialogue with the operations staff, risk management, human resources, clinical staff and front line staff on the matters related to all lines of insurance-employees-workers' compensation, patients-liability and property. Collectively the team needs to establish a set of metrics, such as claim frequency and severity, claim trends for causes and costs. Based on the trends, develop multifaceted solutions for corrective action and follow up to ensure they are implemented.

Many times insurance carriers, third party administration companies and or brokers' loss control or claims consulting staffs can assist an employer in developing these oversight committees and help determine typical metrics and help benchmark an organization to their industry and peers in the state or country. The insurance professionals can also help establish who can generate the reports, the frequency of the reports and what format to document the monitoring of the corrective action plans.

5. **Emphasize a balanced culture of employee and patient safety.** Too often in health care related industries, safety is all about the patient and the employee is secondary. It is imperative to equally balance the employee safety program so it is seen as an equal to the patient safety program. This will foster a culture of employee and patient safety, where one does not outweigh the other. An activity to help balance the employee to patient culture is to allow employees to voice their safety concerns through regional safety team meetings. Employees who see their suggestions enacted on in the work place feel they have employers who care for them and therefore may be less likely to change jobs and less likely to file fraudulent claims.

6. **Require that safety be a measurement of job performance for all employees.** Establish a list of safety rules for all employees to follow and set these as job performance expectations for all job descriptions. During annual performance reviews have safety as a topic of performance and speak to each employee's part in the success or lack there of their day to day and departmental safety performance. This sets the tone, that as individuals, we all are responsible for the success of our own performance and the organization's overall safety performance.

7. **Develop leading and lagging indicators for organizational safety performance and celebrate successes and set well communicated corrective actions in place when goals are not met.** The organization's safety performance must be measured annually to ensure progress is made towards safety and risk reduction. This can be measured by creating leading and lagging indicators for safety. Examples of leading indicators, is establishing annually goals of holding a pre-determined number of safety meetings with management and holding a certain type and number of annual safety training/communication meetings with all staff. You then measure if you accomplished holding the meetings or not and measure progress each year. Note trends and set corrective actions in place if the goals are not met. Report the results to all employees and the board if one is involved.
   An example of common lagging indicators may include such things as a goal to reduce the organization's OSHA 300 log lost time day incidents each year and or frequency and

severity trends in claims going down twenty percent and measure the improvement or lack-there-of of these parameters. Also, report the results to all employees and the board if one is involved. Simple goal setting and organizational communication sets the tone for safety. It is imperative that management sets goals for safety performance, measures these in a continuous quality control process and expect action and improvements from all employees. Celebrate when appropriate behaviors and actions are being applied and when goals are achieved.

8. **New business assessments--establish when to accept risk and when to practice risk avoidance/risk transfer.**
   Home health employers should determine in their business plans which level of patient care they will provide. Through thorough patient assessments the correct clinical decisions will help you determine whether your business services will allow you to provide services. A business decision is then made after completing the clinical and site safety pre-contract checklist. If the risk for incidents is too high risk avoidance may need to be considered. The organization's clinicians will always need to use their professional judgment in the new business assessment and developing the optimal care plan for patients based on the new business assessments which reduces risks for all involved. During the assessment a care plan will be discussed and service options explained and patients (and their families) will be involved in determining how to carry out the care plan. At times though it may be optimal to practice risk avoidance for business continuity and discuss discontinuing care activities, for a period of time, or not engaging in a contract for service at all. The best assessment for patient care will also include a component of the occupational safety hazards and solutions noted in this article besides just patient safety. Establish a comprehensive assessment tool with criteria for establishing the risks the patient presents to the staff and the risks inherent in the patients' home environment will place on your organization. The assessment is not only of the clinical issues the patient presents, it is a much broader scope of risk the employer must look at to know the total list of risks they are entering into prior to agreeing to provide services.

9. **Establish Best Practices of Care: Utilize resources from other health care systems such as those in Canada and Europe.**
   Establish best practices of care which define what are acceptable and unacceptable ways of providing services which reduce risks to patients and employees. There are comprehensive written resources for the home health services industry from the Canadian Interior of Health, British Columbia and Europe. Contact the author for a link to these free resources.

10. **Use Job Hazard Analyses (JHA) to establish best care practices, educate all staff and help hold employees accountable to follow the best practice standards.**
    The model of "job hazard analysis" is a practical format of defining the proper steps to a job, the hazards one may encounter in the steps and solutions for optimal patient and employee safety during each step of the job/task. Contact the author for specific home health job hazard analyses of bed making, bathing, etc.

11. **Develop a customized safe patient handling program.**

The market in safe patient handling in the last ten years has grown beyond just offering safe patient handling equipment for the nursing home and hospital markets. It now offers many solutions for the home health service industry and functions well in the home environment. There are simple, low cost solutions besides traditional style floor based lifts, so don't allow this topic to be shut down based on historical experience with "hoyers" as the market has grown considerably. Implementing a home health safe patient handling program can be accomplished. Because strain incidents during care are one of the leading causes of injury, in this employment sector, it will be imperative to have a creative and multi-disciplined team driving the initiative forward. Contact the author for a home health safety resource list to learn more about some of these new safety tools in the market place.

12. **Provide regular safety communications to staff and in various formats. "Safety Toolkits" is a recommended format of communication. After each patient & home environment assessment, have customized "safety tool-kits" to address the hazards & risks identified in each home. The toolkits can then be placed in the "Care Plan" for employee and patient safety which resides at the home-this way it is an immediately accessible resource, not to be forgotten at the employees' home or left to an annual in-service.**
    The best safety tool-kits should be developed by a multi-disciplined team of safety professionals from the carrier/Third Party Administrator /Broker relationships, direct care staff, Supervisors and Management to create the excitement and buy in necessary to bring "new" tools into the workplace.

The list of potential "safety-toolkits" /solutions should include;

- **Assistive devices for patients: Examples are,** slide sheets to reduce friction during boosting, pivot discs to safely turn a patient on a seat or on the floor, slide boards to safely transition from one surface to another independently, standing grab bars to help patients independently stand, bathing chairs, toilet seat stands, sit-to-stand lifts and full lifts and ceiling lifts. Contact the author for a home health safety resource list to learn more about some of these new safety tools in the market place.
- **Dress codes for employees:** Require staff to wear appropriate footwear and define what "appropriate" means. Appropriate footwear should include, slip resistant soled shoes, winter shoes for snow and ice, "yak-trax-like" overshoe products for those that clear snow and ice before others walk on it and help staff purchase these by providing vendor supplied discount pricing or vendor supplied discount coupon programs.
- **Safety Briefs:** Send brief safety talks to Supervisors/Regions to review with and get to employees. Place these in the Home Care Plans too. Educate staff on the most frequent type of injury causes and statistics and why it's important as an employee to act on safety hazards with urgency and with best practices established by the organization. Employees want to know "what's in it for them", so tell them how safety improves the bottom line so they can get raises and equipment and give them motivation to follow the ideas/use the solutions. Constant reminders in all avenues of employee communication are helpful if they are relevant and tell adults why.
- **Develop safety vendor partnerships: The organization can obtain free safety training or services/products and low cost safety supplies when they know their vendors:** Example: When patient acuity levels are high, work with local Durable Medical Equipment (DME) Supply companies in the areas you provide client services to

offer more patient handling equipment which can be financed by Medicaid and or grants. Safety vendors will sometimes provide a free talk/in-service for Region staff meetings. They may write for your newsletter or give out "prizes" to help motivate employees to use safety equipment.

- **Research and Develop Plans to apply for State Safety Grant programs:** Research states where Safety Grant dollars are available to help purchase all safety equipment and or patient lift equipment. Pull together key teams members to help the organization write the grants and seek assistance from your safety consultants or loss control consultants. Minnesota, New Jersey, Ohio, Washington and Texas all have some form of a safety grant program. Contact the author to learn more about safety grants.
- **Transportation safety education and monitoring program**:
  The specific program will be based on the vehicles covered and the jobs completed in the line of work in personal and or company vehicles. Specific monitoring will include driver's license reviews, insurance coverage expectations for personal vehicles and rules of the road for all vehicle use including cell phones, pagers, and three way radios.
- **Winter car safety supplies:** For those employers, who operate in northern states; consider designing a list of suggested safety supplies employees should have in the trunk of their cars to aid in the event their car stalls in a snow storm. A typical winter survival kit may include such things as a sleeping bag, a bag of salt/sand, an empty coffee can filled with energy bars, a candle, matches, tin cup, flash light and batteries.

13. **Provide a mechanism of adding the voice / opinion of front line staff to management on employee safety. Ensure that this communication is received positively and reinforced. From these employee safety concerns show actions completed and share these throughout the organization in "lessons learned" formats. From these real life scenarios provide safety education and or re-education to staff: Utilize materials in writing, on-line, and in routine in-services.**
    Having well trained staff in safety hazard recognition and control practices is a valuable asset to company profitability. The better staff is trained upon being hired and with constant safety reminders on the organization's best practices for care staff will exhibit safer work habits. What they do not know they can not practice. It is up to the employers to establish their employee safety culture and standards and teach their employees to speak up about employee safety. Once effective safety training is in place and employees see management can be trusted and their concerns are addressed the organization should begin to see reductions in claim frequency and severity over time. Especially important is to provide special attention to all new hires for hazard recognition and control practices.

14. **Develop a Comprehensive Claims Cost Containment Practices-Have written Program with Employee Performance Expectations.**
    Incidents and losses will occur. The best practice for employers "after the fact" is to have strong comprehensive claims, cost containment program which includes performance expectations for all employees in the organization. A successful program will have performance expectations for the executive director, the insurance administrative person(s) and all employees. As true cost containment practices are measured through everyone taking an active role in managing incidents to closure. Contact the author if you wish to have a sample written program.

Basic steps in an effective program include:

a. Well defined job descriptions that include the physical demands of the job.
b. Excellent incident analysis education and training in place for all new employees and on-going for all staff.
c. A strong Injury Management program for all claims. Establish best practice standards with all carriers/Third Party Administrators/Brokers.
d. Hold all employees accountable for job performance standards under workers' compensation, leave of absence requests, and personal injury or property damage incidents.
e. A strong Return to Work and alternate and transitional duty program and partner with occupational medicine clinics where you can for work related injuries.
f. A customized pre-determined list of "alternate /transitional duty tasks" ready to show treating physicians when alleged work related injured staffs seek medical attention.
g. Remain in regular communication with all staff on work related or personal leaves of absence.
h. Regular claim reviews-(all lines) hold routine reviews to ensure claims are monitored for costs and moving forward-develop actions plans with carriers, Third Party Administrator's and brokers to resolve issues.

Conclusion

This article has presented the compelling reasons why the home health service industry needs to develop a risk management model for reduction of risk, business continuity and market demands. The intent of the model is to help home health service employers reduce the negative impact on human and financial resources to this industry. This model must be customized to meet the unique care practices and business structure of each home health service company.

A comprehensive list of general safety and safe patient handling equipment and assistive devices is available from the author to help home health service industry employers identify solutions for their specific safety hazards. The list is not an endorsement of any of the vendors or the products. It serves as a resource and starting point, for risk management teams to begin the process of considering new ways of providing care and creating lasting change, which positively impacts employees, patients and their care. This risk management model can provide a win-win-win solution for the home health service industry, its employees and patients/families.

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