

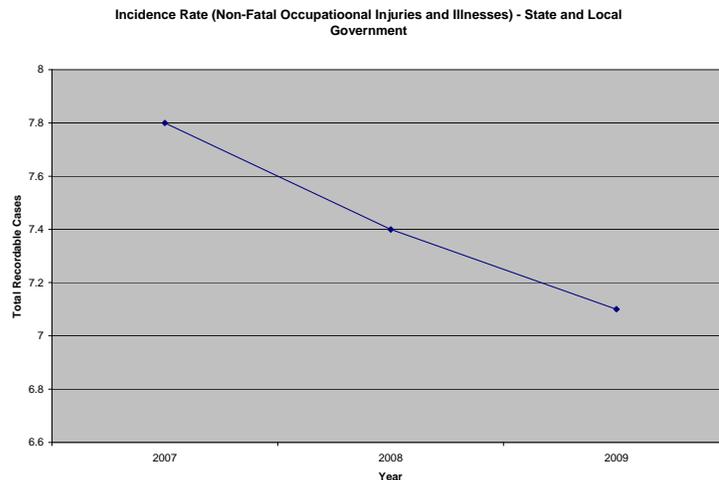
PESH Federal Fiscal Year 2010 SOAR

Summary of Annual Performance Plan Results

Friday, August 05, 2011

The Public Employee Safety and Health (PESH) Bureau continues to make significant progress in protecting New York State’s public employees and promoting a safe and healthy workplace. The activities and accomplishments of PESH and the Strategic Plan committees are identified within this report. The following are noteworthy statistical highlights and trends.

- The 2009 Injury and Illness Incident Rate for Public Sector Employment in New York State continued to decrease from 7.8 to 7.1 per 100 full-time equivalent workers, which is a 9% decrease from 2007.



- The number of public sector fatalities reported in FFY 2010 was 37.
- PESH conducted 2184 inspections in FFY 2010 in which 5525 Notices of Violations (NOV) were issued. This was a slight decrease from the 2343 inspections conducted in FFY 09 and 6047 notices of violation issued in FFY 09.
- PESH investigated 345 complaints in FY 2010, which is a slight decrease from the 387 investigated the previous year.
- PESH performed 312 consultations in FFY 2010 which is slight decrease from 394 conducted in FFY 2009. In addition to initial consultation visits, PESH consultation staff conducted 147 Training and Assistance visits compared to 119 during FFY 2009 and 85 during FY 2008.
- PESH investigated 37 allegations of discrimination by employers in FFY 2010 which is 14 more than he 23 conducted in FFY 2009.
- In FY 2010 there were 15 contested cases. 10 were closed and 20 are currently open.

Progress Toward Strategic Plan Accomplishment

Strategic Goal 1

Continue programs to improve workplace safety and health for all public employees. The following performance goals will help achieve this

- **Reduce injuries and illnesses by 1% in NAICS 237310 (Highway, Street and Bridge Construction).**
- **Reduce the number of lost workday rate by 4% in the following sectors:**
 - **NAICS 623110 Nursing Care Facilities**
 - **NAICS 623210 Residential Facilities operated by NYS Office for People with Developmental Disabilities (OPWDD)**
 - **NAICS 622220 Psychiatric Hospitals Operated by the NYS Office of Mental Health (OMH)**

**NAICS 623110 (Residential Nursing Care Facilities), NAICS 623210 (OPWDD), NAICS
622220 (OMH)
Results Summary**

Strategic Goal: Improve workplace safety and health for all public employees.

Performance Goal: Reduce the lost workday rate by 4% in NAICS 623110, 623210, 622220.

Activity Measures:

1. **Partnerships** - Continued building partnerships with Public Nursing Homes, PEF, CSEA, Zero Lift Task Force, NYCOSH and WNYCOSH representatives. Beginning to build partnerships with management representatives at OMH and OPWDD and labor representatives from PEF, CSEA and NYSCOPA. New partnerships have been built with Upstate Medical University Center and numerous healthcare facilities at various stages of developing Safe Patient Handling programs.
2. **Injury Data Collection and Analysis** - Copies of the Log of Work Related Injuries and Illnesses were collected from target NAICS. Logs were coded and PowerPoint presentations are being developed.
3. **Outreach** – There were 3 Outreach Visits conducted in FY 2010. There were 13 Technical Assistance Activities conducted in 2010.
4. **Consultations** – There were 7 consultations conducted in FY 2010.
5. **Inspections** – There were 14 inspections conducted in FY 2010.
6. **Training Seminars** – The Strategic Plan Committee planned one Safe Patient Handling Conference held October 28-29th, 2009 in Niagara Falls and partnered with NYCOSH on one held in Manhattan in February and one in Stony Brook in May. The SP Committee just completed another conference held in Syracuse on October 4-5th, 2010 (FY 2011).

Primary Outcome Measures – Lost Workday Rate (LWDR)

1. Long Term Care¹
 - a. LWDR in CY 2007 = 8.38 Baseline Year
 - b. LWDR in CY 2009 = 7.87 Reduction of 6.1 % from Baseline
2. OMH²
 - a. LWDR in NYS FY 2007/2008 = 3.7 Baseline Year
 - b. LWDR in NYS FY 2008/2009 = 4.2 Increase of 13.5% from Baseline
3. OPWDD²
 - a. LWDR in NYS FY 2007/2008 = 5.6 Baseline Year
 - b. LWDR in NYS FY 2008/2009 = 5.2 Reduction of 7.1% from Baseline
4. Total (all 3 NAICS)
 - a. LWDR 2007 all 3 NAICS = 5.9
 - b. LWDR 2009 all 3 NAICS = 5.8 **1.7% reduction from Baseline**

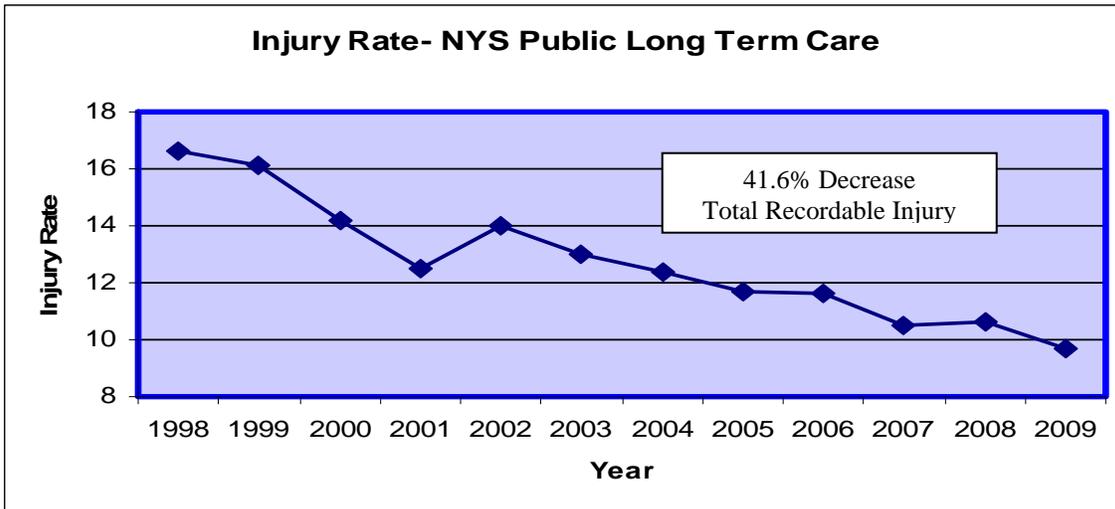
¹ Injury data were gathered by the committee directly from the public nursing homes and the NYS Veterans' Homes. Through the SP 900.1 Summary of Work Related Injuries and Illnesses. The calculation for Lost Workday Rates: Number of lost work days divided by total hours worked multiplied by 200,000.

² Lost Work Day Rates were based on Annual Report of NYS Government Employee's Workers' Compensation Cases issued by the NYS Department of Civil Service.

HealthCare Strategic Plan Accomplishments FY 2010

Introduction:

Since the Strategic Plan began for PESH in 1998, the Long Term Care committee has focused on reducing the Total Recordable Injury Rate in county nursing homes and state veteran homes through a variety of initiatives. The overall injury rate has decreased by 41.6 % since the beginning of this initiative. This is based on injury and illness data provided by these facilities. The reduction in injury rate has far exceeded the goals set by this committee.



Based on the success of the Long Term Care initiative, this committee has expanded its focus in FY 2010 to include the NYS Office of Mental Health (OMH) and the NYS Office for People with Developmental Disabilities (OPWDD) using the same model used for Long Term Care. This committee is now referred to as the HealthCare Strategic Plan Committee.

Rather than focus solely on the Total Recordable Injury Rate as this committee has done over the past 11 years, the committee is now focusing specifically on reducing the number of lost work days in Long Term Care by 4 % and has begun to develop a similar initiative in OMH and OPWDD facilities. A summary of these activities are included in this report.

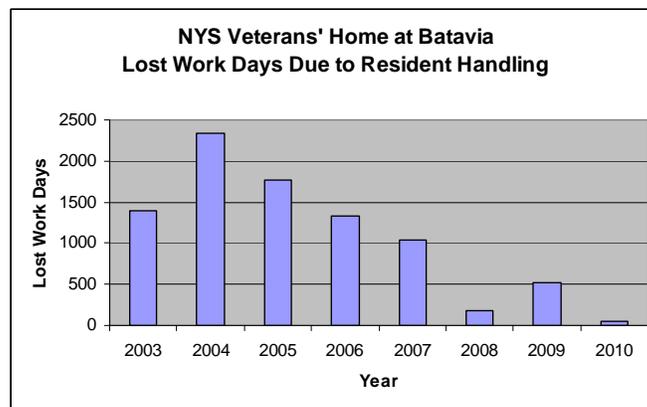
Partnership Activity:

This strategic plan group continued to focus on building partnerships with nursing homes, acute care facilities and organizations affiliated with them. The partnership with Kaleida Health has continued as they have been a model employer in addressing and promoting safe patient handling. In addition to Kaleida Health, a partnership with Upstate Medical University was also developed this year. This medical center has recently removed several areas of the hospital and installed state of the art equipment for handling and lifting patients. One area included in this renovation was a bariatric unit. Upstate University Medical Center was a co-sponsor of the Safe Patient Handling Conference held this past October and provided a tour of their facility and several speakers for the conference.

Members of this committee continue to work with WNYCOSH and NYCOSH through the NYS Zero Lift Task Force. Members of this committee worked with NYCOSH planning the SPH conference held in NYC in February and another SPH conference held at Stony Brook in May.

The partnership with the **NYS Zero Lift Taskforce** continues and members are planning another SPH conference to be held in fall of 2011 in the Albany area. CSEA and PEF are members of the Task Force and play an important role in planning the SPH conferences. The partnerships with CSEA and PEF will be extremely important at OMH and OPWDD facilities.

Another partnership which has continued over the years has been with the NY Veterans' Home at Batavia. This facility is a model facility in regards to labor management cooperation in the development of their very successful Resident Handling Program. The administrator and staff who were instrumental in creating this program and ensuring its success provide numerous sessions at the Safe Patient Handling conference over the years. Since they implemented their Safe Resident Handling Program they have drastically reduced the number of lost work days resulting in the removal of mandated overtime and increased employee moral. There is no doubt this has lead to better resident care which is a more difficult measure to monitor.

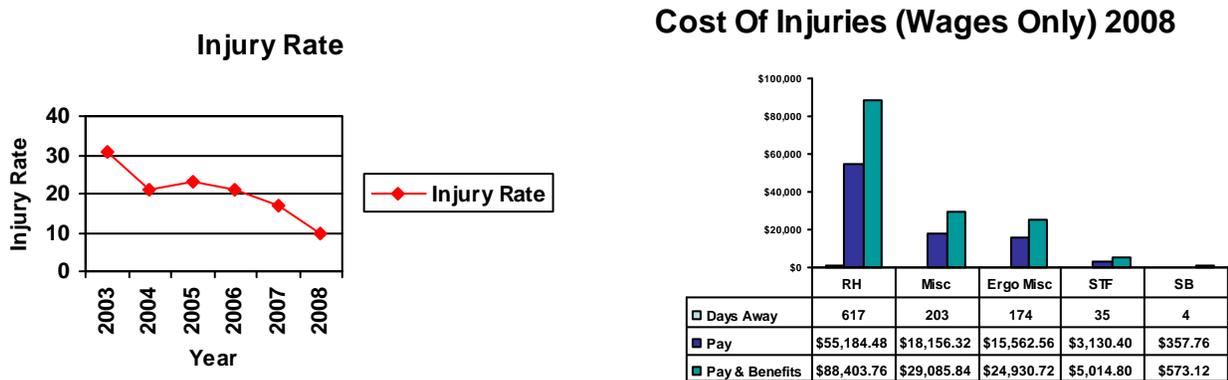


During FY 2009 and into 2010, the HealthCare Strategic Plan committee partnered with Aspire of Western NY. This organization provides residential and clinical services to individuals with developmental disabilities. Like Kaleida Health, their efforts in reducing worker injuries due to handling and moving their individuals has been exemplary. They provided speakers for the 2009 conference in Niagara Falls and provided training to the strategic plan members regarding the unique needs of their individuals and need for Safe Patient Handling programs in facilities such as these. They also provided a session on the challenging behaviors exhibited by some of their individuals which results in injuries to their staff. Also included in this day of training were tours of several of their residences that use state of the art equipment including ceiling lifts to move and handle their individuals.

Injury Data Collection, Analysis:

The SH 900.1 Summary of Work Related Occupational Injuries and Illnesses is used to calculate injury rates and lost work day rates. From the injury and illness data from the SH 900 Log of Work Related Occupational Injuries and Illness, graphs and charts depicting each nursing home's injury history was presented in a PowerPoint presentation. Using CSEA wage information for nurses aides (who experience the most injuries due to resident handling), the committee extrapolated the overall cost of the facilities' injuries due to resident handling. Members of the committee presented the individual PowerPoint presentations to members of management and staff in various facilities in an effort to jointly develop an injury reduction strategy. The cost of the resident handling injuries was used to demonstrate the cost of equipment typically was less

than the cost of the injuries they are experiencing yearly. This was received well and this effort will continue next year. Below is an example of some of the PowerPoint slides.



Although many public nursing homes in New York do not offer light or alternate duty, the DART rate calculated from the SH 900.1's indicate a DART rate of 8.3 in 2009, a reduction of 7.7% from 2007 to 2009. There was also a 6.1% reduction in the Days Away From Work Rate.

A similar approach is being taken at the OMH and OPWDD facilities. The logs were collected and reviewed. As with the beginning phase of the Long Term Care initiative, time has to be spent correcting the logs and getting the facilities to provide enough information on the log to make them useful. Because of the problems seen with the logs, the Annual NYS Workers' Compensation Report was used to track Lost Work Day Rates. For OPWDD there was reduction of 7.1% Lost Work Day Rate from 2007 to 2009. The Lost Work Day Rate in OMH facilities; however, increased 13.5%. OMH facilities provide services to a very difficult sector of our population; therefore, many of these injuries are due to workplace violence. This issue will be a primary focus in the upcoming years.

Outreach:

This committee continued its effort in providing training on recordkeeping and injury data analysis to nursing homes throughout New York. Members of the committee are visiting each of the nursing homes in their districts and presenting the injury and illness PowerPoints referred to above. The committee is currently involved in developing training resources for OMH and OPWDD regarding Slips, Trips and Fall; recordkeeping and workplace violence. Once the injury logs have been revised, it is the plan of this committee to develop similar PowerPoint presentations for OMH and OPWDD.

One of the chairpersons of this committee provided a presentation at the AIHCe conference in Denver this year. Her presentation highlighted the many initiatives in New York State regarding Safe Patient handling including the PESH HealthCare Strategic Plan. Copies of the Fact Sheets created by the Task Force were provided to those interested.

Consultations and Inspections:

There were approximately 21 consultations and/or inspections conducted in FY2010. One of the visits included the mandated recordkeeping visit being conducted by OSHA and PESH. There will be more of these visits conducted in the upcoming year. It is the plan of this committee to look closely at the injury and illness data collected and do on-site visits.

Training:

A two-day Safe Patient Handling conference was held October 28-29th, 2009. As in the past, the sessions include hands-on-demonstrations of state of the art equipment used to minimize or eliminate manual handling. As with other conferences provided by this committee, sessions were held on developing a SPH program, maintaining the program, ensuring its success, training and competency, hands on-demonstrations with the equipment, labor management successes and cost benefit discussions. Two hundred people including vendors and speakers were in attendance.

Other SPH conferences this committee was involved in include the ones sponsored by NYCOSH. One was held in Manhattan and another in Stony Brook. Strategic Plan members also received training at Aspire headquarters where the team learned about SPH and Workplace Violence in facilities that provide services to the developmentally disabled.

Future Activities Planned:

This committee plans to continue to hold Safe Patient Handling conferences. Other conferences include a conference to be held in Garden City in the spring of 2011 (NYCOSH) and another one in the Albany area in early October. These will be either cosponsored with the NYS Zero Lift Task Force or NYCOSH.

The Nursing Home Strategic Plan committee has completed creating the first version of a healthcare resource CD with particular focus on Nursing Homes. This committee is also working on a resource guide for Safe Patient Handling.

This committee has expanded its injury reduction focus to include OPWDD and OMH facilities. Meetings were held with management and labor organizations that represent these workers. Requests for copies of injury and illness information including but not limited to the SH 900 and SH 900.1 for 2007 - 2009 have been made. Many have been received and evaluated. Before this data can be compiled and used to develop strategies, modifications to the forms and the means the data is being reported need to be addressed. This is currently being done. The plan is to revise the logs and summary sheets to establish a dependable baseline. Injury reduction efforts will be made, similar to what has been done with the nursing homes. This will include offering a session at the Safe Patient Handling conferences, specific to the unique working environments at these locations.

Highway, Street and Bridge Construction Strategic Plan Accomplishments FY 2010

Strategic Goal: Improve workplace safety and health for all public employees.

Performance Goal: Reduce the lost workday rate by 1% in NAICS 237310.

Activity Measures:

1. **Partnerships** - Continued building partnerships with state agencies, counties, towns and villages and with the various associations with interest regarding highway departments. Beginning to build new partnerships with labor representatives from CSEA, AFSCME and UPSEU.
2. **Injury Data Collection and Analysis** - Copies of the Log of Work Related Injuries and Illnesses were collected from target NAICS. Logs were coded and entered into a database for further analysis.
3. **Outreach** – There were 74 Outreach Visits conducted in FY 2010. There were 75 Technical Assistance Activities conducted in 2009.
4. **Consultations** – There were 116 consultations conducted in FFY 2010
5. **Inspections** – There were 596 inspections conducted in FY 2010.
6. **Training Seminars** – The Strategic Plan Committee conducted 44 training sessions in FFY 2010 and 51 training sessions were conducted FFY 2009.

Primary Outcome Measures

Injury rates have changed due to updated information being provided by employers. This data was collected directly from the counties. The calculations are for total injury and illness rates: Number of recordable injuries and illnesses (N) divided by total hours worked (EH) multiplied by 200,000.

Total Injury rate in 2007 of 10.7	New Baseline Year
Total Injury rate in 2009 of 9.9	Decrease of 7.5%

Highway, Street and Bridge Construction Strategic Plan Accomplishments FY 2010

Introduction:

This year the group made substantial progress in the overall reduction of the total injury rate among county highway workers. The average rate for all NY counties was 9.9; this represents a 7.5% reduction from the 2008 rate of 10.7. Each year the group compiles the injury data from each county and identifies the top ten employers with the highest incidence rate in the state. The employers are then approached and offered training specific to the most frequent injuries identified on their injury and illness log (SH 900).

By focusing training on the specific accident and illnesses within the department the group has demonstrated success with reductions in the employer's reportable incident rates on the SH 900. This strategy has also had a positive impact on the total injury rate and has resulted in a large demand for PESH safety training at the various highway departments. These training requests were fulfilled largely by the committee members.

Employers with high injury rates and chose not to take advantage of the groups training invitation were sent information promoting the PESH Consultation Services. This may have helped with the 25 % increase to the number of consultations performed. The group used a variety of methods to reach out to the employers to promote the various PESH injury reduction services

Partnership Activity:

In Federal Fiscal Year 2010 the group concentrated additional effort in fostering union partnerships in their overall injury reduction strategies. CSEA is by far the most popular union representing approximately 80% of the NY county highway department employees. Group members met with union representatives who were encouraged to provide constructive input and participate in future training sessions. This strategy also helped improve labor- management cooperation, and contributed to help lay the foundation for an effective overall safety and health program.

The group continued building partnerships with town highway departments, county Department of Public Works (DPW), and public employer risk managers and safety officers. A partnership with the Association of Counties was particularly valuable in promoting workplace safety initiatives to county governments.

The Highway Strategic Plan committee continues to work with the NYS Department of Transportation (DOT), NYS Office of Parks, Recreation and Historic Preservation (OPRHP), NYS Thruway Authority and NYS Office of General Services (OGS) in providing safety awareness training to employers and employees through customized training sessions and also by providing the OSHA 10 Hr. Construction Safety course.

Injury Data Collection, Analysis:

The SH 900.1 Summary of Work Related Occupational Injuries and Illnesses is used to calculate injury rates and lost work day rates. The group recently obtained, reviewed, and analyzed the injury and illness data from all of the New York counties including the New York City boroughs. From the injury and illness data from the SH 900 Log of Work Related Occupational Injuries and Illness totals are entered within the group's database where statistics can be captured.

Year	Total Injury and Illness Rate	% Change
2007	10.7	New Baseline Year
2008	10.7	No Change
2009	9.9	Decrease of 7.5%

Outreach:

This strategic plan group continues to be very active in providing outreach to the various highway departments and associations. The Highway Department Resource CD is updated annually to include new items as indicated above. Technical assistance visits increased slightly in FFY 2010 to 120 from 115 activities in FFY 2009.

Training:

The group continues to provide focused training after evaluating the employer’s loss work time history. The training programs are based on the documented injury and illnesses reported within the specific highway department and providing recommendations on how to reduce the reoccurrence of similar type incidents. The ongoing strategy will be to continue working with the counties having the highest injury rates through outreach and training assistance efforts.

The 2010 Highway Resource CD has been updated to include new topics or resources on a variety of topics including chainsaw safety and Safety Electrical Work Practices. The CD has been copied and continues to be distributed during consultations, inspections and the various conferences attended. The CD continues to be a successful promotional tool where employers and employees can view various training presentations as well as numerous model safety and health programs that they can use in building their own safety and health program.

Future Activities Planned:

The 2011 Highway Department CD will be updated to include new training topics and resources. Members will continue to participate at upcoming conferences where the groups training and the PESH Consultation Services will be promoted. The FY 2010 SH 900 injury data will be collected and entered into the group’s database; the ten employers with the highest incident rates will be identified and offered outreach and customized training programs. The group will continue to enhance their partnerships with the various departments, associations and unions so that injury reduction strategies of the future will continue to be a shared responsibility.