

## 2010 CEO Challenge “Walkaround” Safety Contest

1. All activities are focused on the VISION adopted by the two Boards of Trustees for the PHD and WAH Trusts:

***“TO LEAD OUR MEMBERSHIP TO CREATE AND MAINTAIN  
THE SAFEST WORK ENVIRONMENT.”***

2. Requirements of member participation in contest:
  - a. Hospital Member/Hospital District Member must be a current participant in the Washington Hospitals Workers' Compensation Program and in good standing.
  - b. Member must have an Employee Safety Committee that meets the requirements of WAC 296-800-13020. The purpose of this rule ensures an employee safety committee is maintained for a safe and healthy workplace for all employees. This rule also requires the hospital to maintain a method of communicating and evaluating safety and health issues reported by employees in your workplace.

For additional information or assistance on the requirements on either the employee safety committee or safe patient handling requirement committee, consult with your assigned Workers' Compensation Program (WC) Safety Coordinator.

3. What is the CEO Challenge Safety Contest?

The CEO Challenge Safety Contest was first introduced 2006. CEOs have rallied and we've had great participation and enthusiasm in the 2006, 2007, 2008 and 2009 contests. For 2010, we are changing the CEO Challenge Contest to focus on a specific **2010 TOP PERFORMER** activity. The CEO Challenge Contest is still designed to engage the CEO with employee safety activities and to raise awareness of the importance of employee safety along with patient safety as the confluence of patient and employee safety benefits everyone: employees, patients and visitors.

4. What is the focus of this year's 2010 CEO Challenge Safety Contest?

Our contest activity follows a best practice that continues to involve CEOs with organizational activities for employee safety. For the last five years, to meet the **TOP PERFORMER** Criterion and to involve the CEO, our WC program has included what is called the CEO Walkaround. It is described in our Top Performer Contest as:

- The CEO/Administrator must participate in 2-hour hospital “walkaround” safety survey between January 1st-August 31st with both the Hospital Safety Officer and WC Safety Coordinator. This includes the CEO signature on results of the walkaround survey with notes on any improvement and when improvements are to be completed. The WC Safety Coordinator will supply the form to be used. For a small hospital, the walkaround survey may be a bit shorter, or for a larger facility, the survey process may be a bit longer.
- The completed and documented activity is worth 2 points towards the Top Performer Award.

We have had many different CEOs participate in the CEO Walkaround in the past years. To promote this activity, for 2010, we challenge each hospital CEO to participate in the walkaround and increase their level of engagement in employee safety.

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5. How is this challenge documented and demonstrated for the contest?

The contest requires a five to ten minute videotape of the various aspects of the CEO Walkaround process, which includes the CEO and other CEO Walkaround participants. Details are listed below.

6. What is the prize for winning this CEO Challenge Walkaround Contest?

A check for **\$5000** will be awarded to the winner chosen by the judges through the scoring process.

7. How does the CEO participate?

Here are some ideas for planning contest participation to determine how the CEO might prepare for this CEO Walkaround Challenge.

- a. Review the CEO Walkaround Form (F417-067-000 Safety & Health Program Assessment Worksheet - 33 is attached).
  - b. Talk with your Employee Safety Committee Chair, Employee Safety Committee and Safety Officer about evaluating the form and the process of the CEO Walkaround. What are the challenges? Is there some preliminary work that needs to be done to prepare for this activity?
  - c. Schedule a preliminary meeting with your assigned WC Safety Coordinator for information on the CEO Walkaround. How can they help the CEO and others prepare for the CEO Walkaround?
  - d. Consider a preparatory walkaround activity for the hospital. This can be done with your Safety Officer, your Employee Safety Committee, HR Director or other personnel along with your assigned WC Safety Coordinator. This gives your staff an opportunity to become familiar with the form used for the activity and to make needed adjustments for a smooth CEO participation in the CEO Walkaround.
8. **YOUR VIDEO MUST INCLUDE ALL OF THE ELEMENTS BELOW.** The scoring committee will review the videos submitted for each of these elements. If elements are missing, then your chance of winning the contest are lessened. In past contests, top scoring videos pay close attention to these elements and check them for inclusion in the video.

The CEO Walkaround video contest entry will be scored on the following critical elements listed below:

- a. Introduction must include the name of the hospital, your name, date of the video, the date of the CEO Walkaround along with the names of all the participants in the CEO Walkaround activity.
- b. Choose either the CEO, the Safety Committee Chair, the Safety Officer or another with responsibility for employee safety to describe the process of preparing for the CEO Walkaround. What steps were taken to prepare for the activity?
- c. You can choose either a dialogue with the CEO on the walkaround or have the CEO outline the findings of the walkaround alone.
- d. Pick one of the four areas from the CEO Walkaround form (F417-067-00 S&H Consultation 33) to discuss and then comment on the findings in that area. The four areas to choose from on the Walkaround Form are:
  - I. Management and Leadership and Employee Participation
  - II. Workplace Analysis
  - III. Hazard Prevention and Control, or

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IV. Safety and Health Training. After one area from the form is chosen to discuss, provide the following information for the video:

- e. What steps will be taken to address any areas of concerns or problems identified for improvement?
  - f. What are the lessons learned from the CEO Walkaround?
  - g. Did anything about the CEO Walkaround surprise the CEO? Why?
  - h. What reaction did the CEO get from the employees in the CEO Walkaround?
  - i. What was the greatest benefit of doing the CEO Walkaround for the different participants? Why?
9. DUE DATE: The entry must be received by the Washington Hospitals Workers' Compensation office in Seattle no later than close of business (5:00 p.m.) on **Friday, August 27, 2010**. Entries received after this date and time (no exceptions) will not be considered for the contest. Mail entries to: Washington Hospitals Workers' Compensation Program, 300 Elliott Avenue West, Suite 300, Seattle, WA 98119.
10. Judging will be by one WC staff member and one to two other individuals and include:
- a. Whether the facility meets the basic requirements of elements for participation
  - b. Scoring of all the critical elements listed in #8
  - c. The entry is received timely
  - d. Creativity of the video
11. The decision of the judges is final.
12. There will be one First Prize Winner:  
A check for \$5000 will be awarded to the winner chosen by the judges through the scoring process. The check is to be used for activities or resources identified to either purchase equipment or provide training resources that will promote employee safety and minimize employee injuries.
13. The announcement of the winner will be by the Washington Hospitals Workers' Compensation Program.
14. The Washington Hospitals Workers' Compensation Trusts will retain the contest videos for use in the Workers' Compensation Programs to demonstrate the work of the program.
15. The Washington Hospitals Workers' Compensation Program will follow-up with the winner and interview designated individual(s) for an article in the Trust Notes Newsletter on how the \$5000 prize is used for employee safety.
16. Questions regarding this Contest should be directed to: Beverly Simmons, Executive Director of Workers' Compensation Programs at 206.216.2536 or [BeverlyS@wsha.org](mailto:BeverlyS@wsha.org)

**We Hope You Plan to Participate!!!**



# SAFETY AND HEALTH PROGRAM ASSESSMENT WORKSHEET - 33

Employer					
Consultant			Contact		
Date	SIC code		Number of employees		
Facility Incidence Rates:	Lost Workday IR	<input type="text"/>	No Lost Workday IR	<input type="text"/>	Recordable IR <input type="text"/>
Industry Incidence Rates:	Lost Workday IR	<input type="text"/>	No Lost Workday IR	<input type="text"/>	Recordable IR <input type="text"/>

Program ELEMENTS and Sub-elements	(Scores) Indicators (Circle most appropriate)	Comments: What evidence helped identify/verify adequacy? What improvement action is recommended?
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<b>I. Management Leadership and Employee Participation</b>	
A. Clear worksite safety and health policy	1. (4) Workforce can explain, and fully embraces, S&H policy (3) Majority of personnel can explain policy (2) Some personnel can explain policy (1) Management can provide or state (where appropriate) a policy (0) There is no apparent policy
B. Clear goals and objectives, set and communicated	2. (4) Workforce fully embraces goal, and can explain desired results and measures for achieving objectives (3) Majority of personnel can explain desired results and measures for achieving them (2) Some personnel can explain desired results and measures for achieving them (1) Management can provide or state (where appropriate) a goal and objectives (0) No apparent safety and health goal or objectives
C. Management leadership	3. (4) All personnel can give examples of management's active commitment to safety and health (3) Majority of personnel can give examples of management's active commitment to safety and health (2) Some personnel can give examples of management's active commitment to safety and health (1) Some evidence exists that management is committed to safety and health (0) Safety and health does not appear to be a management value or significant concern.
Management example	4. (4) Personnel report management always follows the rules and addresses the safety behavior of others (3) Management follows the rules and usually addresses the safety behavior of others (2) Management follows the rules and occasionally addresses the safety behavior of others (1) Management generally appears to follow the basic safety and health rules (0) Management does not appear to follow the basic safety and health rules set for others
D. Employee involvement	5. (4) All personnel have ownership of safety and health and can describe their active roles (3) Majority of personnel feel they have a positive impact on identifying and resolving S&H issues (2) Some personnel feel they have a positive impact on identifying and resolving S&H issues (1) Employees frequently feel that their safety and health input will be considered by supervision (0) Employee involvement in safety and health issues is not encouraged or rewarded

E. Assigned safety and health responsibilities	6. (4) All personnel can explain what performance is expected of them and all elements appear to be assigned (3) Majority of personnel can explain what performance is expected of them (2) Some personnel can explain what performance is expected of them (1) Evidence exists that performance expectations are generally spelled out for all personnel (0) Specific job responsibilities and performance expectations are generally unknown or hard to find
F. Authority and resources for safety and health	7. (4) All personnel believe they have the necessary authority and resources to meet their responsibilities (3) Majority of personnel believe they have the necessary authority and resources to do their job (2) Authority and resources are spelled out for all; but there may be a reluctance to use them (1) Authority and resources exist; but most appear to be out of the control of the employee (0) Personnel do not appear to have adequate authority and resources to perform assigned responsibilities
G. Accountability	8. (4) Personnel are held accountable and all performance is addressed with appropriate consequences (3) Accountability systems are in place; but consequences used tend to be for negative performance only (2) Personnel are generally held accountable; but consequences rarely follow performance (1) Accountability exists, but it appears to be generally hit or miss and prompted by serious negative events (0) There does not appear to be any effort at accountability
H. Program review (quality assurance)	9. (4) In addition to a comprehensive review, a process is used which drives continuous correction (3) A comprehensive review is conducted at least annually and drives appropriate program modifications (2) A program review is conducted, but does not appear to drive all necessary program changes (1) Changes in programs are driven by events such as accidents or compliance activity (0) There is no evidence of any program review process

## II. Workplace Analysis

A. Hazard identification (expert survey)	10. (4) In addition to corrective action, regular expert surveys result in updated hazard inventories (3) Comprehensive expert surveys are conducted periodically and drive appropriate corrective action (2) Comprehensive expert surveys are conducted; but updates and corrective action sometimes lags (1) Qualified safety or health experts survey in response to accidents, complaints, or compliance activity (0) There is no evidence of any comprehensive expert hazard survey having been conducted
Hazard identification (change analysis)	11. (4) In addition to team analysis, employees affected are involved in all reviews (3) A review of planned/new facility, process, material, or equipment is conducted by a competent team (2) Planned/new facilities, processes, materials, or equipment considered high hazard are reviewed (1) Hazard reviews of planned/new facilities, processes, materials, or equipment are problem driven (0) No system or requirement exists for hazard review of planned/new operations
Hazard identification (routine hazard analysis)	12. (4) In addition, employees have had input to the analysis for their jobs (3) A current hazard analysis exists for all jobs, processes, or phases and is understood by all employees (2) A current hazard analysis exists for all jobs, processes, or phases and is understood by many employees (1) A hazard analysis program exists; may not cover all jobs and/or few are aware of results (0) There is no routine hazard analysis system in place at this facility

Hazard identification (inspection)	<p>13. (4) Well trained employees at all levels conduct frequent and varied inspections, hazards of any kind rare</p> <p>(3) Inspections are conducted by trained personnel and all items are corrected, repeat hazards seldom found</p> <p>(2) Inspections are conducted by trained personnel, most items corrected; but some hazards still in evidence</p> <p>(1) An inspection program exists; but coverage and corrective action is not complete; hazards in evidence</p> <p>(0) There is no routine inspection program in place at this facility; many hazards can be found</p>
B. Hazard reporting system	<p>14. (4) In addition, employees feel comfortable identifying and self-correcting hazards</p> <p>(3) A comprehensive system for gathering hazard information exists; is positive, rewarding and effective</p> <p>(2) A system exists for hazard reporting; employees feel they can use it; but it may be slow to respond</p> <p>(1) A system exists for hazard reporting; but employees may find it unresponsive or be unclear on its use</p> <p>(0) No formal hazard reporting system exists and/or employees do not appear comfortable reporting hazards</p>
C. Accident/incident investigation	<p>15. (4) All loss producing incidents and “near misses” are investigated for root cause with effective prevention</p> <p>(3) All OSHA-reportable incidents are investigated and effective prevention is implemented</p> <p>(2) OSHA-reportable incidents are generally investigated; cause identification/correction may be inadequate</p> <p>(1) Some investigation of incidents takes place, but root cause is seldom identified, correction is spotty</p> <p>(0) Injuries are either not investigated or investigation is limited to report writing required for compliance</p>
D. Injury/illness analysis	<p>16. (4) In addition, all employees are fully aware of incident trends, causes, and means of prevention</p> <p>(3) Trends fully analyzed and displayed, common causes communicated, management ensures prevention</p> <p>(2) Data is centrally collected and analyzed; common causes communicated to concerned supervisors</p> <p>(1) Data is centrally collected and analyzed; but not widely communicated for prevention</p> <p>(0) Little or no effort is made to analyze data for trends, causes, and prevention</p>

**III. Hazard Prevention and Control**

A. Timely hazard control	<p>17. (4) Hazard controls fully in place, known to and supported by workforce, with concentration on engineering controls and reinforced/enforced safe work procedures</p> <p>(3) Hazard controls fully in place with priority to engineering controls, safe work procedures, administrative controls, and personal protective equipment (in that order)</p> <p>(2) Hazard controls fully in place; but order of priority variable</p> <p>(1) Hazard controls are generally in place; but priority and completeness varies</p> <p>(0)</p>
B. Facility/equipment maintenance	<p>18. (4) Operators are trained to recognize maintenance needs and perform/order maintenance on schedule</p> <p>(3) An effective preventative maintenance schedule is in place and applicable to all equipment</p> <p>(2) A preventative maintenance schedule is in place and is usually followed except for higher priorities</p> <p>(1) A preventative maintenance schedule is in place: but is often allowed to slide</p> <p>(0) There is little or no attention paid to preventive maintenance; “break-down” maintenance is the rule</p>
C. Emergency planning and preparation	<p>19. (4) All personnel know immediately how to respond as a result of effective planning, training, and drills</p> <p>(3) Most employees have a good understanding of responsibilities as a result of plans, training, and drills</p> <p>(2) There is an effective emergency response team; but others may be uncertain of their responsibilities</p> <p>(1) There is an effective emergency response team; but training and drills are weak and roles may be unclear</p> <p>(0) Little effort is made to prepare for emergencies</p>

Emergency equipment	<p>20. (4) Facility is fully equipped for emergencies, all systems and equipment in place and regularly tested, all personnel know how to use equipment and communicate during emergencies</p> <p>(3) Well equipped with appropriate emergency phones and directions, most people know what to do</p> <p>(2) Emergency phones, directions, and equipment in place; but only emergency teams know what to do</p> <p>(1) Emergency phones, directions, and equipment in place; but employees show little awareness</p> <p>(0) There is little evidence of an effective effort at providing emergency equipment and information</p>
D. Medical program (health providers)	<p>21. (4) Occupational health providers regularly on-site, fully involved in hazard identification and training</p> <p>(3) Occupational health providers there when needed and generally involved in assessment and training</p> <p>(2) Occupational health providers are frequently consulted about significant health concerns</p> <p>(1) Occupational health providers available; but normally concentrate on clinical issues</p> <p>(0) Occupational health assistance is rarely requested or provided</p>
Medical program (emergency care)	<p>22. (4) Personnel fully trained in emergency medicine are always available on-site</p> <p>(3) Personnel with basic first aid skills are always available on-site</p> <p>(2) Personnel with basic first aid skills are usually available with community assistance near-by</p> <p>(1) Either on-site or near-by community aid is always available on every shift</p> <p>(0) Neither on-site nor community aid can not be ensured at all times</p>
<b>IV. Safety and Health Training</b>	
A. Employees learn hazards, how to protect themselves and others	<p>23. (4) In addition, employees can demonstrate proficiency in, and support of, all areas covered by training</p> <p>(3) Facility committed to high quality employee hazard training, ensures all participate, regular updates</p> <p>(2) Facility provides legally required training, makes effort to include all personnel</p> <p>(1) Training is provided when need is apparent, experienced personnel assumed to know material</p> <p>(0) Facility depends on experience and informal peer training to meet needs</p>
B. Supervisors learn responsibilities and underlying reasons	<p>24. (4) All supervisors assist in worksite analysis, ensure physical protections, reinforce training, enforce discipline, and can explain work procedures, based on training provided to them</p> <p>(3) Most supervisors assist in worksite analysis, ensure physical protections, reinforce training, enforce discipline, and can explain work procedures, based on training provided to them</p> <p>(2) Supervisors have received basic training, appear to understand and demonstrate importance of worksite analysis, physical protections, training reinforcements, discipline, knowledge of procedures</p> <p>(1) Supervisors make reasonable effort to meet safety and health responsibilities; but have limited training</p> <p>(0) There is no formal effort to train supervisors in safety and health responsibilities</p>
C. Managers learn safety and health program management	<p>25. (4) All managers have received formal training in S&amp;H management and demonstrate full understanding</p> <p>(3) All managers follow, and can explain, their roles in S&amp;H program management</p> <p>(2) Managers generally show a good understanding of their S&amp;H management role and usually model it</p> <p>(1) Managers are generally able to describe their S&amp;H role; but often have trouble modeling it</p> <p>(0) Managers generally show little understanding of their S&amp;H management responsibilities</p>

