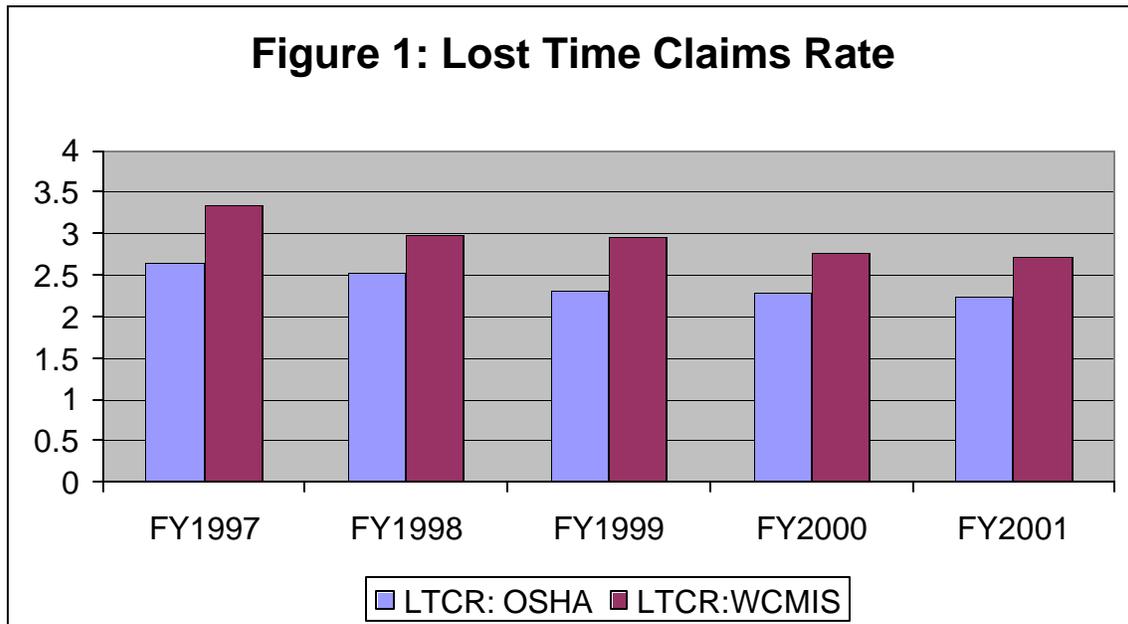


1a. Facility statistics for fatalities and lost time claims,

In FY02 the five fatalities were reported, although two were denied. VHA is collecting information from VISNs to understand the reasons and implications. VHA does have a strategic plan on motor vehicle fatalities underway. This is one fewer than in FY 2001. Lost time case incidence rate remains similar, by both WC-MIS (table 1) and OSHA (Figure 1) figures. The total number of reported events in WC-MIS was 11,293 compared with 11,481 in FY2001.

Table 1: WC-MIS reports of lost time claims, first aid, and total reported cases

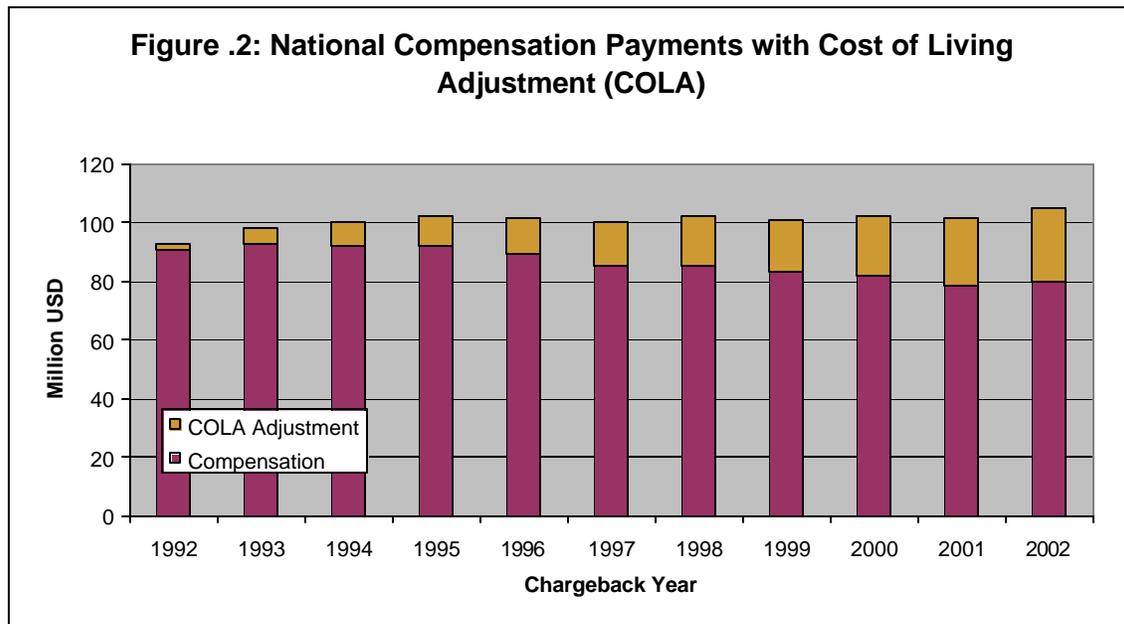
FISCAL YEAR	FATALITIES	LOST TIME	FIRST AID	NO LOST TIME
FY98	2	6404	402	4515
FY99	4	5500	650	4919
FY00	6	4611	711	5181
FY01	4	5506	651	4912
FY02	5 (3 accepted)	5345	542	5401



The VHA Lost Time Claims Rate (LTCR) has decreased for several years. We worked with the DASHO to understand a problem with the WC-MIS denominator to define this rate since 1999. Although we have been assured that the problem has been repaired, we remain unable to verify that for two reasons. The PAID programmers remain unable to confirm that the figures are in fact the same, and the WC-MIS developers remain unwilling to provide the programming code to clarify the requests. For these reasons, and another, to be discussed later, VHA has discontinued the use of the WC-MIS lost time claims rate as a performance monitor for Network Directors.

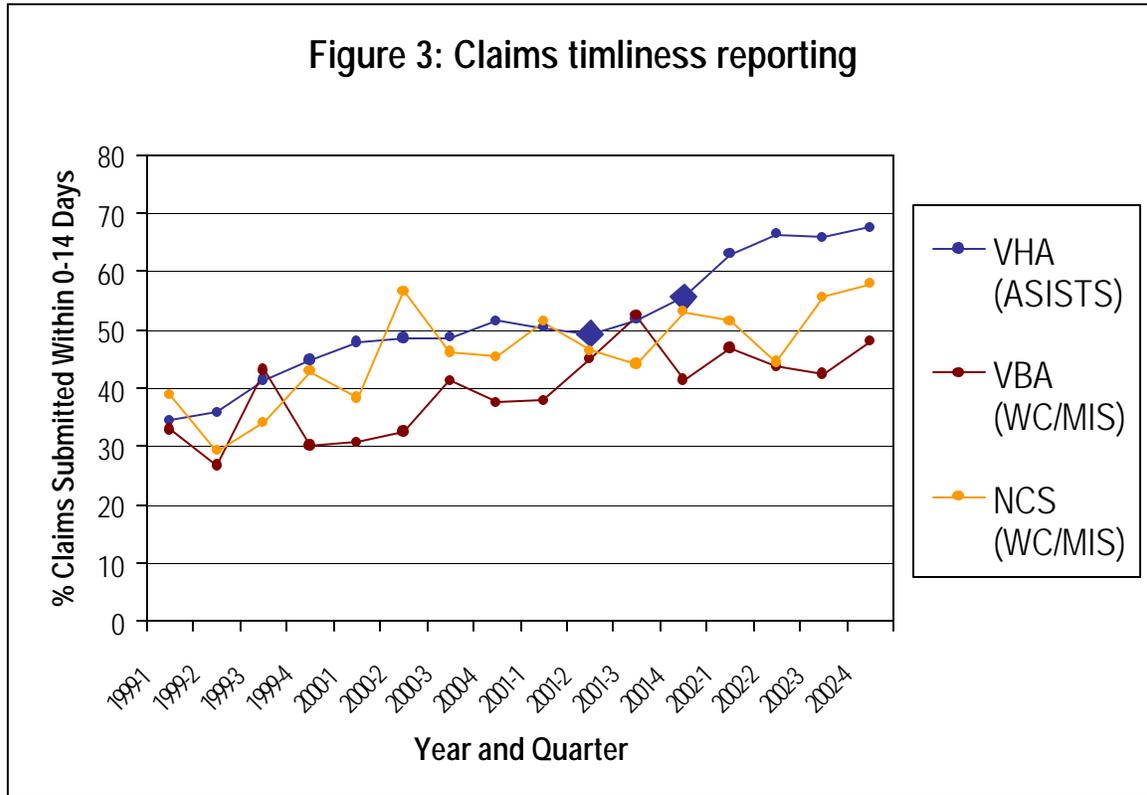
1b. OWCP and Chargeback costs

The 2002 Chargeback costs remain relatively unchanged through significant efforts on the part of the Agency to hold increased costs in check. Under the reorganization of VHA into 21 Networks, Chargeback costs at each Network are tracked and costs are borne by each medical center. In fact, after controlling for the cost of living increases, chargeback costs appear to have decreased in real dollars until an approximately 1% increase in FY2002 (Figure 2).



This decentralization of the costs of the program has provided excellent incentives to more actively and aggressively manages claims. VHA hired a full-time VHA workers compensation program manager at the end of FY2002. A formal review of the workers compensation costs over the last ten years suggests that over 90% of annual costs are attributable to “old” claims, i.e., cases that occurred more than one year before. VHA has identified separate case management strategy needs for “old” and “new” cases. VHA continues to emphasize aggressive case management with simultaneous fair and prompt processing of claims for employees injured in the workplace, an essential element of a system to provide help to employees. Implementation of an in-house injury reporting system (described in greater detail under 1.c.) has increased the timeliness of claims

submissions by over 40% in FY2002 (Figure 3) according to WC-MIS, since national implementation of reporting.

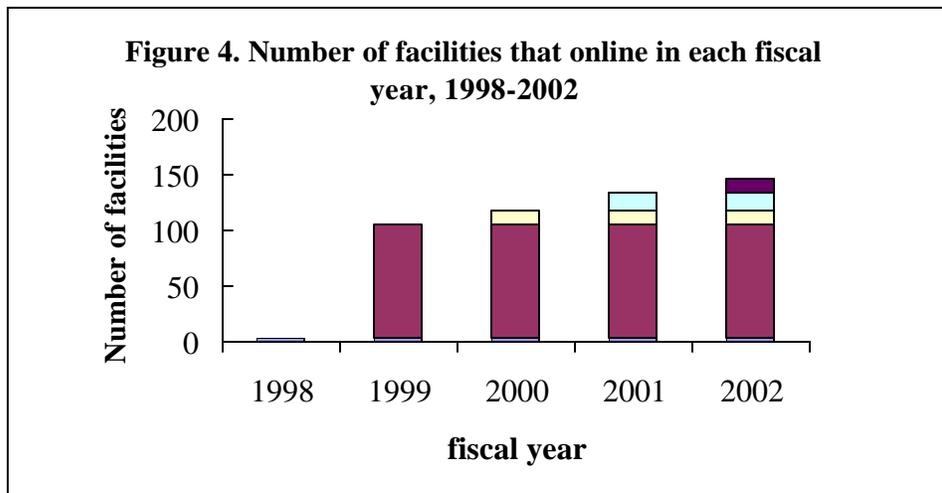


In addition, because of concerns for suppression of employee reporting, VHA implemented activities to increase and reward reporting of injuries in FY2002. First, VHA published a letter reminding VISNs and VAMCs of our desire to ensure that protecting employee rights earned under FECA are of paramount concern. Aggressive case management should be pursued without compromising any of these rights. Second, and more importantly, VHA implemented a performance monitor that rewarded facilities for increasing the reporting of injuries, recognizing that the increase in cases, and possible associated increase in costs, would likely be offset long-term in fairness and goodwill (see next section).

No accurate agency data are available on Continuation of Pay (COP) costs at this time. Although each medical center maintains the necessary documentation, no process is in place that provides for an accurate and complete data roll-up to an Agency level. Department of Labor no longer requests COP costs but number of hours instead. Comparative figures will not be available to compare the past three years. The development of the process necessary to provide the required COP data has been slowed by more immediate projects and budget restraints.

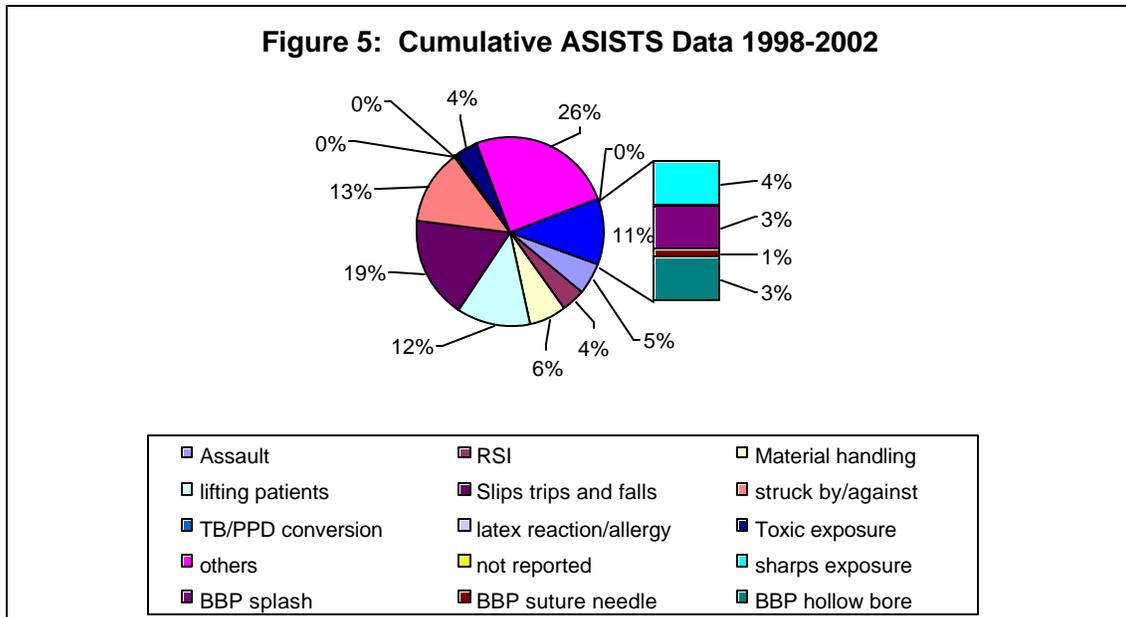
1c. Agency and incidental reporting systems

VHA's new Automated Safety Incidence and Surveillance Tracking System (ASISTS) package, a system to align safety, clinical, workers compensation, and supervisory personnel and practices, is in use throughout VHA as of 10/02. Mandatory ASISTS use supports electronic transmission of CA-1s and CA-2s, with improved timeliness. Data are now available for accident review boards, with representation from all involved parties including employee representatives. Reports are now automatically transmitted to the ASISTS national database and accessible through a website.



VHA implemented a performance monitor to reduce the ratio of lost time cases to total reported injuries based on ASISTS to increase reporting . By the end of FY2002, about three times as many cases were being reported to ASISTS as led to filed claims, a figure somewhat higher than usually seen in the private sector. Figure 5 provides an overall summary of causes of incidents according to ASISTS

Figure 5: Cumulative ASISTS Data 1998-2002



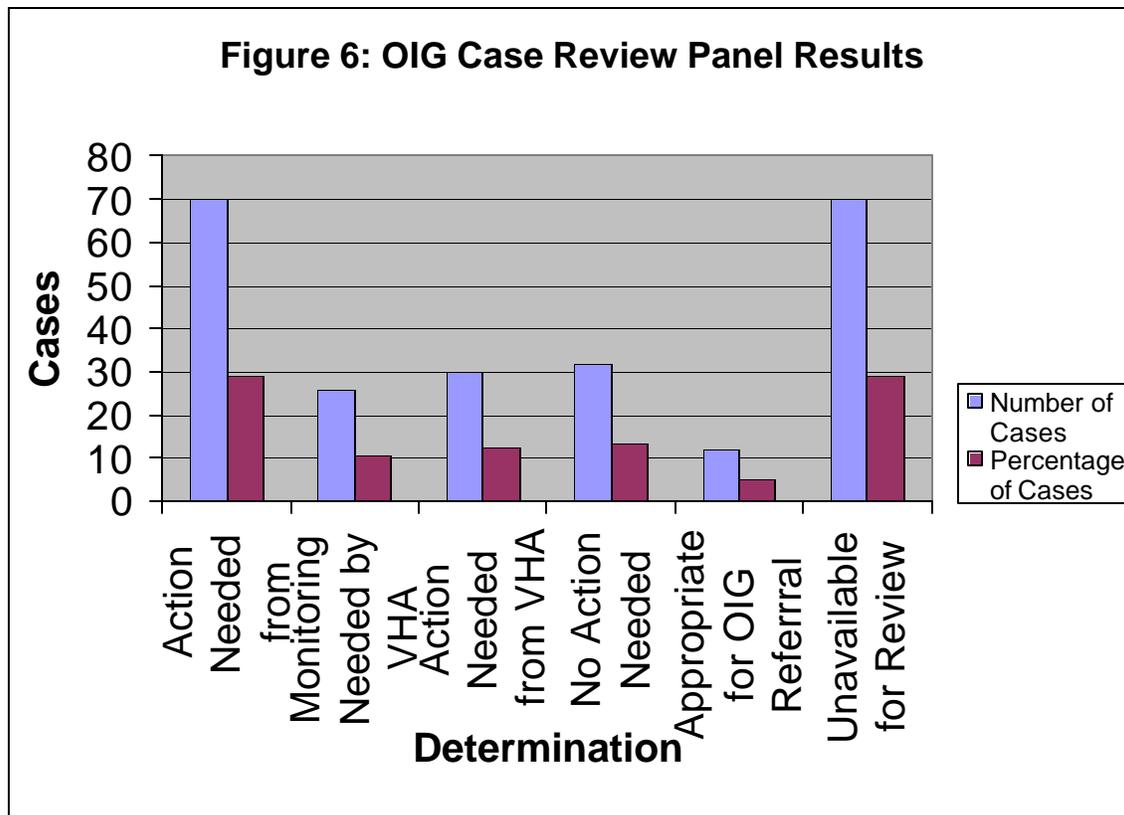
VHA is currently analyzing the results of its 2001 survey, a national survey that collected information on hours of work, organization of work, and occupational hazards, including violence, bloodborne pathogens, and ergonomics. Data from this survey represent a major economic and management commitment and will serve as a baseline comparison for the future evaluation of program effectiveness. Initial analyses suggest that the problem of under-reporting injuries is far more dramatic than generally acknowledge. For some events, such as bloodborne pathogens exposures, this under-reporting ratio may reach 95%. Even seemingly dramatic improvements, such as 20% or 40% decreases, may then represent a reduction of only 1% or 2%. VHA is therefore moving from a system focused on rate evaluation at the “back-end” to a system focused on program planning, program element review, and leading indicators. VHA did not concur in last year’s goals to reduce the lost time claims rate by a specific percentage or this years goals to reduce reported injuries for that reason.

- VHA continues to require performance measures and monitors for the Director of each Network. The national performance monitors this year included a national stand-down on violence prevention, as an awareness initiative; replacement of devices with the potential for bloodborne pathogens exposure, following the Safe Needle Act; and the above mentioned injury reporting monitor. Finally, each VISN Director must report all repeat and willful violations along with a plan

on how they will be corrected. These initiatives have created a much greater emphasis on controlling accidents as the measures have a direct reflection on each Director's performance. Copies of summaries on the violence and bloodborne pathogens monitors are attached. A top management training session was provided to all the VISN Directors, Clinical managers, and quality managers during the FY on violence prevention.

- The safety surveillance system (ASISTS) is in its full implementation stage with benefits for reporting timeliness, injury identification, and system collaboration. VHA is awaiting concurrence on a graphics enhancement to dramatically improve user ease.
- VHA continues to use the SAFE package (Safety Automated Facility Evaluation), a comprehensive software program to support *compliance with OSHA, JCAHO, and EPA standards, as an in-house product. This software serves as a "leading indicator" surveillance, i.e., program implementation, system. Initial roll-up of national data is being aligned with the national employee survey to understand and measure systems effectiveness.
- VHA continues to partner with its unions and the Department of Labor (DOL) in order to coordinate efforts to strengthen its safety and health programs. VHA is now developing a strategy to work on the recommendations in the report as well as increase our partnership with both the unions and OSHA. Several joint activities this year included a highly successful union safety conference, with an OSHA accident investigation course; OSHA-sponsored training directed at VHA on confined space; a joint OSHA*VHA sharps broadcast; and collaboration in informal approaches to complex topics such as personal protective equipment and weapons of mass disruption.
- The acting VA Undersecretary for Health established and continues to support a Strategic Healthcare Group on Occupational and Environmental Health to address clinical safety as well as the more common operational and environmental safety issues. New resources in FY2002 include the hiring of an occupational health nurse and a workers compensation program manager to guide programs nationally under a joint structure between policy and operation planning.
- VHA worked with the Office of the Inspector General to follow Workers' Compensation fraud. Figure 6 provides an overview of the project; only two cases are known to have been accepted by the US Attorney's Office. A subsequent systematic evaluation suggests a

more efficient approach to identifying “high-risk/high-yield” cases base don review of the WC-MIS data.



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- The CEOSH was enhanced with the transfer additional staff to improve the occupational safety programs within VHA.
- VHA continues to sponsor and provide funding for an annual Union Safety Course for at the beginner and intermediate levels to better train employee representatives who have a strong bearing on the workforce. In addition to mandatory new employee orientation that requires general training on safety and health at each medical center, and supervisory training that includes a section on safety and health, all facilities perform annual awareness training for all employees in the areas of safety, health, and security including hazard recognition. The annual training also includes violence in the workplace.
- VHA undertook a major revision of a draft Ergonomics Guidebook. Portions of that program were incorporated into OSHA’s Nursing Home initiative

- VHA continues the use of a dedicated Task Group to annually survey and identify Safety and Health Program weaknesses and strengths for each Network. Medical center senior management, safety staff, and union officials complete this survey. Recommended improvements were submitted to each Network Director during FY 2002.
- Annual Workplace Evaluations (AWE) were performed at each
 Comment: Check to make sure AWE was performed at each VAMC medical center by Network staff and, through deficiency identification, programs were re-evaluated each year. The findings are discussed with top management of the medical centers. The total number of medical center evaluations completed increased by 10% during FY2002.
- Every three years each medical center is subjected to a specialized Joint Commission on Accreditation of Healthcare Organizations (JCAHO) administrative and clinical survey that closely evaluates the Safety and Health Program as well as the working environment of each medical center as criteria for accreditation. Over 50 VA medical centers were surveyed during FY 2001 Comment: 2002?. This accreditation is critical to the operation of the medical centers.
- Within VHA medical centers, the Safety Committee remains the premier decision making body for safety and health issues. Significant issues are continually identified by various services through the information and issue-gathering process and brought to the Committee for assessment, resolution and recommendation. Recommendations receive final approval by the hospital Director. This group provides for continuous oversight of the medical center Safety and Health Program. JCAHO surveyors regard the Safety Committee as the most important committee of the medical center.
- Written safety performance measures are maintained as a part of position descriptions from top management to employees.
- VHA maintains a VA/Union Partnership that has opened new lines of communications and dialogue with employees and/or their representatives, particularly with regard to safety and health issues. The OSHA/VA/Union Partnership program assessment project indicates the new receptivity process of VHA. Medical centers continue to work toward strengthening these partnerships. Through a cooperative effort both management and the unions are collectively involved in safety and health issues. There is union (employee)

representation on every medical center safety committee. Several Networks have Network-level safety committees with the union as a permanent member. These Network-level committees are continually encouraged as a best practice strategy. Employee representatives also take part in both internally and externally originated medical center inspections.

- VHA has enacted a permanent Union Subcommittee that reports to the Partnership Committee.
 - VHA has written and implemented an Administration safety program and handbook, 7700.1
3. or initiatives for FY2003 include the following systems work and specific initiatives.
- There is emphasis on upgrading a Safety Automated Facility Evaluation (SAFE) package designed to standardize facility evaluations through the use of uniform criteria. Through a strong program of deficiency identification and decisive abatement, the potential for accidents is reduced.
 - The CEOSH continues to expand its presence on the Intranet with a redesigned web portal to provide support information in general safety, OWCP, Fire Safety, Industrial Hygiene, and Environmental Safety. The CEOSH site has proven a valuable information resource as illustrated by the increased number of users during FY2002 (HAIG survey).
 - ASISTS reporting of claims submission timeliness will meet the White House goals for FY2003
 - VHA will continue to identify and encourage the use of best practice initiatives that are proving very beneficial.
 - VHA has implemented a violence prevention performance monitor to re-develop a network of trainers and facility-specific training plans
 - VHA has identified supervisor training needs as the next critical step. A field group is developing essential content. A broad range of educational programs are under development at the same time, including satellite broadcasts on accident review methods, bioaerosols, work organization, drug testing and safety performance, and driver clearance.

- VHA is developing a website to support market-driven safety improvement for the more rapid use of safer devices.
 - VHA has initiated a series of quality improvement programs on important clinical issues, including clinical management of back pain, post-exposure prophylaxis, and psychiatric claims review.
 - VHA has committed to developing an employee medical record system, tentatively named the Occupational Healthg Record-keeping System (OHRS) to address Privacy Act concerns in the current management of records, to support better management of in-house clinical work, and to improve the ability to conduct surveillance.
 - VHA has developed several programs to respond to threats associated with terrorism, including decontamination and personal protective device usage, bioterrorism (smallpox, anthrax) and clinician cognitive aid (pocket cards for chemical, biological, and nuclear agents)
 - ◆ VHA continued to offer training classes for the union safety representatives. This course teaches the union safety representatives the basics of safety management. The main thrust of this course is to provide hazard awareness training for the union. VHA has offered this course for the last 6 years and have trained close to 200 people. For those union safety representatives that have obtained significant expertise, VHA and the DASHO developed an “Intermediate Safety for Union Representatives”. This course emphasizes visual learning where the students are taught all the OSHA standards and shown power point slides and photographs on how these potential hazards actually appear in the work place. We have trained almost 30 union safety people in this course so far and has been very well received.
4. VHA suggests the Federal Government discontinue the use of the lost time claims rate as a primary measure of success.