

Does Your Occupational Health Program Need a Checkup?

The need for an annual physical has been hotly debated over the years. Health promotion proponents cite it as a way to keep health care costs under control and prevent future disease. OSHA standards frequently require periodic health monitoring of workers. Periodic exposure monitoring and yearly "spot checks" have also been scrutinized.

Unfortunately, the actual occupational and environmental programs are often overlooked in this review and assessment process. Occupational health professionals may feel that it is unnecessary or simply denotes a lack of confidence in staff capabilities. But while many of us dread the program audit, it can really be the best friend an occupational health professional can have.

A few years ago, I audited the occupational health program of a *Fortune* 50 manufacturer after it had received a mega-citation by OSHA for recordkeeping and ergonomic violations. Top management was noticeably concerned and wanted a "wall-to-wall" assessment of its occupational health program, with recommendations to prevent future problems. Instead of looking at this as a "grade," the occupational health staff realized that this was a great opportunity to demonstrate the need for updating, streamlining and standardizing its total program.

The overwhelming majority of its occupational health policies and procedures (aka, "the manual") were from the 1970s or earlier, with only an occasional new entry to respond to new OSHA standards. Medical forms asked for information which was never used nor even contemplated for future use. Exam protocols were outdated. No one had performed trend analyses on exposure or medical monitoring data, although several decades of information was readily available.

It was unclear whether workers were routinely provided copies of exams; whether the same criteria was used to place workers initially as well as on return to work; or whether positive findings were provided to the workers and their personal physicians and proper workplace association was determined. Organized labor was also frustrated with the situation. The union felt that the nurses and physicians (both in-house and contract) never believed its members and treated them as malingerers regardless of their injury or illness.

Beyond these issues, the audit also revealed the extent of the financial waste due to all these problems. Such costs included workers' compensation, worker training and replacement, unneces-

sary medical procedures, and diverted supervisory and management resources. Another major issue centered around inconsistent compliance by facility staff with policies and procedures. To some extent, this was simply the result of frustration by local occupational health personnel with the outdated manual and the lack of clear direction regarding changes in regulation or occupational health practice.

Once the audit was completed and recommendations were presented, top management was in total support of updating the system and providing the necessary resources to bring the overall program up to speed. Although this audit was prompted by a regulatory action, other rationale can clearly justify the evaluation of an occupational health program by in-house staff or by outside experts.

When to Audit

Ideally, an audit should be part of the ongoing occupational health program. The audit can be performed annually or on another periodic basis. The frequency should be based on the changing nature of company operations; work force increases and reductions; turnover in occupational health staff; and scientific, medical and regulatory changes. For example, if you have recently implemented a medical management program as part of the overall ergonomics effort, more frequent audits make sense until compliance with program requirements has been adequately demonstrated.

Audits should be undertaken as often as necessary for special issues. Reasons to audit specific program components include change in occupational health staff, operations, work force size, increase in illnesses/injuries, growing workers' compensation costs, or complaints from workers or management.

Nature of the Audit

Program evaluations can be wide in scope or narrowly focused. Just like a medical monitoring examination, the baseline may be comprehensive in scope; however, the periodic may be limited, with additional comprehensive audits occurring every few years, depending on the results of interim focused assessments.

Audits can be performed by outside consul-



The audit process can serve as a two-way learning process to truly enhance the overall occupational health program.

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tants, corporate occupational health staff, local facility staff or some combination. Many companies have found that having local staff auditing other facilities brings home the importance of the audit, as well as identification of problem areas that might normally be overlooked. Additionally, other facility staff are generally more receptive when someone who is also "under the same gun" is part of the evaluation.

It is critical that auditors be trained in the audit process. The goals of the audit must be clear and reemphasized at all levels of the evaluation. If the audit is viewed as a "grade," cooperation will be compromised. More importantly, the true value of the audit – the ability to learn, change and adapt at all levels of the organization – will be missed. The audit is probably one of the best learning experiences for the whole audit team. New ideas are shared in a directly applicable fashion and through "benchmarking" to other operations within the company.

Often overlooked as a critical aspect of the evaluation is that corporate management receives critical information necessary in reformulating corporate goals and policies. One cannot blame the troops for missing goals when the orders are not in line with those goals and ultimate objectives.

Audit Steps

The steps in an audit are also important. The assessment should not simply consist of completing a checklist and receiving a "grade" and a list of deficiencies which goes against someone's performance evaluation and/or bonus. The audit process should consider:

- **Determining a comprehensive list of information for collection and review.** This may include OSHA 200 logs, workers' compensation data, results of compliance inspections, employee questionnaires, exposure assessments and chemical inventories.

- **Meeting with the audit team, local management, safety committee members, employees, local health care providers (gatekeepers, specialists, rehabilitation) and insurers.** Frequently, the claims and risk management functions perform separate audit processes. Emphasis should be placed on input or joint approaches as occupational health encompasses both preventive and post-

injury programs, and also impacts traditional health benefits.

- **Site evaluation, including on- and off-site health care facilities and all operations (including maintenance, shipping and receiving and administration).**

- **Completion of the audit form.** The nature of the form should reflect only the areas of actual focus. A comprehensive form may be used initially, with a shortened "interval" form employed for more targeted periodic evaluations. The form itself can vary considerably. I generally avoid simple checklists in favor of a more in-depth form where the evaluator is forced to comment as the information is generated. This assists in capturing the actual thoughts and suggestions of the evaluator. Frequently, such thoughts are long gone by the time the "formal" audit report is issued.

- **Generating the audit report.** It is hard to determine whether the audit report is more of a problem to the reader or the generator. The report itself should not be overly long. A good idea is to divide it into four sections: Overall Summary, Findings, Recommendations and Completed Audit Form. The report should focus on not only what was "found," but what it means. Opportunities for changes as well as recognition of trying new things is important. Recommendations should be consistent and grouped into "must do's," "should do's" and "nice to do's." Prioritization of the recommendations is critical and expected timelines for implementation should be developed jointly with the facility staff. Input from the local facility is a must to achieve the necessary local "buy-in."

The audit itself should allow the evaluators to look at each assessment and perform "zero-based planning." That is, if you were to start from scratch, how would you want this program to look, what type of people should be running it, and what do you want to measure to determine success?

What to Audit

Determining the scope and depth of the audit is critical. Generally, you want to audit: written corporate policies and procedures; facility-specific procedures; staff performance and training; adherence to policies and procedures; maintenance and other measures of equipment and facilities; and manage-


ment and employee satisfaction.

It is not enough to simply check that a certain number of exams were done. Compliance with the protocol should be examined. The manner in which each test was performed should be assessed and use of specific evaluation criteria determined. Just because someone received a history, physical examination, pulmonary function test and a chest X-ray does not mean that the local clinician appropriately determined an individual's ability to safely wear a respirator without increased material risk.

Programs to be evaluated can include:

- Medical forms and recordkeeping;
- Placement examinations (initial, fitness for duty and returns to work);
- Medical monitoring & surveillance;
- Hazard communication;
- Emergency response including written plans;
- Medical management of illness and injury (practice guidelines) to include diagnosis, treatment and rehabilitation.
- Roles and responsibilities (including determination of on-site professionals on a time-shared basis such as a physical therapist – necessitating the interaction with the claims function);
- Health promotion including a fitness program which can be included with on-site injury work hardening;
- Periodic trend analysis of injury/illness/surveillance data;
- Utilization of medical standards for decision-making including standards for placement, restrictions and causation association;
- Hazard recognition and control including chemical inventory and toxicity determination;
- Personal protective equipment

It is also a good idea to include the key points which a regulatory inspection would cover and examine other issues such as product integrity and environmental health concerns.

The audit process doesn't have to be a dreaded event where concern is focused on the ultimate grade. Instead, it can serve as a two-way learning process to help assure occupational safety and health at the workplace. 

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