City of Austin

A Report to the Austin City Council

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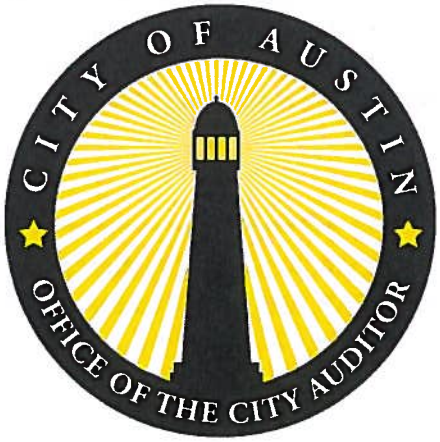
AUDIT REPORT

Austin-Travis County Emergency Medical Services Worker Safety Audit

February 2013



REPORT SUMMARY

While Austin-Travis County Emergency Medical Services (EMS) has initiated a number of safety-related initiatives, management has not implemented key elements of an effective safety program, limiting its ability to effectively manage and minimize occupational safety risks and related costs. In addition, EMS has not fully implemented key recommendations from our 2001 worker safety audit, which were aimed at reducing recurring on-the-job injuries.

AUDIT NUMBER: AU12123C

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GOVERNMENT AUDITING STANDARDS COMPLIANCE

We conducted this performance audit in accordance with Generally Accepted Government Auditing Standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

AUDIT TEAM

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February 2013

Austin-Travis County Emergency Medical Services Worker Safety Audit

Audit Report Highlights

Why We Did This Audit

This audit was conducted as part of the Office of the City Auditor's (OCA) Fiscal Year (FY) 2012 Strategic Audit Plan.

What We Recommend

We recommend that EMS design, adopt, implement, communicate, and monitor a comprehensive safety program in accordance with applicable best practices as well as implement and periodically assess strategies for reducing recurring on-the-job injuries, as recommended in 2001.

For more information on this or any of our reports, email oca_auditor@austintexas.gov

Mayor and Council,

I am pleased to present this audit on Austin-Travis County Emergency Medical Services (EMS) Worker Safety.

BACKGROUND

- EMS's occupational safety activity is administered within the Fleet and Facilities function with a budget of $264,000 in FY 2012.
- The occupational safety activity is responsible for managing responder, patient, and community safety.

OBJECTIVE AND SCOPE

The objective of the audit was to assess the adequacy of safety management systems within EMS designed to prevent on-the-job injuries.

The audit scope included a review of EMS's current worker safety operations and worker injury data for the period of October 1, 2009 to September 30, 2012.

WHAT WE FOUND

While EMS has initiated a number of safety-related initiatives, management has not implemented key elements of an effective safety program, limiting its ability to effectively manage and minimize occupational safety risks and related costs. Our observations include the absence of a worksite safety policy or a safety manual specific to the department, the absence of clearly communicated goals and strategies for the safety program, and limited coordination among safety-related responsibilities. Furthermore, EMS has not fully implemented key recommendations from our 2001 worker safety audit, which were aimed at reducing recurring on-the-job injuries.

We issued two recommendations to address weaknesses identified during the course of this audit. We appreciate the cooperation and assistance we received from EMS staff during this audit.

Kenneth J. Mory, City Auditor

BACKGROUND

Austin-Travis County Emergency Medical Services (EMS) provides services over 1,100 square miles, including all of Travis County and parts of Williamson and Hays Counties. Their mission is to change the lives of the people served through a reliable, effective, and affordable clinical practice that exceeds their customers' expectations. To achieve this mission, EMS established Pillars of Excellence that represent four key areas: People, Service, Quality, and Finance. Worker safety is addressed within the Quality pillar and carried out through the safety activity.

The purpose of the occupational safety activity is to manage responder, patient, and community safety. The activity is administered within the Fleet and Facilities function, which in Fiscal Year (FY) 2012 had a budget of approximately $264,000. The total department budget for FY 2012 was $50 million.

OBJECTIVE, SCOPE, AND METHODOLOGY

The Austin-Travis County Emergency Medical Services (EMS) Worker Safety Audit was conducted as part of the Office of the City Auditor's (OCA) Fiscal Year (FY) 2012 Strategic Audit Plan, as presented to the City Council Audit and Finance Committee.

Objective

The objective of the audit was to assess the adequacy of safety management systems within EMS designed to prevent on-the-job injuries.

Scope

The audit scope included a review of EMS's current worker safety operations and worker injury data for the period of October 1, 2009 to September 30, 2012.

Methodology

To accomplish our audit objectives, we performed the following steps:

- Interviewed key department personnel in EMS's Safety Office, Workers' Compensation, Professional Practices and Standards Division, Central Supply and Purchasing, and Business Analysis and Research Division.
- Researched industry standards, best practices, laws and regulations, and department policies and procedures related to worker safety.
- Reviewed and analyzed EMS financial documentation.
- Reviewed and analyzed safety related data from EMS and the City's Corporate Safety Office.
- Analyzed data related to EMS occupational injuries and immunizations from various departmental tracking systems.
- Reviewed and analyzed injury claims documentation for a sample of 21 injuries out of 69 injuries occurred in our scope period where the employee had a medical leave of five days or more.
- Observed paramedic safety techniques.
- Considered risks related to information technology and fraud, waste, and abuse.

AUDIT RESULTS

While EMS has initiated a number of safety-related initiatives, management has not implemented key elements of an effective safety program, limiting its ability to effectively manage and minimize occupational safety risks and related costs. In addition, EMS has not implemented key recommendations from our 2001 worker safety audit, which were aimed at reducing recurring on-the-job injuries.

Finding 1: EMS has not implemented key elements of an effective safety program, limiting its ability to effectively manage and minimize occupational safety risks and related costs.

According to best practices[1], effective management of worker safety and health is a decisive factor in reducing the extent and severity of occupational injuries and related costs. A fundamental element of a safety program is management's commitment, which along with employee involvement, forms the core of any occupational safety and health program. Management's commitment provides the motivating force and the resources for organizing and controlling activities within an organization. Recommended key actions listed to provide management commitment and support to safety include the following:

- State clearly a **worksite policy** on safe and healthful work and working conditions, so that all personnel fully understand the priority and importance of safety and health protection in the organization.
- Communicate a clear **goal for the safety and health program** and define objectives for meeting that goal so that all members of the organization understand the results desired.
- Provide **visible top management involvement** in implementing the program so that all employees understand that management's commitment is serious.
- Assign and communicate **responsibility for all aspects of the program** so that managers, supervisors, and employees in all parts of the organization know what performance is expected of them.
- Provide **adequate authority and resources** to responsible parties so that assigned responsibilities can be met.
- **Review program operations at least annually** to evaluate their success in meeting the goals and objectives so that deficiencies can be identified and the program and/or the objectives can be revised when they do not meet the goal of effective safety and health protection.

In 2001, our office performed an audit of worker safety and found that EMS needed to do more to reduce injuries, claims, and resulting lost workdays. In our most recent review of EMS worker safety, we found that although EMS has several safety-related initiatives underway it has not implemented some of the key elements of an effective safety program. Our observations include the absence of a worksite safety policy or a safety manual specific to the department, the absence of clearly communicated goals for the safety program, and limited coordination among safety-related responsibilities.

[1] Occupational Safety and Health Administration (OSHA) is part of the United States Department of Labor and was established to assure safe and healthful working conditions by setting and enforcing standards.

Safety-related initiatives reported by EMS management include:

- transitioning to ambulances which are lower to the ground in order to address knee aches, falls, and back pain;
- purchasing specialized equipment such as hydraulic and bariatric stretchers, stair chairs, and ergonomic medical bags; and
- establishing a Safety Committee.

However, during our review we noted the absence of key safety program elements which are recommended by best practices. Specifically:

- We were unable to identify a written departmental occupational safety and health policy that would be used to communicate the department specific goals and objectives for the prevention and elimination of occupational injuries.
- We could not obtain evidence about communication of clear goals and strategies for the department safety program.
- We observed that safety-related responsibilities are scattered throughout the department, with limited coordination and lack of clarity regarding ownership of some of the activities related to safety, including immunization and injury data collection and reporting.
- We also observed that safety-related data is not always complete and/or reliable. For example, we reviewed immunization data to determine whether applicable employees are current with the immunizations recommended by the Centers for Disease Control and Prevention[2]. Based on our review of immunization data for all active sworn personnel, it would appear that only a fraction of paramedics are up-to-date with recommended vaccinations. Specifically:
  - 0.3% (or 1 of 343) had documentation of the annual flu shot
  - 11% (or 38 of 343) had documentation of the entire three-dose series of Hepatitis B vaccine
  - 47% (or 160 of 343) had documentation of the annual Tuberculin (TB) vaccine

As shown in the Exhibit 1, several of the issues observed during this audit were also identified during two prior audits of worker safety performed by our office in 2001 and 2005.

EXHIBIT 1
Observations Relating to Implementation of EMS Safety Program

Audit Area	2001 Audit	2005 Follow-up	2013 Observations
Safety Program Review	EMS was not regularly evaluating its safety program and reviewing its Accident Prevention Plan to determine its effectiveness	The Accident Prevention Plan had been revised once, in 2002, but ongoing review of the program and the plan was not occurring	Lack of approved overall safety policy or safety-related plans, such as a Safety Action Plan and Accident Prevention Plan

[2] Centers for Disease Control and Prevention (CDC) is an operating component of the Department of Health and Human Services that works to create the expertise, information, and tools that people and communities need to protect their health – through health promotion, prevention of disease, injury and disability, and preparedness for new health threats.

Audit Area	2001 Audit	2005 Follow-up	2013 Observations
Safety Program Resources	EMS may not have allocated adequate resources (staff) to the safety program	EMS may not have allocated adequate resources (staff) to the safety program	Resources (staff) dedicated to the Safety activities have decreased over time and the Safety Office is not fully staffed (FY 2013)
Safety Committee	EMS' Safety Committee was not structured to influence reduction in workplace injuries	EMS' Safety Committee was actively working towards the reduction of injury incidents in the workplace	A Safety Committee exists, but is currently inactive and it has not met since May 2012
Safety-related Data	EMS lacked performance measures that would track the results of efforts to reduce employee injuries; further, EMS injury data was incomplete and inaccurate	EMS does not have a systematic process in place for collecting injury data and monitoring the reliability and validity of the data; EMS management does not have accurate information available to make decisions to address safety issues within the department	Some safety-related data is not consistently accurate or complete

SOURCE: OCA prior audit reports (April 2001, March 2005) and OCA analysis of EMS' safety program components, January 2013

Without clearly communicated safety goals, strategies, and responsibilities, EMS management may not be able to proactively and effectively manage risks associated with worker safety and related costs. Without specific measures and corresponding targets, management may have difficulties knowing if progress is being made towards the strategic corporate goal. Further, incomplete and inaccurate data may hinder EMS' ability to conduct accurate trend analysis which is critical to maintaining and improving safety.

Based on our review of injury data for the period FY 2010 through FY 2012, EMS had a total of approximately 278 injuries[3], which resulted in a total of approximately 4,234 days lost and a cost of approximately $1.6 million. Looking at standard safety performance indicators, such as injury cost per Full Time Employee (FTE) and lost time, it appears that EMS may not be effective in managing and minimizing safety risks and related costs.

Over the last three years, EMS has been among the City departments with the highest number of reported medical workers compensation claims and with the highest injury cost per FTE. As shown in Exhibit 2, this cost increased at a higher rate than the Citywide rate, increasing 69% from FY 2010 to FY 2012, whereas the Citywide average increased by 6% during the same period.

[3] This number represents on-the-job injuries with associated cost and/or lost days.

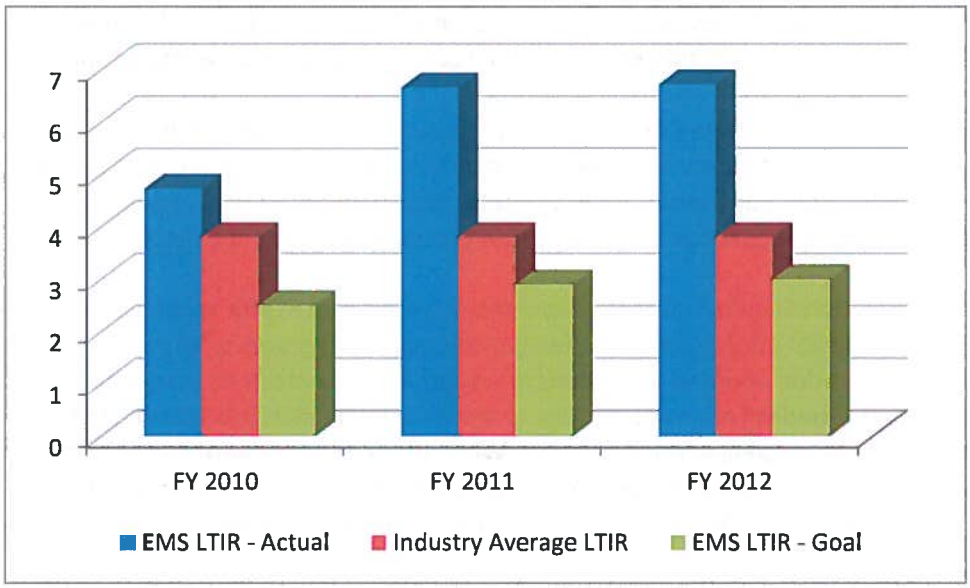
EXHIBIT 2
Injury Cost by Full Time Employee for FY 2010 to FY 2012

	FY 2010	FY 2011	FY 2012
EMS	$ 426	$ 657	$ 719
Citywide	$ 223	$ 253	$ 237

SOURCE: Corporate Safety Office's Occupational Health and Safety Loss Reports, January 2013

Another indicator commonly used throughout the safety industry is the Lost Time Injury Rate (LTIR), which takes into account only those injuries that resulted in time away from work. The performance of a department can be gauged by comparing its actual LTIR rate to the industry averages published by the Bureau of Labor Statistics. As shown in Exhibit 3, in the last three years, EMS LTIR has been above the industry average as well as above the department goal for this measure.

EXHIBIT 3
Lost Time Injury Rate for FY 2010 to FY 2012



SOURCE: OCA analysis of City of Austin budget documents and LTIR data from Corporate Safety Office, January 2013

While we did not observe key elements of a safety program as being in place, our conversation with top executive management indicated that they had a clear vision for the safety program of the department. However, based on our audit work, it appears that this vision has not been effectively communicated to all levels of staff and has not been implemented throughout the department.

Finding 2: EMS has not fully implemented key recommendations from our 2001 worker safety audit, which were aimed at reducing recurring on-the-job injuries.

Our 2001 audit noted that by promoting exercise and overall physical fitness, the probability of employees experiencing a back and other types of injuries may decrease and that paramedics in poor physical condition may be less able to endure the physical demands of their job, especially in

the long run. As a result of these observations, in 2001, our office recommended that EMS management implement the following:

- a mandatory physical assessment of each paramedic's ability to perform the essential functions of the job; and
- a functional capacity/work capacity evaluation before paramedics return to regular duty following an on-the-job injury.

During the 2005 follow-up audit, our office verified that implementation of the above recommendations was underway. During our current audit, we determined that while the department has established some fitness-related initiatives, to date it has not implemented the recommendations listed above from our 2001 audit.

Physical fitness is incorporated in the EMS cadet training academy. Once the cadet graduates, there is no mandatory level of fitness or physical fitness standard for paramedics, with the exception of Special Operations Paramedics, who are evaluated every six months on specific physical skills. Fitness initiatives implemented by EMS include partnering with the Austin Fire Department (AFD) to allow EMS staff to use the resources of AFD Wellness Center, which includes medical care as well as mental health and fitness resources, and, more recently, establishing a workgroup to identify and recommend resources for fitness and nutrition that promote healthy behavior. However, only a few paramedics use AFD Wellness Center on a regular basis and few paramedics appeared to be aware of the wellness workgroup and the internal wellness website. Also, in the last few years, EMS has purchased specialized equipment in the effort to reduce physical stress. Equipment purchased includes hydraulic and bariatric stretchers, stair chairs, and ergonomic medical bags.

Additionally, EMS indicated that they follow the Citywide process for employees returning to work after an injury. Based on this process, the injured employee returns to work after an evaluation by a physician which is documented in a standard on-the-job injury form required by State law. EMS has also developed a medical release to return to work form, which is job specific and provides detailed information on the employee regular duties. While the medical release form is required for employees that have been on medical leave for longer than five days prior to returning to work, based on our review, this form is not consistently utilized for employees returning to work following an occupational injury.

During the course of the audit, staff and management indicated that because the injured employee's physician may not always be aware of the essential duties of a paramedic, the paramedic may be released to return to full-duty before being physically capable of carrying out all job functions, possibly making them more vulnerable to be injured again.

Exhibit 4 shows our observations regarding EMS management's implementation of our 2001 audit recommendations relating to the physical fitness of employees.

EXHIBIT 4
Observations Relating to Implementation of EMS Fitness Initiative

2001 Findings	2005 Follow-up	2013 Observations
No mandatory fitness requirements (after graduation from cadet academy)	No improvements: management asserted that fitness initiatives were underway	Limited improvements: EMS has partnered with AFD for use of the Wellness Center, and has created a Wellness workgroup
Limited evaluation of employee fitness prior to returning to work after injuries	No improvements: management asserted that return-to-work fitness initiatives were underway	Limited improvements: EMS has created a medical release to return to work form, which is not consistently used for employees returning to work following on-the-job injuries

SOURCE: OCA prior audit reports (April 2001, March 2005) and OCA analysis of EMS' safety program components, January 2013

Without targeted injury prevention programs, EMS may not be able to effectively minimize recurring injuries and their related costs.

There appears to be a gap between top executive management perception of progress made related to fitness initiatives and the audit evidence regarding the implementation status of these initiatives. As mentioned in the first finding of this report, it appears that there is a lack of communication between top executive management and the rest of the department management and staff.

RECOMMENDATIONS

The recommendations listed below are a result of our audit effort and subject to the limitation of our scope of work. We believe that these recommendations provide reasonable approaches to help resolve the issues identified. We also believe that operational management is in a unique position to best understand their operations and may be able to identify more efficient and effective approaches and we encourage them to do so when providing their response to our recommendations.

SUBSEQUENT EVENTS:

During the final stages of our audit, EMS management issued a department safety policy that briefly outlines the strategies and expectations for a safe work environment. The policy was effective as of February 2013.

Additionally, EMS management has been working on an application to obtain accreditation from the Commission on Accreditation of Ambulance Services (CAAS). EMS management asserted that they have recently approved the safety section of the department's Operation Manual developed for CAAS and that the safety section will be rolled out in the near future.

We support EMS management's efforts to implement some components of a comprehensive safety program. With the department current efforts in mind, we strongly recommend the following:

1. **The EMS Director should direct and monitor the design, adoption, implementation, and communication of a comprehensive safety program in accordance with applicable industry best practices. Elements of a safety program should include, but not be limited to, the following:**
   a) **A clear worksite policy on safe and healthful work and working conditions**
   b) **Clear goals for the safety and health program**
   c) **Clear responsibilities for all aspects of the safety program**
   d) **Adequate authority and resources for the safety program**
   e) **Periodic review of the operations of the safety program to evaluate its success in meeting the goals and objectives so that deficiencies can be identified and the program and/or the objectives can be revised when they do not meet the goal of effective safety and health protection**

MANAGEMENT RESPONSE: **Concur.** Refer to Appendix A for management response and action plan.

2. **The EMS Director should direct and monitor the identification, implementation, and periodic assessment of strategies for reducing recurring on-the-job injuries, including, but not limited to, those recommended in our 2001 audit:**
   a) **A mandatory fitness assessment of each paramedic's ability to perform essential function of the job**
   b) **A functional capacity/work capacity evaluation before returning to work following an on-the-job injury**

MANAGEMENT RESPONSE: **Concur.** Refer to Appendix A for management response and action plan.

MANAGEMENT RESPONSE

MEMORANDUM

TO: Ken Mory, Deputy City Auditor

FROM: Ernesto Rodriguez, Director and Chief
Austin – Travis County Emergency Medical Services

DATE: February 26, 2013

SUBJECT: Safety Audit Response

I have received a copy of the findings of your team's audit of the EMS department's safety program.

While I agree that the department has not published a safety plan in a format for which your team was searching, the department has, in fact, hired staff, established a safety program, published initiatives, established safety procedures, assigned responsibilities, reviewed its progress annually, made improvements in the workplace, and published results.

The department provided evidence of this work which we documented in our strategic plan, annual reports, and in our policies and procedures. Each annual report is driven by our strategic plan and contains a section addressing safety that discusses our progress, displays our statistics, explains what concerns or areas on which we will concentrate in the year to come. Procedures assign responsibilities, assign authority, establish training requirements, acknowledge applicable regulations, establish record keeping requirements, and address issues specific to the risk area.

The department is in pursuit of an accreditation from the Commission on Accreditation of Ambulance Services (CAAS). Our application included a revised and expanded set of safety related procedures that constitute our safety plan. These procedures have been rolled out and training has already started. The process of developing the new procedures started before the audit and completed during the audit. I understand that your team could not accept the work we completed for accreditation because of the scope of the audit; however, the work we have completed represents a year of effort that focused on what we have learned about our safety

program over several years. We wish it had been possible to acknowledge that work more significantly because it addresses most of the findings in your report.

Our procedures focus on preventing injuries in the workplace and address the following areas:

- Safety program staff (responsibilities and accountability)
- Bloodborne Pathogens
- Safe Lifting
- Facility Safety
- Fleet Safety
- Patient Safety
- Fire Safety
- Ergonomics in the Workplace
- Infection Control (including vaccinations)
- Personal Protective Equipment (PPE)
- Disposable Respirators (Respiratory Protection)
- Non-Disposable Respirators (Respiratory Protection)

The procedure entitled, Infection Control, addresses the concerns in your report regarding immunizations. It brings the department into compliance with the CDC recommendations. It defines which immunizations are recommended and which are mandatory. It requires personnel who refuse certain recommended (non-mandatory) immunizations to complete a form indicating they are declining an immunization. It establishes the Fire/EMS Wellness Center as the group responsible for administering immunizations and maintaining records of such. The department's safety staff are the program administrators of the department's infection control program.

Another important change that we are making is switching data management tools. The department has relied on the database provided by our worker's compensation management provider for capturing injury data. This database does not adequately capture information needed to conduct root cause analyses. We are in the process of modifying our own Records Management System to capture more investigative information for the purpose of identifying root causes and implementing prevention controls. We are also adding better immunization tracking fields to produce annual immunization compliance cards for all staff members.

Your report notes that our safety program is not fully staffed. We currently have a vacant Safety Coordinator position. The application process for this position has closed and we are interviewing candidates for this position within the next two weeks. We are searching for an individual who has broad knowledge and skills in the areas of safety and risk management, and who has strong leadership and communications capabilities. We expect to have this position filled within 30-45 days.

Physical fitness is a new initiative for the EMS department and the EMS Industry. This area is particularly challenging because there are no published fitness standards specific to the EMS industry. Regardless, we are not allowing this to stop us. The department has been chosen as one of only five EMS agencies in the country to participate in a program to develop fitness standards for the EMS industry. Fitness standards pertaining to fire fighters are designed for different physical demands.

The department has already established a Focus on Fitness Workgroup to help develop a fitness program. We have discussed the need to develop such a program with our labor association and they are supportive of exploring this further. Although there are no standards that specifically address EMS, we are moving forward to help develop them and to implement a fitness program for our department. We are participating in a grant program to pay for the cost of training fitness instructors. Our goal is to train three to four fitness instructors and empower them to develop fitness education for the EMS department.

We have rotated our personnel through the Fire/EMS Wellness Center during one of their continuing education programs to allow them to have a general wellness check and to gain familiarity with the wellness center. We discovered that our work schedules are not conducive to sending personnel to the wellness center during work hours and that utilizing scheduled continuing education time is detrimental to the educational process. We also learned that a steady stream of personnel into the existing wellness center as it is staffed today would cause workflow and capacity issues for the fire department. The addition of an Occupational Health Nurse would increase the capacity of the wellness center and would provide an additional management resource to assist with employees who are returning to work after sustaining injuries or who are recovering from surgery or other interventions.

ACTION PLAN

Austin-Travis County Emergency Medical Services Worker Safety Audit

Recommendation	Concurrence and Proposed Strategies for Implementation	Status of Strategies	Proposed Implementation Date
1. The EMS Director should direct and monitor the design, adoption, implementation, and communication of a comprehensive safety program in accordance with applicable industry best practices. Elements of a safety program should include, but not be limited to, the following: a) A clear worksite policy on safe and healthful work and working conditions b) Clear goals for the safety and health program c) Clear responsibilities for all aspects of the safety program d) Adequate authority and resources for the safety program e) Periodic review of the operations of the safety program to evaluate its success in meeting the goals and objectives so that deficiencies can be identified and the program and/or the objectives can be revised when they do not meet the goal of effective safety and health protection	**Concur** a) New policies and procedures have already been initiated.	a) Completed	a) February 2013
	b) New goals will be set after new Safety Coordinator is hired.	b) In Progress	b) April 2013
	Arrange new policies, procedures, and goals into a more comprehensive plan format.	In Progress	June 2013
	Develop a more robust incident management and investigation database.	In Progress	September 2013
	c) New policies and procedures address responsibilities.	c) Completed	c) February 2013
	d) New policies and procedures address authority and accountability.	d) Completed	d) February 2013
	e) The department reviews the safety program annually and publishes results in its Annual Report. This has been conducted each year since FY06-07.	e) Completed	e) Since FY06-07

Recommendation	Concurrence and Proposed Strategies for Implementation	Status of Strategies	Proposed Implementation Date
2. The EMS Director should direct and monitor the identification, implementation, and periodic assessment of strategies for reducing recurring on-the-job injuries, including, but not limited to, those recommended in our 2001 audit:	**Concur**		
a) A mandatory fitness assessment of each paramedic's ability to perform essential function of the job	a) Establish assessment criteria with wellness center. Convene the focus on fitness workgroup. Develop necessary policies and procedures. Hire Occupational Health Nurse. Determine assessment schedule that fits with EMS work schedules.	a) Not Started	a) March 2014
b) A functional capacity/work capacity evaluation before returning to work following an on-the-job injury	b) Develop a return to work process that includes such an evaluation.	b) Not Started	b) May 2013
	Hire Occupational Health Nurse.	Not Started	March 2014