A3 Problem Solving | Increase the number of DSHS work sites that have implemented workplace safety accident prevention plans.

Lean!

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Clarify the Problem

- **Not every office location/facility in DSHS has an appropriate, effective accident prevention plan in place.**
- **Those that do have plans in place typically do not review and update them annually.**
- **Various accrediting and governing bodies (e.g., JC, CMS, RCS, L&I) have differing expectations for safety/accident prevention plan requirements so there is often inconsistency in plan titles, formats, etc.**

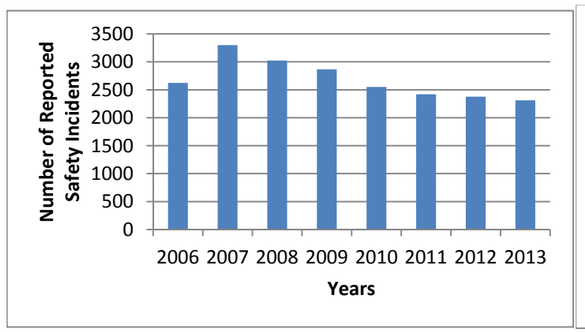
Breakdown the Problem

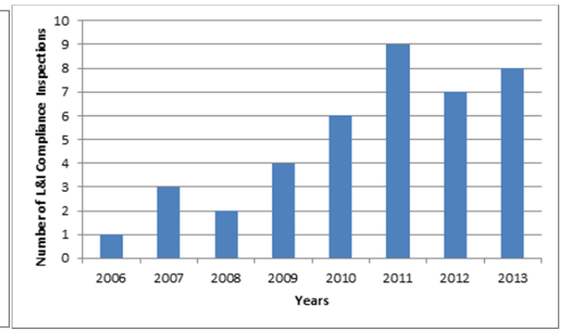
There are a large number of DSHS responsive locations requiring up-to-date Accident Prevention Plans. DSHS has a huge geographic footprint covering the entire state:

- 11 BSHIA, DDA, JJRA 24-hour residential facilities;
- An additional 10 JJRA and SCC community facilities;
- 40 State Operated Living Assistance (DDA) homes; and
- Over 150 DSHS headquarters, regional and field offices.

Symptoms:

- Frequent safety incidents
- Increased L&I citations (growing employee complaints/grievances)





Target Setting

ERMO completed 44 office/facility assessments in FY14
ERMO will complete 50 office/facility assessments in FY15

Identify Root Cause

- Field offices never effectively monitored prior to FY14
- Safety staffing resources remain inadequate for comprehensive independent, standardized objective reviews of all facilities and one-third (about 70) other activities annually
- Continually increasing number of workstation ergonomic (over 1500 in CY13) assessments hamper ability to perform more needed, routine office assessments
- Current Safety staffing is not proportionate to number of facility/office locations (3 FTEs for over 200 facility/office locations)
- Limited Safety staff equates to limited 'hands–on' field training opportunities to provide CPR/First Aid, AED, Supervisor Training, Safety Committee Training, Safety Plan Development Training, etc.
- Safety not a consistently held priority by locations in light of reduced resources

Identify Countermeasures

Root Cause	Proposed Countermeasure	Feasibility	Cost	Risk	Impact
Monitoring	1. Adopt a schedule of local office assessments	H	M	L	H
Staffing	2. Request additional resources	L	H	M	H
ERGO Assessments	3. Contract for ERGO Assessments externally	L	M-H	L	H
Awareness	4. Training	H	M	L	M-H
Lack of consistency	5. Tone at top, differing regulations	L	L	L	M

Action Plan

ID#	Problem to be solved	Action Item	Lead	Due Date	Status
1	Policy improvement	AP 9.07 Revised	Kevin Doty	3/2014	Complete
2	Request additional FTEs	Budget decision package submitted	Kevin Doty	7/2014	On Target
3	Eliminate ERMO ERGO Assessments	Identify possible contractors or train local offices	Kevin Doty	3/2015	On Target
4	Raise awareness	Provide training during consultations	Kevin Doty	On-going	On Target
5	Differing standards	Develop standardized policy and provide ongoing training	Kevin Doty	On-going	On Target

Evaluate Results, Standardize, then Repeat

- Scheduling assessments
- Staffing – Budget request 2015-17
- Redeploy staff from ERGO Assessments
- Training
- Policy clarification