Results: A total of 13 indicators were acquired, integrated and summarized. Data from four indicators were transformed into "full time equivalent" positions in order to contextualize costs associated with these variables. In addition to individual interpretations of each indicator, comprehensive tables with normalized and raw data were provided. Response to the initiative was very positive resulting in strategic goals reflecting these data integrated into the organization's performance tracking system.

Discussion: Despite the challenges with integration of multiple, independent datasets, data integration is possible, and valuable, for large healthcare organizations. This project was a substantial undertaking to help a large organization understand the range of risk and loss occurring within its various systems, and to move it closer to the goal of "healthy people, healthy workplaces."

Session: **H4.0**
Title: Evaluations of Safety and Health Management Practices
Moderator: Elyce Biddle

H4.1

Title: Does a Safety and Health Management System Contribute to a Safer Work Environment?
Authors: **Biddle EA**, Newell S, Hendricks S

Introduction: Managing occupational safety and health through management systems at the company level has become increasingly popular. However, little research has been conducted concerning the relationship between adopting a safety and health management system and the occupational injury and illness (OII) experience of an individual firm. This study examined the degree to which implementation of five key management system components contributed to a safer work environment.

Methods: Participating Fortune 200 companies were solicited to complete a two-module web survey. Module one requested annual OII rates. Module two requested self-rating on a scale of 1 (worst) to 4 (best) of the relative degree of implementation or the "percentage of process in place and completed toward established targets" for the following management system components:

 Leadership Commitment and Support
 Employee Involvement
 Risk Identification and Elimination and Safe Practices

 Accountability at All Levels
 Continuous Improvements

Results: Of the 91 companies that provided annual OII data, 73 provided management system information. OII total case rates ranged from .29 to 9.2 (mean = 1.88) in 2005 and .15 to 10.05 (mean = 2.28) in 2004. Days away from work (DAFW) case rates ranged from .02 to 2.07 (mean = .57) in 2005 and .08 to 2.96 (mean = .54) in 2004. The average score measuring the degree of management system implementation was 2.55, from 2.08 for Accountability to 2.82 in Continuous Improvements. System components were positively correlated with coefficients of .46 to .84. OLS regression indicated that implementing a management system reduced OII rates. Component pair analysis identified Leadership and Accountability as the best predictors for controlling OII, and Risk Identification as the best predictor for controlling DAFW cases.

Conclusions: This study demonstrated that implementing a management system with these five components contributed to lower OII rates. Because the respondents are among the most safety-conscious global enterprises, the results may not be generalizable.

H4.2
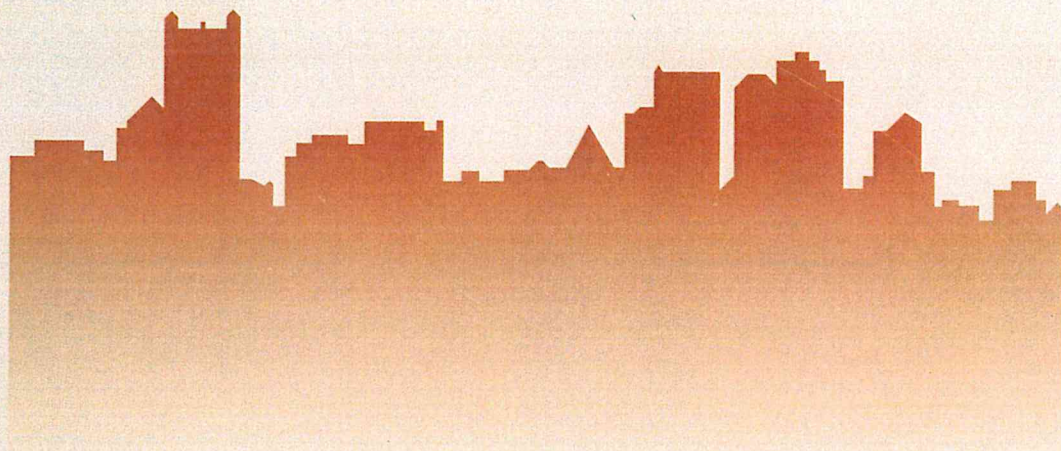*Title: Development of a Comprehensive Working Alone Program for Community Care*
Authors: Odin J, Keen D, Thomas-Olson L,

Introduction: Past approaches to managing risk of personal injury to staff working alone have employed various controls, including check-ins, use of technology, or policies. No other Canadian healthcare organization has developed a comprehensive program to reduce risk of injury to community healthcare workers who work alone in the community in both urban and rural settings. This project aimed to develop and trial a comprehensive safety program for healthcare workers working alone in community settings.

Methods: A request was made from the joint OH&S committee to address the risks of staff members working alone in community settings. Areas represented included home support, mental health, environmental health, licensing, home health, and public health. A steering committee was struck to include representation from union OH&S committee members, management, and Workplace Health and Protection Services. Areas examined included needs assessment, intake processes for clients, and relevant

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