Development of Evidence Based Medical Surveillance Program Recommendations for At-Risk Employees

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Development of a Medical Surveillance Program:
Recommendations for At-Risk Employees
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Problem
• Employees are at risk of adverse health events related to hazardous drug (HD) exposure
• Lack of a standardized medical surveillance program (MSP) for employees who are potentially exposed to HDs on a regular basis.
• Employee Health department lacks staffing to implement an MSP

Available Knowledge
• National Institute for Occupational Safety and Health and The Oncology Nursing Society recommend surveillance of workers who handle HDs.
• Exposure increases risk of “leukemias, and other cancers, adverse reproductive outcomes and chromosomal damage.”

Methods
• Large academic medical centers in the Northeast were contacted.
• Semi-structured interviews determined workplace practices & policies at each institution.
• Data from interviews, policies and procedures was assimilated to create an MSP proposal.
• Data presented to stakeholders.
• Discussion and a post-presentation survey assessed feasibility and determined next steps for implementation.

Purpose & Aims
• Develop evidence-based recommendation based on literature review & review of current practices among New England Cancer Institutes.
• Provide supporting evidence for development of an MSP
• Obtain feedback to assess feasibility of implementation of an MSP

Results
• All 14 institutions provided information about workplace practices regarding HD exposure.
• 13 institutions with exposure risk
• 2 successfully implemented MSPs, 1 was in the process of developing an MSP, while the other 9 engaged in primary prevention only.
• N=8 of 9 presentation attendees filled out post-presentation survey
• Obstacles for implementation: Need for an occupational medicine (OM) provider; A record keeping system; Monitoring on an ongoing basis; and Defining population at-risk to survey.
• 100% supported development of a standardized MSP.
• 97.5% support hiring of an occupational medicine provider.

Discussion
• Needs assessment serves as a useful tool for future development
• Importance of education prior to development of an MSP
• Concerns expressed re. identifying those at risk, documentation, lack of an OM provider, and frequency of surveillance.
• Stakeholder buy-in reflects desire to develop an MSP after education has been addressed.

Conclusion
• Policies revised to reflect that there isn’t currently an MSP.
• Education modules are being developed
• MSP implementation will be considered in the future since the network has the resources and data needed to properly implement.

Limitations
• Generalizability limited given small sample size, & data only from large academic medical centers in the Northeast.
• Selection bias for individuals surveyed.
• Recall/recording bias for the qualitative data that was obtained.

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