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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.”

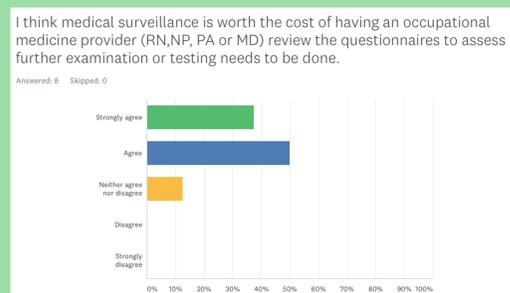
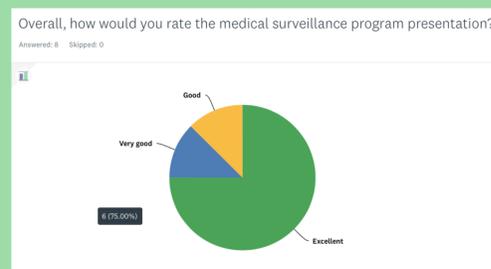
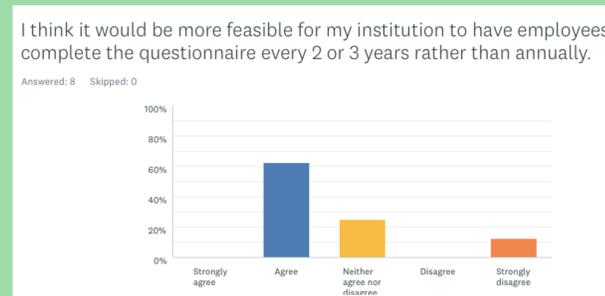
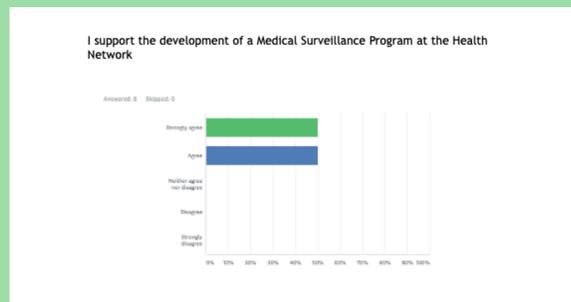
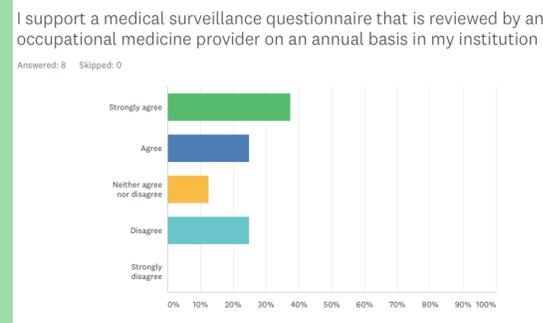
Methods

- 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

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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.
- 87.5% 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.