DEPARTMENT OF VETERANS AFFAIRS
ASSISTANT SECRETARY FOR HUMAN RESOURCES AND ADMINISTRATION
WASHINGTON DC 20420

JUL 2 1998

Mr. John B. Miles, Jr.
Director, Directorate of Compliance Programs
Occupational Safety and Health Administration
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

Dear Mr. Miles:

Enclosed is the Annual Occupational Safety and Health Program Report for Fiscal Year 1997 for the Department of Veterans Affairs (VA) as required by 29 Code of Federal Regulations (CFR) 1960.74. Through the cooperative efforts of our respective organizations, I hope to see further accomplishments within VA in the area of employee safety and health.

If your staff has any questions concerning this report or the VA Occupational Safety and Health program, they may contact Myrna J. Aavedal, Ph.D., Occupational Safety and Health, on 273-9742.

Sincerely,

Eugene A. Brickhouse
Designated Agency Safety
and Health Official

Enclosure

AGENCY FISCAL YEAR 1997 ANNUAL REPORT ON OCCUPATIONAL SAFETY AND HEALTH

Department/Agency Name: Department of Veterans Affairs
Authorized Point of Contact Name: Myrna J. Aavedal, Ph.D.
Title: Program Analyst
Telephone Number: (202) 273-9744
FAX Number: (202) 273-9777
E-Mail Address: myrna.aavedal@mail.va.gov

I. SAFETY AND HEALTH PROGRAM PERFORMANCE

A. Lost-time Injury and Illness Rates and Costs

1. How are your lost-time injury and illness rates and workers' compensation costs proceeding over time?

   a. Is the long term trend (past 10 years) up or down?

   The overall trend in the lost-time injury and illness rate is downward. The rates for VA, which are available for 8 years, instead of 10, have ranged from a high of 3.83 per 100 employees in FY 1994 to a low of 3.25 in FY 1997. The overall trend in workers' compensation costs, which are available for the last 6 years, are also downward, ranging from a high of $145.1 million in chargeback year (CBY) 1994 to $136.6 million in CBY 1997.

   b. Is the short term trend (past 3 years) up or down?

   The trend in the lost-time claims rate (LTCR) has been downward for the last 3 years: 3.47 in FY 1995 and FY 1996; and 3.25 in FY 1997. The short term trend in worker's compensation costs has also been downward, from $143.0 million in CBY 1995, $140.7 million in CBY 1996, and $136.6 million in CBY 1997.

2. Why are these trends occurring?

   a. What processes were changed?

   Several processes have changed in VA. For instance, the National Cemetery System (NCS) now uses lighter and smaller headstones and cremation burials constitute a greater percentage of the total burial workload. In the Veterans Health Administration (VHA), there is a trend to provide more care to veterans in an outpatient

setting than in a hospital setting. There has also been a change in the way VA administers its Office of Workers' Compensation Programs (OWCP) chargeback costs, which are now charged to the facility level, giving each facility Director an incentive to reduce costs. VHA's Veterans Integrated Service Network (VISN) Directors now have an item in their performance plans requiring a reduction in costs and in the LTCR. The Designated Agency Safety and Health Official (DASHO) issued annual goals which call for a reduction in the LTCR.

b. How did these changes affect your rates?

The lighter, smaller headstones and the increase in cremation burials reduced the risk of injuries to employees and reduced the rate of injuries. The care of veterans in an outpatient setting means that there are fewer employees working in the higher risk setting of a hospital. Holding each facility and VISN accountable for the chargeback costs associated with their claims gives them an incentive to reduce their costs, and reduce the number of injuries and illnesses. The VISN Director's performance goals and the DASHO's annual goals have provided incentive to reduce rates as well.

c. What are the top five causes of injuries and illnesses?

The total number of injuries denoting cause is 10,912. The most ***common causes of injury*** as noted on the OWCP claims forms are contained in the table below. As is true for all Federal agencies, the cause of injury is coded by the staff of OWCP; therefore, VA does not have control over the number of times the code "unclassified" is used.

Cause of Injury Category	Number of Claims	Percent of Total*
Handling or Striking Against Material	4,416	40.47%
Slips and Falls	2,478	22.71%
Violence	328	3.01%
Falling Objects, Flying Particles, etc.	305	2.80%
Gases, Dusts, Chemicals, Electricity, Fire	231	2.12%
Other Causes	227	2.08%
Motor Vehicles	101	0.93%
Unclassified	2,826	25.90%
TOTAL	**10,912**	**100%**

*Percentages have been rounded to the nearest 100th of a percent for each cause of injury category.

B. Hazard Abatement

1. Does your agency have an active program to recognize, evaluate, and control workplace safety and health hazards? If so, please describe.

   VA policy, consistent with OSHA standards, calls for an annual occupational safety and health (OSH) inspection of each facility. These oversight inspections are performed by the VHA OSH staff in each VISN.

2. How does management assure that abatement has taken place?

   a. Please describe or attach a description of your automated abatement tracking system.

      VA does not use an Department-wide automated tracking system, however, some facilities do use computer software that assists them in keeping track of inspection results and abatement plans. Facilities that do not use computer tracking software must rely on manually recording the information.

   b. How do you track abatement due dates?

      Most facility safety committees track abatement plans as one of their responsibilities. As noted above, some facilities use computer software to track abatement dates, others track dates manually.

   c. How do you record actual correction dates?

      In those facilities that use computer software, they record the correction dates in their computer, others record dates manually.

3. Do you prioritize the abatement actions? Please explain the hazard abatement and funding priorities to fix the backlogs.

   Prioritization of abatement actions and funding priorities are handled at the facility level. The relationship between the needed hazard abatement and the funding priorities can vary from facility to facility and may depend on how the director has organized the OSH program in the facility. There is no uniform placement of OSH within each facility.

C. Safety and Health Program Measurement and Evaluation

1. How do you evaluate/measure the success or failure of field unit accident, injury and illness prevention programs?

   a. Audits against the requirements of 29 CFR Part 1960. Conducted by headquarters? Conducted by field units?

      VHA's annual inspections of all VA facilities take into consideration all aspects of OSHA standards, including 29 CFR 1960. OSH inspections of VA worksites also evaluate compliance with OSHA's standards. OSHA's periodic evaluations of VA headquarters have identified areas where compliance with OSHA standards can be improved.

   b. Injury and Illnesses reports

      The Workers' Compensation/Occupational Safety and Health Management Information System (WC/OSH MIS) links OWCP claims forms with information from VA's payroll system resulting in records that assist claims mangers to effectively manage the claims and assists OSH staff to obtain relevant information about the kinds of claims and the rate of claims at their facility. Annual goals for the reduction of OWCP claim rates are monitored by the WC/OSH MIS. Facilities, which have lowered their rate and met the goal, are identified.

   c. Other (please describe)

      VHA facilities also must conform to the standards of the Joint Commission for Accreditation of Healthcare Organizations.

2. What action(s) does the DASHO take if a problem is indicated by the information obtained above?

   Facilities, which reduce their injury and illness rates, are commended by the DASHO. Those facilities that have a tendency to have high rates are asked to review their programs to find ways to lower their rates.

   When VA facilities' occupational safety and health staff and OSHA inspectors disagree on compliance with OSHA regulations, the DASHO's staff urges the parties involved to resolve their differences at the OSHA Area or Regional level.

3. How was occupational safety and health addressed in your agency's strategic plan to address the Government Performance and Results Act?

   VA's overall strategic plan does not contain specific items dealing with occupational safety and health. While providing a safe and healthful workplace for employees is an important factor in VA, the strategic plan focused other issues such as those associated with the principle mission of providing high quality care to our veterans.

II. ACCOMPLISHMENTS

Please describe the major success stories of occupational safety and health in your agency during the reporting period.

A. NCS southern area has served as a model to the other areas in their commitment to the dissemination of OSH information to their workers and managers. For instance, the majority of their employees who drive in connection with their work have received recent driver education training.

B. In Veterans Benefits Administration, one of the employee training centers had responded to the need for training in prevention of violence in the workplace by presenting a training course on the subject.

C. In VHA, VA Medical Center, Providence, Rhode Island, took the lead in assisting VHA headquarters staff in developing an accident tracking system.

D. VHA has established a Strategic Health Group for Environmental and Occupational Health, which plays a major role in improving the Occupational Health Program.