Workplace and workforce health information systems in healthcare: Acknowledging the role of university researchers and highlighting the importance of health and safety committee capacity-building

Dear Editor,

In the November/December 2008 issue of the CJPH, Gilligan and Alamgir¹ provided an overview of the Workplace Health Information Tracking and Evaluation (WHITE^{TM}) database, produced through a partnership between the Occupational Health and Safety Agency for Healthcare (OHSAH), BC healthcare and BC healthcare unions on one hand, and a university-based research program funded through the Canadian Institutes of Health Research's Community Alliances for Health Research (CAHR), *Making Healthcare a Healthier Place to Work: A Partnership of Partnerships*, on the other. This database and other products of this research collaboration, ranging from on-line learning products to new guidelines to decrease infectious disease transmission, indeed provide excellent examples of university-based researchers partnering with decision-makers to "bridge the knowledge gap".^{2,3} Nevertheless, the lack of clarity in the Gilligan-Alamgir article¹ both about the role of unions as well as about the important role of university-based researchers in this partnership is lamentable. After all, health and safety associations exist in the healthcare sector across Canada as well as in other sectors in BC. What made OHSAH special was not only its strong bipartite governance but precisely the innovative decision to select a university-based researcher as its Founding Executive Director, someone who had long advocated worker involvement,⁴ use of web technology⁵ and establishment of data systems to guide interventions,^{6,7} heralding a groundbreaking partnership.

The authors¹ noted the limited attention that has thus far been devoted in WHITE^{TM} to collecting information about workplace conditions needed to guide actions by joint health and safety committees, an important feature of the original ethos of OHSAH.⁸ The concept for a comprehensive database on occupational health for healthcare, as previously developed by CAHR team members in Winnipeg, as well as our experience in the early days of the CAHR in BC to monitor and evaluate overhead lifts⁹ and the Prevention and Early Active Return-to-Work Safety program^{10,11} made it clear that prevention requires more than tracking injuries – it requires information to guide actions to improve workplace conditions. Learning from the experience in Manitoba, and in developing WHITE^{TM} in partnership with OHSAH, our research team has since developed another instrument, the Occupational Health And Safety Information System (OHASIS), working closely with research colleagues in Free State, South Africa as well as management, government and labour. OHASIS is currently being piloted at Pelonomi Hospital¹² with a focus not on claims management, but rather on collecting data to improve conditions in the workplace, with a well-developed module for workplace inspections. Most importantly, we emphasize training health and safety committees to conduct incident investigations and workplace assessments and to use OHASIS for primary prevention.

In highlighting the importance of workplace health surveillance, it is especially important that the need for independent research, front-line worker capacity-building and the focus on prevention^{7,12} do not take a backseat to use by employers for absenteeism control

or claims management. Time will tell if investments in such databases really make healthcare a healthier place to work – but having such databases will certainly make that determination by independent university researchers easier to accomplish.

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Authors' Response

We thank Dr. Spiegel, Dr. Annalee Yassi (who was the Founding Executive Director of OHSAH, but is no longer with the organization) and the other co-authors of this letter to the editor, for reinforcing the importance of active surveillance systems and research-stakeholder collaboration in advancing occupational health. A few of the issues raised in the letter require further clarification.

As pointed out in the paper and reinforced in the letter by Spiegel, Yassi et al., OHSAH and its staff work very closely with all of its stakeholders, which include health care employers and health care unions; in fact its very structure and foundation as a bipartite agency ensures this. Many of its projects are jointly developed with researchers from the Universities in BC, Canada and outside Canada. Most of OHSAH's scientists are engaged at the local universities to some degree. The acknowledgement in our paper identifies the support we have received from our stakeholders and partner organizations toward developing this tool. The collaboration from our

stakeholders, academia, government and our national and international colleagues is core to everything that we do and continues to make OHSAH a very unique and special organization.

While ideas and concepts for the development of surveillance systems may have been investigated in Canada and many other places in the world, the design and development of the Workplace Health Indicator Tracking and Evaluation Database (WHITE) was undertaken after a careful review of British Columbia's specific needs, which not only included the creation of a system to monitor incidents and to guide decision making for improved workplace conditions, but also case management, healthcare worker health history and education and training records. The letter's reference to previous work in Winnipeg being the driving factor for WHITE's design is not accurate.

As to the current work undertaken by Spiegel, Yassi et al. in South Africa, it is good to see that the WHITE system has inspired other jurisdictions to undertake their own work in injury surveillance systems. It is also personally satisfying to one of us (Tony Gilligan) since he was part of the first delegation to visit South Africa to share BC experiences and discuss the initial ideas. As expected, the cir-

cumstances, requirements and use of an injury surveillance system and associated database in South Africa are very different than those of BC.

Later in their letter, Spiegel, Yassi et al. suggest that WHITE focuses on claims management. This is incorrect. WHITE and associated data analysis capabilities are a fully featured system that supports injury surveillance, risk assessment, OHS education and training and compliance with regulatory requirements.

The seeds sown during OHSAH's collaboration with its stakeholders in developing and implementing the WHITE database in BC continue to flourish with large and varied projects making use of this valuable resource. And with ongoing updates and revisions to the underlying system, it can exploit lessons learned and adapt to ever-changing circumstances. It is expected that new versions of WHITE will further inform the design of similar systems nationally and internationally, as it did in South Africa.

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