SAFE PATIENT HANDLING & MOBILITY

THE BASICS AND BEST PRACTICES

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REFERENCES & ACKNOWLEDGEMENTS

The following presentation is a compilation from multiple sources including:

- The MEMIC Group, **“Safe Patient Handling and Mobility”** Workshop
- HoverTech International, **“Starting your SPH Program”, “SPHM in Ancillary Departments”**
  - Authors: Kent Wilson, CIE, CSPHP; Patti Wawzyniecki, MS, CSPHP

INTRODUCTIONS

WHAT IS SPHM

Safe Patient Handling and Mobility (SPHM)

Safe patient handling and mobility involves the use of assistive devices to ensure that patients can be mobilized safely and that care providers avoid performing high-risk manual patient handling tasks. Using the devices reduces a care provider's risk of injury and improves the safety and quality of patient care.

-This is a SAFETY Program!!

US Dept. of the VA, SPHM https://www.publichealth.va.gov/employeehealth/patient-handling/index.asp

WHAT IS MANUAL LIFTING

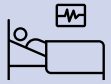
"Lifting, transferring, repositioning, and moving patients using a caregiver's body strength without the use of lifting equipment/aids that reduce forces on the caregiver's musculoskeletal structure."

"Developing a No-Lift Policy" Department of Veterans Affairs

BENEFITS TO DEVELOPING A SPHM PROGRAM

Staff

- Reduced risk of injury
- Improved job satisfaction
- Increased morale
- More energy at end of day
- Less pain and muscle fatigue
- Extended work life
- Improved Transfer Efficiency



Patients/Residents

- Improved quality of care
- Improved comfort/dignity
- Improved satisfaction
- Early Mobility
- Reduced skin tears/falls
- Consistency of care
- Reduced length of stay

Organization

- Reduced workers compensation costs
- Improved Community Image
- Patient/Resident Satisfaction
- Modified Duty
- Recruitment/Retention
- Reduced Never Events

SPHM PROGRAM IMPACT

Various facilities have shown reductions of:

- Frequency of injuries by up to 43%
- Severity of injuries by up to 24%
- Lost workdays by nearly 81%
- Workers' comp costs of 92%
- Caregiver turnover by 50%
- Patient falls, skin tears and pressure ulcers

Source: https://www.osha.gov/Publications/OSHA3279.pdf

FACILITY SUMMARY

The following is an example of an acute care facility and the impact a SPHM program can have:

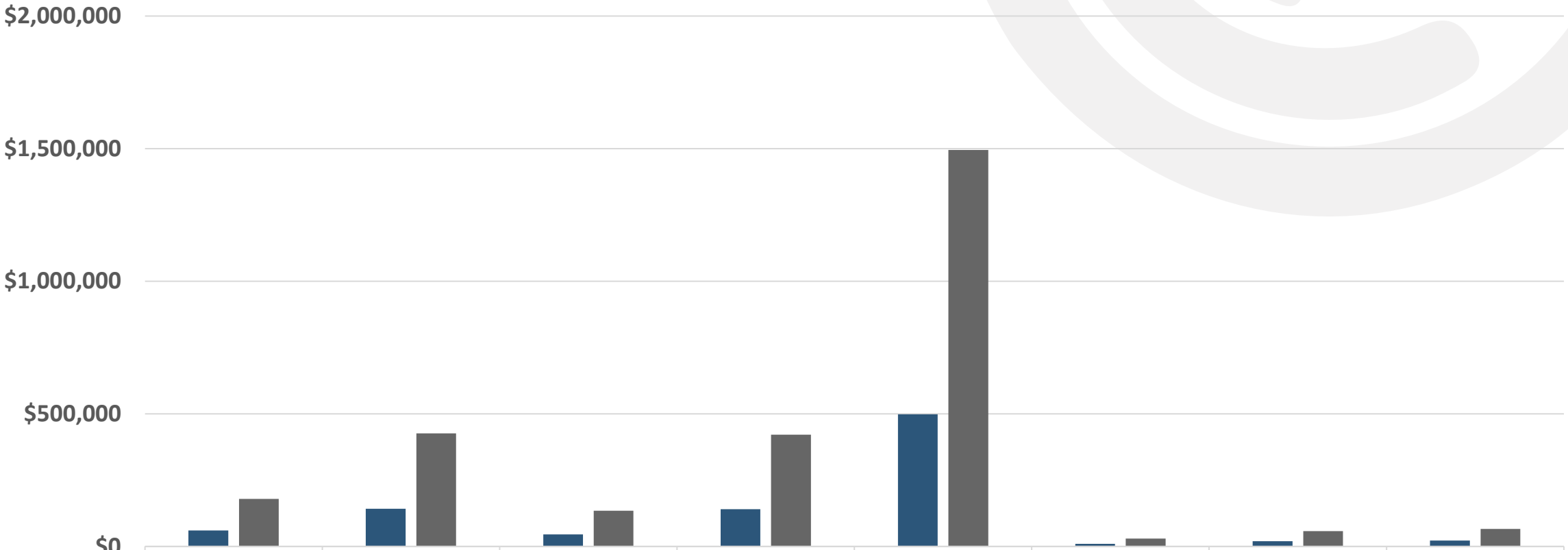
- An initial risk assessment was performed that incorporates three major components:
  - Review of historical injury data
  - Environmental and equipment assessment
  - Interviews with frontline and administrative staff
- Three years later a second assessment was completed using the same criteria to measure the success of the SPHM Program.

COST OF A BACK INJURY IN HEALTHCARE

Direct vs. Indirect Costs

ASSESSMENT FINDINGS

Cost of Summary of Direct and Indirect Costs Associated with your SPHM Program



	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8
Direct Cost	$59,628	$142,045	$44,781	$140,397	$498,357	$9,814	$19,147	$21,783
In-Direct Costs	$178,884	$426,135	$134,343	$421,191	$1,495,071	$29,442	$57,441	$65,349

LOST AND RESTRICTED WORKDAYS

Lost and restricted workdays are a key measurement for severity of injuries.

Lost Workdays

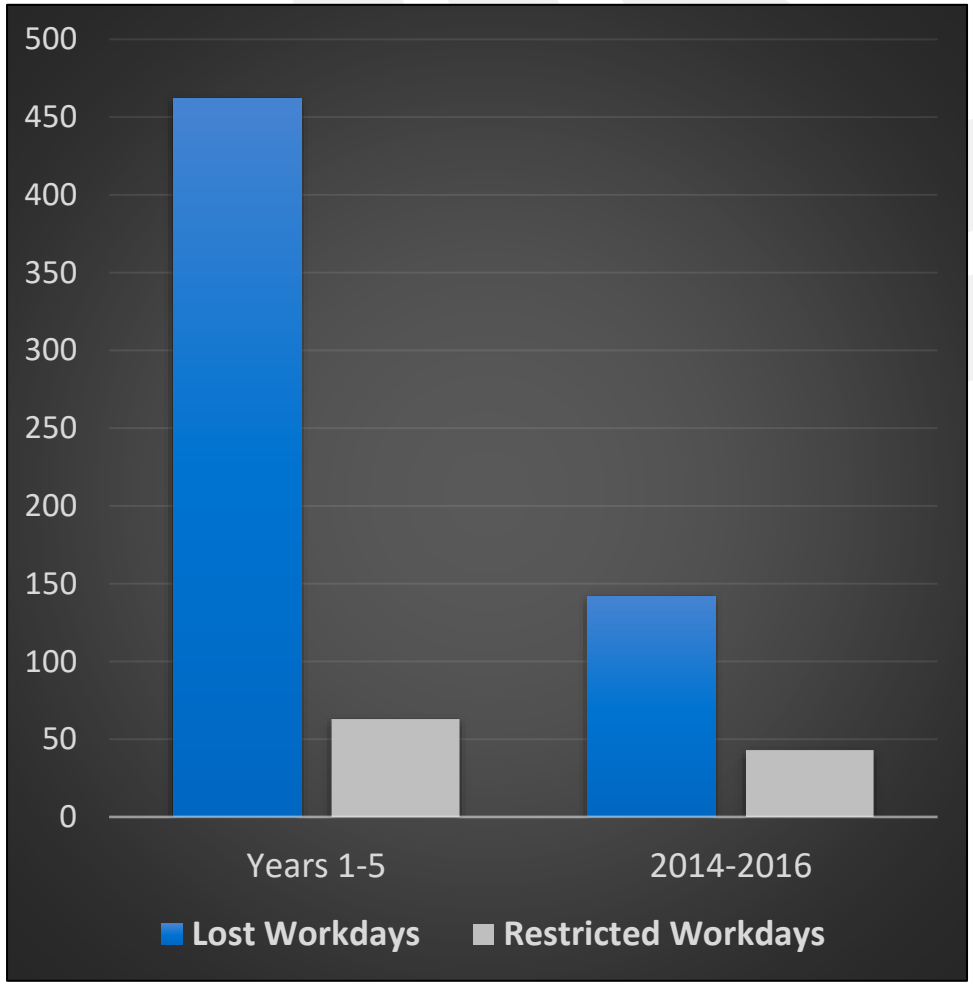
- Years 1-5, 462 days
- Years 6-8,142 days

Total reduction of 71%

Restricted Workdays

- Years 1-5, 63 days
- Years 6-8, 43 days

Total reduction of 32%



CAREER ENDING INJURIES

- In years 1-5 there were nine (9) career ending injuries due to SPHM Tasks.
- In the following 3 years there was one (1) career ending injury due to SPHM Tasks.
- Years 1-5 = 1.8 Careers lost annually
- Years 6-8 = .25 Careers lost annually

SUCCESS!

There are three key components that directly impacted the success for this organization:

1. Dedication by SPHM Committee and administration to reduce employee injury
2. Purchasing of additional necessary equipment
3. Education/Training on proper use of equipment and expectation of use

SPHM

Group Discussion

List the challenges in the development, management and success of the SPHM Program.

IMPLEMENTATION & MANAGEMENT

NY Safe Patient Handling Act

Summary:

- SPHM Committee (co-chairs, 50% non-management, etc.)
- Implement Policies & Procedures
- Conduct Risk Assessment
- Patient Assessment Tool
- Initial & Annual Competencies
- Root Cause Analysis / Incident Investigation
- Annual Performance Evaluation of the Program
- Recommended to Include SPHM on Architectural Committees
- Employee Right of Refusal Policy

GOALS OF THE SPHM PROGRAM

Establish Goals - What outcomes do you want to achieve?

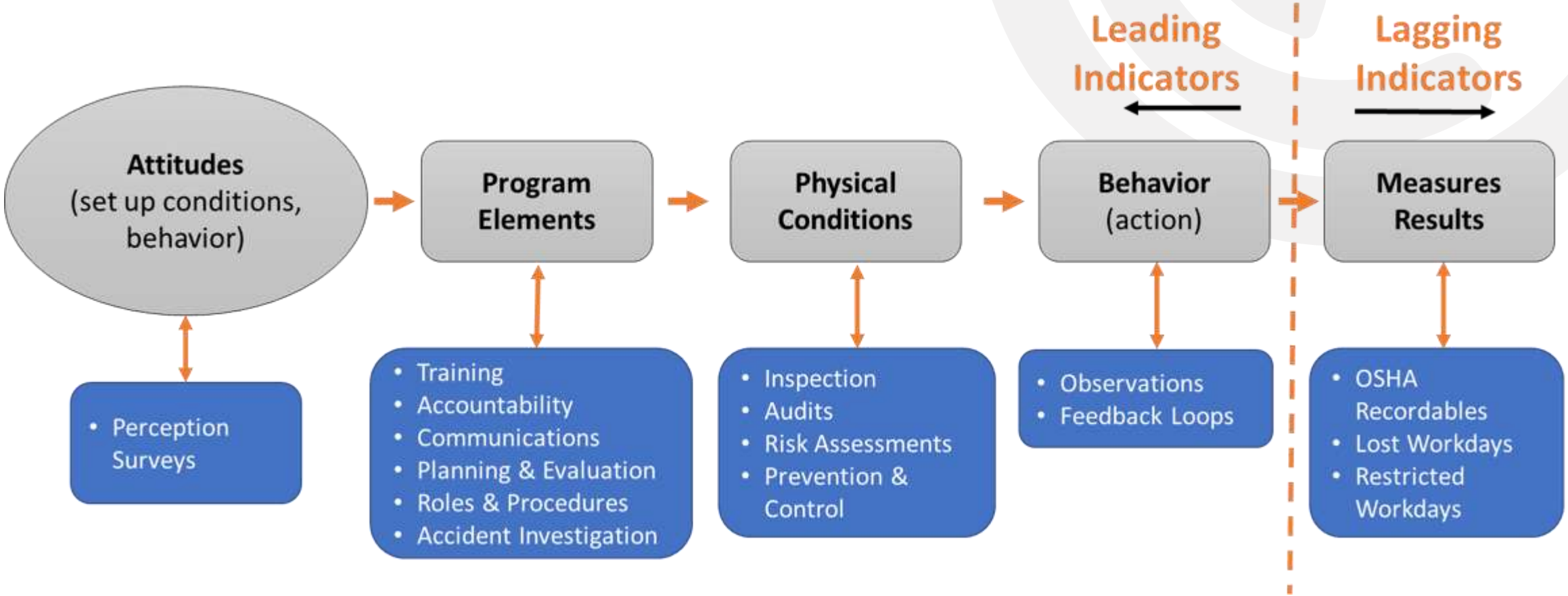
Facility's Goals

- Increase patient satisfaction scores by x,
- Reduce "never events" by x,
- Improve employee satisfaction

SPH&M Goals

- Implement effective SPH technology that reduces injuries by 50% for lateral transfers and repositioning over the next 12 months
- Develop and train all in-patient RN's on process for accurate and rapid assessment of patient dependence and application of correct patient handling technology by year end

KEYS TO MEASURING SPHM PROGRAM SUCCESS



COMMUNICATION

- Who does initial dependency assessment? Where/how is it documented?
- Reassessment: Who? When? Where/how is it documented?
- Change of Shift Report:
  - Who attends?
  - Verbal or bedside?
  - How long to get updates from report to the nursing assistants?
  - Do you have guidelines for shift report to ensure consistency?

RISK ASSESSMENT

Importance

- SPHM Gap Analysis
- Baseline for informed decision making
- Collect & analyze injury, environment & financial data
- Benchmarking

RISK ASSESSMENT

- Environmental Assessment
  - Review pathways, door widths, flooring, anything that will promote or hinder the pathway of a patient.
- Needs Assessment
  - Collect data on the patient population and dependency levels, SPHM tasks by department/unit, equipment presently available, staff concerns and perception.
- Historical Assessment
  - Review the historical data to benchmark costs, review injuries by type, location, frequency, severity, staff title, etc.

SWOT ANALYSIS

- Initial Training
- Committee engagement
- Equipment
- Mobility Assessment Tool
- Standardization

- Implementation of AM-PAC
- Annual Training
- Interdisciplinary Training
- Equipment

- Equipment
- Injury reporting
- Employee Health
- Measurable Dashboard
- Wounds

- MONEY
- Other Initiatives
- Policy Implementation
- Equipment Availability

POLICIES & PROCEDURES

Policy: “WHAT” & “WHY”

- Outlines items needed for effective program
- Includes responsibilities of management & staff
- “Umbrella” covering all your individual institutions if part of a system

Procedures: “HOW”

- Unit-specific implementation plans
- Developed by unit staff & committee
- Compliance is required

POLICIES & PROCEDURES

Should be…

- Clear and concise; easily understood & applied
- Reference other policies
- Developed by interdisciplinary team; input from all units moving patients
- Address education, training, non-compliance & follow-up
- Foster reliability & accountability throughout organization

PATIENT ASSESSMENTS AND/OR SCREENING

Various types/formats

- Bedside Mobility Assessment Tool (BMAT2.0); Egress Test; Fall Risk Assessment, etc.

Used for identifying patient mobility status (not disability)

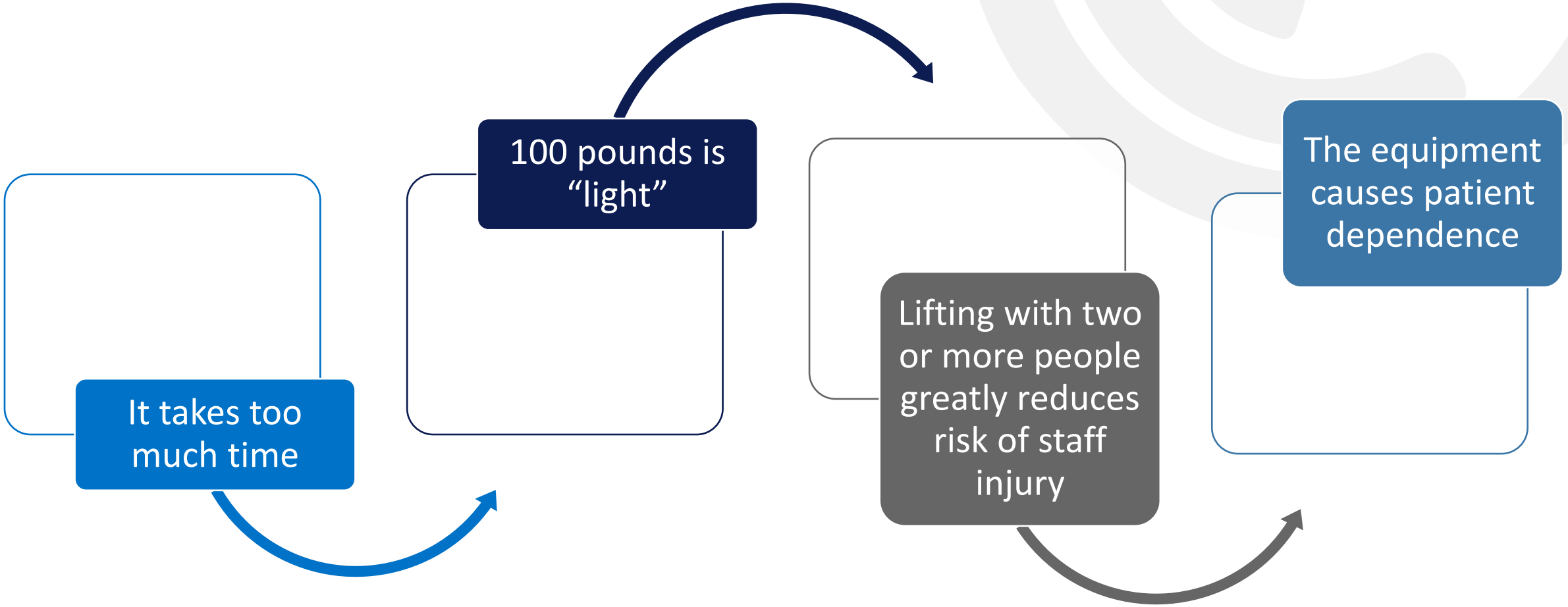
Frequency of assessments/screening:

- New admission
- Change in patient medical condition
- Routine intervals (based upon facility protocols)

Identifying potential risks

- Cognitive, behavioral, emotional status
- Physical (e.g. medical conditions)
- Size (height/weight)
- Mobility level

CLINICAL ASSUMPTIONS VS. EVIDENCE



CONTINUUM OF MOBILITY & TRANSFER

Mobility

Device Type

Image

Independent
Active

Mobility

Dependent
Passive

Fall Recovery	Self Help Aids	Non-powered Stand Assist Aid	Mechanical Sit to Stand	Repositioning in bed	Total Body Floor Lift /Ceiling Lift
					
• HoverJack • Camel Lifting • Cushion • Raizer Lifting • Chair ResQup		 	 	 	 

CHALLENGING PATIENT-HANDLING TASKS

Group Discussion

Challenges for direct care staff.

EQUIPMENT, TRAINING & EDUCATION

SPHM EQUIPMENT PURCHASING PROCESS

- SPHM Committee decides to eliminate SPHM task
- Committee or subcommittee reviews all options
  - Bring in Vendors to look at all solutions for task
  - Review pricing, versatility, environment, simplicity
  - Passes Bio-Med, epidemiology, IP, VAT, PT/OT
- Budgetary money becomes available
- Trial appropriate equipment to eliminate task
  - Trialing design and measurements
- Purchase equipment based on staff feedback, cost and versatility
- Train staff on equipment and policy

EQUIPMENT DECISION MAKING PROCESS

Trialing equipment has multiple variable including:

- Patient Population
- Environment
- Availability
- Accessories
- Staffing
- Time
- Versatility
- Evaluation Forms

The following will minimize the variable and get the most qualified results:

- Evaluate equipment on the same unit
- Confirm equipment will work on all units
- Vendor must train all staff that will be utilizing the equipment
- Unit specific point person to manage the trial
- Evaluations MUST be completed
- Unit Managers AGREE to trial
- Equipment designed for unit population
- Limit length of trial

ERRORS IN EQUIPMENT PURCHASING

- Do not do a vendor fair
- Make sure you have, or are going to have, the ability to purchase BEFORE you show the general staff
- Look at both task and environment that equipment needs to function
- Review accessory costs associated with each piece of equipment
- Purchasing decides on best equipment

EQUIPMENT MANAGEMENT

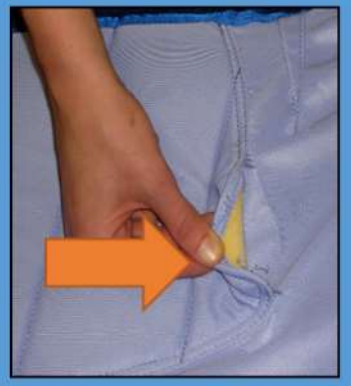
Consider the following when implementing any equipment in your facility:

- Quantity
  - Recognized standards
  - Patient census and dependency
  - Population
- Location/Storage
- Accessories
- Sharing Across Units
- Standardizing
- Inventory Management
- Repair Process
- Policy/Procedure Mandates
- Education/Training
- Replacement Schedule
- Ancillary Departments
  - Medical Imaging
  - Bio-Med
  - IP
  - Wound/Ostomy
  - Facilities
  - PT/OT

SLING MANAGEMENT

Check Straps or Clips for damage

Seams – Laundry to review seams every wash. Nursing to inspect every use.



Should have no Holes/ Fraying/Puckering from dryer

Label
Should be readable.
Life expectancy 3-5 years

SLING STORAGE

TRAINING & EDUCATION

Frequent reviews & practice increase confidence

Increased confidence increases compliance & safety

FREQUENCY	
Initial:	New employees & those changing assignments
Annual Competencies:	Demonstrated and documented
Refresher:	Frequent, brief reviews when task requires use of lift, during department meetings, or slower times

INFORMATIONAL TOOLS

SAFE PATIENT HANDLING AND MOBILITY

We want to make sure that your family member who is a patient, resident, or client of our facility, is comfortable and safe when being moved or lifted. We also want our employees to be protected from the risk of musculoskeletal injury when they are moving or lifting your loved one. As a result, we have implemented a safer way to move and transfer patients. These methods, involving special equipment, help to put safety first—for the patient and the caregiver.

SAFETY MATTERS FOR YOUR LOVED ONE

The chances of our caregiving staff being at risk of injury are greatly diminished with the use of mechanical lifts and devices. Your family member is being cared for by well-trained healthcare staff in the safe use of these devices. The benefits of this for the patients are an increase in comfort, maintenance of personal dignity, and a decrease in the blood circulation complications caused by immobility. Eliminating manual lifts through the use of lift equipment is a win-win proposition for both our employees and your loved ones.

CARING FOR THE CAREGIVERS

Personal caregivers often have to do heavy lifting and repositioning when they are assisting patients/residents. The injury rate for healthcare workers is one of the highest of any occupation in the United States. By using special equipment to lift and move patients, both the caregivers and their patients are safer.

ASSISTIVE DEVICES

Many pieces of equipment are available to make a job safer for the residents/patients and caregivers. Ceiling-mounted lifts, mechanical lifts, walking belts, transfer poles, modified toilet seats, slider sheets, friction-reducing devices, and stand and lift aids are some of these devices. The equipment benefits the resident/patients by improving the quality of patient care, ensuring consistency in care delivery, and raising the level of their comfort.

MOVES & TRANSFERS

The mechanical lifts and devices are used when the caregivers have to move patients in and out of bed, to and from a stretcher, in and out of a wheel chair, repositioning in bed, on and off a toilet, in and out of a care, walking up and down a corridor with support, and applying support hose. Using the devices makes the job safer, easier, and more comfortable for both the employees and the patients.

OUR STANDARD OF CARE

Our philosophy of "caring for the caregiver" is embodied in the following standard:

- No manual lift from the floor is safe.
- Eliminate the manual lifting of patients.
- Use the appropriate equipment for a "two-person" assist.
- Establish an assessment protocol to choose the safest method for moving patients.
- Appraise the ability of the healthcare worker to bear the weight of individual patients, and encourage the cooperation, if necessary, of the patient in that endeavor.

NEXT STEPS

INTENTIONAL ROUNDING

- Get the word around – not just by email, newsletter, poster
- Face-to-face encounters are downplayed today in the computer age
- Accountability is heightened when face-to-face conversations happen
- **“Just in time”** training can occur when walking the halls
- Walk Weekly – daily if possible
- Walk a different **“Trail”** each day

GENTLE GUIDANCE

What did you learn today?

- Articulate your learnings to others
- Allow yourself ample time to internalize the new ideas and insights you've gained from the training
- Try to apply what you've learned as soon as possible, even if it's initially only a small step
- Walk-the-talk. People hear what we say, but they see what we do – seeing is believing
- Designate 15-20 minutes at next staff huddle to discuss Safe Patient Handling and mobility principles
- Demonstrate "peer leadership"

SUCCESS IS A JOURNEY, NOT A DESTINATION

- What's next for YOUR team?
  - Action plan! SMART
    - Who?
    - What?
    - Where?
    - When?
    - How?
  - Assess your program
- Committee
  - Schedule for 2024
  - Try 30 minutes if you cant get 60!
  - Ensure you have a senior leader advocate

THANK YOU

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