

Safe Patient Handling Program – Gap Analysis Checklist 2014

INSTRUCTIONS: This comprehensive Safe Patient Handling Program (SPH) program *Gap Analysis* checklist highlights the important components of a safe patient handling program. You can use the checklist to help identify those components of your safe patient handling program or policy that are well developed, as well as those that need further development. This checklist includes all elements required by Washington State law, the essential evidence based components of a safe patient handling program and the best practices identified in the WSHA *Hospital and Worker Culture of Safety: SafeCARE4U* Safe Patient Handling bundle.

The checklist can be customized by adding or deleting components specific to your facility. Support tools and resources provided through the *LEAPT Hospital and Worker Culture of Safety* project can be used to provide additional information for specific SPH program elements or activities listed in this document.

It is recommended that the checklist be completed periodically as a part of an ongoing program evaluation and as a tool to facilitate program sustainability.



SPH Program Foundation and Management				
Management Leadership	Implemented	Not Implemented	To be Implemented	Will not be Implemented or is not Applicable
1. Facility leaders assign responsibility and accountability for the implementation and maintenance of the program				
	Notes (timelines, responsibilities, etc.)			
2. Facility leaders set clear safety goals and expectations for the program such as: a. Prompt reporting of staff or patient injuries/incidents related to patient handling b. That all dependent patients over 35 pounds are moved with equipment unless use is prohibited due to clinical concerns or medical emergency c. The consistent and appropriate use of lift equipment and SPH procedures such as patient assessment protocols d. How semi-independent, high fall-risk patients should be handled to balance safe lifting and movement with patient rehabilitation needs (with the goal of reducing caregiver patient handling loads at or below 35 pounds)				
	Notes (timelines, responsibilities, etc.)			
3. Roles and responsibilities of all staff within the program are clearly communicated				
	Notes (timelines, responsibilities, etc.)			
4. The facility has a clearly defined and communicated process for speaking up if a potential safety issue related to patient handling has been identified by staff				
	Notes (timelines, responsibilities, etc.)			
5. Management at all levels support staff in the event of patient, family, provider, or caregiver refusal to use safe patient handling equipment				
	Notes (timelines, responsibilities, etc.)			
6. Management at all levels support and facilitate staff education related to SPH and attendance at meetings as relevant e.g. for committee members and SPH champions				
	Notes (timelines, responsibilities, etc.)			



SPH Program Foundation and Management				
Management Leadership cont.	Implemented	Not Implemented	To be Implemented	Will not be Implemented or is not Applicable
7. Management at all levels recognizes employee contributions to worker safety and health at the facility				
Notes (timelines, responsibilities, etc.)				
8. Management at all levels routinely demonstrates visible commitment to the program through participating in activities such as executive rounding, safety huddles, etc.				
Notes (timelines, responsibilities, etc.)				
9. Facility leaders consider safe patient handling and the on-going evaluation of the program in strategic planning and resource allocation(e.g., funds and time)				
Notes (timelines, responsibilities, etc.)				
Staff Involvement	Implemented	Not Implemented	To be Implemented	Will not be Implemented or is not Applicable
1. Staff from all departments who will use SPH equipment, provide support for or are impacted by the program are involved in the following activities related to their role in the program: a) Identifying patient handling hazards b) Reporting an injury, hazard, or concern, including near misses c) SPH ergonomics/safety audits d) SPH equipment selection e) Education and training f) SPH in new building or remodeling g) Evaluating and updating the program h) Participating in the SPH committee				
Notes (timelines, responsibilities, etc.)				



SPH Program Foundation and Management				
Written SPH Policy	Implemented	Not Implemented	To be Implemented	Will not be Implemented or is not Applicable
1. A SPH policy that eliminates manual lifting to the extent feasible is in place				
Notes (timelines, responsibilities, etc.)				
2. The policy is reviewed periodically for relevance and effectiveness and updated as needed				
Notes (timelines, responsibilities, etc.)				
3. The policy, expectations and roles related to the SPH program are clearly communicated to staff & labor representatives				
Notes (timelines, responsibilities, etc.)				
4. The policy is communicated to patients				
Notes (timelines, responsibilities, etc.)				
5. Management at all levels visibly supports and reinforces the policy				
Notes (timelines, responsibilities, etc.)				



SPH Program Foundation and Management				
SPH Policy and Processes for Specific SPH Related Events and Patient Populations	Implemented	Not Implemented	To be Implemented	Will not be Implemented or is not Applicable
A process is in place to address:				
1. Staff and provider refusal to use safe patient handling equipment				
2. Patient and family refusal to use safe patient handling equipment				
3. Emergency situations such as a cardiac arrest, seizure, etc.				
4. Bariatric patients				
5. Combative patients				
6. Fall prevention related to SPH				
7. Long stay patients				
8. Other, e.g., orthopedic, post cardiac surgery, trauma patients, etc.				
9. Pediatric				
10. Specific SPH policies/processes are reviewed periodically for relevance and effectiveness and updated as needed				
Notes (timelines, responsibilities, etc.)				



SPH Program Foundation and Management				
Program Management	Implemented	Not Implemented	To be Implemented	Will not be Implemented or is not Applicable
1. There is a facility SPH program champion who visibly supports the program and associated activities e.g. the chief nurse executive				
Notes (timelines, responsibilities, etc.)				
2. A safe patient handling committee exists: <ul style="list-style-type: none"> a. That includes staff representatives from all departments that are affected by the SPH program and includes at least 50% frontline staff and at least 1 mentor from upper management who serves on higher level committees and can guide the effectiveness of the SPH committee (e.g. Safety Officer, CNO, Quality Director) b. Has linkage to other leadership structures (e.g. Patient Safety Committee, Employee Safety Committee, EOC Committee, Product Review Committee, Executive Committee) c. Is empowered by facility leaders for oversight of the program d. Meets on a regular basis e.g. monthly and communicates activity of the SPH committee 				
Notes (timelines, responsibilities, etc.)				
3. There is a SPH program is manager or coordinator				
Notes (timelines, responsibilities, etc.)				
4. The program manager has sufficient time and resources to coordinate the program				
Notes (timelines, responsibilities, etc.)				
5. The program has a well-established link to nursing care services as well as the facility employee and patient safety committees e.g. representatives from these groups are members of the SPH committee and the program may be managed through nursing services				
Notes (timelines, responsibilities, etc.)				
6. There is a SPH Program Plan or roadmap that defines the business case and program goals and activities that is maintained reviewed and updated by the SPH committee on a regular basis				
Notes (timelines, responsibilities, etc.)				



SPH Program Foundation and Management				
Program Management cont.	Implemented	Not Implemented	To be Implemented	Will not be Implemented or is not Applicable
7. There is process to review the plan and communicate the status of safe patient handling efforts and any factors that may enhance or limit success with facility leaders and pertinent committees e.g. Clinical Care, Employee, Patient safety on a periodic basis				
Notes (timelines, responsibilities, etc.)				
8. The plan is reviewed and roles discussed with directors and unit/department managers				
Notes (timelines, responsibilities, etc.)				
9. The goals, importance and benefits of a comprehensive safe patient handling program are communicated to staff				
Notes (timelines, responsibilities, etc.)				
SPH Champion program	Implemented	Not Implemented	To be Implemented	Will not be Implemented or is not Applicable
1. A SPH champion program is in place				
Notes (timelines, responsibilities, etc.)				
2. Sufficient resources are allocated to manage/support the champion group				
Notes (timelines, responsibilities, etc.)				
3. The SPH champion program has ongoing coordination with other facility champion programs e.g. pressure ulcers, falls and infection prevention champions if present				
Notes (timelines, responsibilities, etc.)				
4. Champion roles and responsibilities are clearly defined and communicated				
Notes (timelines, responsibilities, etc.)				

SPH Program Foundation and Management				
SPH Champion program cont.	Implemented	Not Implemented	To be Implemented	Will not be Implemented or is not Applicable
5. There are at least 1 SPH champions per shift on each unit where the SPH program is implemented				
	Notes (timelines, responsibilities, etc.)			
6. Sufficient initial and ongoing competence based education is provided for champions to be able to perform their duties				
	Notes (timelines, responsibilities, etc.)			
SPH Champion program cont.	Implemented	Not Implemented	To be Implemented	Will not be Implemented or is not Applicable
7. Time is allocated for champion to perform activities such as staff training and program auditing				
	Notes (timelines, responsibilities, etc.)			
8. The champion program evaluated for effectiveness and modified as needed with input from management, staff and champions on a periodic basis				
	Notes (timelines, responsibilities, etc.)			
Communications/Social Marketing	Implemented	Not Implemented	To be Implemented	Will not be Implemented or is not Applicable
1. There a communications/marketing plan for the SPH program and related activities				
	Notes (timelines, responsibilities, etc.)			
2. SPH program constituents are identified i.e. all staff groups, volunteers, patients, families, community agencies who may be impacted by the SPH program policies and procedures				
	Notes (timelines, responsibilities, etc.)			

SPH Program Foundation and Management				
Communications/Social Marketing cont.	Implemented	Not Implemented	To be Implemented	Will not be Implemented or is not Applicable
3. The message and methods of communication that are relevant for each constituent groups identified e.g., email; newsletters; staff meetings; specific written communications ; SPH/ergonomics resource intranet page; External marketing (community); patient and family orientation information				
	Notes (timelines, responsibilities, etc.)			
4. There is a process and resources for development and dissemination of communications materials to program constituents				
	Notes (timelines, responsibilities, etc.)			
5. Communications/marketing efforts reviewed periodically and evaluated for effectiveness				
	Notes (timelines, responsibilities, etc.)			
6. If new SPH equipment or processes are implemented is there process in place to notify program constituents				
	Notes (timelines, responsibilities, etc.)			



SPH Program Hazard Analysis, Abatement and Evaluation				
Ongoing Program Evaluation	Implemented	Not Implemented	To be Implemented	Will not be Implemented or is not Applicable
Evaluating Interventions/Solutions <i>Staff Injury, Incidents and Near Miss data</i>				
1. Staff injury and related workers comp cost data is collected related to patient handling issues				
	Notes (timelines, responsibilities, etc.)			
2. Near miss events and first aid only (non-recordable) incidents are tracked related to patient handling issues				
	Notes (timelines, responsibilities, etc.)			
3. Data is reviewed for consistency of accuracy and coding e.g. a. Consistent use of terminology related to for example type of injury; cause of injury, location where injury occurred, department coding etc. b. Accurate tracking of cases with days away from work; job transfer or restriction or injury only c. Injury rates such as DART rates (injuries per 100 FTEs) are calculated using productive hours				
	Notes (timelines, responsibilities, etc.)			
4. Data collected includes: a. The type of patient handling tasks being conducted e.g. lifting a patient from the fall; b. Relevant information about patient status e.g. falls risk c. Patient assessment or SPH check conducted d. Equipment used – appropriateness and/or availability e. Approved SPH procedures completed or omitted				
	Notes (timelines, responsibilities, etc.)			
5. Data is collected about patient injuries related to patient handling issues				
	Notes (timelines, responsibilities, etc.)			



SPH Program Hazard Analysis, Abatement and Evaluation				
Ongoing Program Evaluation	Implemented	Not Implemented	To be Implemented	Will not be Implemented or is not Applicable
Evaluating Interventions/Solutions cont. <i>Staff Injury, Incidents and Near Miss data</i>				
6. Data related to patient handling related incidents and injuries is collected in real time				
	Notes (timelines, responsibilities, etc.)			
7. There is a process to review and analyze near miss, incident and injury data for learning and to identify improvement opportunities such as, a. Trending of injury rates and severity of injuries to determine effectiveness of SPH interventions b. Identify direct and indirect costs related to injuries and calculate return on investment for the program c. Identification of areas where program gaps occur				
	Notes (timelines, responsibilities, etc.)			
8. Data are shared within units and across units on a regular basis in a way to help staff understand patient handling injury trends, the cause(s) of the injuries, and learnings from the events e.g., include in daily huddles, unit staff meetings, SPH and worker and patient safety committees				
	Notes (timelines, responsibilities, etc.)			
9. Staff consistently report observed injuries, incidents, near misses hazards, and concerns related to patient handling				
	Notes (timelines, responsibilities, etc.)			
10. There is a reporting mechanism for all contractors to report injuries, hazards, and concerns*				
	Notes (timelines, responsibilities, etc.)			



SPH Program Hazard Analysis, Abatement and Evaluation				
Ongoing Program Evaluation	Implemented	Not Implemented	To be Implemented	Will not be Implemented or is not Applicable
Evaluating Interventions/Solutions				
<i>Other Outcomes</i>				
1. Metrics related to patient safety and the impact of the SPH program are collected as feasible e.g. Pressure ulcer, falls, medical outcomes, etc.				
	Notes (timelines, responsibilities, etc.)			
2. Other staff related data is collected such as staff perception, experience and overall satisfaction with the SPH program through survey and/or interview and staff turnover on a periodic basis				
	Notes (timelines, responsibilities, etc.)			
3. Patient satisfaction data is collected on a periodic basis				
	Notes (timelines, responsibilities, etc.)			
Process Evaluation				
1. Compliance related to use of SPH equipment and procedures is evaluated on a periodic basis				
	Notes (timelines, responsibilities, etc.)			
2. Program management and related processes are evaluated and enhanced as needed on a periodic basis e.g. SPH audits of equipment use completed; attendance at SPH education; education sessions offered, effectiveness of process such as sling management, functionality and effectiveness of patient assessment and related documentation processes and the SPH champion and education programs etc.				
	Notes (timelines, responsibilities, etc.)			

* "Contractor" includes anyone working at a hospital who is not an employee of the hospital (e.g., doctors with privileges to practice at the facility and any services that may be regularly provided by a vendor, including information technology, housekeeping or environmental services, facilities maintenance (OSHA 2012)



SPH Program Hazard Analysis, Abatement and Evaluation				
Equipment Selection, Tracking and Maintenance	Implemented	Not Implemented	To be Implemented	Will not be Implemented or is not Applicable
1. Equipment is chosen based on: <ul style="list-style-type: none"> a. Patient's physical, cognitive (dependency level/mobility) and clinical needs b. The patient handling and care tasks to be performed prioritized by risk c. The physical design of the work environment and other patient equipment e.g. thresholds, carpet, beds, access to bathrooms, ceiling height, load bearing capability etc. d. Basic ergonomic design principles related to physical and cognitive usability, e.g., force and grip strength required to move or handle equipment, operated brakes and other controls, salience of displays and feedback to operator when a function is activated etc. 				
	Notes (timelines, responsibilities, etc.)			
2. Staff who will use or manage equipment are involved in the evaluation, selection and piloting of new products				
	Notes (timelines, responsibilities, etc.)			
3. Potential equipment choices are reviewed by SPH committee members such as infection prevention, wound care, EVS and facilities/maintenance/biomed.				
	Notes (timelines, responsibilities, etc.)			
4. A process is in place for equipment trials, product evaluation feedback, and ordering of equipment				
	Notes (timelines, responsibilities, etc.)			
5. A process is in place when the physical environment is changed to accommodate SPH equipment e.g. Ceiling lift installation (room out of service; who to install etc.)				
	Notes (timelines, responsibilities, etc.)			
6. Equipment is convenient, available, accessible and in working order on each unit and facility wide as appropriate				
	Notes (timelines, responsibilities, etc.)			



SPH Program Hazard Analysis, Abatement and Evaluation				
Equipment Selection, Tracking and Maintenance cont.	Implemented	Not Implemented	To be Implemented	Will not be Implemented or is not Applicable
7. There is an adequate supply of appropriate safe patient handling equipment in each patient care area				
Notes (timelines, responsibilities, etc.)				
8. Changes in available SPH technology or by a vendor to existing equipment in a facility are monitored e.g. through discussions and on-site visits with colleagues from other facilities, discussion with vendors etc.				
Notes (timelines, responsibilities, etc.)				
Sling Management Process				
1. Slings available are appropriate for the tasks to be performed and patient needs (by function, size, single patient use and/or reusable)				
Notes (timelines, responsibilities, etc.)				
2. There is sufficient quantities of slings in each unit/dept where patient lift equipment are used				
Notes (timelines, responsibilities, etc.)				
3. Slings are easily accessed by staff				
Notes (timelines, responsibilities, etc.)				
4. Sling sizing, function, facility name, manufacturers name, laundering instructions and other relevant inspection/tracking information are included on the sling label				
Notes (timelines, responsibilities, etc.)				
5. There is a process in place for sending slings to be laundered, returned to the facility and specific units				
Notes (timelines, responsibilities, etc.)				



SPH Program Hazard Analysis, Abatement and Evaluation				
Equipment Selection, Tracking and Maintenance cont.	Implemented	Not Implemented	To be Implemented	Will not be Implemented or is not Applicable
Sling Management Process cont.				
6. There is a process in place for staff to obtain slings if there are insufficient quantities in their unit				
	Notes (timelines, responsibilities, etc.)			
7. There is a process in place for taking damaged slings out of service and repairing or disposing of them of them per vendor instructions.				
	Notes (timelines, responsibilities, etc.)			
8. Cost for replacement of damaged and lost slings is included in annual budget planning				
	Notes (timelines, responsibilities, etc.)			
9. Sling availability and loss is tracked				
	Notes (timelines, responsibilities, etc.)			
10. A process for sling inspection is in place that includes inspection a. Upon purchase before being placed into service b. On a periodic basis e.g. every 6 months; c. By staff <u>before</u> each use				
	Notes (timelines, responsibilities, etc.)			
11. Wound care staff has knowledge about current pressure ulcer prevention guidelines and use of SPH equipment (e.g. NAUAP guidelines) and has approved the process for using slings that considers a patients pressure ulcer prevention needs and the sling combination with specialty mattresses e.g. leaving a turning sling under a patient on an air mattress				
	Notes (timelines, responsibilities, etc.)			



SPH Program Hazard Analysis, Abatement and Evaluation				
Equipment Selection, Tracking and Maintenance cont.	Implemented	Not Implemented	To be Implemented	Will not be Implemented or is not Applicable
Infection Control Policy Related to Cleaning of SPH Equipment				
1. A cleaning process approved by facility infection control and manufacturer infection control requirements is identified and communicated for each type of SPH equipment and reviewed on a periodic basis for effectiveness				
	Notes (timelines, responsibilities, etc.)			
2. Processes are in place to address use of and cleaning measures for equipment in C.diff/isolation rooms				
	Notes (timelines, responsibilities, etc.)			
Maintenance and Inspection				
1. A maintenance system is in place to address nonfunctioning SPH equipment i.e. facilities maintenance staff have received education from the equipment vendor related to repair and replacement of equipment and parts				
	Notes (timelines, responsibilities, etc.)			
2. A standard process is in place to notify appropriate department, e.g. facilities maintenance, biomed, and/or facilities management when patient handling equipment problems/incidents arise				
	Notes (timelines, responsibilities, etc.)			
3. Preventative and routine maintenance and inspection for SPH equipment (including annual load testing) per manufacturer instructions and local/state/federal code is conducted				
	Notes (timelines, responsibilities, etc.)			
Ongoing Equipment Management				
1. An inventory of SPH equipment and slings and their storage location exists and is tracked				
	Notes (timelines, responsibilities, etc.)			



SPH Program Hazard Analysis, Abatement and Evaluation				
Equipment Selection, Tracking and Maintenance cont.	Implemented	Not Implemented	To be Implemented	Will not be Implemented or is not Applicable
Ongoing Equipment Management cont.				
2. A unit-level equipment needs evaluation is conducted on a periodic basis e.g.at least annually.				
	Notes (timelines, responsibilities, etc.)			
3. A process to evaluate and replace equipment and supplies such as slings and batteries is in place				
	Notes (timelines, responsibilities, etc.)			
Patient Assessment Protocols	Implemented	Not Implemented	To be Implemented	Will not be Implemented or is not Applicable
1. Patient dependency (or mobility) levels have been determined for SPH				
	Notes (timelines, responsibilities, etc.)			
2. A standard process is in place to identify each patient's dependency status and the appropriate patient handling equipment and slings that is needed to meet a specific patients needs				
	Notes (timelines, responsibilities, etc.)			
3. Dependency level criteria and SPH patient assessment process conducted are approved by nursing and therapy				
	Notes (timelines, responsibilities, etc.)			



SPH Program Hazard Analysis, Abatement and Evaluation				
Patient Assessment Protocols cont.	Implemented	Not Implemented	To be Implemented	Will not be Implemented or is not Applicable
4. There is a process in place to assess and communicate a patient's dependency level between staff: a. On admission to a facility and unit b. During the shift communications and handoff c. <u>Before</u> a patient handling and movement task is performed (e.g. a quick mobility check prior to chair to bed transfer or ambulation of a patient) d. Between different disciplines such as nursing and therapy e. Between units such as a patient care unit, transportation and imaging e.g. Ticket to Ride				
	Notes (timelines, responsibilities, etc.)			
5. Patient dependency/mobility status and needs are communicated upon admission to a unit from <i>other</i> depts. such as the emergency room or from outpatient clinics, LTC facilities etc.				
	Notes (timelines, responsibilities, etc.)			
6. A patient's dependency level and associated SPH equipment/slings is documented in the patient's care plan				
	Notes (timelines, responsibilities, etc.)			
7. Communication about patient SPH needs/dependency is included in the discharge process				
	Notes (timelines, responsibilities, etc.)			
8. Patient assessment and related documentation is being completed correctly by staff on a consistent basis				
	Notes (timelines, responsibilities, etc.)			



SPH Program Hazard Analysis, Abatement and Evaluation				
Education	Implemented	Not Implemented	To be Implemented	Will not be Implemented or is not Applicable
1. New staff (including travelers or agency staff) who will use SPH equipment and processes receive competency based training that includes hands-on return demonstration				
Notes (timelines, responsibilities, etc.)				
2. All staff who will use SPH equipment and processes receive competency based training that includes hands-on return demonstration: <ul style="list-style-type: none"> a. On a periodic basis e.g. annually or biannually (can be determined by program evaluation processes) b. When new equipment or processes are implemented c. When staff move to a unit or department where they will use SPH equipment and processes not previously operated 				
Notes (timelines, responsibilities, etc.)				
3. Education for staff who will use SPH equipment includes: <ul style="list-style-type: none"> a. The rationale and evidence base for SPH and the facility's SPH policy b. Patient assessment protocols and correct choice of equipment and related communications and documentation c. Safe use of equipment and slings including exceptions for use d. Use of equipment with specific patient populations as applicable e.g. bariatric, orthopedic etc. e. Equipment and sling inspection f. Equipment and sling access, cleaning, failure, breakage/damage g. How to get assistance 				
Notes (timelines, responsibilities, etc.)				
4. SPH Champions receive initial and periodic training specific to their role				
Notes (timelines, responsibilities, etc.)				
5. A process is place to address the role of students (nurses, therapists, OR/Imaging technicians etc.) and related training needs in the SPH program				
Notes (timelines, responsibilities, etc.)				



SPH Program Hazard Analysis, Abatement and Evaluation				
Education cont.	Implemented	Not Implemented	To be Implemented	Will not be Implemented or is not Applicable
6. Patients and their families receive education about the SPH program including equipment that may be used to move or lift them				
Notes (timelines, responsibilities, etc.)				
7. All staff is educated on the evidence base and importance of SPH as it relates to their role and responsibilities: a. Senior management/Leaders b. Unit/department directors and managers c. All staff who will use SPH equipment and processes d. SPH committee e. SPH champions				
Notes (timelines, responsibilities, etc.)				
8. The SPH committee and program manager are provided the opportunity for training and continuing education as related to SPH processes, evidence based trends etc.				
Notes (timelines, responsibilities, etc.)				
9. Support service staff receive training on specific SPH processes relevant to their role and responsibilities e.g. Housekeeping, Maintenance, Biomed, Linen services etc. a. When hired and b. On a periodic basis and c. As equipment or processes change				
Notes (timelines, responsibilities, etc.)				
10. Job aids are provided for use of equipment and SPH processes e.g. videos, picture guides, checklists and tip sheets for: a. Staff who use SPH equipment and processes b. Support service staff e.g. EVS –SPH cleaning policy and room set-up, maintenance				
Notes (timelines, responsibilities, etc.)				
11. There is a process to provide unit based SPH coaching of staff following SPH training on new equipment or processes e.g. conducted by unit champions				
Notes (timelines, responsibilities, etc.)				



SPH Program Hazard Analysis, Abatement and Evaluation				
Post Incident or Injury Management	Implemented	Not Implemented	To be Implemented	Will not be Implemented or is not Applicable
1. There is a process to conduct a root cause analysis of patient handling incidents to determine system cause of incidents and identify solutions				
Notes (timelines, responsibilities, etc.)				
2. Unit managers and other such as champions are engaged in post-event incident analysis				
Notes (timelines, responsibilities, etc.)				
3. There is a process in place (which includes the unit manager) to develop and implement recommendations/actions incident analysis				
Notes (timelines, responsibilities, etc.)				
4. There is an effective return to work program for staff who are on restricted duty due to a work related injury				
Notes (timelines, responsibilities, etc.)				
SPH Program Proactive Hazard Prevention				
Proactive Design	Implemented	Not Implemented	To be Implemented	Will not be Implemented or is not Applicable
1. There is a process to facilitate development and integration of facility wide through work with facilities planning and other key depts.				
Notes (timelines, responsibilities, etc.)				
2. SPH is included in all remodeling or reconstruction of patient care areas as recommended by the Safe Patient Handling Committee with input from direct care staff etc.				
Notes (timelines, responsibilities, etc.)				
3. There is a standardize process for selection, purchase and implementation of SPH equipment e.g. equipment and slings used are standardized for a facility as				



<p>appropriate; the SPH committee reviews requests for purchase of new technology or alternate SPH equipment to ensure they meet facility SPH protocols and needs</p>	<p>Notes (timelines, responsibilities, etc.)</p>			
<p>SPH Program Proactive Hazard Prevention</p>				
<p>Proactive – Hazard Identification and Gap Analysis</p>	<p>Implemented</p>	<p>Not Implemented</p>	<p>To be Implemented</p>	<p>Will not be Implemented or is not Applicable</p>
<p>1. Proactive audits of units/departments are conducted to identify ergonomics/patient handling related risk factors and related gaps in current policies and practices that may contribute to patient handling injuries and address them.</p>				
<p>Notes (timelines, responsibilities, etc.)</p>				
<p>2. Identification of patient handling related issues are included in regular safety and environment of care rounds and a process is in place to address hazards identified and implement recommendations</p>				
<p>Notes (timelines, responsibilities, etc.)</p>				
<p>3. There is a process for staff to provide real time feedback about equipment and patient handling issues</p>				
<p>Notes (timelines, responsibilities, etc.)</p>				
<p>4. There is a process in place to conduct a safety huddle after any patient lifting injury, or near miss, occurs and/or on a routine basis to discuss SPH and other safety related concerns or ideas</p>				
<p>Notes (timelines, responsibilities, etc.)</p>				
<p>5. There is a process in place (which includes the unit manager) to develop and implement recommendations/ actions from safety huddles/staff ideas and suggestions</p>				
<p>Notes (timelines, responsibilities, etc.)</p>				
<p>6. There is a process in place to recognize staff and disseminate learnings from staff ideas and suggestions</p>				
<p>Notes (timelines, responsibilities, etc.)</p>				





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