Safe Patient Handling & Movement (SPHM) Programs

Sustaining a Program Over Time
Presented at SPHM East 2011

Presented by
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Session Objectives

1. List 3 common reasons that SPH programs may decline over time.

2. Identify 3 activities that can assist to sustain a SPH program.
‘Lessons Learned’ From:

- Direct work with 25 acute care facilities, public health & home health and over 150 industrial/business organizations

- Members of the Oregon Nurses Association (ONA)

- The Oregon Coalition for Health Care Ergonomics (OCHE)

- The VAH; NIOSH, OSHA, Robert Wood Johnson; Institute of Medicine; Joint Commission; and from other countries
How Do You Know If Your Safe Patient Handling & Movement Program (SPHM) Needs Reviving?

What are the Symptoms?

- Musculoskeletal Disorders (MSDs) and other injuries & associated costs related to patient handling are increasing or not changing
- SPHM equipment is not being used
- SPHM is not talked about by senior management and/or by staff on units/depts.
- Decrease in budget for SPHM equipment and program activities
- Other
How Do You Know If Your Safe Patient Handling & Movement Program (SPHM) Needs Reviving?  

**Diagnosis**

- Is the problem facility wide or confined to 1-2 units/depts?

- Are the problems related to:
  - Ineffective SPHM interventions (equipment and processes) and/or
  - The program management process (budget, resources, culture change, etc.)?

How Do You Evaluate Your SPHM Program?  

**Diagnosis**

**Lagging**
- Injury Rates and Associated Costs
- Turnover and absenteeism
- SPHM Needs Assessment – Surveys, focus groups
- MSDs Risk Factors – Quantified through Ergonomics Analysis
- Cost Benefit Analysis
- Training Evaluation
- Equipment & Work Practice Audits
- Staff & Patient Satisfaction Surveys
- Impact on Patient Outcomes & Acute Injuries to Staff
- Proactive Design Activities
Core Components of Successful SPHM Programs

- Management Commitment (Visible Program Champion)
- Employee Involvement
- A Business Plan (Strategic & Tactical)
- Program Management (Program Facilitator)
- Worksite Analysis
- Hazard Prevention & Control
- Education & Training
- Disability Management
- Culture (Behavior Change)
- Planning for Sustainability

Multifaceted programs are more effective than any single intervention.

Challenge: Securing Ongoing Management Commitment at all Levels

- Corporate merger or buy out
- Turnover of senior management (and program supporters/champion)
- Competing financial, resource and regulatory demands ++++
- Perception of patient vs. staff safety
- Management style – unit staff (end users) not typically involved in design and implementation of new projects or clinical initiatives
Challenge: Securing Ongoing Management Commitment at all Levels

- Lack of understanding re business/financial impact of MSDs related to patient handling on organization’s profit margin and operations
- Lack of awareness of the injury risk associated with manual patient handling and some job tasks performed by support services and other personnel

An Approach to Securing Ongoing Management Commitment

- Must identify accurate direct and indirect cost of MSDs (e.g. staff replacement costs) and relate impact to facility operations and profit margin
- Link program and solutions to:
  1. Patient safety & satisfaction
  2. Staff retention and other key organization initiatives
- Structure SPHM program within Patient Care services or Quality and Risk Management or Nursing – not under employee safety
- Mid-Level manager accountability
An Approach to Securing Ongoing Management Commitment

- Use business program plan approach (review & update regularly)
- Provide:
  - Appropriate SPHM education
  - Regular communication (marketing) of SPHM successes and challenges and how they are to be addressed and evaluated.
  - Ongoing research data re ergonomics & SPHM activities in health care (evidence based)

Benefits of a SPH Program (Operational Gains) 

...for Employees & Patients
(Reduced Risk of Falls; Pressure Ulcers & Pain etc; Improved Mobility & Dignity)

Health Safety Comfort Satisfaction

Well-being of Employees & Patients

Less absenteeism and labor turnover. More involvement and commitment to change.

Go to www.hcergo.org for the evidence base

..for Health Care Organizations

Improved Quality Performance Efficiency Flexibility Recruitment (Larger Labor Pool) & Retention
Rag. Compliance Reduced WC Injury Costs & Liability

Well-being of organization

Adapted from: Corlett, 1995; Nelson 2008; Gallagher, 2009.
Challenge: Little or No Program or Project Management

- Outdated or lack of SPHM business plan
- Poor interdisciplinary collaboration & link to other patient care initiatives
- Poor documentation and tracking of programs
- Poor communication tools/ineffective marketing strategy
- Lack of knowledge re program and project management
- No program facilitator or coordinator

An Approach to Facilitating Effective Program or Project Management

- Develop or update a Safe Patient Handling program plan. i.e., the Program Road Map
- Use a multidisciplinary approach & link to other patient care initiatives
- Use a quality improvement (QI) approach and link to organization’s current QI initiatives and related regulatory programs e.g. JC Environment of Care; Lean / 6 sigma or Transforming Care at the Bedside (TCAB); Magnet Journey etc.
An Approach to Facilitating Effective Program or Project Management

- Ensure program has a visible & engaged Program Champion at organizational and at unit/dept. level
- Choose a program coordinator with good communications skills and knowledge of current and future health care and business issues
- Provide house-wide and unit based SPH or injury prevention coaches or ‘Super Users’
- Consider developing a pilot project when revising and changing SPHM strategy

Challenge: Securing Ongoing Employee (User) Engagement

- Competing demands (patient care, regulatory, new projects e.g. E charting, ‘lean’ initiatives, etc)
- Staffing shortages & turnover
- SPHM is another ‘Another flavor of the month’ or ‘They never ask us’ or ‘Our input is not valued’
- Lack of supervisory support
Challenge: Securing Ongoing Employee (User) Engagement

- Interdisciplinary challenges (e.g. therapy vs. nursing)
- Lack of competency based education (& related budget/resource challenges)
- Lack of appropriate, accessible and ‘user friendly’ SPHM interventions

An Approach to Getting Employees Engaged or Reengaged

Participation in:
- SPH program planning committee
- SPH teams to identify and address hazards
- Engage staff in identifying patient handling hazards and choosing solutions (equipment and work process)
  - Equipment ‘play days’ and formal trials (usability mock-ups & simulation)
- Don’t forget to involve other support service e.g. housekeeping, maintenance, imaging, etc
An Approach to Getting Employees Engaged or Reengaged

Participation in:

- Being a SPHM Superusers or unit based coaches
  - Caveat: Must have an effective Superuser training, support and recognition program

- ‘SPHM’ huddles for training, feedback and kudos

- Surveys & Unit walkthroughs (program evaluation)

- After Action Review (root cause analysis) of occupational injuries and patient related events

An Approach to Facilitate Effective Education and Training

- Plan education and training to be conducted within context of SPHM program plan i.e. who, what, when, how & cost.

- Ensure management commitment to extra staffing coverage

- Conduct competency based training on proper use of patient handling equipment/devices and processes based on needs assessment

- Ensure that trainers have appropriate knowledge base and skills to conduct training –knowledge of program, equipment and process
An Approach to Facilitate Effective Education and Training

- Offer continuing credit education to nurses and other licensed professionals
- Conduct on unit audit of SPHM practices and provide real-time coaching *immediately* after training
- Evaluate and improve SPHM education and training programs
- Provide multiple methods of delivering training - Computer based (on DVS and CD ROMs vs. high fidelity simulation in lab; on unit; during skills fairs, etc.)

An Approach to Getting Employees Engaged or Reengaged

Get Assistance from:

- Program Champion
- Clinical Education
- Unit base practice councils and/or safety committees
- Labor Unions
- Other professionals e.g. therapy
- External resources
**Patient & Family Education**

Questions or Concerns?

The information and equipment presented here may be new to you. As always, we want to help you and your family feel safe and comfortable with your care. If you or your family have questions or concerns about the “Safe Patient Handling Program” please feel free to talk with your nurse.

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**Safe Patient Handling Program**

Goal:
Promote a 
Culture of Safe & 
Compassionate Patient Handling while Enhancing Caregiver and Patient Safety

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**Challenge:**

Ineffective Hazard Prevention & Control

**Equipment Related**

- Equipment (hardware and slings, etc):
  - Does not match patient needs, task performed, workspace and/staffing needs
  - Does not reduce risk factors significantly.
  - Not accessible
  - Not available in sufficient quantities
  - Too many choices
- Practice variation between staff; shifts and units related to how equipment used

- Best SPHM work practices not identified

Prepared by: The Good Shepherd Safe Patient Handling Team 2008

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Challenge: Ineffective Hazard Prevention & Control

Equipment Related

Lack of

- Root cause analysis and ergonomics evaluation and prioritization of risk factors and work practices that contribute to injury
- Knowledge re solutions available and understanding re level of risk reduction
- Consideration given to macro ergonomics & psychosocial issues
- Ongoing program audits & evaluation to determine if interventions are effective and to identify changes in patient populations, staffing, clinical practice, work space layout, etc

An Approach to Effective Hazard Prevention & Control

Equipment Related

- Use ergonomics core principles, analysis methods and design principles (provide training, involve end-users, etc.)
- Use economic analysis techniques to justify purchase of equipment, etc.
- Use equipment that are most accessible to staff and are multifunctional e.g. ceiling lifts when feasible
- Standardize equipment and sling options when possible
An Approach to Effective Hazard Prevention & Control

**Equipment Related**

- Develop a functional sling management/laundering system and sling safety program
- Ensure SPHM equipment/sling, beds and other furniture/device upgrades are compatibility with existing SPHM equipment and processes
- Develop process to track equipment, slings etc (periodic audits, RFID tags, etc)
- Build $ amount into annual budget for loss and theft of SPHM equipment and soft goods.

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An Approach to Effective Hazard Prevention & Control

**Equipment Related**

- Ensure equipment maintenance & inspection programs are functioning
- Ensure Housekeeping role is functional e.g. cleaning equipment, making beds with slings, disposal of dirty slings etc.
- Address infection control & skin care (Wound Ostomy) concerns
- Address equipment & work processes needs for special populations e.g. bariatric, labor and delivery, patients with ‘unclear’ spinal trauma, etc.
The level of injury risk reduction varies by type of equipment

- Not all interventions are created equally!
- Take care not to create a new hazard

Choosing Solutions - SPH Equipment
Ergo & Safety Design Features
(Designing for the User)

Refer to Equipment Purchasing Guide at www.hcergo.org

- Is the equipment intuitive to use & user friendly?
- Is it designed to fit 90% of the worker population physical capabilities?
- Does it meet Safety Regulations & Codes?
- What services will the vendor provide?
- Maintenance Considerations
Challenge: Ineffective Hazard Prevention & Control Process/Procedure Related

- Patient dependency/mobility assessment process not:
  - Defined
  - Communicated
  - Documented
  - Standardized or used consistently (within professions, units, or house wide)

  E.g. quick mobility check not conducted prior to vertical transfers

- Lack of SPHM policy and/or policy not enforced

An Approach to Effective Hazard Prevention & Control Process/Procedure Related

- Use of clinical tools, such SPHM algorithms and mobility assessment protocols to determine patient dependency and SPHM needs:
  - On admission
  - During and between shift
  - Before lifting or mobility task

- Must be:
  - Effective, *usable* and concise e.g., well defined dependency levels (e.g., Dependent, Semi-Dependent, Supervised, Independent)
  - Developed or customized by nursing, therapy and physicians (as applicable)
An Approach to Effective Hazard Prevention & Control

- Standardize documentation and communication of patient SPHM needs
- Development of SPH policy & procedures for specific patient needs e.g. Bariatric, Orthopedic, etc.
- Unit base and house-wide Superuser or SPHM coach program
- Provide ‘easy to use’ training & education aids
- Develop no manual lifting SPHM policies
- Clearly defined staff role and accountability (all levels)
A SPHM Resource Guide

- Safe Patient Handling (SPH) Super Users
- Safe Patient Handling - Dependency Descriptions
- Communicating Patient Handling Status and Equipment Needs - Assessment Criteria
- SPH Algorithms
- Equipment and Sling information

SPHM E-Charting Example in Epic

Enter Patient Mobilization dependency and equipment needs in the ‘Level of Assistance’ section in EPIC
### Documentation For Dependency Assessment

The current options for Level of Assist are Independent/Minimal; Moderate; Dependent. We are in the process of changing the options to match the SPM Dependency Assessment. Those options are show below.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Independent</th>
<th>Supervised</th>
<th>Semi-Dependent</th>
<th>Dependent</th>
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</thead>
<tbody>
<tr>
<td>Activity performed</td>
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<td>Turn/Re-Position</td>
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<td>Distance ambulated</td>
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<td>Activity Tolerance</td>
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<td>Assistive Devices</td>
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<tr>
<td>Level of Assist</td>
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<tr>
<td>Number of assisters</td>
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<td>Devices</td>
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<td>Elevate HOB</td>
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<td>Video EEG</td>
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### Documentation of SPM Equipment Use

Added to this section:
- Ceiling Lift
- Floor Lift
- Sit to Stand Lift
- Air Assist Mat (Brand name)
- Repositioning/transfer sheet (brand name)
- HoverJack

<table>
<thead>
<tr>
<th>Activity</th>
<th>Selection Form</th>
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Added to the list:
- Ceiling Lift
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- Air Assist Mat (Brand name)
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### Documentation of Sling Type and Size

<table>
<thead>
<tr>
<th>Activity performed</th>
<th>Turning Sling</th>
<th>Seated Sling</th>
<th>Limb Sling</th>
<th>Walking Vest</th>
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<tbody>
<tr>
<td>Turn/Re-Position</td>
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<tr>
<td>Number of assisters</td>
<td>Medium, Large, X-Large, XXLarge</td>
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#### Sling Type/Size

All other needs in Nursing Notes/Comments section.
**Proactive Approach: Preventing Injuries**

**Goal:**
- Incorporate SPH and Ergonomics (design for the user) at Concept stage **Applies to Retrofit and New Building.**
- **Cost increases ++++ if sph/ergonomics is considered after equipment/tool/facilities design is completed and operating**
- Approval by SPH team of all new SPH equipment and devices before purchase and use (standardize where feasible)
- Usability testing/device evaluation of equipment, products, systems before purchase
- **Get End-Users involved**
Sustainable SPHM Programs

- Track projects closely
  - Identify projects
  - Assigning responsibility
  - Monitor progress

- Revisit goals and program plan often

- Maintain management support and staff involvement

- Maintain energy and enthusiasm

- Communicate, Communicate, Communicate

- Design program to be integrated into business and practice culture over time and ensure patient and employee safety are considered with equal emphasis

Questions