



## Safe Patient Handling (SPH) Best Practices Bundle

<b>A. SPH program review</b>	<b>1) Gap analysis and annual program evaluation</b> - Determine which elements of your SPH program are missing or need to be updated.
<b>B. Executive engagement</b>	<b>2) Executive Rounding for Safety</b> – See separate <a href="#">bundle</a> , <a href="#">toolkit</a> , and <a href="#">video</a> on this. <ul style="list-style-type: none"> <li>Integrate worker safety into topics covered during executive rounding.</li> </ul> <b>3) Report to Board/Executives</b> on worker safety issues at least quarterly. <ul style="list-style-type: none"> <li>Include injury data, Plan-Do-Study-Act results, updates on worker training completed, and annual SPH reports.</li> </ul>
<b>C. Worker engagement</b>	<b>4) Worker Survey</b> – Survey staff annually on their perception of the safety climate in their work environment. <ul style="list-style-type: none"> <li>Consider adapting questions from the <a href="#">Agency for Healthcare Research &amp; Quality’s Hospital Survey on Patient Safety Culture</a> to explicitly measure worker safety.</li> </ul> <b>5) Safety Huddles</b> – See separate <a href="#">toolkit</a> on this. (Coming Soon) <ul style="list-style-type: none"> <li>Address worker safety in daily safety huddles or other routine staff meetings.</li> </ul> <b>6) Worker Recognition/Rewards</b> <ul style="list-style-type: none"> <li>Use promotional materials, events, communications to promote SPH and reporting of injuries and risks – posters, bulletin boards, announcements, contests, awards, newsletters, etc. Make this fun, and use personal stories and pictures of your workers where possible.</li> <li>Incorporate rewards/recognition for safety practices into existing rewards structure.</li> </ul> <b>7) Unit Safety Leaders/Champions</b> - Designate safety leaders in each unit and specify and support their role (coach, role model, educator, unit representative, liaison, etc.).
<b>D. Patient &amp; family engagement</b>	<b>8) Patient &amp; family engagement</b> - Engage patients in adherence to safety practices during intake – provide written educational materials about when SPH techniques are needed, why, and how they work.
<b>E. Safety training</b>	<b>9) Safety training</b> - Train all workers involved in handling patients on SPH. <ul style="list-style-type: none"> <li>Trainings should address hospital SPH policy/expectations, procedures, use of equipment, patient assessment, right of refusal, reporting, and improvement activities.</li> <li>Specifically address barriers to safety practices, such as perceptions that work needs to be done as quickly as possible, and that asking for help is problematic.</li> <li>Provide trainings for new hires, at least annual trainings for existing workers, and at least “Just in Time” training on equipment use to temporary workers, consultants, etc. before they work with patients.</li> <li>Provide trainings specific to each unit, ideally in the space where trainees actually work.</li> <li>Use competency checklists to confirm trainee skills.</li> <li>Perform random interviews/observations to check competency; provide training/coaching where gaps in competency are detected.</li> <li>Make managers accountable for getting their team trained. Track training attendance.</li> <li>Train managers on positive reinforcement for safety practices, and on procedures for reporting and following up on safety incidents and injuries.</li> </ul> <b>10) Real-time Feedback</b> - Provide real-time tips and coaching on injury reduction to staff (e.g. via huddles or safety leaders).

## Safe Patient Handling (SPH) Best Practices Bundle, continued

<b>F. SPH committee</b>	<p><b>11) Safe Patient Handling (SPH) Committee</b></p> <ul style="list-style-type: none"> <li>• Establish a method for staff to bring concerns to SPH committee for routine consideration.</li> <li>• Ensure committee 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).</li> <li>• Ensure linkage with other leadership structures (e.g. Patient Safety Committee, Employee Safety Committee, Environment of Care Committee, Product Review Committee, Executive Committee). Consider combining meetings where possible.</li> <li>• Consider having a representative from each unit or department on the committee.</li> <li>• Ensure regular meetings, communications, and activity of the SPH committee.</li> <li>• Have SPH committee contribute to annual SPH report to executives and review and provide input on construction plans, SPH training plans, and injury data monitoring.</li> </ul>
<b>G. SPH policy</b>	<p><b>12) Ensure SPH policy is relevant or <b>tailored for each unit.</b></b></p> <p><b>13) Ensure policy addresses</b> expected safe patient handling practices, exceptions to those practices, “right of refusal”, ongoing performance improvement, annual program evaluation plans, training requirements, leadership and staff engagement, committee functioning, and safety equipment.</p> <p><b>14) Make all staff aware of policy contents.</b></p>
<b>H. Safety equipment</b>	<p><b>15) Assess needs</b> for safety equipment in each unit (quantity, specific equipment needed, maintenance on existing equipment). Pay special attention to changing needs as your patient population changes, for example if you have more bariatric patients than you did previously.</p> <p><b>16) Plan for maintenance or purchase</b> and installation of safety equipment identified as needed.</p> <p><b>17) Store</b> safety equipment where easily accessible.</p> <p><b>18) Before remodeling/construction</b> plans are finalized, obtain and consider formal comments from Safe Patient Handling committee, Safety Officer, Facility Manager, Infection Control, and Construction Manager. (optional: Volunteer Manager)</p>
<b>I. Data to understand worker injury trends</b>	<p><b>19) Track volume and severity</b> of worker injuries.</p> <ul style="list-style-type: none"> <li>• OSHA log data is convenient, but doesn’t capture injuries to non-employee workers in your hospital.</li> <li>• Use an incident documentation system to track injuries and near misses that are not included in OSHA reporting. These can track both patient and worker safety issues.</li> <li>• Ensure collaboration between departments, such as Human Resources, Employee Health, and Workers Compensation, to get accurate and complete data on worker safety/injury.</li> <li>• Remember that many musculoskeletal injuries are cumulative, so improvements in safety practices may take up to a year to impact injury rates.</li> <li>• Consider participating in NIOSH OHSN module on employee injury data.</li> </ul> <p><b>20) Perform <b>root cause analysis</b></b> and supervisor investigation of each injury.</p> <p><b>21) Perform <b>Plan-Do-Study-Act</b></b> improvement tests and use results to refine injury reduction tactics.</p>