



**BENEDICTINE**  
Health System

*respect*

HONORING ONE ANOTHER

# **Safe Patient Handling Conference**

May 8, 2012

Benedictine Health System  
SPH Program Implementation  
and  
Continuous Improvement

# Presenters

- Cheri High, CEO/Administrator, St. Michael's Health and Rehabilitation Center
- Larry Poague, Lockton Companies
- Greg Weed, Loss Control Manager, Berkley Risk Administrators
- Joelle Allord, System Human Resources Services Manager, Benedictine Health System



# Overview

- Program Implementation
- Grant Receipt
- Facility Success – Cheri High
- The Numbers/Observations – Larry Poague
- Compliance – Greg Weed
- Where We Are Today/Continuous Improvement

# Benedictine Health System

- Mission-based, non-profit health system headquartered in Duluth, MN
- Provides complete long-term care services in seven states. Services include:
  - Independent Living
  - Assisted Living
  - Skilled Nursing
  - Post Acute/Rehabilitation
  - Memory Care

# Safe Patient Handling Program Implementation

- 2007 BHS approved a Safe Patient Handling Program for implementation at BHS facilities in Minnesota.
- Each facility developed goals to reduce injuries and lost time by going to a SPH/Zero manual lift culture.

# Performance Based Incentive Payment Project (PIPP)

- Applied for PIPP in 2007
- In early 2008 12 BHS facilities was selected for the PIPP
- Lifting equipment installed

# St. Michael's Health and Rehabilitation Center

- Facility Success

- Grants – where did the money come from/how was it used?
- Implementation
- What were the challenges back then
  - Older facility-Building Challenges
  - Culture-Staff Resistance
- What are the challenges today
- Benefits/Successes

## St. Michael's Health and Rehabilitation Center

- Where the money came from and what it was used for:
  - 2006 MN OSHA Safety Grant-Electric Beds and mechanical lifts
  - January, 2008 MN OSHA SPH Grant - 1st two ceiling lifts installed
  - October, 2008, approx. \$200,000 from DHS PIPP, installed 29 additional ceiling lifts.
  - 2009 MN OSHA Safety Grant - 7 additional hi-low beds w/ trapezes, slings, and standing lift purchased
  - St. Michael's Foundation - 4 additional hi-low beds

# St. Michael's Health and Rehabilitation Center

- Implementation

- Total Overall Program, not just ceiling lifts. Adopted BHS SPH Program and adjusted to meet needs of the facility.
- 2008 Facility Safety Committee enhanced to include SPH.
- Goal of becoming a No Manual Lift Facility by 2013
- Letters introducing Ceiling lifts to Residents, Families, and Staff
- Training, Training, and implementation of Skilled Checklist and SPH Post Test after training.

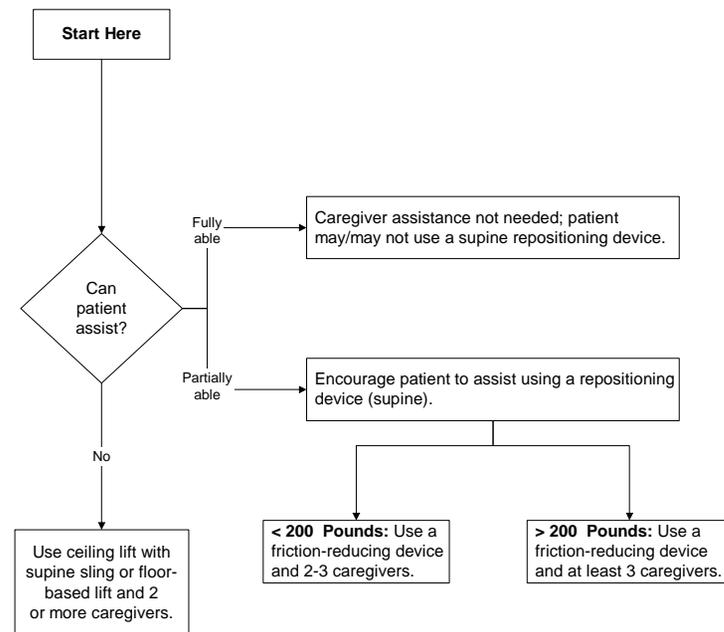
# St. Michael's Health and Rehabilitation Center

- Implementation Continued
  - Changed Supervisor's Report of Accident to include:
    - If transfer or resident behavior, were care planned interventions being used. (Monitoring proper use)
    - Did the Employee violate any Safety or facility policies.
    - Does the resident need to be evaluated/assessed for appropriateness of care planned interventions (does it need to change.)
    - Was the Employee counseled, re-educated, or disciplined for unsafe acts, not following plan of care/violation of safety rules

# St. Michael's Health and Rehabilitation Center

Algorithm 4: Reposition in Bed: Side-to-Side, Up in Bed  
Last rev. 10/01/08

- Implementation Continued
  - SPH Policy includes Algorithms to determine proper lifting equipment.
  - Updated other policies that had to do with SPH and transfers



- This is not a one person task: DO NOT PULL FROM HEAD OF BED.
- When pulling a patient up in bed, the bed should be flat or in a Trendelenburg position (when tolerated) to aid in gravity, with the side rail down.
- For patients with Stage III or IV pressure ulcers, care should be taken to avoid shearing force.
- The height of the bed should be appropriate for staff safety (at the elbows).
- If the patient can assist when repositioning "up in bed," ask the patient to flex the knees and push on the count of three.
- During any patient handling task, if the caregiver is required to lift more than 35 lbs of a patient's weight, then the patient should be considered to be fully dependent and assistive devices should be used. (Waters, T. [2007]. When is it safe to manually lift a patient? *American Journal of Nursing*, 107[8], 53-59.)

# St. Michael's Health and Rehabilitation Center

- Implementation Continued
  - SPH Observation Tool for monitoring

Patient/Resident Observation Tool			
Hall/Wing		Reassess (Y/N)	
Room		Lift retrieved (Y/N)	
Name		Sling retrieved (Y/N)	
Electric-bed (Y/N)		Bed raised (Y/N)	
Manual-bed (Y/N)		Bed raised to waist (Y/N)	
G. belt (Y/N)			
Total floor lift		1-2 + Staff	
Sit-S.lift		Body mech concerns (Y/N)	
Ceiling lift		Straight spine (Y/N)	
Non motor assist		Twisting at waist	
Slide sheet		Bending at waist	
Room pre set (Y/N)		Reaching/Pulling	
Comments:			

## St. Michael's Health and Rehabilitation Center

- Building Challenges:
  - Older Building
  - Vaulted Ceilings
  - Privacy Curtains
  - Bathrooms, door challenges
  - Sprinkler issues

## St. Michael's Health and Rehabilitation Center

- Vaulted Ceilings



Much retrofitting



# St. Michael's Health and Rehabilitation Center

- Privacy Curtain Issues



# St. Michael's Health and Rehabilitation Center

- Bathroom Door issues
- Also issues with lift damaging wall at docking station, vinyl applied to wall.





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## St. Michael's Health and Rehabilitation Center

- Sprinkler Issues



## St. Michael's Health and Rehabilitation Center

- Other Challenges
  - Staff was extremely resistant at first
    - Now see safer for them and resident
    - Much easier to use
  - Determined need for Hi-low beds to enhance use of lifts.

# St. Michael's Health and Rehabilitation Center

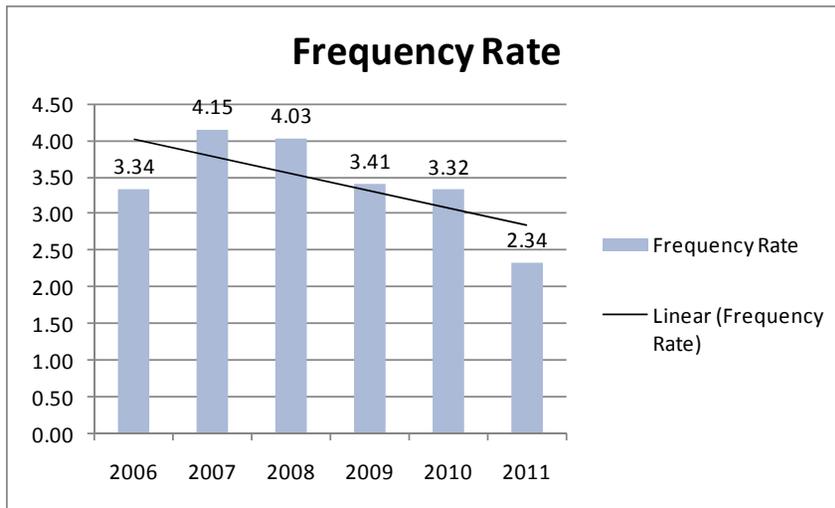
- Challenges Today

- Not enough ceiling lifts and it is hard to move residents to the appropriate rooms.
- Still need more Hi-Low beds
- Room cover lifts work better than stationery
- Not always docked right for charging
- Continuous process, need more dollars
- Continuous process, training for a Culture of Safety and self reporting.
- Balancing of resident independence, safety, and staff safety

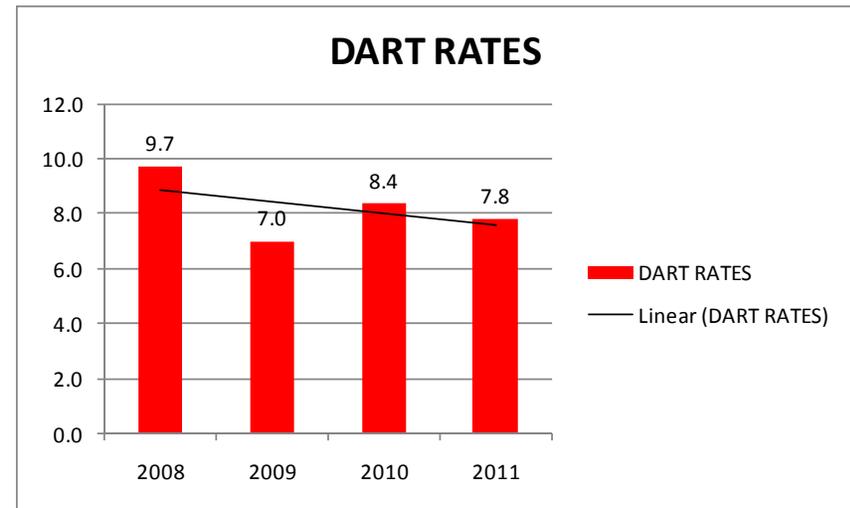
# St. Michael's Health and Rehabilitation Center

- **Successes**

- Much safer transfers for staff and residents
- More dignified for residents/sense of security
- Culture of safety and self reporting
- We are only one in area with lifts
- Ability to take Bariatric Patients
- Staff love them
- Reduced SPH injuries



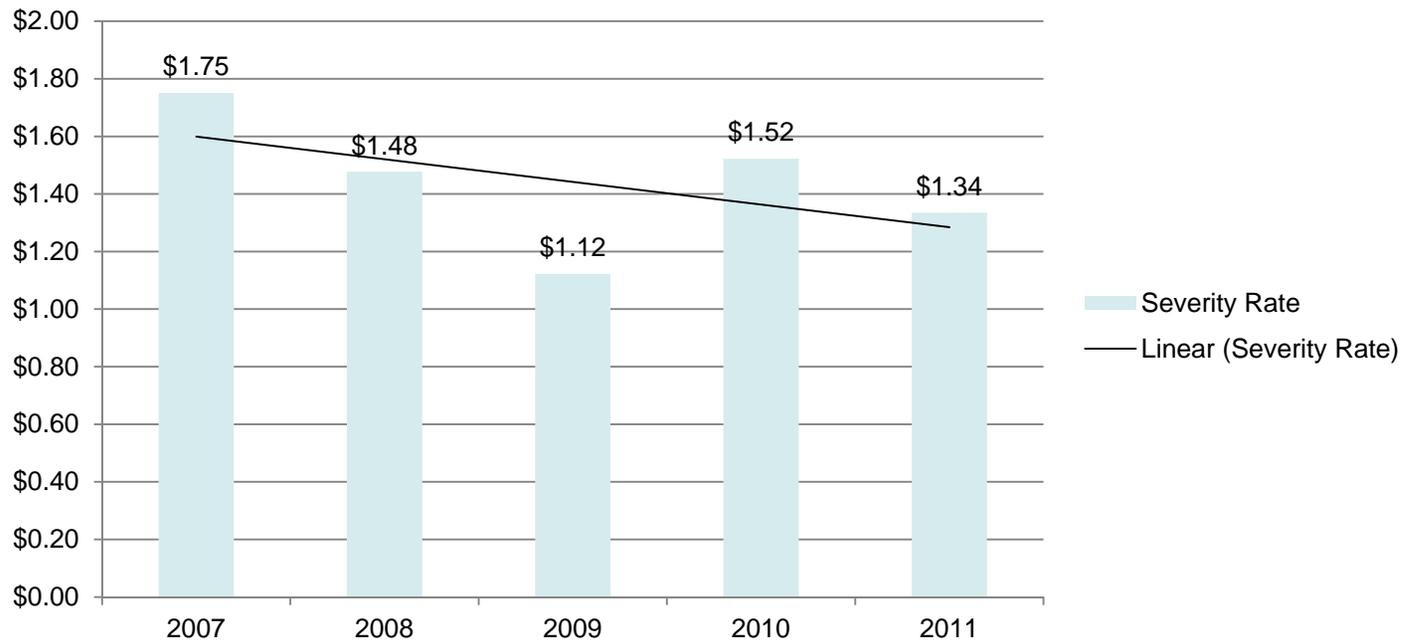
This represents a claim reduction of 44% from 2007. This is calculated as number of claims per 1 million dollars of payroll.



The cases with days away or days restricted rate decreased by 20%. With fewer cases that means fewer HR hours and lower employee replacement costs.

# Costs

## Severity Rate



Severity calculated as losses at the end of each year per 100 dollars of payroll indicates a 23% reduction in direct costs. This is equivalent to \$561,792 in direct savings. This becomes particularly significant if you consider the 8-12% annual increase in medical costs.

## What did we see

- Some increase in frequency due to awareness from program
- Less significant compression injuries but backfilled by new injury complaints



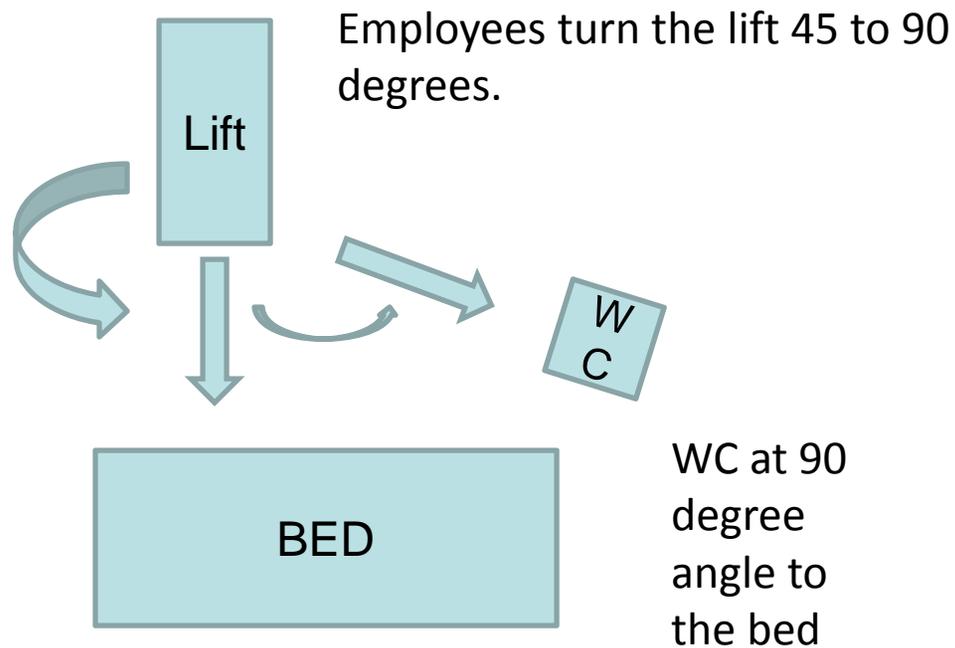
## What makes manual repositioning so risky?

- Low back load/spinal forces
  - exceed NIOSH limits
- Draw sheet is most common method used
  - friction
- Repeated many times a day



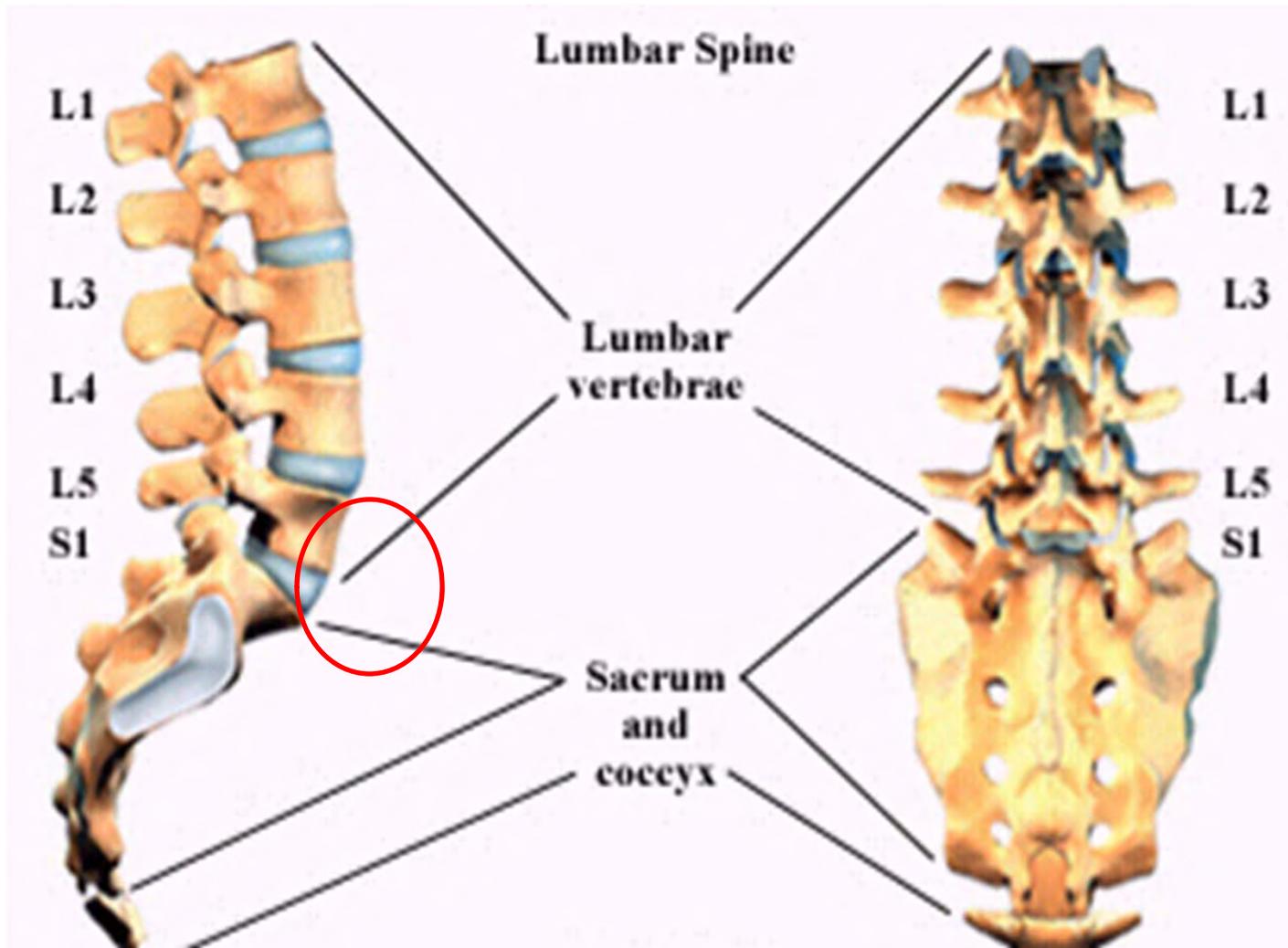
# Observed Lifts at BHS facilities

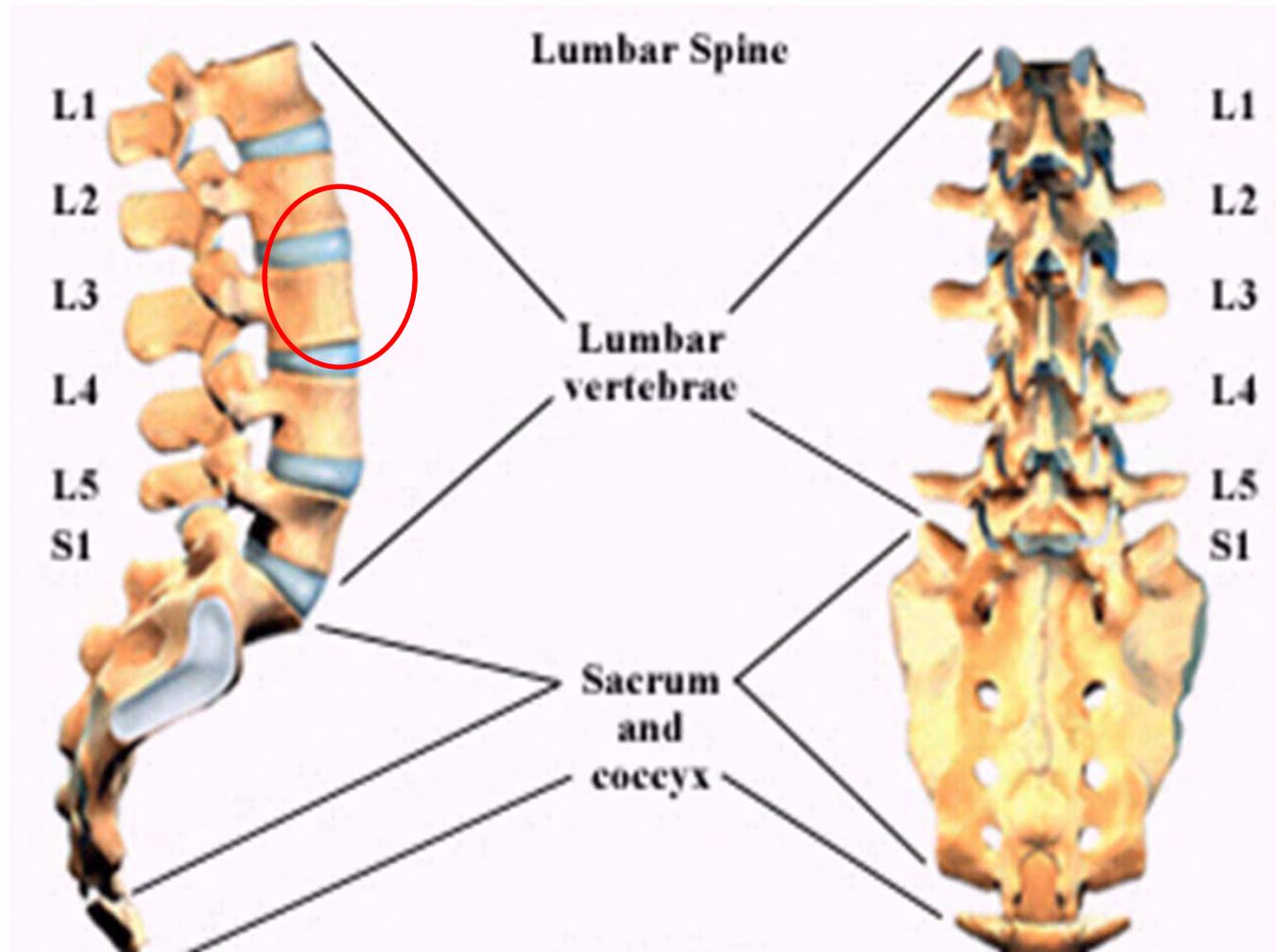
Employee should move the wheelchair instead of the lift.



## Other Items to Assess:

- Preventive Maintenance
- Larger Wheels make it easier
- What about toileting?





# Common Compliance Pitfalls for all Organizations

- Establishing and maintaining a SPH Committee
- Documentation of SPH Meetings needs improvement, SPH Minutes from
  - Difficulty getting direct care providers to meetings
  - Not conducting on a regular basis
- Evaluating and Documenting SPH Equipment Hazards and Needs
  - Need some type of documentation of Equipment Hazard Assessment

# Compliance Pitfalls, *continued*

- Annual SPH Review and Documentation
- Need to have a separate Annual SPH Review meeting
  - Documentation of meeting with:
    - Review of SPH injuries and trends
    - ID SPH Equipment needs
    - Review SPH Policy
    - Future SPH plans to address issues trends

## Where we are today

- Continuous Improvement
- Incurred losses down \$561,792
- Claim count down 28%

# Questions



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