



# Safe Patient Handling Program – Measures to Tell the Story

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# Develop a compelling story

## Information Gathering

- Gathered information from:
  - EOHS - Injury Data
  - Risk - Work Comp costs
  - Supply Chain - Costs of equipment
  - Training costs
  - Human Resources - general info - staff attrition/replacement, patient falls & weights
  - Research - Best Practice and Successes of other SPH programs





# Improving the Patient Experience

Patient handling equipment:

- Reduced awkward and forceful handling of patients
- Less patient anxiety over handling and movement
- Reduced skin shears-maintaining skin integrity
- Dignity of patients is maintained
- Reduced patient falls
- A secure process for patients



# Program Strategy

Identify primary needs and optimize spending

1<sup>st</sup> year:

- Install ceiling lifts in remodels/new construction and high injury areas
- Establish lateral transfer program system-wide
- Trained staff in use of equipment

2<sup>nd</sup> year focus:

- Provide equipment to depts with highly dependent patients & high injury areas - Ceiling lifts in all hospitals
- Implement support processes
- Educate staff
- Set expectations

3<sup>rd</sup> year

- Continue with installation of ceiling lifts Continue with training and ongoing competencies
- Review gaps in program



# Present Quarterly and Annual Reports

Present Quarterly Injury/Illness reports to:

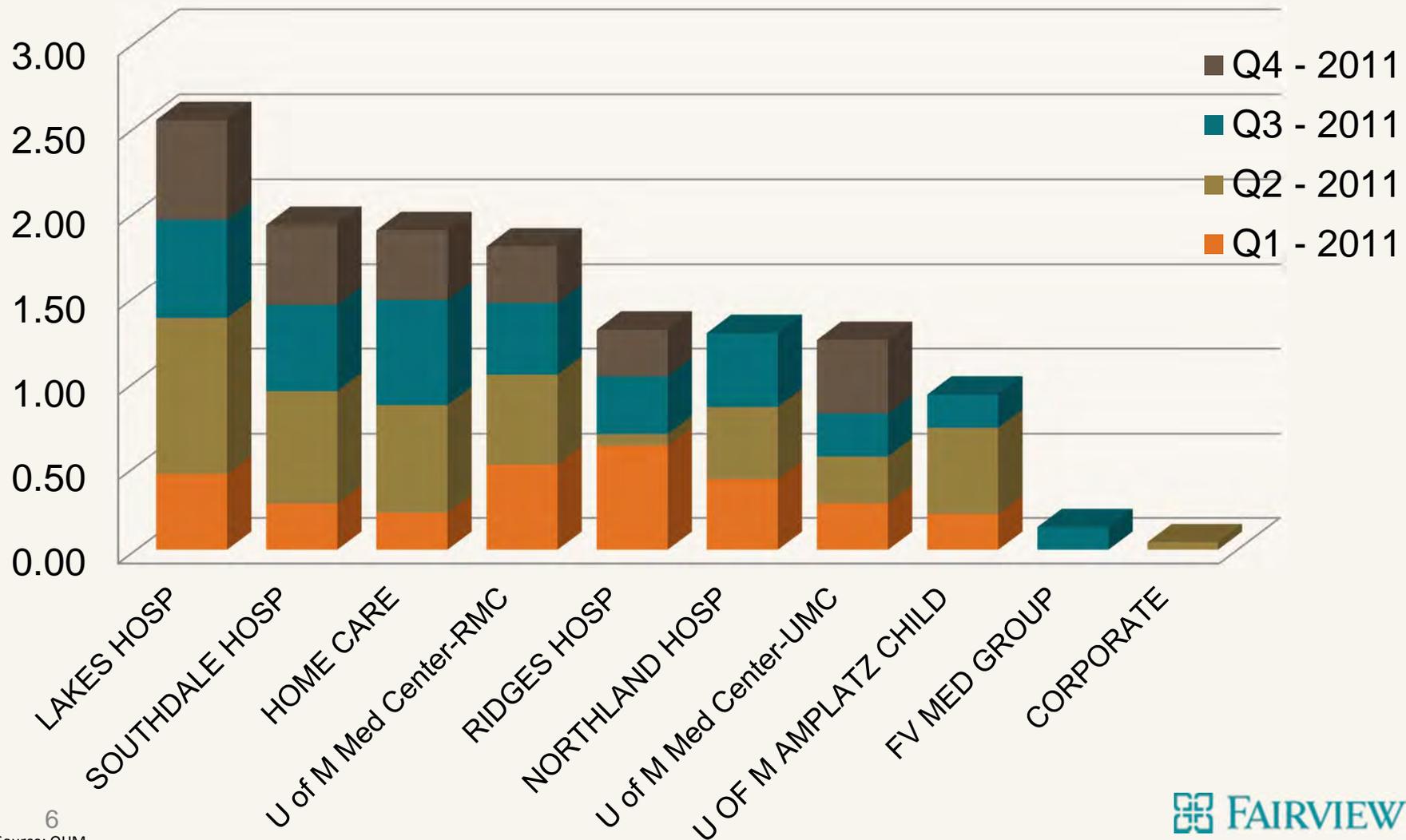
- Environment of Care/Safety Committee at each entity
- SPH Information to SPH committee
- Managers

**Present Annual Injury/Illness reports to:**

- **Senior Leadership**
- **Leadership council at each entity**

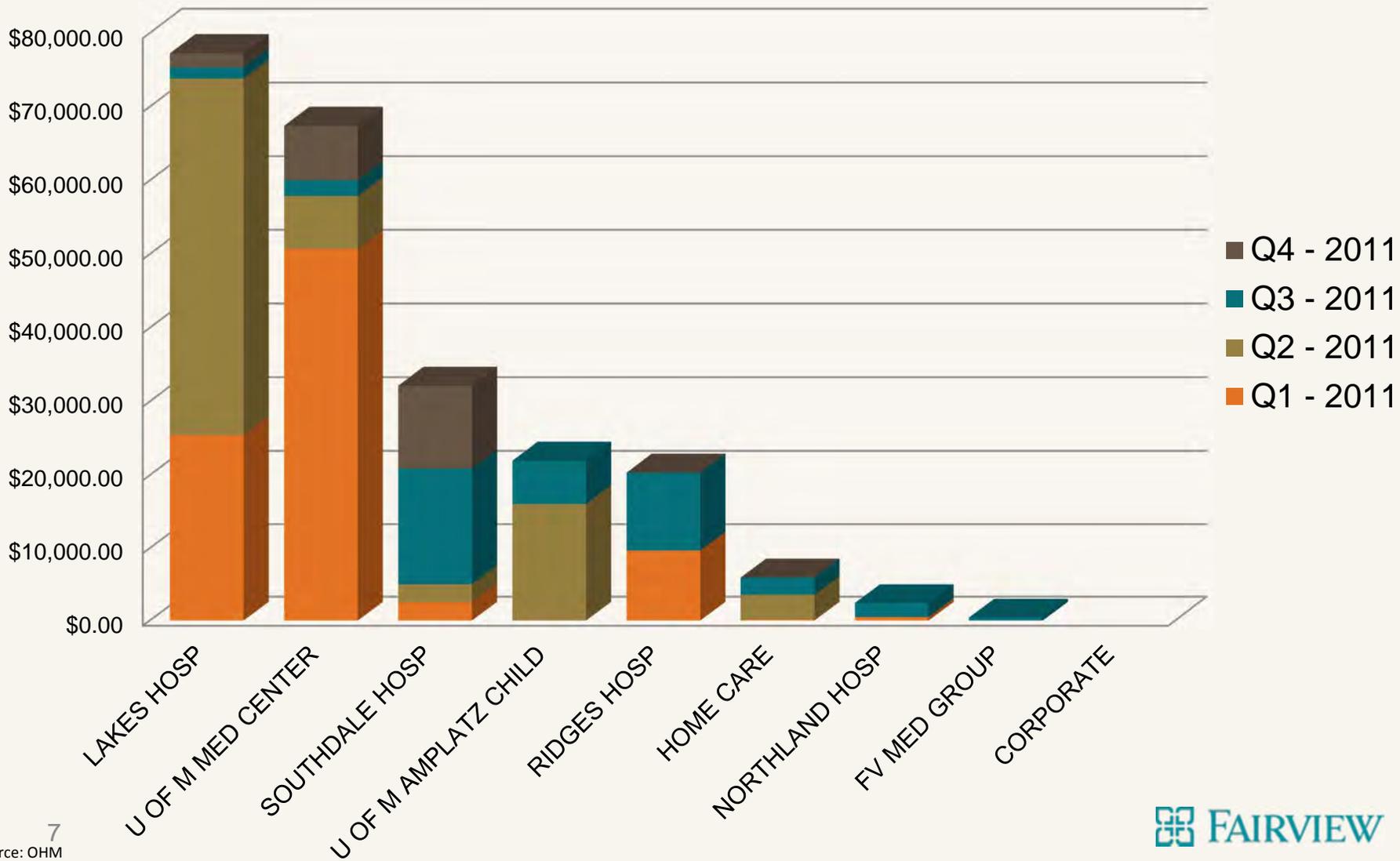


## Patient Handling Injuries per 100 Employees By Care Group



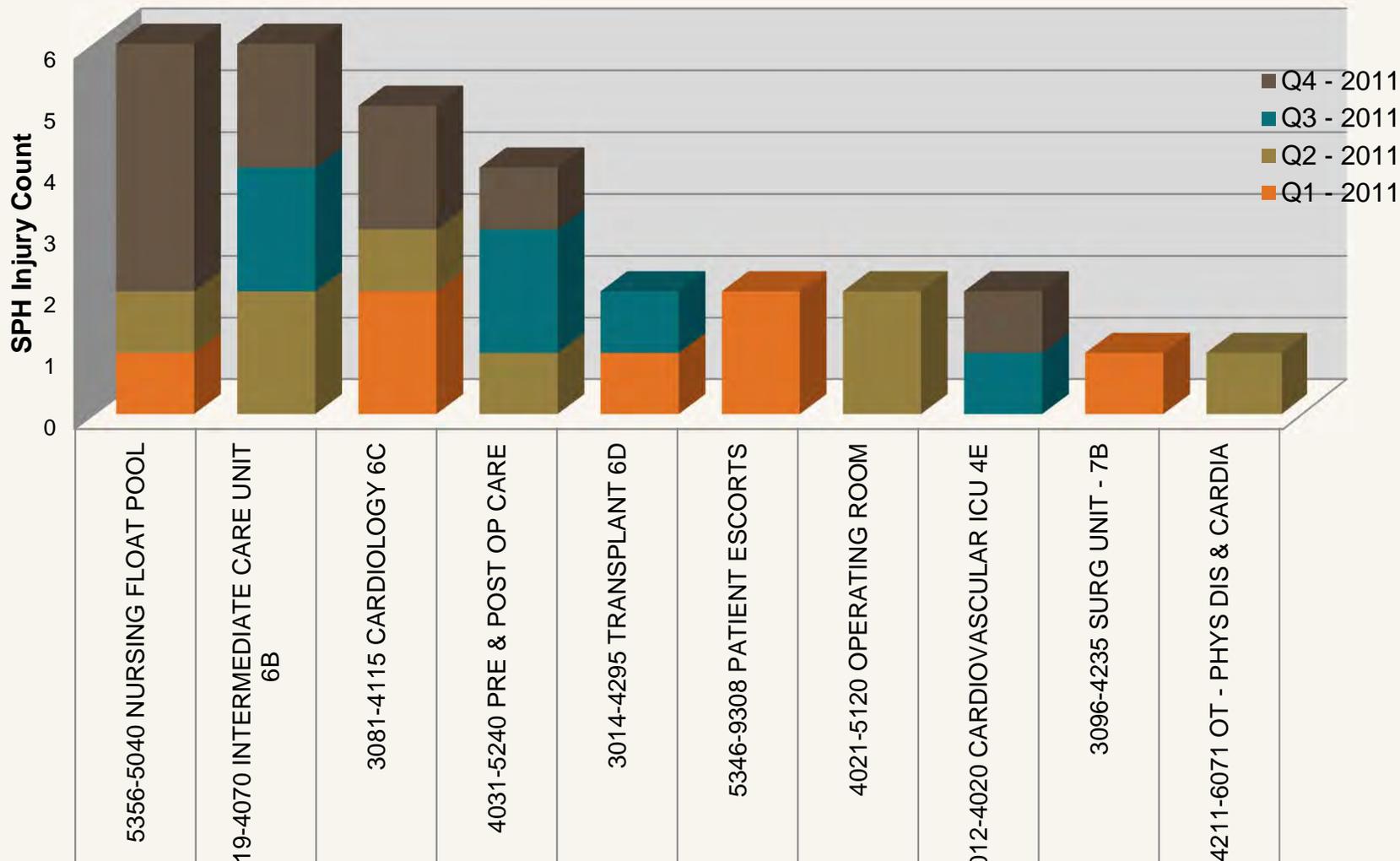


## Work Comp Costs from Patient Handling Cases by Care Group





## Top 10 Patient Handling Injuries by Dept



Criteria:

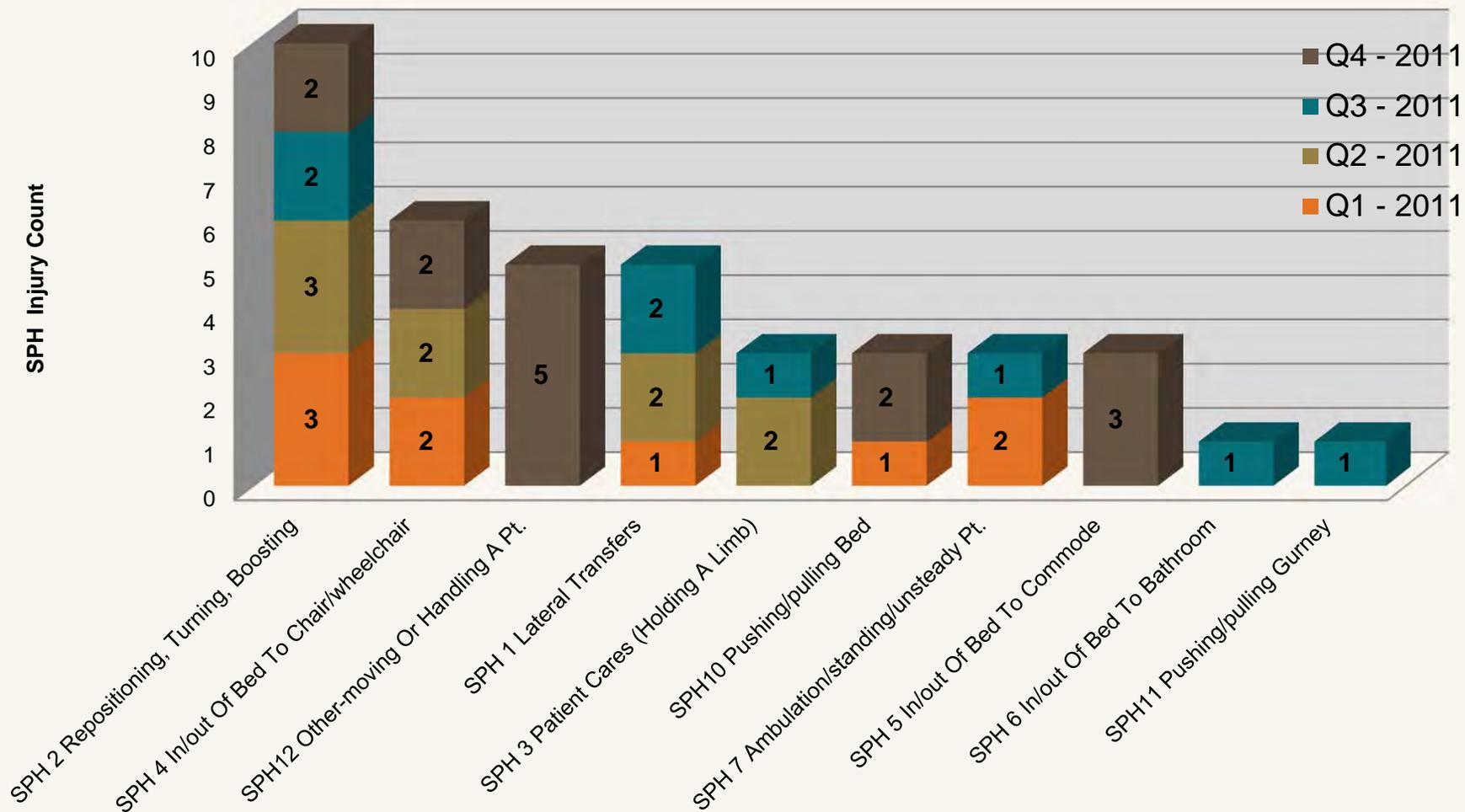
Company = "FVHXXXXX", Work Related = "Y", Demographic Care Group = "U of M Med Center-UMC", Injury Date: Between 1/1/2011 and 12/31/2011  
 OSHA Stat <> "L", Accident Type = "BM" Or "LFTP" Or "OVE" Or "PUSP" Or "PUSM" Or "SP", Activity Starts with "SPH"

IMC:5356 | IMC:3019 | IMC:3081 | IMC:4031 | IMC:3014 | IMC:5346 | IMC:4021 | IMC:3012 | IMC:3096 | IMC:4211





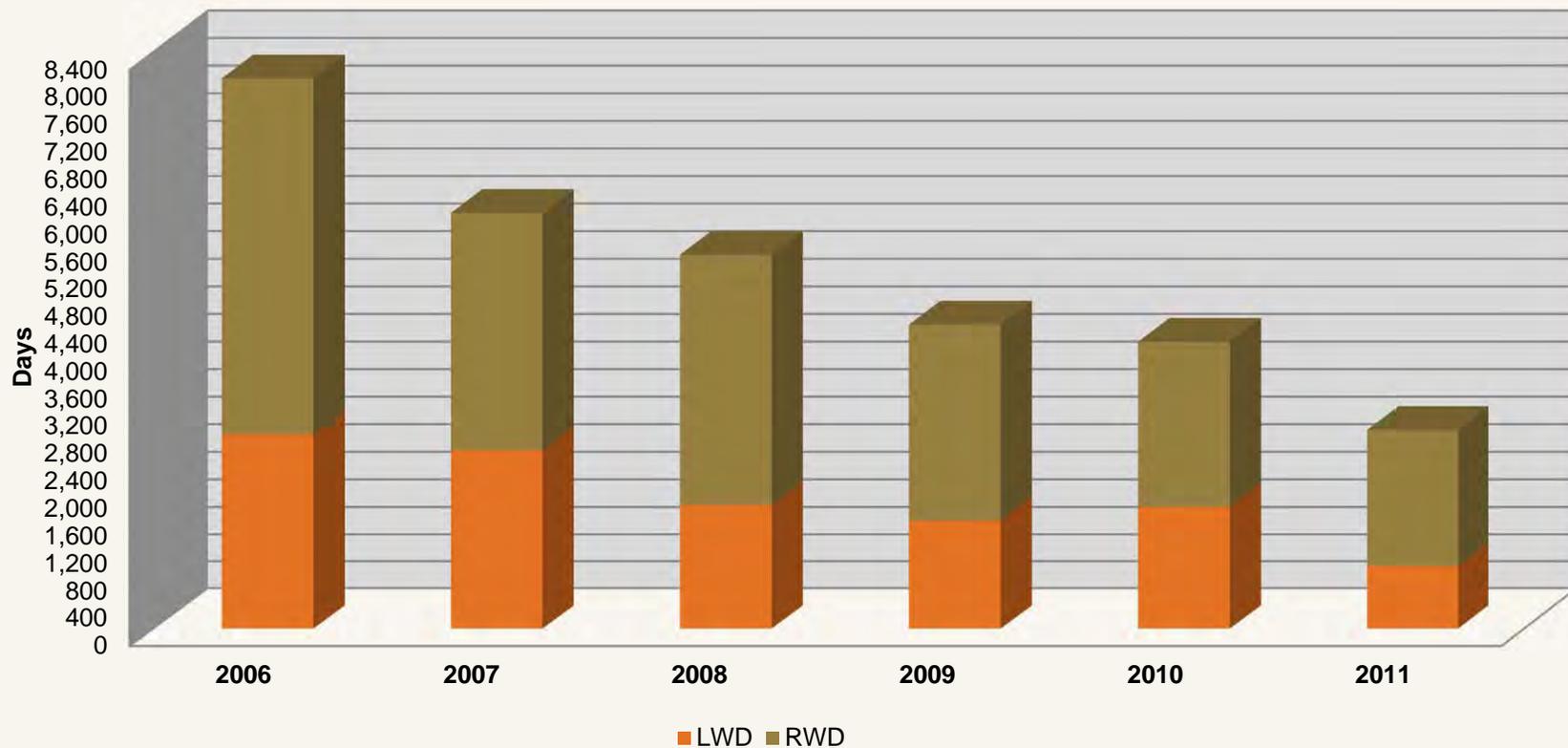
## Injury Count by Patient Handling Activity – East Bank



Source: OHM



## Safe Patient Handling Reduction in Lost and Restricted Days for Patient Handling Injuries



Data Source: OHM as of 03/08/2012

Criteria: Company Code =FVHXXXXX, Work Related Status = y and OSHA Stat <> L. This population encompasses SPH program specified locations for Airmat/Ceiling Lift use job codes specifically identified as those belonging to Patient Handlers Activity Starts with SPH



# Equipment purchased and not used Why?



WHY NOT???



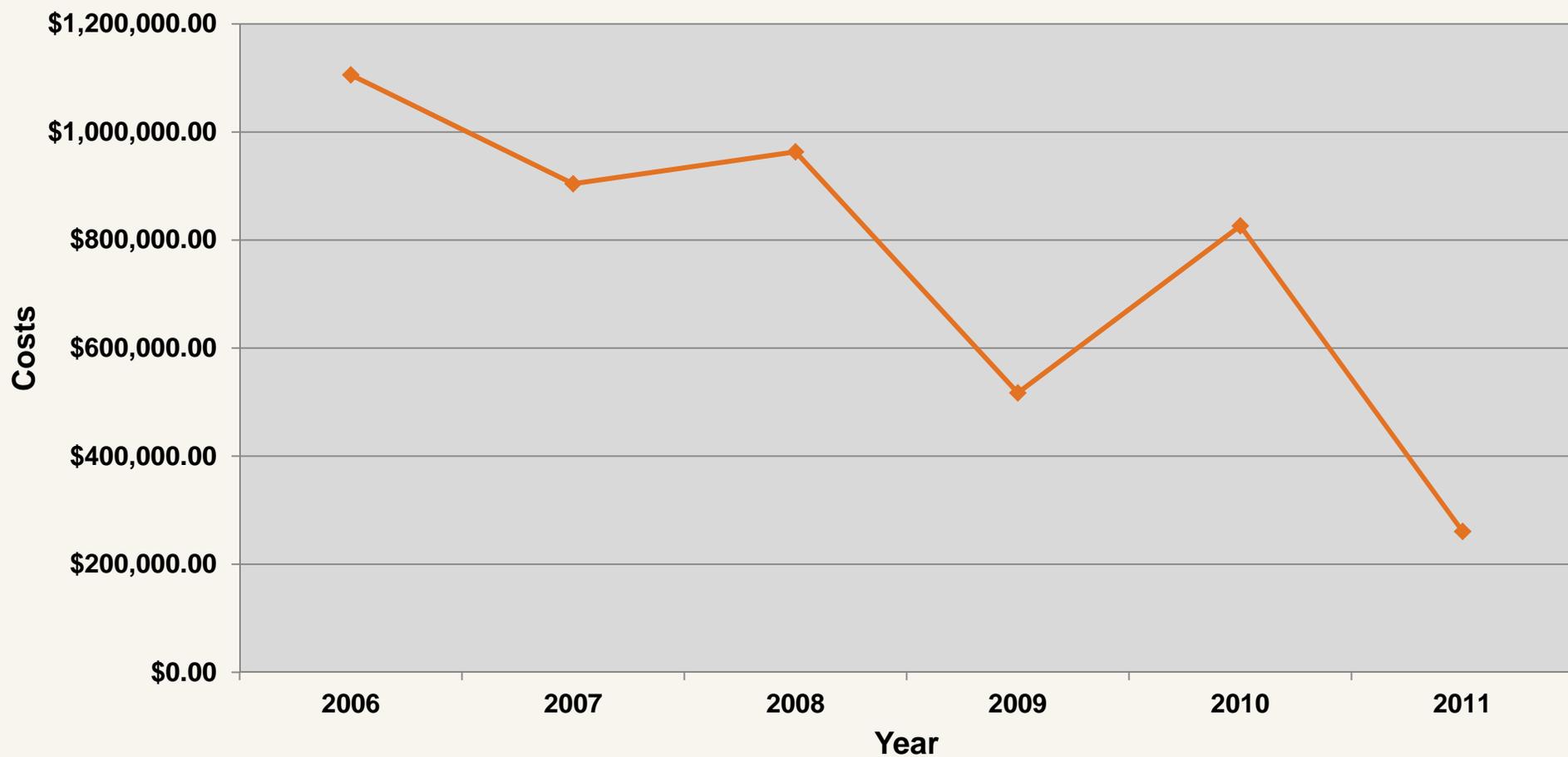
# Addressing Patient Handling Injuries

Injury prevention staff receives notices of all lifting injuries:

- We review each patient handling case
- Contact employee and the manager
- Meet with employee and together meet with manager to discuss the incident and prevention techniques
- Assign training module that is applicable to the case



## System Safe Patient Handling Workers' Compensation Cost Savings for Patient Handling Injuries



Data Source: OHM as of 3/05/2012. work comp file as of 2/22/2012  
Work Comp Costs: Paid Medical + Paid Expense + Paid Indemnity Costs



# Conclusion

SPH program is an ongoing program with bumps and challenges. Reliable measures help to know where we are and what we need to improve.

Essential components of a SPH program:

- Collaboration throughout the system – many key players
- Maintain the SPH program vision and action plan in focus
- Support of Leadership
- Communication: keep everyone informed



The secret of success is  
constancy of purpose.

*Benjamin Franklin*

