

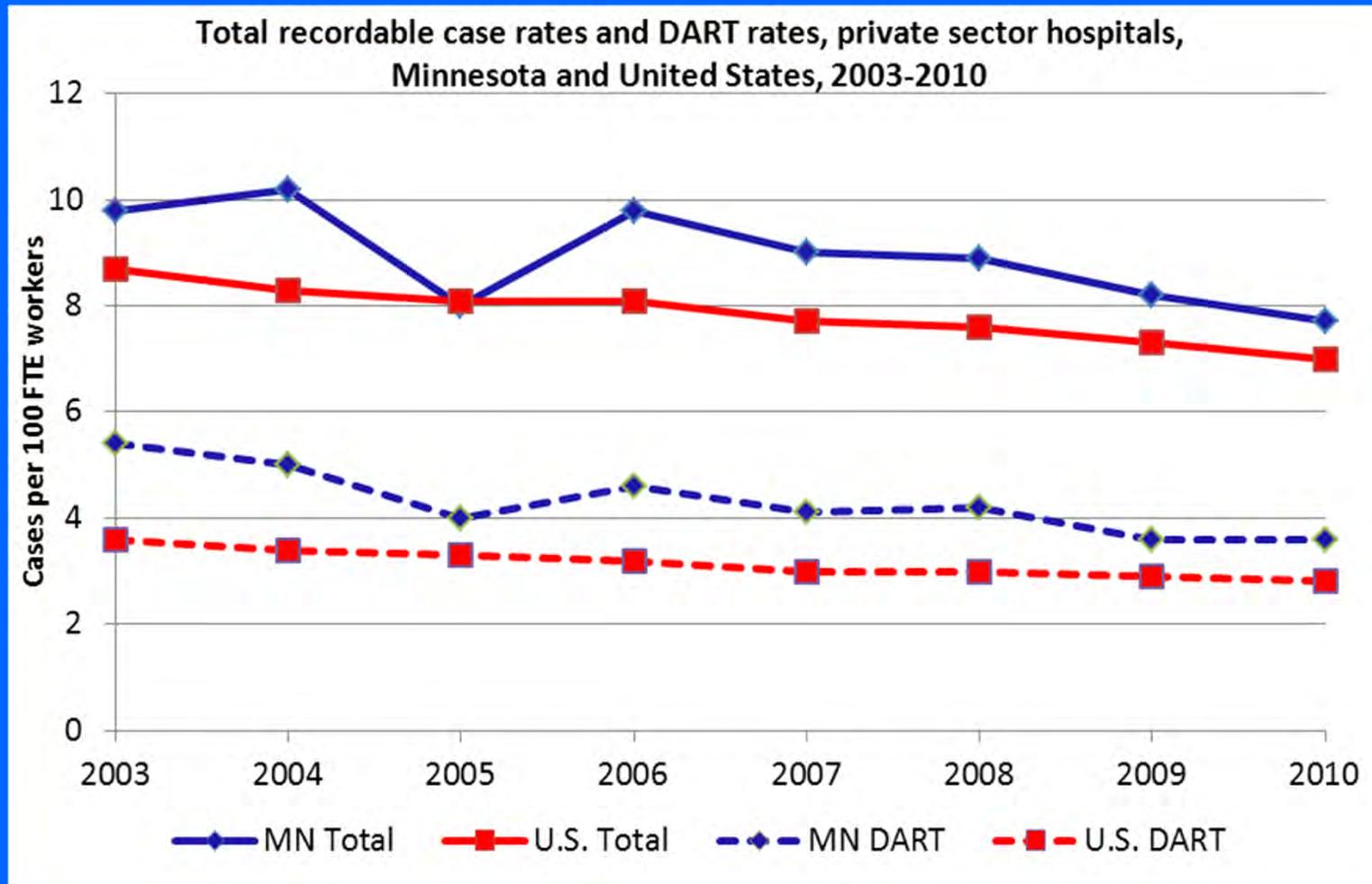
Tracking Safe-Patient Handling - Effects on injury rates in nursing homes and hospitals

Minnesota Department of Labor &
Industry

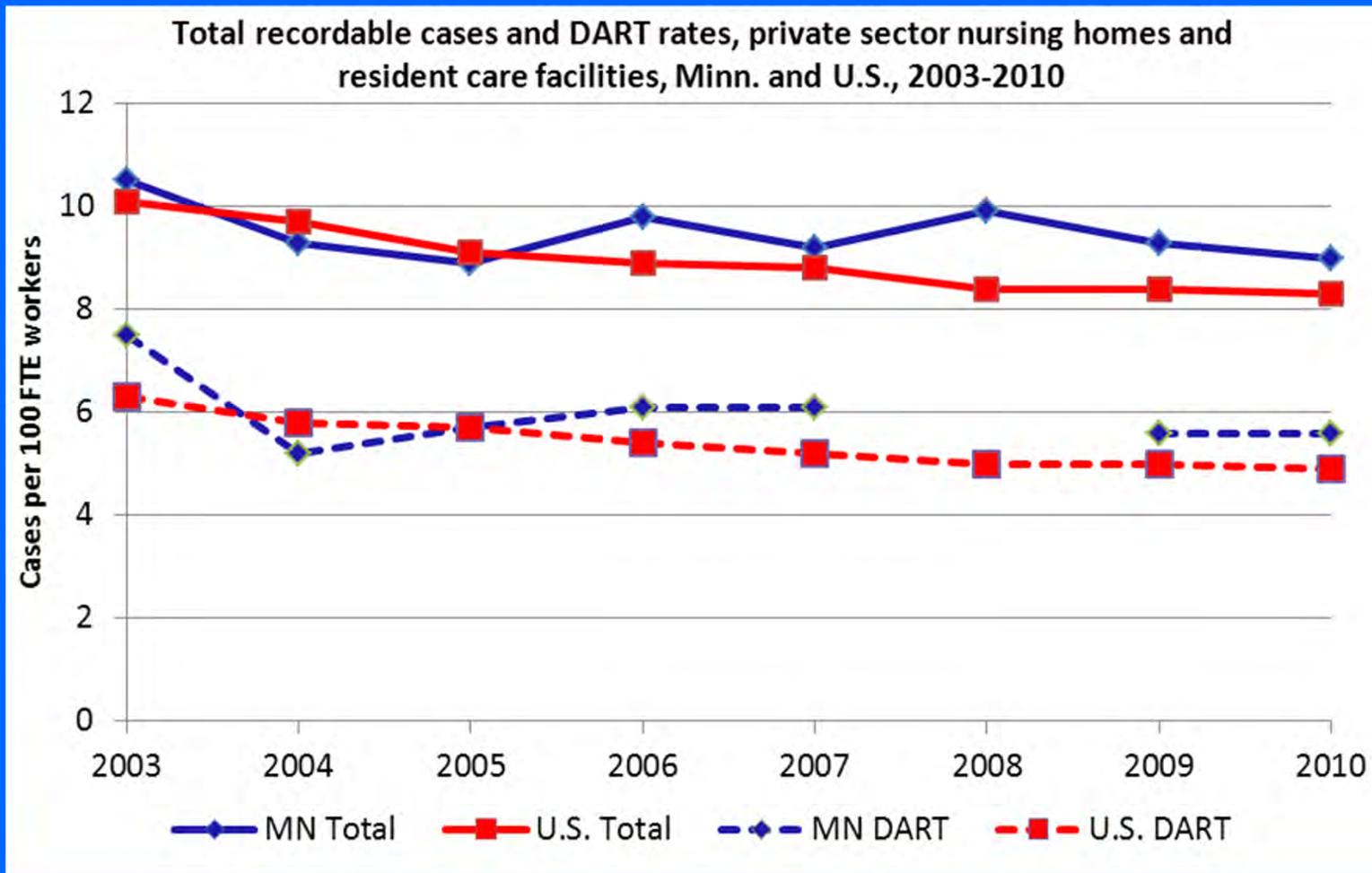
Overview of Main Points

- Injury rates are moving down, but this is part of a long-term trend
- Significant differences exist between nursing homes and hospitals
- Measure what you manage and manage what you measure
- SPH is about program management, not equipment

Injury rate trends for hospitals



Injury rate trends for NH



Data Collection

- Surveyed facilities that received WSC safety grants or SPH grants
- Survey asked about SPH program implementation and progress:
 - SPH equipment deployed
 - Satisfaction with SPH efforts by administrators, staff, SPH committee, adequacy of available resources
 - Resistance from staff and patients or residents

Data Collection

- Collected OSHA logs and log summaries for 2007-2011
- Learned a lot about the state of OSHA recordkeeping at health care facilities
- Received responses from
 - 24 out of 31 hospitals
 - 94 out of 111 nursing homes

Survey results – Hospitals

SPH Program implementation and progress

- Most facilities use all types of equipment, many have ceiling lifts
- 1/4 to 1/3 reported resistance to SPH implementation from staff
- Higher staff resistance correlated to lower administrative support

Survey results – Nursing Homes

SPH Program implementation and progress

- Most facilities use all types of equipment, a few have ceiling lifts
- Highly satisfied with staff's SPH compliance and SPH committee participation
- Little to no staff resistance was reported

Survey results & injury rates

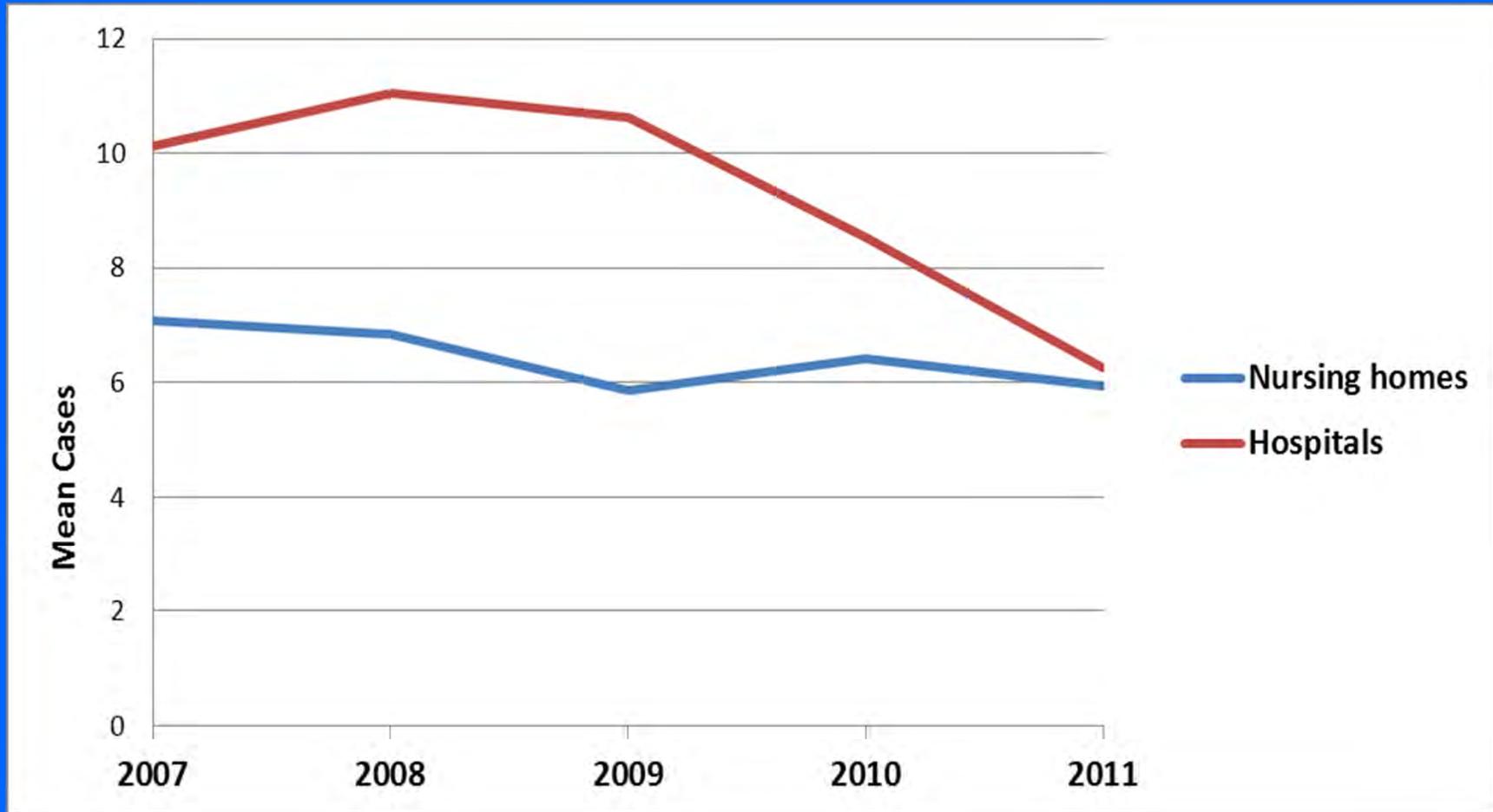
- Hospitals

- no relationship was found between injury rate changes and satisfaction with support from administrators, staff and SPH committee
- no relationship between injury rate changes and staff resistance

- Nursing homes

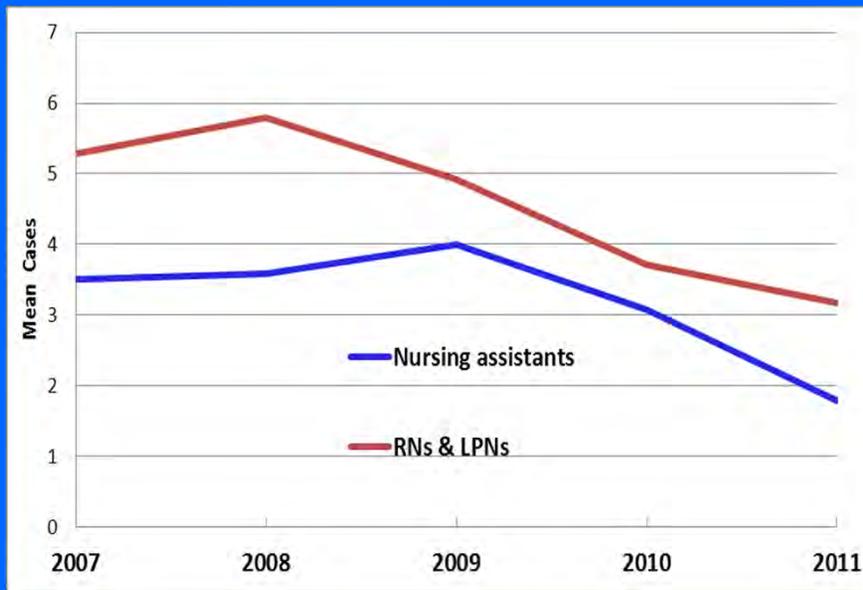
- injury rate changes are related to reports of satisfaction with support from administrators, staff and SPH committee
- injury rate changes related to reports of staff resistance

Total injury and illness case rates

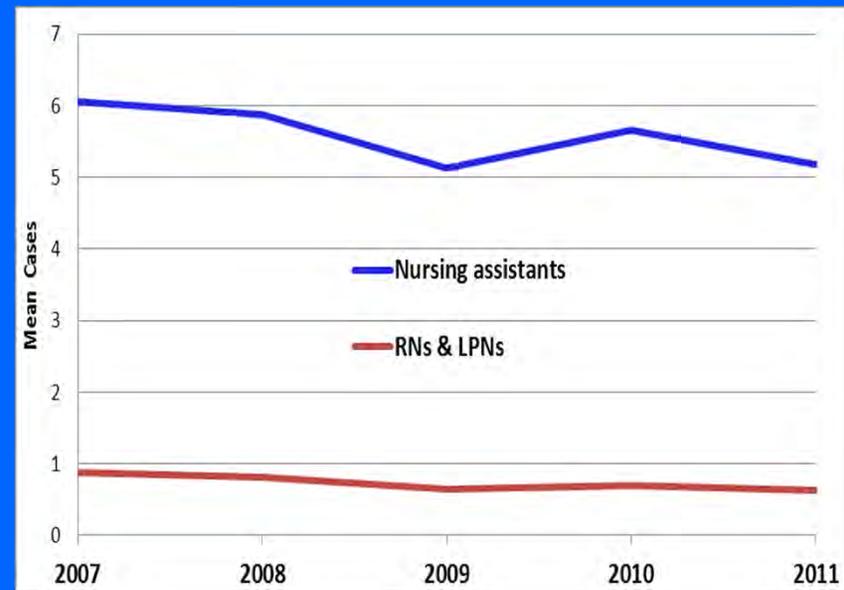


Total case rates by occupation

Hospitals



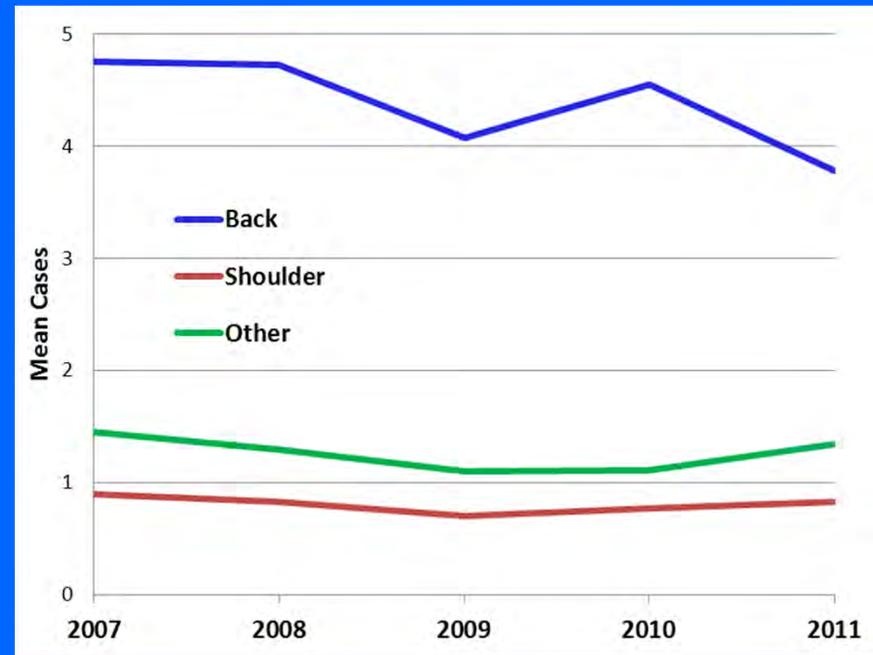
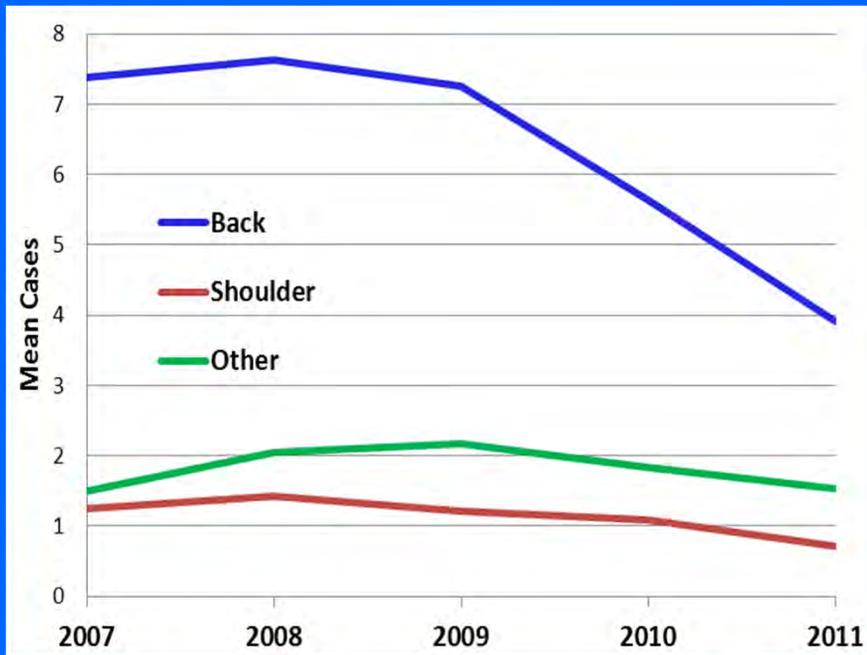
Nursing homes



Total case rates by injury type

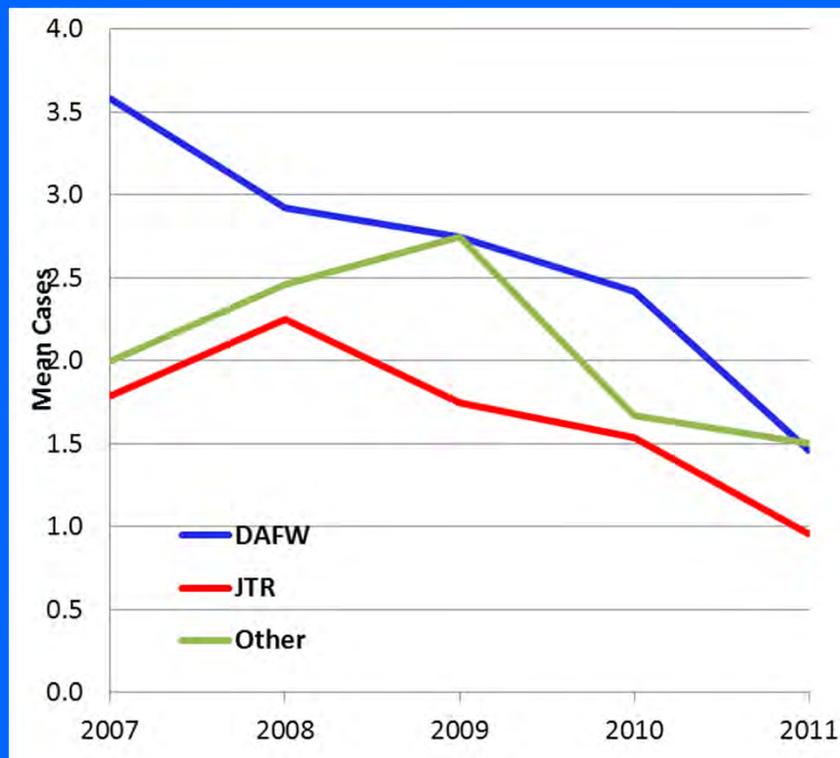
Hospitals

Nursing homes

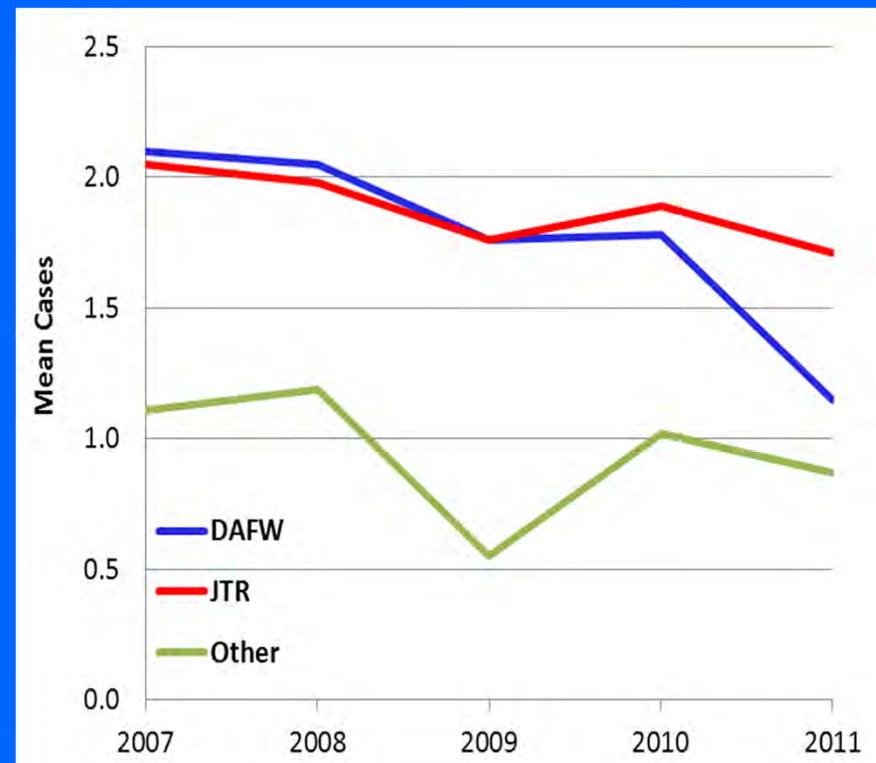


Back case rates by case type

Hospitals

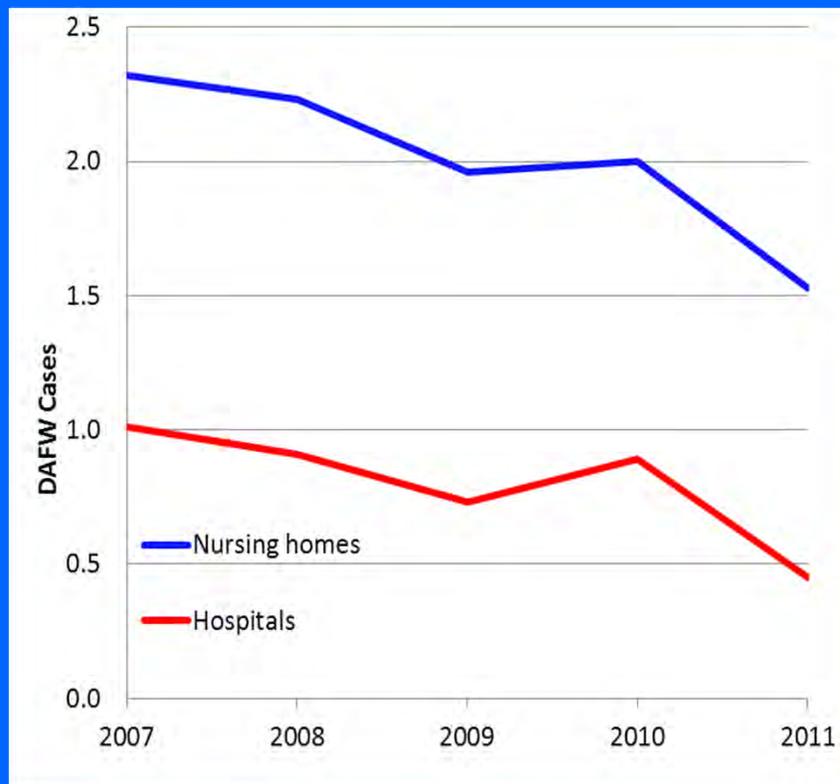


Nursing homes

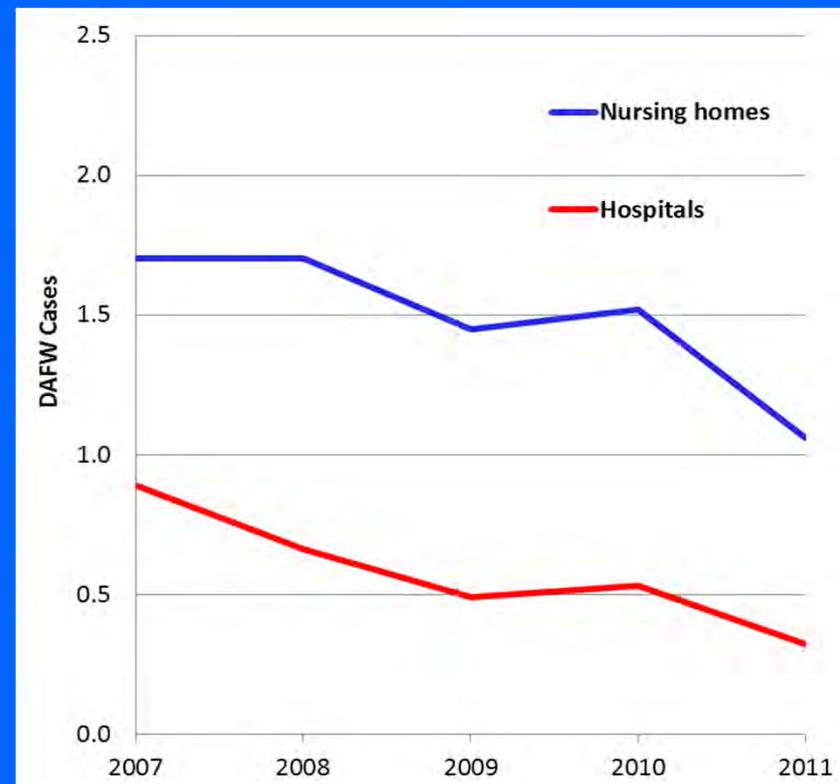


DAFW case rates

All injuries

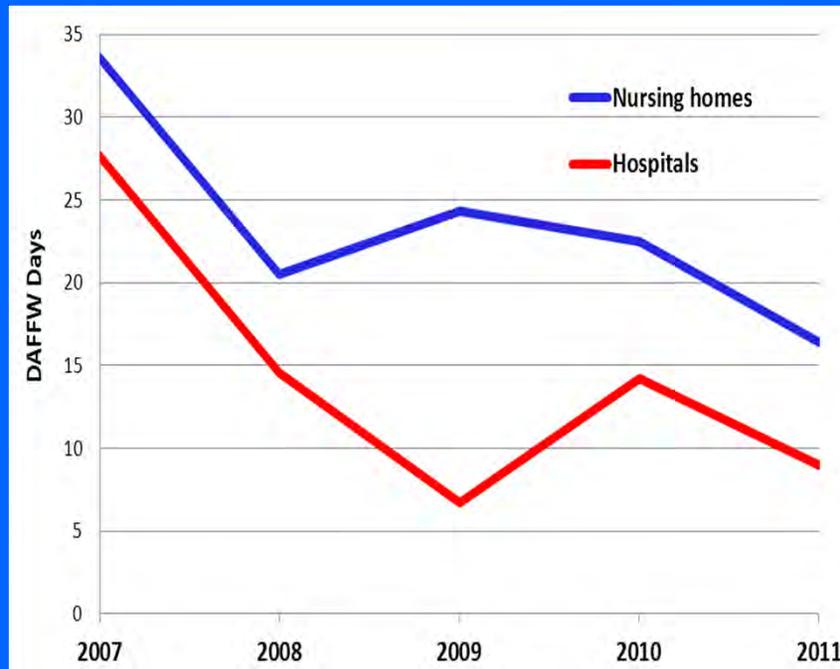


Back injuries

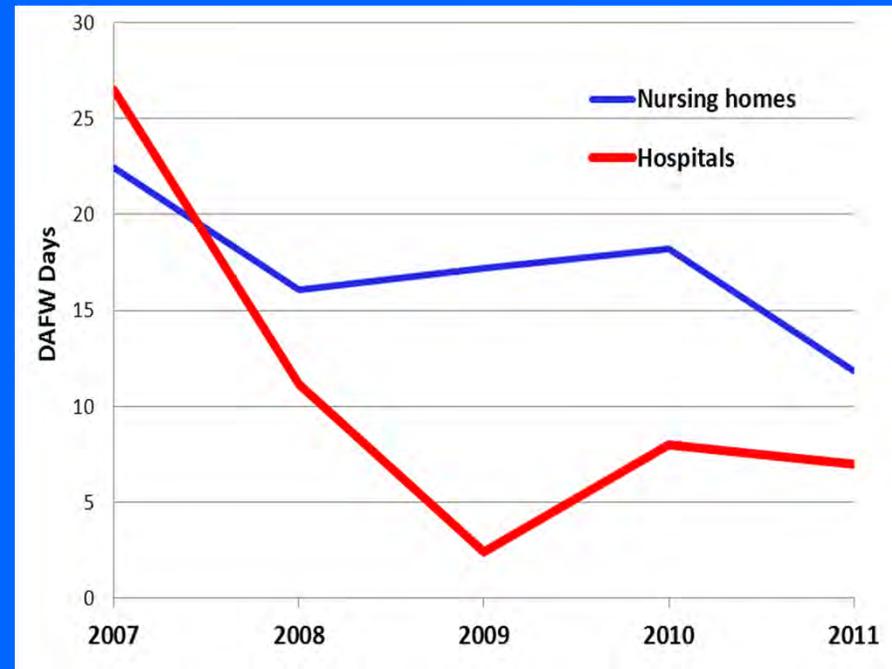


DAFW days rates

All injuries

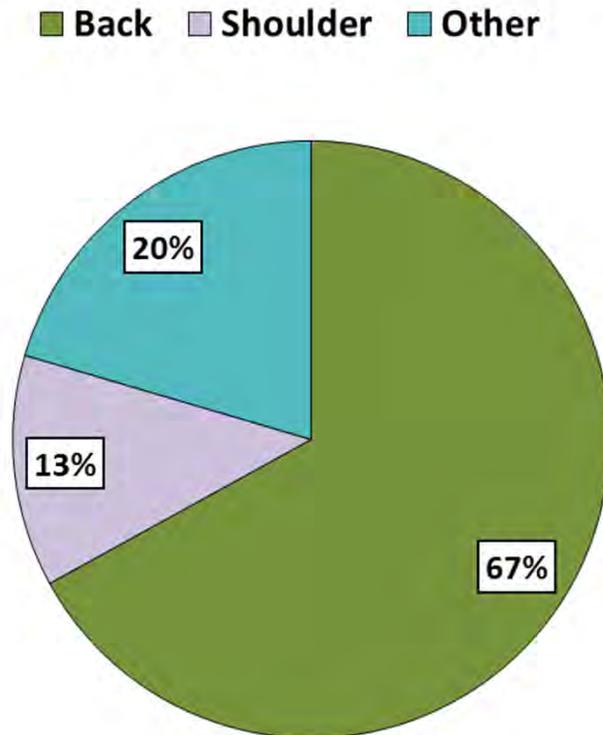


Back injuries

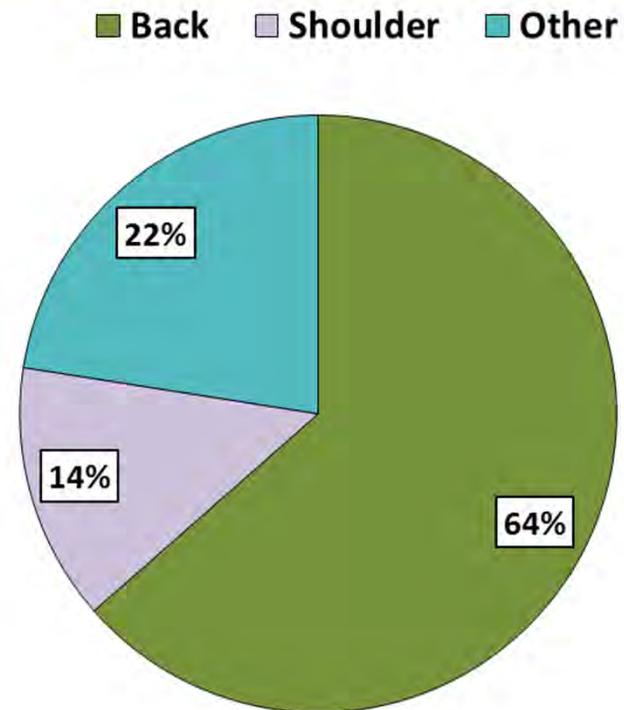


NH cases by injury type

2007

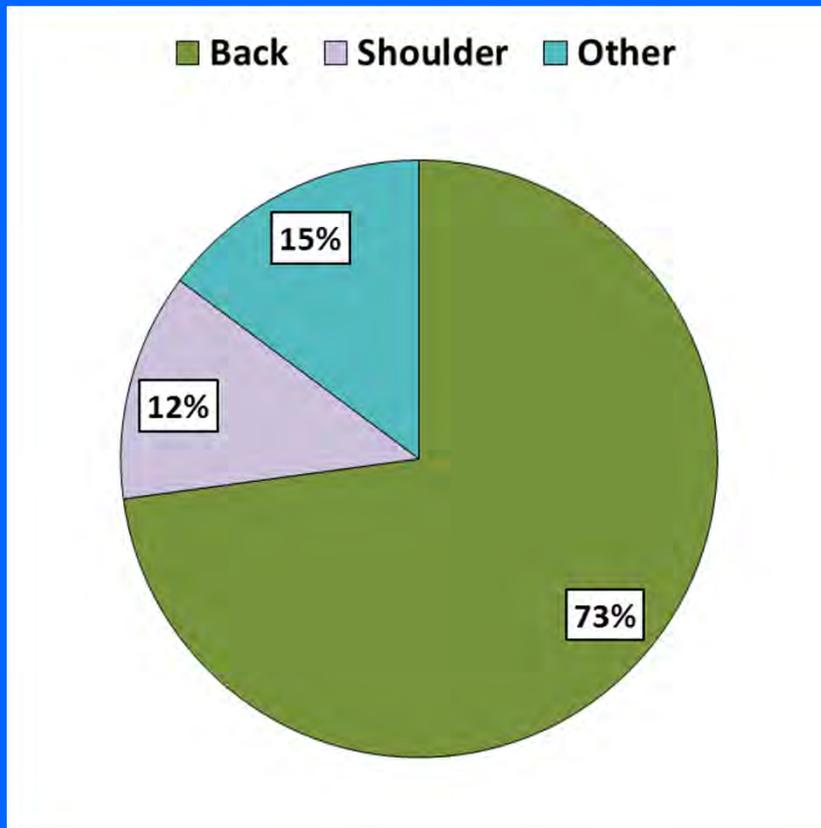


2011

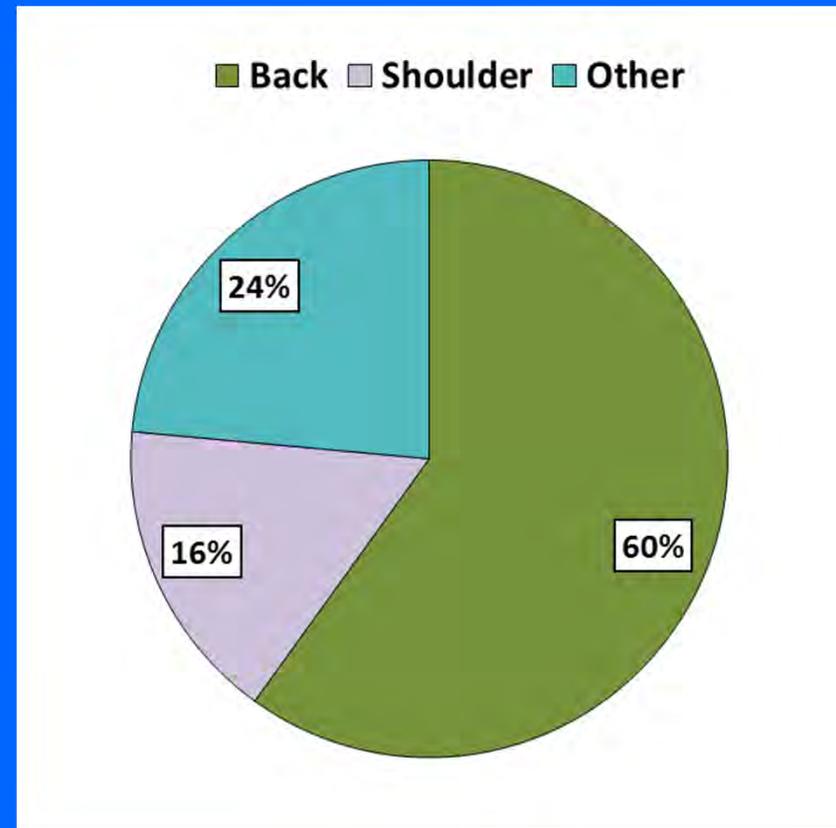


Hospital cases by injury type

2007



2011



Recordkeeping issues

- Misunderstand purpose of log
- Confusion about basic definitions apparent
- Logs don't describe all characteristics
 - Who, what, where, when and how
- Inconsistencies from year to year
 - Record quality too dependent on recorder
- Records aren't always available

Recordkeeping 101 topics

<http://www.dli.mn.gov/OSHA/Recordkeeping.asp>

- Part 1: Tracking injuries, illnesses puts you in control
- Part 2: Classifying recorded injuries
- Part 3: The days of our cases
- Part 4: Tell me what happened; describing the event
- Part 5: Injury or illness?
- Part 6: Summarizing the injury and illness log
- Part 7: Using your log results: 'How do we compare?'
- Part 8: A guide for keeping an accurate OSHA log