

Safe Patient Handling

Minnesota Statutes 182.6553

Establishing a safe-patient-handling program to change outdated practices

Summary

- Review legislation requirements
 - safe-patient-handling policy
 - safe-patient-handling committee
 - what aspects make an effective SPH program

 - Review compliance directive
 - what will be enforceable now
 - what will be enforceable in 2011/2012

 - Benefits of an effective SPH program
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Minnesota Statutes 182.6553

Safe Patient Handling

- ❑ Written safe-patient-handling program
 - ❑ Safe-patient-handling committee
 - ❑ The grant program helped provide about \$7,700 to 67 worksites that were awarded a grant
 - ❑ Acceptance of pre-existing SPH programs
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Safe Patient Handling Act

-- who is covered --

Health care facility

- hospital – as defined in 144.50, Subd.2
- outpatient surgical center – as defined in 144.55, Subd. 2
- nursing home – as defined in 144A.01, Subd. 5

Direct patient-care workers

- directly providing physical care to patients
 - as defined in Section 148.171
 - nurses, nurse aides, orderlies ...
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Safe Patient Handling Act

-- compliance with statute --

- Compliance directive outlines enforcement approach

 - Additional recommendations provided in this program are based on proven guidelines
 - Patient Care Ergonomics Resource Guide
Safe Patient Handling & Movement
 - Safe Lifting and Movement of Nursing
Home Residents
 - Resource Guide for Implementing a SPH
Program in an Acute Care Setting
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Safe patient-handling

- The main focus is on using equipment vs. people to perform lifts, transfers, repositioning and other movements of patients that place a higher level of stress on the caregiver
 - based on evidence that this type of equipment does reduce the injury risk and the incidence of injuries
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Safe patient-handling equipment

- lifting and transfer aides and mechanical assistive devices used to perform acts of lifting, transferring and repositioning



Safe patient-handling program

- A written work policy with the goal of minimizing manual lifting and moving of patients

Safe patient-handling
policy

Safe patient-handling statute

- ❑ Develop a written program – by July 1, 2008
Outlines the facilities plan to minimize manual patient lifting by 2011 (or 2012 if hardship exemption applies)

- ❑ **assessment of hazards**
- ❑ **acquisition of SPH equipment**
- ❑ **training**
- ❑ **facility changes consistent with SPH program goals**
- ❑ **periodic evaluation**

→ required

- ❑ *Purpose and policy statement*
- ❑ *Procedures:*
 - *employee compliance*
 - *SPH and movement requirements*
 - *reporting injuries*

→ suggested

MNOSHA Compliance inspection

- Evaluation of the SPH program
 - program must describe the steps that will be taken to establish an effective SPH program by July 1, 2011
 - program must address the performance areas outlined in the SPH statute

 - Citations:
 - no written program
 - program does not address all elements set forth in SPH statute
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Safe patient-handling statute

- ❑ Create a SPH committee or assign to existing committee – by July 1, 2008



- Membership requirements:
 - ❑ at least half the members are nonmanagerial nurses and other direct-care staff members
 - ❑ direct patient care worker unions will select members appropriate to number of employees represented
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Safe patient-handling statute

- Multi-site facilities may have one committee serve each site
 - each facility must be represented
 - or a committee can be established at each site

 - Employees must be compensated for their time spent on committee activities
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MNOSHA Compliance inspection

- Evaluate if a SPH committee has been established

 - Citations:
 - lack of a SPH committee
 - committee membership does not meet statute requirements
 - lack of an **effective** committee!
-

Safe patient-handling program

- Assessment of hazards related to patient-handling tasks



Safe patient-handling program

-- duties of the committee --

- Assessment of hazards related to patient-handling tasks
 - consideration of patient-handling tasks
 - what is the patient population profile (i.e. level of dependence)
 - types of nursing units
 - physical environment of patient care areas
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Assessment of hazards

- Recommended assessment methodology
 - baseline injury data
 - workers' comp. case history
 - OSHA 300 logs
 - accident/incident reports
 - caregiver feedback



to identify and prioritize high-risk areas and tasks

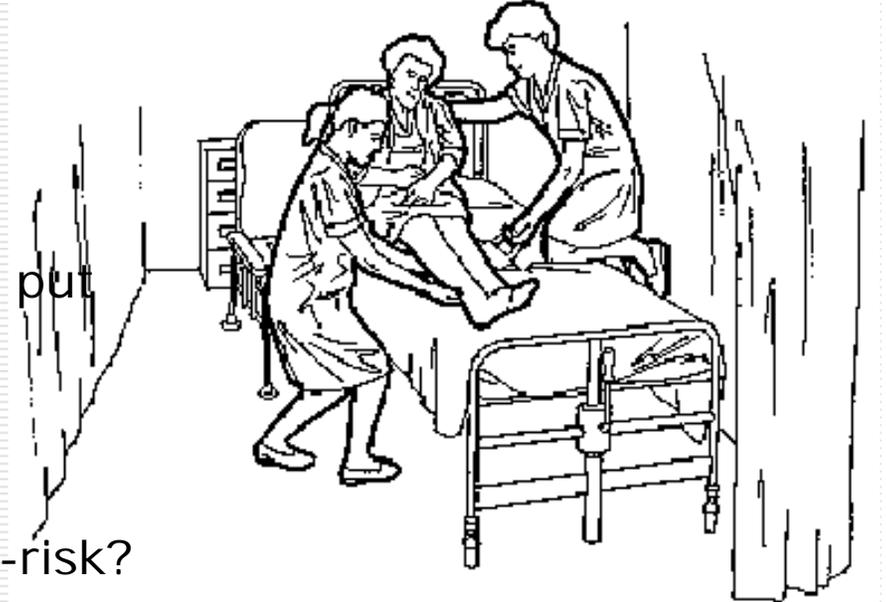
Assessment of hazards

-- additional considerations --

- staffing per patient
- peak workload periods
- scheduling practices
- ... etc.

(staff input)

- What conditions or situations put you at risk?
- Which lifts/transfers are the most difficult?
- What factors make a lift high-risk?
- What patient conditions contribute to the risk?
- What can be done to reduce the risk?



Safe patient-handling committee

-- duties of the committee --

- based on findings, formulate and implement recommendations

ceiling lift systems



update care plans

transfer aides



floor-based lifts

Safe patient-handling program

- Acquisition of an adequate supply of appropriate safe patient-handling equipment

Safe patient-handling committee duties:

- recommendations about purchase, use and maintenance of an adequate supply of appropriate safe patient-handling equipment
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Equipment acquisition

- ❑ Various categories of equipment:
 - lateral transfer aides
 - ceiling lift systems and accessories
 - floor-based lifts and accessories
 - ❑ stand-assist lifts
 - ❑ full-assist lifts
 - repositioning devices
 - *gait belt with handles*
 - ... other devices
-

Recommended selection criteria

Preliminary equipment evaluation

- vendor information
- observe use at other facilities
- feedback from those who have used equipment

Field-testing

- allow staff members an opportunity to use
-

Recommended selection criteria

- ❑ Recommended criteria for selection of lifting and transferring devices:
 - appropriate for the task
 - safe for patient and caregiver (stable, strong enough to secure the patient and permit caregiver to use good body-mechanics)
 - efficient and easy to use
 - minimal maintenance requirements
 - maneuverable in confined areas
 - adequate number to ensure they are accessible
 - *bariatric considerations*
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Safe patient-handling program

□ Initial and ongoing training

- goals
 - outcomes (behavioral objectives)
 - course content
 - methods of delivery
 - evaluation of effectiveness
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Safe patient-handling program

- goal – to promote the use of safe patient-handling and movement techniques



- Objective – attendees will use the best-practice techniques
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Safe patient-handling committee

-- duties of the committee --

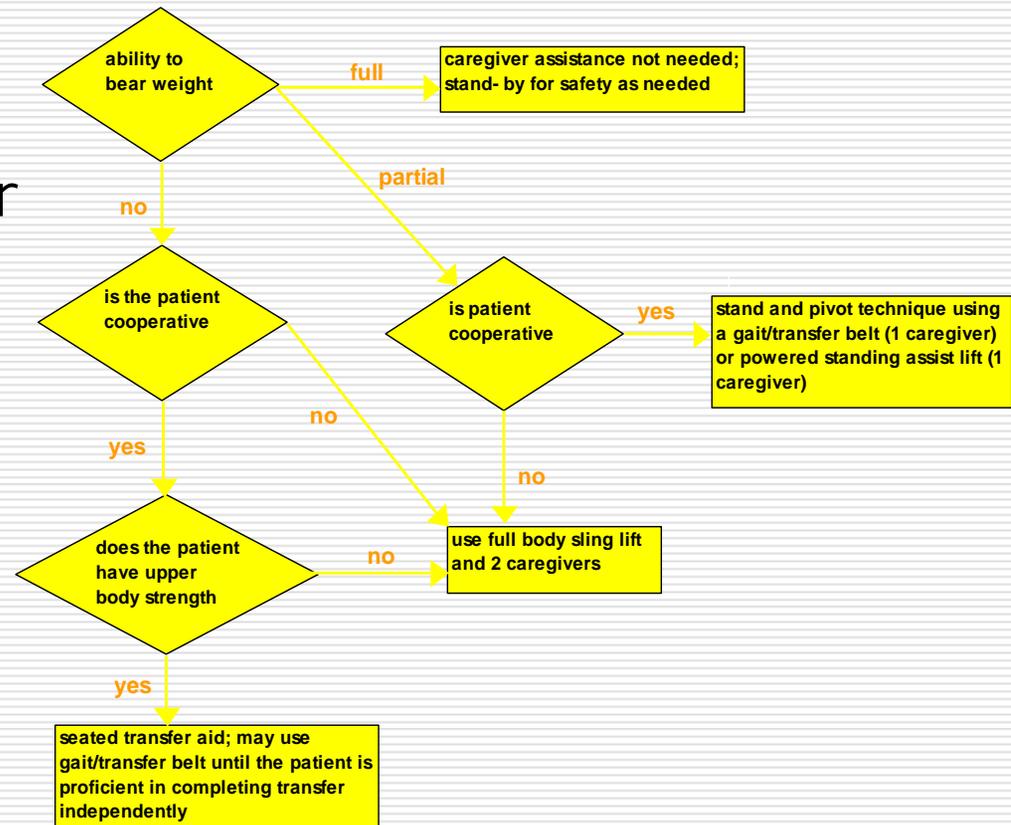
- make recommendations for training of direct patient care workers about use of SPH equipment, initially and periodically afterward



Recommended training program

□ Course content

- proper lift, transfer and repositioning methods
- proper application and use of equipment



Recommended training program

Initial and ongoing training

Methods of delivery

visual

auditory

hands-on (competency-based)

Involve the learner (don't just lecture)

discussions

demonstrations

Safe patient-handling committee

-- duties of the committee --

- Initial and ongoing training
 - evaluation of effectiveness
 - post-test
 - observation of practice
 - follow-up observations afterward

Follow-up is key to an effective training program:

Are taught practices being followed on the work floor?

Safe patient-handling program

□ Facility “change-analysis”

- for proposed facility redesign and major construction projects

(i.e. changes in room use/function, room redesign, building additions that include patient rooms, general facility redesign)

Safe patient-handling committee

-- duties of the committee --

- Recommend procedures to ensure remodeling of patient care areas accommodates SPH equipment
 - **Evaluate if the change will affect worker safety**
 - room size/configuration
 - accessibility
 - ability to accommodate appropriate use safe patient-handling equipment
 - ... etc.
-

Facility 'change analysis'



Safe patient-handling program

□ Periodic evaluation of program

- were program goals accomplished
 - *was the program effective in reducing the injury incidence and severity associated with SPH tasks*
-

Safe patient-handling committee

-- duties of the committee --

□ What to evaluate

- ❖ workers' compensation data
- ❖ OSHA 300 logs
- ❖ accident/injury incident reports
- ❖ employee feedback
- ❖ inspections/observations results
- ❖ SPH program responsibilities

□ What are effectiveness measures

- injury reduction
 - compliance with SPH program requirements
-

Program assessment

-- effectiveness measures --

- Focus on “leading indicators” that help determine program effectiveness, in addition to injury data
 - is the SPH committee meeting on a regularly scheduled basis
 - are committee recommendations documented and action items tracked
 - are hazard assessments being completed
 - are meaningful results documented
 - are corrective actions taken to accomplish recommendations
-

Program assessment

-- effectiveness measures --

- Focus on “leading indicators”
 - is appropriate SPH equipment determined/obtained
 - are SPH equipment decisions based on hazard-assessment findings
 - is training provided to employees as required
 - is it effective (follow-up)
 - work-practice observations
 - what do employees say
-

Program assessment

-- effectiveness measures --

Focus on “leading indicators”

- was a “change analysis” implemented for facility changes that could affect worker safety

 - staff compliance with SPH program
 - are supervisors identifying and correcting improper work-practices
 - are employees complying
-

Program assessment

-- effectiveness measures --

- Focus on “leading indicators”
 - caregiver perception of program effectiveness
 - improvement recommendations
 - are injuries/incidents related to SPH being investigated
 - results documented
 - contributing factors identified
 - recommendations to prevent recurrence included
 - recommendations resulted in corrective action
-

Program outcomes

- Possible effectiveness outcomes:
 - reduction in intensity, duration and frequency of MSD
 - job satisfaction/reduced employee turnover
 - acceptance and adherence to program requirements
 - high level of care, patient acceptance
 - overall reduction in severity and incidence of MSDs
 - cost savings
 - effective injury case management
-

Effective committees

-- suggested practices for an effective committee --

- Establish the committee function, individual roles/responsibilities (committee charter)
 - Recruit members with genuine interest
 - 2+ year terms; don't replace more than half of members at one time
 - Establish meeting ground-rules
 - Keep everyone involved – no one individual dominates
 - Agenda/meeting minutes
 - Consensus decisionmaking
 - Facilitation skills
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Pre-existing SPH programs

Facilities that have adopted a SPH program meeting 182.6553 Subd. 1 requirements

and

facilities that have established a safe-patient-handling committee

will be considered in compliance

Safe patient-handling program benefits

- reduce risk factors
- reduce injury incidence
- reduced injury severity
- reduce \$
- improved patient care
- improved job satisfaction and overall morale
- less absenteeism
- less employee turnover
- better able to maintain full staffing

Your facility is the “preferred” place to work!

Safe patient-handling program benefits

-- Wyandot Nursing Home --

- reduced workers' compensation claims by 97 percent
- zero transfer-injuries
- \$55,000 payroll savings due to less turnover, OT and absenteeism (2001)
- \$116,000 investment vs. \$400,000 annual return



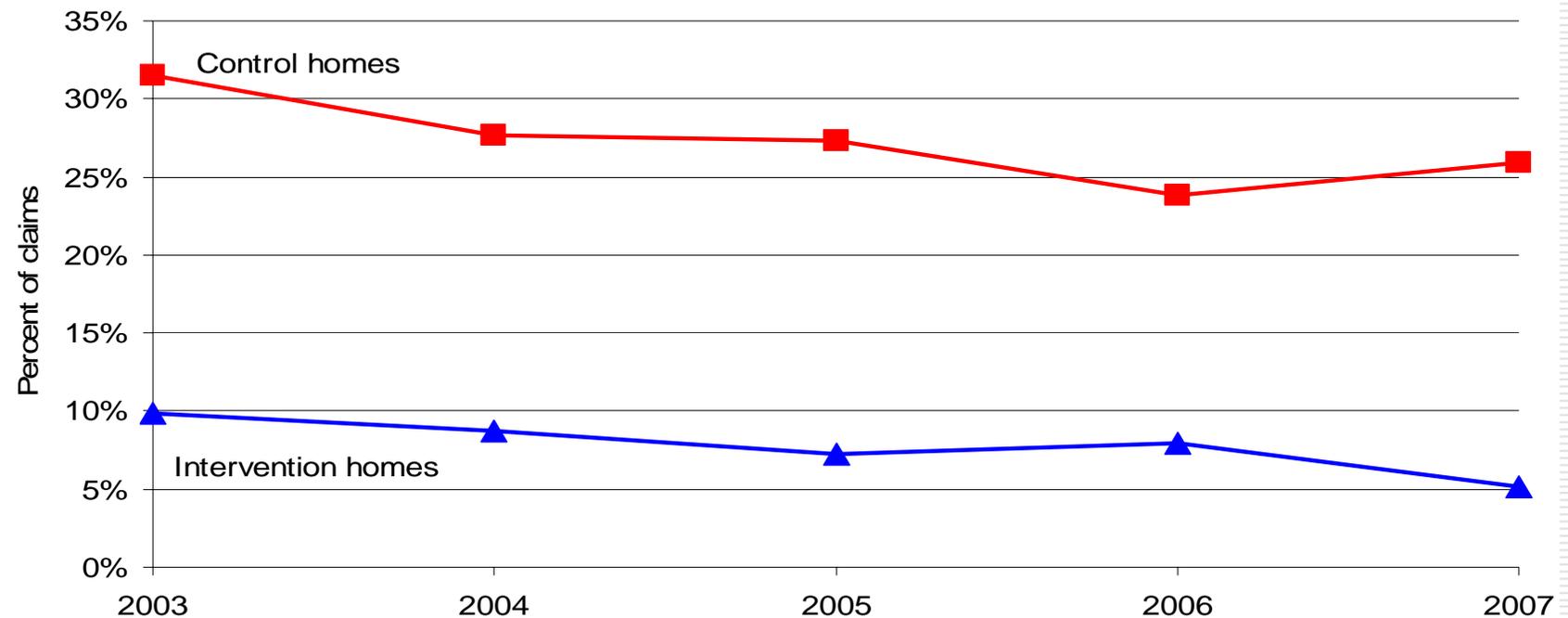
Safe patient-handling program benefits

-- real benefits experienced --

- reduced workers' compensation premium from \$100K to \$22K
 - no back or transfer injuries in more than three years
 - county-run home invested \$100,000s in SPH – return on investment in one year
 - 66 percent decrease in injuries since the program was implemented
 - reduction in days away from work from 1,083 days to seven days
 - within two years: reduced lift/transfer injury cases from 18 to four; reduced days away from work from 633 days to 55 days
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All indemnity claims

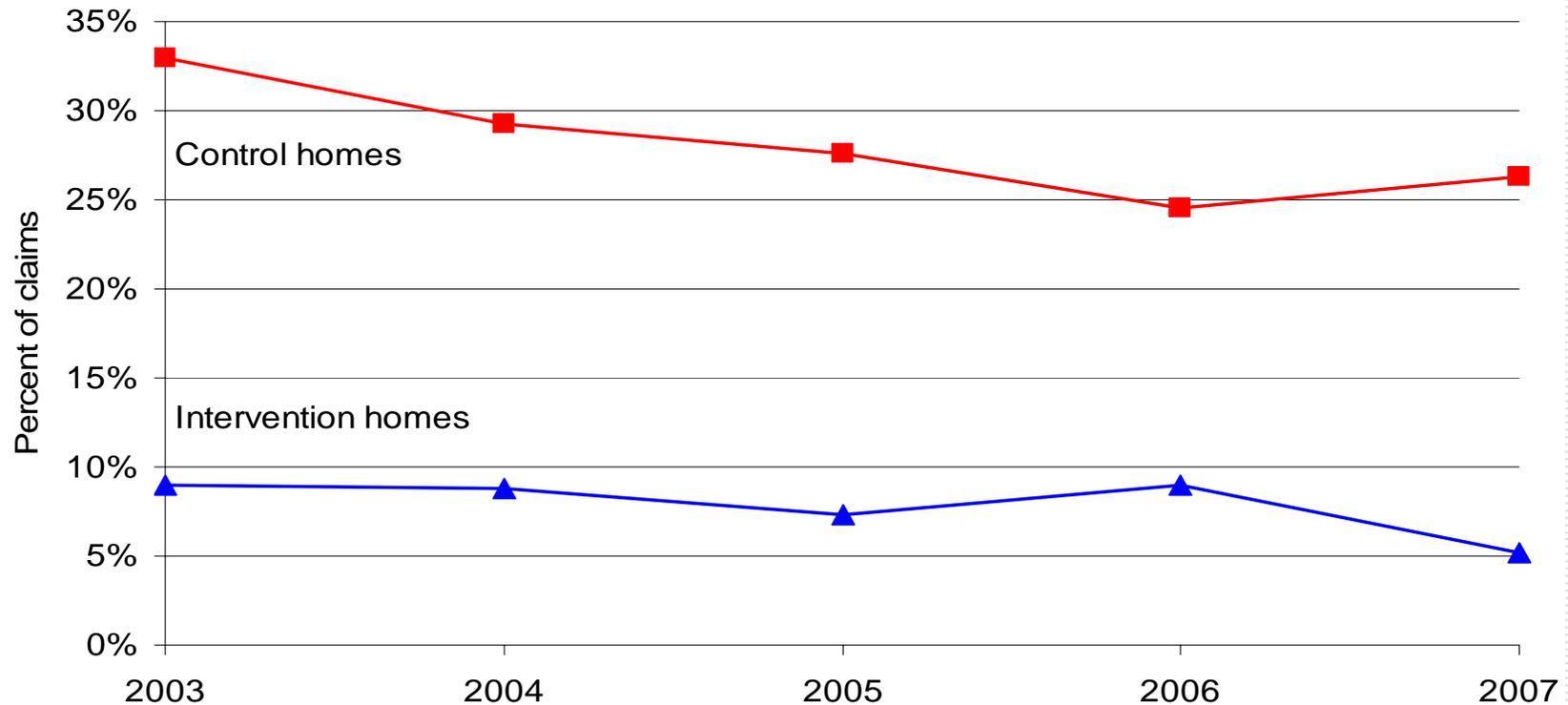
-- nursing home project --



Intervention homes showed a 48-percent decrease in the proportion of the NH industry indemnity claims; controls dropped only 18 percent.

All MSD indemnity claims

-- nursing home project --



Intervention homes experienced a 42-percent drop in the proportion of claims; controls dropped 20 percent

Challenges



- ❑ Total number of Americans in need of long-term care is expected to rise from 15 million in 2000, to 27 million in 2050.
 - ❑ The Bureau of Labor Statistics estimates by 2010, industry employment will rise to 2.7 million workers. This is an increase of roughly 45 percent.
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Challenges

Care providers in health services face strenuous physical demands and one of the highest rates of injury and illnesses among industries



Safe patient-handling

-- challenges --

- Overcome negative attitudes towards SPH equipment use:
 - cumbersome – can do manually just as easily?
 - time consuming – not readily available
 - lack of training about use
 - patient/family member resistance
 - ongoing equipment maintenance
 - don't understand benefits of SPH
 - facility design that can accommodate SPH
 - facility furnishings – cluttered halls/rooms
 - small rooms, narrow doors – limited access
 - lack of storage areas
-

Establishing a SPH program

TEAMWORK



?? QUESTIONS ??

Reference Web sites

OSHA – e-tools and compliance assistance

www.osha.gov/dts/osta/oshasoft/index.html

NIOSH – Safe Lifting and Movement of Nursing Home Residents

www.cdc.gov/niosh/docs/2007-117

Patient Safety Center

www.visn8.med.va.gov/patientsafetycenter

Resource Guide for Implementing a SPH Program in Acute Care

www.aohp.org/About/documents/GSBeyond.pdf
