Building a Successful Safe Patient Handling Program

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ESTHER MURRAY, RN, MSN, COHNS, CSPHP
SAFETY MANAGEMENT CONSULTANT
EMAIL – EMURRAY@MEMIC.COM

OBJECTIVES:

Discuss Safe Patient Handling Challenges

Identify Risky Transfers

Present Strategies to prevent injuries to Staff and Residents

Steps for Implementing a Safe Patient Handling Program
ABC’s of SPH Challenges

ASSESSING THE RISK
BUDGET
COMMITMENT TO CHANGE PROCESS

Assessing Risky Situations

- Assess Experience – OSHA log, W/C Loss Run ($$$)
- Assess Injuries by Unit/Shifts/Trends
- Assess Types of Transfers / Handling Tasks + Frequency
  - Bed Positioning
  - Positioning in Chair
  - Stand/Pivot transfers
  - LIFT FROM THE FLOOR
- Assess ACCESSIBILITY of equipment
MOST dangerous Transfer – not high frequency

- MANUAL Lifts from the Floor are a NEVER EVENT
- Someone always gets hurt
- Can you do CPR on the floor?
- Wait - Get a lift – Everyone will be safe

Bed Tasks – Boosting and Turning – HIGHEST FREQUENCY

- BAD things happen in the bed
- Boosting
- Turning
- Almost never done at the right height
- HIGH HIGH frequency
- THIS IS THE #1 AREA FOR INTERVENTION!
Assessing Risky Tasks

- Awkward positions
- Lifting 35 lb or ☝️☝️
- ☝️ Frequency
- A task that the manufacturers actually made a lift FOR!

Stand Pivot Transfers

- High Frequency
- Done in forward bent posture
- Heavy load that is sometimes wet or resistant
- Awkward space allotment
Two Person Assist – Bed to Chair

• TWO PERSON assist
• Resident is not doing much
• Awkward Posturing
• Heavy load (35lb)
• High frequency

Toileting transfers

• Awkward posture
• Many things happening at once
• Very emotional for Resident
• May be violent
• TIGHT SPACE
YIKES! WE’RE TALKING MONEY$$$$

Budget Strategies to Prevent Injuries

• Invest $$$ wisely
• Tactics to prevent injuries – Policies
• Look at Highest Frequency Injuries first
  – Lift From floor – NEVER EVENT
  – Bed positioning – Low cost solutions
  – Control the “Living Load” – Low cost solutions
Budget – ELIMINATE lifting from floor

- At LEAST One lift that goes to the floor
- Accommodates highest weight resident admitted (500lb)
- MANUAL lifts from the floor = Injury

Bed Positioning

Slide Sheets: CHEAP!!

Boosting
Turning
Lateral Transfers
Chair Repositioning
Exercising
Self Transfers

30+ different techniques!
Control the “Living Load”

Handled Gait Belt
– Caregiver has HANDLES on resident
– Greater control while ambulating
– Does not injure resident
  (no metal buckles)

COMMITMENT
WHY ORGANIZATIONS FAIL
Successful SPH Program Results

- Resident Falls ↓
- Resident Satisfaction ↑
- Employee Injuries ↓ ↓ ↓
  some programs report decreases of 60%
- Employee Retention ↑
- Employee Satisfaction ↑↑

(Park et.al, 2009; Nelson, et.al, 2009)

Implementation Strategies

- Committee/ System in place to recognize hazardous tasks
- Equipment is assigned to units based on unique tasks
- “Phase in” approach most hazardous tasks/units first.
- Less hazardous tasks/units later.
- Unit Peer Leaders, Preceptors, Coaches or Super Users in place
- Integrated, MULTI-faceted program may take years to fully implement.
- Commit to ONGOING quality improvement
Average SPH vs. SUCCESSFUL

- Employee injuries ↓
- Still have repositioning injuries
- Return on Investment may take 4 years
- Staff turnover has decreased

(Nelson, et.al, 2009)

- Employee injuries ↓↓
- SIGNIFICANT cost savings over three years some as high as 70%!
- Return on Investment may be as short as 2.5 years
- Staff Recruitment has increased as the word gets out!

(Parks et.al, 2009; Hinton, 2010)

Tipping Points for SPH programs

"it looked smaller from the bottom! just gotta keep pushin"  "whoo hoo!"

a lot of hard work

it gets easier from here, and if you hit another hill you've got some momentum behind you
Little things mean A LOT!

Repositioning Injuries - tippers

• MOST Difficult to Change
• Hitch your wagon to a star
• Patient Fall Program?
• Pressure Ulcer prevention?
• Repositioning tools – ACCESSIBLE!
• Bed at Hip level
• Bed positioned with knee gatch up
• Assistive Devices are ESSENTIAL

(Marras, et.al, 1999; Fragala, 2011)
**ADDING up**

- Oxygenation from mobilization leads to adverse patient outcomes and **EQUALS**
- length of stay **PLUS**
- patient satisfaction

- Employee injuries leads to Employee Satisfaction **PLUS**
- Employee Turnover **EQUALS**
- Staffing Stabilization

All adds up over time...

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**Unit Peer Leaders**

- Assist in rollout training and checkoffs
- “GO TO” person on the unit
- Promote SPH policies and equipment procedures
- Knowledgeable about proper patient assessment and advanced techniques
- Provide orientation for new staff and new equipment
- **KEY FOR SUCCESS** of SPH
COMMITMENT

• Commit to working programs together
  SPH program + Fall Risk program = SUCCESS
  SPH program + Pressure Ulcer Prevention = SUCCESS

• Commit to funding
• Commit to Rounding
• Commit to Safety
• Commit to Positive Feedback

Questions??
References:


References:


Websites for more information

- www.memic.com
- www.hcergo.org
- www.anasphm.org