Building a Successful Safe Patient Handling Program

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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

Budget

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!

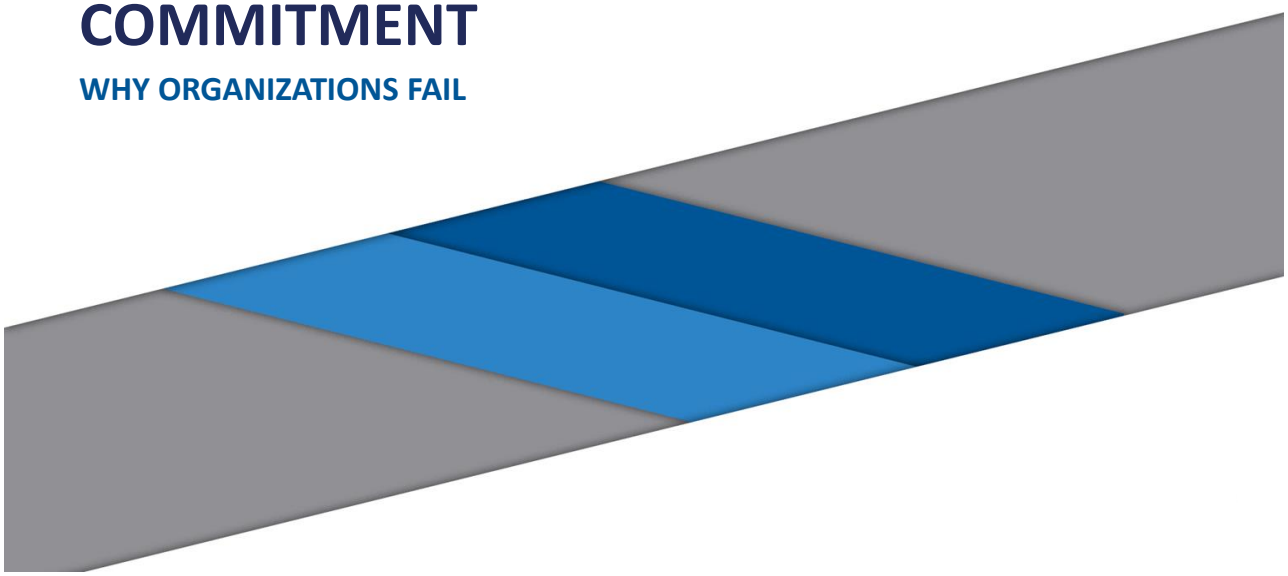
Control the "Living Load"

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

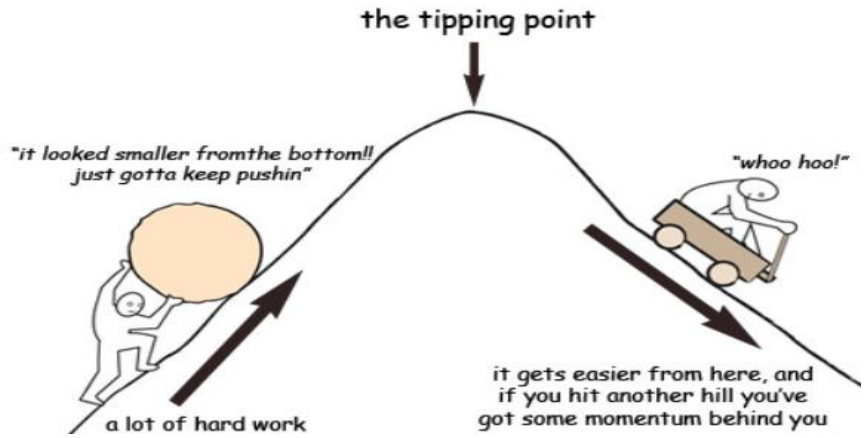
- Employee injuries ↓
- Still have repositioning injuries
- Return on Investment may take 4 years
- Staff turnover has decreased

(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



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…

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??

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Websites for more information

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