

# **A MODEL SAFE PATIENT HANDLING AND MOVEMENT PROGRAM**

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# SPHM PROGRAM IMPLEMENTATION

- Complex activity that takes a *concerted* effort from the many involved.
- Staff & Management need to be *motivated* – *staff involvement and “Buy-In” is of paramount importance*
- Staff & Management need to be *properly educated & trained*.
- *Efforts* are needed *over time* to sustain the change.

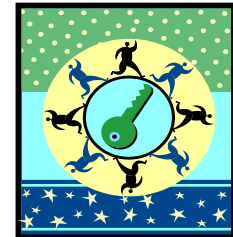
# WHAT REALLY MAKES SPHM PROGRAMS SUCCESSFUL?

## Instituted **PRIOR** to Equipment Introduction

- Facility Champion/Coordinator
- Facility SPHM Team / Committee
- Peer/Clinical Leaders and/or Lift Teams (**UPL**)
- Safety Huddles

## Instituted **AFTER** Equipment in place

- Assessment, Care Plan, & Algorithms for Safe Patient Handling
- Staff education and training on equipment use, maintenance care, competencies
- SPHM Policy



# ROLE OF FACILITY SPHM COORDINATOR

## Nursing, Therapy, Safety Roles

- Coordinate facility SPHM Program
- Provide leadership for Peer/Clinical Leaders
- Make 'Critical Associations' with Facility Services/Leaders
- Lead in equipment purchase decisions
- Track equipment/slings
- Liaison SPHM Program & management
- Track/Trend Patient Handling Injuries
- Others....

# ROLE OF SPHM TEAM / COMMITTEE

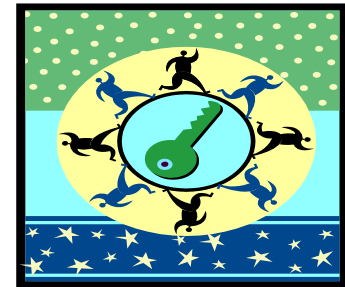
- Implements Program
- Writes Policy
- Reviews/Trends Data
- Ensures incidents/injuries are investigated
- Facilitates Equipment Purchases
- Uses Goals and Objectives to drive Program



# ROLE OF UNIT PEER LEADERS

*Unit Peer Leaders (UPL) are the Key to Program Success...*

- Act as UNIT SPHM Champion
- Facilitate SPHM Knowledge Transfer
- Train... peers/managers/patients/families
- Conduct Staff Competency Assessments
- Monitor UNIT SPHM Program Status/Compliance



*UPL ...*

- *Implement* Program
- *Maintain* Program
- Suggestion: 1 UPL per shift per unit/area

# SAFETY HUDDLE AND RISK REDUCTION

- Provides mechanism for whole team to learn from the experiences of one individual
- Involves *front line staff* in identifying problems and SOLUTIONS

## The SH group asks

1. What happened?
2. What was supposed to happen?
3. What accounts for the difference?
4. How could the same outcome be avoided the next time?
5. What is the follow-up plan?



# PATIENT ASSESSMENT, ALGORITHMS, & CARE PLAN FOR SPHM

## Role

- Provides standardized method to determine how to handle & move patients
- Ensures patient handling techniques are based on individual patient characteristics/conditions
- Written care plan ensures accurate transfer of information
  - staff to staff
  - shift to shift



# PATIENT ASSESSMENT, ALGORITHMS, & CARE PLAN FOR SPHM

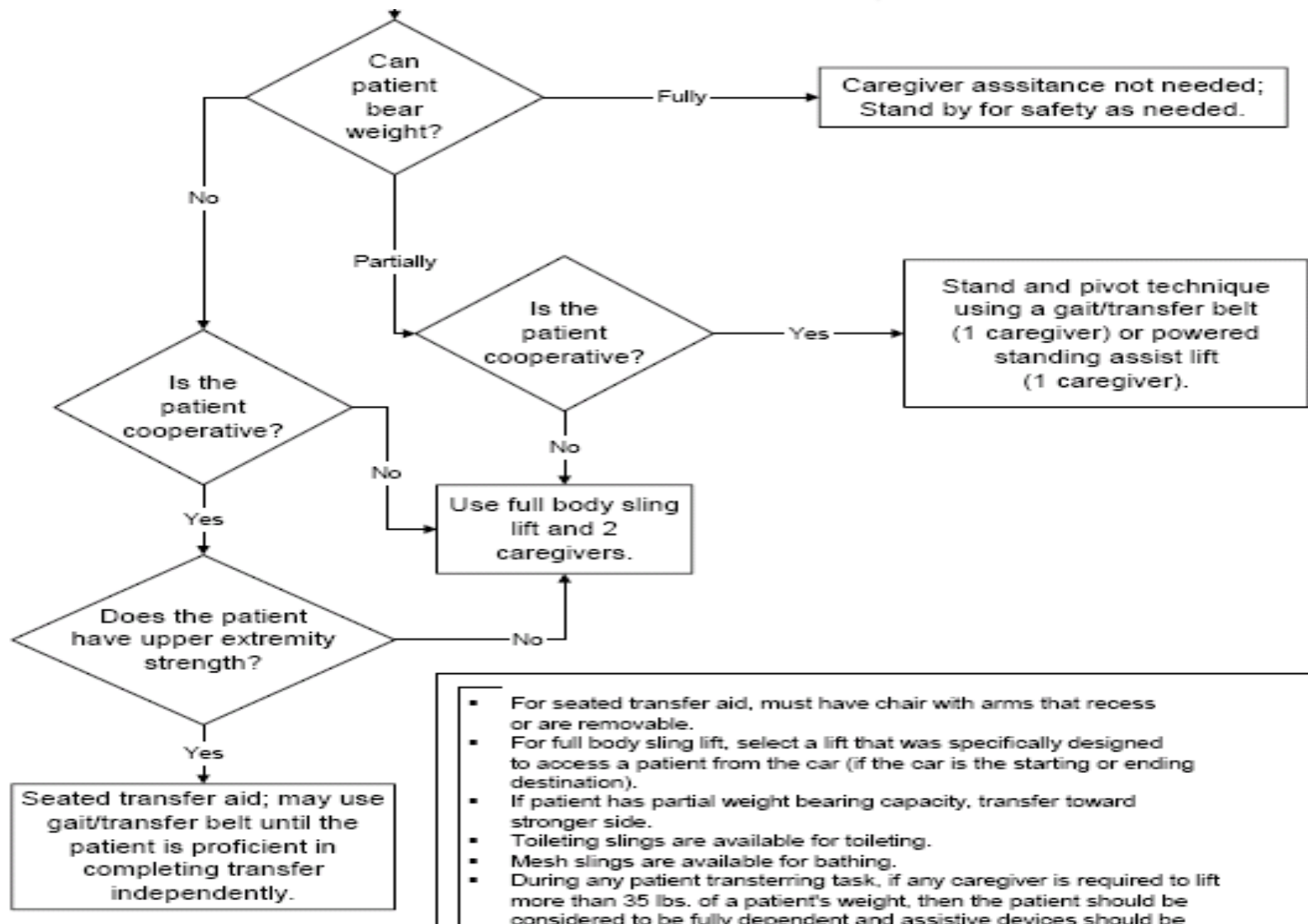
The Assessment, Algorithms , & Care Plan  
go hand in hand...

1. Assess the Patient
2. Use Algorithms to determine equipment  
and # of staff needed for each high risk task
3. Complete the Care Plan
4. File for future use



# Ergonomic Algorithm 1:

Transfer to and from: Bed to Chair, Chair to Toilet, Chair to Chair, or Car to Chair



# VA SAFE PATIENT HANDLING & MOVEMENT POLICY

*SPHM Policy Ties all Program Elements Together...*

Implemented in units with *necessary* patient handling equipment

Focus on creating a safe workplace for caregivers rather than on punitive action for mistakes

Based on UK Policy

# **Facility Guidelines Institute**

## ***2010 GUIDELINES FOR DESIGN AND CONSTRUCTION OF HEALTH CARE FACILITIES***

### **1.2-5 PATIENT HANDLING AND MOVEMENT ASSESSMENT**

**AMERICAN SOCIETY FOR HEALTHCARE ENGINEERING,  
2010**

**[HTTP://WWW.FGIGUIDELINES.ORG](http://www.fgiguilines.org)**

**1/2011 – ADOPTED BY JOINT COMMISSION FOR  
HEALTHCARE ACCREDITATION**

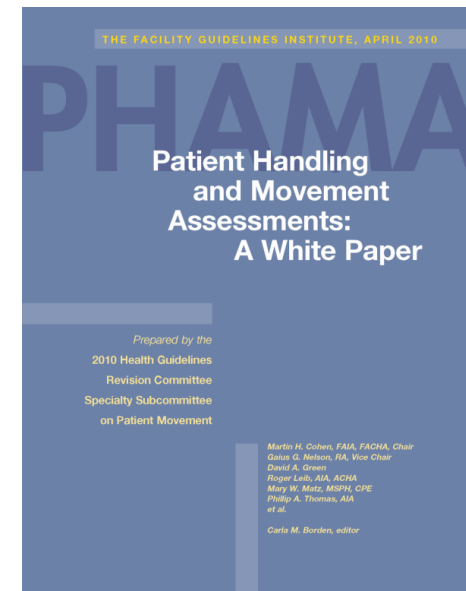
# Patient Handling & Movement Assessment: A White Paper

## **PURPOSE:**

TO PROVIDE A RESOURCE FOR USERS OF THE *GUIDELINES FOR THE DESIGN & CONSTRUCTION OF HEALTHCARE FACILITIES*  
TO PROVIDE A COMPREHENSIVE GUIDE TO DEVELOP & IMPLEMENT PATIENT HANDLING PROGRAMS

**[HTTP://WWW.FGIGUIDELINES.ORG/PDFS/  
FGI PHAMA WHITEPAPER 042810.PDF](http://www.fgiguilines.org/pdfs/FGI_PHAMA_WHITEPAPER_042810.PDF)**

**FACILITY GUIDELINES INSTITUTE (2010)**  
PUBLISHER: AMERICAN SOCIETY FOR  
HEALTHCARE ENGINEERS (ASHE)



# 1.2-5.1 PHAMA - General

## Areas for Inclusion:

ALL practice settings that move and lift patients

### NURSING

- Critical Acute Care
- Long Term Care
- Care
- OR
- ER
- SCI
- Others

### NON-NURSING

- PT
- Diagnostics
- Treatment Areas
- Procedure Areas
- Morgue
- Dialysis
- Others

# 1.2-5.2.1 PHAMA Phase 1

## Patient Care Ergonomics (PCE) Evaluation

*For each UNIT/AREA*

1. Collect Information on Environment & Patient Characteristics/Issues
2. Identify High Risk Tasks
3. Conduct Site Visit/Walk-through
4. Generate Recommendations

# TRANSFERS/VERTICAL LIFTS

## Floor-based (portable) Lifts



Partial Assistance Patients



Dependent Patients



# TRANSFERS/VERTICAL LIFTS

## Ceiling/Wall-mounted Lifts



**Dependent Patients**



## WHY CEILING LIFTS?

**There are differences in use of portable floor lifts as opposed to ceiling lifts**

- Ceiling lift accessibility results in greater use  
(OHSAH, 2006; Garg, 1991; Garg, 1991; Daynard, 2001; Nelson et al, 2006)
- Staff prefer ceiling lifts.  
(Nelson, et al, 2003; Santaguida et al, 2005; Garg, 1991; Garg, 1991; Daynard, 2001; N
- Space Constraints





# LATERAL TRANSFERS

## Lateral Transfer Devices



# REPOSITIONING TASKS



## Mechanical Lifting Equipment

- Repositioning Slings
- Strap/Slings



# Veterans Health Administration (VA)

2009 – 2011 (3 years - \$200 million)

- Largest OSH initiative in US
- Technology/ceiling lifts – primary intervention
  - CL installed in 50% acute/critical care areas - 2010
  - ~75% CL coverage - end of 2012
  - ~40% CL coverage have fewer injuries (2010 data)
  - Need other types of equipment & slings
- Acute Care, Critical Care, Nursing Homes, ED primary targets for intervention/technology
  - Equipment needed in all areas where patient handling occurs
- 2006-2011 – 34% injury rate decrease
- Program maturation – mid-2010

# Lessons Learned (VA)

- SPH Program is not a simple Program
  - Involves most other services/entities within a facility
  - Management/Leadership Support
  - Must include facilitators of Change
- Facility Coordinators
- Peer Leaders
- Safety Huddles
- SPH Patient Assessments
  
- Facility Coordinators
  - Essential to success
  - Make 'Critical Connections' early on
  - Train in coaching/change management
  - Train in procurement/writing purchase orders

# Lessons Learned (VA)

- Peer Leaders – 2200/3800 (2010 data)
  - Essential to success
  - Weakest SPH Program element
  - Previous focus on equipment introduction
- HQ focus on PL Program - 2012+
  - Program tools/materials
- Office of Nursing Service
  - 2012 Focus – SPH Program/Peer Leaders
    - Performance measures
    - Awards/Recognition/\$
    - Program tools/materials
- Social Media/networking

**THANK YOU....**

