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
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

- For seated transfer aid, must have chair with arms that recess or are removable.
- For full body sling lift, select a lift that was specifically designed to access a patient from the car (if the car is the starting or ending destination).
- If patient has partial weight bearing capacity, transfer toward stronger side.
- Toilet slings are available for toileting.
- Mesh slings are available for bathing.
- During any patient transferring task, if any caregiver is required to lift more than 35 lbs. of a patient’s weight, then the patient should be considered to be fully dependent and assistive devices should be used.
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

1/2011 – ADOPTED BY JOINT COMMISSION FOR HEALTHCARE ACCREDITATION
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.fgiguidehelines.org/pdfs/FGI_PHAMA_WHITEPAPER_042810.pdf

Facility Guidelines Institute (2010)
Publisher: American Society for Healthcare Engineers (ASHE)
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
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

- Staff prefer ceiling lifts.

- 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....