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Establishing a safe-patient-handling program to change outdated practices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

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
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
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

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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

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

required

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
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
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
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
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
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*
Safe patient-handling program

☐ Initial and ongoing training

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

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

- Objective – attendees will use the best-practice techniques
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
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
- County-run home invested $100,000s in SPH – return on investment in one year
- Reduction in days away from work from 1,083 days to seven days
- No back or transfer injuries in more than three years
- 66 percent decrease in injuries since the program was implemented
- Within two years: reduced lift/transfer injury cases from 18 to four; reduced days away from work from 633 days to 55 days
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.
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