



Healthcare Experts Advice for Overcoming Challenges in Safe Patient Handling & Mobility Programs

Across the full spectrum of healthcare environments



Healthcare Experts Advice for Overcoming Challenges in Safe Patient Handling & Mobility Programs

INTRODUCTION

A popular game show offered contestants the opportunity to “phone a friend” for help with a particularly tough question. Healthcare professionals today often wish they could similarly tap into the knowledge and experience of peers in other organizations with active Safe Patient Handling and Mobility (SPHM) programs. This white paper provides interested persons and organizations with insider access to seasoned advice, learned strategies and best practices.

Healthcare organization experts—representing administrative, ergonomic and clinical providers—participated in a thought leadership meeting in late 2017 to discuss issues and share insights on overcoming challenges inherent to SPHM programs. Key topics and ideas included: the importance of benchmarks and vision; quantifying and analyzing risks; an investment strategy for the program and its controls; and the value of contributions from all stakeholders.



Santa Rosa California, NGAB Time to Care

Healthcare Experts Advice for Overcoming Challenges in Safe Patient Handling & Mobility Programs

CHALLENGE 1 | GOALS & VISION

In the sample case (Appendix 1), SPHM program experts (PEs) identified significant oversights, including the organization's failure to establish a Vision as well as the lack of SPHM program Outcomes and Goals with timelines for completion. Without expectations, how would the organization and its stakeholders know whether their SPHM program was on track?

A key publication that would have been helpful to the sample organization and serves as a practical roadmap for all SPHM programs is Safe Patient Handling and Mobility: Interprofessional National Standards Across the Care Continuum, published in 2013 by ANA Nurse Books. Created by an interprofessional taskforce, this valuable resource outlines and defines recommended SPHM standards for healthcare organizations. The document highlights eight standards for a successful SPHM program (Appendix 2), including Sustainability. Figure 1 outlines the aspects germane to SPHM program Sustainability.

FIGURE 1

SUSTAINABILITY

Organization must task and support Stakeholder group to craft key program aspects

Development-Charter & Goals; Metrics-Measurement; Implementation; Evaluation; Remediation

Thorough Baseline Assessment - Know where to start from

Knowledge, attitudes, commitments, staffing, work hazards, environment, training methods, technology inventory

Written Plan

Goals, Objectives, Timeline, Periodic Review, Compliance, QI

Budget Funding

Implementation Phase and Ongoing - can't forget regular routine costs

Healthcare Experts Advice for Overcoming Challenges in Safe Patient Handling & Mobility Programs

You will note that within the Sustainability standard, there is clear direction to establish a stakeholder group which is responsible for first identifying its group's internal goals as well as a thorough written plan comprised of: Goals, Objectives, Timeline for execution, need for Periodic Review, the expectation for Compliance to stated goals and objectives, and finally, integration of the written plan to the organization's Quality Improvement efforts. See Figure 2 for sample outcome metrics for consideration suggested in the Veterans Administration SPHM Guidebook, 2016.

FIGURE 2



Healthcare Experts Advice for Overcoming Challenges in Safe Patient Handling & Mobility Programs

CHALLENGE 2 | ORGANIZATIONAL RISK

Revisiting our initial case study (Appendix 1), our SPHM PEs agreed that the hospital had not performed the necessary planning and consideration required to determine the extent of its baseline risks. “They didn’t seem to know or recognize they needed to measure the magnitude of the problem they were trying to fix.” PEs emphasized the need to assess organization-wide risks associated with work-related musculoskeletal disorders (WMSDs) through retrospective injury management data as well as through work (job) analyses of all employees who provide physical assistance to patients. The need to capture risk related to patient injury (both physical and psychological) while receiving assistance for progressive mobility was also addressed. Optimizing the safety and experience of both patients and caregivers were identified as key components to lowering risk to caregivers and patients.

Baseline risk metrics have perpetual value in the context of comparing periodic risk assessment data. Ongoing, periodic re-assessment is vital to keep one’s SPHM program on track and to calibrate efforts over time. SPHM programs are never “done” and have no expiration date; they are subject to all the new and ongoing changes and threats modern healthcare organizations encounter and need to make continual adaptations and adjustments.

Analysis of program risk is essential for categorizing and quantifying the severity and volume of risk across the organization, without it, accurate prioritization and mitigation plans cannot take place.

Exploration and attention to risk quantification can also reveal an organization’s opportunities for leveraging current strengths in addition to identifying areas for improvement, such as patient and employee satisfaction, turnover and quality measures.

Finally, after the intensive effort to establish a risk profile for the organization, it is crucial to decide carefully and match appropriately selected controls to the risk. Remediation of risk is always within one of three domains: **Engineering Controls**, **Administrative Controls**, and **Education Controls**. These domains function symbiotically; Controls in one domain cannot solely make a SPHM program run effectively. For example, Administration supports budget allocation (Administrative Controls), which creates the possibility of acquiring safety equipment (Engineering Controls) to reduce biomechanical hazard exposure, and the use of that safety equipment, integrated within employees’ work routines, is achieved through embedded and sustained Education efforts (Education Controls).

Healthcare Experts Advice for Overcoming Challenges in Safe Patient Handling & Mobility Programs

CHALLENGE 3 | INVESTMENT IN STRATEGY FOR THE PROGRAM & FOR IT'S CONTROLS

A frequent oversight for SPHM programs is to approach the investment strategy as one dimensional and limited to the initial purchase price of SPHM technology. Technology initial purchase price is paramount, however, organizations also incur costs associated with periodic maintenance, the lifespan of products (factoring number of years of service and estimated replacement need), replacement of consumable products associated with their use and maintenance, staff resources required to maintain technology “up time” (time the equipment is functional and available for intended use), and other metrics associated with the total cost of ownership (TCO). See Table 1 for TCO variables..

TABLE 1

TOTAL COST OF OWNERSHIP VARIABLES

Purchase Price	Lifespan of Product
Maintenance Expense Include Frequency of repair Rate, Parts Costs, Labor Costs, Cleaning	Environmental Impact
Calculate Up Time / Down Time and Estimate the Cost Impact of Unavailability	Peripheral Expenses Costs related to products required for product use / operations
Mandatory Inspection Requirements and Costs	Staff resources associated with ongoing
Upgrade and Enhancement Costs during lifespan of product	Consider Future Needs of Enterprise and capacity of supplier to meet demands

Healthcare Experts Advice for Overcoming Challenges in Safe Patient Handling & Mobility Programs

Organizations must assess, analyze and prioritize their baseline risk as discussed in Challenge 1, and then determine its fiscal capability to fund all of the indicated risk controls to address the baseline issues. It is natural and expected to have many and competing fiscal operational goals in healthcare organizations, which underscores the importance of prioritizing risks and developing staged investment strategy over a period of time. Such staged investment may span over one to several fiscal years, involve varying funding and budget strategies, and be executed in a variety of payment approaches. See Table 2 for fiscal and budgetary strategy ideas.

TABLE 2

FISCAL AND BUDGETARY STRATEGIES

Capital Budgets vs. Operating Budgets
Construction Company for new building or renovation is buyer of equipment
Fundraising, Philanthropy, Naming Opportunities
Local, State, Risk Insurer Program support
Lease to Own

Healthcare Experts Advice for Overcoming Challenges in Safe Patient Handling & Mobility Programs

CHALLENGE 4 | ENGAGING ALL STAKEHOLDERS

How does your SPHM program define a stakeholder? Is it limited to patients, direct care staff and administration? Or does it include insurers & payers, ancillary support departments, families and the larger community, to name a few. Committed, informed and energized stakeholder contributions provide value to an organization's SPHM program. Stakeholder engagement creates ripples of success in sustaining their personal value and commitment to the SPHM program's function, efficiency and effectiveness.

When a SPHM program is achieving its goals, all of the respective stakeholders see benefit through their own lens:

Direct caregivers

Musculoskeletal health, safety tools to effectively execute a progressive mobility program, recruitment and retention, role and career longevity, job satisfaction, reduced presenteeism, and improved individual and team morale

Patients

Safe and dignified progressive mobility assistance, improved patient hospital experiences, optimized recovery outcome, hope for recovery, minimized hospital stays and minimized complications

Administration

Decreased expenditure on injuries, lowered management and indirect costs from minimized staff turnover, absenteeism and presenteeism, improved HCAPHS and HACs scores, potential to interconnect SPHM program with other quality and safety goals, opportunity to pursue organizational goals such as High Reliability and Magnet Recognition

Families

Reassurance of loved-one's safety, opportunity for family engagement, improved recovery experience, reinforced organizational commitment to safety and best outcomes and positive impression of the organization.

Insurers

Fewer workers' compensation claims, improvement in loss trends, greater efficiencies in claims management

Healthcare Experts Advice for Overcoming Challenges in Safe Patient Handling & Mobility Programs

WITH THANKS TO CONTRIBUTING AUTHORS

Patricia Mehan, PT, DPT, MPH, Director, Consulting, Education and Clinical Services, Guldmann, Inc.

Tapan Kikani, PT, PhD VP Rehab Services and Innovation Officer, Holy Redeemer Network, Meadowbrook, Pennsylvania

Kate Klein, ACNP, Novant Health, Acute Care Nurse Practitioner Inpatient Stroke and Neurosciences Charlotte's Neurological ICU, Charlotte, North Carolina

GULDMANN NATIONAL ADVISORY BOARD PARTICIPANTS 2017

Beth Ann Friel
Intermountain UT

Vicky Locey
Kaiser Permanente

Melanie Gee
Fraser Health

Dave Matthews
University of Washington

Richard Haight
Peterborough Regional Health Centre

Lee Means
Craig Hospital

Roric Hawkins
RP Hawkins Group

Judy Pelfrey
UK Healthcare

Dan Kamrath
Banner Health

Dan Perrot
Sutter Health

Devon Kelley
OSF Healthcare

Leslie Pickett
WW Services Amazon

Tapan Kikani
Holy Redeemer Health System

Nelson Reyes
White Memorial Medical Center

Kate Klein
Maine Medical Center

Jean Romano
Penn Institute

Manon Labreche
Tampa General

Anne Weaver
Regional Health Rapid City

Healthcare Experts Advice for Overcoming Challenges in Safe Patient Handling & Mobility Programs

BOOKS

American Nurses Association (2013). Safe patient handling and mobility: Interprofessional national standards across the care continuum. Silver Spring, Maryland: Nursebooks.org.

Gallagher, S. (2013). Implementation guide to safe patient handling and movement Interprofessional National Standards. Silver Springs, Maryland: Nursebooks.org.

Hignett, S., Crumpton, E., Ruzsala, S. et al. (2003). Evidence-based patient handling: Tasks, equipment and interventions. London, England: Routledge.

Nelson, A. (2005). Safe patient handling and movement: A practical guide for health care professionals. New York, NY: Springer Publishing Company.

Nelson, A., Motacki, K., Menzel, N. ((2009). The illustrated guide to safe patient handling and movement. New York, NY: Springer Publishing Company.

WEBSITES

American Industrial Hygiene Association (AIHA) <https://www.aiha.org/about-aiha/Pages/default.aspx>

American Nurses Association (ANA) <http://nursingworld.org/Safe-Patient-Handling-and-Mobility>

American Physical Therapy Association (APTA) <http://www.apta.org/SafePatientHandling/>

California Hospital Association

<https://www.calhospital.org/publication/calosha-safe-patient-handling-regulation-nonmember>

Centers for Disease Control (CDC) website with link to National Institute of Occupational Safety and Health (NIOSH). <https://www.cdc.gov/niosh/topics/safepatient/>

Department of Veteran Affairs <https://www.publichealth.va.gov/employeehealth/patient-handling/index.asp>

Occupational Health and Safety (OSHA) Department of Labor (DOL)

https://www.osha.gov/dsg/hospitals/patient_handling.html

Oregon Nurses Association <http://osha.oregon.gov/OSHAGrants/safe-patient-handling-health-care/index.html>

Oregon Nurses Association <http://www.oregonrn.org/?173>

The Association of Safe Patient Handling Professionals <http://www.asphp.org/learning-center/>

The Oregon Coalition for HealthCare Ergonomics (OCHE) <http://www.hcergo.org/>

Healthcare Experts Advice for Overcoming Challenges in Safe Patient Handling & Mobility Programs

WEBSITES CONTINUED

U.S. Department of Veterans Affairs / Public Health / Safe Patient Handling and Mobility
<https://www.publichealth.va.gov/employeehealth/patient-handling/index.asp>

WorkSafe BC (British Columbia, CA)
<https://www.worksafebc.com/en/health-safety/industries/health-care-social-services/topics/patient-handling>

CMS Quality-Safety Indicators (HACs- hospital acquired conditions)
https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitalacqcond/hospital-acquired_conditions.html

CMS HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems)
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalHCAHPS.html>

US Dept. Health Human Services Agency for Healthcare Research and Quality Patient Safety Primer - High Reliability <https://psnet.ahrq.gov/primers/primer/31/high-reliability>

US Dept. Health Human Services Agency for Healthcare Research and Quality -Transforming Hospitals Into High Reliability Organizations
<https://archive.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/hroadvice/hroadvice1.html>

Gamble, M. 5 Traits of High Reliability Organizations: How to Hardwire Each in Your Organization. Becker's Hospital Review, April 2013
<https://www.beckershospitalreview.com/hospital-management-administration/5-traits-of-high-reliability-organizations-how-to-hardwire-each-in-your-organization.html>

Series of six podcasts by NPR that address the risk surrounding manual handling of patients and individual's stories on how the risk has affected their careers and lives.

OSHA's increased surveillance efforts discussed in the last podcast.
<https://www.npr.org/2015/02/04/382639199/hospitals-fail-to-protect-nursing-staff-from-becoming-patients>

<https://www.npr.org/2015/03/24/394823592/despite-high-rates-of-nursing-injuries-government-regulators-take-little-action>

<https://www.npr.org/2015/03/24/394823592/despite-high-rates-of-nursing-injuries-government-regulators-take-little-action>

<https://www.npr.org/sections/thetwo-way/2015/06/24/417186384/osha-launches-program-to-protect-nursing-employees>

Healthcare Experts Advice for Overcoming Challenges in Safe Patient Handling & Mobility Programs

WEBSITES CONTINUED

<https://www.npr.org/sections/thetwo-way/2015/06/24/417186384/osha-launches-program-to-protect-nursing-employees>

<https://www.npr.org/2015/02/18/385786650/injured-nurses-case-is-a-symptom-of-industry-problems>

NPR podcast on medical accessibility for individuals with disabilities. ADA.

<https://www.npr.org/templates/story/story.php?storyId=14362338>

TOOLKITS AND GUIDELINES

Facility Guidelines Institute, April 2010: Patient Handling and Movement Assessments: A White Paper.

https://www.fgiguideinlines.org/wp-content/uploads/2015/08/FGI_PHAMA_whitepaper_042810.pdf

A Road Map to a Comprehensive Safe Patient Handling Program (2012)

<http://www.mnhospitals.org/Portals/0/Documents/ptsafety/lift/safe-lift-roadmap.pdf>

AOHP (Association of Occupational Health Professionals) Beyond Getting Started: A Resource Guide for Implementing a Safe Patient Handling Program.

<https://aohp.org/aohp/TOOLSfORYOURWORK/PublicationsforYourPractice/BeyondGettingStarted.aspx>

Association of Operating Room Nurses (AORN) Safe Patient Handling Toolkit (for Operating Room practice).

[https://www.aorn.org/search#q=patient%20handling%20guidelines&f:@guidelinetopic=\[Patient%20and%20Worker%20Safety,Patient%20Care\]&f:@producttype=\[Tool%20Kits\]](https://www.aorn.org/search#q=patient%20handling%20guidelines&f:@guidelinetopic=[Patient%20and%20Worker%20Safety,Patient%20Care]&f:@producttype=[Tool%20Kits])

Association of Rehabilitation Nurses (ARN) Safe Patient Handling Toolkit

<http://www.rehabnurse.org/members/content/SafePatientHandling.html>

Facilities Guideline Institute (FGI):2010, 2014, 2018 Guidelines for Design and construction of Health Care Facilities

<https://www.fgiguideinlines.org/>

FDA Guide - Patient Lift Safety Guide (2014)

<https://www.fda.gov/downloads/MedicalDevices/ProductsandMedicalProcedures/HomeHealthandConsumer/HomeUseDevices/UCM386178.pdf>

Guidelines for Nursing Homes (OSHA 2009)

https://www.osha.gov/ergonomics/guidelines/nursinghome/final_nh_guidelines.pdf

Healthcare Experts Advice for Overcoming Challenges in Safe Patient Handling & Mobility Programs

TOOLKITS AND GUIDELINES CONTINUED

Handle with Care: Patient handling and the Application of Ergonomics (MSI) Requirements.

<https://www.worksafefbc.com/en/resources/health-safety/books-guides/handle-with-care-patient-handling-application-ergonomics-musculoskeletal-msi-requirements?lang=en&origin=s&returnurl=https%3A%2F%2Fwww.worksafefbc.com%2Fen%2Fforms-resources%23q%3Dergonomics%26sort%3Drelevancy%26f%3Alanguage-facet%3D%5BEnglish%5D>

Health Care Facility Design Safety Risk Assessment Toolkit.

<https://www.ahrq.gov/professionals/systems/hospital/safetyassess-toolkit/index.html>

Manual Handling Risks Associated with the Care, Treatment and Transportation of Bariatric (Severely Obese) Patients in Australia.

<https://www.safeworkaustralia.gov.au/doc/manual-handling-risks-associated-care-treatment-and-transportation-bariatric-severely-obese>

OSHA Safe Patient Handling : A Self-Assessment Tool

https://www.osha.gov/dsg/hospitals/documents/3.8_SPH_self-assessment_508.pdf

OSHA Safe Patient Handling Program Checklist

https://www.osha.gov/dsg/hospitals/documents/3.2_SPH_checklist_508.pdf

Patient Education Poster (OSHA) https://www.osha.gov/dsg/hospitals/education_training.html

Safe Patient Handling Programs: A Best Practice Guide for Washington Hospitals.

<http://lni.wa.gov/safety/GrantsPartnerships/SHIP/awardees/ServicesEmployeesInternationalUnion1199/SafePatientHandlingProgramGuide.pdf>

Superuser Training Guide (Minnesota Hospital Association)

http://www.mnhospitals.org/Portals/0/Documents/ptsafety/lift/how_to_be_a_superuser_training_3-14_2012.pdf

Technology Resource Guide (updated 2018) <https://www.visn8.va.gov/patientsafetycenter/resguide/>

VA Safe Patient Handling Mobility Guidebook 2016

<http://tampavaref.org/safe-patient-handling/implementation-tools.htm>

Healthcare Experts Advice for Overcoming Challenges in Safe Patient Handling & Mobility Programs

APPENDIX A

Safe Patient Handling & Mobility Overriding Challenges

Setting the Scene:

1. The Facility: 250 bed acute care hospital with ER, OR, 3 critical care units with 36 beds, a 14 bed step down unit, orthopedics, neurology, med-surg., oncology, mother and baby, cardiac medicine, cardiac surgery, GI/Renal med surg.

- a. Current equipment – few floor lifts, some power inflate devices
- b. Injury rates high

2. The Facility had invested in some SPHM equipment, but has not seen a return on the investment. They are stuck, specifically, they:

- Haven't recouped their investment
- Haven't decreased injury management costs, in fact they're higher
- Have seen no culture change
- Have no systematic integration across service lines
- Have no compliance
- Have no investment in education or knowledge transfer among the team

There are concerns because in addition to being stuck:

- a. No one is 'in charge' or on point
- b. There is no accountability or objectives
- c. The soft goods investment hasn't been attended to (slings are MIA)

3. A Potential Opportunity: Currently, the Critical Care division has made a service decision to begin implementation of an Early Mobilization program in all of the facility ICUs. The Core Opportunity is to INCREASE the frequency, quality, and outcomes of mobilization efforts by leveraging SPHM technology tools, which they do not currently have to make the program 'work' and do so safely.

Healthcare Experts Advice for Overcoming Challenges in Safe Patient Handling & Mobility Programs

APPENDIX B

Safe Patient Handling and Mobility: Interprofessional national standards across the care continuum.

Interprofessional Standards of Safe Patient Handling and Mobility

- Standard 1. Establish a Culture of Safety
- Standard 2. Implement and Sustain a Safe Patient Handling and Mobility (SPHM) Program
- Standard 3. Incorporate Ergonomic Design Principles to Provide a Safe Environment of Care
- Standard 4. Select, Install, and Maintain SPHM Technology
- Standard 5. Establish a System for Education, Training, and Maintaining Competence
- Standard 6. Integrate Patient-Centered SPHM Assessment, Plan of Care, and Use of SPHM Technology
- Standard 7. Include SPHM in Reasonable Accommodation and Post-Injury Return to Work
- Standard 8. Establish a Comprehensive Evaluation System