Safe Patient Handling Program: One Institution's Experience

By Vivienne E. Friday, MSN, RN

Musculoskeletal injuries resulting from patient handling are high among health-care workers. Nurses and nursing personnel are especially vulnerable because they perform high-risk patient handling tasks -- transferring, lifting, repositioning, bathing, dressing or turning patient in bed -- in high-risk patient care areas. When these tasks are performed repeatedly on residents who are dependent, have contractures, are unable to comprehend instructions, become agitated or combative during care due to the discomfort of being moved, the risks of musculoskeketal injuries increase.

These characteristics are common among residents in nursing homes, rendering caregivers in these settings more vulnerable to injuries. But studies confirm that the implementation of Safe Patient Handling and Movement Programs in health-care settings significantly reduces and prevents incidents of musculoskeletal injuries among caregivers.

This article describes the implementation and positive outcome of a Safe Patient Handling and Movement Program at Kimberly Hall North, a long-term care facility owned and operated by Genesis Health Care Corporation. This facility has a 150-bed capacity and a nursing staff close to 100.

The decision to implement the Safe Patient Handling and Movement Program was based on such factors as the overwhelming evidence from research, confirming significant reduction in care-related injures and health-care costs (removed comma) associated with implementing the Safe Patient Handling and Movement Program; and reducing and preventing the increasing number of resident handling related injuries, and ultimately reducing health-care costs.

Information from the regional risk management department confirmed that a "safe lift" pilot program was implemented in 1998 in 10 centers throughout the company, including Kimberly Hall North. In this program, additional transfer equipment was provided. While initial results were quite positive, with a 57% decrease in claims the first year, the decrease was more modest over the next two years (22% and 9% respectively). It was clear that having equipment alone was not effective in reducing injuries (including transfer related injuries) and health-care costs. A major paradigm shift from ineffective to more effective methods was needed. The implementation of a Safe Patient Handling and Movement program was a matter of "doing the right thing," according to Donna LaBombard, regional safety and risk manager for the North Eastern region.

Components of the Program

With this new approach, Genesis Health Care Corporation made sure the necessary infrastructure was in place to support the smooth implementation of the program. These included:

- No-lift policy
- Patient handling equipment (new, improved and adequate number)
- Education and training on the use of the equipment
- A resident specific patient handling assessment protocol
- Train the trainer team
- Lift coordinator
- Ongoing monitoring of staff compliance

To further guarantee its success during the planning and implementation of the program, two companies, Prevent, Inc. and Invacare, were incorporated. Invacare supplied the equipment, while Prevent, Inc. provided training and oversight of the program. This was a smart move by the organization's decision makers, who were willing to invest in acquiring the necessary equipment, but lacked all the expertise needed to implement the program.

Stage One: Orientation to the Program

During this initial phase, the overall program goals, staff roles and responsibilities were communicated at several meetings and in-services. The goals were to:

- Avoid manual lifting of patient,
- Perform safe patient handling using assistive equipment and devices,
- Reduce musculoskeletial disorders and decrease healthcare cost.

Although nursing personnel were the primary users of the Safe Patient Handling and Movement equipment, an interdisciplinary team approach was initiated, to ensure that all aspects of the program was managed successfully. Persons from every department, except the therapeutic recreation and dietary, were directly involved with the program. The staff development coordinator assumed the role of educator and lift coordinator. She the entire program, assisted with the initial training of registered nurses and nursing aides, and conducted or supervised the training or retraining of all newly hired, and existing nursing staff, respectively. One of her major responsibility was to ensure 100% compliance in caregiver training and resident ergonomic assessment.

Unit managers and charge nurses monitored and reinforced the "no lift" policy and procedure, and assess the lift/transfer and repositioning status of each resident on admission, quarterly and with a change in condition. Rehabilitation staffs provided guidance to nurses on the transfer status of residents. They were especially helpful in clarifying residents' transfer status whenever there was uncertainty or a change in condition.

Staff from the maintenance department was assigned to conduct monthly inspection of the equipment and have defects repaired or replaced in a timely manner, as well as identify convenient and accessible holding areas for transfer equipment. Easy access to equipment encourages greater staff compliance so caregivers are more likely to use it. Cleaning and the correct distribution of slings were assigned to the laundry department. Social workers communicated the Safe Patient Handling and Movement policy and procedure to residents and families, while a representative from the Human Resources Department reports employee incidents to the risk management company. The initial assessment of all residents was also done during this phase, and a sticker system was used to identify residents' transfer status. Data gathered from the assessment was likewise used in determining the types and quantity of equipment to be purchased.

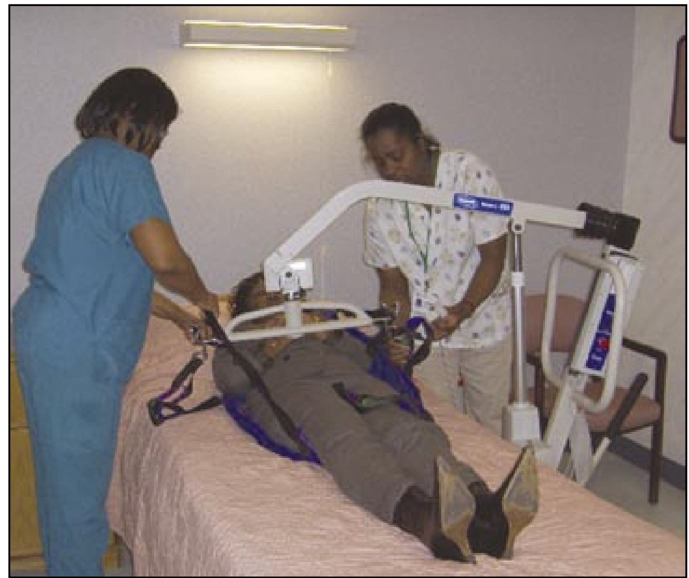

Photo shows the Total Lift (made by Invacare) used to transfer residents who cannot assist with the process. It is used to transfer from bed to chair and chair to bed, or when on the floor. On the L is Carlene Brown and the R is Avril Brown – both are certified nursing assistants (CNAs) and are completing their annual competency. Vivienne Friday, RN, MSN, the patient, is on the bed.

Stage 2: Training and Implementation.

A system to ensure the initial and ongoing training of all nursing staff was instituted. First, "Train the Trainers" were identified and trained. These were registered nurses and nursing aides who demonstrated a willingness to be trained and work with others. After training, they became the team that assisted the staff development coordinator with the ongoing training of all nursing staff. Next, direct caregivers received hands-on training on the use of the Sit to Stand and Total lifts. Six weeks later, staff received hands-on training on the use of the Gait Belt and Ergo Slide. In this way, staff were given adequate time to gain competency in using each piece of equipment. Annual mandatory retraining also is conducted to ensure that staff remained competent in using the equipment. Infrequent users of the transfer equipment are especially grateful for the annual retraining. "I am happy for this training; I tend to forget how to use the lifts," said one night supervisor.

Stage Three: Maintenance and Program Outcome

Achieving competency in all areas of the program, as well as sustaining the zeal and enthusiasm, was the focus of this stage. Although all nursing staff received education and training, individual mastery was achieved at different pace. Various teaching strategies were utilized to help the staff achieve proficiency. For example, some persons received additional training from the training team, while others received cues from flyers posted at strategic locations. By involving staff members in training their peers, trainers were empowered and motivated to contribute to the success of the program. In addition to their involvement in training, they were called upon to assist in the residents' ergonomic evaluation. These trainers became strong advocates for safe patient handling and movement. They were a major source of positive influence to their peers, and helped to creating a "culture of safety' for both residents and staff.

Carlene Brown, a certified nursing assistant (CNA) is shown with Vivienne Friday, using a Sit to Stand lift (made by Invacare) used to transfer residents in a standing position. Brown is a Train –the-Trainer and was performing her annual competency.

During the first year of the company's Best Practice survey, staff compliance increased from 85% on the first occasion, to 100% by the third audit. The number of patient transfer-related incidents declined by 100 %. Consequently, the company realized a 100% savings of injury related health-care cost (See Appendix A and B for complete proofs). Patient handling incidents declined by more than 50%, while the health-care costs for these injuries decreased by more than 75%. In addition to staff receiving fewer injuries, these injuries were also less severe. Safe resident handling results to date in centers where the program is fully implemented report a 26% reduction in the frequency of injuries and a 42% reduction in severity, with minor differences each

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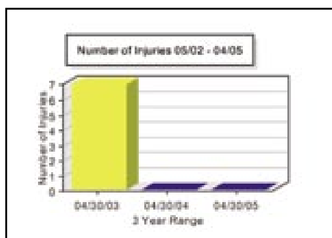
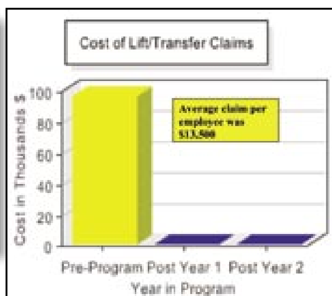


Appendix A: Number of transfer related injuries before (2003) and after (2004-2005) the SPH&M Program (Prevent, Inc., 2006). Average claim per employee was $13,500



Appendix B: Cost of transfer related injuries before (2003) and after (2004-2005) the SPH&M Program (Prevent, Inc., 2006).

month.

The staff expressed satisfaction with the program, as evidenced by some of their comments on the customer satisfaction survey:

"No-lift policy saved our backs."

"Thank you Genesis Health Care for caring about us."

"Every long-term-care facility should have this program."

Nurses and other health-care workers are at high risk for receiving musculoskeletal injuries while performing high-risk patient handling tasks. Implementation of a Safe Patient Handling and Movement Program will increase patient safety, improve the health and safety of nurses and other health-care workers, and reduce health-care costs.

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Nursing Specialties

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Psychiatric-Mental Health: Scope and Standards of Practice, the latest addition to ANA's library of nursing specialty publications, reflects the immense changes in mental health care since the last edition in 2000. Again co-published with the American Psychiatric Nurses Association and the International Society of Psychiatric-Mental Health Nurses, the book details nursing's leading edge in a critical healthcare arena.

Psychiatric-mental health nursing is a specialized area of nursing practice committed to promoting mental health through the assessment, diagnosis, and treatment of human responses to mental health problems and psychiatric disorders. This core mental health profession employs a purposeful use of self as its art and a wide range of rapidly evolving nursing, psychosocial, and neurobiological theories and research evidence as its science.

A foundational volume, *Psychiatric-Mental Health: Scope and Standards of Practice* articulates the essentials of psychiatric-mental health nursing, its activities and accountabilities—the who, what, when, where, and how of practice—at all practice levels and settings. Delineating a body of knowledge and an advanced set of applied nursing skills, this book reflects the diverse activities in which psychiatric-mental health nurses are engaged and serves them in their clinical practice, education, research, and community service. While the emphasis on advanced practice is new to this edition, the book remains a core resource for all nurses who have chosen to focus their professional life in this area. (It is also a key reference for several certification exams of the American Nurses Credentialing Center.) Go to: http://nursingworld.org/books/phome.cfm or call 1-800-637-0323.

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Nursing Education

Nursing Educators Note…

New IOM Book and CD-ROM: ANA Focuses on Quality Issues for Classroom and Clinical Education

In 1999, the Institute of Medicine (IOM) began publishing a series of technical reports on quality and health care that made an enormous and lasting influence on the healthcare sector with regard to improved patient safety, higher quality of care, and reduced errors. ANA's newly published book by, Anita Finkelman, MSN, RN and Carole Kenner, DNS, RNC, FAAN, *Teaching IOM: Implications of the IOM Reports for Nursing Education* synthesizes twelve of these reports. It focuses on nursing education strategies and the core competencies derived from these reports and documentation and how to use the reports in the classroom. The companion CD-ROM provides additional material for incorporating IOM reports content into curricula and teaching-learning experiences, Power Point presentations, a sample exam of the critical elements of this content, and an extensive reference and reading list to complement the one in the book.

Nursing faculty can use this as a teaching tool to discuss contemporary issues with graduate or undergraduate students. These include identifying work redesign in terms of integration of technology; addressing patient safety, quality, and national quality indicators, using electronic medical records and documentation, and funding from research, education, and health policy agencies and professional organizations. Clinical educators will find the book useful to update nurses as to the why dramatic changes are taking place in their work environment.

For more information, go to www.nursesbooks.org or call 1-800-637-0323.

TCAB School of Nursing Partnerships Strengthen Communications Between Education and Practice

Transforming Care at the Bedside (TCAB), a joint program of the Robert Wood Johnson Foundation (RWJF) and the Institute for Healthcare Improvement, is helping to empower nurses and other staff to develop, test and implement changes that will improve care on medical / surgical units. Ten hospitals that are participating in TCAB have formed strategic partnerships with 14 nursing schools to better prepare students for leadership roles in quality and safety initiatives once they enter the workforce. The TCAB School of Nursing Partnerships initiative is designed to strengthen nursing education around quality and safety and bolster the leadership skills of future nurses. To learn more about RWJF's efforts in the area of transforming the quality of nursing care at the patient's bedside go to: http://www.rwjf.org/