Optimizing your SPHM Program *without breaking the bank*

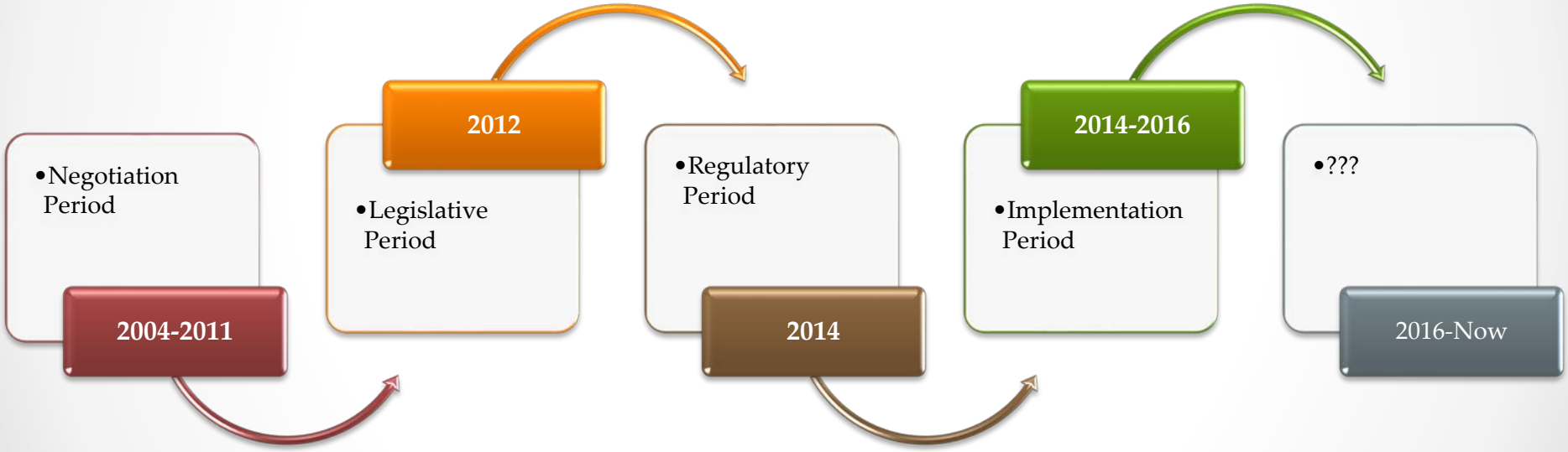
Philip Westphal, ARM, CEES

Edgewood Partners Insurance Center

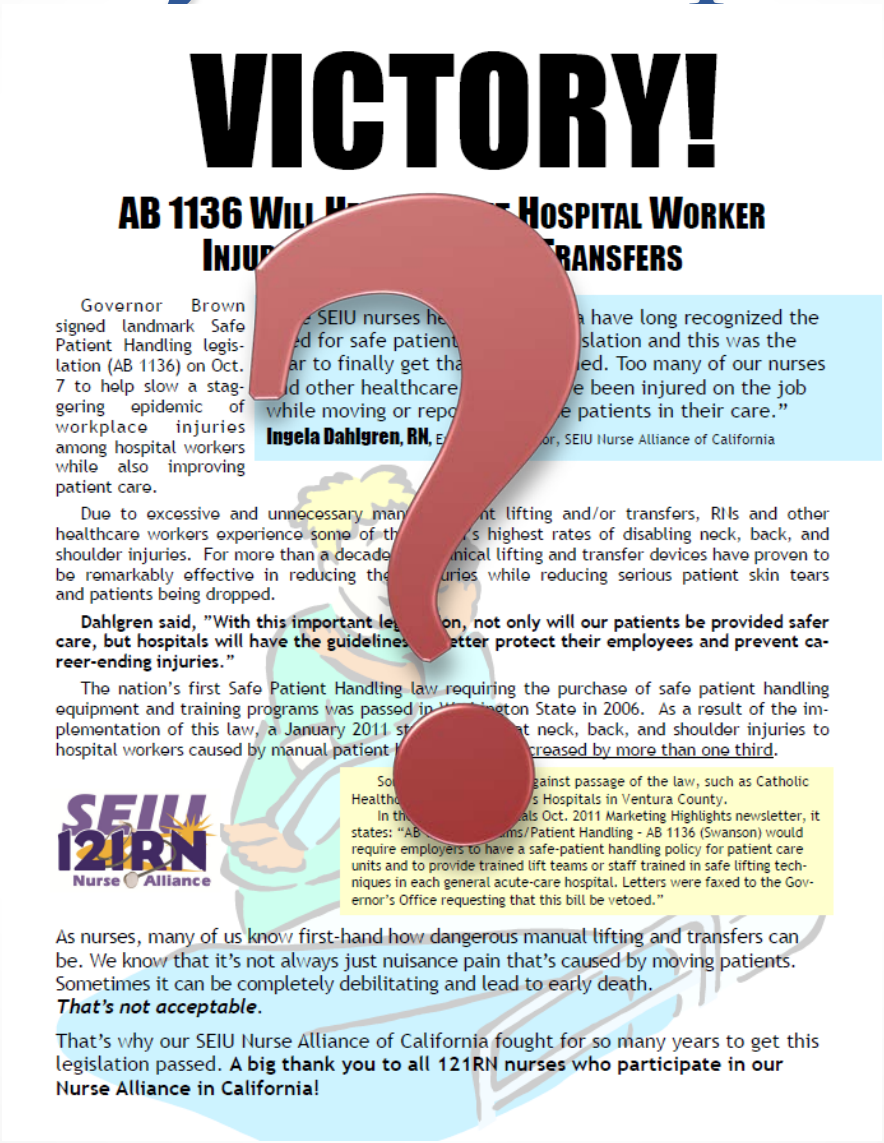
Optimizing SPHM Programs

- How effective is your SPHM Program?
- Would it pass a Cal-OSHA Survey?
- What are the key obstacles to a more effective program?
- What excuses has your staff provided for not using the SPHM equipment?

Historical Perspective



Employee Perspective



VICTORY!

AB 1136 Will H… Hospital Worker Injur… Transfers

Governor Brown signed landmark Safe Patient Handling legislation (AB 1136) on Oct. 7 to help slow a staggering epidemic of workplace injuries among hospital workers while also improving patient care.

…e SEIU nurses he… have long recognized the …ed for safe patient … …slation and this was the …ar to finally get tha… …ed. Too many of our nurses …d other healthcare … …e been injured on the job while moving or repo… …e patients in their care."

Ingela Dahlgren, RN, E… …or, SEIU Nurse Alliance of California

Due to excessive and unnecessary man… …nt lifting and/or transfers, RNs and other healthcare workers experience some of th… …s highest rates of disabling neck, back, and shoulder injuries. For more than a decade… …nical lifting and transfer devices have proven to be remarkably effective in reducing the… …uries while reducing serious patient skin tears and patients being dropped.

Dahlgren said, "With this important leg… …on, not only will our patients be provided safer care, but hospitals will have the guidelines… …etter protect their employees and prevent career-ending injuries."

The nation's first Safe Patient Handling law requiring the purchase of safe patient handling equipment and training programs was passed in W… …ington State in 2006. As a result of the implementation of this law, a January 2011 st… …t neck, back, and shoulder injuries to hospital workers caused by manual patient h… …creased by more than one third.

So… …gainst passage of the law, such as Catholic Healtho… …s Hospitals in Ventura County.

In th… …als Oct. 2011 Marketing Highlights newsletter, it states: "AB … …ms/Patient Handling - AB 1136 (Swanson) would require employers to have a safe-patient handling policy for patient care units and to provide trained lift teams or staff trained in safe lifting techniques in each general acute-care hospital. Letters were faxed to the Governor's Office requesting that this bill be vetoed."

SEIU 121RN Nurse Alliance

As nurses, many of us know first-hand how dangerous manual lifting and transfers can be. We know that it's not always just nuisance pain that's caused by moving patients. Sometimes it can be completely debilitating and lead to early death. ***That's not acceptable***.

That's why our SEIU Nurse Alliance of California fought for so many years to get this legislation passed. **A big thank you to all 121RN nurses who participate in our Nurse Alliance in California!**

Management Perspective

Title 8 - §5120. Health Care Worker Back and Musculoskeletal Injury Prevention

(c) Patient protection and health care worker back and musculoskeletal injury prevention plan. As part of the Injury and Illness Prevention Program (IIPP) required by Section 3203, **each hospital covered by this section shall establish, implement and maintain an effective written patient protection and health care worker back and musculoskeletal injury prevention plan (Plan)**. The Plan shall be maintained and implemented at all times for all patient care units. The Plan may be incorporated into the IIPP, or may be maintained as a separate document. The Plan applicable to the unit shall be available to employees in each patient care unit at all times. The Plan shall include:

(1) An effective safe patient handling policy component reflected in professional occupational safety guidelines for the protection of patients and health care workers in health care facilities.

NOTE: to subsection (c)(1). Examples of professional occupational safety guidelines for the protection and care of patients and health care workers are listed in Appendix A.

(2) The names and/or job titles of the persons responsible for implementing the Plan.

(3) The methods the hospital will use to coordinate the implementation of the Plan with other employers whose employees have work assignments that include being present on patient care units. These methods shall include how employees will be provided with the awareness training required by subsection (d)(4), and procedures for investigation and recording of injuries associated with patient handling. In addition, the hospital's Plan shall include procedures to ensure that the Plan is implemented for employees of other employers who are responsible for performing or assisting in patient handling activities, including the provision of training required for designated health care workers.

(4) Procedures to ensure that supervisory and non-supervisory employees comply with the Plan and use specified procedures and equipment when performing a patient handling activity, in accordance with Section 3203(a)(2).

(5) Procedures for identifying and evaluating patient handling hazards, in accordance with Section 3203(a)(4) including all of the following:

(A) A procedure to determine the types, quantities and locations for powered patient handling equipment and other patient handling equipment required for each unit covered by the Plan. This procedure shall include determining where permanent and portable equipment should be placed in order to ensure its availability and accessibility at all times. The equipment needs for each unit shall be initially evaluated by 11/30/2014 unless an initial evaluation meeting the requirements of this subsection was conducted after January 1, 2012. GACH facilities or units that become operational after 11/30/2014 shall have this procedure conducted prior to the start of patient handling operations in that facility. The procedures shall include how designated health care workers can participate in the evaluations.

(B) Procedures by which the designated registered nurse, as the coordinator of care, will assess the mobility needs of each patient to determine the appropriate patient handling procedures based on the nurse's professional judgment using assessment tools, decision trees, algorithms or other effective means, and prepare safe patient handling instructions for the patient. The Plan shall include the means by which health care workers and supervisors licensed in other disciplines can provide input to the designated registered nurse regarding the patient mobility assessment.

(C) Evaluation of the need for, use, availability, accessibility, and effectiveness of patient handling equipment and procedures. These evaluations shall be conducted:

1. When the Plan is first established;
2. Whenever the equipment or conditions change in a manner that may affect safe patient handling;
3. Whenever the employer is made aware of a new or previously unrecognized patient handling hazard; and
4. At least annually for each unit covered by the Plan.

(6) Procedures for the investigation of musculoskeletal injuries related to patient handling. To the extent that relevant information is available, this shall include:

(A) Review of any patient specific risk factors and the designated registered nurse's safe patient handling instruction;

(B) Review of whether the Plan was effectively implemented, including the availability and correct use of equipment, the availability and use of sufficient staff, and whether the employees involved had been trained as required by subsection (d); and

(C) Solicitation from the injured employee and other staff involved in the incident of their opinions regarding the cause of the incident, and whether any measure would have prevented the injury.

(7) Procedures for correcting hazards related to patient handling, including:

(A) The evaluation and selection of patient handling equipment, including the involvement of designated registered nurses and other designated health care workers, and, where utilized, lift team members;

(B) How sufficient and appropriate patient handling equipment, selected in accordance with subsections (c)(5) and (c)(7)(A), will be made available on each unit covered by this section. This shall include procedures for procurement, inspection, maintenance, repair, and replacement of appropriate patient handling equipment. Where equipment is shared between units, these procedures shall also include the means by which the current location of the equipment can be determined;

(C) The procedures by which the designated registered nurse will observe and direct patient lifts and mobilizations on each patient care unit, in accordance with Labor Code Section 6403.5 and Title 22, California Code of Regulations, Section 70215;

(D) The procedures by which the designated registered nurse will communicate the nurse's assessment regarding patient handling practices to the patient and patient's authorized representatives, in accordance with Title 22, California Code of Regulations, Section 70215;

(E) The procedures by which lift teams and/or other designated health care workers will be available to perform lifts and other patient handling tasks in each patient care unit at all times in accordance with the Safe Patient Handling Policy. An employee is not considered to be available if the employee's other assignments prevent the person from participating in the patient handling tasks within the timeframe determined to be necessary by the person designated to observe and direct the patient lifts and mobilizations in accordance with subsection (c)(7)(C) and (c)(7)(F). Designated health care workers and lift team members shall follow the safe patient handling policy, including replacement of manual patient handling with powered patient transfer devices and lifting devices as appropriate for the specific situation and patient.

(F) The procedures to be followed by designated health care workers and lift team members in performing patient handling tasks under normal circumstances, in emergencies, in situations in which there is no designated registered nurse present, in situations in which patients are not cooperative with the safe patient handling instruction, and in those situations in which there is no applicable individual safe patient handling instruction.

(G) Procedures for correcting problems found during the review of the Plan.

(8) Procedures for communicating with employees regarding safe patient handling matters, including:

(A) The method by which the designated registered nurse's safe patient handling instruction for each patient will be documented and communicated to designated health care workers and lift team members providing care to that

(B) The means by which employees may communicate without fear of reprisal their concerns regarding performing a patient handling activity as instructed, and the means by which concerns and reported hazards will be investigated

(C) The means by which designated health care workers, lift team members, designated registered nurses, and their supervisors can participate in reviewing the effectiveness of the Plan in their work areas or departments.

(9) Procedures for providing training to employees who may be present in patient care units in accordance with subsection (d).

(10) For facilities or units in existence as of 10/1/2014, a list of the patient handling equipment identified in (c)(7)(B) that cannot be implemented by the effective date of the standard shall be made. For each listed item, this shall include the reason for the delay, and the schedule by which the equipment will be put into use, and alternative measures to protect employees until the equipment is put into use. In any event, any equipment identified shall be put into use no later than one year after 10/1/2014.

(11) Procedures for reviewing, at least annually, the effectiveness of the Plan in each patient care unit, which shall include a review of injury data and trends. The Plan shall include an effective procedure for obtaining the active involvement of employees in reviewing and updating the Plan with respect to the procedures performed by employees in their respective work areas or departments. Deficiencies found during this review shall be corrected, in accordance with subsection (c)(7) and Section 3203.

(d) **Training.** The employer shall provide training to all employees whose work assignments include being present on patient care units, that effectively addresses the activities they are reasonably anticipated to perform under the Plan. Training material appropriate in content and vocabulary to the educational level, literacy, and language of employees shall be used.

(1) Frequency of training. Employees shall be trained as follows:

(A) Initial training shall be provided when the Plan is first established, to all new employees, and to all employees given new job assignments for which training has not previously been received;

(B) At least every twelve months, designated health care workers, lift team members, designated registered nurses and their supervisors shall also receive refresher training.

(C) Employers shall provide additional training when new equipment or work practices are introduced. The additional training may be limited to addressing the new equipment or work practices.

(2) Initial training for designated health care workers, lift team members, designated registered nurses and their supervisors shall include at least the following elements as applicable to the employee's assignment:

(A) The areas of body exposure and types of injuries associated with manual patient handling activities including risk associated with vertical and lateral movement, bariatric patients, repositioning and ambulation, and the importance of early recognition and management.

(B) How risk factors, such as the patient's ability and willingness to cooperate, bariatric condition, clinical condition, etc., are assessed and controlled during patient handling tasks including the following: vertical lifts, lateral transfer, repositioning, and ambulation.

(C) How to communicate with patients regarding the use of patient handling procedures and equipment.

(D) The appropriate use of powered and non-powered equipment to reduce injuries to patients and employees. This shall include practice using the types and models of equipment that lift team members and other designated health care workers will be expected to use.

(E) Procedures to be followed in order to safely perform manual patient handling when necessary.

(F) The importance and process for reporting concerns regarding equipment availability, condition, storage and maintenance, and concerns regarding availability of sufficient staff to perform patient handling activities.

(G) The elements of the employer's Plan and safe patient handling policy and how the Plan will be made available to employees.

(H) The right to refuse to lift, reposition, mobilize, or transfer a patient due to concerns about patient or worker safety or the lack of trained personnel or equipment, and how a health care worker can communicate concerns regarding the designated activity to an appropriate supervisor.

(I) The role of the designated registered nurse as the coordinator of care, and how the registered nurse will be responsible for the observation and direction of patient lifts and mobilization.

(J) The role of the supervisor to be familiar with the Plan, the safe patient handling policy, and the patient handling hazards in their unit.

(K) How the employee can request additional training.

(L) An opportunity for interactive questions and answers with a person knowledgeable about the Plan and safe patient handling equipment and procedures.

(M) In addition to the training specified in subsections (d)(2)(A) through (d)(2)(/), supervisors of employees covered by the Plan shall also be trained on the hospital's policy that a health care worker may not be disciplined for refusal to lift, reposition or transfer a patient due to concerns about patient or worker safety or the lack of trained designated health care workers or equipment.

(N) In addition to the training specified in subsections (d)(2)(A) through (d)(2)(L) designated registered nurses who will assess patients in accordance with subsection (c)(5)(B), shall be trained in how to assess patients' mobility needs, how to communicate with patients and their authorized representatives, and how to communicate with supervisors, designated health care workers, and other health care workers regarding safe patient handling practices for specific patients.

EXCEPTION: to subsection (d)(2): For employees who have received initial training in the year preceding the effective date of the standard, only training on the elements which were not included in the training need be provided.

(3) Refresher training for designated health care workers, lift team members, designated registered nurses and supervisors shall include at least the following elements as applicable to the employee's assignment:

(A) The use of powered and non-powered equipment to handle patients safely. This shall include practice using the types and models of equipment that the lift team members and/or designated health care workers will be expected to use.

(B) Procedures to be followed in order to safely perform manual patient handling when necessary. This training shall include practice in performing tasks involving multiple employees.

(C) A review of the items included in the initial training.

(D) An opportunity for interactive questions and answers with a person knowledgeable about the Plan and safe patient handling equipment and procedures.

(4) Awareness Training. Training for employees, other than those identified in subsections (d)(2) and (d)(3), whose job assignment includes being present on patient care units, shall address the recognition of the patient interactions that require the involvement of designated health care workers, or lift teams, how to obtain that involvement when necessary, and procedures to follow for emergencies relating to safe patient handling.

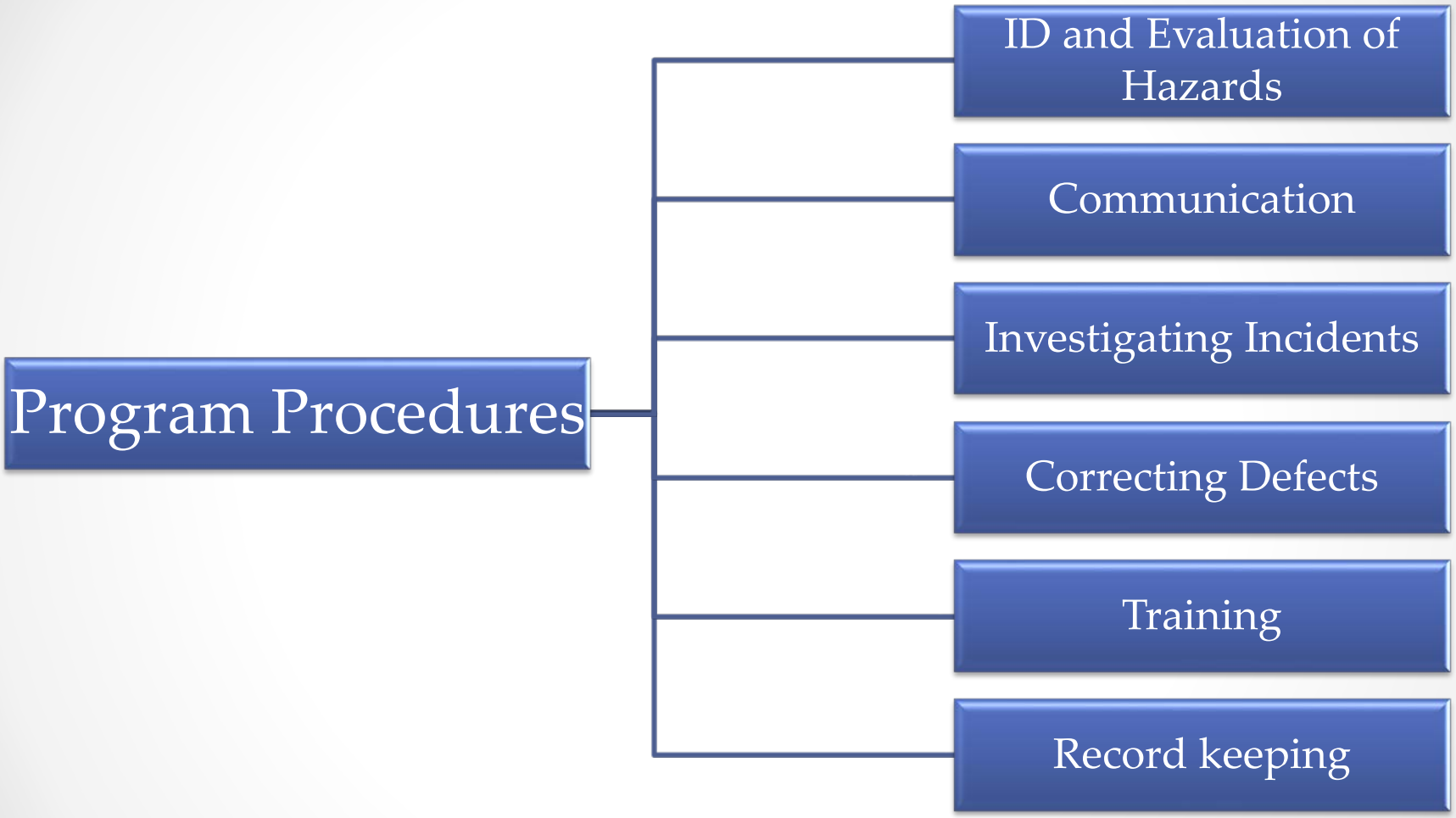
(e) **Records.**

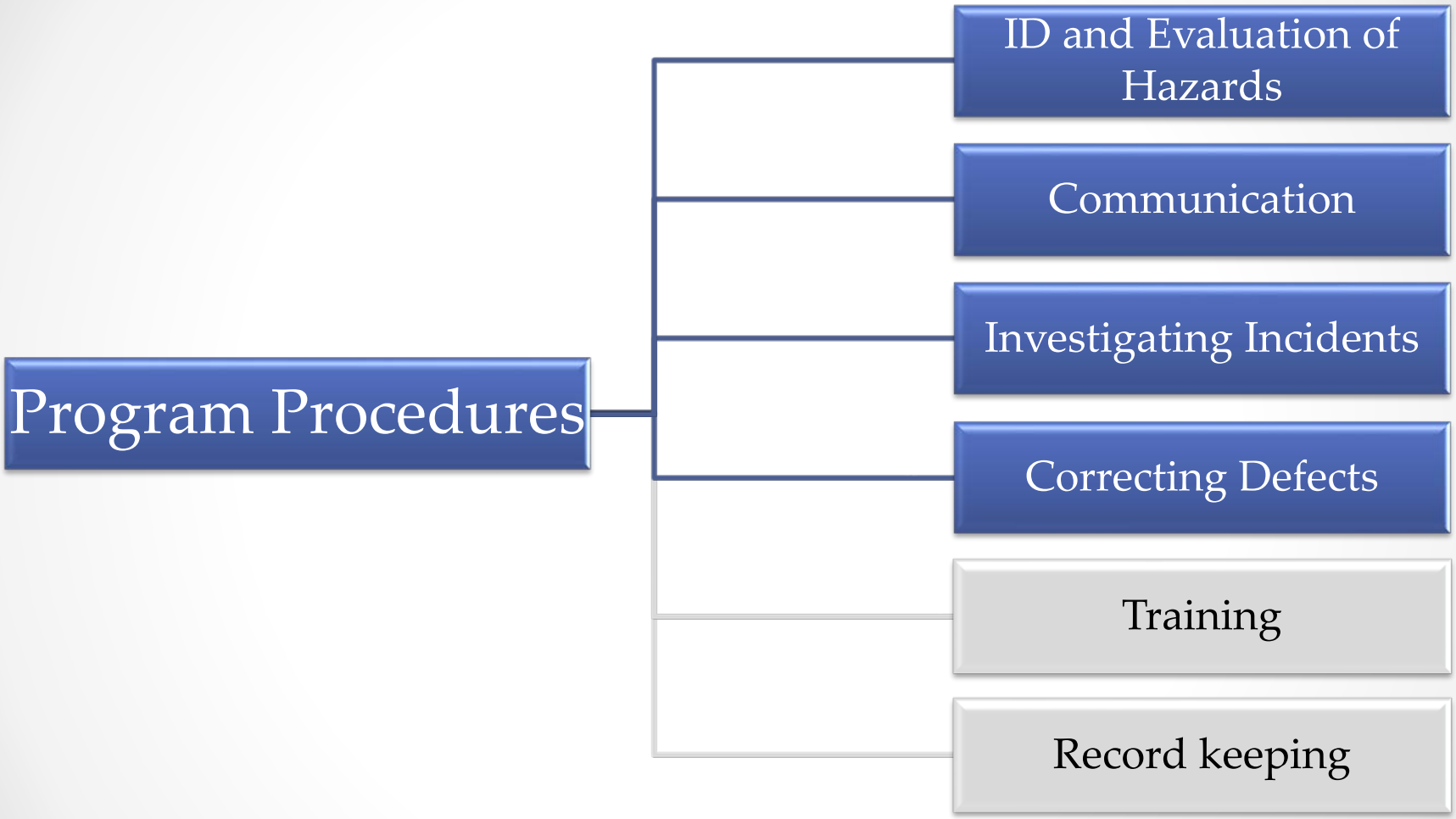
(1) The hospital shall develop and maintain the following records in accordance with Section 3203(b) as records of the implementation of the Plan:

(A) Records of inspections, including hazard identification and evaluation, shall include:

1. records regarding the evaluation, selection, and placement or installation of patient handling equipment or devices and the availability of this equipment at all times on each unit covered by the Plan;
2. records of initial and periodic inspection of patient handling procedures; and
3. records of investigation of occupational injuries and illnesses related to safe patient handling

Essential Elements of a SPHM Program


Program Procedures
ID and Evaluation of Hazards
Communication
Investigating Incidents
Correcting Defects
Training
Record keeping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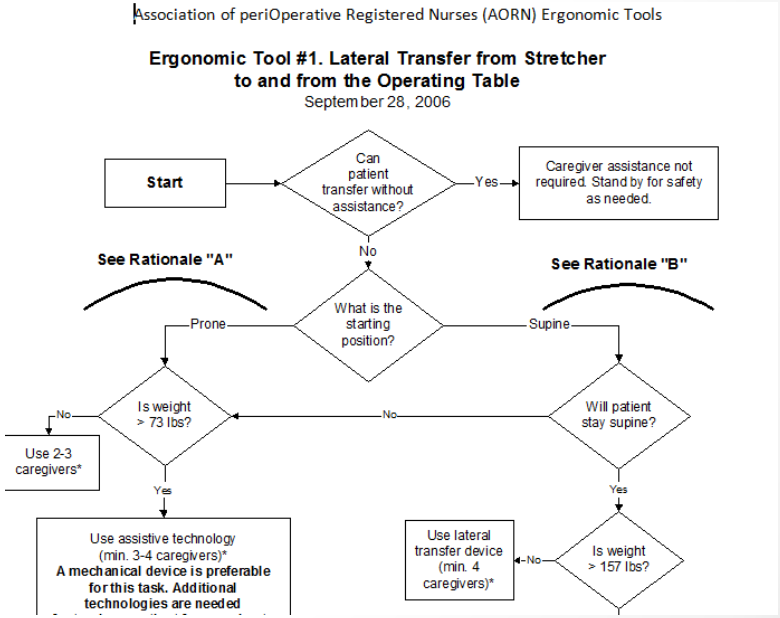
Identification and Evaluation of Hazards

- Needs Assessment – LEAN Principles & Human Factors Focus

Tool for Prioritizing High-Risk Patient Handling Tasks

Directions: Assign a rank (from 1 to 10) to the tasks you consider to be the highest risk tasks contributing to musculoskeletal injuries for persons providing direct patient care. A "10" should represent the highest risk, "9" for the second highest, etc. For each task, consider the frequency of the task (high, moderate, low) and musculoskeletal stress (high, moderate, low) of each task when assigning a rank. Delete tasks not typically performed on your unit. You can have each front line staff member complete the form and summarize the data, or you can have staff work together by shift to develop the rank by consensus.

Frequency of Task H = High M = Moderate L = Low	Stress of Task H = High M = Moderate L = Low	Rank 10 = High Risk 1 = Low Risk	Patient Handling Tasks
			Transferring a patient from bathtub to chair.
			Transferring a patient from wheelchair or shower/commode chair to bed.
			Transferring a patient from wheelchair to toilet.
			Transferring a patient from bed to stretcher.



Identification and Evaluation of Hazards

Facility	Equipment	Patient Mobility	Effectiveness of Program
• Patient Pop • Services • Operations	• Type • Location • Availability • Accessibility • Frequency	• Comorbidities • Cognition	• Equipment • Procedures • Frequency of analysis

Identification and Evaluation of Hazards

- Needs Assessment – LEAN & Human Factors
- Equipment
  - Has a “home”
  - Designated to unit(s)
  - Audited
  - Reassessed
- Patient Mobility Assessment
  - Integrated into workflow
- Effectiveness

B.M.A.T. - Banner Mobility Assessment Tool for Nurses

Test	Task	Response	Fail = Choose Most Appropriate Equipment/Device(s)	Pass
Assessment Level 1 Assessment of: -Cognition -Trunk strength -Seated balance	**Sit and Shake:** From a semi-reclined position, ask patient to sit upright and rotate" to a seated position at the side of the bed; *may use the bedrail.* Note patient's ability to maintain bedside position. Ask patient to reach out and grab your hand and shake making sure patient reaches across his/her midline. Note: Consider your patients cognitive ability, including orientation and CAM assessment if applicable.	**Sit:** Patient is able to follow commands, has some trunk strength; caregivers may be able to try weight-bearing if patient is able to maintain seated balance greater than two minutes (without caregiver assistance). **Shake:** Patient has significant upper body strength, awareness of body in space, and grasp strength.	**MOBILITY LEVEL 1** - Use total lift with sling and/or repositioning sheet and/or straps. - Use lateral transfer devices such as roll board, friction reducing (slide sheets/tube), or air assisted device. NOTE: *If patient has 'strict bed rest' or bilateral 'non-weight bearing' restrictions, **do not proceed** with the assessment; **patient is MOBILITY LEVEL 1.***	Passed Assessment Level 1 = Proceed with Assessment Level 2.
Assessment Level 2 Assessment of : -Lower extremity strength -Stability	**Stretch and Point:** With patient in seated position at the side of the bed, have patient place both feet on the floor (or stool) with knees no higher than hips. Ask patient to stretch one leg and straighten the knee, then bend the ankle/flex and point the toes. If appropriate, repeat with the other leg.	Patient exhibits lower extremity stability, strength and control. **May test only one leg and proceed accordingly (e.g., stroke patient, patient with ankle in cast).**	**MOBILITY LEVEL 2** - Use total lift for patient unable to weight-bear on at least one leg. - Use sit-to-stand lift for patient who can weight-bear on at least one leg.	Passed Assessment Level 2 = Proceed with Assessment Level 3.
Assessment Level 3 Assessment of: -Lower extremity strength for standing	**Stand:** Ask patient to elevate off the bed or chair (seated to standing) using an assistive device (cane, bedrail). Patient should be able to raise buttocks off bed and hold for a count of five. May repeat once. Note: Consider your patients cognitive ability, including orientation and CAM assessment if applicable.	Patient exhibits upper and lower extremity stability and strength. **May test with weight-bearing on only one leg and proceed accordingly (e.g., stroke patient, patient with ankle in cast).** **If any assistive device (cane, walker, crutches) is needed, patient is Mobility Level 3.**	**MOBILITY LEVEL 3** - Use non-powered raising/stand aid; *default to powered sit-to-stand lift if no stand aid available.* - Use total lift with ambulation accessories. - Use assistive device (cane, walker, crutches). NOTE: Patient passes Assessment Level 3 **but requires assistive device** to ambulate or **cognitive assessment** indicates poor safety awareness; ***patient is MOBILITY LEVEL 3.***	Passed Assessment Level 3 **AND no assistive device needed** = Proceed with Assessment Level 4. ***Consult with Physical Therapist when needed and appropriate.***
Assessment Level 4 Assessment of: -Standing balance -Gait	**Walk:** Ask patient to march in place at bedside. Then ask patient to advance step and return each foot. Patient should display stability while performing tasks. Assess for stability and safety awareness.	Patient exhibits steady gait and good balance while marching, and when stepping forwards and backwards. Patient can maneuver necessary turns for in-room mobility. Patient exhibits safety awareness.	**MOBILITY LEVEL 3** If patient shows signs of unsteady gait or ***fails* Assessment Level 4**, refer back to **MOBILITY LEVEL 3**; ***patient is MOBILITY LEVEL 3.***	**MOBILITY LEVEL 4** MODIFIED INDEPENDENCE **Passed = No assistance needed to ambulate**; use your best clinical judgment to determine need for supervision during ambulation.

Always default to the safest lifting/transfer method (e.g., total lift) if there is any doubt in the patient's ability to perform the task.

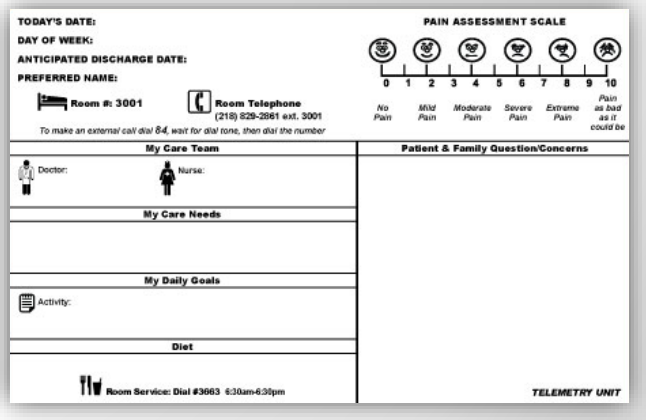
Originated: 2011; revised: 2/27/12, 3/02/12, 3/07/12, 3/19/12, 4/19/12, 5/01/12, 5/03/12, 05/20/2013

Communication

- Program Communication
  - Branded
  - Promoted
  - Frequency
- Mobility Assessment Communication
  - Continuity of messaging
  - Departments
  - Shift change
  - Condition change
- Input from Staff – get everyone involved

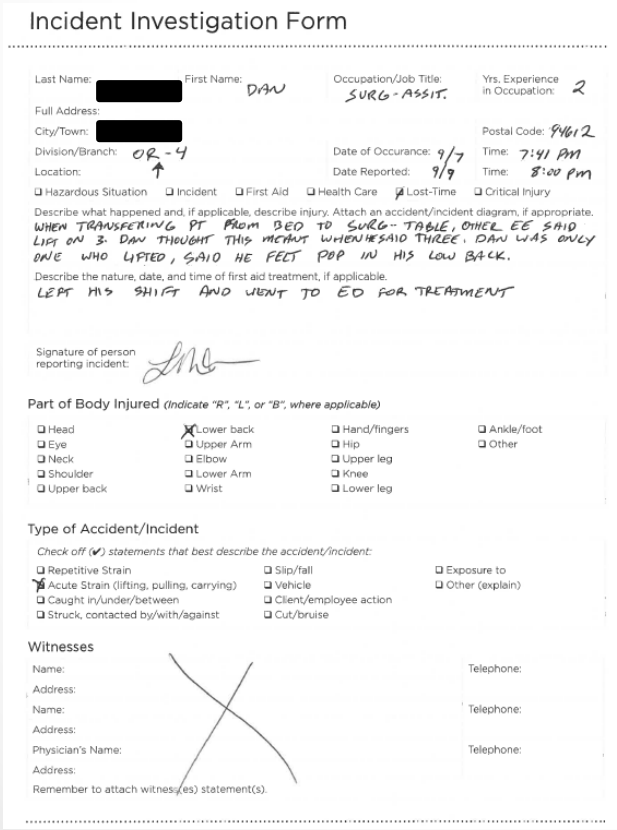
Communication

Communication



Investigating Incidents

- Perception of event
- SPHM Specific Information



Incident Investigation Form

Last Name: [redacted] First Name: DAN Occupation/Job Title: SURG-ASSIT. Yrs. Experience in Occupation: 2

Full Address:

City/Town: [redacted] Postal Code: 94612

Division/Branch: OR-4 Date of Occurance: 9/7 Time: 7:41 PM

Location: Date Reported: 9/9 Time: 8:00 PM

❑ Hazardous Situation ❑ Incident ❑ First Aid ❑ Health Care ☑ Lost-Time ❑ Critical Injury

Describe what happened and, if applicable, describe injury. Attach an accident/incident diagram, if appropriate.
WHEN TRANSFERING PT FROM BED TO SURG-TABLE, OTHER EE SAID LIFT ON 3. DAN THOUGHT THIS MEANT WHEN HE SAID THREE. DAN WAS ONLY ONE WHO LIFTED, SAID HE FELT POP IN HIS LOW BACK.

Describe the nature, date, and time of first aid treatment, if applicable.
LEFT HIS SHIFT AND WENT TO ED FOR TREATMENT

Signature of person reporting incident:

Part of Body Injured *(Indicate "R", "L", or "B", where applicable)*

❑ Head	☒ Lower back	❑ Hand/fingers	❑ Ankle/foot
❑ Eye	❑ Upper Arm	❑ Hip	❑ Other
❑ Neck	❑ Elbow	❑ Upper leg	
❑ Shoulder	❑ Lower Arm	❑ Knee	
❑ Upper back	❑ Wrist	❑ Lower leg	

Type of Accident/Incident

Check off (✔) statements that best describe the accident/incident:

❑ Repetitive Strain	❑ Slip/fall	❑ Exposure to
☒ Acute Strain (lifting, pulling, carrying)	❑ Vehicle	❑ Other (explain)
❑ Caught in/under/between	❑ Client/employee action	
❑ Struck, contacted by/with/against	❑ Cut/bruise	

Witnesses

Name: Telephone:

Address:

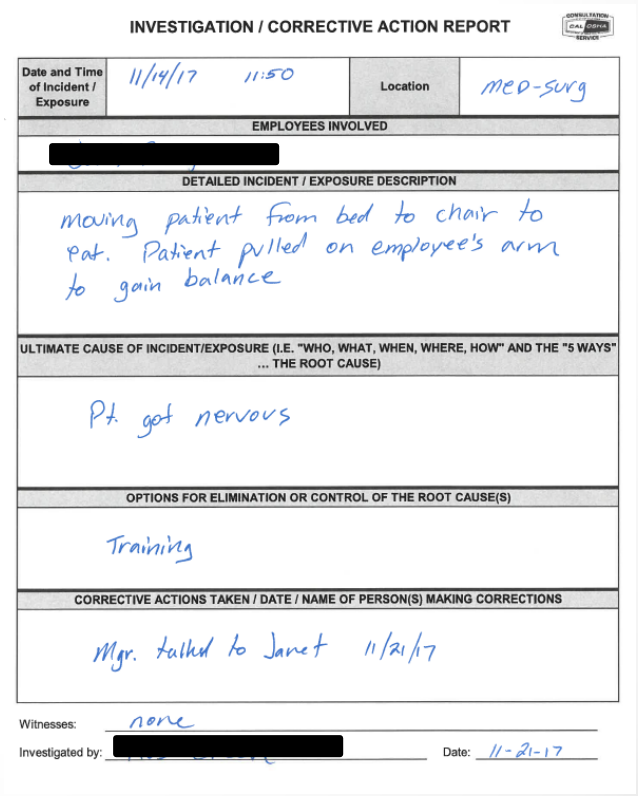
Name: Telephone:

Address:

Physician's Name: Telephone:

Address:

Remember to attach witness(es) statement(s).



INVESTIGATION / CORRECTIVE ACTION REPORT

Date and Time of Incident / Exposure	11/14/17 11:50	Location	med-surg

EMPLOYEES INVOLVED

[redacted]

DETAILED INCIDENT / EXPOSURE DESCRIPTION

moving patient from bed to chair to pat. Patient pulled on employee's arm to gain balance

ULTIMATE CAUSE OF INCIDENT/EXPOSURE (I.E. "WHO, WHAT, WHEN, WHERE, HOW" AND THE "5 WAYS" ... THE ROOT CAUSE)

Pt. got nervous

OPTIONS FOR ELIMINATION OR CONTROL OF THE ROOT CAUSE(S)

Training

CORRECTIVE ACTIONS TAKEN / DATE / NAME OF PERSON(S) MAKING CORRECTIONS

Mgr. talked to Janet 11/21/17

Witnesses: none

Investigated by: [redacted] Date: 11-21-17

Managing the Program

Executive Leadership's Focus

- **Measurement of Proactive Markers**
  - Regular updates of accomplishments, staff accountability
- **Program Visibility**
  - Identifiable, recognizable, consistent
- **Human Factor Principles**
  - Operationally Integrated (automated, scalable, adaptable, flexible)
  - High Visibility
- **Equipment Administration**
  - Maximizing capital
- **Investigative Effectiveness**
- **Close the Loop**

Resources

- Celona, John BS, JD. Elements of a Successful Safe Patient Handling and Mobility Program. 2014
- Gallagher, Susan PhD, RN. Implementation Guide to the Safe Patient Handling and Mobility Interprofessional National Standards. 2013
- Nelson, Audrey PhD, RN, FAAN. Safe Patient Handling and Movement. 2006
- Menoni, O., Bettevi, N., Cairoli, S., Patient Handling in the Healthcare Sector. 2015
- Nelson, A., Motacki, K., Menzel, N. The Illustrated Guide to Safe Patient Handling and Movement. 2009
- Matz, M., et. All. Safe Patient Handling and Mobility – Across the Care Continuum. 2013
- Safe Patient Handling and Mobility Guidebook. VHA Center for Engineering & Occupational Safety and Health. 2016
- https://www.safety.duke.edu/ergonomics/sphm/sphm-champion-and-coach-toolkit
- https://sphmjournal.com/product/september-2014-v4n3-bmat/

Questions?

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