Scope & Depth of Problem - Current Practices & Knowledge of Safe Patient Handling & Mobility:

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Florence Nightingale Syndrome

The belief and practice that the nurse must sacrifice herself for the benefit of the patient. In terms of patient handling this became intertwined with “blaming the victim” when nurses were injured, in the words of a 1898 nursing text, “because she has failed to do the lifting properly.” (Hampton 1898)
“Errors can be prevented by designing systems that make it hard for people to do the wrong thing and easy for people to do the right thing.”

*To Err is human: Building a Safer Health System, Institute of Medicine (2000)*

“Injuries from the manual lifting of patients are the number one health care worker injury. Mechanical lifts will not only protect our nurses but also increase the safety of the patient.” *Washington State Governor Christine Gregoire, 3/22/2005*
Perfect storm

Care Staff
• Older
• Heavier
• Fewer going into profession

Patients
• Older
• Heavier
• Multiple health and living issues
BLS Health Care Sector Projections 2008-2018

- RN jobs increase 22%
- HHA jobs increase 50%
- NA jobs increase 19%
- HC Support increase 28%

High demand for home health aides with aging population of baby boomers

Nursing aides/attendants 276,000 new jobs
Personal/home care aides to assist elderly 375,800
BLS data 2011

- 34,150 occupational MSD cases in private industry where source = HCP
- 11% of all 309,940 MSDs resulting in 1+ LWD
- 98% of HCSA cases involved handling patient in (47% of the 70,890 MSDs in HCSA)
- PT handling MSDs: 98% = overexertion with another person resulting in strain/sprain
- Nursing assistants= 47% of MSDs, RNs=19%

As of 8/22/13
What do we know so far? (a)

Nurses lift an Estimated **4000 POUNDS (2 TONS) PER SHIFT!**

How do you figure this? Based on conservative numbers:

Avg. number of patients per shift = 4
Avg. number of lifts per patients = 6
Avg. weight lift per patient = 170 lbs

4 patients X 6 lifts X 170 lbs = **4,080 lbs per day**
What we know so far? (b)

- **38%** of nurses suffer work-related back injuries requiring time away from work

- **12%** of nurses consider leaving nursing due to low back pain at the average age of **39**

- Nurse aides have also experienced significant injury

- Estimate of the average annual WMSD claims costs for hospitals and nursing homes is about **$33 million statewide** (WA workers comp)
Different Injury Prevention Strategies

Body Mechanics Training

Back Belt Supports

Multiple-person lifts

Exercise Programs
What do we know... (d)

- None of the prevention strategies, on their own, have shown to be effective in reducing injuries over time.
- Research and injury statistics has shown that manual patient handling increases risk of injury for care givers and patients
- Even with ‘good’ lifting technique, it is not possible to lift patients manually without exceeding NIOSH Action Limit

*Mechanical lifting devices are necessary*

*But not sufficient*
Barriers to Safe Patient Handling

1 Cultural Beliefs of Nursing:
   - It’s part of the job…
   - I’m used to lifting 100 pounds…
   - Proper body mechanics is the solution…
   - It’s too time consuming…
   - The comfort of the patient comes first…
   - It doesn’t have anything to do with the safety of the patient

2 Perception of Equipment Use:
   - It’s hard to find when I need it…
   - It’s too hard to use…
   - There’s no place to store it…
   - It’s quicker just to do it myself…
   - Patients are scared of it

3 Financial Beliefs:
   - It costs too much money…
   - We need to get everything all at once…
   - That’s what workers’ compensation is for…
   - Injuries are just a part of the job…
What is Involved With Safe Patient Handling?

• Committee dedicated to preventing injuries to direct patient care staff by reducing or eliminating the need to manually handle patients

• Policies that creates a safe patient handling environment (evaluate needs, equipment use & maintenance)

• Appropriate and enough patient handling equipment

• Training

• Interaction and ongoing feedback throughout the whole system
Having systems in place make for safer, happier staff and patients.
Safe Resident Lifting in Long-Term Care (LTC)
Benefits Workers and Residents

Worker Benefits

- Caregiver Injuries
- Workers’ Compensation
- Lift-Related Costs

Resident Benefits

- Falls
- Bedfastness
- Bed sores
- Falls and fractures

Safer Resident Lifting Attitudes, Policies and Procedures and More Sit-Stand Powered Mechanical Lifts

Data from National Council on Compensation Insurance (NCCI)
Data from survey of Directors of Nursing at Long-term Care facilities, N=271

Gucer P. et al. JOEM. 55. 36-44. 2013.

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Putting the meat on the bones
Outcomes depend on processes

Lagging Indicators
- Reported Injuries (Staff and patients)
- Lost/restricted workdays, Overtime, Turnover

Leading Indicators
- Hazard assessments
- Committee meetings
- Procurement of slings
- Training feedback

Processes

outcomes
Lagging Indicators

- Staff reported patient handling related lost time injury rates
- Staff reported injury rates
- Patient injury rates related to patient handling
- Patient fall rates related to patient handling
- Staff turnover rates
- Staff absentee rates
- Others?

Costs/savings can be estimated for all of these.
Compensable Claims: Nursing Homes by Type

nh: associated w acute care hospital, ind: independent

Compensable Claims per 10,000 FTE

nh(ind)all
nh(ind)person
nh(ind)back
nh(ach)all
nh(ach)person
nh(ach)back
nh(ind)shldr
nh(ach)shldr

Years: 2003-2009
Figure 1. Compensable Claims by Type: Acute Care Hospitals (ach)
Leading Indicators

- Staff intention to leave
- Staff stability/retention rates
- Staff seniority per unit
- Ceiling lifts available per patient/unit
- Floor lifts per patient/unit
- Bariatric equipment per unit
- Percent of units with peer leaders (turnover of peer leaders?)
- Others?

Costs/savings can be estimated for most of these.

Is the equipment being used? Appropriately?
SHARP Baseline Direct Care Provider Survey (n=378)

- **Team leader emphasizes safe practices**
- **Sup/management cares about your safety**
- **Worker safety important to management**
- **Look for new job next year**
- **Often think about quitting my job**
Staff Focus Groups: What does SPH mean to you?

- Getting person from bed - chair or transport to x-ray with no injuries to pt or staff
- Not having to lift pt, take deep breath & go get lift
- Hover mats “love them” easy for skin
- “Appropriate body mechanics” ?!
- “lift team where 3-5 people will come and help lift ?!
- Agency nurses don’t know how to use equipment, go for manually lifting
- “Have to scold younger girls because they don’t know proper body mechanics & already complain about backs”???!!
- ½ respondents had equipment & training readily available, used it
Staff Focus Groups: What would have to happen for people to routinely use equipment?

- Confidence in know how to use it. Need someone who uses at least weekly
- Useful equipment, can’t get the sit-stand when I need it, can’t store slings close
- Training is completely different in hospital than nursing home. In hospital, nurses don’t know how to lift or use equipment
- Barriers: urgency, finding help, lack of equip funds
- Need buy-in, culture change starting with leaders
- Room size must be accessible for equipment
- Time
RESOURCES FOR BUILDING A SAFE PATIENT HANDLING PROGRAM

WE WANT TO HEAR FROM YOU!

http: Washingtonsafepatienthandling.org
States with SPH Legislation

Texas
Washington
Massachusetts
California
Illinois
Maryland
Minnesota
Missouri
New Jersey (New York)
Rhode Island (Hawaii)

National legislative effort currently being led by Senator Franken (MN)
Overwhelming?
Sustaining SPH Programs: think about the whole work system

P Carayon – Balance Model

Technology → Organization

Environment

Individual

Task

Fall prevention system

Wet, slippery

Integrate temps?

Get patient out of bed

Washington State Department of Labor & Industries

SHARP
Basic Requirements for Sustainability

• Involvement of key stakeholders and influentials

• Integrate the activity or committee within a broader activity, e.g. “patient safety depends on staff safety”

• Cross-functional reference group from different departments, headed up by program coordinator who coordinates various work groups that carry out operative work
Interrelated- no single factor is primary or sufficient

Resource groundwork for long-term operation of a program

- Financial
- Human (*individual knowledge, skills, abilities*)
- Structural (*supportive resources*)
- Relational (*capacity to collaborate*)
- Activities
- Effects
- Context


Long-term program viability is often a prerequisite for meaningfully assessing outcomes: Insufficient intervention duration may explain lack of significant effect
What do we have? Can SPH be integrated into existing mechanisms?

Regulation

- JAHCO/ Health Department Audits: hospitals
- Hospital Construction Review & Approval
- State Surveys (DSHS- WA): Nursing homes, home health
  - Quality measures (mobility not decreased) Staffing
  - Inspection results (have assistive devices when needed, free of dangers that cause injury/incidents)
  - Health care facility construction review
- OSHA standards

Resources for Building a Safe Patient Handling Program

This website has been developed to serve as a clearinghouse and ideas bank for issues related to this new safe patient handling law. In March 2006, Washington State Governor Christine Gregoire signed new legislation requiring hospitals to implement a safe patient handling program. In response to ESHB 1672 [RCWs 70.41, 72.23, 51.16, 82.04], the Safe Patient Handling Steering Committee has organized to assist hospitals in implementing a safe, cost effective patient-handling program. This website was developed by the committee for this purpose.

On this page you can access:

- Information about the Safe Patient Handling steering committee in Washington
- Important information about the Safe Patient Handling Law
- Recommendations for how to begin implementation of a safe patient handling program
- Tools from the steering committee and participating hospitals around Washington
- Resources from other countries and hospitals that have established programs
There are always tradeoffs

Older-Bad hips but experienced

Young but inexperienced
Why the bamboo?

• You can’t kill it

The same should be true of safe patient handling programs!
The End