Employee and Patient Safety:
Allina Safe Patient Moving Improvement Project

Holistic Healthcare Safety Through a Safety Culture Intervention

Safety efforts in healthcare are usually directed to benefit either employees or patients, with little effort made to examine synergies across the two areas. A proposed intervention at Allina Health System offers an innovative way to reduce patient moving-related injury and patient falls by increasing safety culture.

Safety culture is a predictor of unintentional harm for both patients and employees—the stronger the safety culture, the better the safety performance. Safety culture elements include visible support from leadership, accountability at all levels, employee engagement in identifying and solving issues, and reporting systems that focused on identifying and addressing system weaknesses (rather than individual blame).
Safe Patient Moving Project Background

<table>
<thead>
<tr>
<th>Time</th>
<th>Progress</th>
<th>LWD injury Rate (Metros)</th>
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<tbody>
<tr>
<td>Up to 2001</td>
<td>• Efforts to reduce back injuries primarily through body mechanics education</td>
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<td></td>
<td>• Increasing evidence that consistent use of lifting equipment is the ONLY effective means of reducing injuries to staff moving patients</td>
<td>7.1</td>
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<td>• Allina Leadership makes SPM a system priority - supplies over a million $ for lifts</td>
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<td></td>
<td>• Each business unit selects from among standard lift equipment (Ceiling lifts, Floor lifts, EZ Repositioner)</td>
<td>2.5</td>
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<td>2005-2007</td>
<td>Increasing evidence in the literature that overhead lifts best practice in most settings: more often used, ergonomically better, preferred by patients</td>
<td>~1.94</td>
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<td>2007-2008</td>
<td>Most injuries are preventable if available equipment used</td>
<td>No additional injury reductions. Deeper change in practice key to further success.</td>
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Past Successes of Safe Patient Moving Program

SPM Interventions have worked well:
• 62.2% decrease in indemnity claims since 2001 and 135 or 68% decrease in indemnity claims from SPM.
• From 2001 claims, average cost per indemnity claim was $11K and SPM indemnity was $16,500.
• Approximately $4.8M in worker’s compensation costs AVOIDED, largely by SPM interventions

Current SPM Project

While previous efforts at Allina Health System have reduced by half the injuries to caregivers incurred while moving patients, more opportunity exists. Although equipment to assist in moving patients is available, implementation of its use has been highly variable, impeding the effectiveness of harm reduction.
Current SPM Project

In 2009, Allina has undertaken an initiative to improve safety culture and the use of safe patient moving equipment. The effort is targeted at implementing best practices in 20 departments that have been identified as high risk for serious patient moving injuries to staff (with inclusion criteria of 6 or more serious [Lost Work Day] injuries over the past 3 years). The injuries from moving patients are life-changing for the caregiver and expensive for the employer—the average cost per Pt moving injury to staff is $17,500.

Further, falls prevention for patients and safe patient moving are intimately linked as both involve the assessment of the patient’s ability to safely move themselves, which, in turn, informs care protocols. In addition, any event in which the caregiver is injured while helping a patient move represents a “near miss” event for the patient (as the caregiver is not in control). A review of falls risk assessment and safe patient moving equipment data from Allina’s electronic health record underscore the need to strengthen both activities to reduce unintentional variability in practices.

Intervening on Safety Culture to Reduce Injuries

In an innovative approach, we plan to analyze the strength of specific safety culture variables in driving change across both employee and patient safety realms and to examine the interrelatedness of falls and safe patient moving efforts. By applying an intervention that utilizes safety culture principles and targets patient moving, we expect to see improvements in both staff injury rates and harm to patients.

Predictive variables include:
- Perceptions of manager support and blameless reporting of safety events (from culture survey)
- Management visibility through staff meetings
- Frontline staff involvement as peer observers and coaches on safe behaviors
- Assessment of patient mobility
- Related patient moving equipment choices (from the electronic health record)
- Results of observations regarding safe versus at-risk patient handling choices
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<tr>
<th>Safety Culture Element</th>
<th>Indicators</th>
<th>Expected Outcome</th>
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<tr>
<td>Visible support from leadership</td>
<td>Nursing executive support by endorsing project and requiring High Risk Unit participation</td>
<td>100% HR unit managers &amp; identified SuperUsers given special HR Unit Managers attending to project in staff meeting, posting, email and in rounding conversations</td>
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<td>Accountability for safety expected, measured and acted upon at all levels (not just for safety staff’s responsibility)</td>
<td>100% HR unit managers &amp; identified SuperUsers given special HR Unit Managers attending to project in staff meeting, posting, email and in rounding conversations</td>
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<td>Active engagement of front line staff in problem identification and solving.</td>
<td>Improvement plan designed in SPM Council, a joint labor-management group</td>
<td>4 - 6 hours/month on HR units staff time as peer champions with 10 coaching/observations events per month of pt moves</td>
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<td>Focus on safe consistent systems (including standard procedures &amp; availability of appropriate equipment) rather than blaming of individuals for errors</td>
<td>100% high quality analysis of LWD incidents on High risk units</td>
<td>Better match up of assessed patient mobility (per Get Up and Go score) and equipment selected (Excellian) Reduction Patient falls from moving patient</td>
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<tr>
<td>Use of Aggregate data to identify opportunities and analyze effectiveness of intervention</td>
<td>Detailed analysis of employee injury data used to plan improvement project</td>
<td>Reduction in employee injuries from moving patient</td>
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### SPM Improvement Project: Roles and Responsibilities

**Nursing Executives**
- Sponsor project
- Require participation of High risk units
- Review results and drive implementation at their sites

**SPM High Risk Unit Manager:**
- Role model collaborative leadership - Partner with SuperUser & front line staff to create a safe, just culture and advocate for safe behaviors and conditions
- Be a visible sponsor for SPM
  - Include SPM problems/progress in communications with staff during shift hand off, staff meetings in newsletters etc.
- Ensure SuperUser has time to dedicate to progress monthly
- Meet with SuperUsers at least monthly & review progress
- One manager is sponsoring chart audits for SPM equipment identified vs. used
- One manager is matching Get Up and Go score and equipment selection

**SPM SuperUsers:**
- Believe, model and inspire active caring for self and others
- Spend for hours/month supporting SPM
  - Do 10 patient transfer coaching events/observations a month and report in using Survey Monkey
  - Training, identifying & busting barriers, writing newsletter articles encouraging SPM in hand off etc
  - Participate in incident reviews to prevent future injuries
- Collaborate with peers to identify solutions and apply general SPM techniques to department specific needs

**Front line staff:**
- **Actively care** for patients, coworkers and self by using equipment consistently and encouraging other to do so
- Identify and problem-solve barriers where feasible
Process Measure Current Results

Reporting to and receiving strong, visible support from Nurse Executive Committee has proven a key element to success of this project. After a slow start, we are off and running!!

Next Steps

- Keep pushing for consistent performance
- Use project as a whole to identify system opportunities
  - expanding SPM to therapy areas more robustly
  - Pushing out 2009 learnings such as equipment to ambulate patients and new sling uses for peri care, & in-bed movement
- Involve SuperUsers and unit managers in decisions for 2010 system equipment requests
- Plan next data analyses, including assorted (thoughtful!) associations between:
  - Excellian Get-up-and-Go data vs. equipment selected
  - Safety culture data –Pt safety perspective
  - Safety Culture data Employee safety perspective (UH only)
  - Employee engagement data
  - Worker’s comp Cost and claims data
  - Falls and other patient incident data