Minnesota Hospital Association

Safe Patient Handling Road Map

MHA's road maps provide hospitals and health systems with evidence-based recommendations and standards for the development of topic-specific prevention and quality improvement programs, and are intended to align process improvements with outcome data. Road maps reflect published literature and guidance from relevant professional organizations and regulatory agencies, as well as identified proven practices. MHA quality and patient safety committees provide expert guidance and oversight to the various road maps.

Each road map is tiered into fundamental and advanced strategies:

- **Fundamental strategies** should be prioritized for implementation, and generally have a strong evidence base in published literature in addition to being supported by multiple professional bodies and regulatory agencies.
- **Advanced strategies** should be considered in addition to fundamental strategies when there is evidence the fundamental strategies are being implemented and adhered to consistently and there is evidence that rates are not decreasing and/or the pathogenesis (morbidity/mortality among patients) has changed.

Operational definitions are included to assist facility teams with road map auditing and identifying whether current work meets the intention behind each road map element.

Resources linked within the road map include journal articles, expert recommendations, electronic order sets and other pertinent tools which organizations need to assist in implementation of best practices.

Road map sections	Road map questions (if not present at your hospital or answering no, please see next column for suggested resources)	If specific road map element is missing, consider the following resources:
Leadership and program coordination	**FUNDAMENTAL** *(check each box if "yes")* ☐ The organization promotes a team approach to safe patient handling with an interdisciplinary team comprised of clinical and non-clinical staff. ☐ The organization has a designated coordinator(s) for the facility's safe patient handling program. - The coordinator(s) collaborates with those responsible for pressure ulcers, falls and infection prevention champions. - The coordinator(s) has a defined role and expectations and dedicated time to serve in this coordination function. This includes regular meetings with nursing leadership to discuss current state, improvement projects, and gain authority/resources. ☐ The organization has designated a direct patient care staff champion(s) for high-risk (based on injury experience or evidence in the literature). ☐ Visible direct patient care leadership involvement at department level and higher.	• The Agency for Healthcare Research and Quality (AHRQ) (2013) provides a tool for reporting Roadmap, Preventing Falls in Hospitals includes resources and multiple tools for accessing/implementing a best practice falls program for hospitals.

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Leadership and program coordination, continued	☐ The organization identifies an interdisciplinary committee that is responsible for overseeing a strategic plan for safe patient handling program planning, implementation and evaluation. ☐ The composition of the committee and the committee's roles meet the requirements of Minnesota Statute including: - At least half of the committee members are non-managerial nurses and other direct patient care workers. - The committee completes a patient handling hazard assessment. - The safe patient handling program plan and progress is reviewed by the committee and updated on an annual basis. - The committee recommends how the organization will incorporate safe patient handling needs during new construction or remodeling of patient care areas. - The committee makes recommendations on the purchase, use, and maintenance of an adequate supply of appropriate safe patient handling equipment. ☐ The business case is presented to administration and a preliminary budget is approved for equipment and program costs. ☐ The organization identifies an interdisciplinary team that is responsible for implementing the safe patient handling program. - It includes representation from across the organization (e.g., nursing, therapy staff, facility engineering, supply chain, radiology, surgery, transport, environmental services, biomed, employee and patient safety), as well as visible leadership-nursing and PT. - The organization has a process in place to engage other team members, such as staff responsible for the falls program, early mobility, infection prevention, wound care, purchasing, education and communication, in the safe patient handing program as appropriate. ☐ Policies are in place, and reviewed on a regular basis, to address safe patient handling.	MN Statute: Safe Patient Handling Program • MN Statute 182.6553 The Agency for Healthcare Research and Quality (AHRQ) (2013) provides a tool for reporting environmental hazards when they are detected. • Tool 3D: Hazard Report Form | Agency for Healthcare Research and Quality (ahrq.gov) The AHRQ (2013) inspection checklist is a tool that can be completed by both the unit manager and facility engineer to identify and resolve environmental safety issues in hospital rooms. • Tool 3C: Tool Covering Environmental Safety at the Bedside | Agency for Healthcare Research and Quality (ahrq.gov) The AHRQ (2013) program implementation guide addresses how roles and responsibilities are assigned. • AHRQ: Implementing the Fall Prevention Program Evidence-based clinical algorithms can be an effective tool for providing intentional assisted mobilization. Consider using the AHRQ (2013) Tool 3K as a sample algorithm for patients who are deconditioning or are at risk for deconditioning. • AHRQ Tool 3K: Algorithm for Mobilizing Patients The Hospital Elder Life Program provides valuable resources for interdisciplinary efforts in the preventing delirium. • Hospital Elder Life Program for Prevention of Delirium Early Mobility Toolkit

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Leadership and program coordination, continued	**ADVANCED** *(check each box if "yes")* ☐ The organization has a process in place to continuously review safe patient handling processes and revise as needed through: - Ongoing review of data, including staff injuries or near-misses. - Feedback from staff to identify equipment and patient handling issues. - Ongoing coordination with other unit champions including pressure ulcers, falls and infection prevention champions. ☐ The committee functions as part of a larger organization and reports up to the quality and safety function and is supported by that body in turn. ☐ The committee develops the business case for the safe patient handling program which includes, at a minimum: - The impact of an effective safe patient handling program on staff and patient safety - Staff injury data - Patient injury data - Cost savings related to injury prevention - Regulatory requirements - Implementation plan	The Lucian Leape Institute emphasizes the connection between workplace safety and patient safety. Its 2013 report focuses on the development of conditions that define a safe workplace both physically and psychologically. • Through the Eyes of the Work Force: Creating Joy, Meaning, and Safer Home Care (Lucian Leape) The Joint Commission provides an outline of contributing factors and solutions to improving patient and worker safety. • Improving Patient and Worker Safety (Joint Commission) The Association of Rehabilitation Nurses (2008) outlines two methodologies that can be used to determine a business case for safe patient handling. • Association of Rehabilitation Nurses: Business Case for Safe Patient Handling American Nurse Today (2014) outlines three approaches to preparing an investment justification. • Making the Business Case for a Safe Patient Handling and Mobility Program (pg. 26)
Implementation	**FUNDAMENTAL** *(check each box if "yes")* ☐ A process is in place to conduct a comprehensive evaluation of department/unit patient handling and movement equipment needs which include, at a minimum: - An equipment inventory, including availability, storage and use, cleaning and maintenance. - Evaluation of physical environment needs, e.g., room configuration, showering facilities, ceiling height, carpeting, and thresholds. - Assessment of patient mobility levels, e.g., independent, supervision, assistance needed. - Identification of potential high-risk patient-handling tasks. - Identification of equipment needs for populations with special handling needs, e.g., bariatrics, rehabilitation, operating room, orthopedics, neurology and radiology.	OSHA provides resources for evaluating a hospitals' safe patient handling program. • OSHA Safe Patient Handling Program Evaluation Maintenance of lift equipment is vital to patient and worker safety. • VA Corrective and Preventive Maintenance Checklist for Ceiling Mounted Lifts American Nurse Today (2014) includes the Banner Mobility Tool for nurses, which is an effective resource for performing a bedside assessment of patient mobility. • Banner Mobility Assessment Tool for Nurses (pg. 17)

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Implementation, continued	☐ Equipment is accessible to staff when needed. ☐ Equipment is in working order. ☐ A standardized process is in place for: - Equipment identification, e.g., matching sling with appropriate device. - Delivery of equipment to unit, if applicable. - Managing inventory, including availability, storage and use. - Cleaning and disinfection. - Maintenance. ☐ The organization has a process in place to address the following patient handling *equipment* issues on an ongoing basis: - Conduct unit-level equipment needs evaluation at least annually. - Involve direct patient care staff in the ongoing evaluation, selection and piloting of new products. - Track equipment locations, storage and ensure accessibility. - Track operational status and need for maintenance of equipment/ batteries/slings. - Evaluate and replace equipment as needed. - Ensure annual/preventative maintenance is accomplished. - Track sling types, quantities, and condition. - Facilitate battery/sling/equipment orders when needed. - A standard process to notify appropriate department, e.g., maintenance, biomed, facilities management, when patient handling equipment problems/incidents arise. - Ensure facility and manufacturer infection control requirements are followed. Consider additional measures for equipment in CDI/ isolation rooms (e.g., deeper cleaning of wheels and foot plates).	MN Statute: Safe Patient Handling Program • MN Statute 182.6553 American Nurse Today (2007) outlines sanitation guidelines for lifts and slings. • Infection Control for Lifts and Slings
Education for staff, patients, and families	**FUNDAMENTAL** *(check each box if "yes")* ☐ The organization provides safe patient handling education for staff. ☐ Staff that use safe patient handling equipment are required to be trained on the equipment (i.e. direct care givers, transport staff, or aides).	OSHA provides a guide to ongoing education and training efforts. • OSHA Safe Patient Handling: Education and Training

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Education for staff, patients, and families	☐ Expectations and supporting education have been incorporated into new employee orientation for staff, including managers/supervisors and leadership. Equipment-specific education for new staff includes hands-on training with equipment-specific return demonstration preferred and competency evaluation as appropriate. ☐ Expectations and supporting education have been incorporated into new employee orientation for staff (for example, linen service, environmental service staff etc.). - Staff that are involved in care and maintenance of safe patient handling equipment and supplies. ☐ Ongoing safe patient handling for staff that use safe patient handling equipment education is provided at least annually. ☐ Hands-on education to be done when there is a change in assignment or equipment or as otherwise needed. For example: - Employee requests training - Complex patient needs - Additional training identified in post-injury gap analysis ☐ The organization provides patient and family education related to safe patient handling, as appropriate, that includes information on (at a minimum): - Equipment that may be used during their treatment and stay. - The importance of equipment use. - Equipment that may be used during patient discharge (e.g., equipment needed to transfer into car). - Safe patient handling at home (provided during the discharge process).	MN Statute: Safe Patient Handling Program • MN Statute 182.6553
	ADVANCED *(check each box if "yes")* ☐ Members of the safe patient handling team(s) (such as SPM SuperUsers) have additional training on safe patient handling so that they can serve as resources to their units.	

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Mobility status	**FUNDAMENTAL** *(check each box if "yes")* ☐ The organization has a standard process to identify each patient's mobility status and if/which patient handling equipment is needed. ☐ There is a process in place to link patient's mobility status and related equipment needs with fall risk when developing patient's care plan. ☐ There is a system in place to alert all staff to the patient's mobility status. ☐ There is a process in place for communication and review of patient mobility status during hand-offs between departments (e.g., transport form, verbal communication process). ☐ There is a process in place for assessment and communication of safe patient handling needs upon discharge (in next care environment).	Safe Toileting Campaign Tailoring Interventions for Patient Safety (TIPS), A Patient Centered Falls Prevention Toolkit
Organization expectations and accountability	**FUNDAMENTAL** *(check each box if "yes")* ☐ Expectations and accountability are clearly communicated to staff. - Direct patient care staff, e.g., nursing, physicians, therapy, imaging, transport, EMT, surgery, is informed of expectations regarding safe patient handling. - Support staff, e.g., environmental services, supply chain, facilities/ operations, linen services, is informed of expectations regarding their role in safe patient handling. ☐ Caregiver management staff are responsible holding direct report staff accountable for meeting expectations per the safe patient moving policy. ☐ Leadership provides resources and visible, active support for the safe patient handling program. - Leaders and managers consider safe patient handling and the on-going evaluation of the program in strategic planning and resource allocation. - Leaders and managers set clear expectations for prompt reporting of any possible staff or patient injury/incident related to patient handling. - Leaders and managers provide clear expectations for the consistent and appropriate use of safe patient handling equipment.	OSHA's 2013 road map for hospitals is a guide to implementing a safety and health management system. • Safety and Health Management Systems: A Road Map for Hospitals

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Organization expectations and accountability, continued	☐ Leaders and managers provide clear expectations that dependent patients over 35 pounds are moved with equipment. ☐ Leaders and managers provide clear expectations for how semi-independent, high fall-risk patients should be handled to balance safe lifting and movement with patient rehabilitation needs (with the goal of reducing caregiver patient handling loads at or below 35 pounds). ☐ The organization has a clearly defined process for speaking up and "stopping the line" if a potential patient handling safety issue has been identified by staff. ☐ The organization has a process in place to provide administration with updates on the status of safe patient handling efforts and any factors that may enhance or limit success.	
Injury reporting	**FUNDAMENTAL** *(check each box if "yes")* ☐ The organization collects data on staff and patient injuries related to patient handling issues. - The organization has a concurrent (real-time) reporting process (such as occurrence reporting) in place to collect information on all staff and patient injuries related to patient handling issues. - The organization's documentation system (electronic or paper) is designed to capture sufficient detail about the event to allow for adequate event analysis. - The organization collects information and learnings from good catches. ☐ The organization has a process in place to evaluate injury trends (for example, rates or frequency). ☐ The organization has a process in place to conduct a review of any staff injuries related to patient handling and mobility. ☐ The organization engages unit managers in post-event review. ☐ The event documentation system collects the following information related to patient moving injuries, at a minimum: - Specific type of transfer task, e.g., transfer out of bed, to chair or commode, lateral transfer, repositioning, up from floor after fall, ambulation, preventing a patient fall. - Department and room, or specific location.	Root cause analysis is used by organizations to evaluate and understand what problems contributed to error or undesired outcomes. An understanding of the events surrounding a fall can inform the care plan for the patient who fell, as well as guide ongoing quality improvement efforts at the unit level. Consider reviewing the AHRQ (2013) root cause resource when developing post-fall interventions • AHRQ Tool 30: Postfall Assessment for Root Cause Analysis

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Injury reporting. continued	- Information to triage patient handling events vs. issues related to patient behavior/violence. - Equipment information, e.g., types of equipment available, if in usable condition, and if used. ☐ The event documentation system collects a narrative of the event or near-miss. ☐ A process is in place to review and analyze events on a regular basis-at a minimum annually-for learnings and improvement opportunities. - Conduct an analysis of current safe patient handling policies and practices. - Identify gaps in current policies and practices that may contribute to patient handling injuries. - Develop strategies to address identified patient handling gaps. - Engage direct patient care staff in the mapping of current practices, identification of gaps and brainstorming solutions. - Include current safe patient handling policies and practices for populations with special handling needs, e.g., bariatrics, rehabilitation, operating room, orthopedics, neurology and radiology during the mapping of current practices, identification of gaps and solutions.	
	ADVANCED *(check each box if "yes")* ☐ The event documentation system collects patient fall risk-level determined by related patient incident report or employee self-report. ☐ The event documentation system collects specific follow up with employee from leadership. - Intent is to show support from leadership to the employee, separate from the incident analysis with the employee's direct supervisor. ☐ When an injury occurs, the following communication takes place within the unit the injury occurred and across other units: - Injury rate is included. - Patient and/or staff narratives and lessons learned.	Evidence-based clinical algorithms can be an effective decision support tool for implementing interventions for fall and injury risk factors. Consider using the MHA falls algorithm when developing tools. • Algorithm for Falls Assessment Screening and Risk for Injury The AHRQ (2013) Tool 3E is a clinical pathway that illustrates appropriate application of safe patient handling principles. • AHRQ Tool 3E: Clinical Pathway for Safe Patient Handling The AHRQ (2013) Tool 3H can be used to identify risk factors for falls in hospitalized patients. • AHRQ Tool 3H: Morse Scale for Identifying Fall Risk Factors

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Injury reporting, continued		AHRQ's (2013) Tool 3G STRATIFY scale can be used to identify risk factors for falls in hospitalized patients. • AHRQ Tool 3G: STRATIFY Scale for Identifying Fall Risk Factors AHRQ (2013) developed the Communication and Optimal Resolution Toolkit to guide an organization in developing and implementing a Care for the Caregiver program. • AHRQ Candor: Module 6-Care for the Caregiver
Program sustainment	**FUNDAMENTAL** *(check each box if "yes")* ☐ The organization has processes in place to address safe patient handling physical environment issues on an ongoing basis, including: - During all remodeling or reconstruction of patient care areas as recommended by the Safe Patient Handling Committee and outlined in the program plan. - In response to issues identified through injury data. - In response to new technology evaluation and/or purchase. - Incorporation in regular environmental rounds, e.g., include safe patient handling considerations in falls environmental safety rounds. - A process to implement recommendations resulting from environmental safety rounds.	