Safe Patient Moving SuperUser Training

Goals for Super User Training

- Understand SPM basics –
  - Facts vs. myths re: how to safely move patients
  - Organization Policy, State Law
- Understand the SPM Focused implementation project and your role
  - Status of SPM at the Organization
  - What is safety culture and how can we use it to prevent injuries?
- Gain competency in using SPM equipment so that you can confidently be a resource
- Learn how to coach for safety- your role in conjunction with manager and SPM lead
Status of SPM at Organization

- Done great things, but reached plateau ~1.94 LWDI 2007, 2008
- Need to dig deeper for more change
  - Get SPM embedded into the daily work
  - Understand and address barriers
  - Refocus next steps
- And so…Focused implementation project!
  - Proposed by the Organization wide Safe Patient Moving Council
  - Endorsed by the Organization Employee Health and Safety council & Nurse Executive Council
  - SPM Supers users at the heart of this project
Results? We’re Making a Difference!

- Rate of serious (LWDI and RWDI) injuries decreased by **39%**
- SuperUser Project Results for 11 Months Pre and Post Intervention
  - Compared to overall rate of employee injuries at Organization which did NOT decline

2012 Specific Hospital Pt Moving Injury Update
How can we make positive impact to reduce injuries?

- Apply safety culture tools
  - Evidence-based practices to reduce harm
  - Same principals apply to employee and patient safety goals
  - Aim for consistent safe behavior (=using equipment as the default mode for moving patients)

What is (safety) culture?

- Culture in general: “The way things get done around here”
  - Socializes newcomers
  - Defines values and priorities
  - Determines what path gets followed when there is a conflict
- Example- pizza delivery study by Geller assessed what is the strongest shaper of safety behavior vs at risk:
  - Most important influence is leaders’ behavior
    - Are they demonstrating safe behaviors?
  - Peer behavior next most important
  - Safety training least influential of the 3
- Happily, we can use BOTH manager and peer influence for safety!
Characteristics of Safety culture

• Visible management leadership
  – Safety is part of every leader’s job, not just the safety staffs’ problem
• Employee active empowered engagement in safety
  – Peer leaders close to the work developed and supported
• Partnering between management and employees
• Just Culture- errors are to be learned from
• Continuous improvement

Characteristics of a Strong Safety Culture - *Attitude of Actively Caring*

• All believe they have a right to a safe and healthy workplace
• Each has a responsibility to ensure her/his own safety
• Each acknowledges and acts on a duty to actively look out for each other’s safety
Characteristics of a Safety Culture-
Continuous Improvement -PDSA

• **Plan** --Looking at the best information available, create a plan to make a positive change

• **Do** --Carry out the Plan like you really mean it!

• **Study** --did our great ideas actually work?

• **Act** Go ahead full steam or adjust the road map for progress based on our findings

What is a **Coach**, really?

• A person who helps others achieve their goal
  - Nobody wants to be injured, or have a co-worker injured, but not everyone is reaching their full potential in that goal currently

*From the Coaching and Mentoring Network*

**3 Basic Human Needs:**

- Autonomy: We have a need to be in charge of our own lives, make our own decisions.
- Connection: Most positive memories? Usually in the context of others. To make changes need support and accountability.
- Meaningful Achievement: Do what we set out to do, that fits our values and goals.

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**Why does coaching work?**

- It fills the gap between information and engagement.
- By honoring autonomy, responsibility is shifted to the client.
- It sparks motivation for the client to achieve sustainable change.
- The relationship between coach and client is a partnership, enabling self-efficacy and self esteem.
Key Coaching Actions

- Facilitate the exploration of needs, motivations, skills and thought processes to assist the individual in making real, lasting change.
- Observe, listen and ask questions to understand to facilitate client’s own thought processes in order to have them engage in identifying & owning solutions and actions
  - Ensure that clients develop competencies and do **not** develop unhealthy dependencies on the coach.
- Support the client in setting appropriate goals
- Encourage a commitment to action and the development of lasting personal change.
- Maintain unconditional positive regard for the client, be supportive and non-judgmental
- Evaluate the outcomes of the process, using objective measures wherever possible

Putting the pieces together: What does a Safety Coach look like?

- Safety messaging
  - encouraging safe precautions
  - talking about safety regularly
  - verbalizing the value and centrality of safety
- Modeling safe behaviors
  - leading by example
  - making safety the way they do their work
- Visible proactive action
  - removing or eliminating barriers to safe work practices & safe environment
The Role of the **Manager** is to:

- Be a visible sponsor
  - Include SPM problems/proGRESS in communications with staff
    - during shift hand off
    - staff meetings in newsletters etc.
    - during rounding conversations
    - At potlucks(!) be creative!
  - Role model collaborative leadership - Partner with SuperUser & front line staff to create a safe, just culture
  - Advocate for safe behaviors and conditions
  - Bust barriers to SPM implementation
  - Celebrate successes!!!
  - Meet with SuperUsers at least monthly & review progress

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The Role of the **Site SPM Lead** is to:

- Support the SuperUsers and High Risk Unit managers/supervisors at their site:
  - Actively participate in post-event incident analysis
  - Facilitate dialogues & bust barriers to SPM implementation
- Be a visible sponsor and advocate for safe behaviors and safe conditions
- Be a role model – good collaborative leadership
Safe Patient Moving SuperUser Role:
Work collaboratively with manager, peers and site lead to advance SPM and reduce injuries:

- Believe, model and inspire active caring for self and others
- Create a “buzz” about SPM in partnership with business unit safety specialist and dept. manager
- Collaborate with peers to identify solutions
- Do 10 patient transfer coaching events/observations a month and report in using Survey Monkey
- Have courage to speak up for safety in a constructive, problem-solving way
- Be technically competent and personally trustworthy
- Apply general SPM techniques to department specific needs
- Participate in incident reviews to prevent future injuries

Positive feedback is a key tool to support positive change

- Give the feedback one-on-one and privately (although public mention can be good, too, but not part of this coaching)
- Give the feedback as soon as possible after the observation process
- Identify the safe behaviors observed
- Be sincere and genuine
- Express personal appreciation for setting the right example for others
Using negative feedback to decrease at risk behavior

- Negative feedback is not as powerful as positive feedback but has its place
- Give the feedback one-on-one and privately
- Give the feedback as soon as possible after the observation process
- Begin with acknowledgment of safe behaviors observed
- Identify the at-risk behaviors observed
- **Specify the safe alternatives to the at risk behaviors**
- Indicate concern for the person's welfare and their role in protecting others by modeling safe behaviors
- Request commitment to avoid the act risk behaviors
- Thank the individual for commitment to protecting themselves and others

Tips on Coaching

- Ask for permission to observe and respect a “no”
- Remember that this checklist stuff is an *excuse for coaching*, not the core activity. And:
  - **S**mile
  - **O**pen
  - **F**riendly
  - **T**erritory
  - **E**nergy –Enthusiasm- Eye contact
  - **N**ame
True or False

- Immediate, certain, positive feedback is the most strongest way to support change
- Words are more important than body language
- People hear positive feedback more than negative
- Facts are facts

Main Tool for SuperUser Reporting - Survey Monkey
Survey Monkey

REMEMBER:
When scoring the questions below that a gait belt NOT approved SPM equipment choice for patients with “Get Up and Go Score” of 3 or 4.
Proper body mechanics is important even when using equipment, so comments about that are useful even thought there is no specific question on it.
Likewise, communication with the patient being lifted is important and worth commenting on, good or bad.

3. Opportunity for Safe Patient Moving Equipment Use

<table>
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<tr>
<th>What was Opportunity for use?</th>
<th>Was appropriate equipment used?</th>
<th>Type of Equipment</th>
<th>Was equipment accessible?</th>
<th>Proper Gaining harnesses used?</th>
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4. Opportunity for Equipment Use

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<th>Type of Equipment</th>
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<td>Problems encountered/Other comments</td>
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12. Was department Safe Patient Moving implementation progress addressed in department staff meeting (with follow up email to staff unable to attend)? SELECT ALL THAT APPLY:
- Tips on how to use SPM more effectively
- Progress in getting all staff trained
- Progress noted during coaching sessions
- Progress on implementation of SPM for inpatients
- Learning from analysis of any injuries or near misses related to patient moving discussed
- Match up of SPM equipment with Get Up and Go score from Excel sheet improved?
- Other (please specify)

Comment:

14. Was Safe Patient Moving implementation progress shared in other ways, such as during staff hand-off communications, newsletters, rounding by leaders? Please specify:

Done
What else (specifically) can Super Users do?

- In addition to observing and coaching and incident analysis super users can:
  - Give updates at staff meetings on progress such as
    - Tips you learned from coaching someone else that week
    - Trends you’ve seen equipment use
    - Barriers in their solutions (or brainstorming on solutions!)
  - Include safe patient moving tips in Department newsletters
  - Assure safe patient moving highlights are mentioned in shift hand off
  - Inventory department equipment with an eye to assuring availability including slings

Measures of Success

**PROCESS**
100% staff & dept management trained on SPM equipment
100% safety coaches reporting able to spend at least 4 hours month supporting SPM and doing coaching sessions

**OUTCOMES**
- Higher at risk vs. safe behaviors over time
- Reduced falls/patient injury
- **Decreased pt-moving related injuries to caregivers**
Progress Check in *At Least* Monthly

Local SPM lead and unit manager meet with SuperUsers to review

- Challenges, barriers and PROGRESS!
- Project status
- Identify causes & gaps, brainstorm solutions
- Suggest corrective action plans
- Feedback exchange
- Next steps

- Organization employee safety publishes project status by unit and department
  - INJURIES
  - Clarity report on Get Up and Go Score ➔ equipment match up
  - Monkey Survey results

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<th>Department</th>
<th>Manager / Contact</th>
<th>Superuser Reporting</th>
<th>Yes 4 hours on SPM</th>
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<th># SPM LWD Injuries</th>
<th>% of incidents investigated</th>
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Hands-on training - Scenarios to Follow

Case Study #1

You’ve been called upon to do a commode transfer:

- The patient, Jane Doe, weighs 427 pounds
  - is cooperative
  - can bear most of their own weight
  - has no problems with their shoulders
- The Get Up-and-Go score is a 3
- There are no overhead lifts on this unit.

How would you recommend performing the transfer?
**ANSWER:**

Patient Get up and go score=3, patient weight a special consideration no other special clinical considerations.

- Most likely, your first line of response would be a **sit-to-stand** device

*Be sure you check to see that the device has the weight capacity to safely move this patient!*

- If there were an overhead lift in the room could you use that with a chair-loop sling? Probably.

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**Case Study #2**

A patient, John Doe, comes in for a procedure. In addition to the primary medical condition, the patient is undergoing severe alcohol withdrawal.

- Patient is able to walk, but is quite unsteady (Get up and Go score =3)
- It is unclear whether patient can ---or will--- follow instructions.
- You know that ambulation of this patient would be therapeutic.

The patient needs to go to the bathroom and wants to walk there. What do you do?
ANSWER:

This could easily happen in “real life”.
There really is no clear or unique “right” answer here, even if you use the tools for assessment and decision-making that you were given.

Given your overall assessment of this patient and circumstance. You may choose to:

- Do a pivot (sit-to-stand) transfer to a commode using a floor device
- Or, use the sit-to-stand device to bring patient to the restroom
- Or, maybe you just decide to use a bedpan.