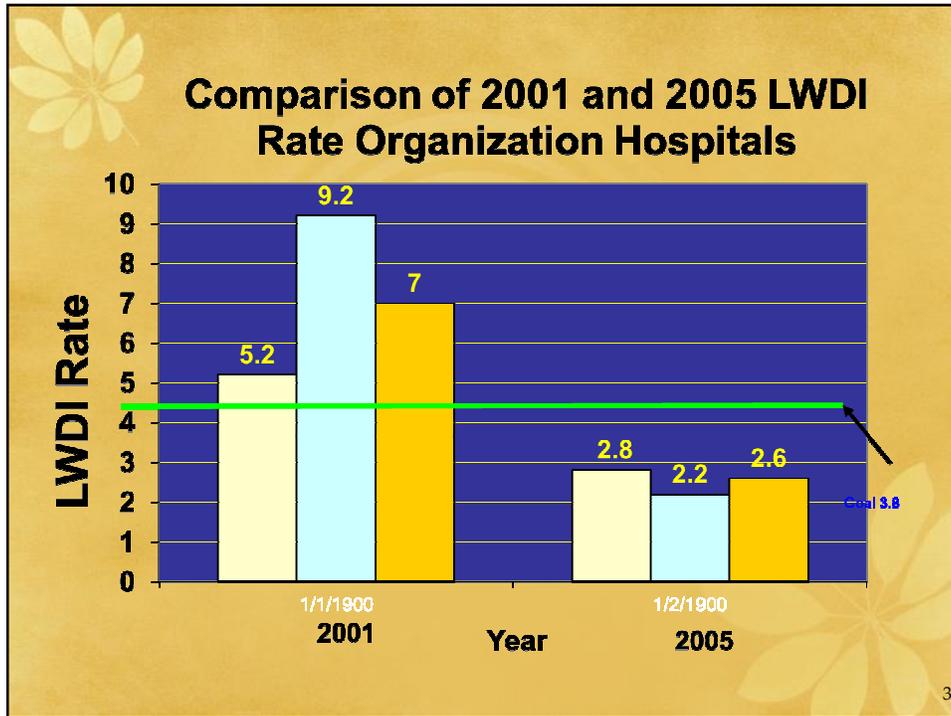


Safe Patient Moving SuperUser Training



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
- 4



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)

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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!

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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

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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*

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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

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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

<http://www.coachingnetwork.org.uk/Default.htm>

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3 Basic Human Needs: (Edward Deci)

- **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



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

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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

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Role Scoping for SPM Focused Project

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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Role Scoping for SPM Focused Project

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

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Role Scoping for SPM Focused Project

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**

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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

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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 persons 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

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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:
 - Smile
 - Open
 - Friendly
 - Territory
 - Energy –Enthusiasm- Eye contact
 - Name

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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



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Main Tool for SuperUser Reporting- Survey Monkey

A screenshot of a web browser displaying a SurveyMonkey survey. The browser title is "New Safe Patient Moving Implementation Survey - Windows Internet Explorer provided by Comcast". The address bar shows "https://www.surveymonkey.com/". The survey title is "New Safe Patient Moving Implementation Survey". The form has two sections: "1. Default Section" with a question "1. Date Survey Completed on unit (use MM/DD/YYYY format)" and a text input field; and "2. Department Surveyed" with a list of checkboxes next to a greyed-out area representing department names.

New Safe Patient Moving Implementation Survey - Windows Internet Explorer provided by Comcast

https://www.surveymonkey.com/

New Safe Patient Moving Implementation Survey

1. Default Section

1. Date Survey Completed on unit (use MM/DD/YYYY format)

2. Department Surveyed

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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 though 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

What was Opportunity for use?	Was appropriate equipment used?	Type of Equipment	Was equipment accessible?	Proper Sling/ harnessed used?
Observation#1				
Problems encountered/Other comments				

4. Opportunity for Equipment Use

What was Opportunity for use?	Was appropriate equipment used?	Type of Equipment	Was equipment accessible?	Was appropriate sling/ harness used?
Observation#2				
Problems encountered/ Other comments				

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Survey Monkey

Observation#10

Problems encountered/ other comments:

13. 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 to share on nifty SPM usages
- progress in getting all staff trained
- progress noted during coaching sessions
- dept barriers to SPM identified and addressed
- learnings from analysis of any injuries or near misses related to patient moving discussed
- match up of Get Up and Go scoring and related SPM equipment selection report from Excellian 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

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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

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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**

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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

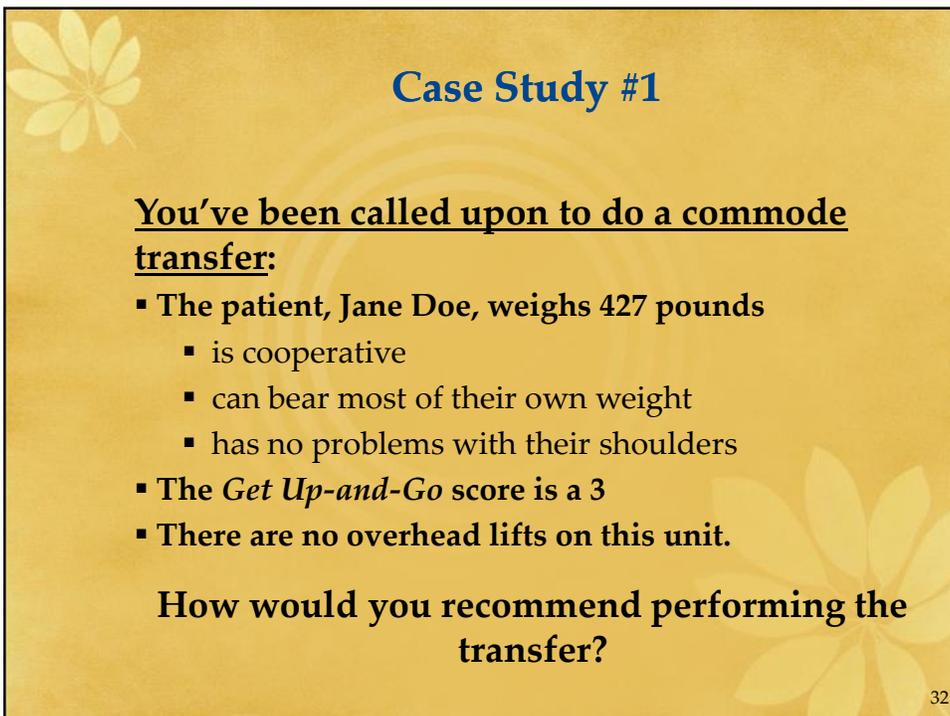
29

Department	Manager / Contact	SuperUser Reporting	Yes 4 hours on SPM	10 Obs?	# SPM LWD injuries	% of incidents investigated
Hospital 1 – Unit A		✓	✓	10		
Hospital 1 – Unit B		✓	✓	10		
Hospital 1 – Unit C		✓	✓	10		
Hospital 1 – Unit D		✓	✓			
Hospital 1 – Unit E		✓	✓	10		
Hospital 1 – Unit F		x	x	x		
Hospital 1 – Unit G		x	x	x		
Hospital 1 – Unit H		✓	✓	10		
Hospital 2 – Unit A		✓	✓	10		
Hospital 2 – Unit B		✓	✓	6		
Hospital 2 – Unit C		✓	✓	10		
Hospital 2 – Unit D		✓	x	10		
Hospital 2 – Unit E		✓	✓	21		
Hospital 3 – Unit A		✓	✓	1		
Hospital 3 – Unit B		✓	✓	10		
Hospital 3 – Unit C		✓	✓	12		
Hospital 3 – Unit D		✓	✓	10		
Hospital 3 – Unit E		✓	✓	10		
Hospital 4 – Unit A		✓	✓	10		
Hospital 5 – Unit A		✓	✓	10		



Hands-on training- Scenarios to Follow

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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?

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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?

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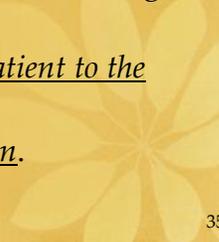


ANSWER:

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.
- 

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