



Road Map to a Comprehensive Safe Patient Handling Program



Minnesota Hospital Association

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Road Map to a Comprehensive Safe Patient Handling Program



INFRASTRUCTURE

SAFE LIFT Component	Specific Action(s)	SAFE LIFT Audit Questions
 <p>Safe Patient Handling Program Coordination</p>	<p>1) Promote a team approach to safe patient handling program with a designated coordinator(s).</p> <p>2) Identify an interdisciplinary group that is responsible for overseeing a strategic plan for safe patient handling program planning, implementation and evaluation.</p> <p>3) Identify an interdisciplinary team that is responsible for implementing the safe patient handling program.</p>	<p>1a) The facility promotes a team approach to safe patient handling with an interdisciplinary team comprised of clinical and non-clinical staff.</p> <p>1b) The facility has a designated coordinator(s) for the facility's safe patient handling program.</p> <p>1c) The coordinator(s) has dedicated time to serve in this coordination function.</p> <p>1d) The facility has designated a direct patient care staff champion(s) for each unit/department for safe patient handling.</p> <p>1e) The facility has designated a physician champion for safe patient handling.</p> <p>1f) The facility has defined champion(s) roles and expectations.</p> <p>1g) The facility provides support and allotted time for champions to serve in this role, e.g., time for coaching, equipment training, conducting safety huddles, and facilitating meetings.</p> <p>2a) The facility has an interdisciplinary committee in place to oversee the strategic plan for the safe patient handling program.</p> <p>The composition of the committee and the committee's roles meet the requirements of Minnesota Statute including:</p> <p>2b) At least half of the committee members are non-managerial nurses and other direct patient care workers.</p> <p>2c) The safe patient handling program plan and progress is reviewed by the committee and updated on an annual basis.</p> <p>2d) The committee recommends how the organization will incorporate safe patient handling needs during new construction or remodeling of patient care areas.</p> <p>2e) The committee makes recommendations on the purchase, use, and maintenance of an adequate supply of appropriate safe patient handling equipment.</p> <p>2f) The committee completes a patient handling hazard assessment.</p> <p><i>Note: The composition of the Safe Patient Handling committee is defined in Minnesota Statute 182.6553. Additional requirements may apply if covered by collective bargaining agreement.</i></p> <p>The committee develops the business case for the safe patient handling program which includes, at a minimum:</p> <p>2g) The impact of an effective safe patient handling program on staff and patient safety.</p> <p>2h) Staff injury data</p> <p>2i) Patient injury data</p> <p>2j) Cost savings related to injury prevention</p> <p>2k) Regulatory requirements</p> <p>2l) Implementation plan</p> <p>2m) The business case is presented to administration and a preliminary budget is approved for equipment and program costs.</p> <p>3a) The facility has an interdisciplinary team involved in <i>implementing</i> the safe patient handling program, including representation from across the facility (e.g., nursing, therapy staff, facility engineering, supply chain, radiology, surgery, transport, environmental services, biomed, employee and patient safety).</p> <p>3b) The facility has a process in place to engage other team members, such as staff responsible for the falls program, infection prevention, wound care, purchasing, education and communication, in the safe patient handling program as appropriate.</p> <p>3c) Policies are in place, and reviewed on a regular basis, to address safe patient handling.</p> <p>3d) Department specific work standards are in place to address their patient population-specific needs for safe patient handling.</p>

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<p style="font-size: 2em; color: #4F81BD; text-align: center;">A</p> <p>Accurate and Concurrent Reporting</p>	<p>Data Collection</p> <ol style="list-style-type: none"> 1) Collect data on staff and patient injuries related to patient handling issues. <p>Data Analysis</p> <ol style="list-style-type: none"> 2) Analyze patient handling data for common factors. 	<p>Data Collection</p> <ol style="list-style-type: none"> 1a) The facility 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. 1b) The facility's documentation system (electronic or paper) is designed to capture sufficient detail about the event to allow for adequate event analysis. <p>The event documentation system collects the following information, at a minimum:</p> <ol style="list-style-type: none"> 1c) Specific type of transfer task, e.g., transfer out of bed, to chair or commode, lateral transfer, re-positioning, up from floor after fall, ambulation, preventing a patient fall. 1d) Information to triage patient handling events vs. issues related to patient behavior/violence. 1e) Equipment information, e.g., types of equipment being used and types of equipment available at time of event or near miss. 1f) Patient fall risk level. 1g) A narrative of the event or near-miss. <p>Data Analysis and Dissemination</p> <ol style="list-style-type: none"> 2a) A process is in place to review and analyze reported event information on a regular basis for learnings and improvement opportunities. 2b) Data are shared within units and across units on a regular basis, e.g., include in daily briefings, unit staff meetings, safety committees. 2c) Data reports shared with staff provide information beyond injury rates to help staff understand patient handling injury trends, the cause(s) of the injuries, and learnings from the events. 2d) Patient handling injury events are routinely shared through stories as well as through data, e.g., include in daily briefings, unit staff meetings, safety committees.

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INFRASTRUCTURE

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<p>Facility Expectations and Accountability</p>	<ol style="list-style-type: none"> 1) Clearly communicate expectations. 2) Administration provides resources and visible, active support for the safe patient handling program. 	<ol style="list-style-type: none"> 1a) Direct patient care staff, e.g., nursing, physicians, therapy, imaging, transport, EMT, surgery, is informed of expectations regarding safe patient handling. 1b) Support staff, e.g., environmental services, supply chain, facilities/operations, linen services, is informed of expectations regarding their role in safe patient handling. 2a) The facility 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. 2b) Leaders consider safe patient handling and the on-going evaluation of the program in strategic planning and resource allocation. 2c) Leaders set clear expectations for prompt reporting of any possible staff or patient injury/incident related to patient handling. 2d) Leaders and managers provide clear expectations for the consistent and appropriate use of lift equipment. 2e) Leaders and managers support staff in the event of patient, family, provider, or caregiver refusal to use safe patient handling equipment. 2f) Leaders and managers provide clear expectations that all dependent patients over 35 pounds are moved with equipment. 2g) 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). 2h) The facility 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 process clearly outlines: <ul style="list-style-type: none"> • When to stop the line; • How to stop the line, e.g., “I need clarity”; • The chain of command to follow if not supported in stopping the line; • Clear communication to staff from managers and leadership that they will be supported if they speak up.
<p>Education for staff, patients, and families</p>	<ol style="list-style-type: none"> 1) Provide safe patient handling education for staff. 2) Educate patient and families so informed decisions can be made and mutual goals can be established. 	<ol style="list-style-type: none"> 1a) Expectations and supporting education have been incorporated into new employee orientation for direct patient care staff, including managers/supervisors and leadership. 1b) Equipment-specific education for direct care staff includes hands-on training with equipment-specific return demonstration and competency checklists as appropriate. 1c) Expectations and supporting education have been incorporated into new employee orientation for support staff. 1d) On-going safe patient handling education is provided at least annually. 1e) Members of the safe patient handling team(s) have additional training on safe patient handling so that they can serve as resources to their units. <p><i>Note: The Safe Patient Handling Committee’s role in the training of direct patient care staff is defined in Minnesota Statute 182.6553.</i></p> <ol style="list-style-type: none"> 2a) Patient mobility status information is incorporated into the patient fall prevention education process as appropriate for patient risk status. <p>The facility provides patient and family education related to safe patient handling, as appropriate, that includes information on (at a minimum):</p> <ol style="list-style-type: none"> 2b) Equipment that may be used during their treatment and stay. 2c) The importance of equipment use. 2d) Equipment that may be used during patient discharge (e.g., equipment needed to transfer into car). 2e) Safe patient handling at home (provided during the discharge process).

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INFRASTRUCTURE

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<p>Lift Equipment & Processes</p>	<p>1) Analyze data.</p> <p>2) Complete an analysis of safe patient handling processes.</p> <p>3) Complete an assessment of patient handling and movement equipment needs.</p>	<p>A process is in place to review and incorporate data as part of the needs assessment process which includes, at a minimum:</p> <p>1a) Review of musculoskeletal injury data related to patient handling, including root causes and contributing factors.</p> <p>1b) Review of direct and indirect costs related to injuries.</p> <p>1c) Identification of high-risk areas based on data analysis.</p> <p>1d) Addressing high-risk areas during evaluation of equipment and patient handling practices.</p> <p>A process is in place to review patient handling processes and identify and address gaps which includes the following steps, at a minimum:</p> <p>2a) Conduct an analysis of current safe patient handling policies and practices.</p> <p>2b) Identify gaps in current policies and practices that may contribute to patient handling injuries.</p> <p>2c) Develop strategies to address identified patient handling gaps.</p> <p>2d) Engage direct patient care staff in the mapping of current practices, identification of gaps and brainstorming solutions.</p> <p>2e) 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.</p> <p>A process is in place to conduct a comprehensive evaluation of department/unit patient handling and movement equipment needs which includes at a minimum:</p> <p>3a) An equipment inventory, including availability, storage and use, cleaning and maintenance.</p> <p>3b) Evaluation of physical environment needs, e.g., room configuration, showering facilities, ceiling height, carpeting, and thresholds.</p> <p>3c) Assessment of patient mobility levels, e.g., independent, supervision, assistance needed.</p> <p>3d) Identification of potential high-risk patient-handling tasks.</p> <p>3e) Identification of equipment needs for populations with special handling needs, e.g., bariatrics, rehabilitation, operating room, orthopedics, neurology and radiology.</p> <p><i>Note: The Safe Patient Handling Committee's role in patient handling hazard assessments is defined in Minnesota Statute 182.6553.</i></p> <p>A process is in place to engage direct patient care staff in the equipment needs assessment process through the following practices, at a minimum:</p> <p>3f) Communicating to direct patient care staff the goals, importance and benefits of a comprehensive safe patient handling program.</p> <p>3g) Conducting surveys/interviews with staff to determine their perception and experience with high-risk patient handling tasks, general patient mobility status for their unit and special patient needs.</p>
<p>Implementation</p>	<p>1) Develop safe patient handling policies and practices.</p>	<p>Safe patient handling policies and practices are in place which address any gaps identified during the assessment process and include, at a minimum:</p> <p>1a) Standard processes for determining equipment for primary patient handling tasks.</p> <p>1b) Standard processes for handling patient populations with special handling needs.</p> <p>1c) Plan for support services departments such as transport staff, materials management and environmental services.</p> <p>1d) Plan for safe patient handling to be incorporated as part of the discharge process.</p>

Continued

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<p>Implementation</p>	<p>1) Develop safe patient handling policies and practices. <i>(continued)</i></p>	<p>The facility's written policies meet the requirements of Minnesota Statute including:</p> <p>1e) Assessment of hazards with regard to patient handling. 1f) Acquisition of an adequate supply of appropriate safe patient handling equipment. 1g) Initial and ongoing training of nurses and other direct patient care workers on the use of equipment. 1h) Procedures to ensure that physical plant modifications and major construction projects are consistent with program goals. 1i) Annual review of the safe patient handling program.</p> <p><i>Note: Necessary components that must be included in Safe Patient Handling written policies are defined in Minnesota Statute 182.6553.</i></p>
	<p>2) Evaluate and select equipment.</p>	<p>A process is in place to evaluate and select equipment which includes, at a minimum:</p> <p>2a) Based on the needs assessment findings, evaluate specific equipment, e.g., type, make and model, and number of mechanical devices and other patient movement equipment needed. 2b) Assess physical environment, e.g., room configuration, showering facilities, ceiling height, carpeting, and thresholds to determine the type of equipment that can be supported and necessary modifications. 2c) Assess equipment options using basic ergonomic design principles, e.g., grip strength required, repetitive motion, design of controls and displays. 2d) Research equipment options <i>(research includes discussions and on-site visits with colleagues from other facilities to gather feedback on equipment and vendor education and support resources)</i>. 2e) Involve direct patient care staff in the evaluation, selection and piloting of new products. 2f) Include review of potential equipment choices by interdisciplinary team members such as infection prevention and facilities/maintenance/biomed. 2g) Develop a process for equipment trials, product evaluation feedback, and ordering of equipment.</p> <p>The facility develops a plan, with input from direct patient care staff, that addresses the following issues, at a minimum:</p> <p>2h) Equipment is accessible to staff when needed. 2i) Equipment is in working order. 2j) A standardized process is in place for:</p> <ul style="list-style-type: none"> • 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. <p>2k) Completion of necessary physical environment accommodations.</p>
	<p>3) Address patient mobility status.</p>	<p>3a) The facility has a standard process to identify each patient's mobility status and if patient handling equipment is needed. 3b) 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. 3c) There is a system in place to alert all staff to the patient's mobility status. 3d) There is a process in place for communication of patient mobility status during hand-offs between departments (e.g., transport form, verbal communication process). 3e) There is a process in place for receiving departments to review mobility status information and implement appropriate strategies. 3f) There is a process in place for assessment and communication of safe patient handling needs upon discharge (in next care environment).</p>
	<p>4) Develop a roll-out plan for the safe patient handling program.</p>	<p>4a) The facility determines whether or not to roll out processes and equipment in a staged or facility-wide approach. 4b) Information and resources on the safe patient handling program are communicated to all staff identified in the plan. 4c) Safe Patient Handling Unit Champions and supervisory staff receive training on patient handling equipment and serve as resources to staff. 4d) Direct patient care staff receives training, including equipment specific return demonstration competency checklist, on mechanical lift equipment prior to using equipment.</p>

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<p style="font-size: 2em; font-weight: bold; margin: 0;">F</p> <p style="font-weight: bold; margin: 0;">Fine Tuning</p>	<p>1) On-going equipment management.</p> <p>2) On-going process improvement.</p> <p>3) On-going environmental/ergonomic evaluations.</p>	<p>The facility has a process in place to address the following patient handling <i>equipment</i> issues on an on-going basis:</p> <ol style="list-style-type: none"> 1a) Conduct unit-level equipment needs evaluation at least annually. 1b) Involve direct patient care staff in the on-going evaluation, selection and piloting of new products. 1c) Track equipment locations, storage and ensure accessibility. 1d) Track operational status and need for maintenance of equipment/batteries/slings. 1e) Evaluate and replace equipment as needed. 1f) Ensure annual/preventative maintenance is accomplished. 1g) Track sling types, quantities, and condition. 1h) Facilitate battery/sling/equipment orders when needed. 1i) A standard process to notify appropriate department, e.g., maintenance, biomed, facilities management, when patient handling equipment problems/incidents arise. 1j) Ensure facility and manufacturer infection control requirements are followed. Consider additional measures for equipment in C.diff/isolation rooms (e.g., deeper cleaning of wheels and foot plates). <p><i>Note: The Safe Patient Handling Committee's role in the purchase, use and maintenance of safe patient handling equipment is defined in Minnesota Statute 182.6553.</i></p> <p>The facility has a process in place to continuously review safe patient handling processes and revise as needed through:</p> <ol style="list-style-type: none"> 2a) On-going review of data, including staff injuries or near-misses. 2b) Feedback from staff to identify equipment and patient handling issues. 2c) On-going coordination with other unit champions including pressure ulcers, falls and infection prevention champions. <p><i>Note: The Safe Patient Handling Committee's role in conducting an annual evaluation plan and review progress is defined in Minnesota Statute 182.6553.</i></p> <p>The facility has processes in place to address safe patient handling physical environment issues on an on-going basis, including:</p> <ol style="list-style-type: none"> 3a) During all remodeling or reconstruction of patient care areas as recommended by the Safe Patient Handling Committee and outlined in the program plan. 3b) In response to issues identified through injury data. 3c) In response to new technology evaluation and/or purchase. 3d) Incorporation in regular environmental rounds, e.g., include safe patient handling considerations in falls environmental safety rounds. 3e) A process to implement recommendations resulting from environmental safety rounds. <p><i>Note: The Safe Patient Handling Committee's role in the remodeling process is defined in Minnesota Statute 182.6553.</i></p>
<p style="font-size: 2em; font-weight: bold; margin: 0;">T</p> <p style="font-weight: bold; margin: 0;">Troubleshooting</p>	<p>1) Conduct post-event safety incident analyses.</p> <p>2) Address issues identified through safety huddles and incident analyses.</p> <p>3) Recognize good catches.</p>	<p>1a) The facility has a process in place to conduct a safety huddle after any patient lifting injury, or near miss, occurs.</p> <p>1b) The facility engages unit managers in post-event incident analysis.</p> <p>1c) The facility collects information and learnings from good catches.</p> <p>2a) The facility has a process in place (which includes the unit manager) to develop and implement recommendations/ actions from safety huddles/ incident analysis/good catches.</p> <p>3a) The facility has a process in place to recognize staff and disseminate learnings from good catches.</p>

