Hospitals have high rates of non-fatal occupational injuries and illnesses. Nearly 50 percent of injuries and illnesses reported in 2011 among nurses and nursing support staff were musculoskeletal disorders (MSDs). Your hospital can address the biggest cause of workplace injuries with a comprehensive program to promote safe lifting, repositioning, and transfer of patients. This course will help you develop or refine a safe patient handling program to protect workers and patients.
OSHAcademy Course 774 Study Guide

Safe Patient Handling Program

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This study guide is designed to be reviewed off-line as a tool for preparation to successfully complete OSHAcademy Course 774.

Read each module, answer the quiz questions, and submit the quiz questions online through the course webpage. You can print the post-quiz response screen which will contain the correct answers to the questions.

The final exam will consist of questions developed from the course content and module quizzes.

We hope you enjoy the course and if you have any questions, feel free to email or call:

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# Course 774

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Course Introduction

Hospitals have high rates of nonfatal occupational injuries and illnesses. Nearly 50 percent of injuries and illnesses reported in 2011 among nurses and nursing support staff were musculoskeletal disorders (MSDs).

Your hospital can address the biggest cause of workplace injuries with a comprehensive program to promote safe lifting, repositioning, and transfer of patients.

Safe handling programs can include:

• equipment, ranging from ceiling-mounted lifts to simple slide sheets that facilitate lateral transfer

• minimal-lift policies and patient assessment tools

• training for all caregivers or for dedicated lifting teams on proper use of the equipment

According to OSHA, several states now require hospitals to implement safe patient handling programs, and many more are considering it.

Reducing injuries not only helps workers, but also will improve patient care and the bottom line. This course will help you develop or refine a comprehensive safe patient handling program to protect workers and patients.
Module 1: MSD Assessment

Introduction

Hospitals have serious hazards, from lifting and moving patients, to slips, trips, and falls. Caregivers feel an ethical duty to "do no harm" to patients, and some will even put their own safety and health at risk to help a patient.

Hospital work can be surprisingly dangerous. According to the Bureau of Labor Statistics, the likelihood of injury or illness resulting in days away from work is higher in hospitals than in construction and manufacturing—two industries that are traditionally thought to be relatively hazardous.

High Cost of Injuries

Injuries and illnesses come at a high cost. When an employee gets hurt on the job, hospitals pay the price in many ways, including:

- workers' compensation for lost wages and medical costs
- temporary staffing
- backfilling
- overtime when injured employees miss work
- turnover costs when an injured employee quits
- decreased productivity and morale as employees become physically and emotionally fatigued

Workplace safety also affects patient care. Manual lifting can injure caregivers and also put patients at risk of falls, fractures, bruises, and skin tears. Caregiver fatigue, injury, and stress are tied to a higher risk of medication errors and patient infections.

Rate of MSD Injuries

The category of “nursing aides, orderlies, and attendants” was one of the top five occupations for total days-away-from-work injuries in 2011, and nursing assistants and registered nurses were two of the top six occupations suffering MSDs.
Total counts are influenced by the number of workers in a particular occupation, but it is also worth noting how the injuries are distributed by cause (i.e., “event or exposure”). Almost these occupations are dominated by “overexertion and bodily reaction” injuries, which in turn can lead to MSDs. (See figure below)

![Data source: Bureau of Labor Statistics]

**Assessing the Size and Nature of Problem**

The first step in addressing the issue of patient handling is to assess the size and nature of the problem. Comprehensive reporting of worker injuries helps ensure that you have the data available to develop your hospital’s safe patient handling program.

Below are some steps you can take to assess your safe patient handling concerns and needs.

1. **Review injury data for your facility.** Injury data can be a useful diagnostic tool. Such data include:
   - OSHA 300 Log
   - OSHA Form 301 (Injury and Illness Incident Report)
   - workers' compensation claim summaries
   - internal incident
   - investigation
   - corrective action reports
• employee turnover

• recruitment data

OSHA already requires many workplaces (including any hospital with more than 10 employees) to use the OSHA 300 Log to report serious job related injuries and to complete the Form 301 for every recordable injury. The OSHA 300 Log and Form 301, available on OSHA's website, help to identify work areas or tasks where injuries frequently occur. Please see OSHAcademy course: 708- OSHA Recordkeeping Basics for more information.

2. **Examine the overall injury rates and see how they compare to others.** Administrators and safety managers can use OSHA's self-assessment checklist to examine your hospital's injury rates and compare them with national averages and high-performing hospitals.

3. **Examine your patient handling injury rates and start to pinpoint areas of concern.** Use OSHA's patient handling self-assessment tool to review and reflect on the number, nature, and cost of patient handling injuries in your hospital.

4. **Be proactive.** A more forward-looking approach, to be used in combination with reviewing injury and illness records, is to be proactive in identifying potential problems that have gone unnoticed, before they result in injuries. Observations of workplace conditions and work processes, job analyses, workplace surveys, and worker interviews are common proactive methods for identifying problems before they result in injury.
Module 1 Quiz

Use this quiz to self-check your understanding of the module content. You can also go online and take this quiz within the module. The online quiz provides the correct answer once submitted.

1. What is the first step in addressing the issue of patient handling?
   a. Assess the size of the problem
   b. Assess the nature of the problem
   c. Assess the weight of the patient
   d. Both A and B are correct

2. Which of the following is a step to take to assess your safe handling concerns?
   a. Talk to employees
   b. Track recordkeeping
   c. Discuss plan with management
   d. Review injury data for your facility

3. What are common proactive methods for identifying problems before they result in injury?
   a. Observe workplace conditions
   b. Surveys
   c. Worker interviews
   d. All the above are correct

4. ____ can be a useful diagnostic tool track injury rates.
   a. Stress of employees
   b. Employee turnover
   c. Surveys
   d. Observation
5. ______ was one of the top five occupations for total days-away-from-work injuries in 2011.
   
   a. Doctors  
   b. Housekeeping staff  
   c. Nursing aids  
   d. Management
Module 2: Management Support

One of the most important aspects of any safe patient handling program is support from hospital management and administration. Employees appreciate knowing their managers care about their well-being. They are also much more likely to follow safe patient handling policies if management stands behind them.

OSHA believes management leadership—combined with employee participation—should be a key component for establishing a safe patient handling program.

Building a Foundation

OSHA believes there are six essential components that should be utilized as a framework to design a facility’s safety and health program.

These components include:

- management leadership/employee participation
- workplace analysis
- accident and record analysis
- hazard prevention and control
- medical management
- training

Before creating a safe patient handling program, the initial step is to engage the support of the facility’s management team related to employee injury reduction, employee safety, ergonomics, and safe patient handling.

Management support is required for several reasons:

- consistency with the organizations objectives
- allocate human and monetary resources necessary to implement such a program
- determine how to integrate safe patient handling into the facility-wide ergonomics/injury prevention plan
Team Formation

Team formation is critical. Having the right members on the team will lead to the success of its efforts. Consideration of the following factors is key to success:

- Define whom the team will be reporting to (i.e., safety committee, nursing service, or other department).

- Determine members of the team. The team should include members from:
  - nursing
  - front line/administrative
  - patient care associates
  - physical therapy
  - occupational health
  - physicians

- Identify a team leader. The leader should be provided with time and support staff to lead the program.

- Be sure team members view themselves as “champions” for the program. They will help deliver and sell the message as the program is rolled out.

- Develop the team’s vision, mission, and objectives.

- Provide training to all team members, so everyone can participate on an equal basis.

Getting Started

The components of developing and implementing a safe patient-handling program include assessment, planning, implementation, and evaluation. Not unlike the nursing process, activities of one step can overlap or occur concurrently, and there can be times that it is necessary to back up a step. Members of the team and the leader of the team need to remain focused yet flexible as the steps are accomplished.
Assessment

The basic question that an assessment seeks to answer is this: Is there a problem in the facility? The components of the assessment step include a needs assessment and data analysis.

Collection of Injury Data

- Gather historical data that includes MSD injuries by department, type of healthcare worker, body part injured, and the root cause of the injury. You should analyze at least one year of data.

- Collect OSHA recordable injuries. Recordable injuries are injuries that require treatment beyond first aid, restricted, or days away from work.

- Determine indirect and indirect workers compensation (WC) costs. In addition to the direct WC costs, there are the indirect or hidden costs related to an injury. These costs include staff accommodation for modified duty, supervisor time, decreased staff morale that decreases productivity, and costs related to replacement workers. Indirect costs have been estimated to be two and a half to four times the direct cost of a claim.

- Gather other data, including the employee turnover rate and employee population demographics such as age. Human Resources can provide this data.

Worksite Analysis

Worksite analysis refers to a comprehensive evaluation of the department needs, along with existing equipment and how/why it is or is not utilized. Staff input is essential to gain insight into the issues that are interfering with the proper use of equipment.

The analysis includes:

- equipment inventory

- patient dependency needs

- potential high-risk patient handling tasks

- departments with high risk or special needs related to patient handling (i.e., operating room, emergency department, radiology, critical care, etc.)
Conducting Assessment

The first step in conducting the assessment is to plan how the review will be conducted. Establish a timeline. Enlist the help of team members and provide the support and guidance needed to complete their portions of the assessment. It is usually better to do as much of the analysis as possible using inside resources, but sometimes an outside provider may be necessary to evaluate complicated situations.

Data Analysis

Data analysis includes the following steps:

- Identify the leading types of MSDs related to patient handling, as well as the department and staff involved in the injuries.
- Identify the root cause of injuries in the high-risk areas.
- Identify what issues are preventing staff from using existing equipment. (i.e., lack of availability, lack of storage, lack of training, etc.).
- Complete a cost-benefit analysis of the return on investment and the cost to the organization if nothing is done.

Equipment Cost

Several case studies have shown that the initial capital investment in programs and equipment needed to safely handle patients can be recovered in two to five years, particularly when equipment purchases are coupled with training and policies to produce a lasting impact.

Although there can be considerable equipment, training, and infrastructure costs associated with implementing safe patient handling, hospitals with successful programs have found that the long-term benefits far outweigh economic costs.

Those benefits include:

- reduced injuries
- decreases in lost time and workers' compensation claims
- increased productivity
• higher quality of work life and worker satisfaction

• staff retention

• better patient care and satisfaction

**Management Support for Other Departments**

Management support should encompass more than just the workers who are responsible for direct patient care. Departments such as laundry, maintenance, and engineering are vital to supporting safe patient handling. Those departments maintain equipment, supply clean slings, and troubleshoot facility design issues.

It is also a good idea for management to talk to and collaborate with employees' union representatives, where applicable, before launching or expanding a safe patient handling program.

At hospitals that have successfully reduced patient handling injuries, it is common to find administrators who support and promote a culture of safety. While weighing the benefits of investing in safe patient handling policies, procedures, training, and equipment, however, hospital administrators may need to fully understand how these investments impact their bottom line.

We will take a closer look at evaluating the effectiveness of a safe patient handling program in module 4 of this course.
Module 2 Quiz

Use this quiz to self-check your understanding of the module content. You can also go online and take this quiz within the module. The online quiz provides the correct answer once submitted.

1. What is one of the most important aspects of any safe patient handling program?
   a. Housekeeping
   b. Fall Protection
   c. Management support
   d. Ergonomics

2. Team members should view themselves as _____ for the program.
   a. failures
   b. losers
   c. important
   d. champions

3. The initial capital investment in programs and equipment needed to safely handle patients can be recovered in _____.
   a. 2-5 years
   b. 6-12 months
   c. 3-6 months
   d. 5-7 years

4. Staff input is not necessary to gain insight into the issues that are interfering with the proper use of lifting equipment.
   a. True
   b. False

5. The first step in conducting an assessment is to plan _____ the review will be conducted.
   a. when
   b. how
   c. where
   d. if
Module 3: Policy and Program Development

Introduction

A written policy facilitates complete implementation and sustained success of a safe patient handling program. Consistent management leadership can "set the tone" and make safe patient handling a visible priority. Also, a program is more likely to be successful if nurse managers and frontline staff are involved early in the development of the program.

Employee Expectations

Safe patient handling policies establish expectations that staff will use the safest techniques to accomplish patient handling tasks, and that administrators will provide equipment and resources to support staff efforts. In addition, proper training on equipment use is necessary, as are accountability and a commitment to the overall culture of safety.

Policies should address the importance of using lift equipment correctly and following proper handling procedures to ensure both patient and worker safety. Safe patient handling policies should be designed as a pledge from administrators and staff to protect patients and workers, and should include clearly articulated goals and expectations.

Developing and Implementing

Once you have assessed the need for a safe patient handling program, it is now time to start planning ways to implement it.

Developing a plan includes brainstorming different options for a program model, determining the selection of necessary equipment, gaining administrative approval (if not received during the assessment step), and creating an implementation plan.

First of all, brainstorm the options of program models based on the data analysis. You should consider various levels of intervention, including the costs for human resources, training, equipment, and potential injury reduction.

You also need to figure out the best method to roll out and maintain the program within the facility, as well as the methodology for safe patient handling. For example, will each caregiver be responsible for their own patients, or will each individual department use its own safe lifting team? What are the benefits and drawbacks of each option?
Policy Development

Next, you will need to develop a policy on safe patient handling based on the model adopted and then make a case for administration.

Once the data is analyzed, an executive summary and report need to be prepared for administrative review. The report should include:

- cost justification (i.e., return on investment)
- implementation plan
- staffing requirements needed for the program

Program Implementation

A major step in creating a safe patient handling program is the actual implementation.

- Identify a roll-out date.
- Educate by training all staff, from senior management to front-line employees, regarding the ergonomic risks common in lifting, transferring, and repositioning patients.
- Publicize the program by working with the media/public relations department to communicate, publicize, and promote the new program and its results once it is implemented.
- Evaluate these elements for successful implementation:
  - Remember, the program is designed to target a change in the organization’s culture and individual human behavior. This is not an easy task!
  - Be consistent and patient as the new policy is implemented.
  - Determine clinical staff competence and identify training needs.
  - Support, encourage, and recognize the department coaches/champions.
Assess the ability of designated individuals to oversee the implementation process.

This sample checklist highlights many of the important components of a safe patient handling program or policy, including development, management and staff involvement, needs assessments, equipment, education and training, and evaluation.

Facilitating Change

Establishing and maintaining a successful safe patient handling program will likely require a culture change throughout the hospital. The American Nurses Association (ANA) recommends employers and healthcare workers partner to establish a culture which emphasizes safety as the top priority above competing goals.

According to ANA’s standards, a culture of safety includes:

- acknowledgement of the risk
- commitment to provide resources to consistently achieve safe operations
- blame-free environment where workers can report errors or incidents without fear
- emphasis on collaboration across sectors and settings

Principles that go beyond equipment and procedures help create a prevention-based culture of safety, and in turn benefit patient safety as well.

Modeling Safe Patient Handling Behaviors

Modeling safe patient handling behaviors is key to facilitating change. Along with overall safety coordinators, the dedicated safety champions or “coaches” on each floor or unit to encourage their colleagues to follow safe patient handling policies and procedures. These individuals continually remind and educate their peers about the program and promote a cultural mindset of safety. Nurse managers also can help to support and reinforce the program with staff.

Employee Training

Training and education are critical to the success of any safe patient handling program, especially training on proper patient handling equipment use and ongoing education about the benefits of safe patient handling. By educating all staff, including physicians, about your safe
patient handling program, hospitals can reduce instances of a clinician asking or expecting colleagues to move patients in an unsafe way.

Training can range from onsite demonstrations of equipment use and maintenance to broader safe patient handling education programs and national conferences.

**Comprehensive Approach to Education and Training**

The following are some ideas for a comprehensive approach to safe patient handling education and training:

- **Make sure that all relevant workers are trained on using the mechanical lift equipment.** Caregivers should feel comfortable using the equipment. If the caregiver uses the equipment correctly and efficiently, patients will feel more comfortable too.

- **Refresh, remind, and require ongoing training.** Programs tend to be less successful over time if they do not receive adequate attention. Including safe patient handling procedures and policies in annual competency sessions is one way to remind workers of the program's importance and promote equipment proficiency. The American Nurses Association recommends that hospitals establish systems for education, training, and maintaining competencies.

- **Consider mentors and peer education champions.** In addition to monitoring new employees, nurse managers and other "safety champions" can serve as mentors and peer coaches in every unit, reminding their colleagues how and when to use safe patient handling procedures and equipment.

- **Train caregivers to check each patient's mobility every time.** Every patient has unique characteristics and mobility capabilities. It is important to assess these regularly, and to communicate each patient's level of mobility and need for assistance to all relevant caregivers.

- **Engage patients and their families.** Patients may not understand the need for mechanical equipment at first. You can engage them in safe handling by explaining to them and their families that it is for their safety as well as the workers' safety.
Module 3 Quiz

Use this quiz to self-check your understanding of the module content. You can also go online and take this quiz within the module. The online quiz provides the correct answer once submitted.

1. A safety program is more likely to be successful if nurses and frontline staff are involved _____ in the development of the program.
   - a. late
   - b. early
   - c. mid-way
   - d. completely

2. Programs tend to be less successful over time if they do not receive adequate attention.
   - a. True
   - b. False

3. What is the key to facilitating change?
   - a. Management support
   - b. Modeling
   - c. Training
   - d. Surveys

4. Safe patient handling policies should be designed as a pledge from administrators and staff to protect patients and workers.
   - a. True
   - b. False

5. What is the role of safety coaches or champions?
   - a. Encourage colleagues to follow safe patient handling policies
   - b. Train colleagues about the safe patient handling program
   - c. Congratulate co-workers who follow the safe patient handling program
   - d. Give a high five to co-workers
Module 4: Program Evaluation

By establishing evaluation procedures and a process for enhancing your safe patient handling program, you can periodically assess the effectiveness of your hospital’s efforts and ensure continuous safe patient handling improvement and long-term success.

Evaluation Steps

A few evaluation steps to consider:

- **Set goals that include worker safety.** Most hospitals already have safety goals, but the safe patient handling leaders include worker safety in their goals and measure whether they are meeting them.

- **Track the success of your program.** Examine the number and type of patient handling injuries, the root causes that led to these injuries, the number of lost work or modified duty days, and more types of program measures. You can also assess the efficacy of your safe patient handling policies. These data can also help you identify opportunities for improvement.

- **Share results with your employees.** Sharing safety trend data creates motivation and instills pride (and competition) among units to achieve success.

- **Gather feedback from staff who handle patients.** Realize that every program will need adjustments after being put into practice. Even small changes can improve the use of equipment and worker engagement tremendously.

Evaluating Outcomes

The final step, evaluating outcomes, includes the following:

- **Re-evaluate elements of assessment.** Monitor injury data on a monthly basis by using the components of assessment phase. Identify improvements and areas that continue to have patient-handling injuries. Modify the program, if needed.

- **Check employee satisfaction.** Obtain employee feedback regarding implementation of the program. Encourage employees to report any injury in a non-punitive environment.
• **Note the employee turnover rate.** Meet with Human Resources to determine an appropriate interval to reassess the employee turnover rate and ensure the program is included as an employee benefit during recruitment activities.

• **Determine patient satisfaction.** Develop a tool to evaluate patient and family response to patient handling with assistive devices while hospitalized and as part of a post-hospitalization patient satisfaction survey.

• **Review the program annually** for its accomplishments, and set goals for the upcoming year. Modify the program as indicated.

• **Report successes or challenges** to management and staff.

• **Stay the course!**

**Investments in Safe Patient Handling**

Investments in safe patient handling can include permanent or portable lifts, transfer sheets and other equipment, training on equipment use and maintenance, implementation of a “minimal lift” policy that eliminates manual handling whenever possible, and/or a dedicated “lift team” that travels through the hospital moving patients with proper equipment.

While the costs for instituting such programs can be significant, several studies have shown that the initial capital investment in safe patient handling policies, programs, and equipment can be recovered in fewer than five years.
The map below shows some examples reported from safe patient handling case studies across the United States.

Reducing Employee Injuries

Hospitals with successful safe patient handling programs have found they can significantly reduce the number of employee injuries and lost work days from injuries.

For example, injury rates were significantly lower after safe patient handling programs were introduced in 23 high-risk units across seven Southeast Veterans Health Administration facilities. The injury rate fell from 24.0 per 100 workers per year to 16.9, a 30 percent reduction.

Safe patient handling has been associated with not only fewer injuries but also a decrease in the severity of injuries.
Implementation to Achieve Full Benefits

Careful implementation is required to achieve the full benefits of safe patient handling programs.

These are just a few of the business reasons to invest in safe patient handling solutions to ensure that patients are handled with care and dignity. Overwhelming evidence suggests not only that safe patient handling is a wise investment that can reduce worker injuries, but that having policies, procedures, and products that enhance safe patient handling can be good for a hospital’s bottom line. To achieve the fullest possible benefit, however, hospitals need to consider more than just what type of equipment to buy.

Successful safe patient handling programs also involve:

- a comprehensive assessment of the nature of patient and worker needs
- full support from administration and key managers
- employee involvement
- policies that encourage the safest techniques for handling patients
- the right amount of equipment that is right for the job
- adequate, convenient storage and maintenance of equipment
- education and training
- ongoing evaluation and improvement

Without these components, your hospital’s culture may not be ready to embrace the new program, putting your investment at risk.
Module 4 Quiz

Use this quiz to self-check your understanding of the module content. You can also go online and take this quiz within the module. The online quiz provides the correct answer once submitted.

1. You should not share results of the safe patient handling program with your employees.
   a. True
   b. False

2. Monitor injury data on a (n)_____ basis.
   a. weekly
   b. annual
   c. bi-weekly
   d. monthly

3. Review the safe patient handling program _____ for its accomplishments.
   a. annually
   b. weekly
   c. monthly
   d. daily

4. Safe patient handling has been associated with a(n) ______ in the severity of injuries.
   a. decrease
   b. increase
   c. minimal change
   d. large increase
Module 5: Successful Safe Patient Handling Programs

Learn from the Leaders

Safe patient handling programs are being implemented across the United States to help reduce musculoskeletal disorders among hospital workers.

In this module, we will take a look at just a few examples of the various types of safe patient handling programs that have seen results.

St. Vincent’s Medical Center: Bridgeport, Connecticut

When it comes to financing projects or equipment related to safe patient handling, St. Vincent’s Medical Center has a “safety trumps all” attitude. The hospital fosters a “high reliability” culture, and two of its five high-level corporate goals relate to safety.

All associates share St. Vincent’s culture of safety. High reliability opened channels of communication and encouraged caregivers to speak up about proper lifting. Associates are taught that it is “not part of the job” to get hurt handling patients. Individual departments are proud of the changes they made to improve safety.

St. Vincent’s has not always taken this approach to patient handling. Although the hospital launched a safe patient handling program in 2005, lifts were not being used because the program lacked local “super users” and accountability from management to follow the policy.

When the SmartMOVES program was reinvigorated in 2008, the hospital asked associates for their input on equipment and provided extensive hands-on training on its uses and benefits.

During the first year, patient handling injuries decreased 56 percent, and they continue to decrease: from 2012 to 2013, the hospital saw a 27 percent reduction. The success of the current program is also due to management commitment and transparency. Senior executives lead daily safety huddles, and “good catches” (i.e., reported near misses) are treated as opportunities to learn additional ways to improve safety.

Cincinnati Children’s Hospital

Even though most of its work is in pediatrics, Cincinnati Children’s Hospital realized the need for lift equipment as part of its safe patient handling program. Many young patients exceed the recommended 35-pound weight limit for manual lifting. In addition, Cincinnati Children’s sees adult patients who are receiving continuing care for pediatric conditions.
Cincinnati Children’s policy states that employees may not lift patients without mechanical assistance. Algorithms help determine which equipment and tools to use and when to use them. Ceiling lifts are installed in nearly every patient room; additionally a two-person lift team is available with portable equipment and a variety of slings. Nearly all floor staff are trained on how to use the lifts in their units. The hospital expects to see a nearly five-fold return on its investment in lifting equipment within five years.

Tampa General Hospital

The most innovative component of Tampa General Hospital’s workplace safety program is its use of “lift teams” — two-person teams that specialize in using equipment to lift and transfer patients throughout this 1,000+ bed hospital. The lift teams have been in place for more than 10 years and have grown from six to 22 full-time equivalent employees.

Some two-person teams are scheduled for specific units, working their way through the unit repositioning patients according to each one’s needs. Other teams are available on demand; they carry wireless tablet computers to receive and prioritize lift requests throughout the hospital. Response times are as short as five minutes, with most calls being answered in 15 to 20 minutes, which means nurses and assistants can feel confident paging a lift team instead of taking matters into their own hands.

Hospital administrators say caregivers have enough patient responsibilities to worry about, so a dedicated lift team literally and figuratively takes a load off their backs. The lift teams also take responsibility for equipment maintenance and inventory, which ensures that the equipment is accessible and ready for use.

Having dedicated lift teams has not only helped Tampa General to overcome barriers related to lift use and accessibility, but the teams have also contributed to a 65 percent decrease in patient handling injuries, a 90 percent reduction in lost workdays, and a 92 percent reduction in workers’ compensation costs per dollar of payroll.

Administrators say these benefits far outweigh the costs of equipment, team member salaries, and training. Patients and their families appreciate the lift teams too. Lift team members get to know each patient during his or her stay, carefully explaining exactly what they are going to do, and they use the equipment efficiently and with confidence. Patients of all sizes say this approach makes them feel they are treated with dignity.

Final Words

It is your lucky day! We do not have a module quiz for this section! If you are ready to take your final exam, please go online and click on the “Final Exam” tab. Good luck!
Endnotes


