Building a Strong SPHM Program: Overcoming the Obstacles

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Password: WebEdu102815

Your Presenter

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Safe Patient Handling and Movement Coordinator

Objectives

- How implementing an evidence-based SPHM program benefits healthcare
- Understand that we are trying to change a culture and practice
- Identify common barriers to SPHM Program implementation and techniques to get past them
  - Getting leadership support
  - Front-line buy-in
  - Funding
  - Lessons learned
Manual Patient Handling Facts

- HCW get injured at nearly twice the rate as other types of workers (BLS 2011)
- Manual lifting injuries are the #1 cause of lost workdays for health techs/orderlies/aides nationwide over the past decade (BLS 2013)
- Worker back injuries cost the health care industry more than $7 billion a year, cause thousands of missed workdays, and may end some careers in bedside care


The Problem

The Evidence

HCW Injury Data 2012

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<th>Ranking of industries</th>
<th>Number of injuries</th>
<th>Rate per 100 full-time workers</th>
<th>Median days away from work</th>
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The Evidence

HCW Injury Data 2013

Number of injuries, all industries, is drawn from data on injuries from work, job-related, or exposure in private industry, 2013

- Total injuries: 387,520
- Rate per 100 full-time workers: 20.5
- Median days away from work: 22


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Manual Patient Handling Facts

- **1.8 tons!**

- Patient handler suffers **micro fractures** & **micro tears when safe weight is exceeded!**
  Marras, W.S., Davis, K.G., Kirking, B.C. and Bertschea, P.K. (1999). A comprehensive analysis of low-back disorder risk and spinal loading during the transferring and repositioning of patients using different techniques

The Problem

SPHM Benchmark Study

- 'Standard' patient was a 50 kg/110 lb. female
- Non-weight bearing but capable of arm support and can follow basic instructions
- **One-person transfers**
  - Bed to wheelchair
  - Wheelchair to bed
  - Hospital chair to commode chair
  - Commode chair to hospital chair
- **Two-person transfers**
  - Bed to wheelchair
  - Wheelchair to bed
  - Hospital chair to commode chair
  - Commode chair to hospital chair

The Evidence

Findings

- None of the lifting techniques would be considered safe to use in a hospital setting for either one or two-patient handlers
- Patient transfers were found to be a hazardous activity, regardless of whether only one person was moving the patient
- The EMG-assisted spine loading model confirmed the findings of the risk model by revealing that all the transferring techniques had loads that approached or exceeded the spine tolerances at which people start to have injuries

SPHM Program

- Evidence-based methods & technology used during patient handling activities to prevent injury to the patient and HCW

- 35 lbs. max
HCW Impact
- Decreased risk of injury
- Improved quality of care delivery
- Increased employee satisfaction
- Increased recruitment & retention
- Increased earnings
- Improved quality of life

Patient Impact
- Decreased risk of injury from falls
- Decreased risk of skin injuries & pressure ulcers
- Decreased length of stays
- Increased & earlier mobilization
- Decreased HAC (DVT, VAP, UTI, etc.)

Facility Impact
- Decreased Workers’ Compensation claims/costs
- Decreased DART
- Decreased HAC $$
- Resources available to put back into patient care (i.e. doctors, nurses, ancillary services)
- Better staffing ratios/less call-ins

“Field of Dreams” Analogy
- “If you build it, they will come…”
- Just buy some lifts and you’ll reduce injuries...
- Make lifts available and staff will use them...
Changing the way people think and changing practice at the bedside does not happen overnight!

Research tells us it can take up to 17 years to change a culture


The ANA’s Eight Core Standards

1. Create a Culture of Safety
2. Implement and Sustain a SPHM Program
3. Incorporate Prevention through Design
   Providing a Safe Environment of Care
4. Select, Install, and Maintain SPHM Technology
5. Establish a System for Education, Training and Competency
6. Incorporate Health Care Recipient Centered Assessment, Planning, and Use of Technology
7. Include SPHM in Reasonable Accommodation and Post Injury Return to Work
8. Establish a Comprehensive Evaluation Program

Core Competencies

- Financial Acumen-Demonstrated through budgeting, cost justification and/or vendor negotiation
- Team Leadership-Demonstrated through assembling and leading a cross functional team
- Policy and Procedure-Deployment-Demonstrated through the development, modification and implementation of SPHM P&P
- Training Deployment-Demonstrated by development and delivery of training
- Risk Analysis & Control-Demonstrated through formal analyses and linking control measures to risk results
- Program Promotion-Demonstrated by promoting the benefits and/or results of the SPHM program internally and externally
- Program Audit-Demonstrated by a formal review and reporting of program performance
- Unit Specific Customization-Demonstrated by adapting procedures to unit specific and patient specific needs.
5 Ps of a Change Agent

- **Passionate**
  Comes from the sincere belief that the change is good, is needed, will benefit your patients, staff & organization

- **Persistent**
  Resolve to do the right thing because it is the right thing to do. Not giving up.

- **Personable**
  Friendly, pleasant, approachable, relating to your audience

- **Pliable**
  Flexibility is crucial

- **Patient Focused**
  Keeping what is best for the patient at the forefront of all decisions

Understanding Your Players

- **Early Adopters**
  Progressive, proactive, cutting edge, risk takers or at least calculated risk takers, “visionary”, typically like change

- **Late Adopters**
  Cautious, need more proof and reassurance, a little skeptical, “Show me the money”, will change but not exceptionally comfortable with change

- **“Never” Adopters**
  Resistant to change, stay in their comfort zone, stubborn, convinced change is bad

Changing Your Culture

- Solid evidence that a change is necessary

- Get buy-in from key stakeholders (Director/CEO, Chief Nurse, Managers, Staff, Support Staff)

- Education & marketing
  - Raising awareness that a change is needed
  - Creating interest
  - Explaining how the change will be made
Barriers
- Even with all of the evidence, it’s still a hard sell
- Changes create conflict (internal & external)
- Competing priorities
- Lack of buy-in/support

Barriers
- Constant setting of change
  - “Flavor of the Month”
- Staff denial
  - “we never have to…”
  - “I don’t have time to…”
  - “I’ve been doing it this way forever and…”
- What’s in it for me?

Successful Techniques
- Use your voice
  - Educate your unit/staff
  - Provide in-services, show them how it’s done, orient new employees
  - Be assertive
    - Use your organization’s or unit policies
    - Ask for staff to attend key meetings or schedule trainings
  - Recruit other agents of change

Successful Techniques
- Know your audience
  - What makes them tick?
    - Internal vs. external motivation
    - Use humor
    - Use games
    - Did you know?
    - Jeopardy games
  - Be non-judgmental & supportive
Successful Techniques

- **Teachable moments**
  - Assisting your co-workers in the change process
  - For us it was helping to reposition the patients, using the lifts & bringing in the lift supplies/equipment
  - During moments of exasperation
  - After an unsuccessful use of the “old” way
  - During slow times on the unit
  - New employees

- **Location, location, location**
  - Make yourself ACCESSIBLE!
  - When they’re ready to change, you have to be available to:
    - Encourage
    - Reward
    - Educate
    - Guide
    - Support

Successful Leaders

- **Don’t take it personally**
  - Not everyone will change
    - Early Adopters
    - Late Adopters
    - “Never” Adopters

Successful Techniques

- **Identify success**
  - How do you measure your successes?

- **Celebrate your success!**
  - Elevator signs
  - Newsletters
  - Pictures
  - Special days of recognition highlighting your achievements
  - Every meeting you can
  - Got to toot your own horn!
Successful Techniques

**Short-term**
- Recruit more people
- Take advantage of the momentum created as you celebrate successes!
- **People want to identify with a winner!**

**Long-term**
- Continued & timely re-education/training
- Monitoring to ensure old habits don’t creep back in
- Continued assessment & needs evaluations to ensure change created is getting the effect desired

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**Implementation**

**SPHM Impact**

- **2006-2012** – 36% reduction in PH injury rate across VHA

- **Worst-case scenario** a SPHM program will add $2 million in value over a 5 year period

- **Best-case scenario** the value added could be as high as $10 or $12 million

- **ROI** – average 4.3 yrs.

- Investment in equipment/raining was recouped in <3 years due to lower Workers’ Compensation claims

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**Safeguarding Health and Mobility (SPHM) Impact**


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**Changing Your Culture**

- **Change Occurs**
  - Apply constant, gentle pressure
  - Recognize not everyone will change
  - Educate
  - Follow through, reinforce expected change
  - Educate
  - Set the expectation for change (i.e. policy, directive, etc.)
  - Educate
  - Evidence that change is needed
Building a Strong Safe Patient Handling & Mobility Program: Overcoming the Obstacles

Winning Trifecta

For More Information
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The survey is available here:
https://www.surveymonkey.com/r/SafePtHandling102815

Recorded webinars are available in the Members Only section at:
www.wc.coverys.com