Safe Patient Handling and Movement
Safe Patient Handling

WHAT CAN IT DO FOR YOU?

- Return on investment in 1-3 years
- Reduce injury to healthcare workers
- Increase in nursing retention
- Decrease patient injury during transfers and handling during care
- Lower workers compensation and insurance costs
- Lower Hospital And Nursing Home costs
- Increase quality of care for patients
- Reduce lost work days
Setting Up an Ergonomic/Safety Committee

- Establish a goal and clearly defined timeline
- Focus on areas of high injury or near misses
- Look at trends within the facility
- Meet weekly to start evaluation process; then monthly once it is established
- Follow through on all accidents and incidents to prevent further injury
- Identify risk and reduce employee exposure to risk
Committee should represent a cross section of employees across all levels to include:

- Frontline Employees (RN, LPN, C.N.A.)
- Therapy
- Plant Operations
- Administration
Facility should designate a person to chair the committee and implement the program. This person is responsible for “walking the walk” and leading by example.
Evaluate and Purchase Equipment

- Allowing the employee to evaluate the equipment prior to the purchase
- Ensuring your facility has quantity within your equipment needs, resources have to be accessible to the employees or the program will not have longevity
- To minimize cost from year to year, have a scheduled plan to rotate new equipment in
Using a mechanical lift provides a safe and gentle alternative for transferring a patient without manual lifting. It also provides protection to the employee from awkward positions that create high risk for injury.
Sit To Stand

This equipment provides the patient the ability to weight bear and participate with the transfer from bed to chair. It also provides the ability for the patient to be toileted.
Review Policies

- Does your policy capture what you are trying to achieve?
- What are the policies in place and what is needed?
- Use safe patient handling philosophy and language.
Train The Trainer...

- Start training the management and supervising staff, as well as therapists. This group will help implant and monitor this new philosophy.

- Creating the “BUY IN”
  - Provide education opportunities to understand the philosophy that includes frontline employees that are motivated and positive and can add credibility to the program on the units.
Each employee receives a 3 hour session in Safe Patient Handling and Movement (SPHM) training which includes:

- Policy review
- Demonstration of equipment
- Interactive problem solving within a clinical situation
- Evaluation of competency of employee
Return To Work (RTW)

- Do you have a department that handles these employees?
- Do you have a strong transition to work policy and plan?
- Do you have modified and restricted duties while employees recover?
- Who follows employees medically and makes the recommendations regarding their injury?
Annual Competency

- Need annual review and competency for each staff member
- CANNOT just train once, continued education!!
- Place program into general orientation. Start off strong with new employees
Kaleida’s Hospitals and 4 LTC Facilities

- Kaleida implemented a Safe Patient Handling and Movement (SPHM) Program and Policy in 5 Hospitals and 4 Nursing Homes.
- Number of beds converted to SPHM: 1,718.
- Number of employees trained in SPHM: 3,651.
Lost Workdays for LTC and Acute Care

Lost Work Days 2003 Compared to 2006

LONG TERM CARE (LTC)
- Total LWDS 2003 = 27,445
- Total LWDS 2006 = 7,855
71% decrease in total LWDS

ACUTE CARE
- Total LWDS 2003 = 14,182
- Total LWDS 2006 = 7,026
50% decrease in total LWDS