Forming a sustainable multi-disciplinary team to support your Safe Patient Handling program

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NEW ENGLAND

ME
VT
NH
MA
CT
RI

UNITED STATES

UCONN (Health Center)
- Ergonomics
- Epidemiology
- Economics
- Nursing

UCONN (Storrs)
- I/O Psychology
- Health Promotion

UMASS LOWELL

• Ergonomics
• Epidemiology
• Economics
• Nursing

Storrs
By the end of this session, you will be able to:

- Discuss roles for SPHM program team members related to the 10 essential elements of a SPHM Program
- Identify and recruit appropriate members to serve on a multidisciplinary SPHM program team
- Describe methods for involving caregiving staff when identifying and addressing barriers to safe patient handling
- Evaluate a hospital case study for organizing a multi-level, multi-disciplinary teams to address patient handling injuries
Levels of Controls for Musculoskeletal Hazards

- Redesign the work and tasks to eliminate/reduce hazards
  - Safe Patient Handling (SPH) Equipment

- Change how the work is done
  - Keep Neutral Posture
  - Training

- Protect people with PPE
  - Anti-fatigue mats

- Engineering Controls

- Administrative & Work Practice Controls

- Personal Protective Equipment (PPE)
Essential members of a SPH program

Caregiver safety is truly a team effort

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## Essential Elements of a Successful Safe Patient Handling and Mobility Program

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<tbody>
<tr>
<td><strong>1</strong></td>
<td>Active commitment at all levels</td>
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<tr>
<td><strong>2</strong></td>
<td>Involvement of frontline workers in SPHM committee</td>
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<tr>
<td><strong>3</strong></td>
<td>Clear written statement of SPHM policy</td>
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<td><strong>4</strong></td>
<td>Facility SPHM needs assessment</td>
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<tr>
<td><strong>5</strong></td>
<td>Access to SPHM equipment</td>
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<tr>
<td><strong>6</strong></td>
<td>Employees assess patient functional mobility and transfer needs</td>
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<td><strong>7</strong></td>
<td>Employees assess patient handling environment</td>
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<td><strong>8</strong></td>
<td>Incorporate SPHM training at various organization levels</td>
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<td><strong>9</strong></td>
<td>Establish an integrated injury reporting system</td>
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<td><strong>10</strong></td>
<td>Evaluate effectiveness of SPHM</td>
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Key features of a Safe Patient Handling and Mobility program committee

- Interdisciplinary team that oversees development, implementation, and evaluation of the SPHM program.
- Composition of committee should include both management and direct care workers.
- At least half of the members should be non-managerial nurses or other direct patient care worker.
- Committee should meet as needed, but no less than quarterly.

SPHM Committee:
Which key functions should be represented?
Roles for hospital leadership

Engaging all levels of hospital personnel

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Policies, Resources, Evaluation

- Policies and procedures
- Accountability/continuous improvement
- Education
- Budget support
- Facilities
- Supporting a safety culture
Roles for front line staff

Engaging all levels of hospital personnel

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Why a participatory approach?

Employee health self-confidence

...to change behaviors
...to change conditions
...to make decisions
...to support co-workers
...to sustain the program

Knowledge from employees’ experience

...to discover root causes of physical, social, mental stress
...to discover root causes of unhealthy behaviors
...to contextualize solutions
Roles for front line staff

Identifying and overcoming barriers

- Identifying root causes to injuries
- Assessing barriers to using lift equipment
- Recommending solutions
- Testing solutions
- Continuous improvement
- Supporting a safety culture
Healthy Workplace Participatory Program

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The CPH-NEW Healthy Workplace Participatory Program (HWPP) Toolkit is designed specifically to help employer organizations adopt and implement a Total Worker Health (TWH) program approach. The HWPP Toolkit was developed to engage employees in designing integrated solutions that address a wide range of work environment, work organization, safety, and employee health issues.

The Toolkit is organized according to the links below to help you initiate, implement, and evaluate your program. The materials are appropriate whether you are starting a new program or enhancing an existing program. Review the Toolkit at a Glance to see the core program materials.

HOW HWPP WORKS

1. Get Ready for Program Start Up
2. Form Steering Committee
3. Identify and Train Facilitator
4. Identify Health and Safety Priorities
5. Form Design Team
HWPP Two-Committee Structure

**Champion**
- **Steering Committee**
  - Allocates and coordinates resources
  - Considers interventions
  - Makes strategic decisions
  - Promotes the work

**Facilitator**

**Design Team**
- Selects health and safety issues
- Designs interventions
- Develops business case
- Proposes solutions

**Action**
- Feedback
- Teamwork
Using a Design Team (DT) approach

Selection criteria for DT members

- Representative of demographics, job tasks, work units
- Likes to learn new things
- Respected, opinion leader
- Can meet regularly
- Team player
Form Program Teams

https://www.uml.edu/Research/CPH-NEW/Healthy-Work-Participatory-Program/Form-Program-Teams/

Guides to forming a SC and DT

– Team selection tools
– Team training tools
– Team meeting guides

Steering Committee Selection Tool

<table>
<thead>
<tr>
<th>Senior Leaders (list work unit)</th>
<th>Directors Middle Managers</th>
<th>Safety/Health Leaders</th>
<th>Other (e.g. Labor)</th>
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Table 2 Key Skills and Attributes

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<tr>
<th>Steering Committee Member Name</th>
<th>Opinion Leader</th>
<th>Interested in health &amp; safety</th>
<th>Gets Along Easily with Others</th>
<th>Has Fiscal Authority</th>
<th>Has policy authority</th>
<th>Communication skills</th>
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www.uml.edu/cph-new
Tools for Identifying Root Causes

Generate Solutions Using the IDEAS Tool

https://www.uml.edu/Research/CPH-NEW/Healthy-Work-Participatory-Program/generate-solutions/

Intervention / Countermeasures tools

– Fishbone exercise
– Brainstorming solutions
– Solution analysis tool

Equipment

Physical environment
Slings missing
No breaks

Stress
Fatigue
Staff training
Low staffing
CASE STUDY: Organizing a Multi-disciplinary team
FRISBIE MEMORIAL HOSPITAL - ROCHESTER, NH
Setting: Frisbie Memorial Hospital (2014)

Rated top hospital in New Hampshire for safety and quality service

Winner of Outstanding Patient Experience Award

- **Champion**: Employee Health Nurse Practitioner/Manager

- Recruited Ergonomics Team and Safety Committee to participate

- **Goal**: To reduce patient handling injuries on a med/surg unit
Preparation: Recruit and Train Program Teams

Steering Committee
Vice Presidents:
HR, Patient Care, Planning

Directors:
Facilities Management
Food Service
Labs and Radiology
Risk Management
Infection Control
Emergency Management
Pharmacy

Design Team
Occupational and Physical Therapists
Education and Information Services
Department Reps
Patient Care Reps
**Steering Committee**

Allocates and coordinates resources
Considers interventions
Makes strategic decisions
Promotes the work

**Design Team**

Selects health and safety issues
Designs interventions
Develops business case
Proposes solutions

- Champion
- Action
- Feedback
- Teamwork

- Facilitator
- Action
- Feedback
- Teamwork
Gathering Data: Identify Health and Safety Priorities

Steering Committee used organizational data
• Patient handling injuries doubled from 2012 to 2013.
• Patient handling injuries cost almost $70,000 in 2013.

Design Team gathered local, contextual data
• Key issues: equipment, staffing/irregular meal breaks, lack of exercise, inadequate sleep
How Does the IDEAS Tool Work?

Trained facilitator moderates each step

Team needs meeting time to reflect, brainstorm

Facilitator documents team work in worksheets

Step 1
Understanding the problem

Step 2
Creating full set of possible solutions

Steps 3,4
Analyzing costs, benefits, barriers
Formulate alternatives

Step 5
Rating, selecting best option
Generate Solutions Using the IDEAS Tool: Process and Timeline

DESIGN/SELECT INTERVENTIONS (3 months)
- Step 1—root cause analysis (2-3 meetings)
- Step 2—craft solutions (1-2 meetings)
- Step 3, 4—set/apply performance criteria (2 meetings)
- Step 5—rate/select interventions (1 meeting)

IMPLEMENT/EVALUATE INTERVENTION
- Step 6—implementation (4 months)
- Step 7—evaluation (6-8 months)
EXAMPLE 1: Frisbie Memorial Hospital

Safe Patient Handling Intervention

• This Design Team pilot tested HWPP in ONE unit, but made hospital-wide improvements.

• From 2013 to 2015 = 53% reduction in injury report rates
Generate Solutions Using the IDEAS Tool: Results

Design Team proposed 3 interventions
A. Increase use of patient handling equipment
   • Install new lifts
   • Increase accessibility of slings
   • Educate users
B. Provide adequate staffing and promote required breaks
C. Promote healthy habits in employees

Steering Committee prioritized Intervention A
Implement Interventions

Intervention A -- what they did:

• Purchased and installed more ceiling lifts
• Implemented new sling coding, storage and laundering systems (hospital wide)
• Provided extra patient handling equipment training
• Trained all nursing care technicians as “super users” (hospital wide)
• Updated training policy to include equipment training as a core competency (hospital wide)

Components of Intervention A have been expanded beyond the med/surg unit, to all hospital units
Evaluate Interventions (Med/Surg Unit)

- From 2013 to 2015 = **57% reduction** in the **number of patient handling injury reports**

- 2016: increase in patient handling injuries from 2015
- 2017: No patient handling injuries
- 2018: Few patient handling injuries – all due to manual handling

- 2019: Workers’ Comp Experience Mod for 2019 is **0.54**
Evaluate Interventions (Hospital Wide)

- Patient Handling Injury rates (*number of injuries per 100 FTEs*)
- From 2013 to 2015 = **53% reduction** in injury report rates
Factors Contributing to Success

- Dynamic and enthusiastic champion
- Active participation and engagement of both teams
- Ability to “pilot test” the Steering committee/Design Team approach
- Hospital culture of continuous improvement
- Pre-existing committees
- Program tools that are nicely laid out and field-tested
- Training for new team members (vital for maintaining management support)
- Pre/post measurement for each intervention

“This program breathed new life into the Safety Committee and the Ergonomics Team.”

--Program Facilitator
Is a facilitator a leader?

Latin—facilis to make easy

Creates conditions for people to work together toward a common goal.
Using the Facilitation Skills Videos

www.uml.edu/cphnewtoolkit
Maximizing participation in meetings

- Helping a team set (and abide) ground rules
  - *Participation, Communication*
- The Check-in/Check-out
  - *Focuses attention; Primes everyone to speak*
- Reviewing the meeting agenda
  - *Everyone knows WHAT will happen and WHY*
- Encouraging others to speak
  - *Pair/Share, Round Robin*
- Balancing the voices
  - *Make space for everyone’s input*
- Opt-in and Opt-out questions
  - *Expedites decisions, gathers commitments*
The Center for the Promotion of Health in the New England Workplace is supported by Grant Number 1 U19 OH008857 from the National Institute for Occupational Safety and Health. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of NIOSH.
Engineering Controls in Healthcare

Engineering Controls:
Physical design of the workplace, which eliminates or reduces the hazard at the source

Examples:
- Hoyer or other lift equipment to transfer patients
- New/rehabbed units to accommodate tracks for ceiling lifts and space for their use
- Redesigned computer workstations to enable neutral postures
- Electric, adjustable bed to reposition patients
Principles of Engineering Controls in Healthcare

Must match patient handling equipment with:

- Patients’ abilities and needs
- Type of lift, repositioning and/or transfer
- Staff availability
- Work environment design
Efficient processes or procedures to reduce employee risk

Examples:
- Developing a SPH policy
- Securing and maintaining SPH equipment
- Ongoing staff training in use of SPH equipment
- Provision of psychosocial support in creating a culture of worker safety
- Providing adequate breaks
Establish methods or processes to reduce risk

**Examples:**
- Following the SPH policy and procedures
- Using good body mechanics when using SPH equipment
- Using neutral body postures
- Working at proper heights
- Keeping everything in reach
- Taking periodical rest breaks from prolonged shifts
Personal Protective Equipment (PPE) Related to MSDs Prevention in Healthcare

Personal protection to reduce ergonomic related risk factors

Examples:
- Comfortable shoes
- Comfortable clothing
- Ergonomic computer tools

Personal Protective Equipment is the least effective controls for musculoskeletal hazards.

Back (gait) belts are ineffective in preventing back injuries.

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