



ACTIVATION SURVEY

Disseminated October 2008

Introduction: This survey is being conducted by the VISN 8 Patient Safety Center of Inquiry (PSCI) located in Tampa, FL. Since there is significant variation across VAMCs with regard to implementation of a safe patient handling program prior to this national rollout, it is important to gauge the level of activation *before the start-up* of the VHA Safe Patient Handling Initiative.

Instructions: Working together, the Facility Champion, the Chair of the Safety Committee, and the Nurse Executive at your facility should meet to gain consensus, so that there is one answer for each question that is agreed upon by all. **It is the responsibility of the Facility Champion to ensure completion and return the survey.** Please direct all questions concerning this survey to Carrie Sullivan at the contact information listed below.

Please complete and submit this survey by the specified deadline of the DUSHOM correspondence by faxing with cover page, emailing with encryption, or mailing via a traceable method to:

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James A Haley VA Hospital
Patient Safety Center of Inquiry (118M)
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Tampa, FL 33612-5738
carrie.sullivan@va.gov
Phone: 813.558.3935
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SECTION A: Background Information

Provide the following basic information about you and your facility. PLEASE PRINT NEATLY.

1. Today's date: _____
2. Your facility number: _____
3. Facility Champion (or proxy) name: _____
4. Facility Champion phone number and extension: _____
5. Facility Champion email: _____

6. Names and titles of three persons completing this survey:

| Name: | Title: |
|-------|--------|
| | |
| | |
| | |

7. Please list the following facility capacity (FY08) information for your facility:

| Area: | Number: |
|---|---------|
| a. Total number of <i>inpatient beds</i> | |
| 1. Number of <i>inpatient beds designated for locked mental health care</i> | |
| 2. Number of <i>operating rooms</i> | |
| 3. Number of <i>ambulatory surgery beds</i> | |
| b. Number of <i>outpatient exam rooms</i> (including CBOCs) | |
| c. Number of <i>community living center and nursing home beds</i> | |
| d. Number of <i>domiciliary beds</i> | |
| e. Number of <i>diagnostic rooms</i> (including radiology, radiation therapy, and dental) | |
| f. Number of <i>therapy clinics</i> | |

SECTION B: Active Program Elements

8. Prior to September 15, 2008, which, if any, of the following safe patient handling program elements were in place at your facility? Read below for definitions of each patient care area. Please place a checkmark (√) in the appropriate yes/no box for each element and if yes, use a percentage to estimate how widely it was deployed by September 15, 2008 (from 0% to 100%) across each patient care area:

- ⇒ For acute care areas, we mean areas where services are provided on an *inpatient basis* as well as medical and surgical care areas, operating rooms, and intensive care;
- ⇒ For ambulatory care areas, we mean areas where services are provided on an *outpatient basis* such as ambulatory surgery, emergency department, primary care clinics, specialty clinics, dental, dermatology, ENT, and ophthalmology;
- ⇒ For community living center or nursing home, we mean living quarters provided for the care of elderly or chronically ill patients including a domiciliary;
- ⇒ For diagnostic areas, we mean radiology, radiation therapy, cardiac catheterization lab, vascular lab, sleep lab, and any other diagnostic testing areas/departments;
- ⇒ For morgue, we mean the room or rooms where patient remains are stored;
- ⇒ For therapy areas, we mean any recovery or rehabilitation therapy clinic including PT, OT or KT.

| Program Element | In place before 9/15/08? N <input type="checkbox"/> Y <input type="checkbox"/> | Estimated deployment | |
|--|---|-----------------------------|------------|
| | | Patient care area | % Deployed |
| a. Ceiling mounted patient lifts and other new technology for safe patient handling | N <input type="checkbox"/> Y <input type="checkbox"/> | 1. Acute care areas | % |
| | | 2. Ambulatory care areas | % |
| | | 3. Community living centers | % |
| | | 4. Diagnostic areas | % |
| | | 5. Morgue | % |
| | | 6. Therapy areas | % |
| b. A facility-wide safe patient handling policy in effect that is non-punitive and emphasizes the need to minimize manual patient handling | N <input type="checkbox"/> Y <input type="checkbox"/> | 1. Acute care areas | % |
| | | 2. Ambulatory care areas | % |
| | | 3. Community living centers | % |
| | | 4. Diagnostic areas | % |
| | | 5. Morgue | % |
| | | 6. Therapy areas | % |
| c. Annual competency evaluations on the use of safe patient handling equipment | N <input type="checkbox"/> Y <input type="checkbox"/> | 1. Acute care areas | % |
| | | 2. Ambulatory care areas | % |
| | | 3. Community living centers | % |
| | | 4. Diagnostic areas | % |

| Program Element | In place before 9/15/08? | Estimated deployment | |
|--|---|-----------------------------|------------|
| | | Patient care area | % Deployed |
| | | 5. Morgue | % |
| | | 6. Therapy areas | % |
| d. Designation of a Facility Champion or similar leader for safe patient handling | N <input type="checkbox"/> Y <input type="checkbox"/> | 1. Acute care areas | % |
| | | 2. Ambulatory care areas | % |
| | | 3. Community living centers | % |
| | | 4. Diagnostic areas | % |
| | | 5. Morgue | % |
| | | 6. Therapy areas | % |
| e. Peer leader program in place for safe patient handling | N <input type="checkbox"/> Y <input type="checkbox"/> | 1. Acute care areas | % |
| | | 2. Ambulatory care areas | % |
| | | 3. Community living centers | % |
| | | 4. Diagnostic areas | % |
| | | 5. Morgue | % |
| | | 6. Therapy areas | % |
| f. Equipment fairs or other methods used to assure active involvement of caregivers in safe patient handling equipment selection | N <input type="checkbox"/> Y <input type="checkbox"/> | 1. Acute care areas | % |
| | | 2. Ambulatory care areas | % |
| | | 3. Community living centers | % |
| | | 4. Diagnostic areas | % |
| | | 5. Morgue | % |
| | | 6. Therapy areas | % |
| g. Safety huddles or after action reviews held in patient care areas to identify work hazards and learn from close calls | N <input type="checkbox"/> Y <input type="checkbox"/> | 1. Acute care areas | % |
| | | 2. Ambulatory care areas | % |
| | | 3. Community living centers | % |
| | | 4. Diagnostic areas | % |
| | | 5. Morgue | % |
| | | 6. Therapy areas | % |

| Program Element | In place before 9/15/08? N <input type="checkbox"/> Y <input type="checkbox"/> | Estimated deployment | |
|--|---|-----------------------------|------------|
| | | Patient care area | % Deployed |
| h. Assessment forms and algorithms that standardize decisions about which equipment to use and how many caregivers should perform high risk patient handling tasks | N <input type="checkbox"/> Y <input type="checkbox"/> | 1. Acute care areas | % |
| | | 2. Ambulatory care areas | % |
| | | 3. Community living centers | % |
| | | 4. Diagnostic areas | % |
| | | 6. Therapy areas | % |
| i. Incorporation of safe patient handling into routine orientation of all new employees (<i>answer "N" if this is heavily focused on body mechanics</i>) | N <input type="checkbox"/> Y <input type="checkbox"/> | 7. Facility-wide | % |
| j. A marketing program to increase awareness and buy-in for the safe patient handling program at all levels | N <input type="checkbox"/> Y <input type="checkbox"/> | 7. Facility-wide | % |
| k. An established bariatric program exists, including access to needed equipment within 2 hours of admission and facility based consultation | N <input type="checkbox"/> Y <input type="checkbox"/> | 1. Acute care areas | % |
| | | 2. Ambulatory care areas | % |
| | | 3. Community living centers | % |
| | | 4. Diagnostic areas | % |
| | | 5. Morgue | % |
| | | 6. Therapy areas | % |

Please continue to the next page.

9. Using a percentage, please estimate the use of the following devices across patient care areas prior to September 15, 2008 (from 0% to 100%). Please use the definitions given in question 8 on page 3.

| Area | Patient Handling Devices | % |
|--|---|---|
| a. Acute care areas where services are provided on an <u>inpatient basis</u> | 1. % beds covered with ceiling mounted lifts | % |
| | 2. % beds that have repositioning slings available | % |
| | 3. % beds that have limb holding slings available | % |
| | 4. % stretchers that have powered (rather than manual push) transport | % |
| | 5. % floor based lifts that are powered (rather than manual pump) | % |
| b. Ambulatory care areas where services are provided on an <u>outpatient basis</u> | 6. % outpatient rooms with height adjustable exam tables | % |
| | 7. % outpatient rooms covered with ceiling mounted lifts | % |
| | 8. % outpatient rooms equipped to provide gynecological exams | % |
| | 9. % outpatient rooms equipped to provide care for a bariatric patient that exceeds 500 pounds | % |
| c. Community living centers, nursing homes, or domiciliary | 10. % beds covered with ceiling mounted lifts | % |
| | 11. % stand assist lifts that are powered (rather than manual) | % |
| | 12. % beds that are electric height adjustable low beds (10 inches or lower from floor to bed deck) | % |
| d. Diagnostic areas including all diagnostic testing areas | 13. % diagnostic rooms covered with ceiling mounted lifts | % |
| e. Therapy areas including all therapy clinics | 14. % therapy clinics covered with ceiling mounted lifts | % |
| | 15. % therapy clinics with at least one powered stand assist lift | % |

Please continue to the next page.

SECTION C: Safe Patient Handling Equipment & Usage Rating

10. Please, use a checkmark (√) to indicate on a scale of 0-4 where 0 is lowest level of agreement and 4 is highest level of agreement, how you rate your facility for each activity:

| ACTIVITIES | COMPLETELY DISAGREE 0 | SOMEWHAT DISAGREE 1 | NEITHER DISAGREE NOR AGREE 2 | SOMEWHAT AGREE 3 | COMPLETELY AGREE 4 |
|---|--------------------------------------|------------------------------------|---|---------------------------------|-----------------------------------|
| a. Our facility has an adequate # of patient handling devices | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Our facility has an adequate # of slings for the handling devices | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Our direct care providers use patient handling devices rather than manual patient handling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Our facility is well situated to fully implement the safe patient handling program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please submit the completed survey to Carrie Sullivan.