

Creating A Safe Environment: The Journey

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History of Safe Patient Handling in LTC at Tampa CLC

- 1979 high level of injuries
- Motto was " Safety First"
- All staff must work in teams
- Despite efforts, still high injury rates occurred
- Frustration set in

Problems Not Solved

- From 1979 to 1999 we still had not significantly made a positive impact on staff injuries on the job
- Why:
- Blaming staff who got injured
- Not enough resources(staff equipment)
- No one knew what to do
- No one was championing this project

Forecasting Musculoskeletal Injuries

- By 2010 40% of working RN's will be over the age of 50
- By 2020. working RN's will fall 20% below requirements- a shortage of 400,000 RN's
- As baby boomers retire by 2020 healthcare demands will increase substantially- *Buerhaus,2000*

Our Champion for Safe Patient Handling

- Dr. Audrey Nelson
- Through her many years of research and involvement in back injuries, she was instrumental in finding ways to decrease musculoskeletal injuries

Pilot Study for ceiling Lift Equipment

- Dr. Audrey Nelson introduced the idea of installing ceiling lift equipment in our CLC
- SCI, CLC, Rehabilitation were determined to be high risk areas of injuries.
- Staff at all levels were invited to listen to the lift presentations.
- Information was spread through formal and informal communications throughout the CLC

Developing A Safe Culture

- Staff communication among each other
- Prevention and reduction of injuries by the use of the equipment.
- Excitement spread throughout the staff.
- Staff energized by new technology and equipment.

Ergonomics in Safe Patient Handling

- Staff ambassadors to nursing home residents and families for teaching implementation and management of innovations for improve safety in patient handling.
- Use equipment fairs and clinical trials to include residents and families.
- Communicate through multiple modalities
- Motivate learning among residents and families.
- Transfer ownership of information to residents and families.

Successful Marketing Requires Accurate Communication

- CLC residents and families respond to safe patient handling innovations when they understand what is involved, how it benefits them and what outcomes they can reasonably expect.

Partnerships

- Staff partnered with residents and families in hands-on equipment evaluation
- Partnered with vendors and community members in equipment fairs and clinical trials
- Partnered with equipment maintenance staff
- Partnered through focus groups to discuss viability of the innovations in meeting residents' needs and ease of families' participation.

Developing A Safe Culture

- To create this culture, the staff was given responsibility to look at the equipment and make a decision.
- Focus changed from blaming to looking at the process that allowed the mistake to happen.
- Meetings were set up on a weekly basis to evaluate the progress made.
- Teams were very cohesive and concerned with decreasing musculoskeletal injuries.

Role of Leaders

- Proactively create an environment to avoid accidents rather than blame.
- Allocate resources and training.
- Assure utilization of equipment in a safe manner.

Developing A Safe Culture

- Staff was given responsibility to decide on equipment
- Focus changed from blaming to looking at the process
- Meetings were held weekly to evaluate progress
- Teams were cohesive and focus on a decrease in musculoskeletal injuries

Examples of Clinical Trials

- Facilitate successful marketing of new equipment through clinical trials addressing overall comfort, security, and safety
- During clinical trial, teach residents and families ease of use: exertion safety for caregiver, match with resident characteristics and needs, comfort, safety, and dignity in use; consider space restrictions, ease of cleaning and ease of repair

Barriers

- Employee resistance to change
- Fear of mishandling or hurting the patient
- Equipment not conveniently located
- Weight limitations to some equipment



Staff Resistance

- Some were not resistant
- Some staff said, "I can do it quicker and better the old way"
- Continue to educate and re-educate until staff feel comfortable

Management Buy-In

- Met with other department directors to review injury statistics and equipment
- Demonstrated how to use equipment
- Presented studies emphasizing injuries and nursing shortages



Staff Buy-In

- Equipment trials
- Videos and training
- Equipment demonstrations
- Staff made final decisions on equipment choices
- Peer training
- BIRN nurse support



WIIFM: Teach Residents and Families

- Questions to ask about equipment:
 - a. durability
 - b. technical support
 - c. training support
- Maintenance
- Engage them in discussions use of equipment and how families can help

Successful Knowledge Transfer

- Requires careful attention to the needs of residents
- A culture of safety
- Creative ways to teach new technology, equipment
- Ability to engage residents and families in SPH outcomes

Motivating Residents and Families

- Market information through multiple methods of presentations
- Address a variety of age-related learning styles
- Adjust to accommodate cognitive levels and needs/motivations of learners residents and individual family members)

Back Injury Resource Nurses (BIRNs) :

- Act as Peer Safety Leaders
- Provide education and training
- Encourage the use of algorithms
- Assure staff competency in SPH techniques and equipment use
- Initiate after-action reviews to promote continuous learning
- Were initiated to assure change in SPH would be substantial over time.

Successful marketing of Ideas

- Value thoughts and ideas of residents and family members
- Facilitate focus groups to introduce new technology and equipment
- Listen and attend to questions
- Obtain resident and family input- equipment fairs/trials, after action reviews, site meetings and family walk-throughs

Algorithm For Nurses

- Assist nursing with selecting safest equipment and techniques based on specific patient characteristics.
- Algorithms can decrease the incidence and severity of job-related injuries

Outcomes of the Research: Nurse Satisfaction Survey

- 100% said the lift relieves them of patient lifting
- 93.9% said the patients respond well to the ceiling lifts
- 100 % said the lifts make their jobs easier
- 93.7 % said the lifts were easy to use
- 81.4%- thought the lifts were safe for both caregiver and the patient
- 87.4% thought the lifts provided stable patient transfers

Outcomes of the Research: Nurse Satisfaction Survey: Injuries

- 1 year before equipment was installed:
 - a. 16 restricted days of work
 - b. 39 lost days of work
 - 1 year after equipment was installed:
 - a. 6 restricted days of work
 - b. 0 lost days of work
- FANTASTIC!!!!**

Conclusions

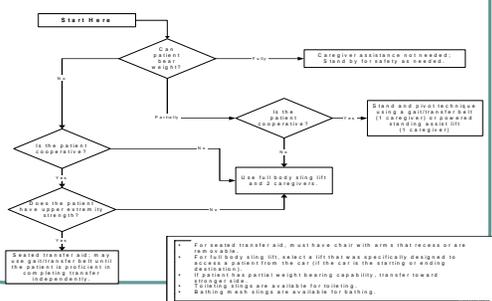
- Management was to ensure patients are cared for safely while maintaining a safe work environment for employees
- Employees are responsible to take reasonable care of their own health and safety and that of their co-workers
- Non-compliance indicates a need for retraining

Conclusions

- Avoid hazardous patient handling and movement tasks when possible- if unavoidable assess carefully
- Use mechanical lifting devices and other approved patient handling aids for high-risk patient handling tasks- except in a medical emergency
- Use mechanical lifting devices and other approved patient handling aids in accordance with instruction and training.

Algorithm #1

Transfer from bed to chair, chair to toilet or chair to chair



Algorithm #2

Lateral Transfer (bed to stretcher, trolley)

