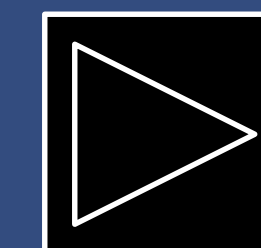


# Safe Patient Handling: A Consult Service

Jacki Chechile, PT, MSPT, Meghan Church, PT, DPT and Molly Bishop, PT, DPT

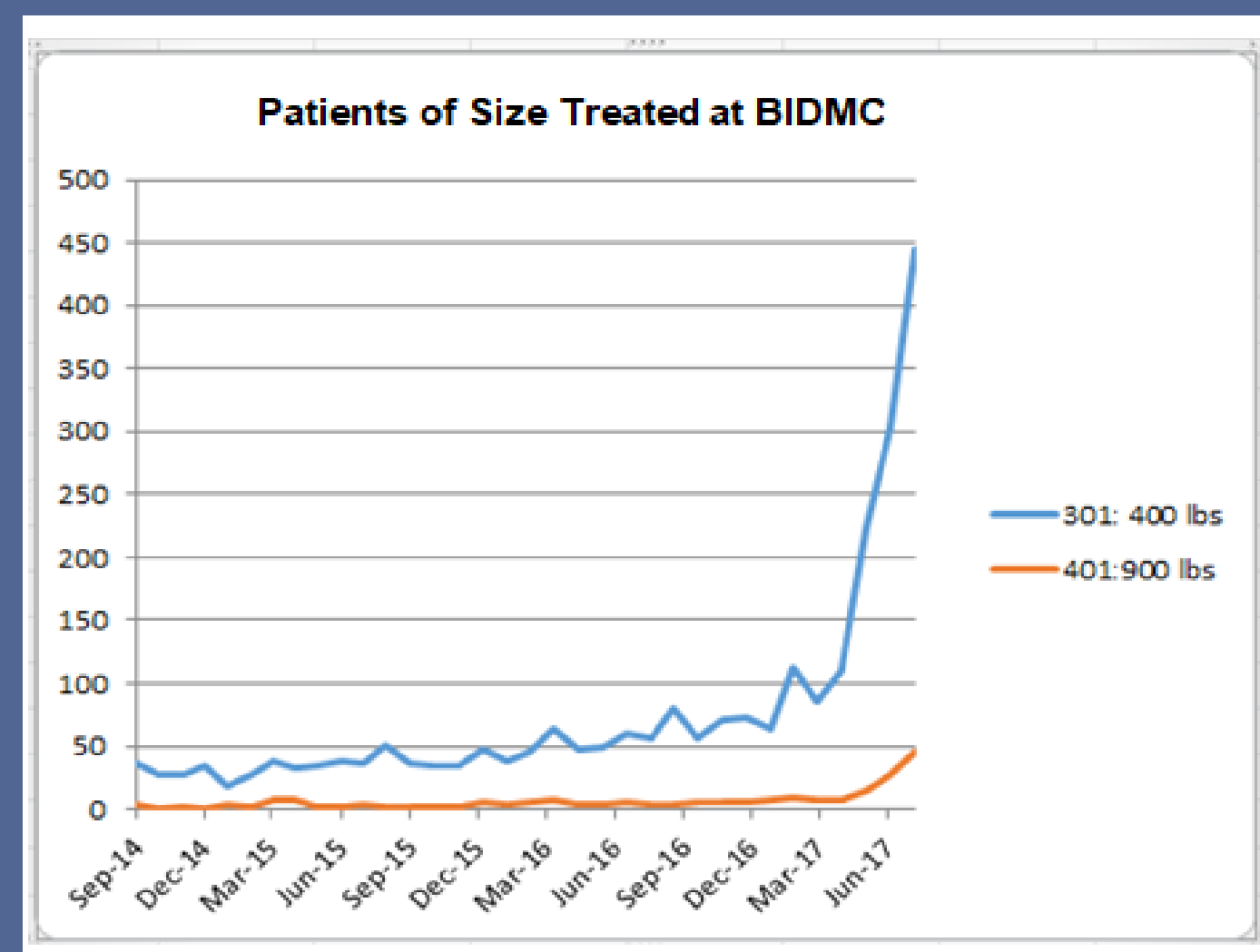
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## Introduction/Problem

There were 2,705 patients weighing between 300-400lbs treated at BIDMC between 2014 and 2017. Additionally, 262 patients who weigh > 400lbs were treated in the same period of time. The population of patients of size has grown exponentially since January 2017. This growth is expected to continue.

Caring for patients of size (i.e. those > 350lbs) is often challenging. Staff require additional training on use of ceiling lifts and slings to effectively care for patients of size. The issue is made worse by the fact that one individual nurse may not often care for a patient of size. As such, employees are not as comfortable with various safe patient handling (SPH) techniques to safely mobilize patients of size. This population of patients often have unique issues related to mobility and wound care which staff must problem solve quickly.



## Aim/Goal

The primary goal of this project was to identify all patients of size (> 350lbs) who were not functionally independent on admission to the hospital, and to generate a safe patient handling consult for all patients who met this criteria. The SPH consult would allow for additional staff training on techniques specific to the care for each patient of size thus improving the quality of care for patients of size. The secondary goal was to increase awareness of the SPH team and resources available to patients and staff.

## The Team

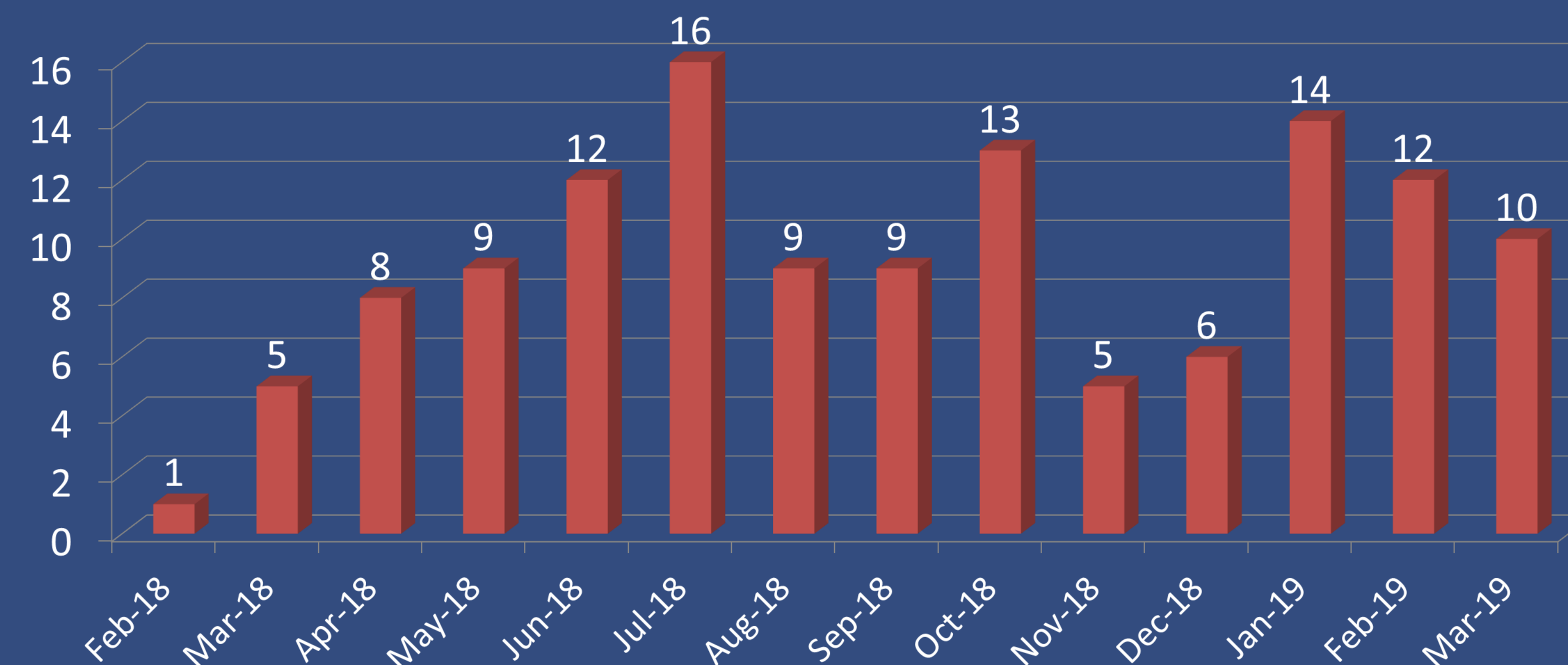
- Safe Patient Handling Team
- Safe Patient Handling Steering Committee
- Nursing Informatics
- Nursing
- Information Systems
- BIDMC Universal Access / ADA Patient Advisory and Staff Council

## The Interventions

- In September 2017, the SPH team met with the nursing directors of the medicine floors to establish an improved work flow for caring for patients of size.
- Met with Nursing Informatics and determined that a consult service was the best course of action. The SPH team presented the idea of a consult service to the SPH Steering Committee in October 2017. After approval from this committee, the SPH team sought input from the BIDMC UA/ADA Patient Advisory and Staff Council.
- Collaborated with Information Systems to automatically generate emails to the SPH team based on information pulled from the nursing initial patient assessment (IPA) for all patients admitted to BIDMC. There were 2 components which would both need to be satisfied in order for the email to be generated: patients who are > 350lbs AND need assist / dependent for transfers or ambulation. Safe Patient Handling was also added under "Consults" in the Nursing IPA.
- SPH presented this new initiative to Quality and Safety Operations Group.
- The SPH consult service went live on February 20, 2018.

## Results/Progress to Date

### Safe Patient Handling Consults over Time



**For more information, contact:**

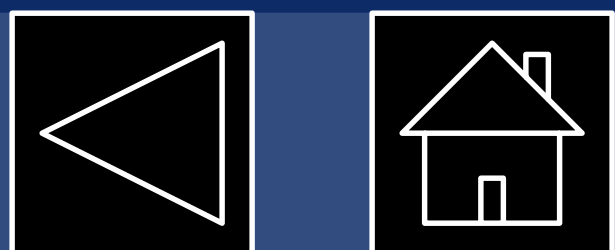
Jacki Chechile, PT, MSPT, SPH Clinical Coordinator [jchechil@bidmc.harvard.edu](mailto:jchechil@bidmc.harvard.edu)





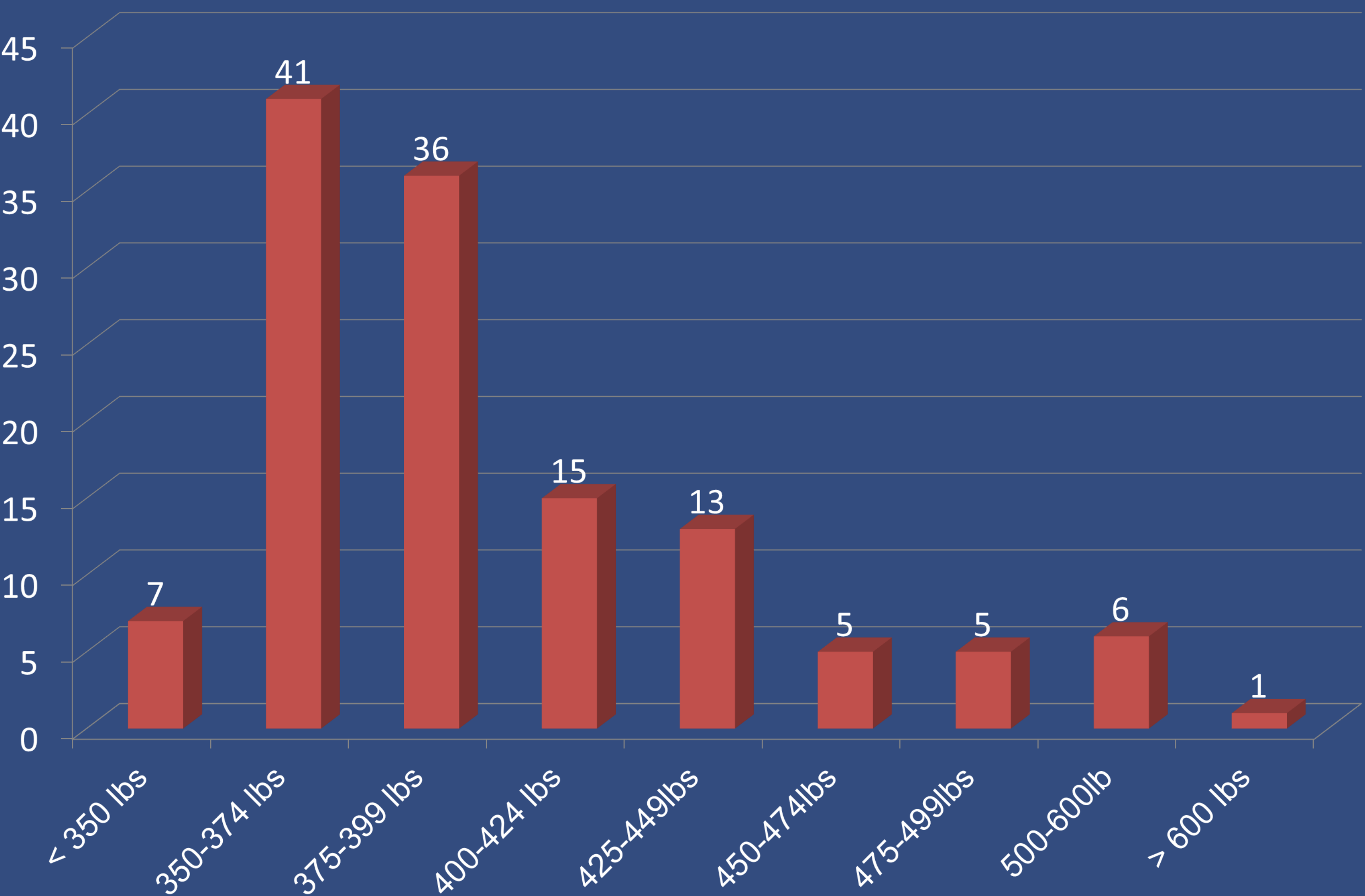
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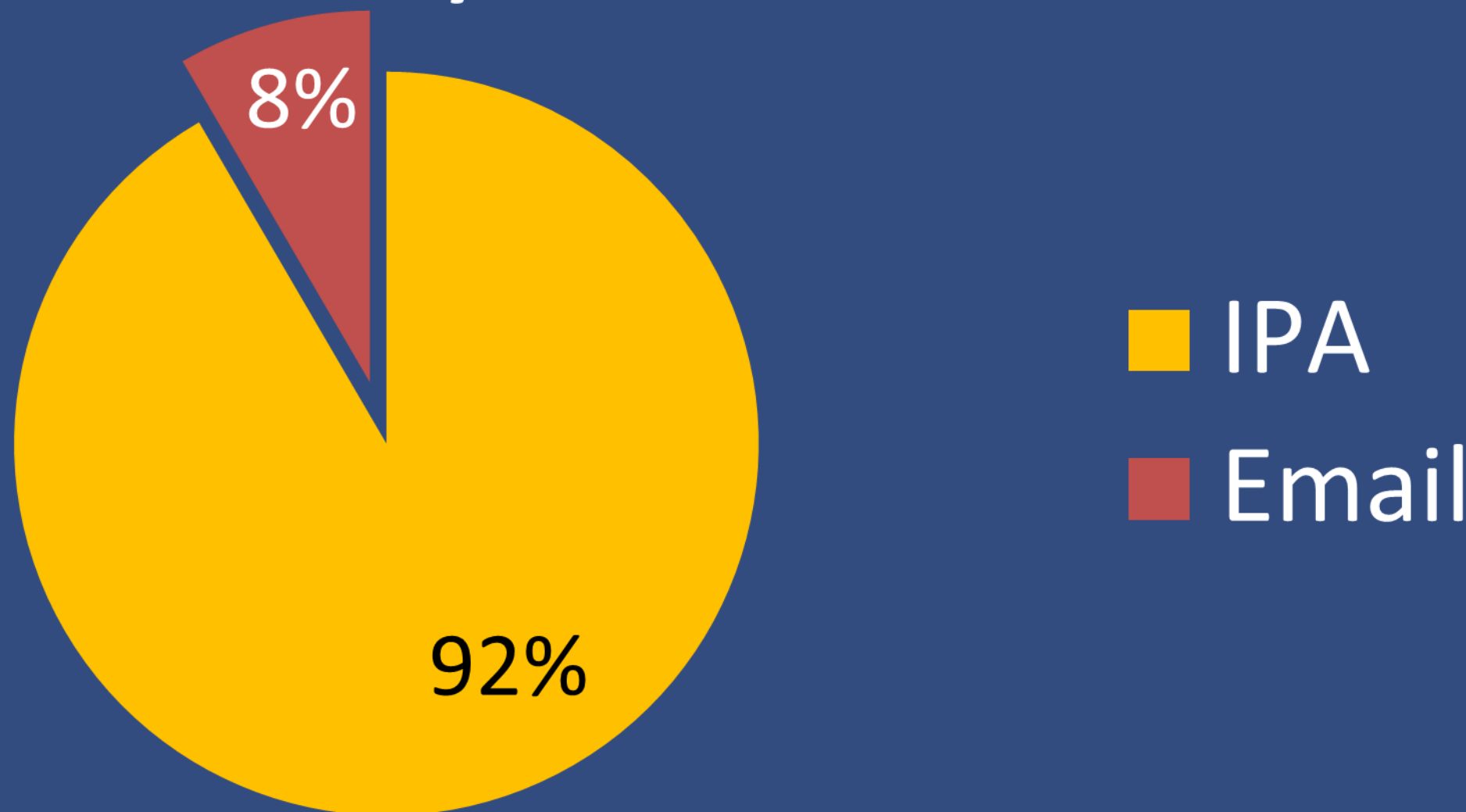
## More Results/Progress to Date

Number of Consults by Patient Weight



Most SPH consults are for patients between 350 and 400 lbs. The consult service was designed to identify patients > 350 lbs; however, some patients < 350 lbs require SPH intervention. These patients were identified via email rather than through the consult service.

Consult by Referral Source



Most SPH consults are received through the nursing initial patient assessment. Some consults are received via email. These patients are generally in the ICU or under 350 lbs.

## Lessons Learned

- The consult service is beneficial to patients and staff. By identifying patients of size early in their stay, the needs of patients and staff are addressed sooner and employee injuries are minimized.
- It has been difficult to get nursing to read SPH recommendations in OMR. As a result, we now include pertinent recommendations on the white board in the patient's room, in eFlowsheets and send emails to unit-based educator and the nurse caring for the patient.

## Next Steps

- Not all consults require SPH intervention. The SPH team plans to determine if the weight-based criteria for consults is appropriate.
- The automatic consults are only available for non-ICU admissions where the nursing IPA is completed. The consult service must be expanded to include patients of size admitted to the ICUs. ICU nurses utilize a different system for the initial assessment. SPH will work with Information Systems to determine if a similar process can be created in MetaVision.

**For more information, contact:**

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