

Reducing Patient Handling Injuries

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BIDMC

Introduction/Problem

The safe patient handling (SPH) program started in 2008 as a pilot and has grown exponentially. Safe patient handling equipment is available on all inpatient units and in the emergency room, operating rooms, labor and delivery, radiology, ambulatory care areas, hemodialysis, procedural areas and autopsy. The National Institute for Occupational Safety and Health (NIOSH) recommends a healthcare worker does not produce more than 35lbs of force when performing patient handling tasks. Complying by this standard reduces the risk of micro-injuries to a healthcare worker's spine and other joints that over time can result in a chronic and debilitating injury. BIDMC's SPH policy requires staff to comply with this standard when SPH equipment is available in non-emergent situations. OSHA is also targeting high injury rates in hospitals and added safe patient handling as a focal point for reducing injuries.

SPH equipment allows staff to comply with this recommendation to reduce workplace injury while simultaneously increasing patient safety and equal access to healthcare. Patient handling injuries in nursing has been associated with job dissatisfaction and staff leaving the profession as a result of injury. Maintaining a healthy workplace is a priority at BIDMC.

Introducing SPH equipment within different units does not mean that staff utilize it consistently. The mission of the SPH team is to change the culture of manual patient handling to safe patient handling in order to reduce injury rates and costs. This requires a constant presence within the medical center with trainings, newsletters and meetings to ensure the needs of employees are being met.

Aim/Goal

The primary aim of the safe patient handling team is to foster a culture of safety throughout the medical center which can be measured by reducing the number of patient handling injuries and ultimately reducing the cost of patient handling injuries. Having no patient handling injuries is not a realistic goal and likely would be a result of employees not reporting injuries.

The Team

- Safe Patient Handling Team
- Employee Occupational Health (EOHS)
- Safe Patient Handling Steering Committee
- Safe Patient Handling Champions

The Interventions

- Bimonthly reports from EOHS are obtained to track progress and look for trends in injuries
- Bimonthly champion meetings to problem solve issues on different units
- Quarterly SPH steering committee meetings to ensure support from multiple departments at the managerial level
- Quarterly SPH team meetings to set goals for each quarter and plan SPH programming
- Monthly tips/newsletters sent to all SPH champions
- myPATH training modules completed on initial hire and annually by all employees with SPH equipment available
- Biannual refresher to encourage employee engagement in SPH and meet staff face to face
- Comprehensive SPH policy that includes all equipment available throughout BIDMC
- SPH consults to assist inpatient and ancillary area staff in problem solving specific patient handling tasks

Results/Progress to Date

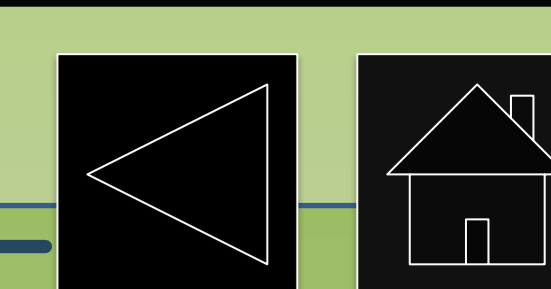
Number of Patient Handling Injuries by Fiscal Year



Patient handling injuries have been reduced by 40% since FY-10.

For more information, contact:

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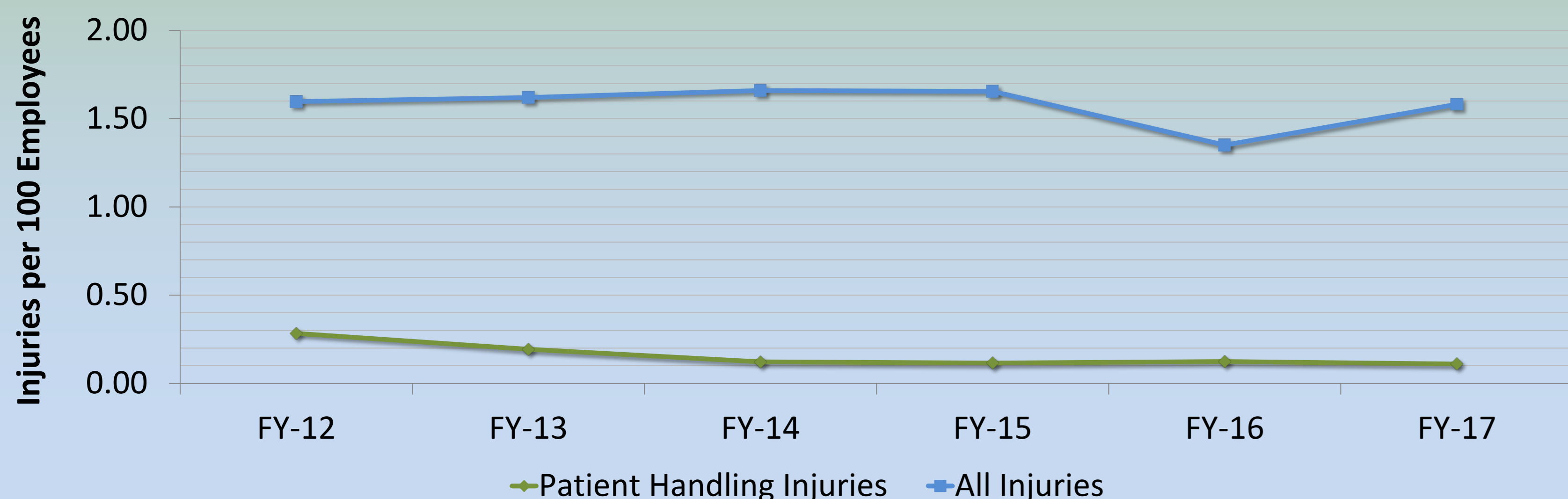
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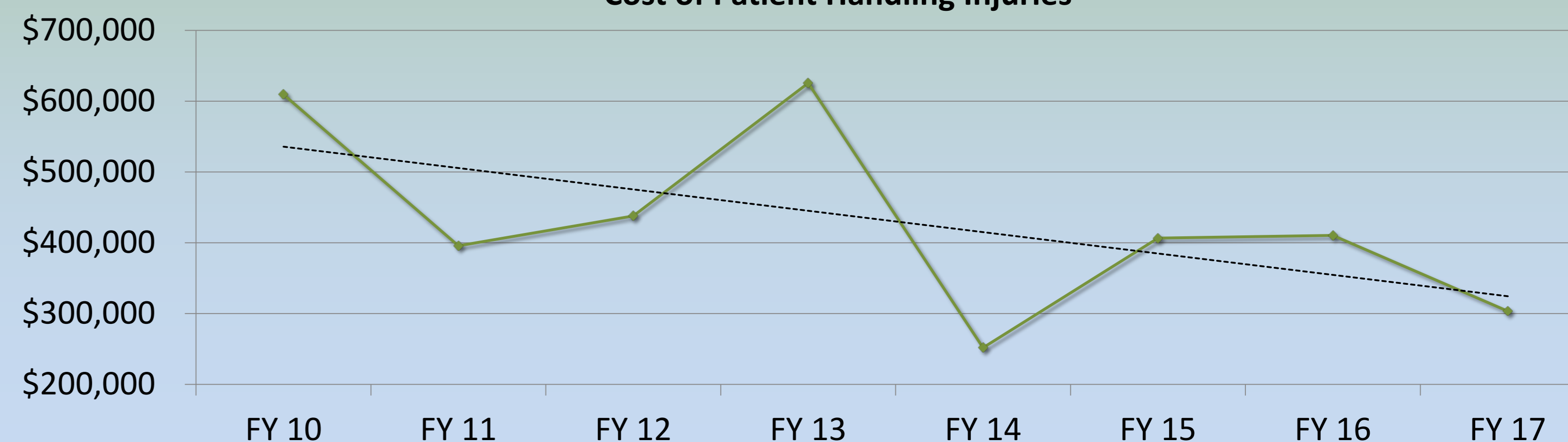
More Results/Progress to Date

Employee Injury Rates for All Injuries vs Patient Handling Injuries



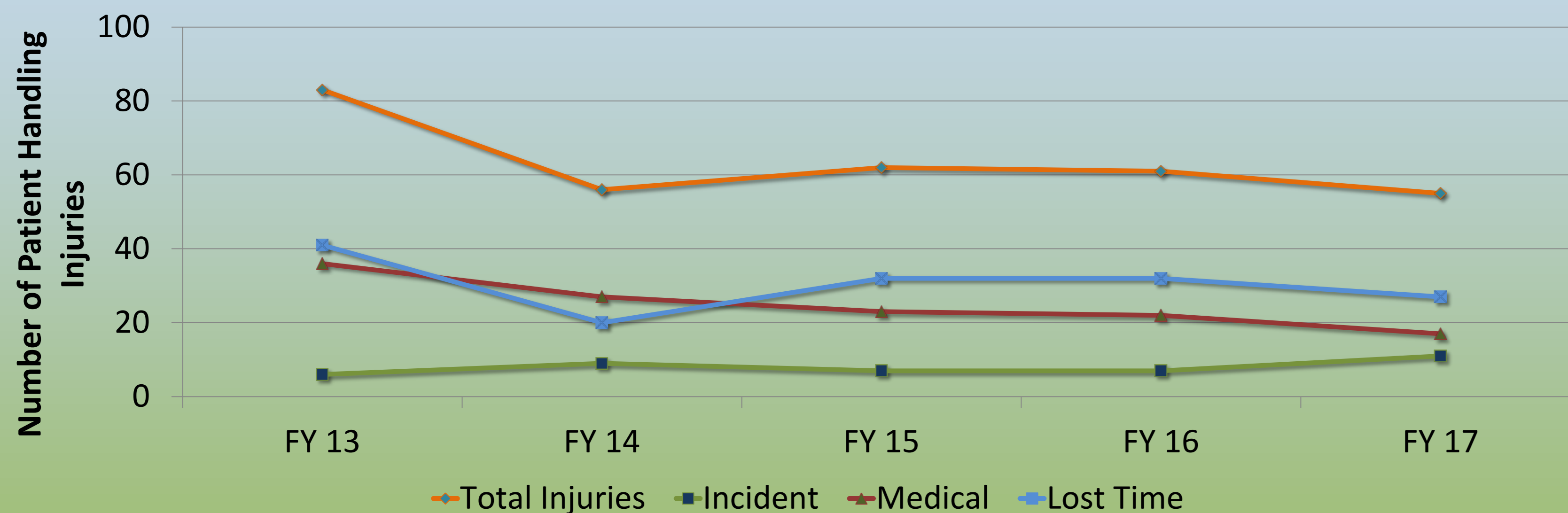
Over time, patient handling injury rates have decreased despite an increasing numbers of employees working at the medical center. Injury rates for all categories of employee injuries has remained stable over the same time period.

Cost of Patient Handling Injuries



The costs of patient handling injuries continues to decrease over time as more injuries are report only and injuries are less debilitating. Between FY-16 and FY-17, there was a reduction of \$107,000 in medical costs associated with patient handling injuries.

Categories of Patient Handling Injuries



In addition to a decrease in overall injury rates, there has been an increase in incident-only reports to EOHS with a reduction in injuries resulting in medical intervention and time lost at work.

Incident: no medical needs **Medical:** treatment provided without lost time **Lost Time:** employee out of work

Lessons Learned

- Successfully changing culture requires commitment from frontline staff as well as managers/directors
- Bringing together champions from all different units allows for improved problem solving
- Engaging staff in programming that results in prizes for individuals or by unit improves SPH marketing
- Improved engagement with hospital-wide committees such as JSBO, radiology safety meeting and universal access committee improves individual department engagement and educational programming

Next Steps

- Increase engagement and leadership of unit champions to further affect culture change
- Continue to determine safe patient handling needs throughout BIDMC
- Implement training videos for ambulatory staff to improve compliance with lifts to maintain safety and abide by ADA requirements
- Update resources on the SPH portal

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