



Developing a Comprehensive Safe Patient Handling Program

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Hamilton Health Sciences

- ▶ Community of 15,000 staff, physicians, researchers, and volunteers
- ▶ Serve Southwestern Ontario residents; specialized programs serving the province
 - 5 main hospitals, 5 specialized centers, numerous clinics and support services
- ▶ Only hospital in Ontario that cares for all ages, from pre-birth to end-of-life



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**A safe patient handling program is
not just about training . . .**



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Overview

- ▶ Step 1: Gather Information
- ▶ Step 2: Gain Organizational Commitment
- ▶ Step 3: Design SPH Program
- ▶ Step 4: Implement SPH Program
- ▶ Step 5: Evaluate SPH Program
- ▶ Step 6: Establish Sustainability



Step 1: Gather Information

What information do I need to get started?



Information Sources

- ▶ Injury data/root cause analysis
- ▶ Literature
- ▶ Peer organizations
- ▶ Staff focus groups
- ▶ Stakeholders
- ▶ Resources



HHS Example: What we learned

- ▶ Musculoskeletal disorders (MSDs) account for over 50% of Lost time injuries (LTIs) at HHS; 50% of these were a result of PH
 - Multi-million dollar cost to organization
 - Strategic launch
- ▶ Literature identified comprehensive, multi-factorial approaches were most effective, integrating both theory and practical components
 - Use of front-line staff as peer coaches for sustainability
- ▶ Peer organizations were looking for similar information
 - Target both current and new hires, hands-on training

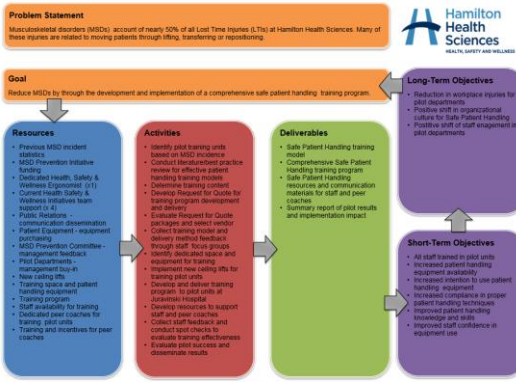


HHS Example: What we learned

- ▶ Staff noted challenges with access to equipment, storage and confidence in using equipment
- ▶ Leaders, Educators, MSD Prevention Committee, Engineering and Biomedical Technology groups all required involvement
- ▶ HHS could not achieve the goals of project without additional support:
 - One FTE to develop/oversee program
 - Funding for equipment
 - Space for training
 - External provider for training services



HHS Example: Pilot Logic Model



Step 2: Gain Organizational Commitment

How do I gain buy-in from Senior Leadership?

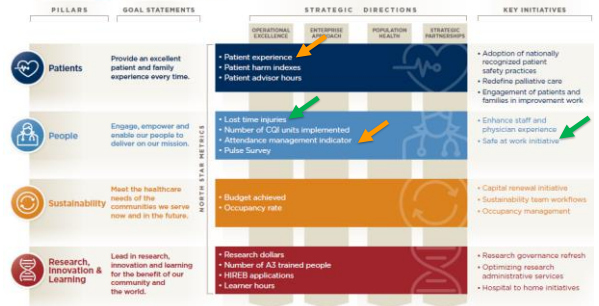
Gain Organizational Commitment

- ▶ Understand organizational strategic plan
 - How can your work support achieving a target?
 - Do you have metrics to demonstrate current problem and impact?
 - Can you show a financial benefit?
- ▶ Legislative compliance; staff safety
- ▶ Patient care and safety
- ▶ Use feedback from staff and leaders (collected during information gathering)



HHS Example: Strategic Alignment

Strategy at a Glance



Step 3: Design SPH Program

What elements
should I consider in
my program?



Program Elements

- ▶ Policy/protocol
 - ▶ Training/Educational Curriculums
 - ▶ Educational Resources/Supports
 - ▶ Patient Handling Needs Assessment & Action Plan
 - ▶ Evaluation Criteria
 - ▶ Sustainability Plan
- } To be discussed later on



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Policy/Protocol

- ▶ Demonstrates organizational commitment
- ▶ Main objectives:
 - Outline principles and procedures for preventing MSDs due to patient handling activities
 - Identify roles, responsibilities and accountabilities for all parties
 - Inform the organizational community about the requirements of the policy/protocol



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HHS Example: Protocol Elements

- ▶ General Statements, Roles and Responsibilities, Definitions
- ▶ Procedures
 - Mobility Assessment/Communication
 - Technique and Equipment Use
 - Education and Training
 - Inspections, Defective Equipment, Preventative Maintenance
 - Infection Control
 - Equipment Purchasing
 - Program Evaluation and Improvement
- ▶ Appendices



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HHS Example: Specialty Equipment Inspection Check Sheet (snapshot)

CHECKS ARE TO BE COMPLETED DAILY BY THE ASSIGNED MWP

SLING INSPECTIONS	
LOOP SLINGS	CLIP SLINGS
Physical State - Hard Indicators	
1. ATTACHMENTS	Full straps at their attachment points to the body. For clip slings, check stitching where the strap and clip meet. Check for fraying and loose stitching.
2. CLIPS (if applicable)	Check for obvious signs of wear or damage of the clip area, such as broken clips, cracks or worn down coverings.
3. STITCHING	Check stitching of entire sling, looking for fraying or loose stitching.
4. BODY	Check body of sling is free of holes or tears.
5. HEAD SUPPORT	Check head support stays are present (clip slings) and cannot fall out from sling. Confirm stays are free from cracks.
Structural Integrity - Soft Indicators	
6. BLEACH DAMAGE	Check for signs of bleach use, such as fading along ID labels and extremities (soften looks fabric colors).
7. HEAT DAMAGE	Check for overall sling shrinkage, specifically on the leg area where the sling may be "bunched". The fabric may also feel brittle or aged, and padding may be worn.
8. CLEANING	Check the sling for excessive staining, which may indicate exposure to chemicals.
9. LABELS	Confirm the label is legible. If a label is missing, compare a sling of the same model, and age** to determine the weight limit, or consider consulting with Patient Equipment.
10. LIFT	Confirm the label is legible. If a label is missing, compare a sling of the same model, and age** to determine the weight limit, or consider consulting with Patient Equipment.

*If a sling does not pass any one of the hard indicator checks, remove from use immediately.
**For any failed check, communicate your findings to your area leader to purchase or plan for a replacement sling.
-For any failed check, communicate your findings to your area leader to purchase or plan for a replacement sling.

MAXILIDE COVERLET INSPECTION	
1. BODY	Check body of sheet is free of holes or tears.
2. HANDLES	Check for signs of fraying or loose stitching at handles along the edge. Pull on each handle opening to test.
3. HEAT DAMAGE	Check for heat damage. Rub sheets together to confirm the sheets are slippery.

*If a Maxilide sheet does not pass any one of the above checks, remove from use immediately.
-Communicate your findings to your area leader to purchase or plan for a replacement Maxilide sheet.

Educational Curriculums

WHO will training be provided for?

WHAT topics will be covered in training?

HOW will training be delivered?

HOW long will the training be?

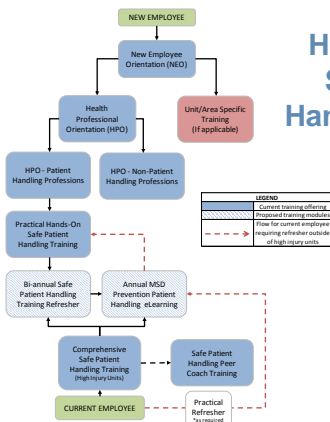
HOW often will training be provided?

WHERE will it be provided?

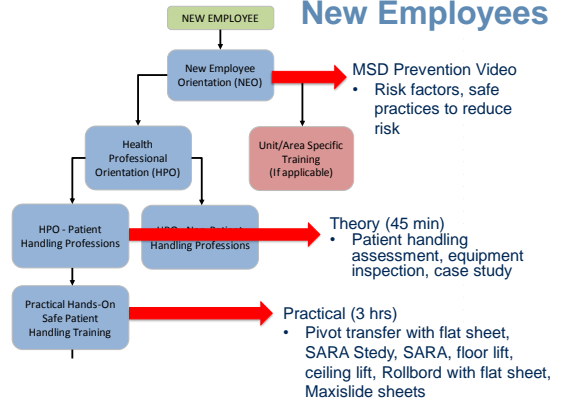
WHO will deliver the training?



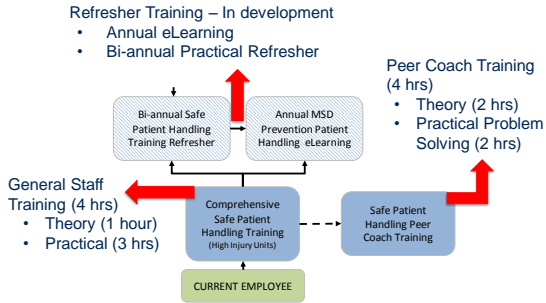
HHS Example: Safe Patient Handling Training Flow



New Employees



Current Employees



Educational Resources

- ▶ How can staff access resources when they leave training?
- ▶ Considerations:
 - Department bulletin boards
 - Staff station binders
 - Intranet sites
 - Contact information (peer or safety resources)



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MAXISLIDE™ SHEET TIE-ROD™ INSERTION & REMOVAL INSTRUCTIONS

WARNING: The "Tie-Rod" technique is used to assist the MAXISLIDE sheet when patients cannot support leg lifting. It is intended for use in the hospital and the surrounding ambulatory care and the home.

NOTE: MAXISLIDE is a version of a lift aid approved by all regulatory bodies.

MAXISLIDE sheets should be used as a lift aid and designed for one patient.

1. PREPARE	2. INSERT	3. REMOVE
<p>1. Adjust the tie between handles and change length of the MAXISLIDE sheet.</p> <p>2. Place the tie in a flat position, with the tie in the middle of the sheet.</p> <p>3. Place the tie over the patient's feet.</p>	<p>1. Place a MAXISLIDE sheet on top of the patient's legs, ensuring the sheet is flat and the tie is in the middle of the sheet.</p> <p>2. Holding the other end, lift the MAXISLIDE sheet and place it over the patient's feet, ensuring the tie is in the middle of the sheet.</p> <p>3. If the tie is not in the middle of the sheet, adjust the tie to ensure it is in the middle of the sheet.</p>	<p>1. From the MAXISLIDE sheet, lift the "Tie-Rod" and support the patient's feet.</p> <p>2. If the tie is not in the middle of the sheet, adjust the tie to ensure it is in the middle of the sheet.</p> <p>3. If the tie is not in the middle of the sheet, adjust the tie to ensure it is in the middle of the sheet.</p>
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Hamilton Health Sciences

Musculoskeletal Disorder Prevention

Safe Patient Repositioning - MaxSlide Sheets

MAXISLIDE™

TIE-ROD™

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Needs Assessment & Action Plan


- ▶ It is not only about equipment . . .
- ▶ Consider:
 - Department characteristics i.e. patient populations
 - Department processes i.e. patient assignment, mobility communication, etc.
 - Injury investigation, control implementation, policy review and communication
 - Equipment labelling, laundry, procurement, storage and availability
 - Space restrictions i.e. equipment use in space



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Step 4: Implement SPH Program

How do I implement the program?



Implementation Planning

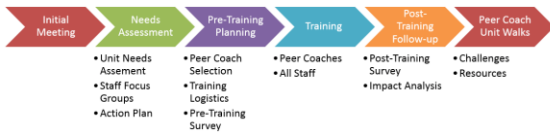
- ▶ Wide scale implementation or targeted implementation?
 - Refer back to information sources
 - Injury data, stakeholder feedback, resources
- ▶ Create a plan/process
 - Buy-in; approval
- ▶ Communicate
 - Your internal team
 - Leaders
 - Impacted staff



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HHS Example: Implementation Flow


- ▶ Organization Wide
 - Protocol, resources, standardized curriculums, new hire training
- ▶ Targeted Focus - High Injury Units
 - Training, equipment acquisition



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Step 5: Evaluate SPH Program

How do I evaluate the success of the program?



Evaluation Criteria

- ▶ What aspects are you trying to influence with your program?
- ▶ Consider collecting pre-implementation and post-implementation feedback
 - How will data be collected?
 - At what time intervals will it be collected?
 - Is there any incentive to complete?
 - How will you evaluate the data?



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HHS Example: Metrics Collected

- ▶ Training demographics
 - Number of staff requiring training vs. completed
 - Number of peer coaches
- ▶ Pre- vs post-program implementation injury statistics (MA and LTI)
- ▶ Pre- vs post-program implementation survey results
 - Perceived knowledge of MSD prevention and patient handling
 - Perceived confidence using equipment
 - Perceived accessibility of equipment
 - Reported compliance of use of safe work practices



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HHS Example: Pilot Program Results

- ▶ 43% increase in knowledge of various MSD prevention and safe patient handling topics
- ▶ 44% increase in perceived confidence using various types of patient handling equipment
- ▶ 34% increase in equipment accessibility was found
- ▶ 59% decrease of staff reporting manual lift of patients from the floor
- ▶ 65% sustained injury reduction for MSD-related LT/MA patient handling injuries 4 years post-implementation



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Step 6: Establish Sustainability

What do I need to consider to sustain my program?



Establish Sustainability

- ▶ Embed into program elements
- ▶ Communication
 - Slow and steady
- ▶ Visibility
- ▶ Review/evaluation
 - Refer back to information sources
 - Metrics



HHS Example: Sustainability Elements

- ▶ Program characteristics:
 - Peer Coaches, unit walks/refresher training, eLearning
- ▶ Communication and visibility:
 - Site Annual Review
 - Healthy Workplace Month/Ergonomics Month
 - Department safety huddles
 - Injury investigations
- ▶ Review/evaluation
 - Injury tracking, senior leadership reports, committee updates



A patient handling program is about fostering behaviour change ...

- ▶ Raising awareness
- ▶ Skill building
- ▶ Policy
- ▶ Supportive environments



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