



PROJECT UPLIFT: WOODSTOCK HOSPITAL SW Ontario, Canada

*Arlene Whitehead, DipPT, BHScPT
Director Ambulatory Rehabilitation*





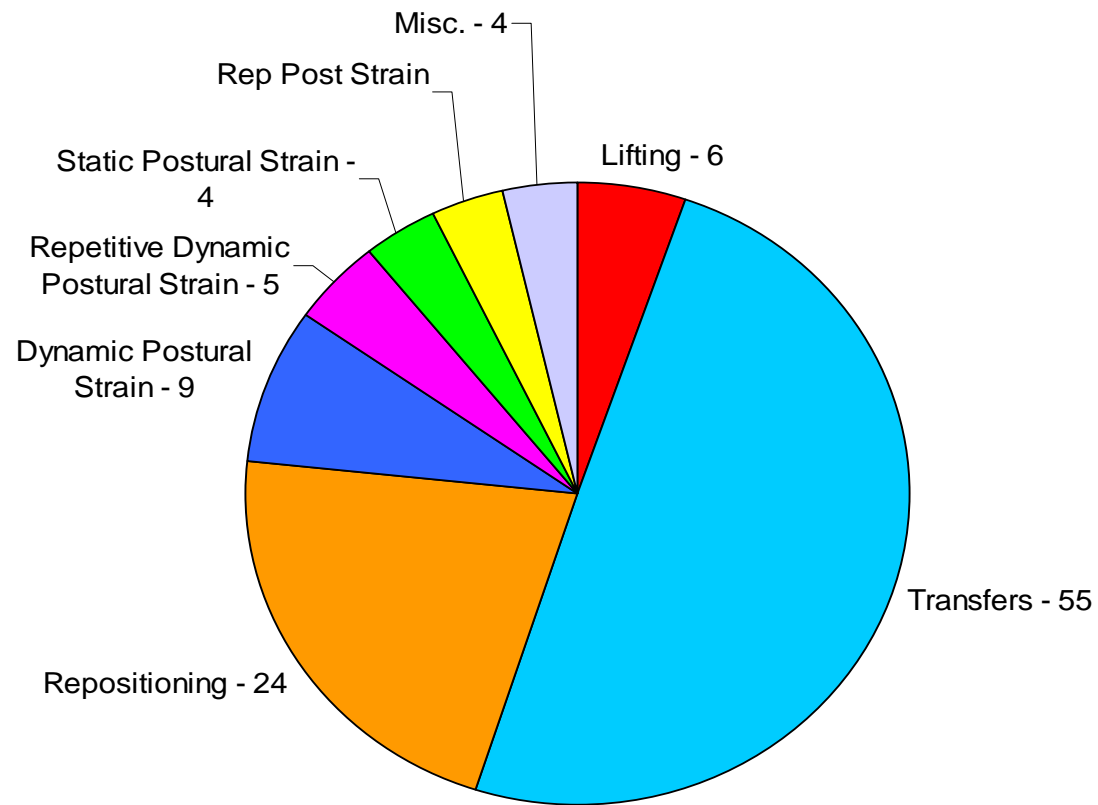
Woodstock Hospital 2002

- Increasing NEER costs
- Increasing lost time – patient handling
- Fear of Work Well Audit



Review of Incidents

**Patient Handling Incidents Per Activity
(Total 111 Incidents) 1998 - 2002**



Environment:

Woodstock Hospital 2004-2005

- MOHLTC provided funding for lifting devices
- Discovered Arjo-Huntleigh had a patient handling program called Diligent



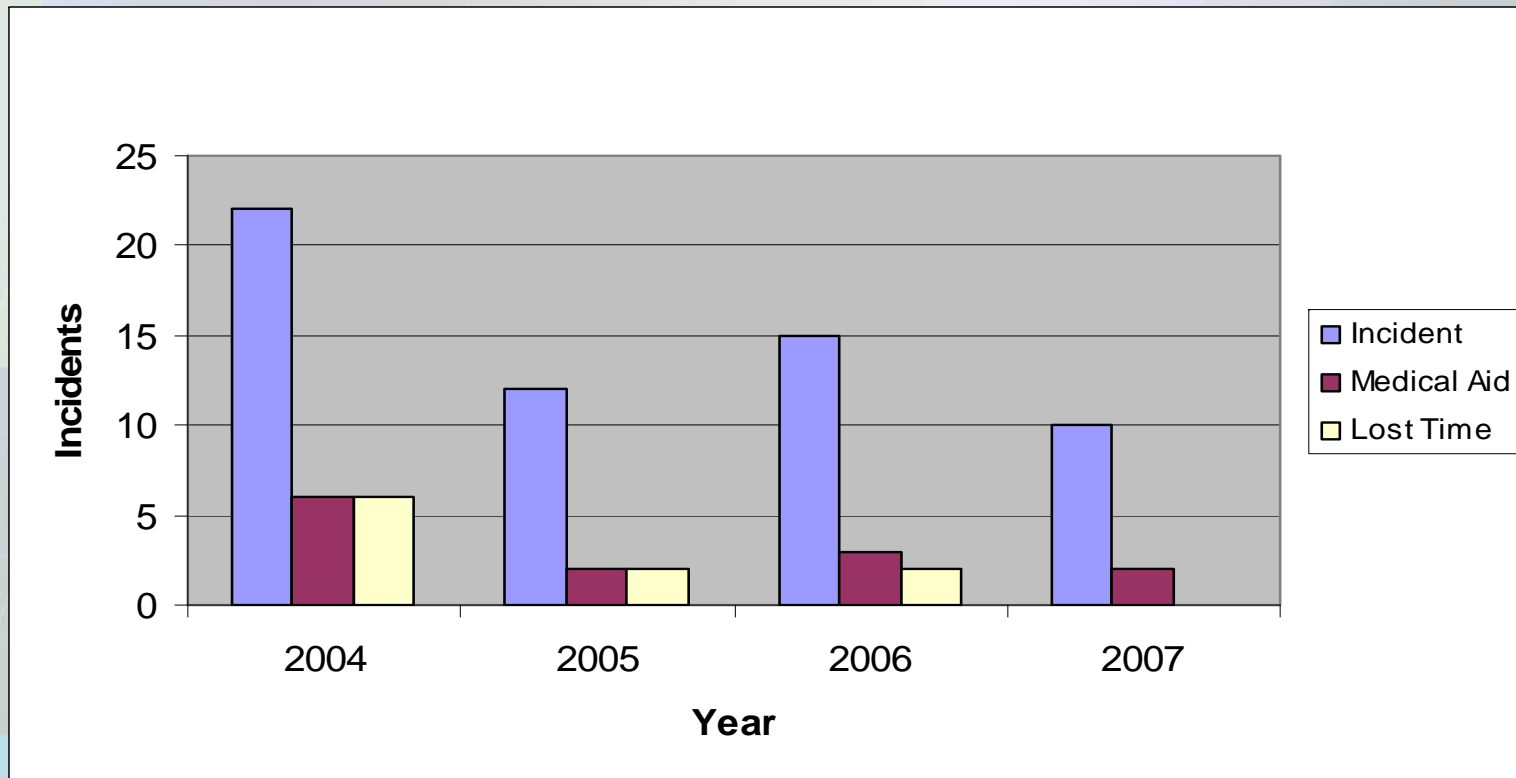
Diligent Contract Addressed

- ✓ Manpower concerns for program development
- ✓ Minimal lift policy development
- ✓ Monthly consultant
- ✓ Trainers/mentors (TMCs) on the units
- ✓ Support systems for TMCs
- ✓ Monitoring of outcomes



Outcomes

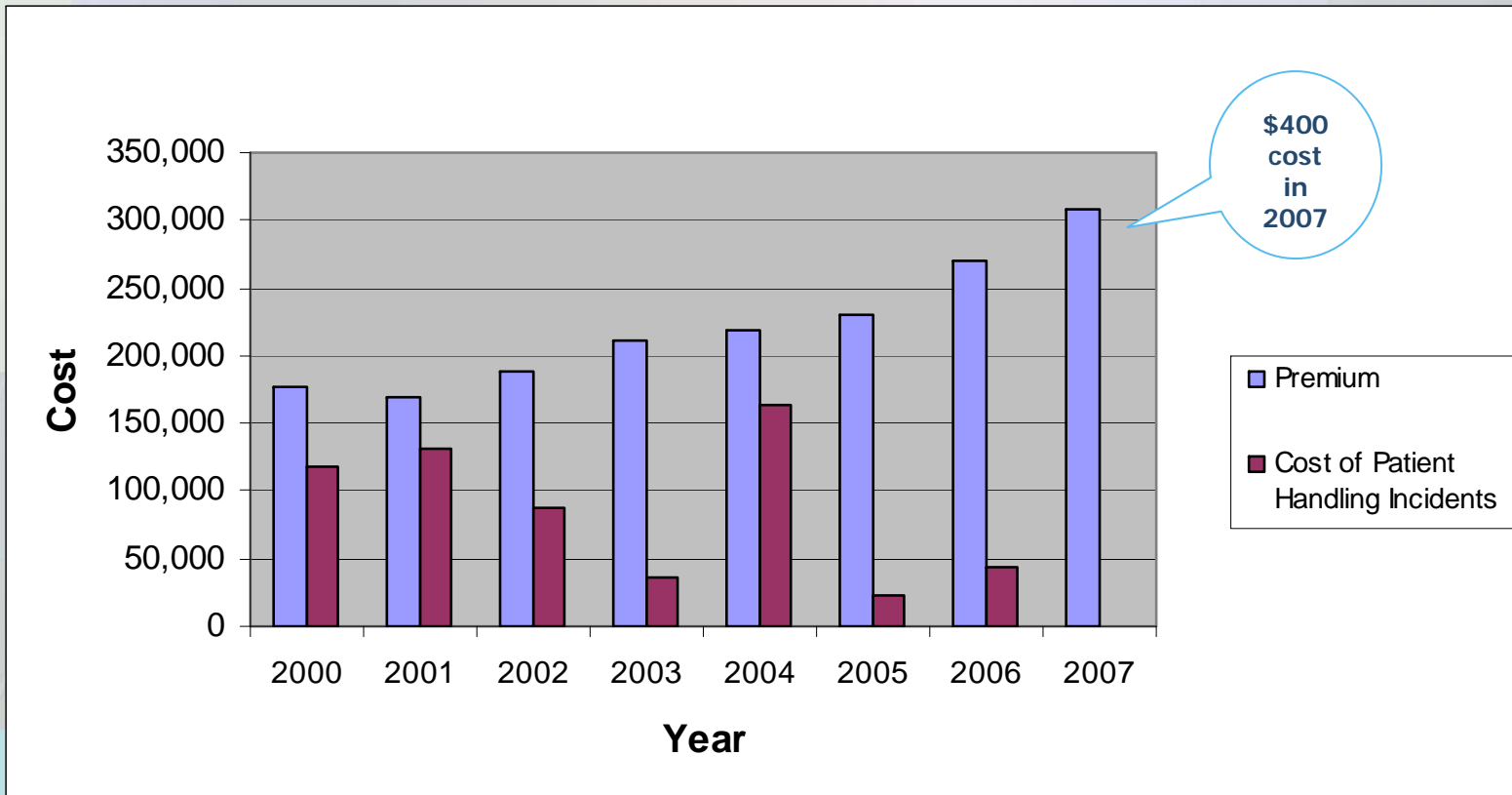
- After 3 years: 69% reduction in staff injuries



Incidents Associated with Lifts/Transfers/Repositioning

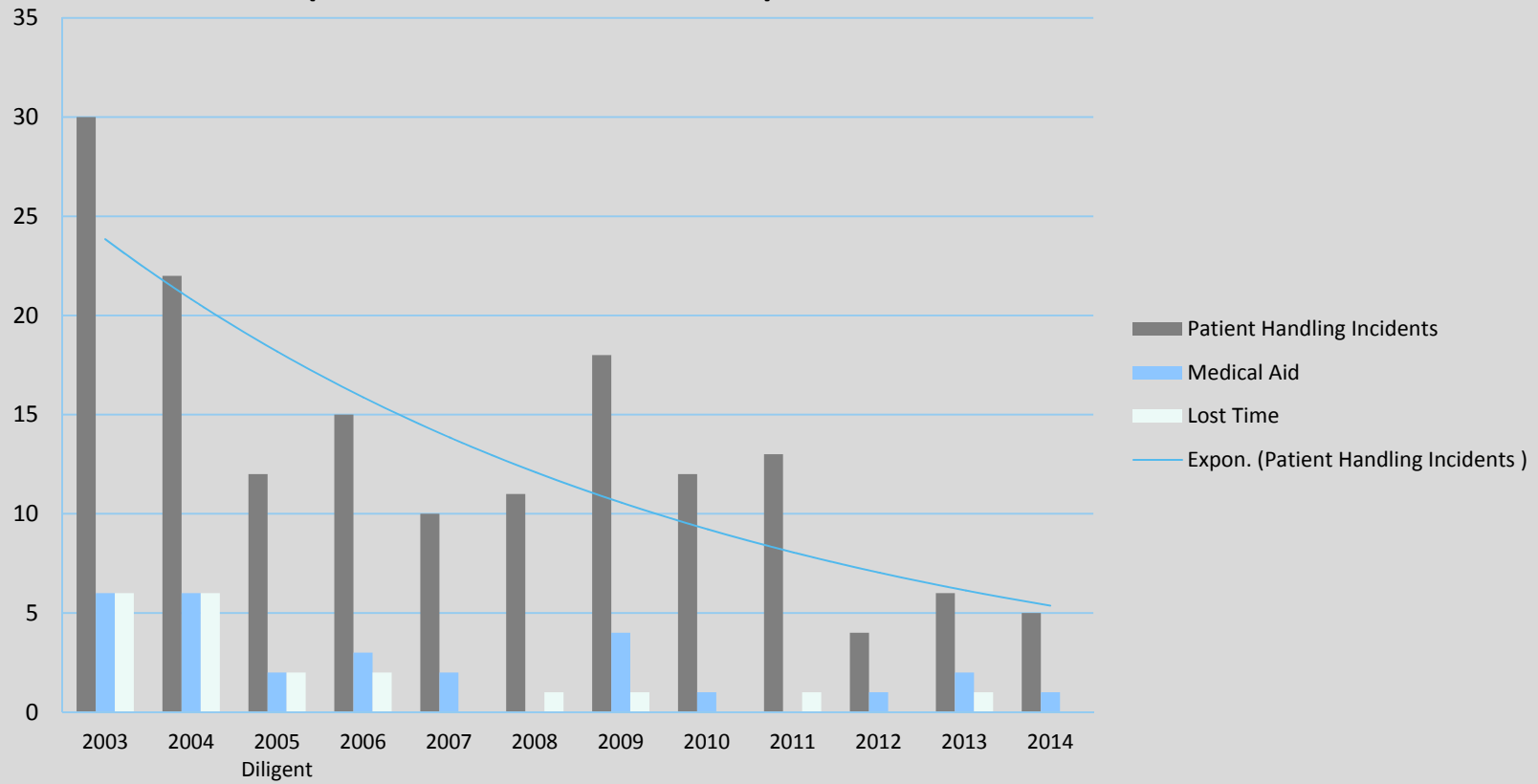
Outcomes

- After 3 years: 99.7% reduction in WSIB costs

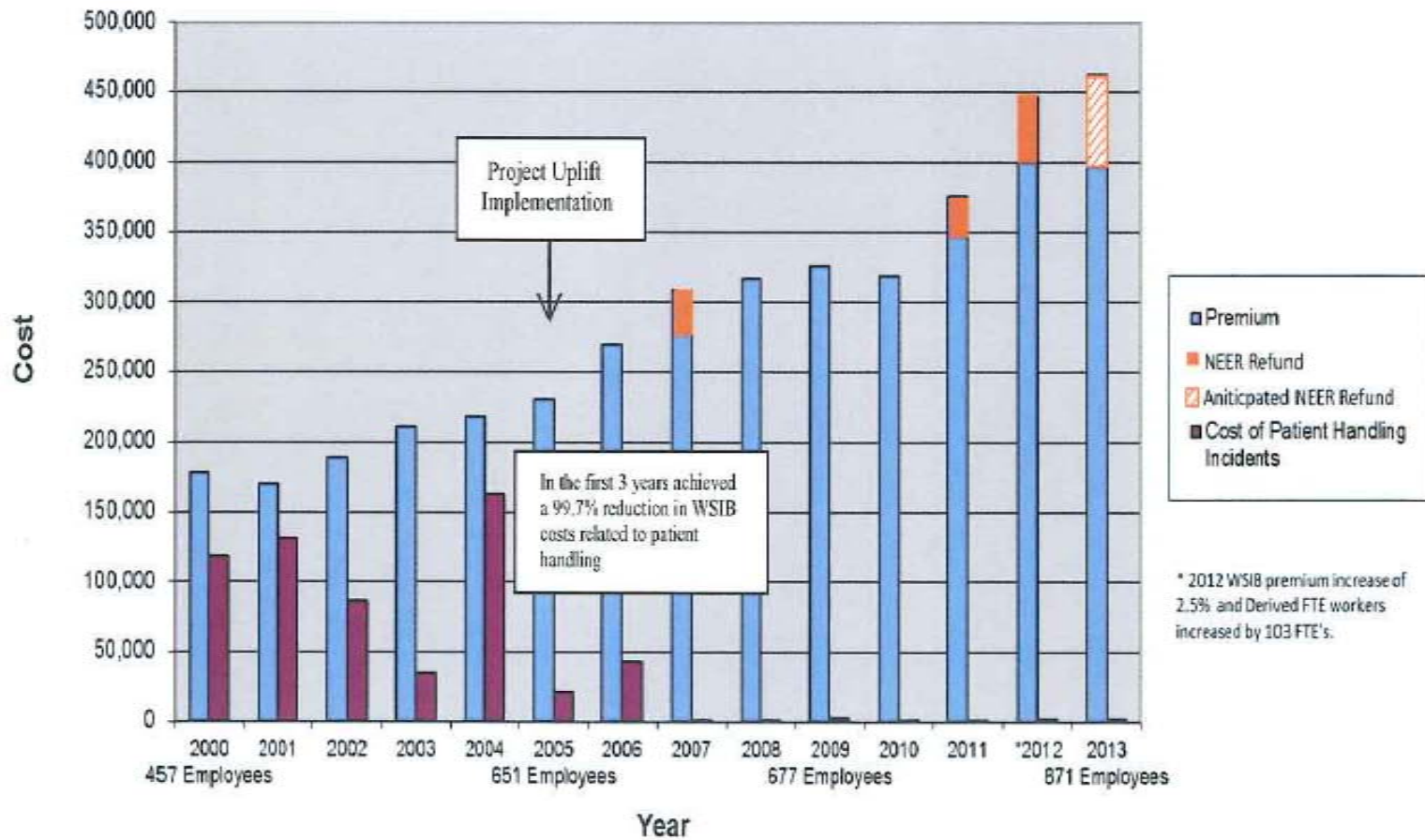


Cost of Patient Handling Incidents related to WSIB premiums

Patient Handling Incidents 2003 - 2014 (Lost Time and Medical Aid)



Cost of Patient Handling Incidents Related to WSIB Premiums



Transfer Mobility Coaches

2200

1. Sarah Nadalin
2. Linda Hegedus
3. Stacey Tenant
4. Brittany Bender

2300

1. Deb Cadman
2. Cheryl Schruder
3. Shirley Vandendool

2400/2500

1. Teresa Ward
2. Sandra Munro
3. Todd Swanton
4. Lydia Temple
5. Shelley Hautula

2600 Maternal Child

1. Diane Running
2. Sandra Lebouthillier

2100 - CCC

1. Angie Kerry
2. Michelle Pass
3. Michelle Klein-Getlink
4. Amy Ball
5. Jasen Richards

OR/PACU

1. Cindy Cservid
2. Janet Farley

CCU

1. Chris Husband
2. Kelsey Roloson
3. Ashley Jauch

Staff Development

1. Caroline Thompson

Physiotherapy

1. Lisa Kerr
2. June Higham
3. Corry Feore
4. Donna Griffin
5. Rose Heskett
6. Melissa Roth

Emergency

1. Carrie Kenny
2. Jennifer Lynch
3. Donna Armour
4. Pat DeJongh

Diagnostic Imaging

1. Lindsay Stafford
2. Lisa Gilbertson
3. Cynthia Williamson
4. Wayne Hill
5. Amber Saunders
6. Lianne Barber

Portering

1. Michelle Reeves
2. Brenda King
3. Karen Trownson
4. Andrea Spitzke
5. Amy Vanmassenhoven

L300 (Dialysis)

1. Nancy Eaton

L500 (Inpt Mental Health)

1. Diane Clark

M300 – Inpatient Rehab

1. Kathy Gilverson
2. Kristen Tsilogianis
3. Stacey Sim
4. Jenna Cecchin
5. Marsha McConnell

CC

Arlene Whitehead
Judy Swain
Nursing directors
John Schramm/Janis Humeston
Jeannie King
Sharron Poole

wohs: diligent-lifts/TMC list
Updated September 2015



Return Demonstration Check-off – Stedy

I have successfully completed the procedures for operating the Stedy. I have demonstrated the tasks and understand that the Stedy is to be used to comply with the policy and procedures for the “MINIMAL LIFT” program.

Employee Name (Print) _____ Date _____

Signature _____ Unit Name _____

Coach _____ (Performing Check-off)

ALL the questions below are safety-related and must be answered correctly!

• Do you use the <u>Stedy</u> for Limited, Extensive or Total Assist patients?	_____
• What is the maximum weight capacity for the <u>Stedy</u> - 308 lbs. or 265 lbs.?	_____

• Must the patient be able to understand directions to use the <u>Stedy</u> ?	Yes	No
• Should you explain to the patient what you are going to do?	Yes	No
• Should you ever leave a patient room when they are in a lift?	Yes	No
• Will use of the <u>Stedy</u> reduce the risk of falls for patients?	Yes	No
• Will the use of lifts reduce your risk of injury?	Yes	No
• While toileting a patient, should you look for any obstructions that could cause injury to the patient (such as: back of toilet, grab bars)?	Yes	No

• Always lock the <u>Stedy</u> wheels when the patient is rising up.	True	False
• Considering the risk of cross-contamination to yourself and your patients, you should disinfect the seat and grab-bar after each use.	True	False

<u>Stedy</u> Lift	Completed
1. Demonstrate how to lock and unlock the wheels.	
2. Demonstrate the proper position of the patient’s feet, knees and hands prior to asking them to pull themselves up into a standing position.	
3. Demonstrate the use of the <u>Stedy</u> by lifting the Coach from Bed, getting them into a sitting position for transport and taking them to the Toilet.	
4. Give instructions to the Coach on how to lower themselves onto the Toilet.	
5. Explain the method you will use to assist with perineal care, cleaning and getting the patient back to bed. Demonstrate this task with the Coach as the patient. (Actual toileting is not necessary)	

****PLEASE RETURN COMPLETED FORM TO HUMAN RESOURCES DEPARTMENT**



Outstanding Project Uplift - 3 months to complete

Updated October 1, 2015

MINI ASSESSMENT TO BE COMPLETED BY EACH NEW EMPLOYEE

Department/Name	Lifts to Complete	Hire Date	Transfer Date if applicable	Date Due	Reminder Sent end of probation	Mandatory Letter sent	Suspension Date	Comments
Emergency (M900)								
Mark Jez	Ceiling (maxisky), Sliders (Maxislide), Stedy, Trixie	Sept 14/15		Dec 14/15				
Heather Graham	Stedy, Trixie		Sept 14/15	Dec 14/15				
Brooke McCutcheon	Ceiling (maxisky), Sliders (Maxislide), Stedy, Trixie	Sept 14/15		Dec 14/15				
2400/2500 (Med/Surg)								
Julianne Bonnett	Sara 3000, Maximove		June 8/15	Sept 8/15				
Sherry Rodgers	Maximove, Sara 3000		Nov 9/15	Feb 9/16				
Jennifer Stock	Sara-Stedy, Sara 3000, Maximove		Oct 12/15	Jan 12/16				
Katherine Wallace	Sara 3000, Maximove		June 8/15	Sept 8/15				sick leave?
2200								
CCU (2900)								
DI (M800)								
MCWH (2600)								
Megan Parsons	Sliders, Stedy	Oct 5/15		Dec 5/15				
Tammy Quiring	Sliders, Stedy	July 13/15		Oct 13/15				
Surgical Services								
Inpatient MH (L500)								
Emma Krus	Sliders/Opera	Oct 5/15		Jan 5/16				
Jillian Stephenson	Sliders/Opera		Aug 17/15	Nov 17/15				





Review of Sara - Study

Woodstock
General
Hospital

PROJECT UPLIFT TRAINING SIGN IN SHEET

Date	Name	Unit
May 15/14	Jenn Monk	2400-2500
May 15/14	Markie Davey	2400-2500
5/15/14	Teresa Ward	24-2500
May 15/14	Raymundo Comary	2400/2500
May 15/14	Lisa Dredker	2200
May 15-14	Tom Cassell	2100
May 15, 14	Michelle Klein-Gellink	2100
May 15/14	Caroline Spence	2100
May 15/14	Andrea Meekes	2100
May 15/14	Laura Deschamps	CCU
May 15/14	Brian Jussie	CCU
May 15 th 2014	Jennifer Gatzel	CCU
May 15, 2014	Stacy Crowe	CCU
May 15, 2014	Carmelo Beldram	CCU
May 15/2014	Elizabeth McMillan	D.I
May 15/14	Lynn Feore	OT
May 15/14	Josie Richards	2500
May 15/14	Stacie Temple	24/2500
May 15, 14	Kristen Tsilogianus, OT	M300
May 15, 14	Stacy Sim	M300
"	Lisa Gilbertson	DI
May 15	Guthrie Williamson	DI
May 15	Bob Cochran	2300
May 15	Doree Giff	In-pt. Physio
May 15	Heather Benenath	DI
May 15	Maugh Boyd	DI
"	Anthony T	DI
May 15, 2014	Daniela Buchtmann	DI
May 15/14	Amy Townsend	DI
May 15/14	Sarah Matheson	M300
May 15/14	Becky Nelson	M300

q:\ohs\project\uplift\training record



LIFTS & BACK CARE

Michelle L. P. ...

... & ...







TO REQUEST RESTOCK OF
SUPPLIES, CONTACT:
LINENS - Housekeeping
ext. 8000 (24/7)
WARDSTOCK - Stores
ext. 2258 (M-F)
EQUIPMENT - CED
ext. 2522 (M-F)

Publications

Project Uplift decreasing WSIB

HAS BECOME THE
GOLD STANDARD

By Heather Rivers
HEALTH REPORTER

WOODSTOCK— In her first year of nursing, Danielle Wynne injured her back at work.

Like many other young health-care workers, she thought she was immune to injuries and put herself at risk.

"It affected me in the fact that I'm passionate about keeping people safe," she said. "I see young people who think they're invulnerable and they're not."

Today Wynne, a clinical consultant for ARJO Canada, is working with staff from Woodstock General Hospital to help incorporate patient and employee safety into the culture of the hospital through a safety initiative known as Project Uplift.

The three-year program began in 2005 after noting a high incidence of WSIB claims from back injuries caused while lifting and repositioning patients.

"There was a high rate of staff injuries," said Arlene Whitehead, director of ambulatory rehabilitation. "It's not

unique to Woodstock — it's a provincial concern."

In fact the Ministry of Health and Long-Term Care was so concerned it funded the purchase of nine lifts, including two ceiling lifts, in 2005 and a further 31, including two bariatric lifts, in 2006.

Work injuries were costly and often required a modified work program, with someone else performing the injured worker's job.

In the three years since the program began, the hospital has become what Wynne calls a "gold standard."

"The results here are staggering," she said.

In 2004, the patient handling costs were as high as \$163,000, but, with the lifts, that has been reduced to about \$400 in 2007, with no lost time due to injuries.

"Woodstock General Hospital has become a reference point in the incredible job they've done in reducing injuries," Wynne said. "We're seeing success and change in the culture — it opens up people's eyes."

Changing the way health-care workers view their jobs was probably the most challenging part of the program.

"It's a change in culture," Whitehead said. "It's a high profile issue — patient and staff safety. We're impressed



Photo by Heather Rivers

UPLIFTING: From left Arlene Whitehead, Danielle Wynne and Catherine Wettlaufer shows off a Max Sky patient lift responsible for helping Woodstock General Hospital maximize patient and employee safety.

with the staff; they've embraced it."

Patients also see the benefits of the lifts with a decrease in physical injuries, friction

to the skin and decreased falls.

WGH has renewed their contract with ARJO for one more year.

All the current lifts will be moved to the new WGH when it is built, with an expected 40 to 50 more lifts being purchased for the new facility.

PROJECT UPLIFT: A staff education program for patient handling

By Arlene Whitehead and Judy Swain, RN

In 2005, Woodstock General Hospital (WGH) was faced with ever increasing staff injuries due to patient handling. Change management was required in order to decrease the human and financial costs associated with workplace injuries.

WGH's Occupational Health and Safety Department (OH&S) with the assistance of the Director of Ambulatory Rehabilitation evaluated and classified the musculoskeletal injuries of patient handlers.

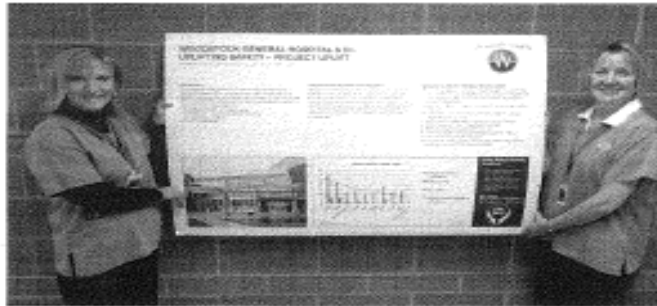
Subsequently, a staff education program for patient handling was jointly developed and initiated by WGH and Arjo Canada, now ArjoHuntleigh, to assist in addressing current healthcare challenges, high injury rates, budgetary constraints, nursing shortages, and safety requirements.

This education program focused on three key outcomes:

1. reductions in staff injuries and WSIB costs
2. comfortable, safe hospital stays for patients requiring lifting/transferring assistance and
3. staff and patient satisfaction.

PROGRAM EVIDENCE

Literature suggested traditional education in body mechanics and manual lifting was not evidence based in reducing injuries. Additionally, comments on



Arlene Whitehead DipPT BScPT and Director of Ambulatory Rehabilitation and Danielle Wynne, Clinical Consultant ArjoHuntleigh. They are holding the photo board that was on display at OHA.

patient comfort during manual transfers were not positive. Various educational models were examined and several critical components for a patient handling program were identified:

- Minimal Lift Policy Development

patient handling safety

- Quality monitoring of injury rates/costs, satisfaction, safety indicators

In 2005, WGH contracted ArjoHuntleigh, an international manufacturer and supplier of patient lifting transferring devices, and is

ing devices. Project Uplift covered staff training and support by Transfer Mobility Coaches.

PROGRAM DEVELOPMENT

ArjoHuntleigh's training processes and tools, including mini-mobility assoc-

was increased and patients receive care that addresses comfort, safety and quality of life. Staff innovation also came to the forefront with one of the transfer devices now being routinely used in mammography, an equipment role not previously identified by ArjoHuntleigh.

In 2012, Project Uplift continues to reap benefits in staff safety by reducing staff injuries and WSIB expenses as demonstrated by the chart below. Patient safety and comfort continues. As well, the call for increased safety continues to be further solidified with Accreditation Canada, identifying safety in many required organizational practices. Project Uplift keeps safety in the forefront at Woodstock Hospital.

Although Project Uplift is a contracted program, educational principles can be replicated by any hospital. Success is dependent on:

1. strong commitment from administration and management
2. training courses for Transfer Mobility Coaches addressing leadership skills
3. and lifting device clinical application
4. smoothly/ongoing TMC support systems
5. staff training and monitoring systems.

Most importantly, the success of this program is reflective of the exemplary commitment from all levels of staff. Woodstock Hospital's CEO and Board of Trust support a safe hospital environment, and are willing to put forth the time, energy and resources into safety programs such as Project Uplift.

Judy Swain, RN is Occupational Health and Safety Leader for Woodstock Hospital and her range of experiences provide her with strong knowledge base in assist in achieving success in prevention and promotion of staff health and safety as it relates to safe patient handling.

Arlene Whitehead, DipPT, BScPT has been the Director of Ambulatory Rehabilitation at Woodstock Hospital since 1991. Currently, she is the Director of Physiotherapy Occupational Therapy.

Most importantly, the success of this program is reflective of the exemplary commitment from all levels of staff.

- Peer coaches in patient areas to support and train staff in achieving proficiency with lifting equipment
- Sustainable cultural change, focusing on enhanced

Diligent Program to assist in implementing a program to reduce injuries. Although new in Canada, ArjoHuntleigh's Diligent program had been implemented in 565 health-care facilities in the United States, with substantiated outcomes since 2001.

Woodstock Hospital was the first, and continues to be the only Canadian hospital to contract Diligent. At Woodstock Hospital, the ArjoHuntleigh Diligent Program was given a contracted name "Project Uplift".

Project Uplift addressed the following:

- Minimal lift policy development
- "Train the Trainer" program for Transfer Mobility Coaches (TMCs)
- Monthly on-site consultation days
- Financial guarantee of a 60 per cent reduction in WSIB costs
- Support for cultural change

Coincidentally, the development of Project Uplift coincided well with the MoHLC funding announce-

ments, algorithms and training quizzes were adopted by Woodstock Hospital. ArjoHuntleigh also provided team shirts for the TMCs, highlighting Project Uplift's profile.

WGH developed and implemented additional initiatives to enhance the program:

- Staff training and new staff orientation monitoring systems
- Lifting device supply systems (slings and manual availability, bariatric patient management, etc.)
- Monthly TMC "free lunch and learn" sessions hosted by OH&S staff and the ArjoHuntleigh consultant
- TMC newsletters, group email to facilitate information dissemination
- Project Uplift logo development
- Hospital and community-wide celebrations and publications of Project Uplift successes

OUTCOMES

After three years, Project Uplift achieved a 69 per cent reduction in staff injuries and

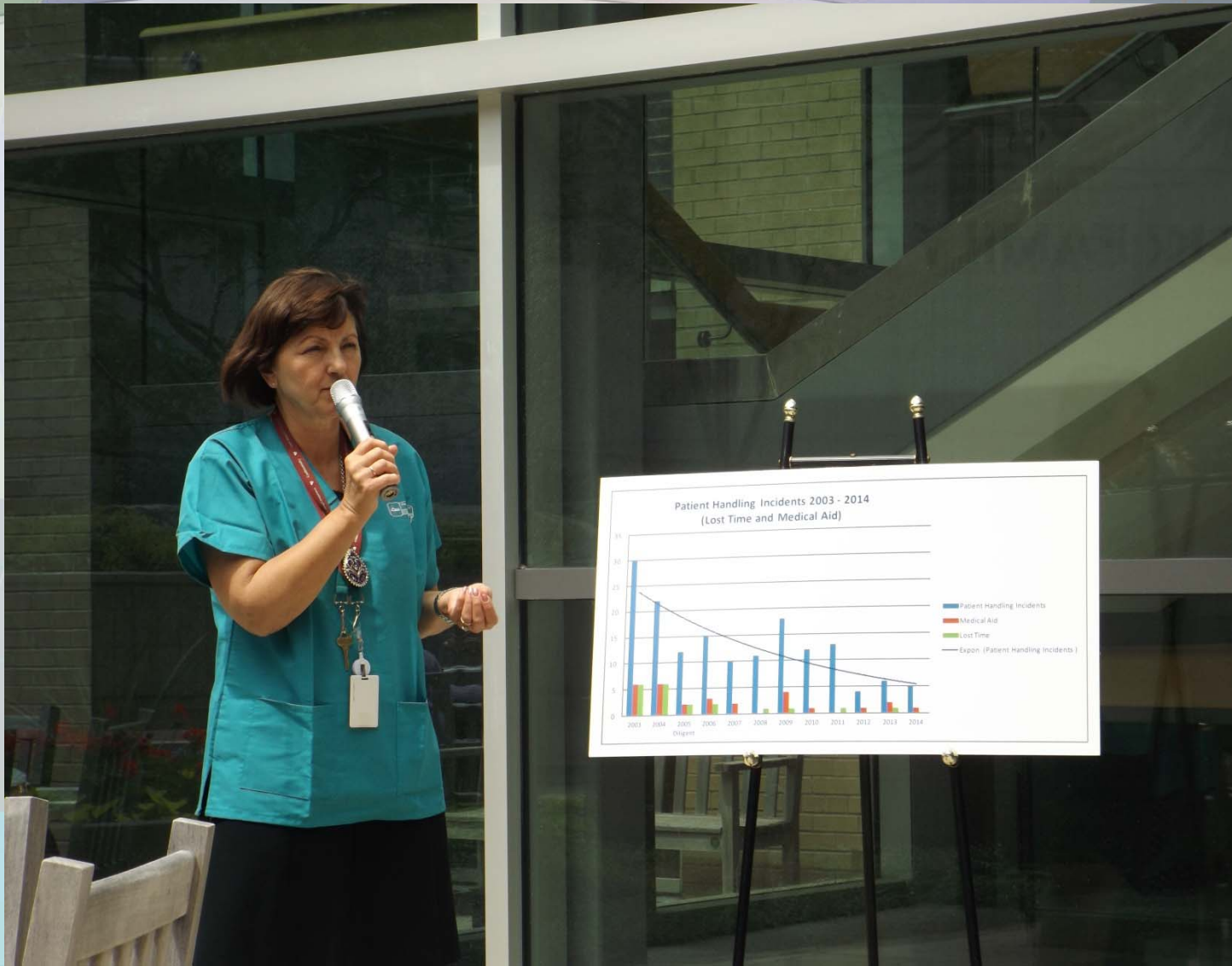
Hospital
News
2013

Celebrations

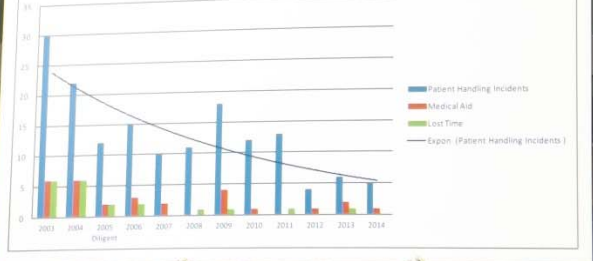


Celebrations





Patient Handling Incidents 2003 - 2014
(Lost Time and Medical Aid)



Summary

Success of a 'Patient Handling' program is dependent upon:

- 1) Commitment
- 2) TMC training courses
- 3) Monthly/ongoing TMC support systems
- 4) TMC recognition
- 5) Staff training and monitoring systems

Time and commitment are essential to ensure cultural change, a vital component for program sustainability.



'Project Uplift'



Uplifting Safety...now and in the future