

Integrating Patient Safety and Functional Status with Health Care Practitioner Safety

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APTA

- The American Physical Therapy Association (APTA) is a national professional organization representing more than 67,000 physical therapists, physical therapist assistants and students of physical therapy. Its goal is to foster advancements in physical therapy practice, research, and education

State of Affairs

- Devastating effects that MSDs have had on nurses:
 - Nursing aides, orderlies, and attendants-consistently ranked among the highest occupations reporting the most cases of workplace injuries and illnesses during the 1995-2004 period. BLS (2006).
 - Turnover rates have been reported to be as high as 100-200%
 - Nursing personnel are at high risk for MSD secondary to manual lifting
- “Obesity Epidemic”
- Other professionals: EMT, Radiology techs

Physical Therapy MSD's

PREVALENCE RATES FOR MSDS IN PHYSICAL THERAPISTS

Author	Lifetime Prevalence	Annual Prevalence	Country studied
Bork et al. 1996	61%	NT	US
Cromie, et.al., 2000	91%	80%	Australia
Glover et al., 2005	68% *	58%	UK
Holder et al., 1999	NT	32%	US
Salik & Ozcan, 2004	85%	NT	Turkey
Scholey & Hair, 1989	57%	38%	UK
West & Gardner, 2001	55%	40%	Australia

Campo (unpublished)

- Prospective cohort study
- Strict case definition : (4/10 VAS, lasting least week or present once month)
- 1/3 respondents reported WMSD in any body region (34.1% prev/20.7% incidence). LBP most common.
- Risk factor: increasing age, awkward postures patient handling.

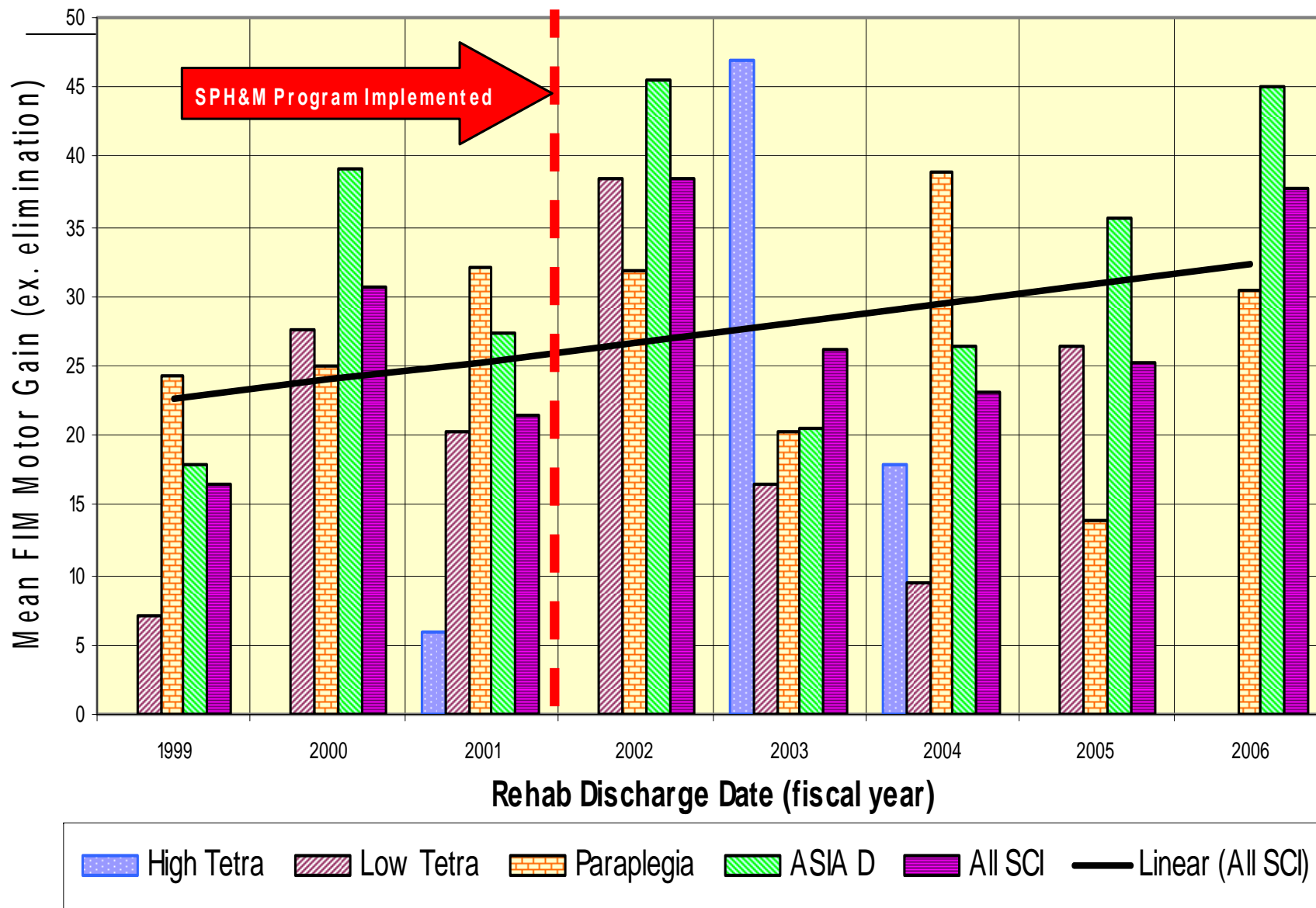
Work Tasks and PT Injuries

- Tasks that increase risk for WMSD:
 - Cromie, et al (2000), OR=2.4 (1.4-4.1) for lbp and lifting./transferring “heavy” patients
 - Holder et al (1999) PT’s in rehab setting highest prevalence of lbp
 - Mierzejewski and Kumar (1997): PT’s in Hospital and Private practice settings highest prev of lbp and patient handling associated with lbp event

Patient Outcomes

- Need for more research in this area
- Nelson, et al (pub pending)
 - San Diego VA SCI Unit
 - Retrospective study of Discharge FIM score pre/post institution of SPH Program
 - FIM :Functional Independence Measure is the most widely accepted functional assessment measure in use in the rehabilitation community.
 - Provides an estimate of the burden of care through 18 items (13 motor/5 cognition).
 - Measured on a ordinal scale from complete independence to complete dependence.
 - Strong psychometrics

Impact of Safe Patient Handling & Movement Program on Acute Rehabilitation Patient Admission to Discharge Motor FIM Gain



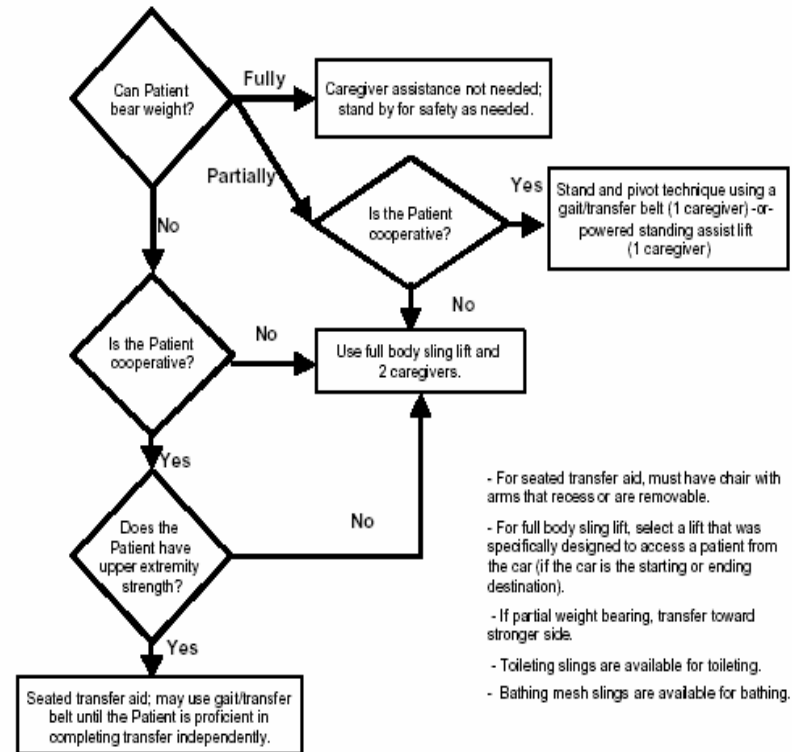
Equipment

- Development of Equipment:
 - From static equipment to dynamic
 - Recent adaptations allow for patient involvement in transfers and mobility.
 - “best practice” algorithms are available

Recommendation 1: Strategies

- Utilize or adapt algorithms in the guidelines for making decisions about safe patient movement.
- Establish organizational policies and procedures based on the guidelines.

FIGURE 1. Transfer to and from: Bed to Chair, Chair to Toilet, Chair to Chair, or Car to Chair



- For seated transfer aid, must have chair with arms that recess or are removable.
- For full body sling lift, select a lift that was specifically designed to access a patient from the car (if the car is the starting or ending destination).
- If partial weight bearing, transfer toward stronger side.
- Toileting slings are available for toileting.
- Bathing mesh slings are available for bathing.

Source: The Patient Safety Center of Inquiry (Tampa, FL), Veterans Health Administration & Department of Defense, October 2001.

ARN/APTA/ VA Collaboration

- Initiated through clinical observations/problems.
- Communication with professional organizations (Association of Rehabilitation Nurses and American Physical Therapy Association).
- Supported by Veterans Health Administration

Purpose

- Promote collaboration between rehabilitation nurses and physical therapists to address:
 - Safety of patients during handling/movement tasks.
 - Functional status improvement to reach optimal rehabilitation potential.
 - Safety of care-giver.
 - Utilization of evidence-based practice.
 - Improve communication between interdisciplinary team members.
- Promulgated 6 recommendations

Collaboration Results

- Published series of articles
- Development of clinical tools
- Increased communication
- Encourage further Research

Research Agenda Strategies

- Investigate the cost-effectiveness of ergonomics interventions.
- Investigate the impact of injury-risk reduction to physical therapists.
- Determine the efficacy of patient handling equipment when integrated into therapeutic activities.

Hesitation for Adopting Safe Patient Handling

- Health care worker safety viewed secondary to patient safety
- Difficulty of reporting injury (esp. in PT)
- Patient outcomes
- Unfamiliar with newer equipment

Summary

- Evidence that associated health care worker work (manual handling) and MSDs
- Growing evidence that supports the use of a well-planned, safe patient handling program.
- Need Further work on effects of Patient Outcomes and Therapeutic Use of equipment
- Great need for Demonstration Projects