

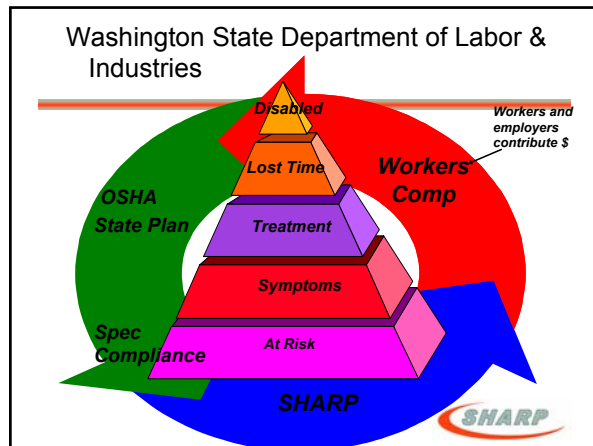
Safe Patient Handling: Washington State

Barbara Silverstein
silb235@lni.wa.gov




SHARP | Safety & Health Assessment & Research for Prevention
Promoting Safer, Healthier Workplaces

Washington State Department of Labor and Industries, USA
<http://lni.wa.gov/Safety/Research/SafePatient/Default.asp>




What do we know?

- Research has shown that manual patient handling increases risk of injury for care givers and patients
- Injury statistics shows manual patient handling is dangerous to caregivers and patients
- Even with 'good' lifting technique, it is not possible to lift patients manually without exceeding NIOSH Action Limit



Mechanical lifting devices are necessary but not sufficient




RESULTS: Spinal loading during transfer & repositioning tasks, Marras 1999

Lift	Max Lat shear (N) (1K)	Max A-P Shear (N) (1K)	Max compress (N) (6.4K)
1 person hug	1,061	908	6,336
2 person hook	732	956	4,948
2 person gait	703	917	4,896
<u>Reposition</u>			
1 person hook	1,088	1,202	9,172
2 person thigh/shoulder	607	825	6,069
2 person draw	414	847	3,902

Washington State Workers Compensation Costs


- Estimate of the average annual musculoskeletal claims costs for hospitals and nursing homes is about \$33 million statewide
- In 2003, healthcare employers belonging to the State Fund had a compensable back injury rate 3.9 times higher than all other industries (SI 1.5 times)



2006 Washington State House Commerce & Labor Committee Request

Convene task force of equal numbers of labor & industry representatives to:

- Assess magnitude of problem
- Barriers and successes in improving injury rates in health care
- Hospitals, nursing homes, home care, home health, hospice, pre-hospital medical services (emergency medical & ambulance)
- Report by December 2006



Physically Demanding Tasks- Employees

Hospitals

- Bathing
- Transfers
- Toileting
- Patient Size
- Limited Space
- Repositioning
- Patient Behavior

Nursing Homes

- Transferring residents from beds
- Repositioning in bed
- Bathing the resident
- Preventing a fall
- Transferring combative residents
- Transferring obese residents



Physically Demanding Tasks - Employees

Home Sector

- Bathing
- Assisting clients with toileting
- Transfers
- Repositioning
- Kneeling on floor
- Carrying equipment/supplies

Pre-Hospital Medical

- Lifting and Carrying medical kits and equipment
- Lifting patients and gurney weight together
- Transferring patient from gurney to bed
- Lifting and carrying firefighter equipment



Available Equipment in Facilities

Nursing Homes

- Gait belts
- Total Lifts
- Slip sheets
- Sit-stand devices



Available Equipment in Facilities

Hospitals:

- Ceiling lifts (fixed and portable)
- Total Lifts
- Sit-stand lifts
- Hover mats
- Lift teams
- Slide sheets
- Gait belts



Available Equipment in Facilities

Home Care Sector

- Gait/transfer belts
- Back belts
- Total lifts (hospice facility)
- Transfer boards (hospice facility)



Pre-Hospital Medical Services

- Gurneys/stretchers
- Backboards
- Tarps with handles
- Slide boards
- Stair chairs



Home Sector

- Goal is to keep clients at home
- Home health care services shorter than home care
- Home not structured for ease of client assisted transfers
- Workers usually work alone
- Insurance rarely covers transfer devices
- Home care workers more likely than administrators to see benefit of equipment



Pre-hospital Medical Services

- Manual handling of medical equipment (35# monitor, fire hoses)
- Nursing homes calling to pick up residents from floor
- Lifting in tight spaces, bariatric patients, automobile extrications, from floor, down stairs, on gurneys outside
- Difficulty in securing funding for newer transport equipment



Barriers to Reducing Risk

Hospitals

- Aging workforce
- Inadequate numbers being trained to meet demands
- Funding for equipment
- Facility design

Nursing Homes

- Poor wages and benefits
- Heavy physical load
- Funding for equipment
- Out-dated physical plants
- Staffing levels



Barriers to Reducing Risk

Home Sector

- Home not often structured for ease of assisted transfers
- Investment in structural changes of the home not likely
- Aides often work alone
- Insurance rarely covers transfer devices
- Constantly changing abilities of clients

Pre-Medical Services

- No control over facilities where they handle patients
- Patient handling risk transferred from nursing homes to EMS
- Manual handling equipment contributes to physical load
- Restrictive nature of funding sources for equipment



Conclusions (a)

- Manually handling patients is hazardous for both patients and care givers. Changing demographic profile (older, heavier, more co-morbidity) will increase hazards for HCW
- Hazards can be reduced by a programmatic approach:
 - Policies for hazard assessment & control
 - Adequate types & quantities of equipment and staff
 - Management commitment employee involvement
 - Ongoing patient handling training
 - Incident investigation, follow-up & communication



Conclusions (b)

- Literature review: SPH programs show
 - reduced injuries to patients, staff,
 - reduced lost time,
 - reduced costs,
 - reduced staff turnover
- Sustainability depends on management & employee stability
- All nursing homes & hospitals visited recognized need for SPH
- Nurse educators are still teaching outdated manual handling techniques



Conclusions (c)

- Major barrier is funding.
- Legislative and executive branches of government in other jurisdictions have used regulatory and financial incentives to assist in adoption of SPH environments
- Home and pre-hospital medical service sectors present some unique but not insurmountable challenges



Response

Health Care Workers--Safe Patient Handling legislation for hospitals, EHSB 1672 effective June 7, 2006

- Supported by both business and labor organizations
- Nurse legislators (8) were instrumental in helping colleagues understand the issues
- House: yeas 85, nays 13
- Senate: yeas 48, nays 0



Washington State SPH Legislation for Acute Care Hospitals: Dates (EHS1672), 2006 (b)

- **1/1/07:** Fully implemented SPH: new WC premiums
- **2/1/07:** SPH committee (1/2+ direct care staff)
- **12/1/07:** program, hazard assessment, process to identify appropriate equipment use, annual evaluation, consider ceiling tracks and storage in new or remodeling facilities, right to refuse risky handling
- **12/30/10:** complete equipment, train staff annually, end of \$1,000 tax credit/ acute bed for equipment
- **2010 & 2012** evaluation report to legislature

Will they go beyond legislative minimum?



Washington State Safe Patient Handling Steering Committee

- SEIU 1199nw
- UFCW 141 Nurses
- UFCW 21 Technical
- SHARP
- Washington State Hospital Association
- Washington State Nurses Association
- Representatives from hospitals: CEO, Respiratory, Physical & Occupational Therapy, Ergonomics

1st steps: provide information to get SPH committees up & running effectively



<http://www.washingtonsafepatienthandling.org/>
Safe Patient Handling in Washington State

Home Getting Started About the Law Steering Committee Tools Additional Resources

This website will be continually updated - So be sure to visit frequently

Resources for Building a Safe Patient Handling Program

This website has been developed to serve as a clearinghouse and ideas bank for issues related to this new safe patient handling law. In March 2006, Washington State Governor Christine Gregoire signed new legislation requiring hospitals to implement a safe patient handling program. In response to **EHSB 1672 (RCWs 70.31, 72.23, 51.16, 82.04)**, the Safe Patient Handling Steering Committee has organized to assist hospitals in implementing a safe, cost effective patient-handling program. This website was developed by the committee for this purpose.

On this page you can access:

- Information about the Safe Patient Handling **Steering Committee** in Washington
- Important information about the **Safe Patient Handling Law**
- Recommendations for **how to begin** implementation of a safe patient handling program
- **Tools** from the steering committee and participating hospitals around Washington
- **Resources** from other countries and hospitals that have established programs



Legislative thrust in the US

Passed by 2006	Initiated in 2006-2007
• Texas- <i>mandate</i>	•California (AB2716)
• Ohio- NH <i>WC loans</i>	•Florida
• New York- <i>demo</i>	•Illinois
• Hawaii-HCR16 (<i>support policies, no requirement</i>)	•Iowa (H635)
• Washington- <i>mandate</i>	•Massachusetts (H2662)
• Rhode Island- <i>mandate</i>	•New Jersey (S1758/A3028)
	•NY (A11863) ceiling lifts
	•Minnesota (HF0712, SF 0228)

Legislation: who wants what?

	Who	Comm	Policy	Assess	Train	Equip	Constr	\$	Eval
TX	HMHNH	-	+	+	+	+	+	-	+
WA	HMH	+	+	+	+	+	+	+	+
RI	HNH	+	+	+	+	+	+	-	+
CA	H	-	+	+	+	-	-	-	-
IA	H	-	+	+/-	+/-	+	-	-	-
NJ	HMHNH	+	+	+	+	-	-	-	-
MA	HMHNH	-	+	+	+	-	-	-	-
NY	demo all	?	+	+	+	-	+	+	-
MN	licen fac	+	?	+	+	+	+	+	+

Implementation features critical

- Only 4 provide explicit financial incentives (WA, OH, NY, MN)
- Only 4 explicitly include committees with at least 50+% members direct care staff (WA, RI, NJ, MN)
 - Get everyone on committee “up to speed” to fully participate
 - Train committee on how to implement change as well as technical features
 - Recognize members taking different risks
- Most have risky manual lift refusal protection, 1 has discipline for not using equipment (CA)



What do we have? Can SPH be integrated into existing mechanisms?

Regulation

- JAHCO/ Health Department Audits: hospitals
- Hospital Construction Review & Approval
- State Surveys (DSHS- WA): Nursing homes, home health
 - Quality measures (mobility not decreased) Staffing
 - Inspection results (have assistive devices when needed, free of danger that cause injury/incidents)
 - Health care facility construction review
- OSHA standards
<http://www.medicare.gov/Nursing/Checklist.pdf>



What do we have/need?

- *Financial Incentives*
 - Equipment manufacturers
 - Architects & designers
 - Facilities administrators
- *Financial Disincentives*
 - Loss of care staff, physicians, patients
 - Penalties
- *Marketing - Public Opinion*
 - Manual handling is unsafe for patients
 - If they don't take care of staff, will they take care of me?



Defining Success

going beyond legislative minimums to a way of doing business

Advertisement:

Mason General Hospital's Environment of Prevention

“MGH adopted a “Zero Lift” policy, which involves purchasing lifting equipment as well as educating staff, supervisors and administrators...These techniques are keeping both patients and staff safe, ensuring that no one, in any unit of the hospital, lifts over 40 pounds. The environment of care committee introduced an element of fun into the policy implementation, and staff created their own “Team Lift” buttons, challenging themselves to a friendly competition while engaging more deeply in the policy....”

