



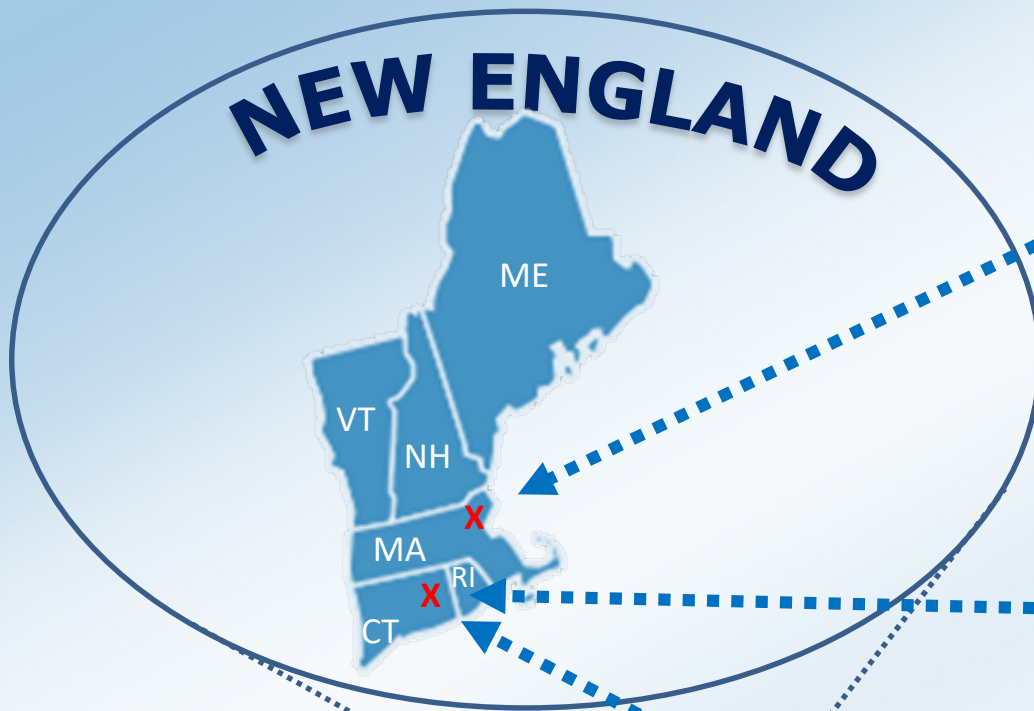
Forming a sustainable multi-disciplinary team to support your Safe Patient Handling program

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CPH-NEW is a NIOSH Center for Excellence in *Total Worker Health*[®]

Center for Promotion of Health in the New England Workplace (CPH-NEW)



- Ergonomics
- Epidemiology
- Economics
- Nursing



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- Ergonomics
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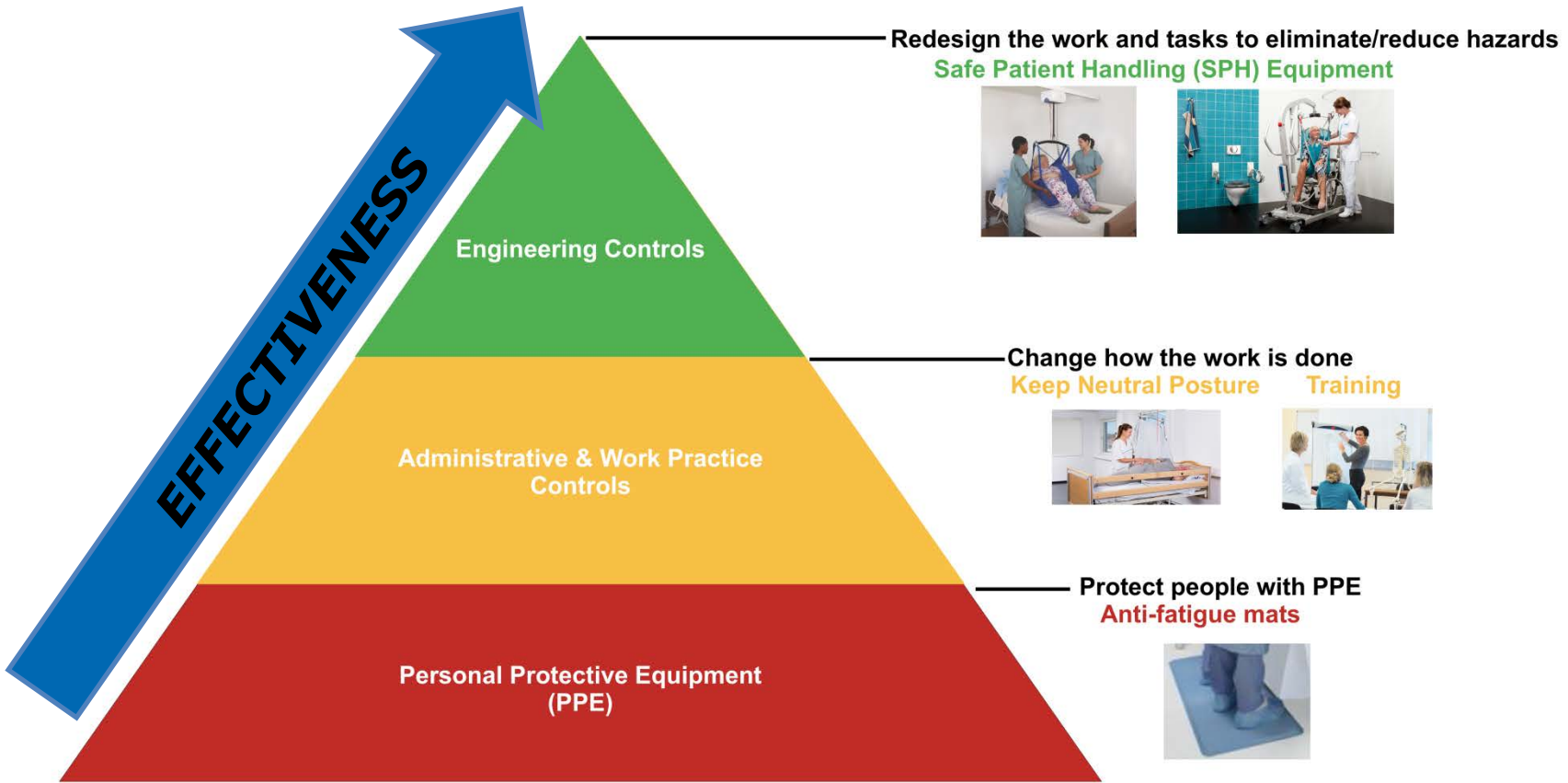
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In this talk

By the end of this session, you will be able to:

- ▶ Discuss roles for SPHM program team members related to the 10 essential elements of a SPHM Program
- ▶ Identify and recruit appropriate members to serve on a multidisciplinary SPHM program team
- ▶ Describe methods for involving caregiving staff when identifying and addressing barriers to safe patient handling
- ▶ Evaluate a hospital case study for organizing a multi-level, multi-disciplinary teams to address patient handling injuries

Levels of Controls for Musculoskeletal Hazards





Essential members of a SPH program

Caregiver safety is truly a team effort

Essential Elements of a Successful Safe Patient Handling and Mobility program



Source: MA Department of Public Health. (2014). Moving into the Future: Promoting Safe Patient Handling for Worker and Patient Safety in Massachusetts Hospitals.

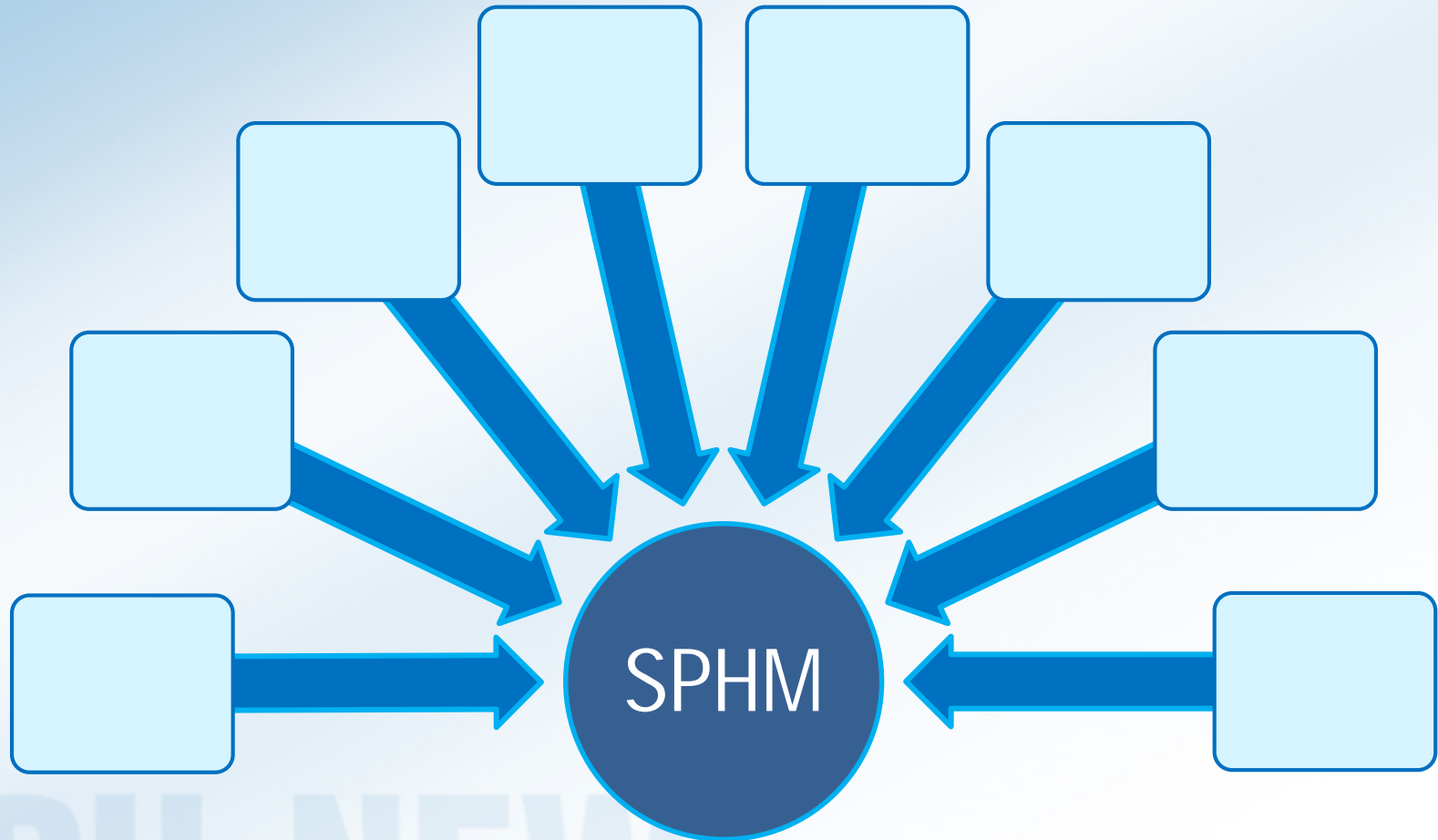
Key features of a Safe Patient Handling and Mobility program committee

- Interdisciplinary team that oversees development, implementation, and evaluation of the SPHM program
- Composition of committee should include both management and direct care workers.
- At least half of the members should be non-managerial nurses or other direct patient care worker.
- Committee should meet as needed, but no less than quarterly.

Source: MA Department of Public Health. (2014). Moving into the Future: Promoting Safe Patient Handling for Worker and Patient Safety in Massachusetts Hospitals.

SPHM Committee:

Which key functions should be represented?



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Roles for hospital leadership

Engaging all levels of hospital personnel

Policies, Resources, Evaluation

- Policies and procedures
- Accountability/continuous improvement
- Education
- Budget support
- Facilities
- Supporting a safety culture

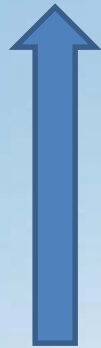




Roles for front line staff

Engaging all levels of hospital personnel

Why a participatory approach?



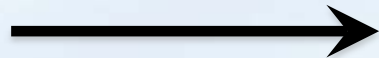
**Employee
health
self-
confidence**



- ...to change behaviors*
- ...to change conditions*
- ...to make decisions*
- ...to support co-workers*
- ...to sustain the program*



**Knowledge
from
employees'
experience**



- ...to discover root causes of physical, social, mental stress*
- ...to discover root causes of unhealthy behaviors*
- ...to contextualize solutions*

Roles for front line staff

Identifying and overcoming barriers

- Identifying root causes to injuries
- Assessing barriers to using lift equipment
- Recommending solutions
- Testing solutions
- Continuous improvement
- Supporting a safety culture



Healthy Workplace Participatory Program

www.uml.edu/cphnewtoolkit



Healthy Workplace Participatory Program

Healthy Workplace Participatory Program

- CPH-NEW Home
- Toolkit at a Glance
- How Your Organization Will Benefit
- Training & Support
- Get Ready for Program Start Up
- Form Steering Committee
- Identify and Train Facilitator
- Identify Health and Safety Priorities
- Form Design Team
- Generate Solutions Using the IDEAS Tool

The CPH-NEW Healthy Workplace Participatory Program (HWPP) Toolkit is designed specifically to help employer organizations adopt and implement a Total Worker Health (TWH) program approach. The HWPP Toolkit was developed to engage employees in designing integrated solutions that address a wide range of work environment, work organization, safety, and employee health issues.

The Toolkit is organized according to the links below to help you initiate, implement, and evaluate your program. The materials are appropriate whether you are starting a new program or enhancing an existing program. Review the [Toolkit at a Glance](#) to see the core program materials.

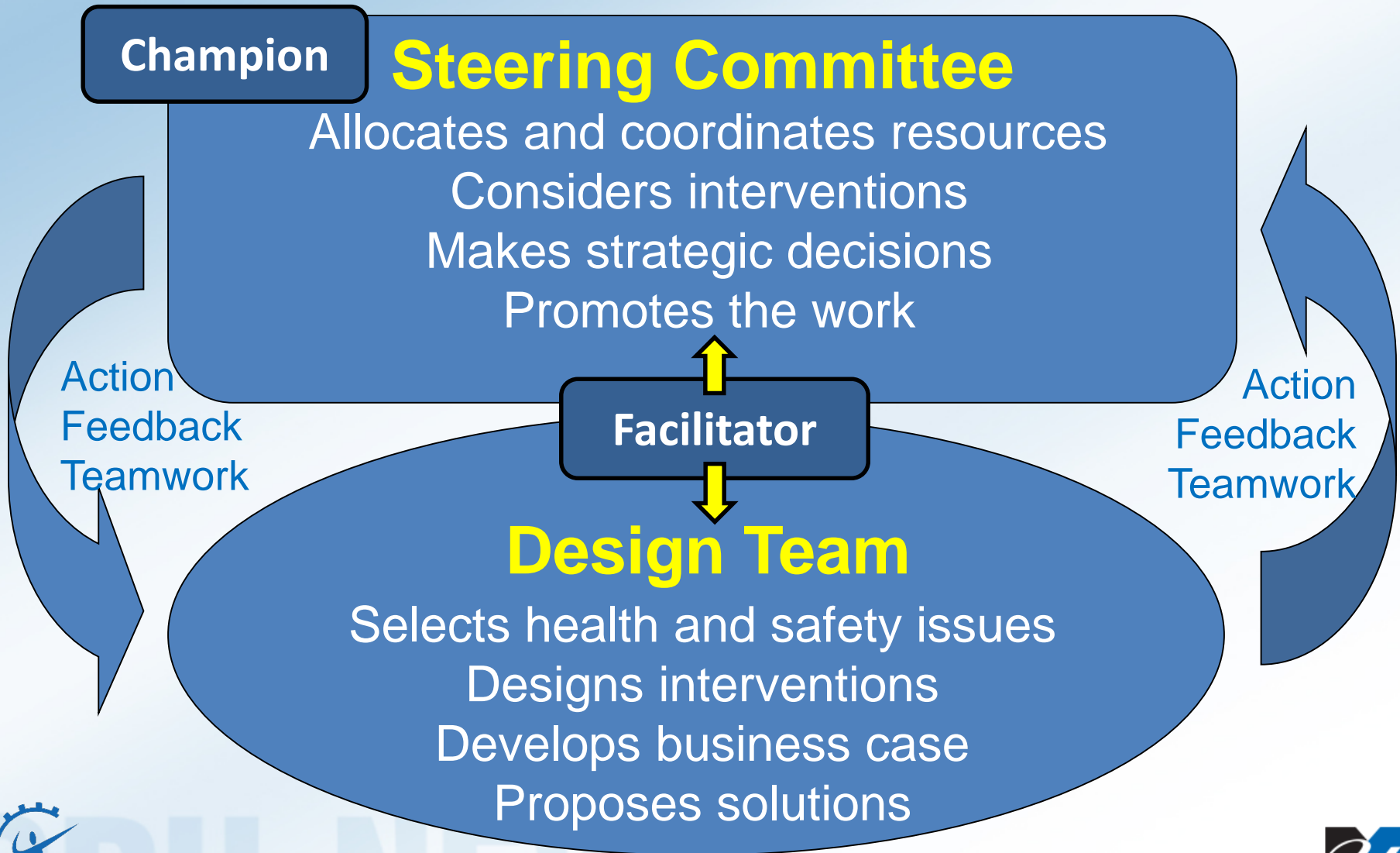
HOW HWPP WORKS

- THE OVERALL PROCESS
- TRAINING & SUPPORT
- WHAT'S NEW

1. Get Ready for Program Start Up
2. Form Steering Committee
3. Identify and Train Facilitator
4. Identify Health and Safety Priorities
5. Form Design Team



HWPP Two-Committee Structure



Using a Design Team (DT) approach

Selection criteria for DT members

- Representative of demographics, job tasks, work units
- Likes to learn new things
- Respected, opinion leader
- Can meet regularly
- Team player



Tools for Forming Teams



Form Program Teams

<https://www.uml.edu/Research/CPH-NEW/Healthy-Work-Participatory-Program/Form-Program-Teams/>

Guides to forming a SC and DT

- Team selection tools
- Team training tools
- Team meeting guides

Steering Committee Selection Tool

Table 1 Organizational Units

Under each category below, list representatives who would be beneficial Steering Committee members:

Senior Leaders (list work unit)	Directors Middle Managers	Safety/Health Leaders	Other (e.g. Labor)

Table 2 Key Skills and Attributes

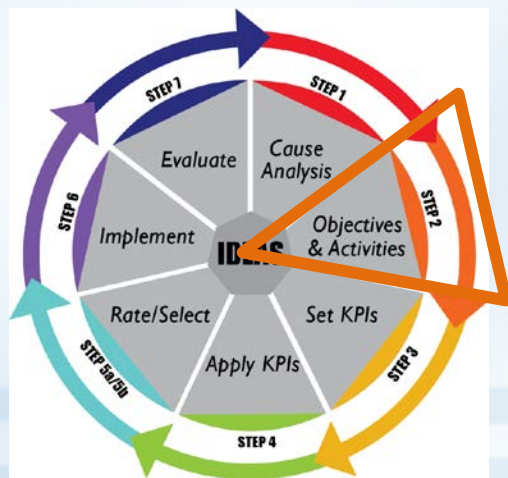
Steering Committee Member Name	Opinion Leader	Interested in health & safety	Gets Along Easily with Others	Has Fiscal Authority	Has policy authority	Communication skills

Tools for Identifying Root Causes



Generate Solutions Using the IDEAS Tool

<https://www.uml.edu/Research/CPH-NEW/Healthy-Work-Participatory-Program/generate-solutions/>



Intervention / Countermeasures tools

- Fishbone exercise
- Brainstorming solutions
- Solution analysis tool



CASE STUDY: Organizing a Multi-disciplinary team
FRISBIE MEMORIAL HOSPITAL - ROCHESTER, NH

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Setting: Frisbie Memorial Hospital (2014)

Rated top hospital in New Hampshire for safety and quality service

Winner of Outstanding Patient Experience Award



- Champion: Employee Health Nurse Practitioner/Manager
- Recruited Ergonomics Team and Safety Committee to participate
- Goal: To reduce patient handling injuries on a med/surg unit

Preparation: Recruit and Train Program Teams

Steering Committee

Vice Presidents:
HR, Patient Care, Planning

Directors:
Facilities Management
Food Service
Labs and Radiology
Risk Management
Infection Control
Emergency Management
Pharmacy

Design Team

Occupational and
Physical Therapists
Education and
Information Services
Department Reps
Patient Care Reps



Champion

Steering Committee

Allocates and coordinates resources
Considers interventions
Makes strategic decisions
Promotes the work

Action
Feedback
Teamwork

Facilitator

Action
Feedback
Teamwork

Design Team

Selects health and safety issues
Designs interventions
Develops business case
Proposes solutions

Gathering Data: Identify Health and Safety Priorities

Steering Committee used organizational data

- Patient handling **injuries doubled** from 2012 to 2013.
- Patient handling **injuries cost almost \$70,000** in 2013.

Design Team gathered local, contextual data

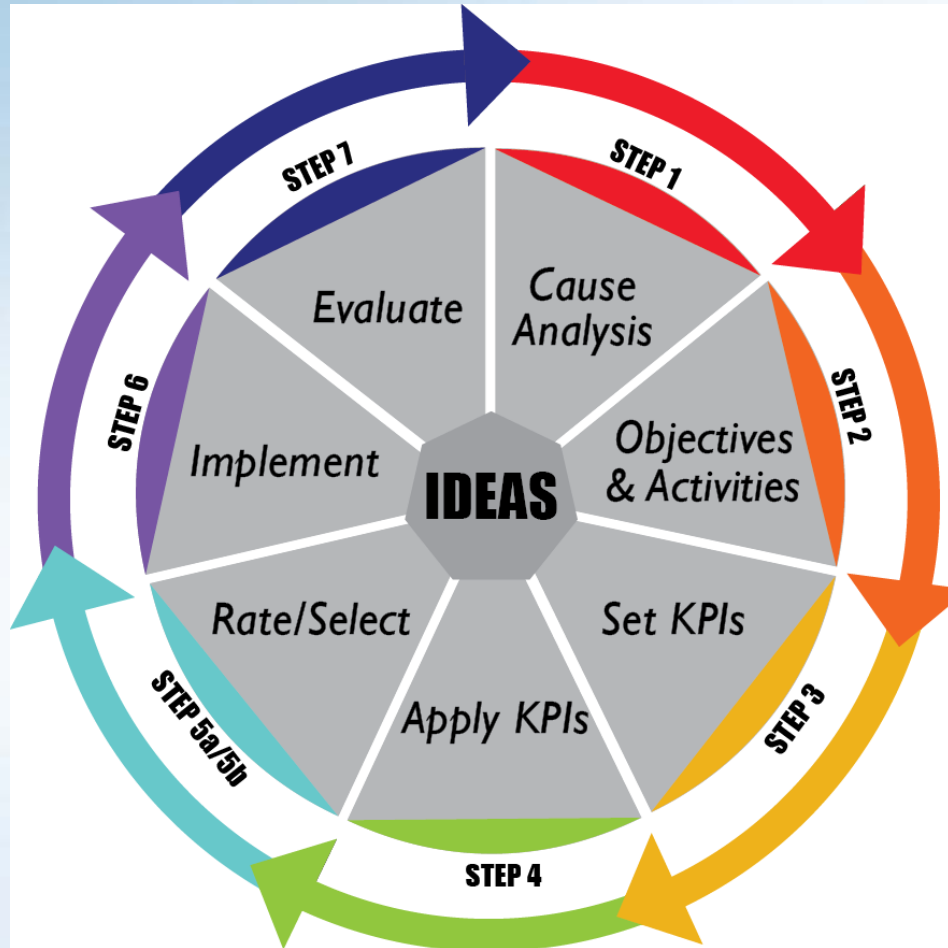
- Key issues: equipment, staffing/ irregular meal breaks, lack of exercise, inadequate sleep

How Does the IDEAS Tool Work?

Trained facilitator moderates each step

Team needs meeting time to reflect, brainstorm

Facilitator documents team work in worksheets



Step 1
Understanding the problem

Step 2
Creating full set of possible solutions

Steps 3,4
Analyzing costs, benefits, barriers
Formulate alternatives

Step 5
Rating, selecting best option

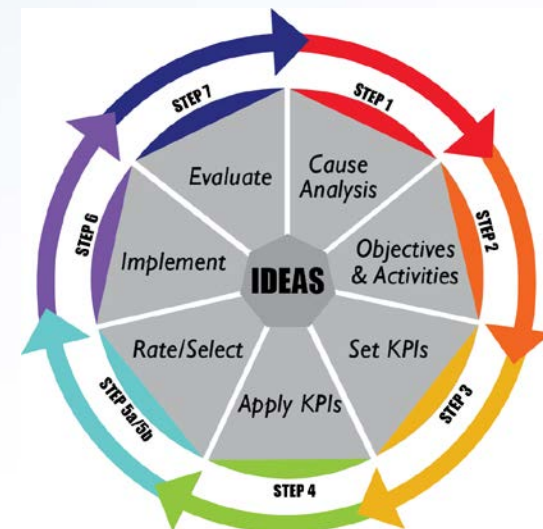
Generate Solutions Using the IDEAS Tool: Process and Timeline

DESIGN/SELECT INTERVENTIONS (3 months)

- Step 1—root cause analysis (2-3 meetings)
- Step 2—craft solutions (1-2 meetings)
- Step 3, 4—set/apply performance criteria (2 meetings)
- Step 5—rate/select interventions (1 meeting)

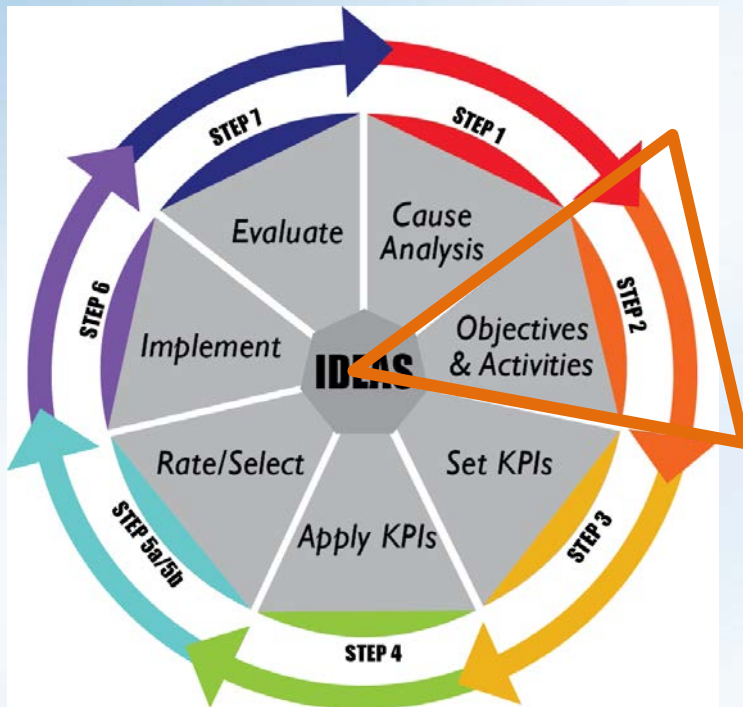
IMPLEMENT/EVALUATE INTERVENTION

- Step 6—implementation (4 months)
- Step 7—evaluation (6-8 months)



EXAMPLE 1: Frisbie Memorial Hospital

Safe Patient Handling Intervention



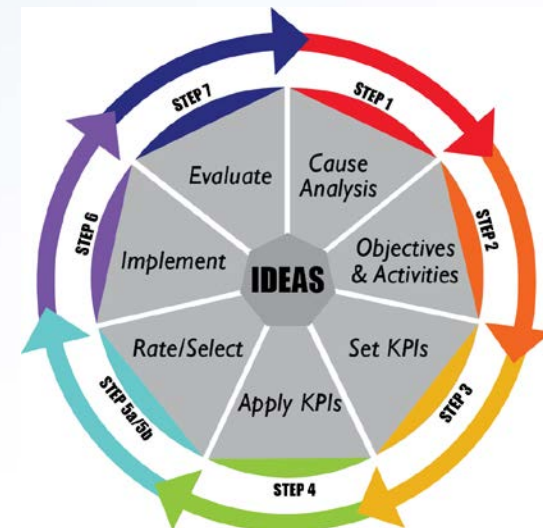
- This Design Team pilot tested HWPP in ONE unit, but made hospital-wide improvements.
- From 2013 to 2015 = **53% reduction** in injury report rates

Generate Solutions Using the IDEAS Tool: Results

Design Team proposed 3 interventions

- A. Increase use of patient handling equipment
 - Install new lifts
 - Increase accessibility of slings
 - Educate users
- B. Provide adequate staffing and promote required breaks
- C. Promote healthy habits in employees

Steering Committee prioritized Intervention A



Implement Interventions

Intervention A -- what they did:

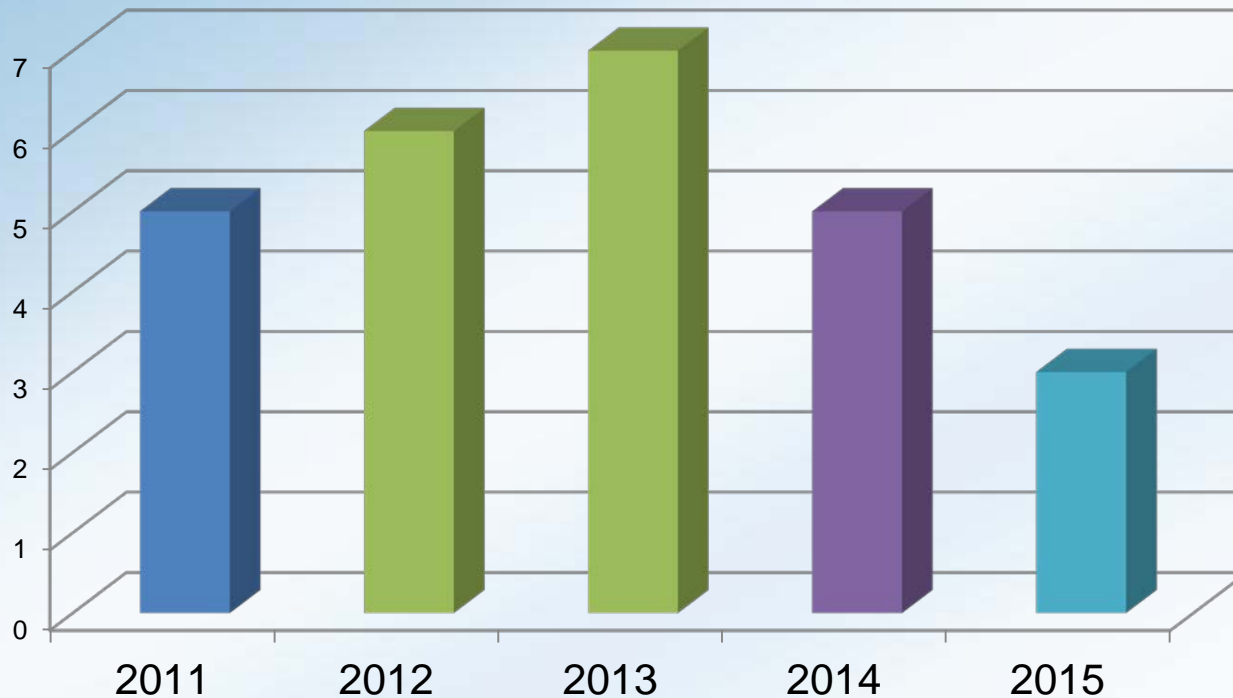
- Purchased and installed more ceiling lifts
- Implemented new sling coding, storage and laundering systems (hospital wide)
- Provided extra patient handling equipment training
- Trained all nursing care technicians as “super users” (hospital wide)
- Updated training policy to include equipment training as a core competency (hospital wide)

Components of Intervention A have been expanded beyond the med/surg unit, to all hospital units



Evaluate Interventions (Med/Surg Unit)

- From 2013 to 2015 = **57% reduction** in the number of patient handling injury reports

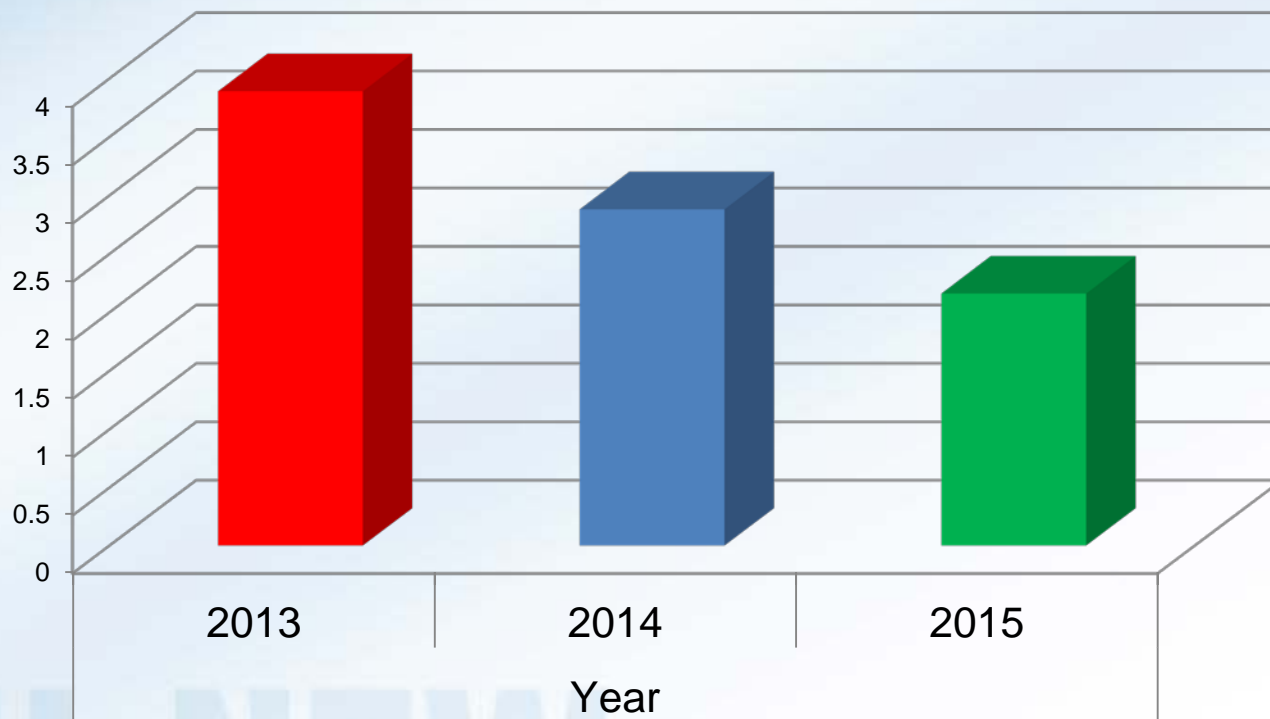


- 2016: increase in patient handling injuries from 2015
- 2017: No patient handling injuries
- 2018: Few patient handling injuries – all due to manual handling

- 2019: Workers' Comp Experience Mod for 2019 is **0.54**

Evaluate Interventions (Hospital Wide)

- Patient Handling Injury rates (*number of injuries per 100 FTEs*)
- From 2013 to 2015 = **53% reduction** in injury report rates



Factors Contributing to Success

- Dynamic and enthusiastic champion
- Active participation and engagement of both teams
- Ability to “pilot test” the Steering committee/Design Team approach
- Hospital culture of continuous improvement
- Pre-existing committees
- Program tools that are nicely laid out and field-tested
- Training for new team members (vital for maintaining management support)
- Pre/post measurement for each intervention

“This program breathed new life into the Safety Committee and the Ergonomics Team.”

--Program Facilitator

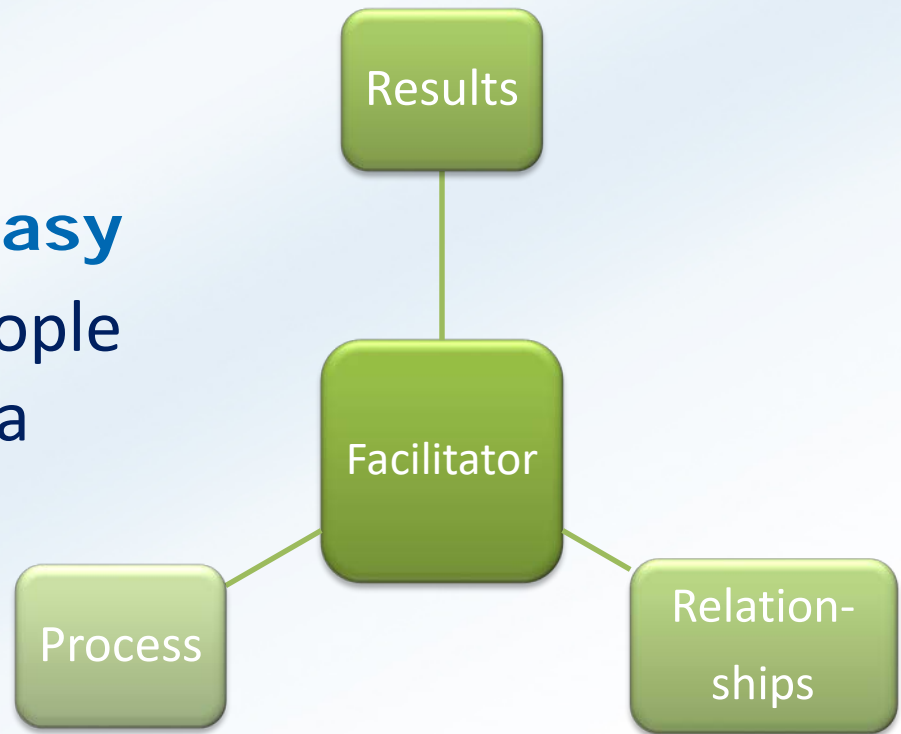


Facilitator Role

Is a facilitator a leader?

Latin—*facilis* to make easy

Creates conditions for people to work together toward a common goal.





Using the Facilitation Skills Videos

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Maximizing participation in meetings

- ▶ Helping a team set (and abide) ground rules
 - *Participation, Communication*
- ▶ The Check-in/Check-out
 - *Focuses attention; Primes everyone to speak*
- ▶ Reviewing the meeting agenda
 - *Everyone knows WHAT will happen and WHY*
- ▶ Encouraging others to speak
 - *Pair/Share, Round Robin*
- ▶ Balancing the voices
 - *Make space for everyone's input*
- ▶ Opt-in and Opt-out questions
 - *Expedites decisions, gathers commitments*

Contacts & Acknowledgements

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CPH-NEW Homepage:

www.uml.edu/cph-new

Healthy Workplace

Participatory Program

Website:

www.uml.edu/cphnewtoolkit

University of Connecticut

UConn Health, Farmington, CT

UConn Storrs, Mansfield, CT

University of Connecticut

CPH-NEW website:

<http://h.uconn.edu/cph-new>

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Engineering Controls in Healthcare

Engineering Controls:

Physical design of the workplace, which eliminates or reduces the hazard at the source



Examples:

- Hoyer or other lift equipment to transfer patients
- New/rehabbed units to accommodate tracks for ceiling lifts and space for their use
- Redesigned computer workstations to enable neutral postures
- Electric, adjustable bed to reposition patients

Principles of Engineering Controls in Healthcare

Must match patient handling equipment with:

- Patients' abilities and needs
- Type of lift, repositioning and/or transfer
- Staff availability
- Work environment design

Administrative Controls in Healthcare

Efficient processes or procedures to reduce employee risk



Examples:

- Developing a SPH policy
- Securing and maintaining SPH equipment
- Ongoing staff training in use of SPH equipment
- Provision of psychosocial support in creating a culture of worker safety
- Providing adequate breaks

Work Practice Controls in Healthcare

Establish methods or processes to reduce risk



Examples:

- Following the SPH policy and procedures
- Using good body mechanics when using SPH equipment
- Using neutral body postures
- Working at proper heights
- Keeping everything in reach
- Taking periodical rest breaks from prolonged shifts

Personal Protective Equipment (PPE) Related to MSDs Prevention in Healthcare

Personal protection to
reduce ergonomic related
risk factors



Examples:

- Comfortable shoes
- Comfortable clothing
- Ergonomic computer tools

Personal Protective Equipment
is the least effective controls
for musculoskeletal hazards.

Back (gait) belts are
ineffective in
preventing back
injuries.