

UC Medical Center

SAFETY SPOTLIGHT

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Safe Patient Handling

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POSTER OF THE MONTH

MONTHLY UC Medical Center SAFETY SPOTLIGHT
 Poster of the Month
 February 2018

Safe Patient Handling and Mobility

Safe Patient Handling Prior to Arrival (PLAN)
 Review the patient's plan, assess needs, and identify areas for improvement. If available, review the patient's medical history and current status to ensure proper equipment and technique are used.

Upon Arrival (THINK)
 Identify patient safety risks and assess the need for manual lifting. If manual lifting is required, ensure proper equipment and technique are used. If manual lifting is not required, ensure proper equipment and technique are used.

During the Patient Handling Task (DO)
 Communicate with the patient. Use a team approach.

After the Patient Handling Task (ACT)
 Review the patient's status and ensure proper equipment and technique are used.

Mobility: Benefits of Increased Activity During Hospitalization
 Decrease length of stay and improve discharge disposition (home or rehab or skilled nursing).
 Reduce risk of hospital-acquired complications (pressure ulcers, falls, blood clots, pneumonia, delirium, and mobility).
 Can also reduce need for pain medications.
 Patient report overall satisfaction can be more comfortable than manual handling and more patient able to interact more actively with equipment.
 Increased mobility can improve patient outcomes (shorter stays).

Improving patient outcomes and reducing risk of injury to staff through Safe Patient Handling and Mobility best practices
 Safe Patient Handling (the use of minimal lift equipment, or other resources, to significantly reduce the risk of harm to patients and staff during patient handling tasks).
 Mobility during a hospitalization can have a significant impact on patient health and outcomes.
 Safe Patient Handling and Mobility (SPHM) is combining Safe Patient Handling practices as part of patient mobility programs to significantly reduce the risk of medical complications during hospitalization, reduce the risk of injuries for patients and staff, and improve the overall patient outcome and experience.

OSHA SAFETY

Safe Patient Handling

Patient handling activities include providing any level of assistance to a patient during the course of care. Typically patient handling tasks in medical centers include helping patients with bed level activities, transfers, ambulation, fall prevention, floor recovery, assisting a patient onto an exam table, and car extraction. Evidence has proven that performing these patient handling tasks manually (without the use of minimal lift equipment) is associated with a high risk of musculoskeletal injuries. Patient handling task injuries are often related to the force, frequency, and awkward postures to perform these tasks. Cal-OSHA passed regulation Title 8 5120 in October 2014 that required all patient handling to be performed with minimal lift equipment, except in the case of an emergency.

For UC Medical Centers, patient handling claims are one of the most expensive types of employee injuries. In addition, these injuries can have life-long impacts on our employees. The good news is that the majority of patient handling injuries are preventable with the use of minimal lift equipment.

Bed mobility tasks are typically the most frequent tasks performed in the inpatient setting, and for UC Medical Centers, the most common and expensive workers compensation claim. Bed mobility tasks include activities: boosting patient up in bed, turning from side to side, or performing activities such as a bed linen change, or toileting, with the patient remaining on the bed.

No Safe Way to Manually Lift a Patient!

Proper ergonomics is an important component for prevention of musculoskeletal strains with patient care tasks, but ergonomics alone is not sufficient. Minimal lift equipment must be utilized to reduce the risk of harm as patients present with unique risk factors that do not apply to manual material handling:

- Patient's weight is not compact, or evenly distributed.

SAFE PATIENT HANDLING BEST PRACTICES:

Stop: If you don't feel that something is safe, or you need assistance with a patient handling task, stop and ask for help.

Take time: Ask about the patient's mobility status, confirm you have the equipment and assistance needed for the task. Do not rush. There is always time for safety!

Optimize Communication: When performing patient handling tasks, always communicate what you are doing with the patient, and communicate with those working with you to work most effectively as a team.

Push: Always escalate any safety concerns up the chain of command and always report your concerns, even if there was no harm. Reporting harms and near miss events is key to improving the effectiveness of SPH programs!



- Many patients have medical conditions that impact the caregiver's ability to provide assistance where it would be best ergonomically. This contributes to excessive force or awkward postures. Manual handling can also be uncomfortable, or painful, for the patient.
- Patients are unpredictable. Patients can have rapid and dramatic changes in their medical and physical status. They can present with behavioral changes, inability to follow commands, combativeness, unwillingness to follow commands, or a sudden paralyzing fear. These all increase the risk of an injury during patient handling.
- For some patient care tasks, awkward postures cannot be avoided due to other factors. For example, when providing care on the bed, it is difficult to keep the task as close to your body as you would with standard ergonomics.

Contributing Factors to Patient Handling Injuries

There are numerous factors that are contributing to increased risk for harm with patient handling tasks:

- The average weight of patients is increasing. For most hospitals, the average weight of a patient is 170lbs. Many hospitals routinely have patients in excess of 400lbs. At UCSF, the average number of patients per day >100kg/250lbs is 35 patients.
- The workforce is aging. Our healthcare professionals that are performing patient handling tasks are often older than in previous years.
- Patients are sicker. With earlier discharges to home, the average patient today requires far more care and assistance than in the past. This also impacts outpatient areas, as with earlier discharges from the hospital, means that the outpatient population is more debilitated than in prior years.
- Early Mobility programs. Evidence has shown that immobility of patients during a hospitalization can lead to hospital acquired complications and increased length of stays, which is not only a poor outcome for the patient, it is very expensive to the institution. Early mobility programs are focused on ensuring that all patients are mobilized to their maximal potential to improve patient outcomes. Mobilizing heavier and more debilitated patients increases the risk of injury when SPH practices are not utilized.
- Review of UC Medical Center injury claims show that all medical centers continue to struggle with staff compliance with utilization of the equipment. Many clinicians have performed manual handling for decades and changing culture and practice is challenging.
- Comfort with new lift equipment and technology. Many of our staff still express being intimidated and uncomfortable with the larger pieces of minimal lift equipment, like portable vertical lifts. Even with hands-on training, this fear can persist.

PROCEDURES APPLICATION TO INCLUDE SPHP

Later this year a new method for reviewing and updating Safe Patient Handling Plans (SPHP) will become available. UC Risk and Safety Solutions, which creates Risk and Safety programs designed to support hospital Environmental Health and Safety staff and Risk Management professionals, is currently expanding our Procedures application to include SPHP.

The software will provide a master template that each medical center can customize to meet the individual needs of its units. The application will also help improve compliance by providing a way for administrators to view and track the results of completed SPHPs across units and across medical centers.

To learn more, contact UC Risk and Safety Solutions at service@RiskandSafetySolutions.com.

Safe Patient Handling Program Checklist

Program Requirements

- All UC Medical Center employees must receive awareness training at hire on the risk of harm from providing assistance and must be trained on what to do if someone does need assistance.
- All UC Medical Center employees that MAY provide assistance to patients/visitors need to have a minimal level of training on risk factors, 5 areas of body exposure, mobility screening/assessment tools, AND must have **in-person training that include hands-on** practice with on all equipment that they are expected to use at hire, annually, when new equipment is introduced and if change in assignment area. The training records must include the exact equipment that was trained on (model); the trainer; the date; and the participants.
- All patient care areas must have a **Safe Patient Handling Plan (SPHP)** completed for that specific area that includes items like: patient handling tasks in their area, procedures for use of equipment for patient handling tasks, minimal lift equipment available to their staff. This SPHP must be completed prior to opening a new unit and annually reviewed. It is a Cal-OSHA requirement for this SPHP to include staff feedback on effectiveness and any gaps. UCOP template available.
- **Hazard Log:** All UC patient care areas must maintain, or be able to provide, a hazard log for that area. Hazards include equipment issues (lack of accessibility, broken); identified gaps in procedures or equipment; staff injuries; and any reported patient handling concerns. The hazard log must include the action plan for the hazard.
- **SPH Policy:** Each UC Medical Center must have a SPH Policy that includes the following components: Replacement of manual handling with minimal lift equipment, Accountability for compliance, Right to Refuse.
- **Equipment:** Each area must have equipment immediately available and accessible for the patient care tasks performed in that patient care area.

Designated SPH Personnel

- A mobility assessment and a patient specific SPH Plan must be completed by the Designated SPH patient-specific Personnel. For inpatient areas, this is the RN. When there is no RN available (unavailable or ambulatory setting), there must be procedures for how the mobility assessment and SPH Plan is completed (part of the SPH Plan). PT/OT can contribute to the plan, but for inpatient, the RN is the Designated SPH Personnel.
- The SPH Plan for a patient must be communicated to the patient,

healthcare representatives, and other HCP working with the patient. The SPH Plan must be documented.

- Other SPH trained individuals can and should contribute to the SPH Plan for the patient. This should be communicated and documented.
- Right to Refuse: All employees need to know that they have the right to refuse any patient handling task that they feel is unsafe, or that they are not trained to perform. If an employee refuses, the concern MUST be escalated (per their area's procedure) to ensure that the issues is immediately resolved to prevent a delay in care for the patient.

Staff Knowledge: Know your procedures and safe patient handling plan for each task you perform:



- [UC Davis](#)
- [UC Irvine](#)
- [UCLA](#)
- [UC San Francisco](#)
- [UC San Diego](#)

Worksheet: What is your areas procedure for equipment you use for each task?

Patient Handling Tasks	Minimal Lift Equipment										
	Friction Reduction Device	Air Assisted Friction Reduction Device	Slideboard with FRD	Non-Powered Sit to Stand	Powered Sit>stand	Seated Sling with lift	Repositioning Sheet with lift	Turning Sling with lift	Limb Holding Sling with lift	Ambulation Sling with lift	Floor recovery Air Assisted Device
Bed Level Activities											
Boosting up in bed											
Turning for wound care or hygiene											
Q2 turns for pressure relief											
Linen Change											
Limb Holding											
Transfers											
Lateral transfers (supine or sitting)											
Supine to sitting upright in full chair position											
Bed to eob, chair, or commode without standing											
Bed to chair or commode with standing											
Seated transfer from w/c to exam table											
Ambulation											
Floor recovery											
Car Extraction/Transfers											



Send an email to safetyspotlight@ucdavis.edu to submit your comments on the February issue or to suggest content ideas for future issues. We look forward to hearing from you!

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