

**Safe Patient Handling (SPH) Program
Work Plan for Certification of ANA Handle with Care Recognition Program***

Work Plan

1.0 Program Planning and Leadership

Program Element/Criteria	Demonstration Criteria	Current State	Future State Plan	Status Red/Yellow/ Green
1.1 The facility program must be operational a minimum of three (3) years. A program is considered operational on the first day of equipment use, following the education and training of clinical HCWs.	1.1 Documentation demonstrating the date of program initiation such as minutes, annual report, staff training database, equipment installation receipts, and other supporting documents.			
1.2 The Chief Nursing Officer (CNO) must have a leadership role in the safe patient handling (SPH) program, through involvement in program planning, demonstrated implementation, and evaluation.	1.2 Meeting minutes reflecting CNO attendance at planning meetings, including multidisciplinary ergonomics committee meetings, equipment fairs (if applicable) or other program related meetings and events.			
1.2.1 Meet with the SPH program coordinator at least annually and include review data injury information on the meeting agenda.	1.2.1 Minutes of quarterly meetings between CNO and SPH coordinator.			
1.2.2 Review and assess SPH program information, including current injury information, with nursing middle management at meetings held minimally twice a year.	1.2.2 Documentation of CNO's meetings with middle management addressing SPH program.			

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1.3 A SPH program coordinator has been appointed and is responsible to oversee the SPH program.	1.3 Documentation that SPH program coordinator: leads SPH multidisciplinary committee, meets at least quarterly with unit peer leader team, reviews data of (MSDs) and provides feedback to unit managers, has input equipment selection, meets regularly with CNO (at least annually) and participates with staff education/training. (minutes, schedules, reports). Include list documenting committees that SPH program coordinator participates in and/or leads.			
1.3.1 Include the title, job description and responsibilities of the safe patient handling coordinator.				
1.4 A multidisciplinary ergonomics committee has been created, composed of a minimum 50% front line staff. One half of the frontline staff will be registered nurses.	1.4 Minutes from the multidisciplinary ergonomics committee meetings for the past one year. Include list of committee members including their title, credentials and unit represented.			
1.5 At least one unit- based peer leader is designated for each unit.	1.5 Roster/chart listing the unit-based peer leaders for each unit (including regular shift worked).			

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1.5.1 Additionally, one unit-based peer leader per shift is preferred for unit support and as a SPH resource, but not required.				
2.0 Initial Assessment				
2.1 A minimum of three (3) years of data on (MSDs) of clinical HCWs was analyzed to evaluate trends.	2.1 Two (2) data sources used during assessment. Data sources may include some or all of the following sources of information: OSHA 300 logs, benchmark data regarding past injuries, lost time injuries, and Workers' Compensation data.			
2.2 During initial program planning phase, walkthrough assessments of all patient care areas were conducted on all shifts to identify high risk patient handling tasks.	2.2 Reports of walkthrough assessments for all patient care areas/shifts indicating findings.			
2.2.1 Assessments must include unit staff, unit manager, and SPH program coordinator.	2.2.1 List of assessment team member with titles per unit.			
2.3 During the initial program planning phase a survey of clinical HCWs was conducted prior to implementation to include high risk tasks per unit.	2.3 Dated copy of clinical HCW survey, with results.			
2.4 An inventory of current patient handling was established at onset of program planning.	2.4 Dated copy of equipment inventory.			

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3.0 Program Development				
3.1 A unit specific approach was developed using analysis of the assessment information in determining unit needs, hazards and solutions to reduce risk of MSDs, including technology, design and available science based information such as algorithms.	3.1 Description of units selected for SPH program inclusion based on initial assessment phase. Sources of examples include minutes, reports, or other assessment tools such as the "Assessment Criteria and Care Plan" developed by the Department of Veterans Affairs VISN 8 Patient Safety Center of Inquiry.			
3.2 Lift teams are supplemental to the SPH program and are not the main resource for patient handling whether on a unit with a SPH program or other units.	3.2 Policy and procedures related to lift team responsibilities, including: job description, education and training, competency, and documentation of number of patient handling calls for assistance by lift team.			
3.2.1 In all instances where lift teams are functioning, lift team members must utilize appropriate lift equipment for patient handling.	3.2.1 Evidence that lift team is utilizing patient handling equipment such as "equipment counters" or observational studies.			
4.0 Equipment				
4.1 The process utilized for equipment selection is documented.	4.1 Documentation of equipment selection process.			

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4.2 Selection criteria for lifting and transfer devices were developed to address the identified high risk tasks and special needs of patients on each unit.	4.2 Criteria used for equipment selection based on unit/patient needs.			
4.2.1 Clinical HCWs had input in to the selection of SPH equipment and devices, including piloting and evaluation of equipment use.	4.2.1 Evidence that clinical HCWs evaluated equipment and devices from at least two vendors. Provide a sample of clinical HCWs evaluation forms and reports.			
4.3 A unit-specific list of SPH equipment is available.	4.3 Unit-specific lists for all units where the SPH program has been implemented.			
4.4 A plan and schedule of equipment maintenance is in use and available for review.	4.4 Schedule of equipment maintenance and evidence that maintenance has been performed. Copy of the equipment policy and procedures			
5.0 Education and Training				
5.1 All clinical HCWs receive education (whether in classroom format or computerbased) and hands-on training on equipment selection and use as well as program policy and protocols.	5.1 Copy of training materials including objectives, activities, examination, or other. Description of qualifications of those providing education and training for HCWs on safe patient handling equipment.			

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5.2 All clinical HCWs must demonstrate competence for each piece of unit-specific equipment/devices.	5.2 Documentation for all clinical HCWs including return demonstration for each piece of unitspecific equipment/devices with instructor sign-off.			
5.3 Annual refresher training including demonstration of competencies must be performed.	5.3 Documentation of performance of annual training and competency including schedules, tracking database, copy of completed competencies, or other evidence.			
5.4 Patient education is part of the overall SPH program and may include education of family and/or visitors.	5.4 Description and examples of how patient/family/visitor education is conducted using brochures, video, or other educational materials.			
5.5 Education, training and competency of clinical students is provided within the safe patient handling policy or documented elsewhere (if applicable).	5.5 Documentation of policy addressing clinical student education in SPH. Documentation of unit specific training and competency for clinical students on safe patient handling.			
5.6 Education and training on safe patient handling is part of new employee orientation to each unit where a SPH program is in place. This includes clinical HCWs who transfer from one unit to another.	5.6 Proof of new employee orientation to unit specific SPH and equipment.			

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5.7 Education and training plans include provisions for new equipment and devices that will be introduced between annual training.	5.7 Documentation of education and training when new equipment was introduced to a unit.			
5.8 Lift team training should be equivalent to or greater than that for clinical HCWs, if SPH program includes a lift team.	5.8 Copy of lift team training materials including objectives, activities, examination and competency.			
6.0 Program Implementation				
6.1 Policy related to the SPH program has been developed, including provisions for emergency manual handling measures, and is available for review and is accessible to all clinical HCWs.	6.1 Copy of SPH program policies. Clinical HCWs demonstrate accessibility of policy during site visit interviews.			
6.2 Procedures utilized in safe patient handling are written, available for review and are accessible to clinical HCWs.	6.2 Copy of safe patient handling program procedures. Clinical HCWs demonstrate accessibility of policy during site visit interviews.			
6.3 Documented policy, including consequences, is developed for noncompliance with the SPH program by clinical HCWs or patient.	6.3 Description of non-compliance policy for patient and clinical HCWs refusing use of equipment. Documentation in Human Resources policy of the management of noncompliance by clinical HCWs.			

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6.4 Describe and document implementation process of SPH program to each unit.	6.4 Description of implementation process including timeline; roles of SPH program coordinator and unit-based peer leaders; communication plan; any modification of program implementation plan;			
6.5 Program barriers and challenges were addressed.	6.5 Describe barriers and challenges experienced during program implementation, including solutions.			
7.0 Program Evaluation				
7.1 The SPH program is evaluated at least annually, including unit-level and overall program evaluation.	7.1 Copy of past two (2) annual program evaluation reports, including unit specific evaluations.			
7.2 Annual evaluation of clinical HCW injuries including review of any benchmark injury data which is unit-specific.	7.2 Data may include information from OSHA 300 logs, benchmark data regarding past injuries, lost time injuries, and workers' compensation, recruitment and/or retention data.			
7.2.1 A reduction in overall MSD injury rates and severity of injury rates due to patient handling is expected.	7.2.1 Injury data demonstrating a reduction in overall MSDs rates and severity of injury due to patient handling.			

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7.3 Evaluation of program processes, including equipment maintenance and laundry management.	7.3 Documentation of program processes and evaluation.			
7.4 Satisfaction survey of clinical HCWs that includes safe patient handling program assessment was performed at least once since program implementation with timeline for future surveys.	7.4 Survey tool and results of clinical HCW satisfaction survey examining factors such as: back pain at end of shift, fatigue, positive perception of safety climate, or other indicators.			
7.5 Satisfaction survey of patients that includes questions about the safe patient handling program was performed at least once since program implementation with timeline for future surveys.	7.5 Survey tool and results of patient satisfaction survey examining factors such as comfort during lift, security with lifting equipment, maintenance of dignity and safety.			
7.5.1 Evidence of SPH program impact on patient safety measurement, if available.	7.5.1 Information pertaining to the SPH program's impact on patient safety data and or patient quality of care outcome effects on areas such as skin integrity, fall rates or length of patient stays.			
7.6 Evidence of ongoing equipment use by HCW.	7.6 Documentation of evidence of equipment use, such as "equipment counters", direct observation, or quality assurance studies.			

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7.7 After action review or root cause analysis of SPH injuries or adverse events are conducted, including documentation of clinical HCW injuries, patient injuries and equipment failures.	7.7 Describe the process of the after action reviews or root cause analysis including documentation process, evaluation, and communication of issues and corrective actions.			
8.0 Program Sustainability				
8.1 Walkthrough assessments of units occur on a regular ongoing basis as defined in the SPH policy and no less frequently as annually.	8.1 Documentation of walkthrough assessment of each unit for past two years consistent with SPH policy.			
8.2 Program modifications based on findings from program evaluations have been planned, implemented, and communicated.	8.2 Describe program modifications with communication and plan for implementing changes.			
8.3 A plan has been developed for review of patient handling injuries including review and dissemination of findings.	8.3 Documentation for past year of patient handling injury review plan and past reports including plan for dissemination to unit managers, safety committee, CNO, and senior leadership. Include the role of SPH program coordinator in report review and dissemination.			
8.3.1 Reports to unit managers, safety committee, CNO and senior leadership should occur at least quarterly.	8.3.1 Evidence that reports have been made available to unit managers, safety committee, CNO and senior leadership at least quarterly.			

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8.3.2 SPH program coordinator must review and coordinate dissemination of injury reports at least quarterly.	8.3.2 Describe the dissemination of SPH injury reports to SPH program coordinator on a quarterly or more frequent basis.			
8.4 A plan to implement the program on additional units has been developed.	8.4 Plan and timeline to implement the SPH program on additional units.			
8.5 SPH program components should be considered in new construction and unit remodeling with documentation, if applicable.	8.5 Documentation of any planned new construction and/or remodeling accounting for safe patient handling program component considerations.			
9.0 Regulations				
9.1 Program must be compliant with any state regulation.	9.1 Describe and document what state regulations apply and how they are met.			

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Nurses and Healthcare Worker Protection Act of 2009*				
1.0 Develop and implement a safe patient handling and injury prevention program which includes: hazard identification, risk assessments, and control measures in relation to patient care duties and patient handling.	Provide a copy of the written program which includes the components. Demonstrate implementation of the components.			
2.0 Purchase, use, maintain, and have accessible an adequate number of safe lift mechanical devices.	Evidence of purchase of an adequate # and types of devices. Evidence of proper location, availability, and use.			
3.0 Obtain input from direct-care registered nurses, health care workers, and employee representatives of direct-care registered nurses and health care workers in developing and implementing the safe patient handling and injury prevention plan, including the purchase of equipment.	Documentation of the process used to involve the parties mentioned and evidence of the application of this process.			
4.0 Establish and maintain a data system that tracks and analyzes trends in injuries relating to the application of SPH and injury prevention standard and to make such data and analyses available to employees and employee representatives.	The availability and use of a worker injury and illness database that allows the analysis of trends and tracking of causation. Demonstration that this information is made available to employees and their representatives.			

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5.0 Establish a system to document in each instance when SPH equipment was not utilized due to legitimate concerns about patient care and to generate a written report in each such instance. It will contain the information required and be made available to OSHA compliance officers, workers, and their representatives upon request.	The availability and use of a patient handling incident investigation report that fully documents why appropriate SPH equipment was not used and/or incidents occurred despite the use of SPH equipment.			
6.0 Train nurses and other health care workers on SPH and injury prevention policies, equipment, and devices on at least an annual basis. The training must include information on hazard identification, assessment, and control of musculoskeletal hazards in patient care areas, be conducted by an individual with knowledge in the subject matter, and delivered (at least in part) in an interactive, classroom-based and hands-on format.	Evidence of SPH training for all required staff on an annual basis. Availability of materials detailing course content that includes all the required elements. Details regarding the qualifications of the trainers.			
7.0 A notice must be posted that explains the purpose of the SPH and injury prevention standard, includes information regarding SPH and injury prevention policies and training, and explains procedures to report patient handling-related injuries.	Evidence that a poster that explains the purpose and requirements of the SPH and injury prevention standard/program was posted.			

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8.0 Conduct an annual written evaluation of the implementation of the SPH and injury reduction plan, including handling procedures, selection of equipment and engineering controls, assessment of injuries, and new SPH and injury prevention technology and devices that have been developed. The evalua	The evaluation shall be conducted with the involvement of nurses, other health care workers, and their representatives and documented in writing. Health care employers shall take corrective actions as recommended in the written evaluation.			
Gap Analysis Details				
Entity	Location	Completed by		Date
* The ANA Handle with Care Recognition Program was no longer being offered as of 8/16/2011. The Nurses and Healthcare Worker Protection Act of 2009 was proposed federal legislation that was not enacted.				