

Almost “LIVE” from 2017 SPHM Conference

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Description

- This webinar provides the most up-to-date science and patient handling tips gleaned from the 2017 SPHM Conference in Glendale AZ. If you couldn't attend the conference or couldn't attend all the workshops, this is the webinar for you!

Objectives

- Identify all-new and emerging science associated with patient and worker safety
- Describe a new approach to practical tips for safe, quality patient handling
- Explore current trends in patient handling tools and resources

Introduction

- 392 attendees
- 12 countries represented
- 24 posters
- 72 vendors
- 30% first time attendees
- 10% attended at least 8 conference
- Research Award
- PT, OT, RT, Risk, Nursing, Insurance, others

ASPHP

Gail Powell-Cope

“Essentials of SPHM”

Problem continues to exist

Hospital 2X

Nursing home 3X

Ambulatory care 6X



Gail Powell-Cope

- No safe way to lift 35 pounds
- Excessive force on the spine
- SPHM is cost effective
- Technology is getting better
- SPHM is interdisciplinary
- Effects everyone who moves patient

The Last Frontier

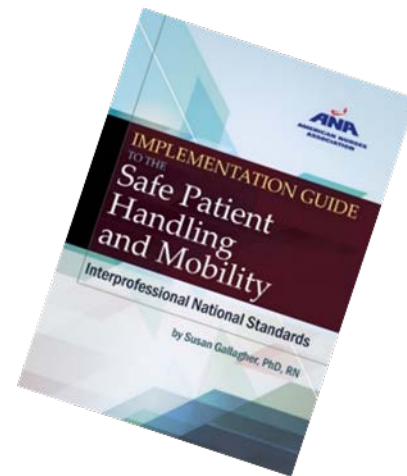


Gail Powell-Cope



Gail Powel-Cope

- SPHM is good for patients, not just workers
- Patient safety data is not as mature as worker safety data
- Program implementation requires tenacity



KEY POINT: Fall Alert!

- 1:4 over 65 fall each year
- Every 11 seconds an older adult is treated in the ED for a fall
- Every 19 seconds an older adult dies from a fall



Pam Cipriano

- “Safe Patient Handling and Mobility is the Key to Safety and Quality”
- Healthcare is dangerous work
- AACN Healthy Work Environment
- NPR Report
<http://www.mprnews.org/story/2015/02/04/npr-nursing-injuries>

Pam Cipriano

- We have the science
- We have the injury data
- We have the return on investment
- Consider re-messaging www.anasphm.org

Pam Cipriano

- Consider Quadruple AIM as an alternative to the TRIPLE AIM approach
- Healthy Worker, Healthy Nation



Before the Assist/Resist Assumption: Enlist BMAT and Lift Technology

Deb Mosman

Susan Salisbury

Joni Sprouse

Before the Assist....

- 80% nurses in the study waited for PT to perform an evaluation before mobilizing the patient
- Needed a nurse driven assessment tool

Tool Selection

- Fall Risk Assessment
 - Hendrich Fall Risk Model II
 - Morse Fall Scale
 - Schmid Fall Risk Assessment
 - STRATIFY
- Mobility Assessment
 - Berg Balance Scale
 - Functional Reach Test
 - Timed up and go (TUG)
 - Tinetti Balance
 - BMAT

BMAT

- Reduce patient falls
- Communicate patients' mobility to all staff
- Increase early mobility
- Improve patient discharge disposition via early mobility
- Decrease patient complications from immobility
- Decrease staff injury relate to patient handling

(Boyton, Kumpar, Trudgen, 2015)

Before the Assist....

- Perform assessment at least every 12 hours
- BMAT Learning Video on YouTube
 - 4 minute video
 - Integrate BMAT into nursing assessment

Before the Assist....

Mr. London Bridge

Ms. Dumpty

Before the Assist....

Leading indicators

BMAT completion(s)

7/16 – 74%

2/17 – 100%

Lagging indicators

Falls

7/16 – 6

2/17 – 0

Before the Assist....

- Next Step
 - Design Fall Intervention Bundle
 - Integrate BMAT into EM/HR
- Questions????

KEY POINT - Legislation

“Don’t wait for legislation....”

Executive Summary of The Nurse and Health Care Worker Protection Act of 2015

Sec. 1. Short Title; Findings; Table of Contents

The Nurse and Health Care Worker Protection Act of 2015 (“the Act”) would require the Occupational Safety and Health Administration (“OSHA”) to issue a standard that protects nurses and other health care workers from manual patient lifting practices that lead to musculoskeletal disorders (“MSDs”). In the absence of such a standard, MSDs have racked the nursing profession, contributing to a nursing shortage that undermines patients’ safety and drives up the cost of health care. In 2014, registered nurses were ranked sixth in cases of MSDs causing days away from work (11,360 cases); nursing assistants were number two (20,920 cases).

The findings in this bill would help OSHA satisfy their evidentiary burden under the Occupational Safety and Health Act (“OSH Act”), by explicitly recognizing the significant risk to health posed by manual patient lifting, the impairment those injuries have for health care workers health, and the feasibility and necessity of addressing that threat via a workplace safety standard.

History and Update

- There is a history of SPHM dating back to the late 1970s with useful resources for today
- There was federal legislation for safe patient handling enacted in 199 but revoked in 2000
- OSHA has and can cite healthcare facilities for safe patient handling hazards under the general duty clause

History and Update

- OSHA will be inspecting healthcare facilities
- There is research and evidence base for safe patient handling and ergonomics as established through hearings

KEY POINT

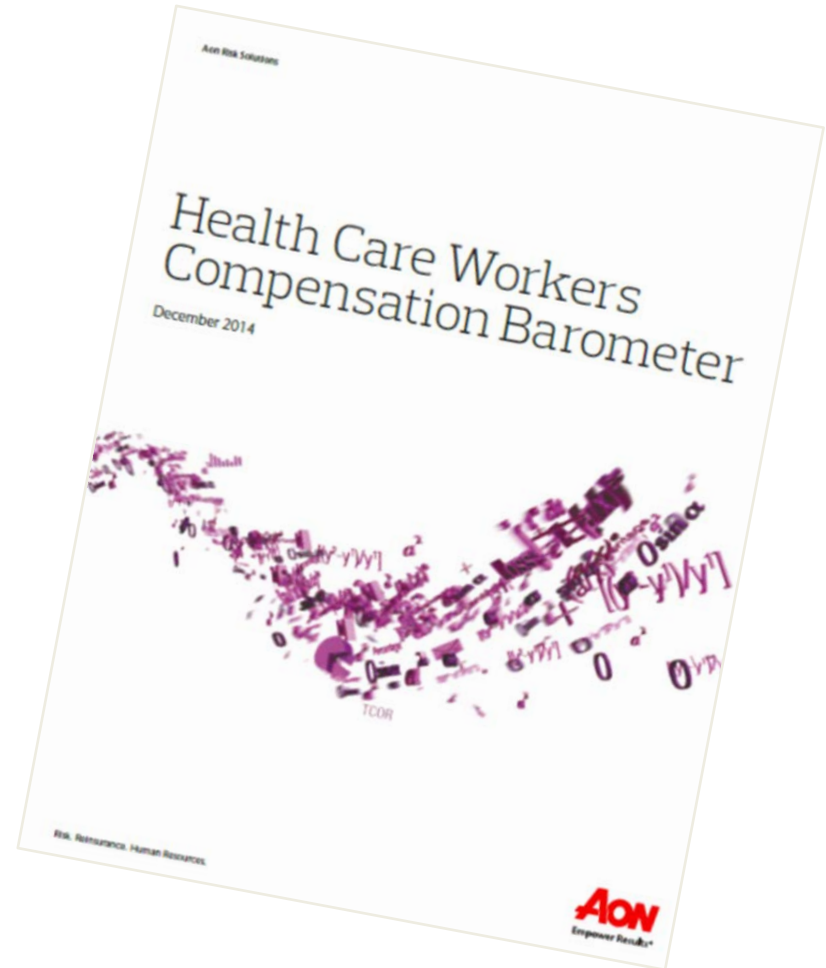
“Thoughts, words and deeds”

Healthcare Benchmarking....

Healthcare Benchmarking and
Patient Handling Data

2014 Report

- 44 health care systems
- 1,150 facilities
- 257,110 non-zero claims (2013)
- \$1.6 billion in incurred loss dollars
- 50 states

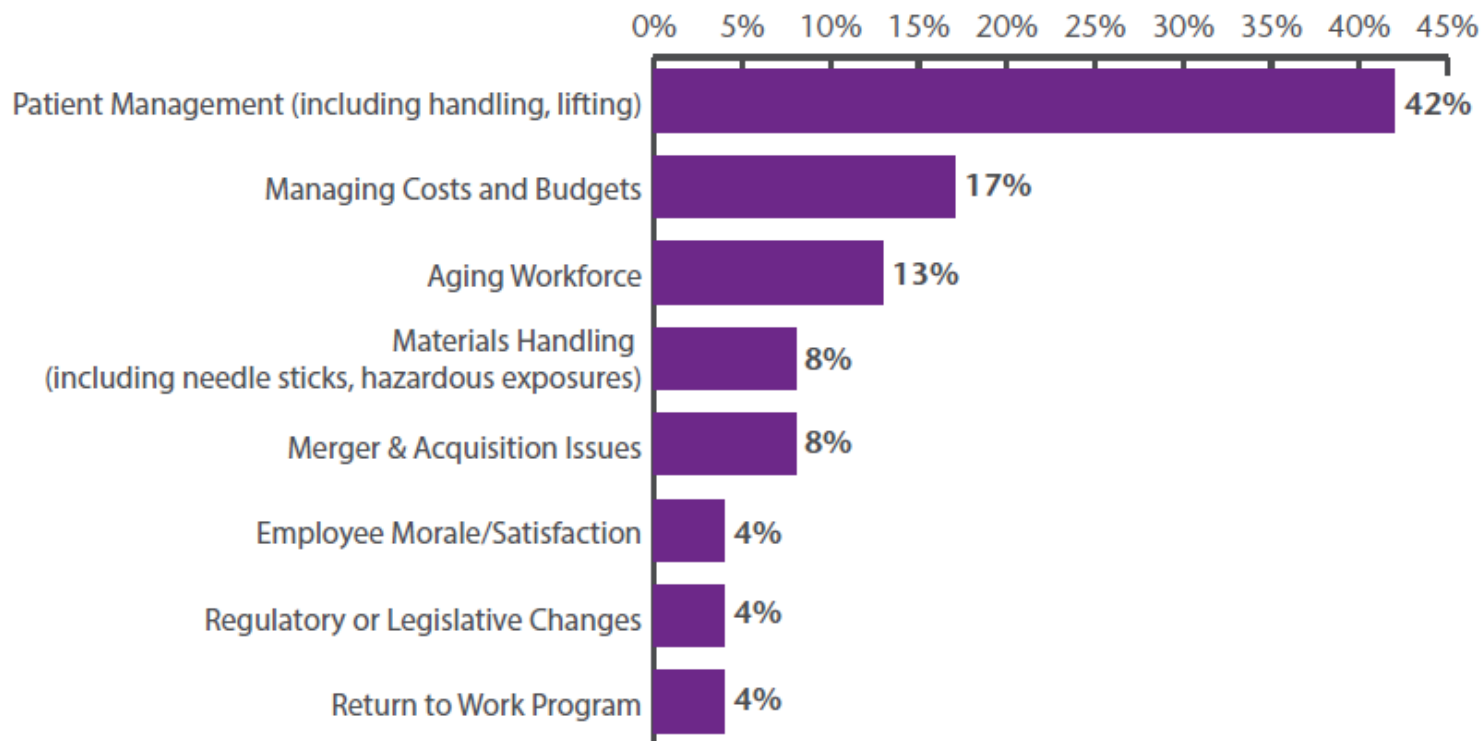


2014 Report Key Findings



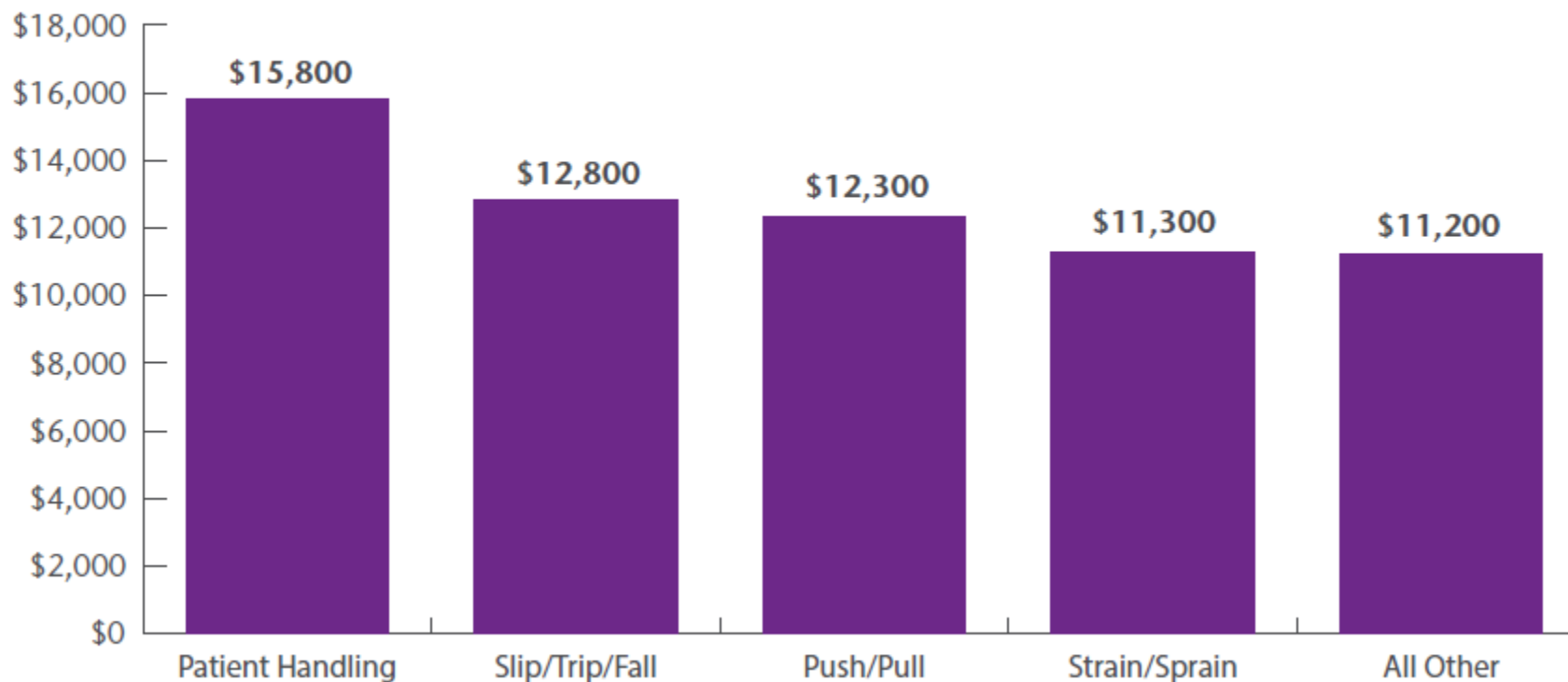
Survey Result

Number one concern



2014 Report Key Findings

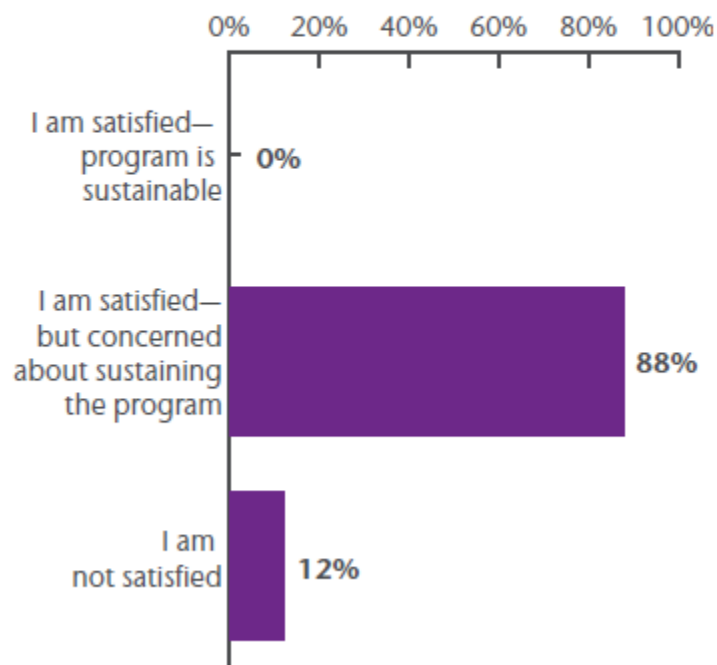
Cause of Loss: Average Indemnity Paid—Unlimited



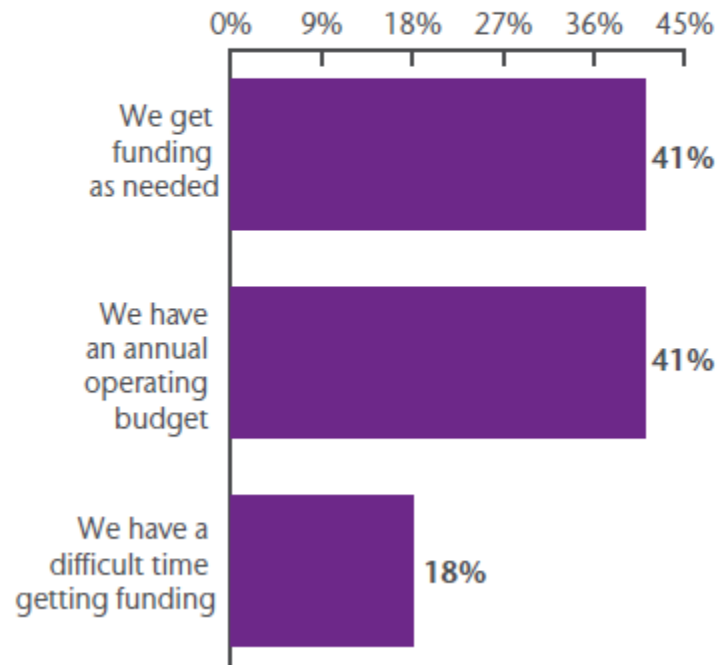
2014 Report Key Findings

Survey Result

How satisfied are you with the program?



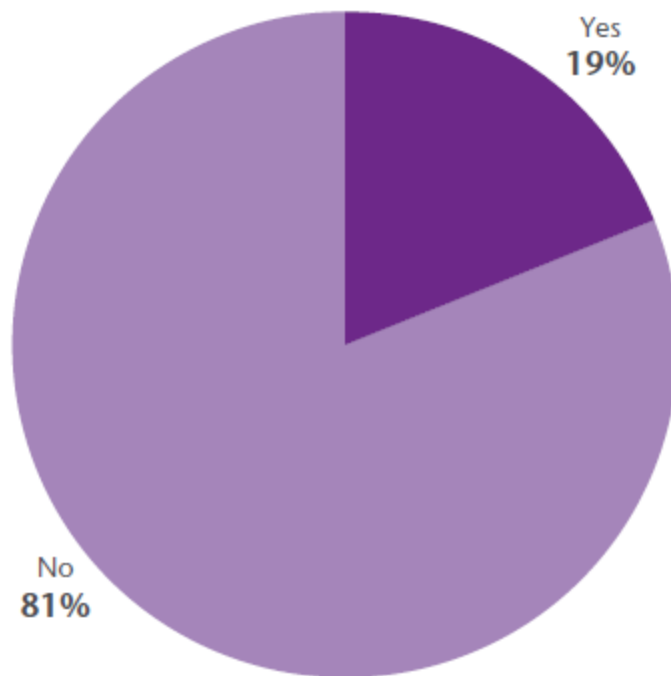
How difficult is it to obtain funding for your program?



2014 Report Key Findings

Survey Result

Have you adopted “no manual lift” in your facility(s)?

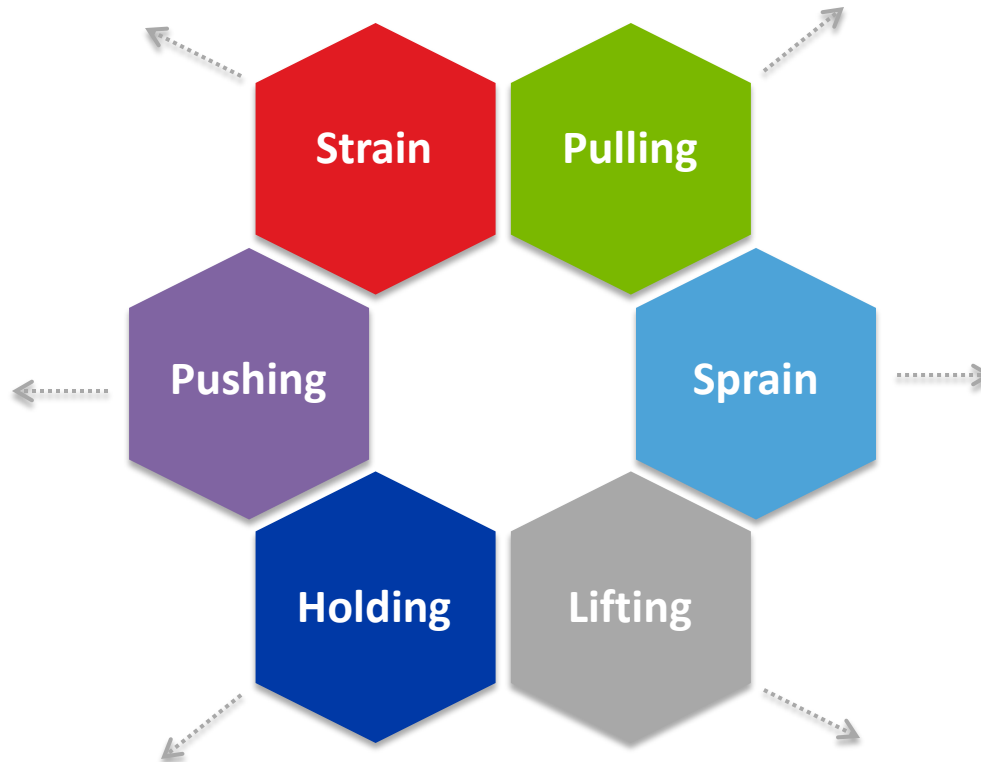


NCCI Cause Codes Do Not Classify SPHM Injuries for Action

Abnormal Air Pressure
 Absorb, Ingest, Inhalation
 Acid Chemicals Burn or Scald - Heat or Cold Exp.
 Allergic Reaction
 Animal Or Insect
 Assault
 Caught in, under, between, NOC
 Collapsing materials (Slides of Earth)
 Collision/sideswipe with Another Vehicle
 Collision with a Fixed Object
 Contact / exposure NOC
 Contact with Cold Objects or Substances
 Contact with Electric Current
 Contact With Hot Object or Substances
 Crash Of Airplane
 Crash of rail vehicle
 Crash of water vehicle
 Cumulative (Not Otherwise Classified)
 Cut, puncture, scrape, injured by (Broken Glass)
 Cut, puncture, scrape, injured by (Hand Tool, Utensil)
 Cut, Puncture, Scrape, injured by (Powered Hand Tool)
 Cut, Puncture, Scrape, NOC
 Dust, gases, fumes, vapors
 Explosion / Flare Back
 Exposure to Poisonous Agent / Plant
 Fall or Slip (From Different Level)
 Fall or Slip (From Ladder/Scaffolding)
 Fall or Slip (From Liquid/Grease spills)
 Fall or slip (into Openings)
 Fall or slip (on ice or snow)
 Fall or Slip (On Same Level)
 Fall or slip (on stairs)
 Fall, slip or trip, NOC

Fire Or Flame
 Foreign Body In Eye
 Holding Or Carrying (Strain or Injury by)
 Human Bite
 Infectious Disease Exposure
 Jumping (Strain or Injury by)
 Lifting (strain or Injury by)
 Machinery (caught in or between)
 Misc. (Burn, Scald, Heat or Cold Exposure)
 Misc. (Caught in or Between)
 Misc. (Cut, Puncture, Scrape)
 Misc. (Fall or Slip)
 Misc. (Motor Vehicle)
 Misc. (Strain or Injury by)
 Misc. (Strike Against or Step On)
 Misc. (Struck / Injured by)
 Motor vehicle not otherwise classified
 Noise, continual, strain or injury by
 Object being lifted/handled (cut, puncture, scrape, injury by)
 Object Handled (caught in or between)
 Other (Not Otherwise Classified)
 Other than physical cause of injury
 Pushing Or Pulling (Strain or Injury by)
 Radiation
 Reaching (Strain or Injury by)
 Repetitive Motion
 Robbery or Criminal Assault
 Rubbed/Abraded by repetitive motion
 Rubbed/Abraded not otherwise classified
 Slipped, Did Not Fall
 Steam Or Hot Fluids
 Stepping On Sharp Object

Strain or injury by, not otherwise classified
 Stress
 Strike Against/Step On Moving Part Of Machine
 Strike Against/Step On Obj. Being Lifted or Handle
 Strike Against/Step on Sanding, Scraping, Cleaning
 Strike Against/Step on Stationary Object
 Striking against, stepping on, NOC
 Struck/Injured by Falling or Flying Object
 Struck/Injured by fellow worker, patient
 Struck/Injured by Hand Tool/Machine In Use
 Struck/Injured by Motor Vehicle
 Struck/Injured by Moving Part Of Machine
 Struck/Injured by Object Being Lifted/Handled
 Struck/Injured by Object Handled By Other
 Struck or injured by misc.
 Temperature Extremes
 Terrorism
 Twisting, strain or injury by
 Using Tool Or Machine (Strain or Injury by)
 Vehicle Upset
 Welding Operations
 Wielding or throwing, strain or injury by



Consistent Codes Across the System



Safe Patient Handling and Mobility Claims Coding: A Pragmatic and Functional Approach

Authors: Vicki J. Missar, Michael Fray, Candy Raphan, Mary Matz, Wendy Weaver

Abstract

Healthcare organizations are now engaged in Delivery System Transformation (DST), whereby performance-based incentive payment programs are used to support and reward hospitals for investing in projects that advance care and population health while lowering costs. In these efforts, it becomes critical to understand causes of patient handling and mobility workers' compensation injury claims. Until now, programs that are self-administered or utilize a Third Party Administrator (TPA) have differing, if any, codes to determine employee injury trends. Unfortunately, these coding structures, particularly when it comes to causes, lack any real, actionable data to establish investment needs for safe patient handling interventions. Healthcare organizations are left to drill down to the accident-description level and extract key causes of the patient handling injury, a time-consuming and unrealistic option given the human resources demand within healthcare. This paper proposes a condensed, yet powerful, sub-level coding structure for safe patient handling claims that any claims reporting system can easily adopt. As a result, this coding structure will eliminate the need to manually sort through lines and lines of data for relevant trends. Adopting this proposed coding structure nationally will reward the safe patient handling community with a consistent and transparent approach to claims. As a result, it will enable facility-level comparison of key functions and tasks associated with patient handling claims, peer-to-peer benchmarking of these causes and return on investment calculations at the fingertips of the end user.

Introduction

Healthcare companies in today's business environment experience an unprecedented amount of change in terms of change drivers and pace of change: technology, shifting workforce demographics, global opportunity and competition, new sources of competitive advantage and rapidly evolving risk and regulatory requirements. Healthcare is an industry in the midst of fundamental transformation across the entire value chain and to all sectors, including physician groups, individual hospitals, senior care facilities, managed care organizations, insurance companies, wellness organizations, and integrated healthcare systems. As organizations address new business realities driven by healthcare reform and DST, they must reassess their data-mining capabilities around leading loss drivers that impact employee health and safety. With the right data and trending capabilities, safe patient handling claims can be easily dissected and solutions funded.

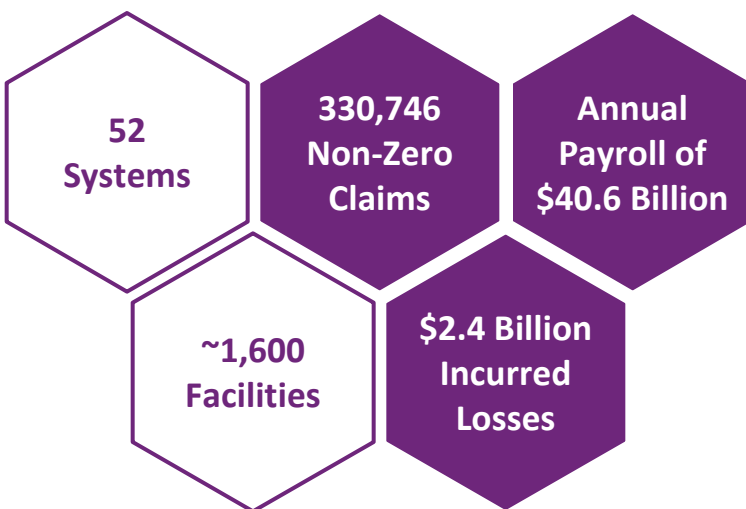
An apparent need exists to develop a standardized coding method focusing on the sub-category of activity type associated with patient handling injuries. So far, no national standard addresses

First Step? Nationwide Actionable Benchmarks!!!

- Repurpose 2016 Aon WC Database by recoding Claims
- NIOSH Partnership

Before (Old Approach)	After Standardization
STRAIN OR INJURY BY – LIFTING	Transferring patient to/from bed/chair/wheelchair/commode/similar seated items

2016 Health Care Workers Compensation Barometer Report



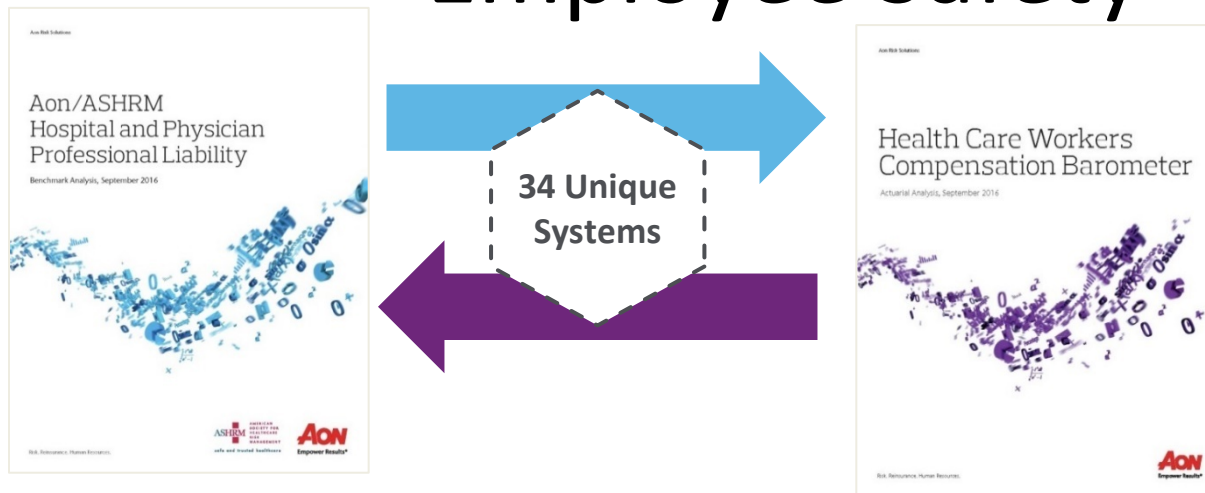
Aon has Validated the Impact of the ANA SPHM Standards

Aon Survey: Uses ANA SPHM Standards?	% of Aon Respondents	Average Total Cost - Unlimited	Average Indemnity Cost – Unlimited	Average Medical Cost - Unlimited	Average Expense Cost - Unlimited
NO	26%	\$7,800	\$16,500	\$4,200	\$900
YES	74%	\$6,000	\$15,600	\$3,300	\$800

Aon has Validated the Importance of ASPHP Certification

Aon Survey: % of Staff that are Certified Safe Patient Handling Professionals	% of Aon Respondents	Average Total Cost - Unlimited	Average Indemnity Cost - Unlimited	Average Medical Cost - Unlimited	Average Expense Cost - Unlimited
0 - 25%	78%	\$7,300	\$17,200	\$3,300	\$1,200
Greater than 25%	22%	\$4,200	\$11,000	\$2,100	\$1,100

Connecting Two of Our Studies: Patient Safety and Employee Safety



2016 Aon/AHSM Hospital and Physician Professional Liability Study

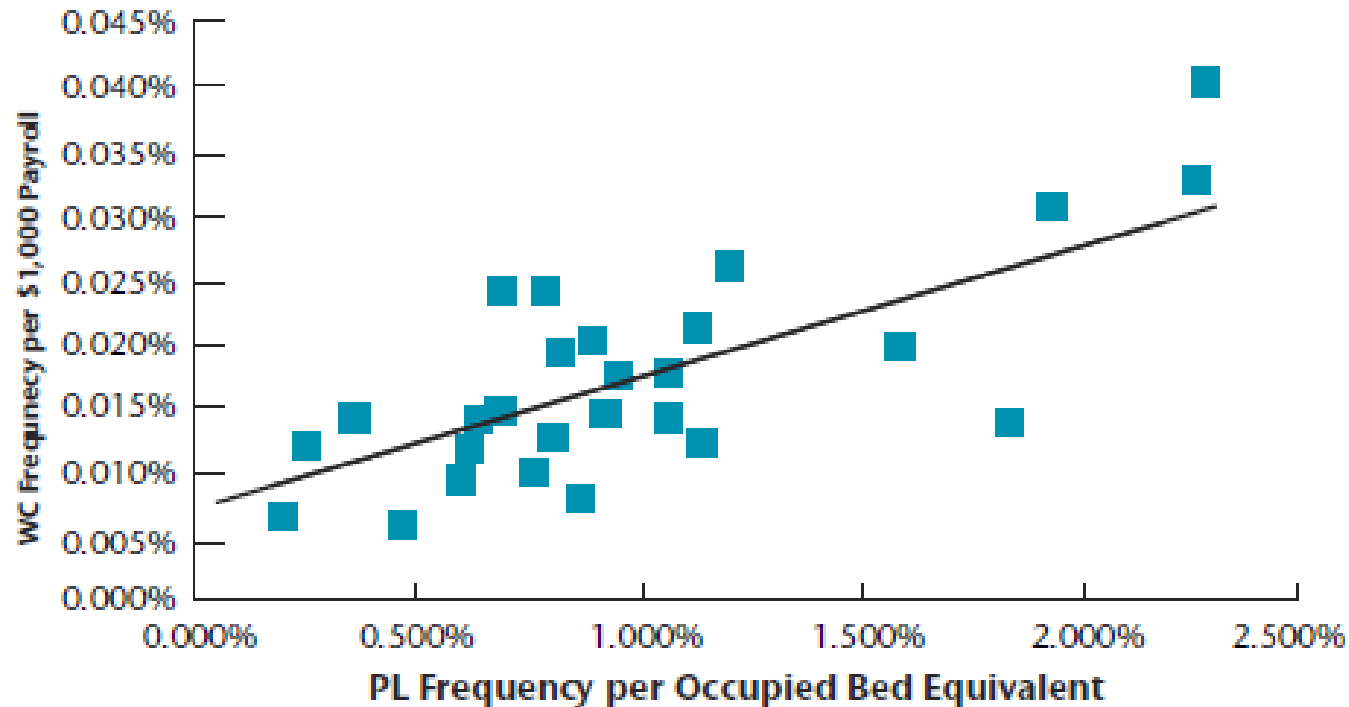
- Published Annually
- 17th Edition
- 107 Health Care Systems
- 98,094 Non-Zero claims
- Over \$16.5 billion of Incurred Losses

2016 Aon Health Care Workers Compensation Barometer

- Published Biennially
- 3rd Edition
- 52 Health Care Systems
- 330,746 Non-Zero claims
- Over \$2.4 billion of Incurred Losses

Patient Safety and Employee Safety

Correlation between PL and WC Claim Statistics for all 34 Health Care Systems (2009-2014)



Lack of Data Granularity Limits Research

Top 4 Most Frequent Causes of Workers Compensation Loss

Cause of Loss	Percent of All Claims
Slip/Trip/Fall	18.9%
Patient Handling	15.5%
Assault	12.4%
Strain/Sprain	9.7%

Patient Handling by Body Part Injury	Average Total Cost - Unlimited
Shoulder	13,400
Neck	12,700
Knee	11,300
Back	8,700
Arm	8,500

KEY POINT

“Many small businesses fail because of logistics problems”

ITAV - Falls

- 11,000 people die each year from falls in the acute care setting
- Banner Health, Mayo, IMH linked SPHM and reduction of falls related injury

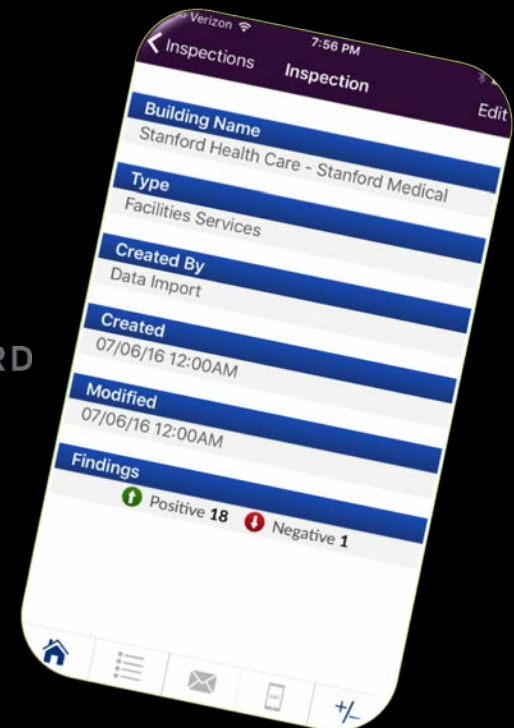
Integrating SPHM into Emerging Healthcare Initiatives



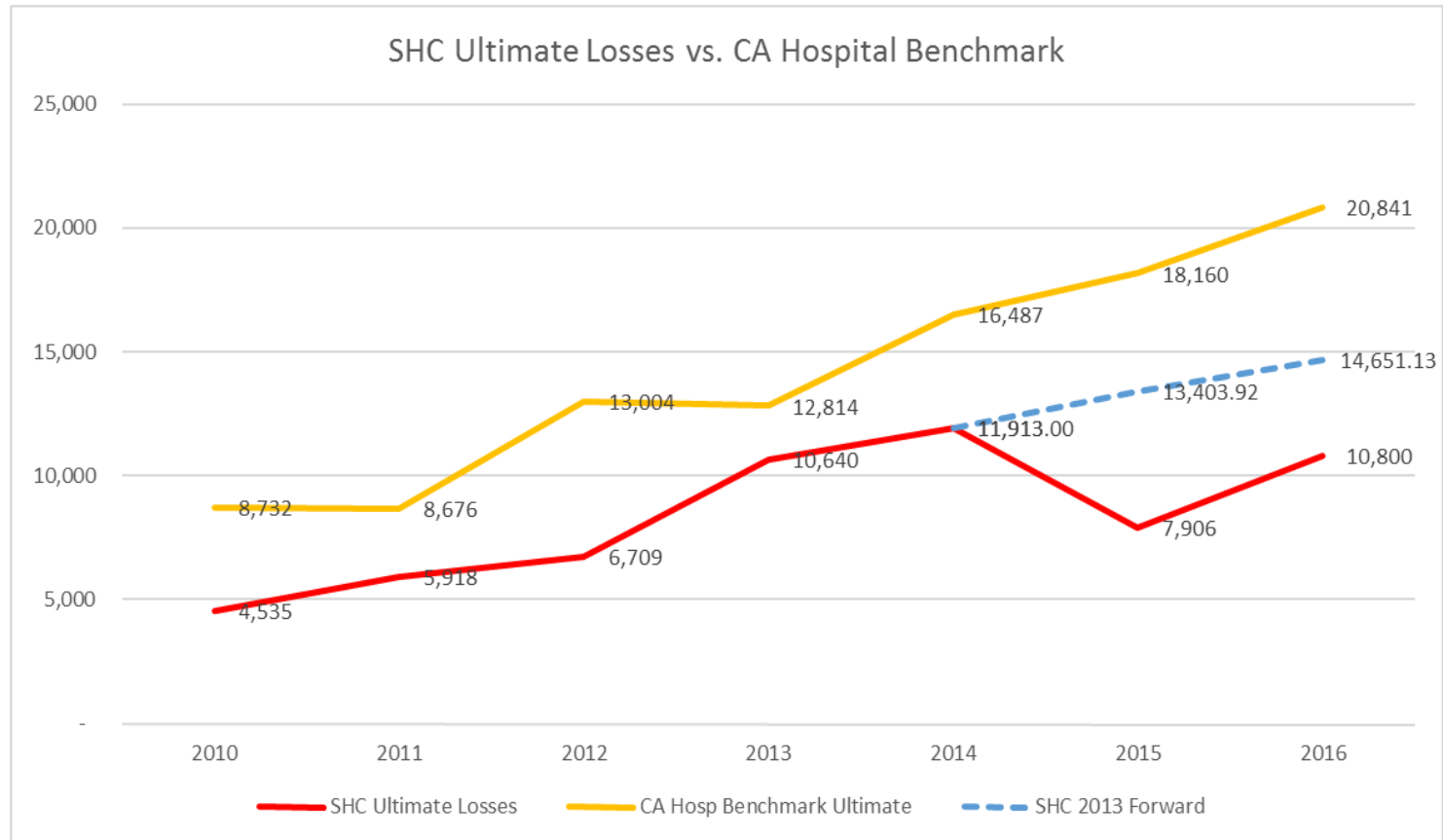
INNOVENCE PULSE

SAFETY OBSERVER

POWERED BY THE RISK AUTHORITY STANFORD

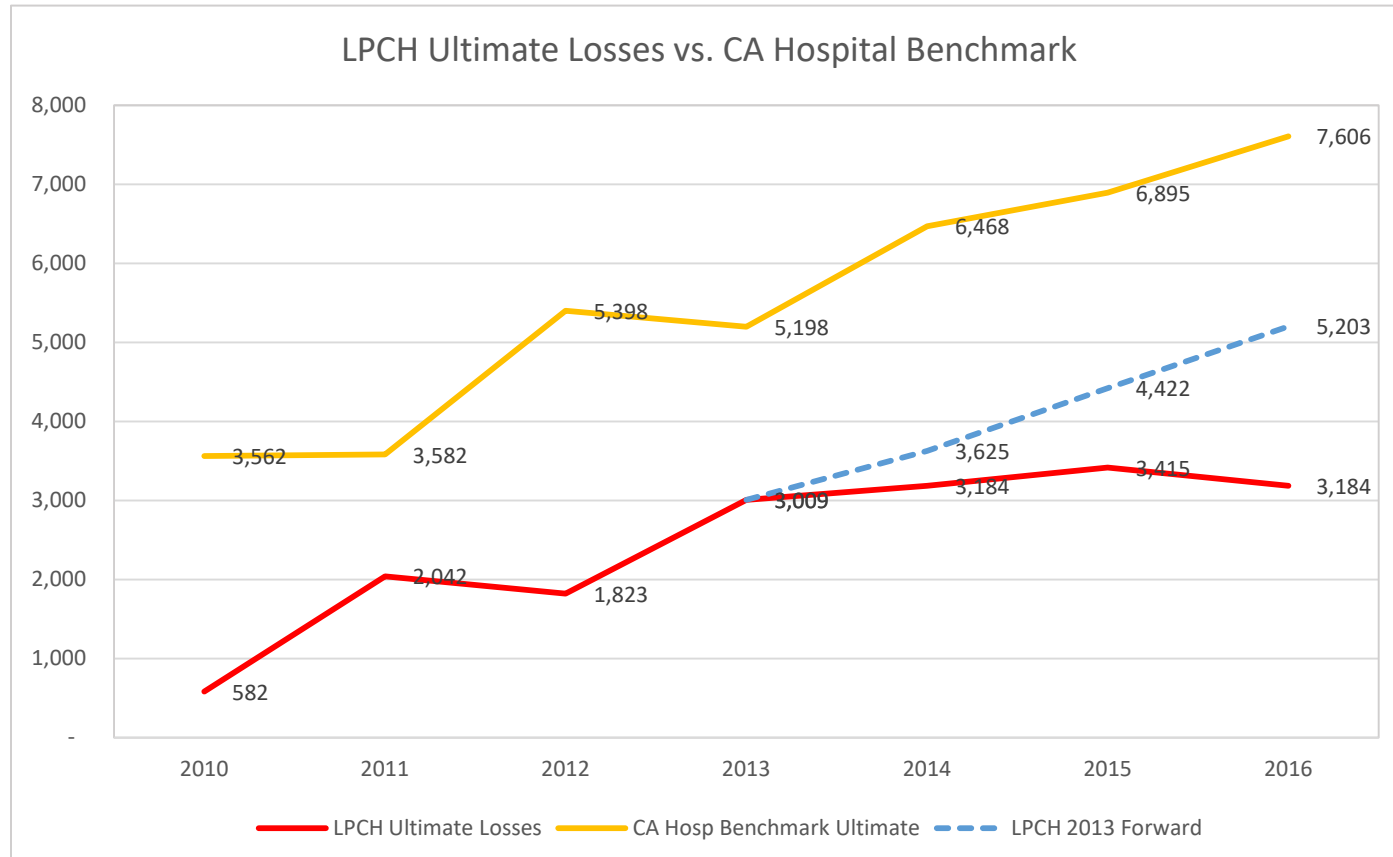


SHC Workers' Compensation Benchmark Analysis

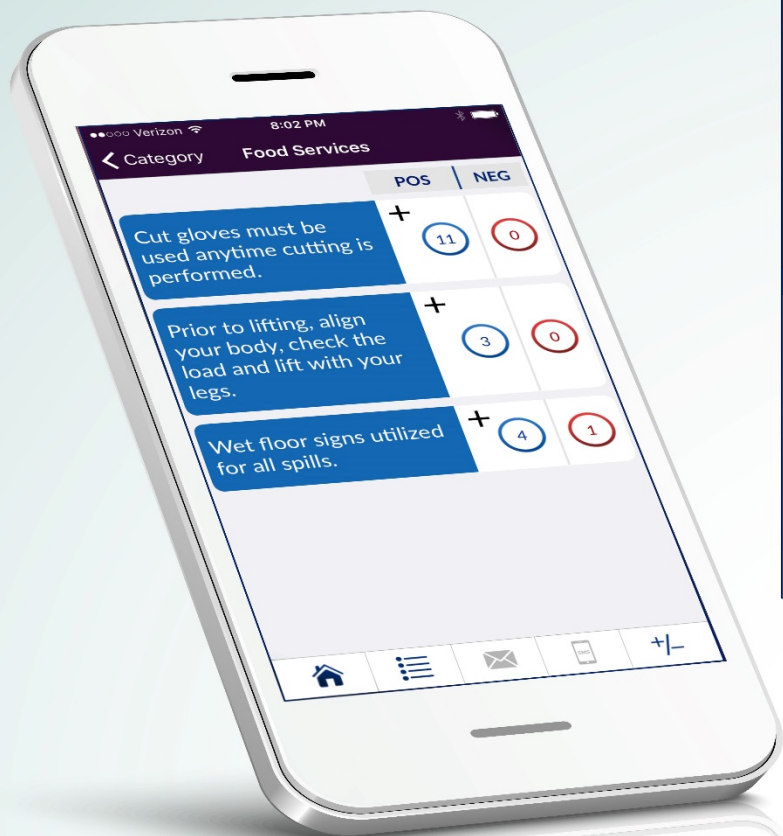


The difference in 2013 trend forward (dashed blue line) to actual is a savings of **\$9.3M**

LPCH Workers' Compensation Benchmark Analysis



The difference in 2013 trend forward (dashed blue line) to actual is a savings of **\$3.5M**



Done	Positive Note
Inspection Type	Facilities Services
Category	Food Services
Question	Prior to lifting, align your body, check the load and lift with your legs.
Inspection Date	07/06/16 12:00AM
Floor / Level	4
Department	Department
Room #	412
Description	
Proper technique used.	
Number of Findings: 1	
Attachments	
Attachments list is empty	

Done	Negative Note
Question	Wet floor signs utilized for all spills.
Inspection Date	07/06/16 12:00AM
Floor / Level	Floor / Level
Department	Department
Room #	Room #
Description	
Wet floor dish room. No signage.	
CORRECTED? <input type="checkbox"/> NO	
Clean Area ▼	
07/06/16	
Supervisor ▼	
Medium ▼	
Policy Not Followed ▼	

Capture Positive and Negative Findings

Communicate Inspection Findings



SPHM, Bariatrics and the Skin

- Adiposity and the skin
- Terminology has changed
- Technology exists for both lower leg and reduction/treatment of pressure injury

SPHM, Bariatrics and the Skin

- Establishing the WOCN/SPHM relationship
- Mandates
- Reimbursement
- Guidelines
- Collaborative Practice

Multidisciplinary Approach

Multidisciplinary Approach to Solid
Engagement – Moving the Heart of
the Frontline

Multidisciplinary Approach

- Story and passion
- Examples of success
- Skills Fair

Building the Business Case

SPHM Interprofessional National Standards

Standard 8 Establish a Comprehensive Evaluation System

- ☐ 8.1.1 Establish a comprehensive evaluation system
- ☐ 8.1.2 Identify a variety of data sources and measures
- ☐ 8.1.3 Utilize evidence-based methods for data collection and analysis
- ☐ 8.1.4 Disseminate findings

Building the Business Case

Quantitative SPHM Program Goals

- Reduce manual transfers by ____%
- Reduce direct costs by ____%
- Decrease nursing turnover by ____%
- Decrease musculoskeletal discomfort by ____%
- Reduce # lost workdays due by ____%
- Reduce # light duty days by ____%
- Others

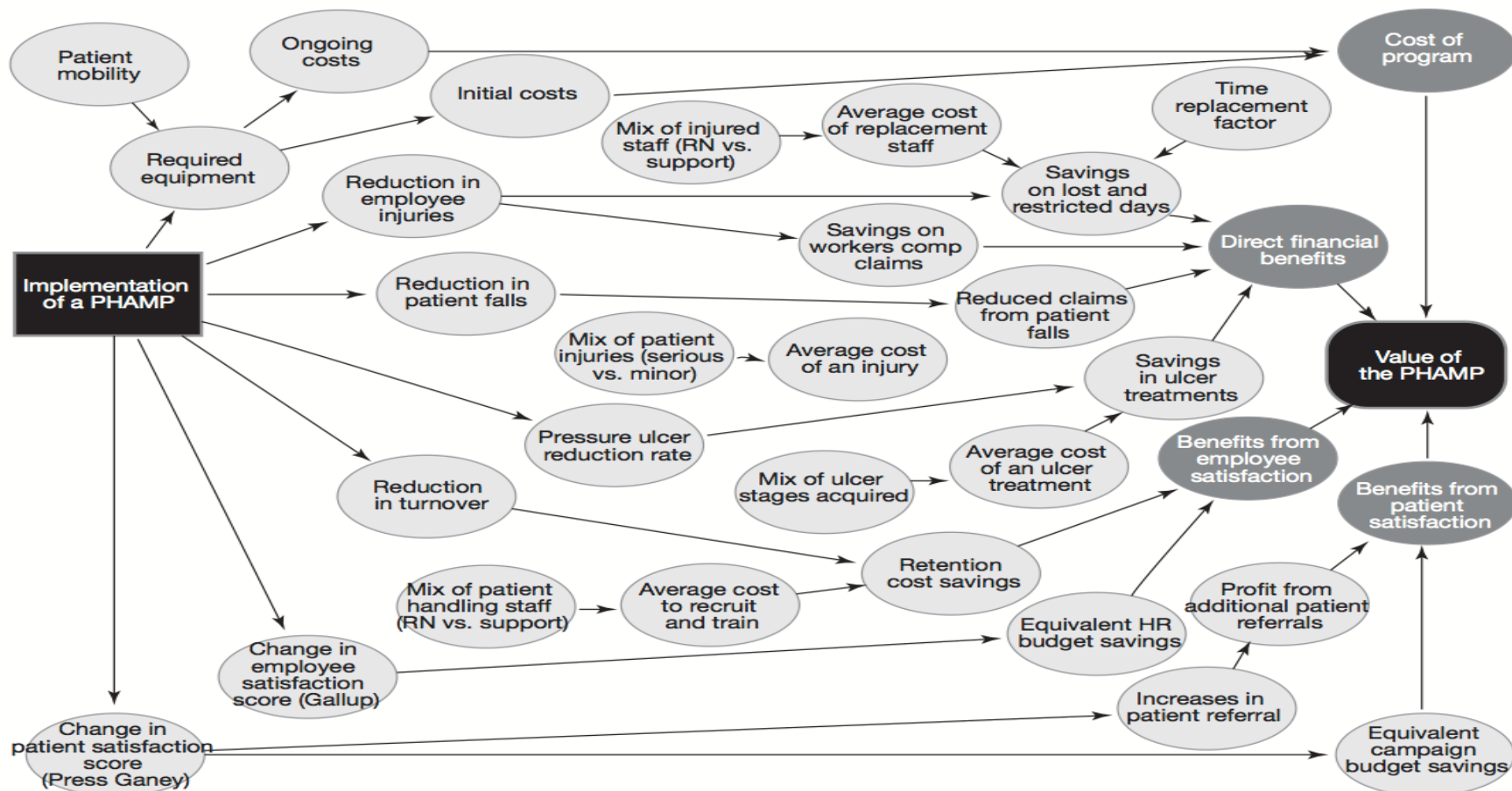


Note: Best to NOT measure SPHM success only by # of reported injuries...

**Activity 2. Which of these would you include?
What % would you hope to achieve?**

Inter-relationships between Strategic Plan decisions/Outcomes Data

Figure 3.2-4: Influence Diagram for the PHAMP at Stanford



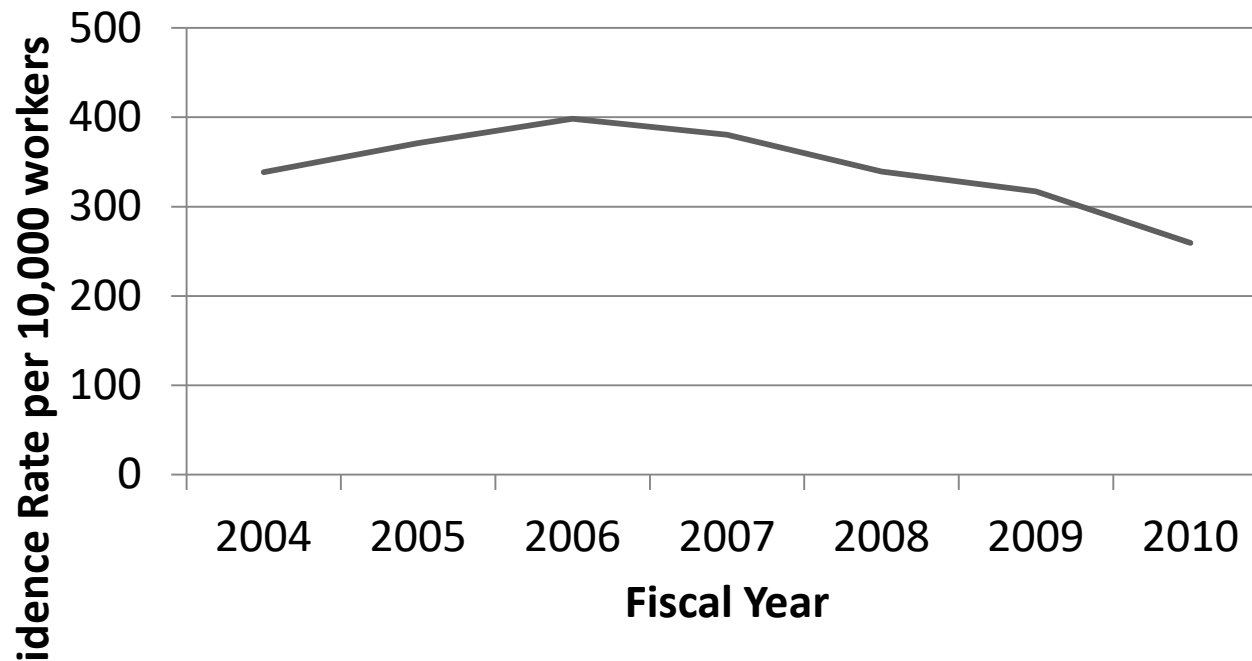
Building the Business Case

- Direct costs – worker injury
- Indirect costs – worker injury
- Indirect costs – other
- Operational losses

VHA-wide implementation in 153 facilities

The CHD safety risk assessment tool

National Injury Incidence Rates for Lifting/Repositioning Patients Among Nursing Occupations



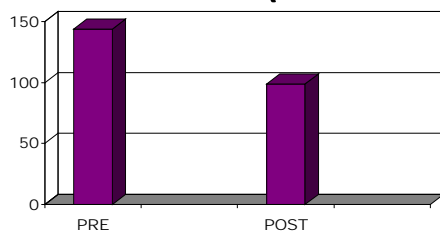
40 % decrease (2006 – 2012)

[Hodgson, M., Matz, M., & Nelson, A. (2013)]

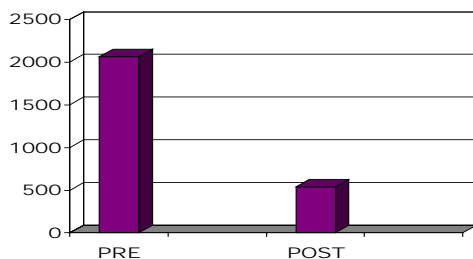
Revised January 2017

VA Intervention Research Results: Safe Patient Handling & Movement (SPHM) Program

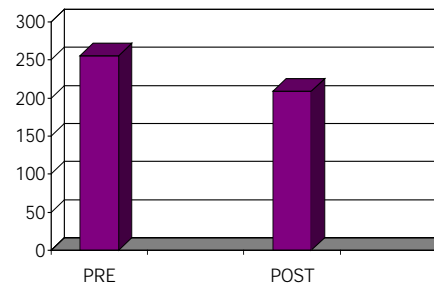
Incidence (#) of Injuries decreased
31% (144 to 99 injuries)



Modified Duty Days
decreased 70%



Lost Work days decreased 18%



Patient Safety and Quality of Care

- Decrease risk of patient falls (3)
- Decreased incidence of skin tears (3)
- Others



Patient Safety and Quality of Care

- Early Mobilization (1) (2) (3)
 - Early, more effective, ambulation
 - Facilitates mobilization within bed
 - Decreased incidences of pneumonia, urinary tract infections (UTIs)
 - Decreased Length of Stay (LOS)



1 Association of Safe Patient Handling Professionals and American Nurses Association (2013) Advancing the Science and Technology of Progressive Mobility. Retrieved from [http://www.asphp.org/wp-content/uploads/2011/05/1400387-ASPHP ANA Whitepaper-HR.pdf](http://www.asphp.org/wp-content/uploads/2011/05/1400387-ASPHP_ANA_Whitepaper-HR.pdf).

2 National Public Radio (2015) People With Brain Injuries Heal Faster If They Get Up And Get Moving. 'Your Health', Gretchen Cuda Kroen, July 6, 2015. Retrieved from http://www.npr.org/sections/health-shots/2015/07/06/419519145/people-with-brain-injuries-heal-faster-if-they-get-up-and-get-moving?utm_campaign=storyshare&utm_source=twitter.com&utm_medium=social.

3 Matz, M. (2010). Rationale for Including the PHAMA in the 2010 Guidelines for Design and Construction of Health Care Facilities. In Borden, C.(Ed), *Patient Handling and Movement Assessments: A White Paper*. Dallas:The Facilities Guidelines Institute.

Financing a SPH Program

- Grants
- Capital Investment for organization
(Return on Investment (ROI) of 2 – 4 years)
- Loss Prevention/Accrued Savings
 - Insurance companies
 - Equipment manufacturers
 - Lease Purchase

(Thomas, 2010)

Progressive mobility, bariatrics and SPHM

- Ronda Fritz
- Boyton, Kumpar, Trudgeon
- Susan Wyatt
- Zero Preventable Harm

Early Exercise and Progressive Mobility

- Safety Screen
- 8-step
- Communication
- Respiratory
- Nursing
- Therapy

IPPHE

- Linked In group: 170 members
- 18 countries
- UK AUS NZ Japan USA





Summary

- Innovative approach emerging
- Safety and quality underscores all initiatives
- See you next year!



Safe Patient Handling and Mobility/ Falls 2018

April 16-20, 2018
Rosen Centre / Orlando, FL

Email: valerie.kelleher@va.gov

