



Five ways to do it...an all-new way to approach critical thinking in handling heavier patients

Susan Gallagher Camden RN PhD
Celebration Institute, Inc
Houston Texas
susangallagher@hotmail.com



Purpose

- Recognize universal principles
- Recognize role of
 - Administrative support
 - Task force
 - On-unit mentor
 - Equipment
 - Training
 - Outcomes
- Apply theoretical frame to real-life situations



Real life situations

- Patient access to an out-patient wound care clinic
- Prevent pressure ulcers in a deconditioned critically-ill patient
- Begin mobilization in a recliner-bound patient at home
- Develop an organization policy for preplanning care



Universal principles

- Critical thinking
- Safe patient handling
- Fall prevention
- Quality patient care



Administrative support

- Forthcoming
 - State SPH legislation
 - National Bill
- Cost outcomes
 - Workers compensation 61-95%
 - Lost work days 66-100%
 - Restricted work days 38%
- Shaver case study



Task force

- On-unit mentor, ergonomist, employee health nurse, physician, risk manager, physical/occupational therapist, CNS, architect, and other interested professionals are important members of the team



Equipment

- Must meet realistic needs of patient, caregiver and facility
- Width, weight limits, ease of use
- Powered options
- Selection
 - Rent
 - Purchase
- Identify
 - ie EC 250



Training

Body mechanics courses do not work...and haven't for 35 years!



On-unit mentor

Day-to-day safety issues



On-unit mentor

- Patient handling assessment
- Techniques and equipment
- On-unit hazards
- AAR
- Investigate injuries
- Support minimal lift philosophy
- Sustain enthusiasm!



Policies & Procedures

- Provide framework for patient care
- Recognize roles in care
- Support use of equipment



Real life situation

Patient access to an out-patient
wound care clinic



Wound care clinic

What are the SPH considerations in an out-patient wound care clinic?



Wound care clinic

- Access from the car
- Waiting area
- Exam room



Let's meet some
typical patients!



So let's talk about
some options for SPH!



Safe access

- Valet parking
- Covered portico
- Follow walkway from parking lot to exam room



Physical environment

- Bathroom – wide doorways, floor mounted toilet and sinks, grab bars
- Waiting areas – must have safe seating

● ● ● | Tools and resources



● ● ● | Let's talk about principles of care

- Use your on-unit mentor
- Have policies in place – know your patient's weight and function...will they bring their walker? Do you know weight limits on diagnostic and therapeutic equipment?
- No valet parking...what are your alternatives to access? When do the sprinklers run?



Let's talk about principles of care

- No ceiling lift...how about a portable ceiling lift, or a adapted floor lift...do not lift a 75 pound leg!
- No reclining stretcher chair...exam table? Contact supply management



Real-life situation

Prevent pressure ulcers in a deconditioned critically-ill patient



What are the SPH issues?

- Promote patient safety
- Prevent caregiver injury



Full thickness pressure ulcer



So let's talk about
some options for SPH!



Think tools and resources





Let's talk about principles of care

- How can we safely turn this patient? Full body lateral transfer surface, turning bands?
- Have policies in place –will the patient need to be transferred to another department? What are the weight limits on diagnostic equipment, width? Lift and transfer capability? Is there a lateral transfer product, lift system?



Let's talk about principles of care

- Will a urinary catheter need to be placed? How about incontinence care? What about lithotomy bands? Is there the threat of Fournier's gangrene? Care under the abdominal panniculus (pannus)? Who lifts the pannus; how can this be done safely? What about a pannus band, trendelenberg...is safe or even this feasible from a respiratory perspective?



Real-life situation

Begin mobilization in a recliner-bound patient at home



Miss Smith – lower leg ulcers

21-year-old, 500-pound marginally independent woman living at home with her working family reports incontinence dermatitis, itching under her breasts and arms, right hip ulcer, and lower leg ulcers.

● ● ● | Miss Smith

- *Miss Smith lives in a recliner.*
- What are Miss Smith's immediate needs?
- Does she require hospitalization?
- Or not?
- What safety considerations will she need in the hospital? At home?
- How about caregivers?
- Could preplanning assist in care?

● ● ● | Mutual goals?

- Today
- 6 weeks
- 6 months
- One year



Weight loss options

- Nutrition
- Activity
- Pharmaceuticals
- Behavioral counseling
- Any combination



Weight loss options



- Less than 2% of obese patients are successful in losing weight and keeping off excess weight with DIET and ACTIVITY only!
- Consider the emotional impact of weight cycling

● ● ● | Bariatric weight loss surgery

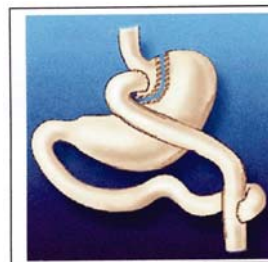


- Improved technique
- Improved access
- Improved support
- Improving outcomes!



● ● ● | Lived experience...

- Climb stairs, ties shoes, swimsuit





Key point!

Does a recliner provide adequate patient safety for pulmonary, skin and incontinence needs?



So let's talk about some options for SPH!



Placement out of her home

- LTAC
- Rehabilitation
- Acute care



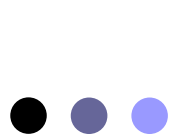
Stay at home

- Need to know more
 - Strengthening
 - Weight
 - Social support
 - Physical limitations
 - General health



Stay at home

- In and out of chair, recliner, sofa, bed
- Mobility throughout environment
 - Walker
 - Ceiling lift
 - Portable lift and transfer system
- Strengthening opportunities
- Resources



Improving care in the home setting making incremental changes

Camden SG & Gates J. Obesity: the changing face of geriatric care.
Ostomy/Wound Management
2006;52(10):50-57



Real-life situation

Develop an organization policy for preplanning care



Is your goal to link economic or clinical outcomes to SPH?
You have to start somewhere!



Economic outcomes

- Veterans Administration, Office of Occupational Safety and Health. The workers' compensation/OSH management information system. Available at: <http://www1.va.gov/vasafety/page.cfm?pg=465>
- Ronald LA, Yassi A, Tate RB, et al. Effectiveness of installing overhead ceiling lifts on reducing musculoskeletal injuries in an extended care hospital unit. *AAOHN J* 2002. 50(3):120-7.
- Brophy MO, Achimore L, Moore-Dawson J. Reducing incidence of low-back injuries reduces cost. *AIHAJ* 2001. 62(4):508-11.



Patient care outcomes

- Gallagher S, Langlois C, Spacht D, Blackett A, Hennis T. Preplanning protocols for skin and wound care in obese patients. *Advances in Skin and Wound care: The Journal for Prevention and Healing*. 2004;17(8):436-443.
- Gallagher S, Arzouman J, Lacovara J, Blackett A, McDonald P, Traver G, Bartholomeaux. Criteria-based protocols and the obese patient: planning care for a high-risk population. *Ostomy/Wound Management* 2004;50(5):32-44.
- Shaver J, Camden SG, Cole K. Promoting dignity and preventing caregiver injury while caring for a morbidly obese woman with skin care challenges. *Bariatric Nursing and Surgical Patient Care*. 2007;2(1):77-82.



Getting started

- o **Task force**
- o **Preplanning tools**
- o **Education**
- o **Outcomes**



More ideas on changing policy!

Nelson A, Collins J, Siddharthan K, Matz M, Waters T. Link between safe patient handling and patient outcomes in long term care. *Rehab Nursing*. 2008;33(1):33-43.



Six program elements

- Ergonomic assessment protocol
- Patient handling assessment criteria and decision algorithms
- Peer leader/ BIRN
- Equipment
- AAR
- No-lift policy

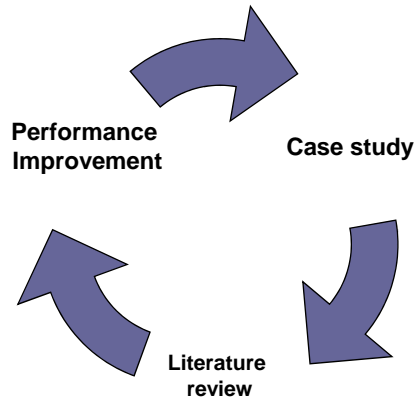


Findings

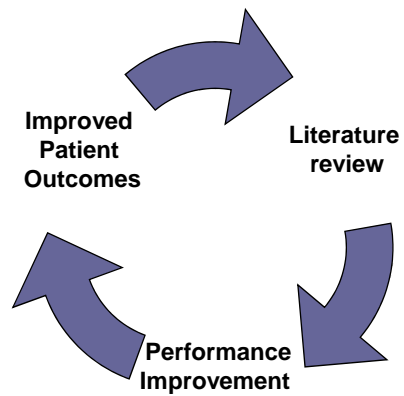
- Reduce cost of nursing injuries associated with patient handling; and improve patient care:
 - Physical functioning
 - Activity level
 - Maintain ADLs
 - Fall prevention
 - Wakefulness
- Consider linking quality of care to SPH programs



Models for change



Models for change





Critical thinking tools

- Mental process
 - Judgment
 - Analysis
 - Evaluation
- Gather information from all our senses
- Reconcile scientific process with common sense!



Critical thinking tools

- Reconcile scientific process (evidence-based practice, protocols, policies, guidelines, standards) with common sense (our practice setting, tools, resources, experts)!



Critical thinking tools

This is why there are many ways to accomplish a task!



Conclusion

Use critical thinking approach to integrate the scientific process!