



Safe Patient Handling Initiative

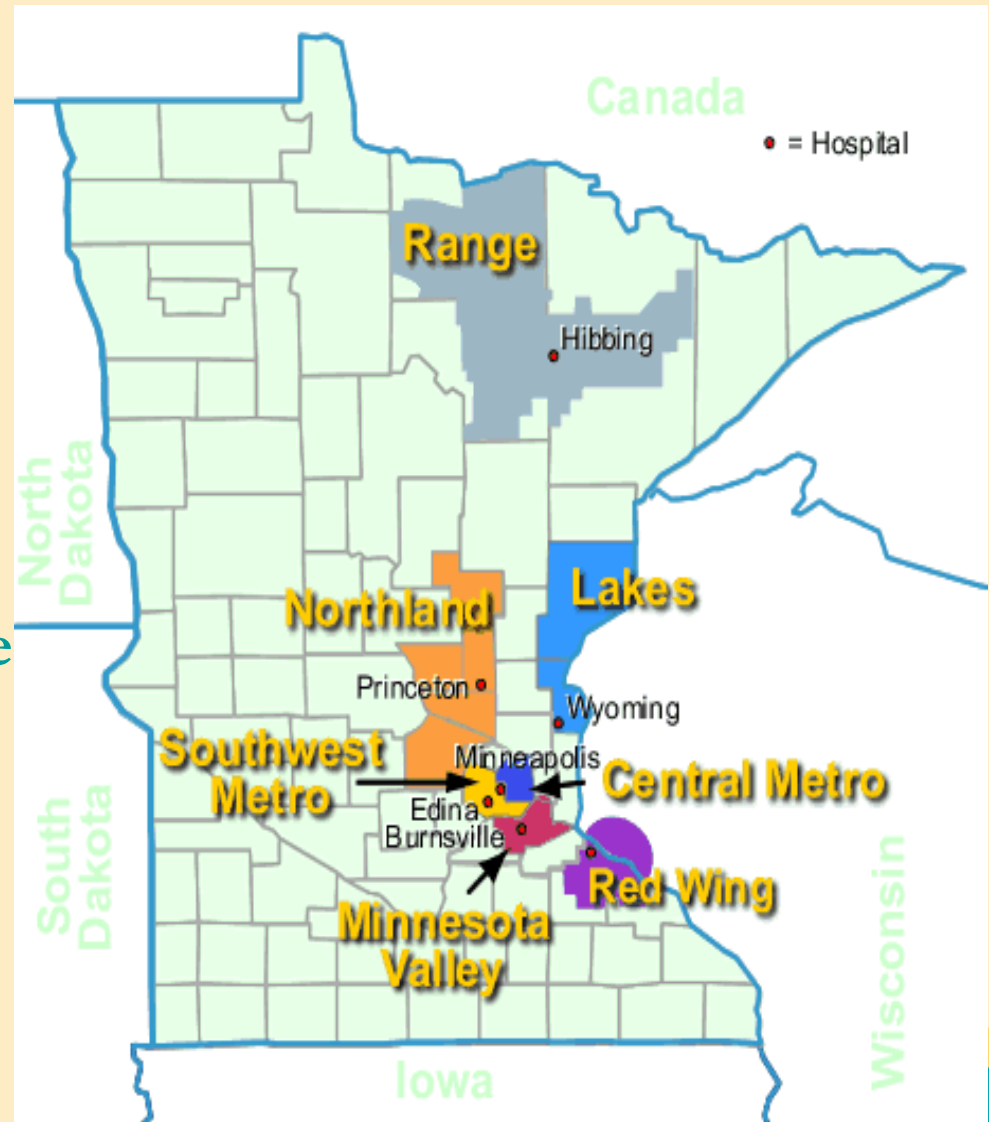
Helen Strike, RN., MHA., Chief Nursing Officer,
Fairview Ridges Hospital - Burnsville MN

Marne Myhre, MS., PT., CEA., Coordinator of Injury Prevention
Fairview Employee Occupational Health Services

Fairview Health Services

Who we are?

Fairview has 18,900 employees at 7 hospitals, 50 primary care clinics, 37 specialty clinics, 5 urgent care clinics, Corporate homecare & hospice and a wide range of specialty centers across Minnesota.



Fairview Health Services

Mission

To improve the health of the communities we serve.

We commit our skills and resources to the benefit of the whole person by providing the finest in health care while addressing the physical, emotional and spiritual needs of individuals and their families.

We further pledge to support the research and education efforts of our partner, the University of Minnesota, and its tradition of excellence.



Background of SPH Initiative

- 7 hospitals
 - 5 nursing union - 2 non nursing union
- Each hospital was at a different stage in the Safe Patient Handling process.
 - Some had contract negotiated actions.
- Most were frustrated with sporadic efforts especially when
 - equipment purchases resulted in minimal effect to injury rates and equipment use.
- Equipment in hallways or closets gathering dust



Background continued...

- EOHS helped to pass the word that a need for a coordinated System effort to develop a successful SPH program.
- Two CNOs stood up as champions as they felt strongly that their facilities were behind in equipment purchases and the right training
- Road trips and meetings to garner support from rest of system CNOs and VP Patient Safety to develop a team to bring to the right large group for system action





Initial Request Care Services Leadership (CSL)

April 2006

Slide 6

h2

herding cats video?

hstrike1, 2/14/2007

The Proposal

That Fairview Leadership will agree that it is in Fairview's best interest to launch and support a system-wide safe patient handling initiative.

(to 5 wholly owned divisions of FVH)



The Proposal

Care Services Leadership: (CSL)

A decision- making team of the Chiefs!

Chief Executive Officers, Chief Medical Officers and Chief Nursing Officers for Fairview Hospitals and some Corporate leaders such as VP Patient Safety, VP Pharmacy Services, VP Supply Chain etc.....



CSL Outcome

Garnered support to move forward to :

- Form a System Steering Committee
- Hold a “Day of Sharing” with representatives from our 5 sites
- Develop business plan to consider SPH budget and culture change
- Consider that Safe Patient Handling is a system initiative



CSL: Decisions

Care Services Leadership must:

- Set standards for Fairview, addressing how we balance the need to establish a safe environment for our patients and staff with other capital requests.
- Establish a culture that promotes and expects the use of the safest patient handling practices by all staff.





Gathering Support Plan and Hold

“Safe Patient Handling Day of Sharing”

September 2006

All the Care Systems gather to:

- Share what each Care System is presently doing in the area of SPH
- Educate and discuss best practices
- Plan a process address a system initiative



h1

any photos?

hstrike1, 2/14/2007

“Day of Sharing” Steering Committee

Sponsor – Office of Clinical Affairs / Alison Page

Champion(s) – CNO Helen Strike, Ridges

Marti Bollman, Northland

Injury Prevention Coordinator - Marnie Myhre,
Employee Occupational Health Services Director

System or Site:

- Patient Safety Officer
- Human Resources – Union Contract Negotiator
- Environmental safety representative
- Supply chain –selection and maintenance equipment
- Communications
- Facilities Management



“Day of Sharing” Outcome

Top Priorities:

- Develop and implement System-wide SPH Policy
- Standardize types of equipment
- Develop business case to get budget support



“Day of Sharing” Outcomes:

Communication Plan:

- Raise Fairview provider awareness about the importance of safe patient handling
- Heighten personal accountability around safe patient handling
- Heighten staff safety around patient handling
- Communicate frequently our progress toward of goal





Building a Case

Fairview Health Services Experience

September to November 2006

Develop a compelling story

- Information Gathering
- Gathered information from:
 - EOHS - Injury Data
 - Risk - Work Comp costs
 - Supply Chain - Costs of equipment
 - Human Resources - general info - staff attrition/replacement, patient falls & weights
 - Research - Best Practice and Successes of other SPH programs



Develop Accurate Cost Assessment

- Equipment needs
 - Perform risk assessments on all areas
 - Take an inventory - we inventoried all Fairview Nursing units including OR, ED and L and D to determine equipment needs
- Training hours based on best practice experiences
 - Do the math!
- Determined Return on Investment to sell the case
 - Developed detailed Proforma with assistance from the experts in Finance





Final Presentation to Care Services Leadership

November 2006

Fairview SPH

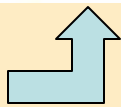
Opportunity and need to improve the manner in which patients are moved to improve their dignity and comfort and reduce Fairview's employees' injuries.



Time are a' changing – we need to keep up with the times



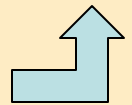
Old Way – OUCH!



Mobile Lift



Hovermatt



A Complex Problem

At Fairview Ridges there were 10 patient care providers injured when serving one patient weighing 400+ lbs. This resulted in 4 lost work days and 84 restricted days.



Request

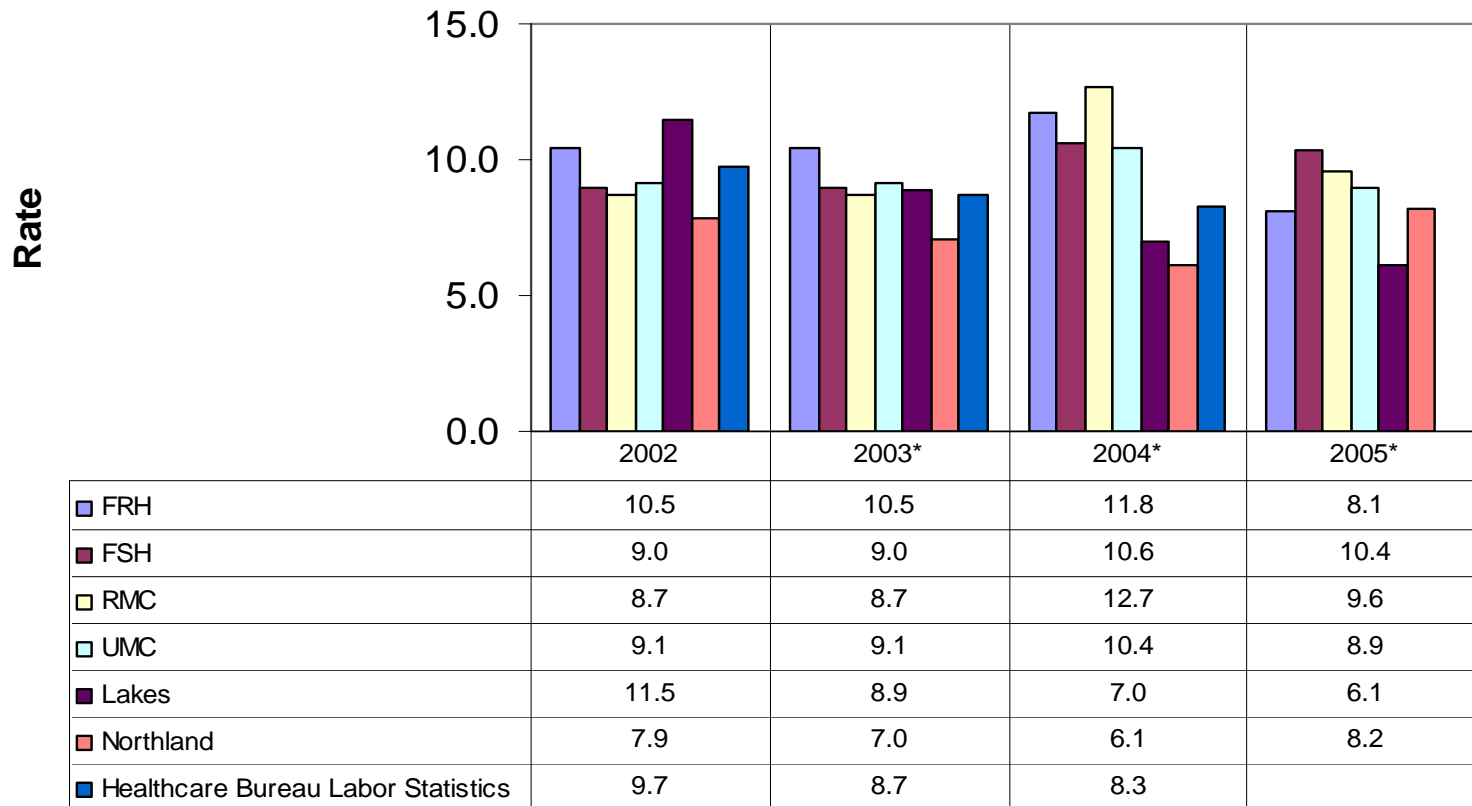
Care Services Leadership to:

- Launch and support a system-wide Safe Patient Handling initiative
- Support standardization of policies & procedures
- Endorse capital expenditures



Problem- Injuries

**Fairview OSHA Work Injury Incident Rate
Compared to Federal Bureau Labor Statistics Benchmark (Rate)**



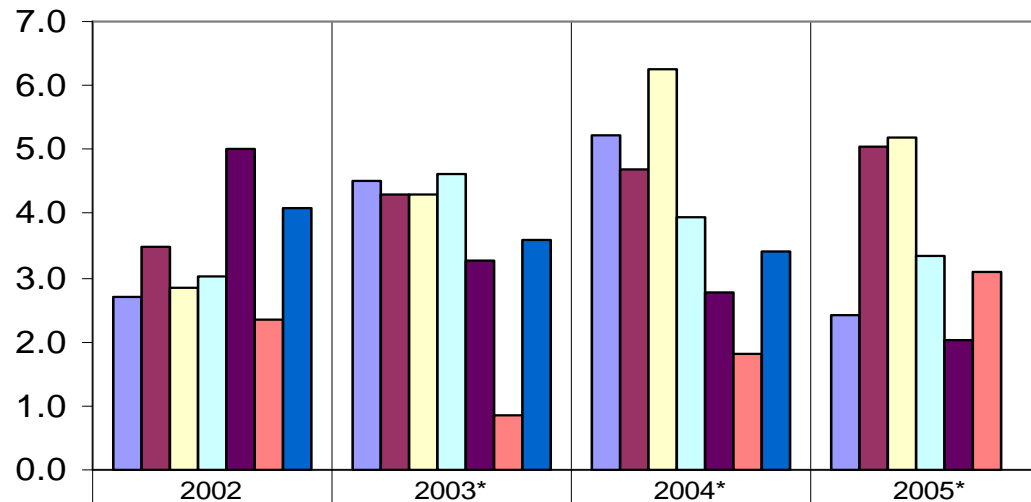
OSHA Incident Rate = (# of OSHA Recordable Injuries x 200,000) / Total # Hours worked including temp and Contract

*Temp/Contract hours have been included for these years

Source: Year end
OSHA Summary
Logs Updated with
Temp hours 8-17-06

Problem: Lost and Restricted Days

Fairview OSHA DART Rate - Lost & Restricted Time Compared to Federal Bureau Labor Statistics Benchmark (Rate)



	2002	2003*	2004*	2005*
FRH	2.7	4.5	5.2	2.4
FSH	3.5	4.3	4.7	5.0
RMC	2.8	4.3	6.2	5.2
UMC	3.0	4.6	3.9	3.3
Lakes	5.0	3.3	2.8	2.0
Northland	2.3	0.9	1.8	3.1
Healthcare Bureau Labor Statistics	4.1	3.6	3.4	

OSHA DART (Days away from work, job transfer, or restriction) Rate = (# of OSHA Recordable Injuries with LWD or RWD x 200,000) / Total # Hours worked including temp and Contract

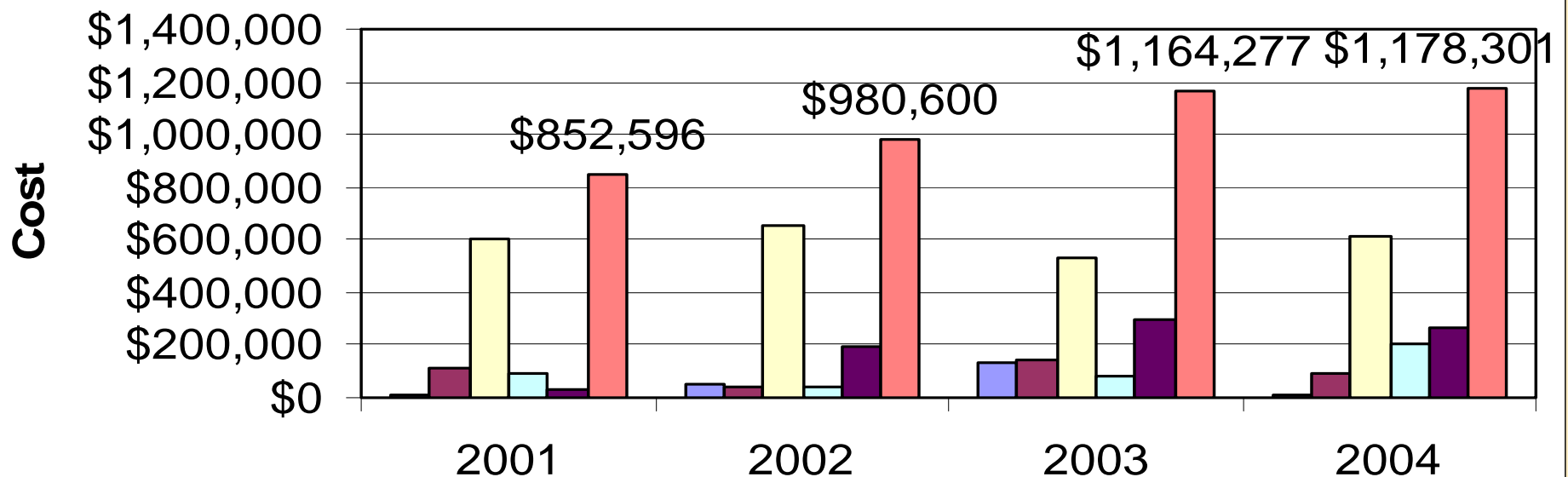
* Temp/Contract Hours have been included for these years

Most of our hospitals have LWD higher than the Healthcare Bureau of Labor Statistics

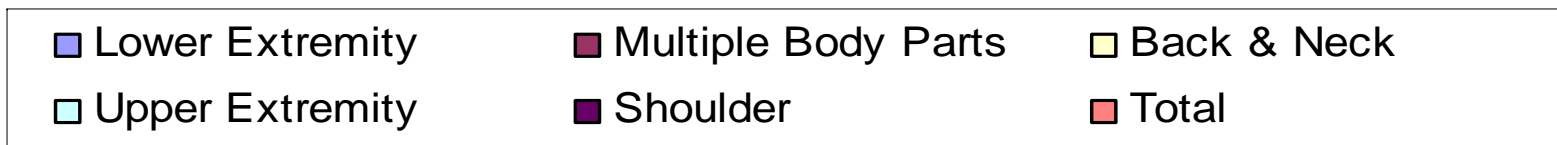
Cost of Patient Handling Injuries

Fairview 5 Care System

Cost of Patient Handling Injuries



Type of Injury by Year



Lost Work Days due to Patient Handling Injuries

Year	Lost work days	Weeks off	FTE
2001	3841	768.2	14.8
2002	4311	862.2	16.6
2003	3789	757.8	14.6
2004	4406	881.2	17



Source: Risk Management 10/4/06

Work Comp Costs for Patient Handling Injuries- Fairview 5 Care System

Total direct costs for patient handling injuries in 2004 =

\$1,178,301

Indirect costs at 3-5 times in addition=

\$3,534,903 - \$5,891,505

Indirect costs include the overtime, training, replacement and lost productivity related to an injured employee not being able to perform their normal work, and administrative costs. (Liberty Mutual, 2003)



Nursing Issues at Fairview

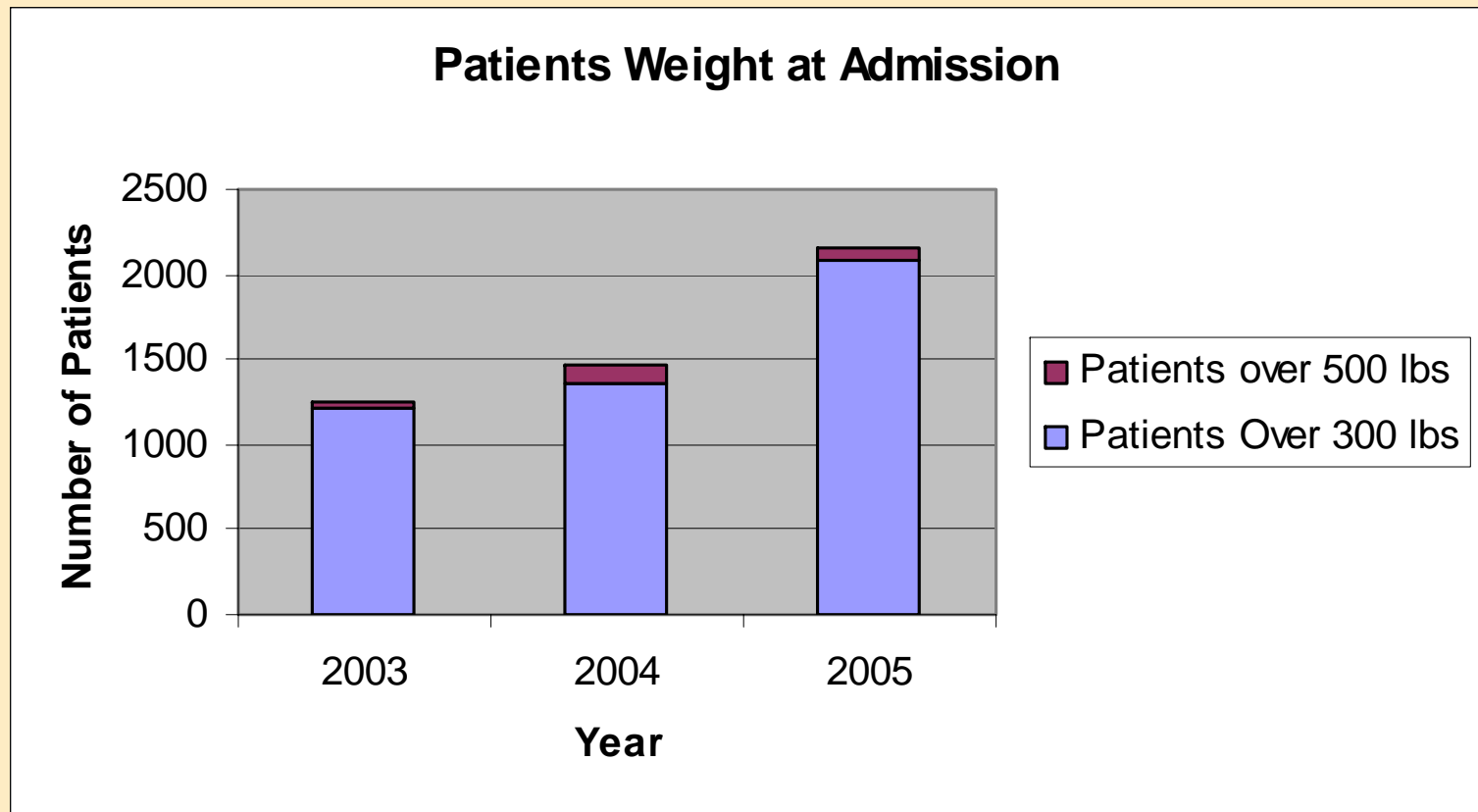
- **7 out of 10** of the top injury occupations at Fairview are nursing.
- Aging nursing workforce-avg age of nurse at Fairview is **42**.
- RN turnover rate at Fairview is **16%** with avg time to fill RN position is **36 days**. - nursing training is specialized and costly

Some National statistics:

- **On average it is estimated that 40%** of nurse injuries **are not reported**. (Safe Patient Handling and Movement Conf, 2005)
- **52%** nursing complain of back pain (Nelson, 2003)
- Early retirement **12% left** nursing for good due to **back pain** (Stubb, 1986)
- **38%** of nursing have work-related back pain **severe enough to take leave** from work. (Owen, 2000)



Problem is compounded: Moving more patients weighing over 300 lbs.



Changing Safe Patient Handling Standards

- 3 states have laws requiring low/no manual lifting of patients; legislation pending in 6 states.
- A federal bill has been introduced.
- A number of hospitals in Minnesota and throughout the country have adopted a low/no lift policy.



Safe Patient Handling Identified for Fairview 2007 Initiatives by

- System Chief Nursing Officers
- System Safety Committee
- Minnesota Nurses Association



Improving the Patient Experience

Patient handling equipment:

- Reduced awkward and forceful handling of patients
- Less patient anxiety over handling and movement
- Reduced skin shears-maintaining skin integrity
- Dignity of patients is maintained
- Reduced patient falls
- A secure process for patients



Day of Sharing

Held: September 29, 2006

New Steering Committee:

- Lakes: Billie Wolfe
- MN Valley: Helen Strike, Karen Kuzel
- Central Metro: Carol Risdal
- Northland: Marti Bollman
- Range: Jane Brownlee
- Southdale: Sue Buesgens, Jill Kelby
- Red Wing: Julie Gaitonde
- Home Care & Hospice: Kathy Lucas (or designee)
- Clinic Leadership: Judy Branstad (or designee)
- EOHS: BJ Peters, Marnie Myhre (Coordinator)
- Communications: Brenda Jaye, Deborah Sugerman



Day of Sharing: Priorities to be completed by 12/31/06

- **Develop a System-wide Safe Patient Handling Policy**
- **Garner Budget Support**
- **Standardize Equipment**



Investing in Safe Patient Handling is the **RIGHT THING TO DO!**

It demonstrates that Fairview:

- Values the dignity and safety of our patients and employees.
- Acknowledges and addresses our costs relating to injuries by investing in effective prevention measures to significantly reduce those costs.



Investment

Initiative:

- **Purchase of Safe Patient Handling Equipment:**
 - Ceiling lifts
 - Hovermats
 - Slipp Sheets
- **Develop material handling/laundry process**
 - Clean and return of slings and hovermats
- **Create a culture change of safe patient handling**
 - Education of Patient Care Providers



Savings

Annual Worker's Compensation Expense	\$1,200,000
Indirect Cost Estimated at 4 Times	\$4,800,000
Study show savings 3-5 times	
Indirect costs are soft dollar opportunities.	
Study Annual Savings Between 40-50%	\$2,400,000
Assume 50% savings	
Transitional Work	<u>\$ 60,000</u>
Total Savings	\$2,460,000



Source: Fairview Finance – Barb Tellers

Cost Savings – Investment over 2 years

(In Millions)	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Term. Value
Capital Invest.	(\$3.0)	(\$3.0)					
Laundry Expense		(\$0.4)	(\$0.8)	(\$0.8)	(\$0.9)	(\$0.9)	
Savings		\$1.4	\$2.5	\$2.5	\$2.5	\$2.5	
Net Cash Flow	(\$3.0)	(\$2.0)	\$1.6	\$1.6	\$1.6	\$1.5	\$3.9

Net Present Value (19% Discount)

\$0.2

Internal Rate of Return

20.7%

Pay Back Period in Years

4.1

Savings is based on a 50% reduction estimate of the \$1.2 Million of worker's compensation injury cost times 4 for indirect costs. Indirect costs are soft dollars opportunities.



Source: Fairview Finance – Barb Tellers

 FAIRVIEW

Cost Savings – Investment over 3 years

(In Millions)	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Term. Value
Capital Invest.	(\$2.0)	(\$2.0)	(\$2.0)				
Laundry Expense		(\$0.3)	(\$0.5)	(\$0.8)	(\$0.9)	(\$0.9)	
Savings		\$0.8	\$1.7	\$2.5	\$2.5	\$2.5	
Net Cash Flow	(\$2.0)	(\$1.4)	(\$0.9)	\$1.6	\$1.6	\$1.6	\$4.0

Net Present Value (19% Discount)

\$0.0

Internal Rate of Return

18.7%

Pay Back Period in Years

4.7

Savings is based on a 50% reduction estimate of the \$1.2 Million of worker's compensation injury cost times 4 for indirect costs. Indirect costs are soft dollars opportunities.



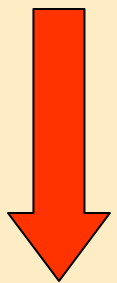
Source: Fairview Finance – Barb Tellers

 FAIRVIEW

Allina Hospitals

- Mandatory Safe Patient Moving Policy with Leadership support
- Spent 1.4 million in 2004 for Safe Patient Handling Equipment

Results at year-end of 2005 saw reductions in :



- Work comp claims by 1/3
- Lost time by 50%
- Safe Patient Movement related injuries by 1/3 since 2002



Lawrence and Memorial Hospital

New London, Connecticut

Intervention:

- Senior management support
- Prioritized needs
- Installed patient lifts

Results:

- Injuries decreased 75%
- LWD decreased 100%
- RWD decreased 98%
- Indemnity costs decreased 99.7%
- Replacement costs decreased 100%



Source: Fragala, 1997

"Vision without action is merely a dream,
action without vision is merely assigned
time, but *action with vision can
change the world.*"

-Nelson Mandela





Outcome SPH Budget Approved



December 2006



Approval!!!

Budget request for **6 Million dollars** for capital and training was approved spread over a **3 year period!!**

Let the work begin:

- Developing plan for equitable distribution of funds
- Building an education plan for a culture change for SPH

