

Safe Patient Handling

Middlesex Hospital Homecare approach to
clinical staff injuries related to Patient
Handling

Staff.

- The Homecare dept consists of following clinicians involved in patient care (direct /Indirect)
- Nurses
- Home health Aides
- Occupational Therapist
- Physical Therapist
- Speech therapist
- Tech

The Facts

- **In health care most knowledge regarding work place safety is transferred after the fact after an incident has occurred**

Here are some examples of terms we use:

- Root cause Analysis
- Safety investigation
- Best practice
- Epidemiology
- After action review
- **In the healthcare industry, approximately 10-12% of workers leave the profession due to Back injuries**

Homecare Situation

- The Homecare environment is not easily controlled and because we know this, the safety team along with management implemented policies and procedures for our clinical staff, that are geared towards improving their own safety .This translates into healthier clinicians who deliver improved patient care

Safety Team

In 2003 the Homecare Employee safety team which consists of Representative from each area of homecare


- Billing,
- Secretarial,
- Management,
- Clinical Staff,
- Tech Staff .

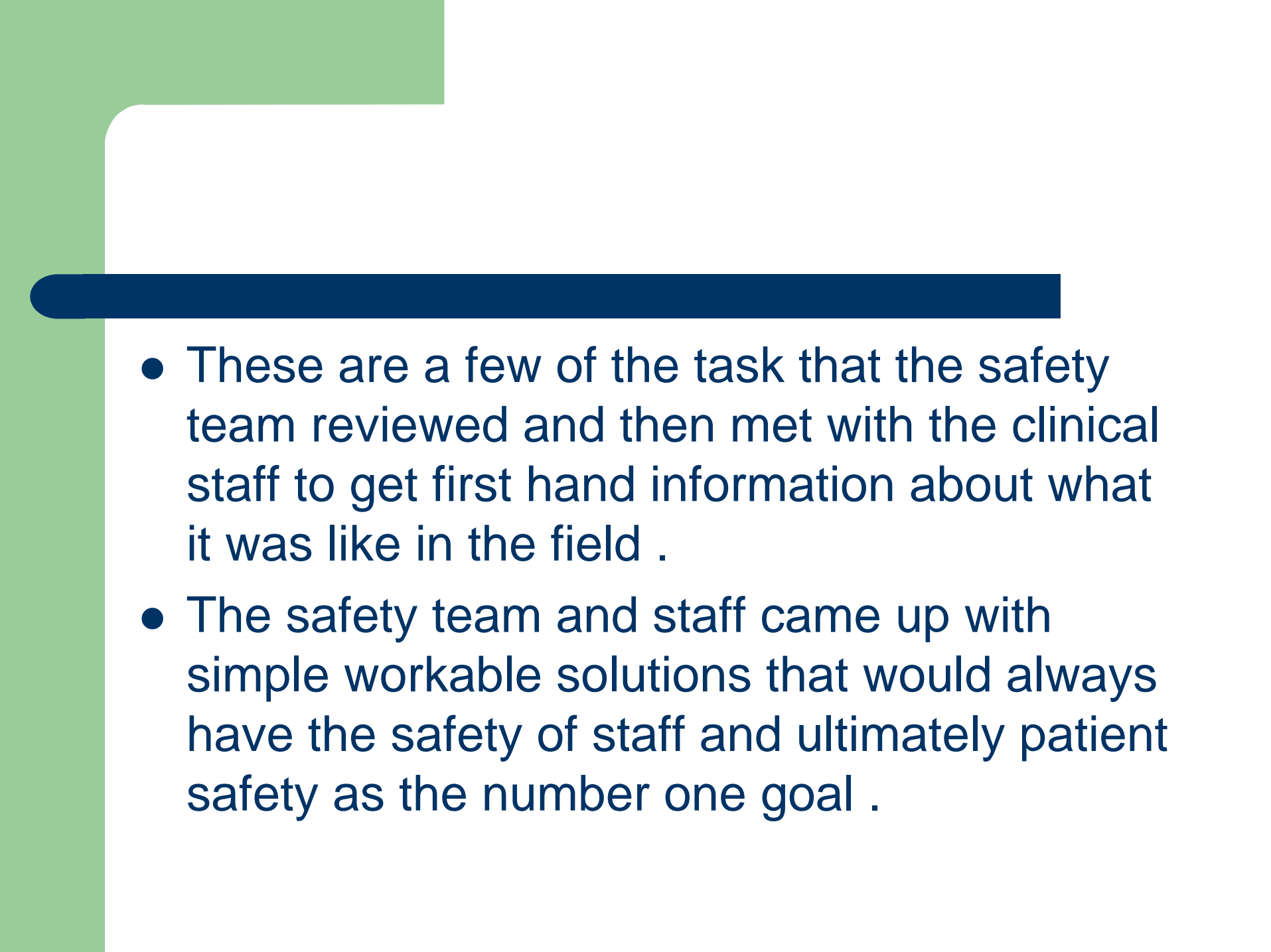
With input from **Employee health** the team decided to track and analyze the root cause of injuries and to implement **Corrective action** that could be implemented prior to injuries .

The **ultimate goal** was minimize or eliminate injuries, decrease time out of work , educate and maintain safety at work

Tasks related to patient handling that put Homecare staff at risk:

- Transferring patient out of bed to chair
- Repositioning patient in bed
- Using beds that are not adjustable in height
- Using equipment in crowded cramped areas
- Using equipment on carpeting
- Showering a patient without help
- Ambulating the patient ...
- Poor Communication

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- Low bath tub /Slippery floors
 - No grab bars
 - Inadequate doorways for movement of equipment and or patient
 - No funding for equipment/or adaptations
 - Add to this demanding patient or family members with lofty expectations

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- These are a few of the tasks that the safety team reviewed and then met with the clinical staff to get first hand information about what it was like in the field .
 - The safety team and staff came up with simple workable solutions that would always have the safety of staff and ultimately patient safety as the number one goal .

The Numbers

In 2003

- Number of injuries totaled **80**
- Number of injuries related to patient lifting **18**
- Cost of injuries **\$15,476.00**
- Number of cases incurring cost **9**
- Average number of lost days **100-120**

In 2004

- Number of injuries totaled: 56
- Number of injuries related
To patient lifting: 12
- Cost of injuries: **\$39,010 .00**
- Number of cases incurring cost: 7
- Average number of lost days: 60

In 2005

- Number of injuries totaled: 41
- Number of injuries related
To patient lifting: 10
- Cost of injuries: \$14,407.00
- Number of cases incurring cost: 7
- Average number of lost days: 60

In 2006

- Number of injuries totaled **39**
- Number of injuries related to patient lifting **6**
- Cost of injuries **\$15,269.00**
- Number of cases incurring cost **3**
- Average number of lost days **30**

Interventions

- Monthly safety meetings with direct line staff
- Present at each meeting
- Review of all injuries of the previous month and
- Corrective action taken and communicated to staff.
- Education of all clinical staff at orientation and yearly.
- Making lifting and moving patient a required competency for all clinical staff

Interventions cont.

- Use of gait belts by all Home Health Aides when doing transfers
- Use of Hoyer lifts with patient who cant stand
- Use of overhead Glide lifts
- **Occupational Therapy** paired with **Home Health Aide**
- Reviewing and Implementing the Plan Of Care as written
- **Empowering** the **Home Health Aides** to be aware of potentially dangerous situations and call their supervisor
- **Educating** the **licensed staff** on the importance of implementing safe Plan Of Care for the **Home Health Aides** to follow .
- Difficult cases are brought to weekly IDT meetings

Interventions cont.

- What we knew was that majority of injuries were among our **Home Health Aides** .We have set up formal Competencies and skills assessment related to body mechanic, lifting and transferring.
- This is done on hire and is offered **monthly** to the Home Health Aide staff to reinforce the need for safety first .
- The licensed staff have yearly competencies and skills assessment .
- If staff gets injured, they have to attend the class before returning to full duty, with review aimed at correcting the errors they continue to make.

Interventions cont.

- The next big hurdle was communication improving the **Communication** between **Home Health Aide** and **Licensed Staff**. The Plan Of Care is reviewed with the Home Health Aide prior, to starting a case and this makes the Aide more aware of what to expect, when transferring the patient.

Conclusion

The most important piece of this is the **Handling of the Injured Worker.**

- The **Occupational Medicine Department**, the **Employee Health Dept**, and the **Managers** are working as a team to prevent extended time out of work.
- The injured staff is brought back to light duty situations earlier, Job descriptions are reviewed and the assignments are carefully reviewed
- With these intervention we have seen a remarkable decline in injuries and buy in from staff on the **issue of safety with patient handling.**