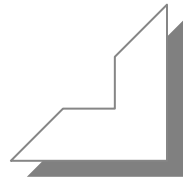


Older Healthcare Workers Conference
Addressing Health and Safety Challenges on the Job
Tuesday September 29th, 2009



**Employer Case Examples of Safe Workplace Design/
Safe Patient Handling Approaches:
Application of Ergonomics in Health Care Facilities.**

Long Term Care

St. Louis County Minnesota (Duluth)

Joe Austin, Director of Safety & Risk Management

austinj@co.st-louis.mn.us

(218) 726-2613

At Chris Jensen Health & Rehabilitation Center (long term care)

--reduced recordable injuries by 75%; non-recordable by 80%

--results have held for more than 3 years. In 4th yr. now

--saved \$600,000 in workers' comp cost the first year

--also instituted a "culture change" in way aides do job, a 4 yr. process.

See DVD at Safe Lifting Portal

www.safeliftingportal.com

Wyandot County Nursing Home (Ohio)

Joe Jolliff, Administrator

jjolliff@woh.rr.com

(419) 679-4806

--instituted no lift program in 1997

--had workers' comp costs of \$100,000 per year prior to the program

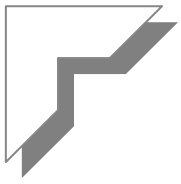
--as a result of installing devices for pt. transfers, not a single injury

1997-2003 (when he retired)

--as a result of this program, employee turnover went from 70% to 5%

--as a result of this program, quality of care went up (e.g., residents not bruised)

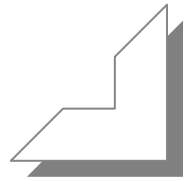
See testimonials of administrator, workers and patient family members
on You Tube. Type: Wyandot County Nursing Home



Older Healthcare Workers Conference

Addressing Health and Safety Challenges on the Job

Tuesday September 29th, 2009



Acute Care Facilities

Jesse Brown VA Medical Center. Chicago.

Lisa Murphy, RN, BSN, BA

Safe Patient Handling Facility Coordinator,

Nursing Service Collateral Duty Safety Officer

Lisa.Murphy2@va.gov ph: 312 569-7896

Jesse Brown VAMC is a 200 bed acute care facility with 4 Community Based Outpatient Clinics and many main campus outpatient clinics and diagnostic areas. One unit is a CLC (Continuous Living Community) that also has Rehab patients. The Safe Patient Handling (SPH) Program was initiated in the summer of 2007, because research has shown that no matter what an individual's strength is, lifting and moving animate objects more than 35 lbs. can result in cumulative trauma.

Areas were assessed for high risk activities, equipment was trialed, and purchases were made, based on staff recommendations and specific area needs. The program was officially rolled out in June, 2008 with the opening of the Bed Tower Pavilion.

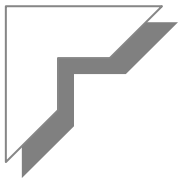
Injuries involving moving and repositioning patients have been reduced by almost 50% from 16 in the year prior to SPH program roll-out to 9 in the past year (2008). Jesse Brown VA is known amongst the SPH community as one of the best equipped facilities in the state, and certainly in Chicago.

VA headquarters initiated a SPH program country-wide in the fall of 2008, committing \$200+ million for three years to bring facilities across the country up to speed on safe patient handling.

Each VA facility is required to have a SPH "Champion" such as an RN, PT, etc. who is responsible for coordinating the Safe Patient Handling Program. The program includes policy development & implementation, equipment purchase, worker training, evaluation. Champions have a monthly national conference call with each other to share information about program progress as well as quarterly Performance Measures that have to be met.

Upper management buy-in is imperative for program success, and JBVA has this. There is a policy with procedures on what we use and why we use it for the entire facility, which outlines responsibility on every level--from the Medical Center Director to staff utilizing the equipment. The policy includes the following:

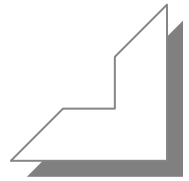
- Equipment must be used except in emergency and natural disaster situations.
- Staff is asked to trial new equipment and rate it before it is purchased
- Staff are trained by peer leaders who themselves receive annual training & attend monthly meetings on safe patient handling. Other facilities have sent their team leaders to Jesse Brown for training.



Older Healthcare Workers Conference

Addressing Health and Safety Challenges on the Job

Tuesday September 29th, 2009



- There is a monthly Safe Patient Handling class for new hires (4 hrs.) which includes training on the equipment and proper body mechanics in using it.

Equipment examples at this facility:

- Ceiling lifts in all in-patient units, (ICU 100% lifted), morgue, as well as ambulation lifts in Rehab. Same Day Surgery, GI lab, ER, Dental, CT scan, Dialysis and MRI soon to have ceiling lifts.
- Battery powered “Zoom” Stretchers for operating room, emergency room, cardiac cath and the Endoscopy Clinic
- Lateral transfer air mattresses in all areas so patients can be moved easily between departments and services for tests and procedures – these are also used during Bariatric Surgery (effectively reducing weight by 90%). Rollboards for all other surgeries.
- SARAs (standing and raising aids) used for anyone who has a slight ability to stand but not walk for transfers to chairs, commodes, beds, etc., preserving what ability they have—ideal for many stroke patients and amputees.

August, 2009

Northwestern Memorial Hospital

Chicago, IL

Lori Zinnecker, CPE, MBA, ORT/L. Ergonomic Specialist

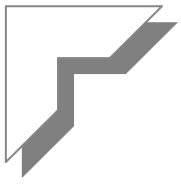
Lzinneck@nmh.org ph: (312) 926-3140

History

NMH saw an increase in bariatric patients (500 lb.) and an increase in the number of employees getting hurt moving/handling patients. Staff can't be expected to lift them and need furniture/beds etc. to accommodate the larger patient. We had to find other solutions; body mechanics alone cannot work.

We began working on a safe patient handling zero lift program in 2002, using a multi-disciplinary approach, which took three years to implement. The ergonomics staff defined the problem (more bariatric patients, economically cost effective to bring in equipment compared to cost of comp injuries, and other reasons) and came up with a business plan to approach it.

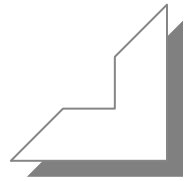
From 2002-2005 ergonomics staff worked on various approaches to pitch the issue to NMH leadership and gain capital approval for a pilot program. In FY05 they obtained approval for a 'bariatric quick fix' (purchase motorized stretchers for Escort and bariatric chairs, commodes, portable total lifts and sit/stand lifts for Central Supply) and in FY06 obtained approval for pilot program on 4 units (mix of ceiling lifts and portable lifts). A consulting group of RNs assisted in program development. In 2006 NMH ergonomic staff purchased



Older Healthcare Workers Conference

Addressing Health and Safety Challenges on the Job

Tuesday September 29th, 2009



equipment for a pilot program. They also created a training program for staff on using equipment & interdisciplinary team to reduce injuries. In FY07/FY08, based on Pilot Unit success, the ergonomics staff rolled out full 'minimal lift' program. This consisted of:

- at least 4 ceiling lifts per in-patient unit (30 beds) with 3 portables for other rooms (sit to stand lifts, total lifts, air assisted mats)
- Portable lifts have 440# and 660# weight limits,
- Ceiling Lift weight limits are 500# or 1000#)
- 120 ceiling lifts being used at the hospital

Approach

The interdisciplinary team decided we prefer mechanical lifts to lift teams. "By the time the lift team comes to the unit, the workers have already gone ahead" and done it; they can't wait for help to come.

Policy

NMH now has a protocol for patient mobility assessment and what equipment might be needed. Ergonomics staff would like a policy, but none is in place yet.

Training

NMH has trained more 3,000 staff in using lift equipment.

Basics: There is a 30 min. online training module regarding lifts (i.e. safety features, basic overview, etc) of equipment for new hires; 1 ½ hr training on equipment in orientation—employees must demonstrate repositioning, standard transfer, sit to stand, stand and pivot. Class size is small so that employees can practice with each other

Super Users: Additional training is provided for "super users" so they can be the 'unit expert'. They learn more about problem solving patient needs that are more complex (i.e. amputees, hip replacements, etc.). Super users help facilitate use of equipment on their units.

Results

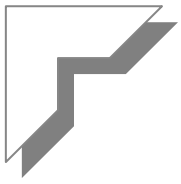
Incident data: In 2007 patient handling injuries were reduced from 87 to 55; in 2008, from 55 to 39.

Challenges

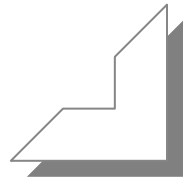
The program needs to "be on front page of everyone's agenda. There was a honeymoon period. Now we have to re-rally the idea. Employees have to take ownership of it." We are having leadership meetings to come up with ideas on how to keep injuries down.

We would like ceiling lifts in every room but they cost money, time and coordination to install (have to shut down adjacent rooms as well, which is inconvenient).

August, 2009



Older Healthcare Workers Conference
Addressing Health and Safety Challenges on the Job
Tuesday September 29th, 2009



Safe Patient Handling and Movement Abstract
An Overview of Kaleida Health's SPH Program
Kaleida Health, Buffalo NY

Paula Pless Director SPH, Workforce Safety
PPless@kaleidahealth.org ph: (716) 887-8221

Title:

Implementation of the SPH (Safe Patient Handling) Programs for the Kaleida Health System- Western New York's Largest Healthcare Provider.

Objective:

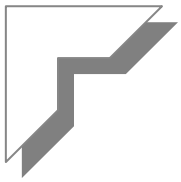
Kaleida Health employs 10,000 and serves over 1,000,000 patients/year. The objectives of this overview is to demonstrate how a SPH program was implemented throughout four long term care facilities, five hospitals, and a home care division which covers six counties in Western New York. Data will show the cost effectiveness of zero lift programs. Healthcare workers experience some of the highest injury rates among all industries, this was true for Kaleida.

Method:

Following the identification of the problem and the formation of a corporate steering committee, a director of the SPH program was hired. Stakeholders were identified including all unions. Site ergonomic teams were formed, resident/patient handling assessments were conducted and equipment was purchased based on the findings from an environmental equipment needs assessment (including new electric beds throughout all facilities). SPH policies were written and training was provided to all clinical care staff; including any staff that in the course of their duties are responsible to transfer, move or handle a patient/resident. An implementation schedule with "Go-Live" dates was rolled out systematically starting at the first facility that had the highest injury rates and working down. The equipment was delivered to each site after the training for that site was completed. Equipment was labeled tagged and inventoried for initiation of a preventative maintenance schedule.

Results:

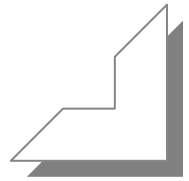
Initial training for Kaleida staff began 11/8/04 and ended 3/6/06. In 17 months the program was implemented across the Kaleida system. The number of employees provided the 3-hour initial start-up training was 3,651. A decrease in lost work days of 76% was seen in the long term care facilities in the first year post implementation. A savings of \$961,996 for CNA wages alone was seen from 2003- 2006. First quarter claims from 2003 to 2006 are down 90% across Kaleida Health's network. The reduction continues, in the first 3-years post implementation Kaleida experienced a full return on investment.



Older Healthcare Workers Conference

Addressing Health and Safety Challenges on the Job

Tuesday September 29th, 2009



Conclusion:

SPH programs are a very effective way to reduce employee injuries decrease the number of days lost from injuries and dramatically impact workers' compensation costs. There is a direct connection from SPH programs to improved patient/resident safety with decreased injuries during handling and improved function and quality of life. WIN-WIN-WIN: financial win, employee win and patient/resident win.

July, 2009