SPH Program

Best Practices - Annual Risk Assessment

Paula Pless
Director of SPH
Kaleida Health
Corporate Management Safety

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OBJECTIVES

At the end of this program, the learner will be able to:

List several key elements of a Successful Safe Patient Handling Program.

Describe examples of a successful staff SPH training/education design.

Identify key steps which must be included in determining any patient's mobility plan.

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LAW

NJ SPH Law 2006 NYS SPH Law 2014

March 21, 2006 SPH Law Passed in New Jersey

Chapter 225 Enacted Approved January 3, 2008.

NJ SPH Act text:

http://www.njleg.state.nj.us/2006/Bills/PL07/225_.PDF

Fines, Hire experts, Purchase SPH Equipment, Follow-up Inspections, Proof of Program

OSHA cited a hospital in New Jersey for requiring medical staff to perform unsafe patient handling tasks. New Jersey is in the same OSHA administrative region, Region 2, as New York State.

Citation 1148262.015/01001
Issuance: 11/14/2016

SPH Defined in the Bill

Safe patient handling ("SPH") is defined as the use of engineering controls, lifting and transfer aids, or assistive devices by staff to perform the acts of lifting, transferring and repositioning health care patients and residents.

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SPH Program Annual Risk Assessment
a Best Practice Exercise

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Complies with the SPH Law

2

Validates effectiveness of program and reduces policy/program variance

3

Increases conformity and consistency in expected practices

4

Reduces patient and workforce injuries

5

Identifies barriers and obstacles to achieving and maintaining an effective successful SPH program.

4

Organizational-Leadership, Administrative Actions

Evidence of support-facilitates the needs of the workforce

Budget line for safety and SPH

Policy/Practice standards

SPH Committee sponsor-roles/responsibilities of SPH committee defined

Hiring practices-orientation plan

Transparent practices-shares injury data, costs, loss and ROI

Mindful oversight of changes to the care environment and types of patient services being considered

Workforce-roles, responsibilities and engagement

Recognition of the need to have SPH Drivers: SPH Director or SPH Coordinator or SPH Leader or SPH Point Person

SPH Committee involvement-time allowed, shift considerations

Worker input, voice and ability to monitor and address SPH Concerns – labor management collaborative relationship

HR Department support of the SPH Program – an employee resource

SPH Policy, Procedures and Practices clearly communicated and supported by the workforce.

Lead by example

Essential Role of the SPH Committee
Monitor, Validate, Take Action, Communicate and Share

Annual Written Report presented to Senior Leadership by the SPH Committee

The report should be comprehensive with strategies and solutions identified when possible.

A Timeline proposed for expected improvements or changes should be drafted. Plan-Do-Check-Act

Set your goals for the next year based on the annual SPH program risk assessment.

Environmental Safety
Ongoing audit of the environment of care

Assessment/audit of the SPH equipment needs-based on type of patient and transfers done.

Technology awareness, upgrades-worker input before equipment is purchased.

Equipment inventory control practices

Repair and maintenance practices

Meaningful environment of care rounds/audits

SPH Committee roles and responsibilities-worker engagement in these practices

Review injury data monthly-analyze and report out injury stats

SPH Education
Best Practice Approach

Onboarding Program that promotes/endorses SPH awareness for all new hires

Onboarding/orientation education curriculum that targets frontline workers and users of the SPH Equipment

SPH Equipment Use-hands-on training with SPH equipment used in the care environment.
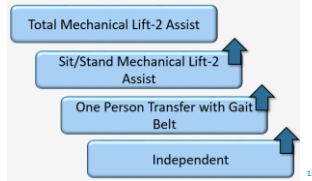
Training and retraining plans that address the needs of the workforce. Train on new equipment, Injury prevention, remediation, return to work.

Ongoing training and education with an annual SPH Program and Policy review. All licensed and unlicensed healthcare workers who touch patients.

Best Practice: yearly SPH skills lab

Training Approaches

Train the Trainer

SPH Champion Development

Preceptor Programs

Assess the skill of the mentor

Boot Camp

Two weeks post orientation

Deep Bench

Management, Supervisors, Clinical Educators, Therapists

Expectations of the Licensed Professionals

Adherence to SPH patient movement practices-both employed or contracted workers

Policy/Algorithm that only allows for very specific transfer and movement problem solving

What is allowed in terms of SPH transfers and Movements is clear to all licensed professionals-accountable

Documentation-where and when, accessible to all level of care providers all shifts

Communication-24/7, tools that promote communication and sharing of information and changes are evident

Patient Assessment and re-assessment expectations-in real time, align with SPH Policy and Program

All documentation and care planning practices align with SPH Policy and Program

Patient Assessment-Conformity Tool

SPH Assessment Tool

Patient Transfer Assessment:
Algorithm

Total Mechanical Lift-2 Assist

Sit/Stand Mechanical Lift-2 Assist

One Person Transfer with Gait Belt

Independent

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Annual SPH Program Risk Assessment

SPH Annual Program Review is done by: administration, frontline worker, SPH Committee members, SPH Program Point person, EVS, Maintenance, Therapy staff, Educators, Managers

Identify the gaps or risks if the SPH Program component does not exist or if it is weak-develop an action plan as well as a report that identifies what the findings were from the audit

Look at each SPH Program component-check for evidence that it exists-what will the problem statement be? What are we doing right and need to do more of?

What evidence was found that puts the SPH Program at risk and evidence of success?

What strategies or action steps will be needed to mitigate the gap or risk?

Annual SPH Program Risk Assessment

Work in teams that are assigned to focus on specific topics/areas

Review of Incidents, Near Misses and Injuries: Run the injury reports and numbers monthly as well as quarterly and be prepared to review and analyze the year end data.

Look at injury trends for patients as well as workers as it relates to patient transfers and movement. Injury data should be looked at monthly, a quarterly status report should be presented as well and a year-end report to look for the effectiveness of the SPH Program.

Injury Trends should be addressed immediately-evidence that we are monitoring all year and adjusting to the needs of the injury trend findings. Gaps and breaks in expected practices are addressed monthly by the SPH Committee based on these injury reports and Incidents or near misses.

Injury Data Analysis

Task

Baseline Data Defined

Ongoing Monitoring of the Data

Benefit

Validates Effectiveness of SPH Program

Identifies Risk and Success

Insurance Incentive

9.5 % reduction in Insurance Premium due to the Kaleida Health "Safety Programs"

$1.5 Million roughly converted to dollars

iNCENTiVE

Review
SPH Program
Elements

Policy	RTW Program-validates the environment is safe
Education	SPH Program Leader
SPH Committees	Finance and Budget
SPH Assessment Algorithm	Ongoing Environmental Needs Assessment
SPH Inventory Control	SWOT/Gap Analysis-Annual SPH Program Risk Assessment
Injury Data Collection-baseline & ongoing analysis	A&I Investigation, Root Causes Analysis, Corrective Action Plans

The Gears of Sustainability

Plan

Act · Do

Check

Questions and
Answers

https://labor.ny.gov/workerprotection/safetyhealth/safe-patient-handling.shtm

THANK YOU