

Recommendations for successful safe-patient-handling committees

*Best practices, suggested activities
for skilled nursing care facilities*



OSHA
WORKPLACE SAFETY
CONSULTATION

ACKNOWLEDGEMENTS

Minnesota OSHA Workplace Safety Consultation is sincerely appreciative of the many individuals and organizations that contributed to this document during the various stages of the project. The members of the Safe-patient Handling for Skilled Nursing Committee were instrumental in the development of this document. Thank you.

CONTACT INFORMATION

Minnesota OSHA Workplace Safety Consultation
443 Lafayette Road N., St. Paul, MN 55155
Phone: (651) 284-5060 or 1-800-657-3776
Email: osha.consultation@state.mn.us
Website: www.dli.mn.gov/Wsc.asp



INTRODUCTION

In Minnesota, skilled nursing care facilities are required to have a safe-patient-handling (SPH) committee. These committees are separate from the required safety committee and must include 50 percent non-managerial direct care staff members. Direct care staff members in these facilities include nurses, nursing assistants and physical therapists (CNAs, NARs, RNs, LPNs and PTs). Safety committees usually do not have the appropriate distribution of direct care employees to meet the criteria of the standard. The SPH committee is sometimes a subcommittee of the safety committee and reports to it. Less frequently, the SPH committee is integrated with the falls committee.

It is important to have an individual on the SPH committee who is a decision maker or influencer. This person is the liaison to management and helps make things happen. Representatives from maintenance, housekeeping, dietary and laundry should be invited to meetings when there is an issue they need to address. The SPH committee should appoint a chairperson, generally an RN or LPN. An assistant director of nursing (ADON), staff development or in-service person can be a good selection for this role. It is best to make it an assigned duty. Physical therapy is an integral part of the committee and should be invited to every meeting. To effectively use PT time wisely, invite the representative to participate at the beginning of the meeting, allowing them to leave at will. Common items to discuss with the PTs are new admissions and the changing status of the residents.

At a minimum, the committee should meet quarterly, meeting more frequently if there are issues to address. To begin, monthly meetings may be helpful. The SPH committee is required to initially conduct a facility-wide hazard assessment to determine safe-patient-handling needs. This is a one-time hazard assessment and should be changed if the hazards change. A sample hazard assessment is available on the Minnesota OSHA Workplace Safety Consultation (WSC) SPH web page at www.dli.mn.gov/Wsc/Sph.asp.

Instead of one big meeting, have smaller ones on each floor or during each shift so other staff members are included, other issues are discussed and difficult resident situations are addressed. At each meeting, review new injuries related to SPH, concerns, new admissions and resident changes. Have a five- to 10-minute communication with PT at the start of the meeting. Some facilities have monthly meetings during shift-change, lasting fewer than 30 minutes. Scheduling extra staff members on meeting days may be necessary to cover individuals attending the meeting. Information to bring to the meeting includes incidents and injuries that have occurred since the most recent meeting, resident changes, admissions and any other changes. The meeting can be as long or short as needed. Take notes of what occurred at the meeting.

Communication is a big part of committee meetings. Make sure staff members know how and to whom to report safe-patient-handling concerns and then report back to staff members what is being done about the reported issue. Communicate what was discussed at the SPH meetings by posting meeting minutes within the facility, including committee meeting information with pay stubs or posting the information on the facility's intranet.

Meetings don't always have to be around a table and with an agenda. Hands-on meetings are a great way to make safe-patient-handling committees more effective.

The next pages offer a list of suggested activities your safe-patient-handling committee can do during a three-year period. The list is a compilation of best practices from facilities with well-functioning safe-patient-handling committees. The practices can be mixed and matched to the needs of your facility.

Sample 36-month meeting schedule

Year one – first quarter	
Meeting 1	Elect a chairperson and conduct a facility-wide hazard assessment.
Meeting 2	Analyze the facility's injury trends. Develop the committee goals and discuss what to accomplish during the next 12 months.
Meeting 3	Review SPH in resident rooms, such as transfer aids, conditions and care plan matches.
Year one – second quarter	
Meeting 4	Inspect the facility's slings.
Meeting 5	Inspect the facility's SPH equipment.
Meeting 6	Interview staff members to detect any barriers to SPH and evaluate the facility's communication. Review equipment training.
Year one – third quarter	
Meeting 7	Review vehicle transfers.
Meeting 8	Review SPH in resident rooms, such as transfer aids, conditions and care plan matches.
Meeting 9	Inspect the facility's slings.
Year one – fourth quarter	
Meeting 10	Inspect the facility's SPH equipment.
Meeting 11	Review infection control, such as the cleaning of lifts and slings.
Meeting 12	Inspect bariatrics and bathrooms.
Year two – first quarter	
Meeting 1	Review the facility's injury trends. Review the accomplishments from the previous 12 months. Budget for and prioritize needed SPH equipment. Develop the committee's goals for the next 12 months.
Meeting 2	Review SPH in resident rooms, such as transfer aids, conditions and care plan matches.
Meeting 3	Inspect the facility's slings
Year two – second quarter	
Meeting 4	Inspect the facility's SPH equipment.
Meeting 5	Review vehicle transfers.
Meeting 6	Interview staff members to detect any barriers to SPH and evaluate the facility's communication. Review equipment training.
Year two – third quarter	
Meeting 7	Review SPH in resident rooms, such as transfer aids, conditions and care plan matches.
Meeting 8	Inspect the facility's slings.
Meeting 9	Inspect the facility's SPH equipment.
Year two – fourth quarter	
Meeting 10	Review equipment training.
Meeting 11	Review infection control, such as the cleaning of lifts and slings.
Meeting 12	Inspect bariatrics and bathrooms.

Year three – first quarter	
Meeting 1	Review the facility's injury trends. Review the accomplishments from the previous 12 months. Budget for and prioritize needed SPH equipment. Develop the committee's goals for the next 12 months.
Meeting 2	Review SPH in resident rooms, such as transfer aids, conditions and care plan matches.
Meeting 3	Inspect the facility's slings.
Year three – second quarter	
Meeting 4	Inspect the facility's SPH equipment.
Meeting 5	Review vehicle transfers.
Meeting 6	Interview staff members to detect any barriers to SPH and evaluate the facility's communication.
Year three – third quarter	
Meeting 7	Review SPH in resident rooms, such as transfer aids, conditions and care plan matches.
Meeting 8	Inspect the facility's slings.
Meeting 9	Inspect the facility's SPH equipment.
Year three – fourth quarter	
Meeting 10	Review equipment training.
Meeting 11	Review infection control, such as the cleaning of lifts and slings.
Meeting 12	Inspect bariatrics and bathrooms.

SPH COMMITTEE ACTIVITIES DEFINED

Facility-wide SPH hazard assessment – done initially and when change happens

The facility-wide SPH hazard assessment is done initially and is then updated as needed when there are facility changes. Examples are available online from Minnesota OSHA Workplace Safety Consultation (WSC) at www.dli.mn.gov/Wsc/Sph.asp.

SPH hazard assessments must include the following:

- types of nursing unit;
- resident population;
- physical environment of the resident care areas;
- resident handling tasks;
- areas of highest risk for employee lifting-injuries;
- problems;
- solutions for problems; and
- mechanisms to report, track and analyze injury trends.

New admissions and changes in status – review at each meeting

At each meeting, review new admissions and changes in status.

Injuries – review at each meeting and annually

At each meeting, review any new injuries that have been reported since the prior meeting.

For the first annual injury review:

- compile the OSHA 300 logs for the past three full years;
- calculate the days-away-restricted-transfer (DART) cases and the total recordable cases (TRC) for the worksite;
- compare the worksite to U.S. Bureau of Labor Statistics (BLS) national data and Minnesota-specific data for NAICS code 623110 (skilled nursing care facilities); and
- review the data for any trends at the facility during the past three years, such as the type of injury (back, shoulder), the injury being associated with a particular device or resident, time of injury or activity being performed (toileting).

The descriptions of any incidents should also be evaluated to determine the cause associated with the injury and correct OSHA 300 logs. Also evaluate workers' compensation data, workers' compensation first reports of injury, OSHA 300 logs and any accident/injury incident reports. Review the injuries for trend analysis and goal development; scrutinize injuries to determine whether slip, trip and fall, workplace violence or SPH were an issue.

Leading indicator goal-setting – review annually

As your safe-patient-handling program becomes more developed, measures of success will change from lagging indicators to leading indicators. Develop program goals for your safe-patient-handling committee to enable measurement of your success. Goals may include:

- the number of SPH committee meetings each year;
- meeting attendance;
- the percentage of workers trained;
- the number of near-misses reported;
- the percentage per 100 workers, meeting peer-to-peer observations;
- the number of hazards identified and addressed;
- the percentage of employees who know the organization's safe-patient-handling policy; and
- being aware of the turnover rate for each job category.

Set goals with the facility's units, departments or neighborhoods to conduct a specified amount of behavioral-based SPH monitoring of real-time patient/resident care at bedside. Document findings in a risk-based software program and with human resources (HR) for a record of day-to-day SPH activities.

Resident rooms – inspect bi-annually

Visit each resident's room two times a year to determine the transfer aids in the room and the condition of the items; match them with the care plan. Inspect all slings, transfer belts and slide sheets; match them with the care plan. It is best to have a nursing assistant complete this task. Remove items that don't belong and replace items that need to be repaired or replaced. If you can't complete all rooms during one meeting, split them between two or more meetings.

Facility equipment – inspect bi-annually

Two times a year, determine if there is an adequate quantity and variety of appropriate lift, transfer and reposition assistive devices available and operational. Check supplies, such as slings, batteries and charging

stations for lifting devices. Inventory existing SPH equipment, including all necessary accessory items. Evaluate:

- the condition of equipment – not bent, functioning appropriately, preventive maintenance conducted according to manufacturer’s guidelines;
- the availability of the equipment – ensure there are enough lifts for everyone to access when they are needed, conduct employee interviews;
- infection control issues and the availability of an adequate supply of devices;
- the accessibility of equipment – equipment is stored so it can be attained quickly and easily, conduct employee interviews and observe use;
- whether the equipment is easy to use, conduct employee interviews;
- whether the capacity of the lift is adequate for the residents being lifted;
- whether the charging process is working, conduct employee interviews.

Refer to *Patient Handling and Movement Assessments: A White Paper*, prepared by the 2010 Health Guidelines Revisions Committee Specialty Subcommittee on Patient Movement, The Facility Guidelines Institute’s (FGI’s) recommendation for overhead coverage and the number of mobile lifts.

Slings – inspect bi-annually

Two times a year, evaluate sling locations, conditions, labeling and sizing information, plus where slings are stored and how they are laundered. Review any infection control issues associated with the slings.

Barriers to SPH practices – review annually

Conduct interviews during all shifts in each of the facility’s units, departments or neighborhoods, including the transitional care unit and rehabilitation. Have representatives from the SPH committee go to each floor to get feedback from the frontline staff about barriers to SPH practices, equipment, incidents and near-misses. Ask whether SPH needs are being met, if there are barriers to or a lack of adequate equipment and slings, and what additional equipment would be helpful.

Facility’s communications – review annually

Determine if there are any language barriers creating problems with communication. During interviews with staff members, learn if there are any second-language concerns related to patient handling and work to address them. Other communications considerations include the following.

- Is there communication between the staff members during shift changes?
- How well are residents’ status changes being communicated?
- When communication about a change of status occurs, how quickly are the changes addressed?
- How are the activities of the safe-patient-handling committee being communicated?
- Do staff members know where to find information about SPH?
- Do staff members know who to communicate concerns to?
- Do staff members know who their representatives on the SPH committee are?
- Is the committee communicating through an intranet, bulletin boards, information with paychecks or an anonymous comment box, and how well is that working?

Vehicle transfers – review annually

Review how residents arrive at and leave your facility. Examine how they are being assisted into and out of vehicles. Determine what seasonal conditions contribute to safe-patient-handling transfer difficulties, such as ice and snow, and what can be done to eliminate hazards. Look also at the physical conditions of the areas where transfers are conducted, checking for holes, bumps, anything that would negatively impact the use of equipment or create slip, trip and fall hazards; work to correct any hazards.

Equipment training – review annually

Direct patient/resident care workers should be trained about the proper application and use of available safe-patient-handling equipment. The training should be conducted when the equipment or the staff member arrives at the facility and repeated periodically thereafter, based on observed need or requests for training. The training should demonstrate how the equipment is used, the proper methods for its use and the proper application for its use relative to the care activity being provided. Training records need to be maintained by the facility for three years. The SPH committee is responsible for making recommendations about the type and frequency of training for the direct care staff. Training may include product demonstration and hands-on training from the vendor with staff members in the lifts.

Infection control – review annually

Review the infection control process for SPH equipment and determine if that process creates a barrier to staff members following safe-patient-handling procedures. Determine whether there is enough equipment or if tasks can be organized so that infection control requirements are being met.

Bariatrics and bathrooms – review annually

Review the facility's bariatrics, including the residents' needs and equipment that's available – slings, lifts, ceiling tracks, beds, etc. – and identify what equipment is needed. Determine the weight capacity of resident and visitor chairs in resident rooms and waiting areas.

Review the weight capacities of toilets and mounted objects in resident and shared bathrooms. Determine whether there is space on either side of the toilet to accommodate staff members or SPH equipment.

SPH program – review annually

The SPH committee is required to conduct annual evaluations of the safe-patient-handling implementation plan and the facility's progress toward goals established in the safe-patient-handling policy. The overall goal of the plan is to minimize manual lifting. To determine the effectiveness of the SPH plan, answer the following questions.

- Does the SPH plan need to be updated?
- Is the plan being followed?

- Is the SPH committee effective?
 - Were recommendations about purchase, use and maintenance of an adequate supply of appropriate safe-patient-handling equipment made by the SPH committee?
 - Was initial and ongoing training conducted and are those practices being followed on the work floor?
 - Has facility change-analysis been conducted for proposed facility redesign or major construction projects, such as changes in room use or function, room redesign, building additions that include patient rooms and general facility redesign? And, if remodeling is to take place, were recommended procedures identified to ensure patient care areas accommodate SPH equipment?
- Is there proper accessibility to SPH equipment?
- Are the program's goals being accomplished?
- Is the program reducing the injury incidence and severity associated with SPH tasks?
- What changes can be made to the program's goals for the next 12 months, including changes to the hazard assessment process or changes to the plan?

Budget and prioritize equipment – review annually

Every year, the SPH committee should review and inspect the facility's equipment to determine what is needed and how to budget for it, possibly applying for a grant for the needed equipment. Review: friction-reducing devices for potential use; the availability of therapeutic equipment for physical therapy (PT) use; ask PT to identify equipment that effectively maintains resident functionality while protecting staff members; and compare passive versus active lifts, ambulation devices and the use of ceiling tracts in the rehabilitation area.

OTHER ACTIVITIES TO BE CONDUCTED AS NEEDED

Accident investigation assessment

The SPH committee should review SPH-related accident investigations to determine whether the staff members are receiving the overall safety message the SPH plan lays out. Are the staff members trained properly and do they have adequate, accessible equipment available? Review all of the contributing factors to determine what the two or three root causes may be. The committee may want to develop a separate SPH accident investigation form or make suggested changes to the existing form.

Reports of falls assessment

The SPH committee should evaluate reports of falls and determine if the facility's SPH equipment needs are met on all shifts. If a patient or resident falls to the floor, how are the staff members getting them off the floor? What is the best equipment for this? What precautions must be taken if a fracture is suspected?

SPH mobility assessment

Proper mobility assessment of the resident should occur each time the resident needs to move. Residents may need more lifting assistance after medication, toileting or a busy day, so care givers should re-assess the resident's

strength to ensure the resident and care giver are safe. The committee should review the SPH mobility assessment procedure annually to determine if it is being followed, is well communicated and whether it needs updating. By speaking with PT, OT and nursing, evaluate if the SPH mobility assessment process is being done, is being done correctly and is documented in the electronic medical record or other places, such as in the resident rooms.

Construction or renovation assessment

The SPH committee should review any proposed facility renovations, additions or new construction that could impact SPH, ensuring changes accommodate the use of SPH equipment and techniques. As a guide, use Patient Handling and Movement Assessments: A White Paper, prepared by the 2010 Health Guidelines Revisions Committee Specialty Subcommittee on Patient Movement. Design considerations for patient care environments include:

- flooring materials and finishes;
- space constraints in resident rooms;
- storage space for equipment;
- door openings, especially with bariatrics;
- hallway widths;
- floor and walkway slopes and thresholds;
- thresholds into showers;
- elevator dimensions;
- headwalls and service utility columns or systems to support SPH equipment; and
- widths of beds and the widths needed on either side of and at the end of the bed.

Observation of gait-belt transfers

The SPH committee should conduct observations of gait-belt transfers to determine that residents are being transferred as care plans indicate and to ensure they are not being lifted by staff members. This is observation only and not hands-on; provide coaching and mentoring as needed during the observations.

Disclaimer: The best-practices ideas have been reviewed and included solely at the discretion of the Department of Labor and Industry and should only be considered as possible examples for reducing risk-factors, based on existing practices. Employers and employees need to work together to identify and control risk-factors within the workplace to better ensure changes made to a work process will be effective in reducing risk-factors and maintaining work efficiency.