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# GALLAGHER NATIONAL RISK CONTROL SAFE PATIENT HANDLING AND MOBILITY (SPHM) GUIDE

## HEALTHCARE



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# Introduction

Amid increasing financial pressures and a constant cycle of regulatory changes, many healthcare organizations are actively seeking strategies to reduce employee injury costs, enhance patient care, and improve the overall work environment. Furthermore, as healthcare delivery becomes more complex, the need for effective risk management and injury prevention has never been greater.

A comprehensive Safe Patient Handling (SPH) program is a critical component for any healthcare organization aiming to improve patient outcomes while minimizing the risk of injury to both patients and staff. Acute care settings that have successfully implemented and sustained SPH programs have reported significant reductions in the frequency and severity of employee injuries, as well as greater flexibility in accommodating staff returning to work after injury or illness. However, despite these successes, there is still ongoing research and evaluation needed to refine and optimize SPH programs for maximum effectiveness.

This guide is designed to provide healthcare organizations with the tools, resources, and strategic direction necessary to implement a Safe Patient Handling program. The goal is to establish a sustainable, proactive approach to managing the risks associated with patient handling, thereby improving both patient and staff safety in the healthcare environment.



# STEP 1

## DEVELOPING THE CASE FOR A SAFE PATIENT HANDLING PROGRAM

There are various avenues and resources available to support the implementation of a Safe Patient Handling (SPH) program. These include regulatory mandates, statistical data on caregiver injury rates and prevention strategies, as well as the potential financial benefits that an effective SPH program can deliver to an organization.

When initiating the development and deployment of an SPH program, it is essential for an organization to clearly define the key drivers behind the decision. This will facilitate securing buy-in from stakeholders at all levels and ensure the program's long-term success and sustainability.

### COST SAVINGS AND RETURN ON INVESTMENT

A critical first step in developing a comprehensive Safe Patient Handling (SPH) program is conducting a detailed analysis of the organization's return on investment (ROI). This analysis will demonstrate the value of investing in an SPH program and justify the allocation of resources for the program.

The benefits of a SPH program are significant. A SPH program reduces the risk of injury for both healthcare workers and patients while improving the quality of patient care. Before proceeding with implementation, it is imperative for administrators and key decision-makers to thoroughly review a detailed cost-benefit analysis of the program. This should include the required policies, equipment, and training investments.

The white paper from the New York State Subcommittee on Workplace Safety offers real-life results from hospitals across the United States that have successfully implemented SPH programs. The data from these organizations highlights the program's positive impact on both employee safety and operational efficiency.<sup>1</sup>

Healthcare workers experience injury and illness rates that are significantly higher compared to other industries, including construction and manufacturing — sectors traditionally regarded as high-risk. Nearly half of all injuries reported by nurses and nursing support staff are musculoskeletal disorders (MSDs). The MSD rate for nursing aides, orderlies, and attendants is seven times higher than the national average across all occupations. Rates of musculoskeletal injuries from overexertion in healthcare occupations are among the highest of all US industries.

### IMPACT ON THE BOTTOM LINE

When assessing the financial impact of a Safe Patient Handling (SPH) program, it is crucial to consider the broader business implications, particularly the costs associated with insurance and potential litigation arising from patient injuries and illnesses related to patient mobility.

Organizations may experience increased insurance premiums due to claims history and loss performance; the more frequent and severe the injury claims, the higher insurance premiums and/or deductibles are likely to be.

Furthermore, healthcare organizations may face additional financial consequences, such as the risk of survey-related issues that could result in civil monetary penalties and substantial fines. A failure to adequately address patient safety concerns can also negatively impact a facility's Centers for Medicare & Medicaid Services (CMS) ratings, which in turn can damage the facility's reputation. A poor CMS rating can reduce patient referrals and ultimately result in a lower patient census, further straining the organization's financial health.

### RISING INJURY RATES FOR HEALTHCARE WORKERS

**7x**

more musculoskeletal injuries in healthcare workers

**\$20B**

is estimated annual costs associated with back injuries of healthcare workers

**50%**

of nurses injuries are musculoskeletal

U.S. Occupational Safety and Health Administration

<sup>1</sup>"New York State Subcommittee on Workplace Safety — SPH in New York [Whitepaper]." *Short Term Costs Yield Long Term Results*, May 2021.

## INJURY STATISTICS FOR HEALTHCARE WORKERS

The healthcare industry has one of the highest frequencies of musculoskeletal disorders (MSDs), with nurses representing the largest proportion of these cases. According to Occupational Safety and Health Administration (OSHA), healthcare workers, particularly nurses, are at significant risk for MSDs due to the physical demands of patient care, including lifting, transferring, and repositioning patients. For more detailed information on the prevalence and impact of MSDs in healthcare, refer to OSHA's guidelines on the topic [OSHA](#).

## WORKERS' COMPENSATION COSTS

- The direct cost of an average back injury case is \$19,000
- Serious cases involving surgery average \$85,000 in direct costs
- Indirect costs to healthcare facilities average between four and ten times the direct costs
- Bureau of Labor Statistics (BLS) revealed costs associated with overexertion injuries alone in the healthcare industry were estimated to be \$1.7 billion

## EMPLOYEE AND EMPLOYER RELATIONSHIP BENEFITS

Safe patient handling programs reduce the risk of injury for both healthcare workers and patients while improving the quality of patient care. Additional benefits include:

- More satisfying work environment and professional development
- Improved nursing recruitment and retention
- Increased patient satisfaction and comfort
- Fewer patient falls
- Reduced costs associated with injuries
- American Nursing Association's [SPH&M Program Advocacy](#)

## CLINICAL OUTCOMES

Efforts to enhance the quality of patient care can have a direct and measurable impact on the financial performance of a healthcare organization. Safe Patient Handling (SPH) programs are designed to reduce the risk of patient incidents and accidents, while improving both patient safety and comfort. These improvements not only contribute to higher levels of patient satisfaction but can also support the expansion of referral networks, enhancing the organization's reputation and growth potential.

Additionally, SPH programs play a key role in achieving patient care goals, particularly within high-rehabilitation populations. They help reduce the risk of falls, being dropped, friction burns, skin tears, bruising, and other mishandling-related incidents. The treatment of these injuries often incurs significant costs, and by preventing them, SPH programs can mitigate these expenses, directly benefiting the organization's financial health.

## REGULATORY REQUIREMENTS

The Federal Occupational Safety and Health Administration (OSHA) recognizes the risk of MSDs to healthcare workers from patient handling but has not implemented formal standards at this time. Although there is no formal Standard, OSHA can use the General Duty Clause — Section 5(a)(1) of the OSHA Act — which states: "Each employer shall furnish to each of his employees' employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees."

More states, professional organizations, and industries are recognizing that safe patient handling in the healthcare industry is crucial in minimizing MSDs among workers. As a result, more legislation is being enacted to address this issue. The following states have passed or signed into law, such legislation:

<b>CALIFORNIA</b>	California Labor Code Section 6403.5 signed into law on October 7, 2011
<b>ILLINOIS</b>	Public Act 97-0122 signed into law on July 30, 2011
<b>NEW JERSEY</b>	S-1758/A-3028 signed into law in January 2008
<b>MINNESOTA</b>	HB 712.2 signed into law in May 2007
<b>MARYLAND</b>	SB 879 signed into law in April 2007
<b>RHODE ISLAND</b>	House 7386 and Senate 2760, passed on July 7, 2006
<b>HAWAII</b>	House Concurrent Resolution No. 16 passed on April 24, 2006
<b>WASHINGTON</b>	House Bill 1672 signed into law on March 22, 2006
<b>NEW YORK</b>	Companion bills A11484, A07836, S05116, and S08358 signed into law on October 18, 2005
<b>TEXAS</b>	Senate Bill 1525 signed into law June 17, 2005

## SUCCESS STORIES

A tertiary care facility in Oregon with 400-plus beds saved \$305,000 over a 2-year period and reported that “the lifts actually paid for themselves in 15 months.”

A national hospital administrator introduced safe patient handling programs in 23 high-risk units (with 20 to 60 beds each) in seven Southeast facilities. The cost-benefit analysis showed a net savings of \$200,000 per year, and the initial capital investment was recovered in approximately 4 years.

Comprehensive tertiary care academic medical center in Iowa with 700-plus beds reduced its workers' compensation costs by more than \$475,000 and recovered its initial investment in a safe patient handling program within 3 years.

A 404-bed acute healthcare facility and medical center in Texas, instituted a minimal lift policy and reported that it nearly recouped the cost of its 3-year program within 1 year.

The largest healthcare provider in Western New York invested \$2 million in a comprehensive safe patient handling program in 2004 and realized a full return on investment within 3 years. By 2011, the five hospitals within the network (with 70 to 511 beds each) had saved \$6 million in patient handling injury costs.

After investing \$800,000 in a safe lifting program, a university medical center in California saw a 5-year net savings of \$2.2 million. Roughly half of the savings came from workers' compensation, and half from reducing pressure ulcers in patients.

After creating a culture of safe patient handling, a 520-bed acute care teaching hospital in New Jersey reported that it met and exceeded its return on investment goal of 155% within 30 months.



# STEP 2

## ESTABLISHING YOUR SAFE PATIENT HANDLING COMMITTEE TO FACILITATE PROGRAM DEVELOPMENT

Implementing and sustaining an effective Safe Patient Handling (SPH) program requires a dedicated team, establishing an SPH committee with the right members essential for success. While forming such a committee can present significant challenges, Gallagher's National Risk Control team is here to support and simplify the process. Key elements to consider when creating your committee include establishing a clear reporting structure, setting the frequency of meetings, defining primary goals and objectives, identifying performance measures, and incorporating feedback from employees.

### FRAMEWORK FOR DEVELOPING A SPH COMMITTEE

- 1** Trend analysis — Identify injury causes, frequencies, severity, locations, departments, occupation titles, etc.
- 2** What is your message to the organization?
- 3** Selecting your facility SPH champion and selecting other team members based on the outcome of the trend analysis
- 4** Creating your schedule, timeline for development, implementation, and metric goals for success
- 5** Defining central activities that your committee will be focused on
- 6** Defining any further additional activities
- 7** Establishing a review process for your committee and your SPH Program objectives and goals

### MEMBER SELECTION

When selecting committee members, prioritize employees who are engaged, communicative, and committed to active participation. It is essential to establish a well-represented team, with frontline staff comprising at least 50% to ensure balanced perspectives and practical insights. Consider including:

- Representatives from various departments, such as therapy/rehabilitation, nursing (PCTs, RNs, LPNs), staff education, safety/risk management, employee/occupational health, ICU/emergency, EVS, facilities/engineering, purchasing/finance, etc.
- SPH facility champions/peer leaders — Identify champions in each unit and shift who can actively support the facility's safe patient handling program. These designated leaders play a critical role and may be responsible for:
  - » Promoting and communicating SPH program goals, fostering a culture of safe practices
  - » Providing training and in-service sessions on safe patient handling practices
  - » Performing patient handling observations and 1:1 coaching
- Appointing a facility SPH Program Coordinator to oversee and coordinate all SPH program activities
- Identify whom the team will be reporting to (safety committee, environment of care committee, occupational health)

## HOW SHOULD I STRUCTURE MY SPH COMMITTEE MEETINGS?

The committee will be responsible, defining the program's structure and ensuring the effective execution of SPH activities. Key considerations for establishing a well-functioning committee include:

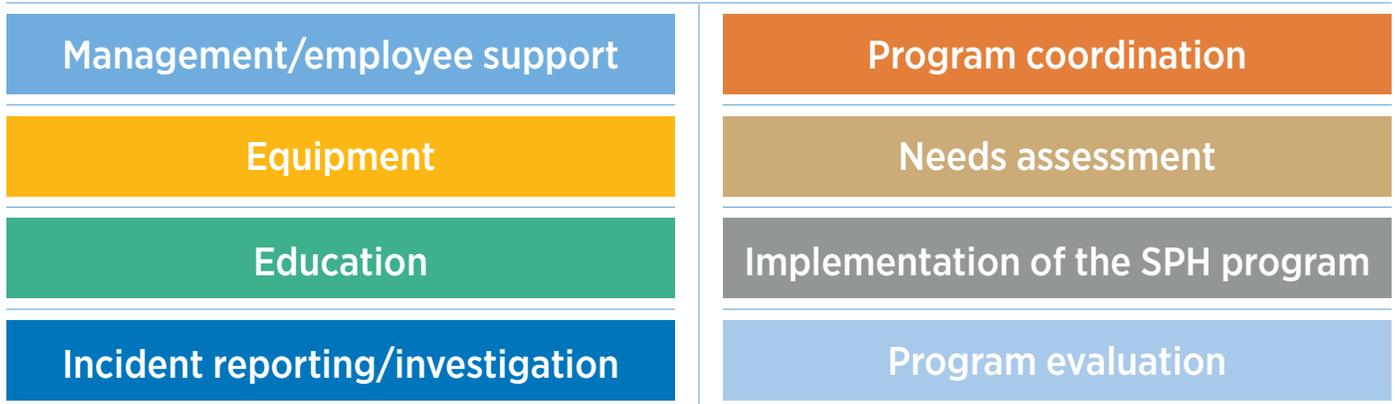
- **Team members** — Identify key facility staff members to serve on the SPH committee, including both management and frontline staff. See the “Member Selection” section on the previous page.
- **Chairperson** — Elect a chairperson from the key staff, with two co-chairs (one from management and one from non-managerial/frontline nursing staff) to represent diverse perspectives.
- **Record keeper** — Appoint a record-keeper responsible for maintaining and distributing meeting notes.
- **Length of service** — Implement staggered terms for committee members to ensure continuity. For example, assign half the group to an 18-month term, transitioning to 1-year terms thereafter. The remaining members should serve 1-year terms, allowing for a consistent blend of new and experienced members.
- **Frequency of meetings** — Hold monthly meetings during the initial phase until the committee is well-established and effective, then reduce the frequency to quarterly meetings. If patient handling-related injuries increase in frequency or severity, resume monthly meetings as needed. Meeting Agenda — Establish a structured agenda outline for the key meeting topics. Suggested agenda templates found on pages 18-19 of [VA SPH Guidebook for Facility Champions and Coordinators](#).
- **Goals and Objectives** — Focus on reducing the frequency and severity of patient handling injuries by:
  - » Analyzing and identifying trends in patient handling injuries
  - » Reviewing and developing SPH procedures
  - » Inspecting SPH equipment, transfer aids, patient rooms, bathrooms, and all areas where patient handling may occur
- **Actionable items** — Assign clear responsibilities and deadlines for each action item discussed in each meeting to ensure accountability and follow-through.



# STEP 3

## PERFORMING A SELF-ASSESSMENT AND IDENTIFYING THE GAPS WITHIN A SAFE PATIENT HANDLING PROGRAM

Conducting a self-assessment of your safe patient handling program is the first step in helping your organization identify strengths and opportunities for improvement. The assessment will begin with collecting baseline injury data and evaluating your facility/patient needs. A few key elements include:



<https://www.mnhospitals.org/Portals/0/Documents/ptsafety/liift/SPM-road-map-gap-analysis-tool-aug2012.docx>

### BASELINE INJURY DATA AND ANALYSIS

While this step may have been addressed in the initial phase, a critical component in reducing injuries related to patient handling is the thorough identification of where, when, and how these incidents are occurring. Injury data can be sourced from various reports, including internal incident reports, workers' compensation loss summaries, OSHA logs, staff surveys, or Gallagher's Claim Connect reports. Additionally, conducting interviews with caregivers and management can uncover important issues that may not be evident from the injury data alone, such as gaps in training, inadequate equipment, or insufficient support. Addressing these underlying factors is essential to developing a comprehensive strategy for injury prevention.

### FACILITY-WIDE ACUITY CENSUS

In order to assess true equipment and staffing needs, an organization must first understand specific patient care requirements within its facility. While patient acuity may vary across different units, it is essential that the organization ensures it has an adequate quantity and variety of equipment to maintain the safety of both patients and staff. Research has demonstrated that accidents and injuries occur more frequently when there is a shortage of staffing or equipment. To address these risks, organizations should:

- Implement an acuity needs assessment tool to evaluate and match staffing and equipment resources with patient care requirements.
- Collaborate with equipment vendors to assist in analyzing acuity levels and ensuring that the facility is properly equipped to meet patient needs.

By aligning staffing and equipment with patient care demands, organizations can significantly reduce the risk of incidents and enhance overall safety.

## FACILITY NEEDS ASSESSMENT

An essential component of any Safe Patient Handling (SPH) program is the integration of ergonomic design principles to create a safe and effective care environment for both patients and healthcare workers. It is crucial to establish a strong partnership between the employer and healthcare staff to successfully incorporate these ergonomic principles, such as prevention through design. Prevention through design employs a systematic and proactive approach aimed at preventing and minimizing occupational injuries, illnesses, and other risks.

- **Plan for a safe environment of care during new construction or facility renovation:** Integrating Safe Patient Handling (SPH) design principles and equipment during the planning stages of new construction is more cost-effective than retrofitting later.
  - » Develop a 3-year capital improvement budget that incorporates SPH considerations when purchasing equipment, furniture, and other key resources.
  - » Ensure that the design and layout of patient rooms and bathrooms support safe and efficient movement of equipment. For example, consider installing ceiling lifts if space constraints make standing lifts unfeasible.
- **Incorporate diverse perspectives on ergonomic design:** Engage a range of stakeholders to provide input on ergonomic principles to ensure the environment promotes both staff and patient safety.
- **Solicit feedback from staff:** Actively involve frontline staff in the design process to capture valuable insights from those directly impacted by the physical environment and equipment. Their input will be essential in creating a practical and effective space that enhances both care delivery and safety.

### Resources and Additional Information

- [Prevention through Design | NIOSH | CDC](#)
- [Patient Handling and Mobility Assessments | FGI](#)
- [Arjo Planning and Designing Care Facilities](#)

## PATIENT MOBILITY AND TRANSFER ASSESSMENT

Protocols must be established to assess patients upon admission in order to determine their mobility and transfer needs, as well as the appropriate lifting equipment required. A consistent and reliable system should be in place for communicating a patient's transfer status, as well as any changes to that status. This can be achieved through various means, such as the use of whiteboards, electronic medical records (EMR), patient charts, change-of-shift reports, or other communication tools commonly employed in healthcare settings, such as fall risk assessments and interventions. Additionally, tools like the Bedside Mobility Assessment Tool (BMAT) can be utilized to support accurate and timely communication regarding patient mobility and transfer requirements.

### Protocols need to identify:

- Type of transfer to be used
- Types of lift equipment needed (include size and type of sling)
- Number of staff members needed to assist patient

Best practices for performing mobility and transfer assessments should be conducted at key intervals: upon patient admission, at the beginning of each shift and whenever there is a significant change in the patient's condition. Patient charts must be regularly updated to reflect any changes in mobility status, ensuring that the appropriate equipment is utilized as the patient's mobility needs evolve.

Identify special needs/high-risk patient handling tasks — some departments might be at higher risk or have special needs related to patient handling. Break down jobs into tasks, identify hazards, and develop solutions to reduce risk. Examples of departments with high-risk tasks in acute care include the operating room, emergency, bariatric, radiology, and critical care.

**Source:** U.S. Department of Veterans Affairs

### Resources and Additional Information

- <https://www.osha.gov/hospitals/needs-assessment?>
- [http://www.dli.mn.gov/sites/default/files/doc/Sample\\_SPH\\_haz\\_assess.docx](http://www.dli.mn.gov/sites/default/files/doc/Sample_SPH_haz_assess.docx)

## EQUIPMENT NEEDS ASSESSMENT

The proper selection and management of Safe Patient Handling (SPH) equipment are critical to minimizing the risk of injury to both patients and healthcare staff. Careful selection ensures that the right equipment is available to safely meet patient mobility needs and protect the wellbeing of all involved.

An inventory of all patient handling equipment, including slings, should be conducted across the entire facility. This inventory must be thoroughly documented and include key details such as the exact location of each item, weight capacity, age, specific capabilities (e.g., floor access, integrated scales, usage meters), battery status, and the individual or team responsible for maintaining each piece of equipment.

## SAFE PATIENT HANDLING EDUCATION

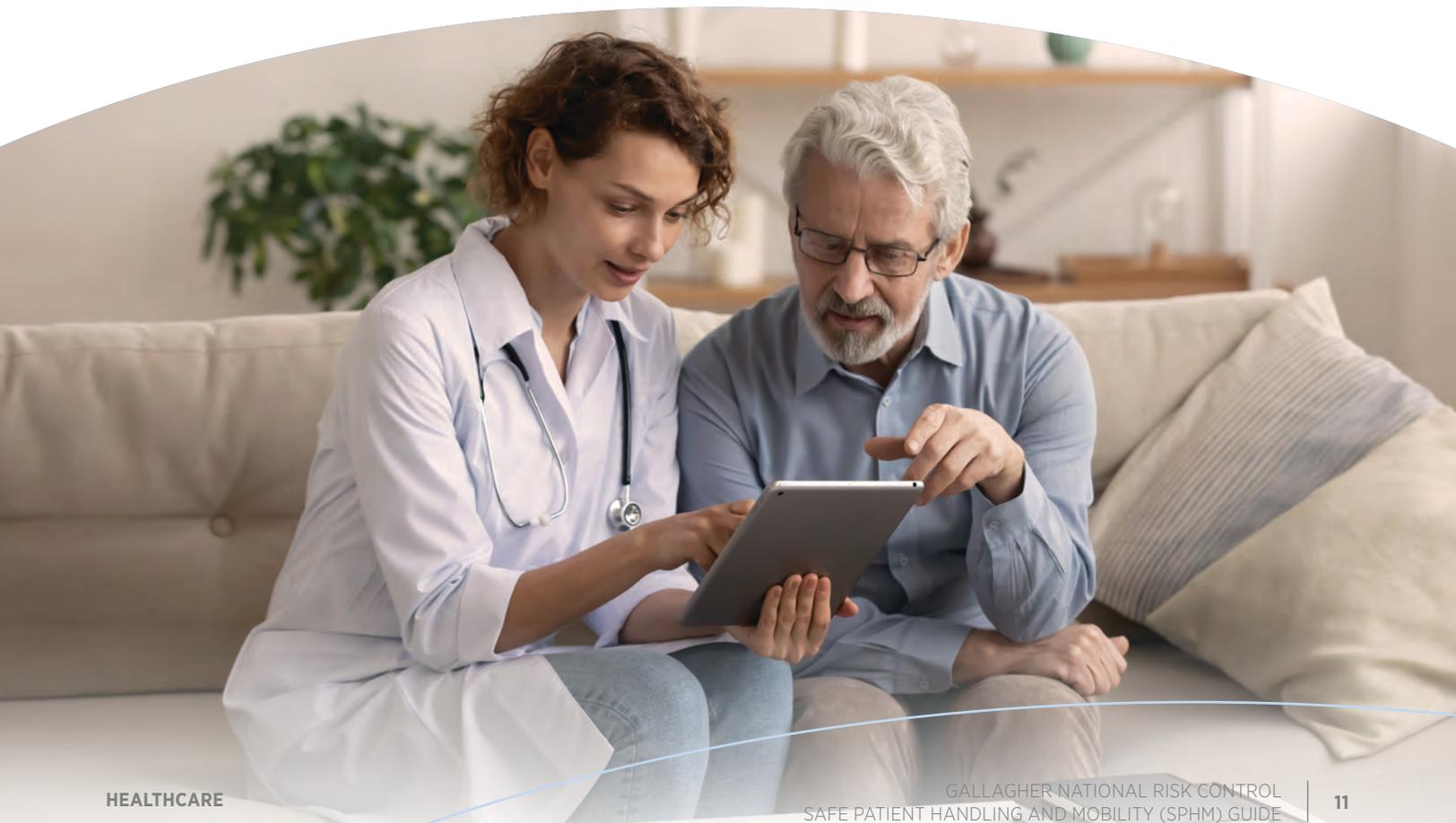
Employee education and training is another critical component of the SPH program. Training needs must be identified and provided for all levels of personnel who will use SPH equipment and processes, including travelers or agency staff. Caregivers will need hands-on experience with the equipment at new employee orientation and at least annually thereafter. Additional education will be required when new equipment or processes are implemented or when staff move to a unit or department, where they will use equipment/processes that were not previously used before. If there are challenges with conducting training/education internally, many manufacturers/vendors provide this training with the purchase of equipment.

### MOBILITY ASSESSMENT

### NUMBERS AND TYPES OF TRANSFERS

### NUMBERS AND TYPES OF EQUIPMENT

For a sample SPH Equipment Inventory Survey, see pages 30–34 of this VA SPH guidebook for facility champions and coordinators



# STEP 4

## DEVELOPING AND IMPLEMENTING YOUR SAFE PATIENT HANDLING PROGRAM: WHERE TO BEGIN?

Every organization faces varying degrees of challenges regarding safe patient handling. It is important that organizations discuss program models, equipment selection, policies, implementation, and training plans.

### SAFE PATIENT HANDLING POLICY

Developing and implementing a comprehensive Safe Patient Handling (SPH) policy is essential for clearly communicating expectations regarding safe patient handling practices and ensuring that employees have the necessary resources and equipment to perform these tasks safely. The policy serves as a framework to guide actions, foster accountability, and align efforts across all levels of the organization.

A strong commitment to a culture of safety is crucial for the success of the program. According to OSHA, a written SPH policy not only facilitates full implementation but also ensures long-term effectiveness. Consistent leadership from management is key to “setting the tone” and making safe patient handling a visible priority within the organization. The involvement of both managers and frontline staff in the early stages of program development increases the likelihood of success, as it fosters ownership and alignment.

SPH policies should be viewed as a formal commitment from both administrators and staff to protect the safety of patients and healthcare workers alike. The policy should include clearly defined goals, measurable expectations, and a system for monitoring and evaluating performance to ensure continuous improvement and adherence to safe patient handling practices.

#### Scope of training program:

#### Review of facility’s SPH policy and program importance

- Conduct a comprehensive review of the facility’s Safe Patient Handling (SPH) policy, emphasizing the critical role of the SPH program in promoting patient and staff safety.

#### Competency and training

- Implement a competency validation process, including return demonstrations for all available equipment, including slings, to ensure staff are proficient in their use.
- Schedule periodic reviews of staff performance in patient transfers, documenting these assessments to track competency.

#### Equipment and sling inspection process

- Ensure awareness of the full scope of available equipment in the facility, including slings, and their appropriate use.
- Educate staff on conducting inspections for all patient handling equipment, including slings, to ensure functionality and safety.
- Define and educate procedures for tagging and removing equipment from service when it is deemed unsafe or requires maintenance.

#### Ongoing education and staff engagement

- Involve peer unit leaders in ongoing educational initiatives to ensure continuous staff engagement and knowledge sharing.
- Conduct in-person training sessions, incorporating realistic drills using staff as patients to simulate real-life scenarios and reinforce equipment use, including specialized handling devices.

#### Patient status reporting and communication

- Educate staff on the importance of promptly reporting any changes in a patient’s level of assistance needed, whether improvements or declines, and ensure this information is communicated effectively to other team members.
- Utilize tools such as the Bedside Mobility Assessment Tool (BMAT) for consistent and thorough patient assessment, ensuring that appropriate handling measures are taken.

#### Patient and family education

- Provide patient and family education on the facility’s SPH program to reduce patient refusal to use handling equipment. Inform families that assistance in moving patients is prohibited due to potential liability risks.
- Include SPH program information in the facility’s welcome/admission package to ensure family members are aware of the policy and the importance of safe patient handling.
- For a sample brochure, see pages 159–162 of [VA SPH Guidebook for Facility Champions and Coordinators](#).

## SAFE PATIENT HANDLING EQUIPMENT

Safe patient handling equipment is a vital component of any effective Safe Patient Handling (SPH) program. According to the National Institute for Occupational Safety and Health (NIOSH), the maximum acceptable weight for manual patient handling is 35 pounds. Handling weights above this limit significantly increases the risk of musculoskeletal disorders (MSDs) for caregivers. This 35-pound limit assumes optimal body posture and lift-assist conditions, which, in real-world settings, are rare.

Once the inventory of patient handling equipment is completed, it is essential to assess the facility's overall equipment needs based on patient acuity and census. Ensure that an adequate number and variety of devices are available to meet both patient and staff needs, particularly in high-risk departments or areas with specialized requirements (e.g., bariatric care). Ideally, there should be one lift for every 8-10 patients requiring assistance on each unit. If additional equipment is needed, it is best to trial various options, incorporating direct care staff feedback before making a final selection.

A recommended practice is to arrange for equipment trials by inviting vendors to demonstrate their products within the facility. When selecting a vendor, it is crucial to leverage all available services and resources, including training, repairs, warranties, replacement programs, and volume-purchasing discounts. Vendor service offerings should be outlined in their contracts. When making purchasing decisions, justifying the costs based on return on investment (ROI), cost-effectiveness, and their direct impact on patient safety and care quality is essential.

Before committing to any equipment purchase, ensure a trial period with direct care staff participation and gather comprehensive feedback.

Preventative maintenance (PM) and proper storage of patient handling equipment are critical for sustaining safety standards. Routine PM should be conducted on all equipment, including slings, and all devices should be stored in visible, easily accessible locations — never behind locked doors. Lift equipment batteries should be replaced at the beginning of each shift to ensure they are fully charged and available for use throughout the day.

**Sources:** Waters, T., Putz-Anderson, V., Fine, L. "Revised NIOSH equation for the design and evaluation of manual lifting tasks." *Ergonomics*, 1993, vol.36, pp.749-776

## SUCCESSFULLY IMPLEMENTING A SAFE PATIENT HANDLING PROGRAM

One of the most challenging steps is actually implementing the safe patient handling and mobility program and ensuring that it remains a priority within your employee safety program. The program's primary objective is to foster a culture of safety and to positively influence employee behavior, promoting consistent adherence to best practices in safe patient handling across all levels of the organization.

- Educate by training all staff, from senior management to frontline employees, on the ergonomic risk factors inherent in lifting, transferring and repositioning patients; high-risk tasks; and the new program and processes.
- Communicate the rollout date to all staff.
- Determine clinical staff competence and identify remedial training needs.
- Remain steadfast and consistent.
- Support, encourage, and recognize the department coaches/champions.
- Publicize the SPH program.
- Ensure that a monthly reporting and review plan is distributed that covers all safe patient handling injuries and near-miss events. This is an opportunity to review what occurred and how to reduce the risk of reoccurrence.
- Continuous learning and improvement — develop a plan to investigate and assist staff in learning when an injury or near miss occurs. Conducting accident investigation is critical to preventing reoccurrence. It helps reduce costs, identify root cause, and correct actions, which will assist with establishing management/employee accountability, identify further education needs and improve the overall safety culture for the organization. The accident investigation should include:
  - » Type of patient handling lift that was completed
  - » Determine if the employee was using a mechanical assist or were they manually lifting the patient
  - » Number of consecutive shifts in a row for the employee
- Be aware of barriers to change. Some organizations will struggle, as the culture of manual patient handling has been the standard for quite some time.

# STEP 5

## SUSTAINING YOUR PROGRAM AND MAINTAINING MOMENTUM

### IS YOUR FACILITY READY FOR CHANGE?

Establishing a comprehensive Safe Patient Handling and Mobility (SPHM) program requires significant time, dedication, and commitment from all stakeholders, yet it is essential for the program's long-term success. Modeling safe patient handling behaviors is a fundamental approach to driving cultural change. In addition to overall safety coordinators, many healthcare organizations appoint dedicated safety champions or “coaches” on each floor or unit. These individuals actively encourage their colleagues to adhere to safe patient handling policies and procedures, consistently educating their peers and fostering a culture of safety throughout the organization. Managers play a pivotal role in reinforcing the program by providing support and encouragement to staff.

A critical question for any organization embarking on the development of an SPH program is: **Is your organizational culture ready for change?** To assess this readiness, tools such as an Employee Perception Survey or a GAP Analysis can be invaluable. These tools help gauge current attitudes and behaviors, identify areas for improvement, and set clear priorities for program implementation. Recognizing potential barriers within the organization early on is vital to the program's success, as these insights can serve as a “road map” to guide the development and execution of the SPH program.



### COMMUNICATION AND MARKETING YOUR PROGRAM

Communication and marketing of safety initiatives are critical for the success of the program. Responsibilities should start from top to bottom. Healthcare physicians and healthcare providers should be able to communicate issues with equipment, floor layouts, and patient's overall behaviors to provide access to safely handle and move their patients.

Areas that are often overlooked are critical to support continuous improvement, include:

- Communications/marketing plan for the SPH program and related activities
  - » Process for notifying program members if new equipment and processes are implemented
- SPH program team members e.g., all employee groups, volunteers, patients, families, community agencies who may be impacted by the SPH program policies and procedures
- SPH committee task completion
- Utilize joint commission resources — patient safety initiative: [hospital executive and physician leadership](#) strategies
- The message and methods of communication that are relevant for each team member group [e.g., email; newsletters; employee meetings; specific written communications; SPH/ergonomics resource intranet page; external marketing (community); patient and family orientation information]
- Nursing staff retention — change in staff turnover: Use [The Joint Commission's Pioneers in Quality](#) to achieve staff certifications and retain staff through support of their continued education.
- Process and resources for development and dissemination of communication materials to program members
- Periodic review of communications and marketing efforts to ensure effectiveness

## TOOLS FOR DEVELOPING POSITIVE BEHAVIORS AND COMMUNICATION

**1** Clear responsibilities of all staff and patients

**2** Easily accessible areas of communication

**3** Establishment of safe patient handling committees

**4** Establish communication lines between patients and healthcare/facilities staff

**5** Timely responses with action items (no more than 24–48 hours turnaround)

**6** The use of credible data/information as ANA



## MEASURING PROGRAM EFFECTIVENESS

It is important to evaluate your SPH routinely to ensure it remains dynamic and effective. Here are a few areas that help overall program effectiveness.

- Determine goals: Most hospitals already have **safety goals**, but the SPH leaders include worker safety in their goals and measure whether they are meeting them.
- Develop specific performance requirements and metrics to monitor the progress of the patient handling program over time and the impact it has on the organization. This will be a combination of both leading and lagging indicators. Indicators to consider for use:
  - » SPH observations: Unit champions can be used to assist in this process
  - » Training records
  - » Employee surveys: Feedback is crucial for tracking and monitoring the SPH program to determine how well the program is working. Realize that every program will need adjustments after being put into practice and that even small changes can improve the use of equipment and worker engagement tremendously
  - » Shift change reports
  - » Huddles
  - » Equipment usage rates
  - » Loss analysis — (insurance loss rates, OSHA recordables, first aid log entries, bedsores, falls, patient recovery times, etc.): Examine the number and type of patient handling injuries, the root causes that led to these injuries, the number of lost work or modified duty days, and more types of program measures. You can also assess the efficacy of your safe patient handling policies. This data can also help you identify opportunities for improvement
- Share results with your employees: Sharing safety trend data creates motivation and instills pride (and competition) among units to achieve success. It also instills unity and purpose for obtaining common goals and outcomes.
- Leverage vendors/partnership: Vendors can perform a wide range of services including — overall safe patient handling program assessment/gap analysis, needs assessment, program implementation, training on equipment, annual preventative maintenance, etc. Gallagher National Risk Control can help support these efforts. Gallagher does not endorse any specific vendor but provided are a few for review/reference. Contact the vendors directly for additional information.
  - » Baxter
  - » Arjo
  - » ASPHP

A strong partnership with your vendors is critical and often overlooked, but is essentially important to the success of your safe patient handling program.

## VENDOR PARTNERSHIP

A strong partnership with your vendors is critical and often overlooked but is important to the success of your safe patient handling program. Proper vendor selection and continuity provide efficiency, support, and current industry knowledge. Your primary focus should be on keeping your patients and employees safe. Your vendors play a key role not only in offering support but also in their knowledge and expertise on the equipment and materials they provide. The safe patient handling equipment and resources market is quite diverse, and having a trustworthy and knowledgeable vendor is vital to your success. Vendors can perform a wide range of services, including overall safe patient handling program assessment/gap analysis, needs assessment, program implementation, training on equipment, annual preventative maintenance, etc.

Please reach out to your Gallagher National Risk Control representative to support these efforts.

### Lower costs

When looking to find and negotiate deals with vendors, there are often several upfront costs. Setting up agreements with new suppliers typically involves significant expenses, but a Supplier Relationship Management (SRM) program can help eliminate many of these costs.

### Additional support

There will be times when your equipment breaks down, questions arise on how to use equipment, or there are missing components, and you will need support. If you have developed a strong relationship with your vendor, they will be more responsive to your needs, which will save time and money and ensure that your patients receive the highest level of care.

### Improved service

As the relationship with an organization's vendor develops, communication improves. As with any relationship, when it develops, the vendor gets to know more about the organization and their operations, and that enables them to provide improved insight as to what equipment should be used based on your needs.

### Timely delivery of SPH equipment

What is great about having an excellent relationship with your vendor is that they will prioritize you and your needs. They will deliver equipment and materials ahead of time. In addition, they will make sure that you get exceptional service.

### Patient and staff satisfaction

Another important result is patient and staff satisfaction. It is a win-win if your team is utilizing the appropriate equipment to help maneuver patients because it makes their job easier and provides a higher level of safety for the patient to avoid injury for both parties.

### Other advantages

- SME (Subject Matter Expert): Most vendors and/or manufacturers have identified subject matter experts within their organization who will be able to assist clients. It is imperative to establish a connection with these folks, as they will be able to help you in your decision-making and program development.
- SPH training materials: Your vendor will have staff that can assist with several types of safe patient handling training related to the equipment and materials they manufacture. Some manufacturers, such as Arjo, have an [academy](#) that their own employees attend to ensure they have up-to-date knowledge and skillsets to help you in the daily use of our equipment.



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