

# Keeping Nurses Safe: Creation of a Safe Patient Handling and Mobility Program

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# Who We Are



- Midland Memorial Hospital, Midland Texas
- 320 bed County Teaching Hospital



# Background

- Spring 2011 attended first SPHM conference
- Texas Law
- Where to begin?
- 2012 opened new 9 floor patient tower
- Placed Ceiling lifts in each patient room



# Where to begin

- Equipment needed
- Outpatient areas
- Inpatient areas
- Policies
- Staff training
- Patient needs



# Unit assessments

- SPHM committee team goes to unit to help determine patient handling needs and then suggest equipment and arrange trials of equipment
- Guide unit through purchase process
- Examples





# Development of Patient Mobility Assessment

- Created and is part of nursing daily assessment
- Identifies patients needing mechanical lift assistance
- Sling placed in patient room if identified as a needing assessment
- Sling kept in patient room until discharge

# Patient Mobility assessment

Template: Patient Mobility Assessment

+ PATIENT MOBILITY ASSESSMENT +

HENDRICH'S SCORE: Hendrich score of 4+ = 2

SITTING BALANCE: Unable to assess, Leans or slides in chair 1

STANDING UNSUPPORTED: Unable to assess OR to stand 30 seconds unassisted 1

CONTINUOUS STEPS: Unable to assess, Needs assistance taking steps 3

SITTING DOWN: Unable to assess, Unsafe, needs close supervision 3

ASSESSMENT SCORE: 3

SCORE (maximum 10)	Patient Mobility Risk Level	Equipment Recommendation
8-10	HIGH: Patient requires mechanical assistance and requires more than 2 caregiver support	- More than 2 Caregiver - Ceiling lift/slings - Floor based lift
4-7	MODERATE: Patient MAY require mechanical assistance or staff stand-by assist	- More than 2 Caregiver support - Ceiling lift/slings - Floor based lift
0-3	LOW: Patient independent with ADLs	- Assist PRN - Instruct patient to call for assistance

\* Indicates a Required Field

Preview OK Cancel

# Patient mobility assessment

## DROP DOWN CONTENT :

### HENDRICH'S SCORE:

Hendrich score of	4+ = 2
Hendrich score of	2-3 = 1
Hendrich score of	0-1 = 0

### SITTING BALANCE:

Unable to assess, Leans or slides in chair	1
Able to sit steady, safe	0

### STANDING UNSUPPORT:

Unable to assess OR to stand 30 seconds unassisted	1
Needs several attempts unassisted	0

### CONTINUOUS STEPS:

Unable to assess, Needs assistance taking steps	3
Needs close supervision taking steps	2
Able to take steps unassisted but slowly	1
Unassisted, Steady	0

### SITTING DOWN:

Unable to assess, Unsafe, needs close supervision	3
Able to sit assisted	2
Able to sit unassisted but slowly	1
Steady, safe motion	0



# Audits

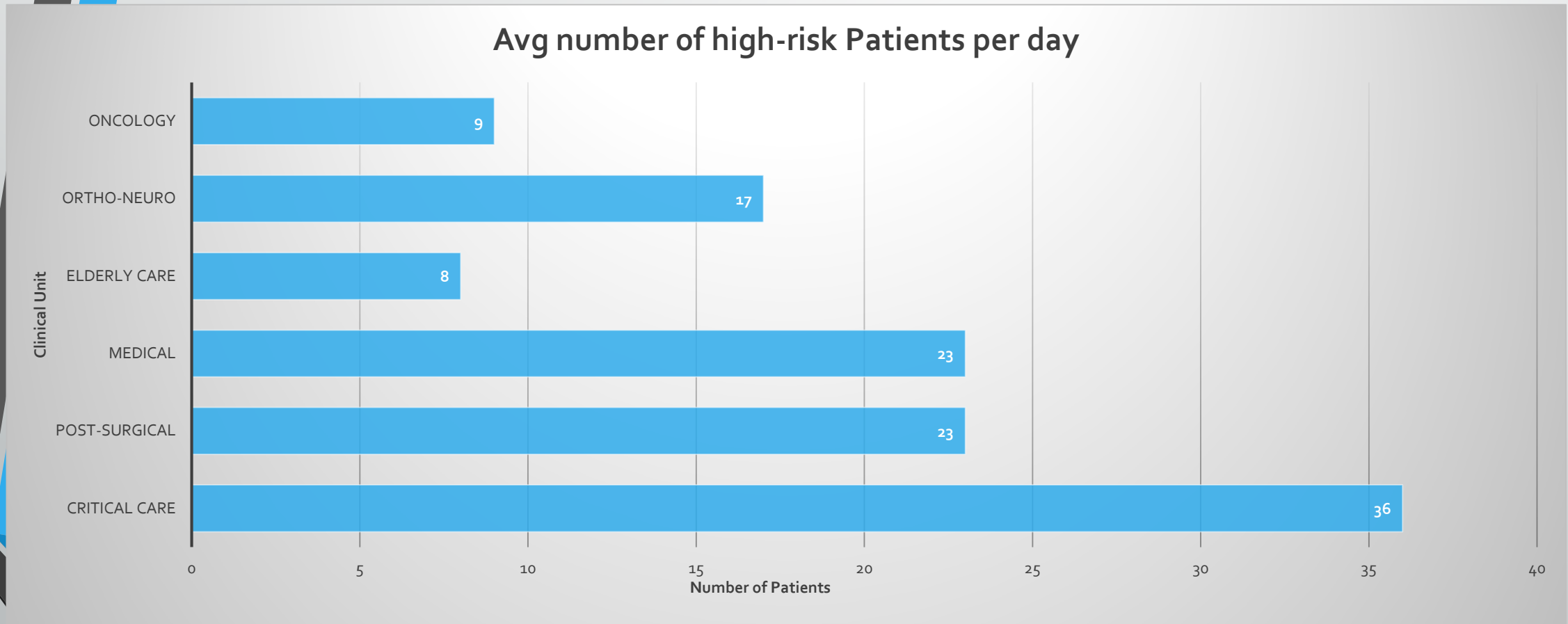
- Daily report printed on patient mobility assessment scores
  - Shared with nurse aides who round on rooms and make sure sling available
- Monthly audit of sling placement
- Reported to Safe Patient Handling and Mobility committee

# Prediction of Population

- Tracked daily PMA scores on unit
- Data used to predict number of patients on unit who would need moving assistance/sling



# Average number of patients require lift assistance/day



# Predicted numbers

- Critical Care 75 %
- Medical 60%
- Post Surgical 60%
- Elderly care unit (NICHE Certified) 95%
- Numbers used to make business case for purchase of more repositioning slings

# Bariatric Patients

- Began to track number of patients
- Weight > 299 & BMI > 30

Since May 2015

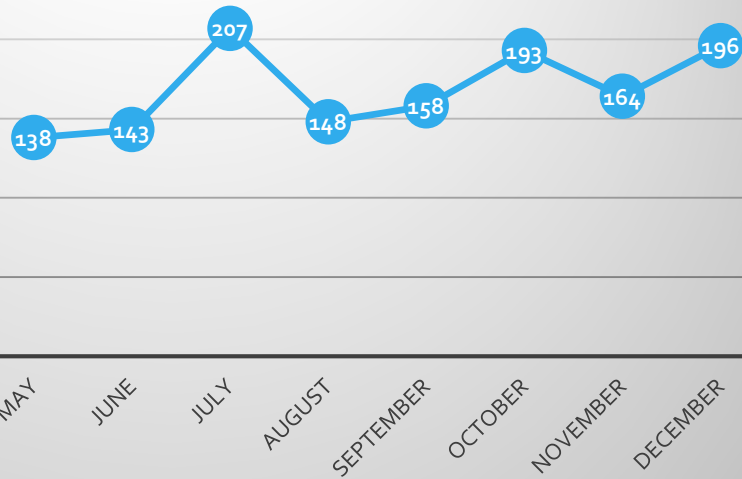
Patients days > 400 lbs. =404

Patient days > 500 lbs. =44

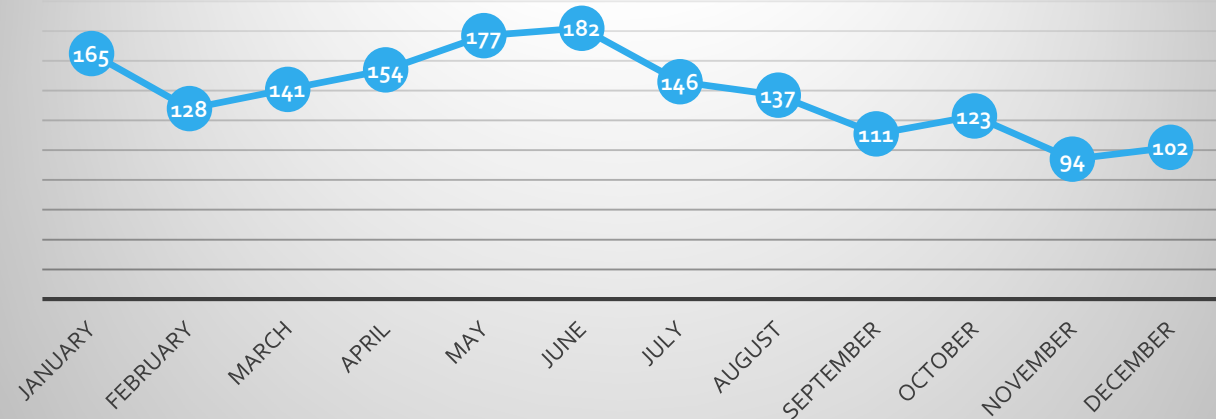
Patient days > 600 lbs. =27

# Patient care days with patients who weigh > 299 lbs and BMI > 30

2015 Data



2016 Data



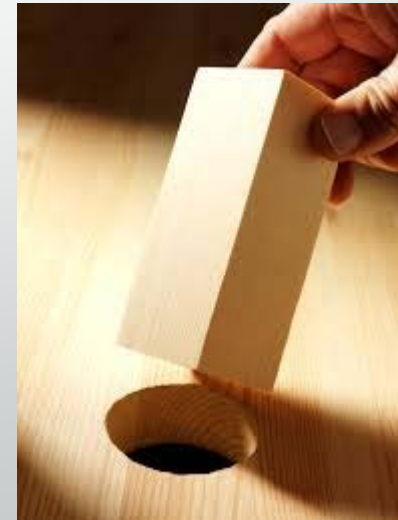


# Outcomes

- Staff Injuries decreased
  - 2012=24 (Before SPHM program) 2014=6 2015=4 2016= 9
- Lost time off from injuries was 0 in 2015
- Outpatient areas
  - Assessed and new equipment purchased
    - Radiology
    - CT
    - Same Day Surgery
    - OR
    - CVOR
    - Outpatient Treatment Center
    - Wound Care Management

# Lessons learned

- Not all SPHM issues came to SPHM coordinator or committee
- Identification of patients mobility needs
- Sling types and quantity
- Equipment purchases—wrong choices



# Administrative support

- Top initiative for Health care facilities to reduce caregiver injuries (ANA2013)
- Caregiver injuries are responsible for a significant cost to the institution
- . According to OSHA news release inspections from complaints should include a review of hazards involving MSD related to patient handling (2015).
- As many as 20% of nurses who leave direct patient care do so because of risks associated with their work (OSHA, n.d.).

# Training/Academia



# Questions

