Safe Patient Handling Program – Gap Analysis Checklist 2018

INSTRUCTIONS: This comprehensive Safe Patient Handling Program (SPH) program *Gap Analysis* checklist highlights the important components of a safe patient handling program. You can use the checklist to help identify those components of your safe patient handling program or policy that are well developed, as well as those that need further development.

Completing the gap analysis with SPH committee is a good way to get different perspectives on current practice within your facility and to establish priorities together. Once completed the SPH Committee will be able to prioritize goals and next steps to enhance your SPH program.

This checklist was developed from several resources provided as references. These references can be used to provide additional information for specific SPH program elements or activities listed in this document.

It is recommended that the checklist be completed periodically as a part of an ongoing program evaluation and as a tool to facilitate program sustainability.

Two additional tools are included in the Appendices that can be used to evaluate the quantity and location or SPH equipment/devices at your facility and to survey staff about their perceptions of the SPH program and equipment use. The staff survey is best administered using an online survey tool such as Survey Monkey if feasible.

It is recommended that these are also completed as part of the Gap Analysis process.

Terminology used in this document:

"Manual Patient Handling" refers to lifting, transferring, repositioning, and moving patients using a healthcare employee's body strength without the use of lifting equipment/aids that reduce forces on the worker's musculoskeletal structure (FGI, 2010).

"Safe Patient Handling" refers to Safe Patient Handling and Mobility that is, the use of technology such as powered lifts and evidence based work practices and processes that are used to facilitate movement of a patient with the goal of reducing the risk of injury to both the healthcare employee and the patient.

"Patient(s)" refers to patients, clients, residents, and all other terms used to describe the type of individuals cared for in any healthcare setting.

"Clinical Employees" refers to employees or staff that treat patients or directly care for patients (e.g. nursing, physicians, therapists, pharmacists, nursing assistants).

"Non-Clinical Employees" refers to employees or staff that do not provide medical treatment for patients (e.g. transporters, housekeeping, facilities maintenance, volunteers).

Safe Patient Handling Program – Gap Analysis Checklist 2018

Index

SPH Program Foundation and Management

SPH Program Hazard Analysis, Abatement and Evaluation

SPH Program Proactive Hazard Prevention

SPH Program Foundation and Management				
A. Management Leadership	**Yes**	**No**	**Partially Implemented**	**Will not be Implemented or is Not Applicable**
1. Senior Leadership declares prevention of injuries from manual patient handling is a priority.				
	Notes (timelines, responsibilities, etc.)			
2. Senior Leadership has received education and training about SPH and SPH program management and their role and responsibilities within the program				
	Notes (timelines, responsibilities, etc.)			
3. A SPH policy has been developed that communicates to employees that worker safety is as important as patient safety.				
	Notes (timelines, responsibilities, etc.)			
4. SPH is aligned with the quality and safety plan (e.g., SPH is visible on meeting agendas).				
	Notes (timelines, responsibilities, etc.)			
5. Facility leaders consider safe patient handling and the on-going evaluation of the program in strategic planning and resource allocation (e.g., funds and time).				
	Notes (timelines, responsibilities, etc.)			
6. The organization provides resources for SPH (e.g., time, materials, funding).				
	Notes (timelines, responsibilities, etc.)			
7. Facility leaders assign responsibility and accountability for the implementation and maintenance of the program.				
	Notes (timelines, responsibilities, etc.)			

A. Management Leadership cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
8. Management at all levels support and facilitate employee education related to SPH and attendance at meetings as relevant e.g. for committee members and SPH champions.				
	Notes (timelines, responsibilities, etc.)			
9. Facility leaders set clear safety goals and expectations for the program such as: a. Prompt reporting of employee or patient injuries/incidents related to patient handling b. That all dependent patients over 35 pounds are moved with equipment unless use is prohibited due to clinical concerns or medical emergency c. The consistent and appropriate use of lift equipment and SPH procedures such as patient assessment protocols d. How semi-independent, high fall-risk patients should be handled to balance safe lifting and movement with patient rehabilitation needs (with the goal of reducing caregiver patient handling loads at or below 35 pounds)				
	Notes (timelines, responsibilities, etc.)			
10. Management at all levels support employees in the event of patient, family, provider, or caregiver refusal to use safe patient handling equipment.				
	Notes (timelines, responsibilities, etc.)			
11. The organization uses information from reports and lessons learned to inform employees of what actions are being taken after events to prevent future indents/injuries related to patient handling.				
	Notes (timelines, responsibilities, etc.)			
12. Roles and responsibilities of all employees within the program are clearly communicated				
	Notes (timelines, responsibilities, etc.)			
13. The facility has a clearly defined and communicated process for speaking up if a potential safety issue related to patient handling has been identified by employees.				
	Notes (timelines, responsibilities, etc.)			
14. All employees are supported by leadership in reporting safety issues/concerns related to patient handling.				
	Notes (timelines, responsibilities, etc.)			

A. Management Leadership cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
15. There is a process in place for ongoing communication from leadership to employees about expectations of reporting work related injuries and near misses including those associated with patient handling.				
	Notes (timelines, responsibilities, etc.)			
16. Management at all levels recognizes employee contributions to worker safety and health at the facility.				
	Notes (timelines, responsibilities, etc.)			
17. Management at all levels routinely demonstrates visible commitment to the program through participating in activities such as executive rounding, safety huddles, etc.				
	Notes (timelines, responsibilities, etc.)			
B. Employee Involvement	**Yes**	**No**	**Partially Implemented**	**Will not be Implemented or is Not Applicable**
1. Employees from all departments who will use SPH equipment, provide support for or are impacted by the program are involved in the following activities related to their role in the program: a) Identifying patient handling related hazards b) Reporting an injury, hazard, or concern, including near misses c) SPH ergonomics/safety audits d) SPH equipment selection e) Education and training f) SPH in new building or remodeling g) Evaluating and updating the program h) Participating in the SPH committee				
	Notes (timelines, responsibilities, etc.)			

SPH Program Foundation and Management				
C. Written SPH Policy	**Yes**	**No**	**Partially Implemented**	**Will not be Implemented or is Not Applicable**
1. A SPH policy that eliminates manual lifting to the extent feasible is in place.				
	Notes (timelines, responsibilities, etc.)			
2. If a SPH policy exists it includes (but is not limited to): • Objectives • Policy Statement about intent of the SPH program and organizations' commitment to support the program etc.(also refer to *A9* above) • Scope • Definitions • Non-retaliation policy • Information about SPH in healthcare e.g. the prevalence of injuries, how and why injuries occur related to manual patient handling etc. • Roles and responsibilities of specific groups within the program e.g. executives and management, clinical and non-clinical employees, SPH champions, the SPH committee or team etc. • Patient assessment protocols, use of SPH clinical algorithms etc. • SPH equipment and devices available and related process information e.g. infection control, maintenance etc. • Incident reporting • Post incident review • Record keeping/data analysis • Employees and provider refusal to use safe patient handling equipment • Patient and family refusal to use safe patient handling equipment • Emergency situations such as a cardiac arrest, seizure, etc. and patient handling practices • Employee resources • Education plan • Appendices, checklists, tools such as SPH clinical algorithms etc.				
	Notes (timelines, responsibilities, etc.)			

C. Written SPH Policy cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
3. Written procedures are in place to address SPH needs and process in specific clinical areas and for specific patient populations including:				
a. Bariatric patients				
b. Combative patients				
c. Orthopedic				
d. Maternity				
e. Pediatric				
f. Long stay patients				
g. Other specific patient populations, e.g., post cardiac surgery, trauma patients				
h. Specific clinical areas such as perioperative, imaging, critical care, emergency, rehabilitation				
	Notes (timelines, responsibilities, etc.)			
4. The policy and written procedures are reviewed periodically for relevance and effectiveness and is updated as needed				
	Notes (timelines, responsibilities, etc.)			
5. The policy, expectations and roles related to the SPH program are clearly communicated to employees & labor representatives				
	Notes (timelines, responsibilities, etc.)			
6. The SPH policy is communicated to patients and visitors.				
	Notes (timelines, responsibilities, etc.)			
7. Management at all levels visibly supports and reinforces the policy				
	Notes (timelines, responsibilities, etc.)			

SPH Program Foundation and Management				
D. Program Management	**Yes**	**No**	**Partially Implemented**	**Will not be Implemented or is Not Applicable**
I. Program Champion				
1. There is a facility SPH program champion who visibly supports the program and associated activities e.g. the chief nurse executive.				
	Notes (timelines, responsibilities, etc.)			
2. The Program Champion has received education and training about evidence based practices in SPH and SPH program management and his/her role and responsibilities within the SPH program				
	Notes (timelines, responsibilities, etc.)			
3. The program has a well-established link to nursing care services as well as the facility employee and patient safety committees e.g. representatives from these groups are members of the SPH committee and the program may be managed through nursing services.				
	Notes (timelines, responsibilities, etc.)			
II. Safe Patient Handling Committee/Team				
1. A safe patient handling committee exists:				
a. That includes employee representatives from all departments that are affected by the SPH program (e.g. nursing, rehab, employee health & safety, imaging, transportation, labor, facilities, EVS, etc.) and includes frontline employees and at least 1 sponsor from upper management who serves on higher level committees and can guide the effectiveness of the SPH committee (e.g. Safety Officer, CNO, Quality Director)				
b. Has linkage to other leadership structures and committees (e.g. Patient Safety, Employee Safety, EOC Committee, Product Review , Executive Committee, Patient Falls and Wound Care, Infection Control, Bariatric)				
c. Is empowered by facility leaders for oversight of the program				
d. Meets on a regular basis e.g. monthly and communicates activity of the SPH committee				
e. Stays informed about new SPH strategies and technologies available.				
f. The SPH committee has received education and training about evidence based practice in SPH and SPH program management and their role and responsibilities within the SPH program				
g. The SPH committee are provided the opportunity for training and continuing education as related to SPH processes, evidence based trends and new SPH technology, etc.				
	Notes (timelines, responsibilities, etc.)			

D. Program Management cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
III. Safe Patient Handling Program Manager				
1. There is a SPH program manager or coordinator.				
	Notes (timelines, responsibilities, etc.)			
2. The program manager has received education and training about evidence based practice in SPH and SPH program management and his/her role and responsibilities within the SPH program				
	Notes (timelines, responsibilities, etc.)			
3. The program manager has sufficient time and resources to coordinate the program.				
	Notes (timelines, responsibilities, etc.)			
4. The program manager has authority to make decisions to implement the program and ensure it's effectiveness				
	Notes (timelines, responsibilities, etc.)			
IV. Safe Patient Handling Program Plan				
1. There is a SPH Program Plan or roadmap that defines the program goals and activities based on periodic hazard/risk assessment to identify existing or potential hazards for employee injury related to patient handling tasks and review of data to identify the frequency, location, causes and consequences of such injuries.				
	Notes (timelines, responsibilities, etc.)			
2. The program plan contains (but not limited to) the following: • Definition of the scope of hazards/injuries related to patient handling and the impact on the organization (what, where & cost) • Program vision, mission, scope • Organization of the program & reporting (e.g. to nursing services) • Linkage to other facility programs, e.g., for SPH - wound care, infection control, bariatric, quality, therapy, etc. • Clearly defined and realistic program goals and measurement systems (employee & patient safety metrics) • Barriers and how to address them (i.e. how to change culture) • Communications to constituents - social marketing (who, what, how, when, etc.) • Budget (financial and personnel) and return on investment (ROI) • Setting program goals: Prioritize high risk depts./units & choose pilot unit(s) if applicable • Implementation strategies and quantitative evaluation strategies • Reporting, project tracking & documentation processes				
	Notes (timelines, responsibilities, etc.)			

D. Program Management cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
IV. Safe Patient Handling Program Plan cont.				
3. The SPH program plan is maintained, reviewed and updated by the SPH committee on a regular basis.				
	Notes (timelines, responsibilities, etc.)			
4. There is process to review the plan and communicate the status of safe patient handling efforts and any factors that may enhance or limit success with facility leaders and pertinent committees e.g. clinical care, employee, patient safety on a periodic basis				
	Notes (timelines, responsibilities, etc.)			
5. Senior leadership responds to updates with continued support, resource allocation and assistance with barriers that are encountered.				
	Notes (timelines, responsibilities, etc.)			
6. The plan is reviewed and roles and program progress discussed on a periodic basis with: a. Directors and unit/department managers b. All frontline employees				
	Notes (timelines, responsibilities, etc.)			
E. SPH Champion program	**Yes**	**No**	**Partially Implemented**	**Will not be Implemented or is Not Applicable**
1. A SPH champion program is in place.				
	Notes (timelines, responsibilities, etc.)			
2. Sufficient resources are allocated to manage/support the champion group.				
	Notes (timelines, responsibilities, etc.)			
3. The SPH champion program has ongoing coordination with other facility champion programs e.g. pressure ulcers, falls and infection prevention champions if present.				
	Notes (timelines, responsibilities, etc.)			

SPH Program Foundation and Management				
E. SPH Champion program cont.	**Yes**	**No**	**Partially Implemented**	**Will not be Implemented or is Not Applicable**
4. Champion roles and responsibilities are clearly defined and communicated.				
	Notes (timelines, responsibilities, etc.)			
5. There are at least 1 SPH champion per shift on each unit where the SPH program is implemented.				
	Notes (timelines, responsibilities, etc.)			
6. Sufficient initial and ongoing competence based education is provided for champions to be able to perform their duties.				
	Notes (timelines, responsibilities, etc.)			
7. Time is allocated for champion to perform activities such as employee training and program auditing.				
	Notes (timelines, responsibilities, etc.)			
8. The champion program evaluated for effectiveness and modified as needed with input from management, employee and champions on a periodic basis.				
	Notes (timelines, responsibilities, etc.)			
F. Lift Team Program – if applicable	**Yes**	**No**	**Partially Implemented**	**Will not be Implemented or is Not Applicable**
1. The lift team uses SPH equipment to move and lift patients.				
	Notes (timelines, responsibilities, etc.)			
2. The lift team is supervised by the SPH program coordinator or manager.				
	Notes (timelines, responsibilities, etc.)			

F. Lift Team Program – if applicable cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
3. Roles and responsibilities (and limitations) of the Lift Team are clearly defined for example lift team members who are not licensed or registered healthcare professionals such as CNAs, *do not* perform tasks beyond the scope of their defined duties.				
	Notes (timelines, responsibilities, etc.)			
4. The role of the RN within the lift team program has been determined including consideration of the following and is clearly communicated to nursing employees: • Duty of care and scope of license if a patient is harmed during a lifting task performed by a lift team when an RN is no present. • The ability of the RN to delegate tasks to non-registered or non-licensed lift team staff (dependent on the scope of the nursing practice act within a specific state).				
	Notes (timelines, responsibilities, etc.)			
5. Clinical employees <u>do not</u> rely soley on Lift Team to perform a majority patient handling tasks that is; SPH is viewed as part of nursing care or clinically important activity thus clinical employees use SPH equipment.				
	Notes (timelines, responsibilities, etc.)			
6. Lift team member receive competency based education and training on hire and on a periodic basis – *refer to Education*				
	Notes (timelines, responsibilities, etc.)			
7. Lift team responds to a call for assistance within 10-15 minutes.				
	Notes (timelines, responsibilities, etc.)			
8. Lift team is available 24 hours/day for seven days/week.				
	Notes (timelines, responsibilities, etc.)			
9. Ongoing, long term tracking of evaluation of lift team injury rates is conducted to ensure injuries are not shifted or expanded to this group of staff.				
	Notes (timelines, responsibilities, etc.)			
10. Effectiveness (including compliance with SPH policy etc.) and cost –benefit of the Lift Team is reviewed periodically.				
	Notes (timelines, responsibilities, etc.)			

SPH Program Foundation and Management				
G. Communications/Social Marketing	**Yes**	**No**	**Partially Implemented**	**Will not be Implemented or is Not Applicable**
1. There is a communications/marketing plan for the SPH program and related activities.				
	Notes (timelines, responsibilities, etc.)			
2. SPH program constituents are identified i.e. all employee groups, volunteers, patients, families, community agencies who may be impacted by the SPH program policies and procedures.				
	Notes (timelines, responsibilities, etc.)			
3. The message and methods of communication that are relevant for each constituent groups identified e.g., email; newsletters; employee meetings; specific written communications ; SPH/ergonomics resource intranet page; External marketing (community); patient and family orientation information.				
	Notes (timelines, responsibilities, etc.)			
4. The message and methods of communication that are relevant for each constituent groups identified e.g., email; newsletters; employee meetings; specific written communications ; SPH/ergonomics resource intranet page; External marketing (community); patient and family orientation information				
	Notes (timelines, responsibilities, etc.)			
5. There is a process and resources for development and dissemination of communications materials to program constituents				
	Notes (timelines, responsibilities, etc.)			
6. Communications/marketing efforts reviewed periodically and evaluated for effectiveness				
	Notes (timelines, responsibilities, etc.)			
7. If new SPH equipment or processes are implemented is there process in place to notify program constituents				
	Notes (timelines, responsibilities, etc.)			

SPH Program Hazard Analysis, Abatement and Evaluation				
H. Ongoing Hazard Identification/Analysis and Program Evaluation	**Yes**	**No**	**Partially Implemented**	**Will not be Implemented or is Not Applicable**
I. Data Analysis - Injury & Incident Data				
1. Employee injury and related workers compensation cost data is collected related to patient handling incidents.				
	Notes (timelines, responsibilities, etc.)			
2. Near miss events and first aid only (non-recordable) incidents are tracked related to patient handling incidents/issues.				
	Notes (timelines, responsibilities, etc.)			
3. Data collected includes (but is not limited to): a. The date, time and facility, dept. and specific location (e.g. patient room number) where the incident occurred b. The name, job title and department or unit assignment of the employee c. The type of patient handling tasks being conducted e.g. lifting a patient from the fall; d. The number of employees performing the task or involved e. A description of the incident including activities taking place immediately prior to the incident f. Relevant information about patient status e.g. falls risk, bariatric g. Patient assessment of dependency or physical and cognitive abilities communicated and conducted prior to moving the patient etc. h. Equipment (including slings) used i. A description of actions taken by the employees and the employer in response to the incident				
	Notes (timelines, responsibilities, etc.)			
4. Data is reviewed for consistency of accuracy and coding e.g. a. Consistent use of terminology related to for example type of injury; cause of injury, location where injury occurred, department coding etc. b. Accurate tracking of cases with days away from work; job transfer or restriction or injury only c. Injury rates such as DART rates (injuries per 100 FTEs) are calculated using productive hours				
	Notes (timelines, responsibilities, etc.)			

H. Ongoing Hazard Identification/Analysis and Program Evaluation cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
I. Data Analysis cont.				
5. Data review includes (but not limited to) analysis of the : a. The location of patient handling incidents (depts./units and work areas) b. Job titles involved c. Types of and severity of injuries d. Specific activities being performed such as repositioning a patient e. Time of day of occurrence f. Relevant information about patient clinical status at time of the incident g. Equipment/slings used – appropriateness and/or availability h. Approved SPH procedures completed or omitted e.g. lack or incomplete patient assessment and/or employee training i. F/U actions/activities				
	Notes (timelines, responsibilities, etc.)			
6. Data is collected about **patient injuries** related to patient handling issues.				
	Notes (timelines, responsibilities, etc.)			
7. Data related to patient handling related incidents and injuries is collected in real time.				
	Notes (timelines, responsibilities, etc.)			
8. There is a process to review and analyze near miss, incident and injury data for learning and to identify improvement opportunities *on a periodic basis* such as, a. Trending of injury rates and severity of injuries to determine effectiveness of SPH interventions b. Identify direct and indirect costs related to injuries and calculate return on investment for the program c. Identification of areas where program gaps occur				
	Notes (timelines, responsibilities, etc.)			

SPH Program Hazard Analysis, Abatement and Evaluation				
H. Ongoing Hazard Identification/Analysis and Program Evaluation cont.	**Yes**	**No**	**Partially Implemented**	**Will not be Implemented or is Not Applicable**
I. Data Analysis cont.				
9. Data and trends are shared with senior management on a periodic basis.				
	Notes (timelines, responsibilities, etc.)			
10. Data are shared within units and across units on a regular basis in a way to help employees understand patient handling injury trends, the cause(s) of the injuries, and learnings from the events e.g., include in daily huddles, unit employee meetings, SPH and worker and patient safety committees.				
	Notes (timelines, responsibilities, etc.)			
11. Employees consistently report observed injuries, incidents, near misses hazards, and concerns related to patient handling.				
	Notes (timelines, responsibilities, etc.)			
12. There is a reporting mechanism for all contractors to report injuries, hazards, and concerns*.				
	Notes (timelines, responsibilities, etc.)			
II. Data Analysis – Other Outcome Measures				
1. Metrics related to patient safety and the impact of the SPH program are collected as feasible e.g. pressure ulcers, falls, medical outcomes, etc.				
	Notes (timelines, responsibilities, etc.)			
2. Compliance related to use of SPH equipment and procedures is evaluated on a periodic basis				
	Notes (timelines, responsibilities, etc.)			
3. Other employee related data is collected such as employee perception, experience and overall satisfaction with the SPH program through survey and/or interview and employee turnover on a periodic basis.				
	Notes (timelines, responsibilities, etc.)			

H. Ongoing Hazard Identification/Analysis and Program Evaluation cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
4. Patient satisfaction data is collected on a periodic basis.				
	Notes (timelines, responsibilities, etc.)			
III. Program Process Evaluation				
1. Program management and related processes are evaluated and enhanced as needed on a periodic basis e.g. # of SPH audits of equipment used completed; attendance at SPH education; education sessions offered, effectiveness of process such as sling management, functionality and effectiveness of patient assessment and related documentation processes and the SPH champion and education programs etc.				
	Notes (timelines, responsibilities, etc.)			

* "Contractor" includes anyone working at a hospital who is not an employee of the hospital (e.g., doctors with privileges to practice at the facility and any services that may be regularly provided by a vendor, including information technology, housekeeping or environmental services, facilities maintenance (OSHA 2012)

SPH Program Hazard Analysis, Abatement and Evaluation				
I. Equipment Selection, Tracking and Maintenance	**Yes**	**No**	**Partially Implemented**	**Will not be Implemented or is Not Applicable**
I. Equipment - General				
1. Equipment is chosen based on: a. Patient's physical, cognitive (dependency level/mobility) and clinical needs b. The patient handling and care tasks to be performed prioritized by risk c. The physical design of the work environment and other patient equipment e.g. thresholds, carpet, beds, access to bathrooms, ceiling height, load bearing capability etc. d. Basic ergonomic design principles related to physical and cognitive usability, e.g., force and grip strength required to move or handle equipment, operated brakes and other controls, salience of displays and feedback to operator when a function is activated etc.				
	Notes (timelines, responsibilities, etc.)			
2. Employees who will use or manage equipment are involved in the evaluation, selection and piloting of new products.				
	Notes (timelines, responsibilities, etc.)			

I. Equipment Selection, Tracking and Maintenance cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
I. Equipment – General cont.				
3. Potential equipment choices are reviewed by SPH committee members such as infection prevention, wound care, EVS and facilities/maintenance/biomed relevant to their interaction with the equipment and SPH processes.				
	Notes (timelines, responsibilities, etc.)			
4. A process is in place for well-planned equipment trials, product evaluation feedback, and ordering of equipment.				
	Notes (timelines, responsibilities, etc.)			
5. A process is in place when the physical environment is changed to accommodate SPH equipment e.g. ceiling lift installation (room out of service; who to install etc.).				
	Notes (timelines, responsibilities, etc.)			
6. Equipment is convenient, available, accessible and in working order on each unit and facility wide as appropriate.				
	Notes (timelines, responsibilities, etc.)			
7. There is an adequate supply of appropriate safe patient handling equipment in each patient care area				
	Notes (timelines, responsibilities, etc.)			
8. Changes in available SPH technology or by a vendor to existing equipment in a facility are monitored e.g. through discussions and on-site visits with colleagues from other facilities, discussion with vendors etc.				
	Notes (timelines, responsibilities, etc.)			

I. Equipment Selection, Tracking and Maintenance cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
II. Sling Management Process				
1. Slings available are appropriate for the tasks to be performed and patient needs (by function, size, single patient use and/or reusable).				
	Notes (timelines, responsibilities, etc.)			
2. There is sufficient quantities of slings in each unit/dept. where patient lift equipment are used.				
	Notes (timelines, responsibilities, etc.)			
3. Slings are easily accessed by employees.				
	Notes (timelines, responsibilities, etc.)			
4. Sling sizing, function, facility name, manufacturers name, laundering instructions and other relevant inspection/tracking information are included on the sling label				
	Notes (timelines, responsibilities, etc.)			
5. There is a process in place for sending slings to be laundered, returned to the facility and specific units.				
	Notes (timelines, responsibilities, etc.)			
6. There is a process in place for employees to obtain slings if there are insufficient quantities in their unit.				
	Notes (timelines, responsibilities, etc.)			
7. There is a process in place for taking damaged slings out of service and repairing or disposing of them of them per vendor instructions.				
	Notes (timelines, responsibilities, etc.)			
8. Cost for replacement of damaged and lost slings is included in annual budget planning.				
	Notes (timelines, responsibilities, etc.)			

I. Equipment Selection, Tracking and Maintenance cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
II. Sling Management Process cont.				
9. Sling availability and loss is tracked				
	Notes (timelines, responsibilities, etc.)			
10. A process for sling inspection is in place that includes inspection a. Upon purchase before being placed into service				
b. On a periodic basis e.g. every 6 months;				
c. By employees <u>before</u> each use				
	Notes (timelines, responsibilities, etc.)			
11. Wound care employees has knowledge about current pressure ulcer prevention guidelines and use of SPH equipment (e.g. NAUAP guidelines) and has approved the process for using slings that considers a patient's pressure ulcer prevention needs and the sling combination with specialty mattresses e.g. leaving a turning sling under a patient on an air mattress.				
	Notes (timelines, responsibilities, etc.)			
III. Infection Control Policy Related to Cleaning of SPH Equipment				
1. A cleaning process approved by facility infection control and manufacturer infection control requirements is identified and communicated for each type of SPH equipment and reviewed on a periodic basis for effectiveness.				
	Notes (timelines, responsibilities, etc.)			
2. Processes are in place to address use of and cleaning measures for equipment in C.diff/isolation rooms.				
	Notes (timelines, responsibilities, etc.)			

I. Equipment Selection, Tracking and Maintenance cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
IV. Maintenance and Inspection				
1. A maintenance system is in place to address nonfunctioning SPH equipment i.e. facilities maintenance employees have received education from the equipment vendor related to repair and replacement of equipment and parts				
	Notes (timelines, responsibilities, etc.)			
2. A standard process is in place to notify appropriate department, e.g. facilities maintenance, biomed, and/or facilities management when patient handling equipment problems/incidents arise				
	Notes (timelines, responsibilities, etc.)			
3. Preventative and routine maintenance and inspection for SPH equipment (including annual load testing of ceiling lift and floor based lifting devices; maintenance of casters and wheels; battery replacement) per manufacturer instructions and local/state/federal code is conducted				
	Notes (timelines, responsibilities, etc.)			
V. Ongoing Equipment Management				
1. An inventory of SPH equipment and slings and their storage location exists and is tracked				
	Notes (timelines, responsibilities, etc.)			
2. A unit-level equipment needs evaluation is conducted on a periodic basis e.g.at least annually.				
	Notes (timelines, responsibilities, etc.)			
3. A process to evaluate and replace equipment and supplies such as slings and batteries is in place				
	Notes (timelines, responsibilities, etc.)			

SPH Program Hazard Analysis, Abatement and Evaluation				
J. Patient Assessment Protocols	**Yes**	**No**	**Partially Implemented**	**Will not be Implemented or is Not Applicable**
1. Patient dependency (or mobility) definitions have been determined for SPH.				
	Notes (timelines, responsibilities, etc.)			
2. A standardized assessment process is in place to identify each patient's dependency status and the appropriate patient handling equipment and slings that are needed to meet a specific patient's needs).				
	Notes (timelines, responsibilities, etc.)			
3. Patient dependency (or mobility) definitions are standardized within a facility and do not conflict with terminology used by other disciplines/employee groups such as physical and occupational therapists and physicians.				
	Notes (timelines, responsibilities, etc.)			
4. Dependency level criteria and SPH patient assessment processes are approved by nursing and therapy (rehab).				
	Notes (timelines, responsibilities, etc.)			
5. The SPH assessment process is integrated with the patient fall prevention program.				
	Notes (timelines, responsibilities, etc.)			
6. There is a process in place to assess and communicate a patient's dependency level between employees: a. On admission to a facility and unit				
b. During the shift communications and handoff				
c. <u>Before</u> a patient handling and movement task is performed (e.g. a quick mobility check prior to chair to bed transfer or ambulation of a patient)				
d. Between different disciplines such as nursing and therapy				
e. Between units such as a patient care unit, transportation and imaging e.g. Ticket to Ride				
	Notes (timelines, responsibilities, etc.)			

J. Patient Assessment Protocols cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
7. Patient dependency/mobility status and needs are communicated upon admission to a unit from *other* depts. such as the emergency room or from outpatient clinics, LTC facilities etc.				
	Notes (timelines, responsibilities, etc.)			
8. A patient's dependency level and associated SPH equipment/slings is documented in the patient's care plan.				
	Notes (timelines, responsibilities, etc.)			
9. Communication about patient SPH needs/dependency in included in the discharge process.				
	Notes (timelines, responsibilities, etc.)			
10. Patient assessment and related documentation is being completed correctly by employees on a consistent basis.				
	Notes (timelines, responsibilities, etc.)			
K. Education	**Yes**	**No**	**Partially Implemented**	**Will not be Implemented or is Not Applicable**
1. New employee (including travelers or agency employees) who will use SPH equipment and processes receive competency based training that includes hands-on return demonstration.				
	Notes (timelines, responsibilities, etc.)			
All employees who will use SPH equipment and processes receive competency based training that includes hands-on return demonstration:				
a. On a periodic basis e.g. annually or biannually (can be determined by program evaluation processes)				
b. When new equipment or processes are implemented				
c. When employees move to a unit or department where they will use SPH equipment and processes not previously operated				
d. Following a patient handling related injury (as deemed appropriate)				
	Notes (timelines, responsibilities, etc.)			

SPH Program Hazard Analysis, Abatement and Evaluation				
K. Education cont.	**Yes**	**No**	**Partially Implemented**	**Will not be Implemented or is Not Applicable**
2. Education for employees who will use SPH equipment includes: a. The rationale including the importance, benefits and evidence base for a comprehensive SPH program and the facility's SPH policy b. Patient assessment protocols and correct choice of equipment and related communications and documentation c. Safe use of equipment and slings including exceptions for use including best ergonomics work practices d. Use of equipment with specific patient populations as applicable e.g. bariatric, orthopedic etc. e. Equipment and sling inspection f. Equipment and sling access, cleaning, failure, breakage/damage g. How to get assistance and access to SPH information and resources				
	Notes (timelines, responsibilities, etc.)			
3. SPH education is conducted by a person(s) who is qualified and has demonstrated abilities to be able to effectively teach employees how to use SPH equipment with the patient population that employees care for and address clinical questions etc. Note: review qualifications of trainers provided by equipment vendors - not all are qualified to teach employees about the specific clinical and related SPH needs of patients e.g. they are not a licensed healthcare professional.				
	Notes (timelines, responsibilities, etc.)			
4. SPH Champions receive initial and periodic training specific to their role.				
	Notes (timelines, responsibilities, etc.)			
5. A process is place to address the role of students (nurses, therapists, OR/Imaging technicians etc.) and related training needs in the SPH program.				
	Notes (timelines, responsibilities, etc.)			
6. Patients and their families receive education about the SPH program including equipment that may be used to move or lift them.				
	Notes (timelines, responsibilities, etc.)			

K. Education cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
7. All employees are educated on the evidence base and importance of SPH as it relates to their role and responsibilities: a. Senior management/Leaders b. Unit/department directors and managers c. All employees who will use SPH equipment and processes d. SPH project coordinator e. SPH committee f. SPH champions g. Lift teams if applicable				
	Notes (timelines, responsibilities, etc.)			
8. Support service employees receive training on specific SPH processes relevant to their role and responsibilities e.g. Housekeeping, Facilities Maintenance, Biomed, Linen services etc. a. When hired and b. On a periodic basis and c. As equipment or processes change				
	Notes (timelines, responsibilities, etc.)			
9. The SPH committee and program manager are provided the opportunity for training and *continuing education* as related to SPH processes, evidence based trends and new SPH technology, etc.				
	Notes (timelines, responsibilities, etc.)			
10. Job aids are provided for use of equipment and SPH processes e.g. videos, picture guides, checklists and tip sheets for: a. Employees who use SPH equipment and processes b. Support service employees e.g. EVS –SPH cleaning policy and room set-up, maintenance				
	Notes (timelines, responsibilities, etc.)			
11. There is a process to provide unit based *SPH coaching* of employees following SPH training on new equipment or processes e.g. conducted by unit champions.				
	Notes (timelines, responsibilities, etc.)			

SPH Program Hazard Analysis, Abatement and Evaluation				
L. Post Incident or Injury Management	**Yes**	**No**	**Partially Implemented**	**Will not be Implemented or is Not Applicable**
1. There is a process to conduct an immediate root cause analysis of patient handling incidents to determine system cause of incidents and identify solutions.				
	Notes (timelines, responsibilities, etc.)			
2. Unit managers and other employees such as SPH champions are engaged in post-event incident analysis (after action review).				
	Notes (timelines, responsibilities, etc.)			
3. There is a process in place (which includes the unit manager) to develop and implement recommendations/actions incident analysis.				
	Notes (timelines, responsibilities, etc.)			
4. There is an effective return to work program for employees who are on restricted duty due to a work related injury.				
	Notes (timelines, responsibilities, etc.)			
SPH Program Proactive Hazard Prevention				
M. Proactive Design	**Yes**	**No**	**Partially Implemented**	**Will not be Implemented or is Not Applicable**
1. There is a process to facilitate development and integration of SPH and ergonomics design principles facility wide through work with facilities planning and other key depts.				
	Notes (timelines, responsibilities, etc.)			
2. SPH and ergonomics design principles (e.g. work heights, reach distances, clearance and access, materials flow and storage) is included in all remodeling or reconstruction of patient care areas (e.g. patient rooms, bathrooms, storage areas, work spaces) as recommended by the Safe Patient Handling Committee with input from direct care employees etc.				
	Notes (timelines, responsibilities, etc.)			

SPH Program Proactive Hazard Prevention				
M. Proactive Design cont.	**Yes**	**No**	**Partially Implemented**	**Will not be Implemented or is Not Applicable**
3. There is a standardize process for selection, purchase and implementation of SPH equipment e.g. equipment and slings used are standardized for a facility as appropriate; the SPH committee reviews requests for purchase of new technology or alternate SPH equipment to ensure they meet facility SPH protocols and needs.				
	Notes (timelines, responsibilities, etc.)			
N. Proactive – Hazard Identification and Gap Analysis	**Yes**	**No**	**Partially Implemented**	**Will not be Implemented or is Not Applicable**
1. Proactive audits of units/departments are conducted to identify ergonomics/patient handling related risk factors and related gaps in current policies and practices that may contribute to patient handling injuries and address them.				
	Notes (timelines, responsibilities, etc.)			
2. Identification of patient handling related issues are included in regular safety and environment of care rounds and a process is in place to address hazards identified and implement recommendations.				
	Notes (timelines, responsibilities, etc.)			
3. There is a process for employees to provide real time feedback about equipment and patient handling issues.				
	Notes (timelines, responsibilities, etc.)			
4. The is a process in place to conduct a safety huddle after any patient lifting injury, or near miss, occurs and/or on a *routine basis* to discuss SPH and other safety related concerns or ideas.				
	Notes (timelines, responsibilities, etc.)			
5. There is a process in place (which includes the unit manager) to develop and implement recommendations/ actions from safety huddles/employee ideas and suggestions.				
	Notes (timelines, responsibilities, etc.)			
6. There is a process in place to recognize employees and disseminate learnings from employee ideas and suggestions				
	Notes (timelines, responsibilities, etc.)			

References

2013 OSHA publications retrieved from
https://www.osha.gov/dsg/hospitals/mgmt_tools_resources.html

- Safety and Health Management Systems (OSHA) and Joint Commission Standards
- Safety and Health Management Systems: A Road Map for Hospitals
- Hospital Safety and Health Management System Self-Assessment Questionnaire

Carlson, E., Herman, B., and Brown, P. (2005). **Effectiveness of a Ceiling Mounted Lift System**. *Journal of the Association of Occupational Health Professionals in Healthcare*, 25(3), 24-26.

Enos. L. **Making the Business Case to Initiate, Sustain and Evaluate Safe Patient Handling Programs Part 1**. L. Enos American Journal of Safe Patient Handling and Movement, I, (3): 8-15.

Enos. L. **Making the Business Case to Initiate, Sustain and Evaluate Safe Patient Handling Programs Part 2**. L. Enos. American Journal of Safe Patient Handling and Movement, I, (4): 8-16.

Enos. L. **Safe Patient Handling and Patient Safety: Identifying the current evidence base and gaps in research.** American Journal of Safe Patient Handling and Movement, 3, (3):94-102.

Enos. L. **Safe Patient Handling Equipment Purchasing Checklist.** American Journal of Safe Patient Handling and Movement 3, (1): S1-16.

Enos. L. **Strategic and Tactical planning for *Safe Patient Handling Program (SPH)* Programs: Tools presented various workshops for developing effective and sustainable *SPH Programs*** *2005-2014.*

Enos. L. **The Use of Lift Teams in Safe Patient Handling Programs – a Summary. Washington State Hospital. http://www.wsha.org/workersafety.cfm Association**

Guidelines for design and construction of healthcare facilities and (2010b). Patient handling and mobility assessments: A white paper. www.fgiguidelines.org

Fujishiro, K. et al (2005). **The Effect of Ergonomic Interventions in Healthcare Facilities on Musculoskeletal Disorders**. *American Journal of Industrial Medicine, 48*, 338–347.

Hughes, Ronda G. (Ed). **Patient Safety and Quality: An Evidence-Based Handbook for Nurses.** (2008). Rockville, MD: Agency for Healthcare Research and Quality. http://www.ahrq.gov/professionals/clinicians-providers/resources/nursing/resources/nurseshdbk/index.html

Interprofessional Standards for Safe Patient Handling and Mobility, American Nurses Association 2013. http://www.nursingworld.org/

Improving Patient and Worker Safety: Opportunities for Synergy, Collaboration and Innovation. Oakbrook Terrace, IL: The Joint Commission, Nov 2012. http://www.jointcommission.org/.

Koppelaar, E et. al. **Individual and organizational determinants of use of ergonomic devices in healthcare.** Occup Environ Med. 2011 Sep;68(9):659-65. doi: 10.1136/oem.2010.055939. Epub 2010 Nov 23.

Motacki, K Et. al. **The Illustrated Guide to Safe Patient Handling and Movement (2009).** Springer Publishing www.springerpub.com

Outcomes and Process Associated with National Implementation of Evidence- Based Safe patient Handling Programs in 140 Hospitals – presented at the Safe Patient Handling and Movement Conference East, 2013 and at the WA state 2013 SPH conference.

Nelson, A.L. **Patient Care Ergonomics Resource Guide: Safe patient handling and movement.** (Ed). (2001 rev 2005). Tampa, FL: Veterans Administration Patient Safety Center of Inquiry. http://www.visn8.va.gov/patientsafetycenter/safePtHandling/

Nelson, A. Matz M, Chen F, Siddharthan K , Lloyd J, Fragala G (2006). **Development and Evaluation of a Multifaceted Ergonomics Program to Prevent Injuries Associated with Patient Handling Tasks**. *International Journal of Nursing Studies, 43(6)*:717–733.

Nelson, A.L. (ed.) **Safe Patient Handling and Movement: A Practical Guide For Health Care Professionals (2006).** Springer Publishing http://www.springerpub.com/

Road Map to a Comprehensive SPH Program Minnesota Hospital Association 2012. http://www.mnhospitals.org/patient-safety/current-safety-quality-initiatives/patient-handling

Safe Patient Handling Programs: A Best Practices guide for Washington hospitals 2011 - Safe Patient Handling Steering Committee University of Washington Northwest Center for Occupational Health and Safety. http://www.lni.wa.gov/safety/research/files/safepatienthandlingrpt2010.pdf

Safe Patient Handling Program and Facility Design. Veterans Health Administration (VHA) Directive 2010-032 June 28, 2010.

Silberstein, B. **Sustaining Safe Patient Handling Programs** – Presentation about the WA state SPH initiative at the 2013 WA state SPH conference. Seattle, WA.

Stevens L, Rees S, Lamb KV, Dalsing D. **Creating a Culture of Safety for Safe Patient Handling**. Orthop Nurs. 2013 May-Jun; 32(3):155-64.

Through the Eyes of the Workforce: Creating Joy, Meaning, and Safer Health Care. The Lucian Leape Institute at the National Patient Safety Foundation Feb 2013. http://www.npsf.org/about-us/lucian-leape-institute-at-npsf/lli-reports-and-statements/eyes-of-the-workforce

The Link between Safe Patient Handling and Patient Outcomes in Long-Term Care. Nelson, A., Collins, J., Siddharthan, K., Matz, M., & Waters, T. Rehabilitation Nursing, Vol. 33 No. 1, 33-43.