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Saving backs hospital finds it's deja vu again

(AHC Newsletters Via Thomson Dialog NewsEdge) Saving backs ? hospital finds it's d?j? vu again

L&M Hospital revives ergonomics

Ergonomics specialist Catherine Gouvin, OTR/L, CHT, remembers how impressed she was when she heard of a Connecticut hospital that had reduced its patient handling injuries by almost 50% and cut its lost workdays by two-thirds by purchasing lifts and training its work force to use them.

Then, in a kind of lost-in-the-future moment, she discovered that was actually her own hospital. It had once had a successful ergonomics effort, but the program lost its champion, its focus, and its effectiveness.

The story of ergonomics at Lawrence & Memorial (L&M) Hospital of New London, CT, is a cautionary tale. Without continued support, a safe patient handling program won't remain viable, Gouvin says. "We had devalued the safety culture," she says. "There was a lack of ownership of the program. There was no monitoring."

Safe lifting simply wasn't a priority. "When staffing got tight, the nurses stopped going to the quarterly training," recalls occupational health director Ruth Moreau, RN, MS, COHN-S, who struggled to revive interest in the program. "They didn't have enough equipment. "If you don't have enough [and it's not convenient], they'll stop using it."

Gouvin and Moreau became committed to bringing back a strong safe patient handling program and protecting the hospital's employees. "Every day that went by that we didn't have a program was a risk to someone I worked with," Gouvin says.

In 2007, those efforts came to fruition as the hospital's workers' compensation costs related to new patient handling claims were a mere \$3,000 as of November. The number of claims deemed preventable dropped from 26 in FY 2005 to four in 2007. In FY 2005, the hospital paid \$247,000 in preventable claims; in 2007, it had incurred no costs for preventable claims and no days away from work.

Who needs safety?

The demise of the earlier program began when a management consultant recommended saving money by cutting the safety director to part time. After all, the workers' compensation costs already had declined. Administration had been assured back injuries would remain at their low level.

The safety director left, and Moreau did what she could with an occupational therapist who spent 12 hours a week on ergonomic issues.

By 2001, almost 10 years after the inception of the first program, the hospital had few floor lifts. Slings were hard to find. Some 58 health care workers suffered from patient-handling injuries in a single year. There was no lift

equipment that could be used on patients weighing more than 350 pounds and obese patients were becoming more common.

Moreau understood the risks in a very personal way. She was a nurse in the cardiac care unit when two patients went into cardiac arrest. Moreau and her fellow nurse each had to work on their own, as quickly as possible. As she positioned a backboard beneath the heavy patient, she could feel a jolt in her back. Within days, Moreau learned she had ruptured a disc and needed back surgery. She was out of work for three months and, although she returned to the unit, she ultimately realized she could no longer handle the physical demands of bedside nursing.

"I definitely have an interest in making sure the cycle [of injury] gets stopped somehow," she says.

Gouvin, a certified hand therapist who occasionally treated employees with wrist and hand pain, became committed to the cause when she studied the hospital's injury trends and learned how they could be prevented with safe patient handling. She began by helping rearrange work stations to reduce upper extremity injuries.

Then she discovered that the hospital was planning to replace 164 mattresses and she was determined to lobby for new beds that would take into account the nurses' needs. When a hospital benefactor died and left \$17 million to the hospital, the plan for better beds became a reality.

The new beds could convert into chairs. They had an adjustable foot so patients could push against it to reposition themselves. They had in-bed scales and a "max inflate" air mattress that eased repositioning and lateral transfers.

Gouvin was emboldened by that success, but moving forward still presented challenges. She gathered some key stakeholders, such as the employee health manager, inpatient occupational therapy/physical therapist, patient transport and risk management, to write a safe patient handling policy. It established safe work practices and set lifting limits. Yet she notes, "It was really unenforceable because we had inadequate equipment and employees hadn't been trained."

The program struggled even when the vice president of nursing wrangled \$40,000 for Gouvin to buy lift equipment. There weren't enough lifts for the entire hospital. The education department didn't embrace safe patient handling as a top priority. The slings were being stored in central services and weren't making it back onto the floors.

She focused her first efforts on the med-surg/ oncology unit and recalls coming to the hospital at 2 in the morning to talk to the night shift about safe lifts. The staff said they were too busy. "You just have to say, 'OK, I'll come back another time,'" Gouvin recalls.

"You have to be persistent. You just need them to know that you're not going away because their health really matters that much to you," she says.

The turning point came in 2005 when Bruce Cummings, the new CEO of Lawrence & Memorial Hospital, read an article about safe patient handling in *The Wall Street Journal*. He was ready to become the champion of safe patient handling. He e-mailed Gouvin and asked, "What would it take to make L&M a no-lift facility?"

That was the support she needed. "I knew what we needed to make it right," Gouvin says. "We didn't have enough awareness of the effort. I needed everybody on board and they needed to know it was important from the top down."

'Get a lift!' monitors progress

The hospital found a successful framework for implementing changes with Prevent Inc. consultants, a Hickory, NC-based firm that specializes in implementing safe patient handling programs with its "Get a Lift!" program. L&M developed a task force that included representatives from central service, laundry, education, and human resources. They analyzed patient handling needs by department. They considered the logistics of laundry and storage. They drafted a streamlined policy that guided employees to assess the patients' mobility.

The result: The white board in each patient's room includes a notation for patient handling. Color-coded carts on the floors contain the slings. The hospital purchased 21 total lifts, seven sit-to-stand devices, one ceiling lift, Hover Mats, repositioning sheets and gait belts. Through a rental agreement, the hospital gained access to lifts that could handle patients up to 1,100 pounds.

In a massive training blitz, the hospital trained 747 nurses in six days. "Super Users" received special training and ongoing training to help fellow nurses with the equipment.

For two years, "Get a Lift!" consultants will visit the hospital every other month to coach "Super Users," train new employees and reinforce training. Then the hospital will carry on those functions in-house, reports Moreau. "You have to have somebody assigned to keeping it going," she says.

Moreau reports to the chief operating officer, and she makes sure information on the cost savings is relayed to the hospital's board. Her advice for those struggling to establish a safe patient handling program at other hospitals: "Don't give up. Find new champions. Use every opportunity you have to get your information out there [to hospital leaders]. Sooner or later, someone will listen and you'll have your program."

(Editor's note: More information about the "Get A Lift!" Program is available at www.getalift.com.)

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