Safe Patient Handling Regulatory Update

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Presented at AOHP, September 17, 2010
Boston, Massachusetts

What are the motivators?
- Caregiver Safety
  - In 2007, 8th highest among all occupations for WMSD, had 8,869 days away from work
  - In 2007 related services had 1,714 cases, 2nd among all occupations
  - Workers' Compensation (WC) Cost
  - Typically highest overall (WC) cost by source of injury

What are the motivators?
- Retention
  - 38% of nurses suffer pain severe enough to require them to leave work, 12% leave the profession due to risk
- Patient Safety & Facility Reimbursement
  - Improve quality of care, reduce harm to patients, assure reimbursement

What are the motivators?
- From 1988 to 2006, prevalence of obesity rose from 22.6% to 35.6%
- Prevalence of extreme obesity rose from 3.6% to 6.7%
- Average length of hospital stay in 1980 was 7.5 days, in 2004 was 4.5
- An aging workforce of caregivers, population
- SPH programs improve patient care by reducing rates of skin ulcers, incontinence, and respiratory tract infections
- Care for troops
- Success stories of SPH at healthcare facilities

International Regulatory Activity
- EU 1990 Directive on Manual Handling
- UK 1992 Manual Handling Operations Regulations
- UK 1995 Clinical Guidelines by the Royal College of Nursing (No Lift Policy)
- AUS 1998 No Lift Policy
- EU 2007 Lighten the Load

International Regulatory Activity
- Canada Labour Code Part II
- Hazard Prevention Program Requirements; "prescribed steps" to prevent end protocol against ergonomics-related hazards in the work place (2009)
  - Implementation Plan (19.2)
  - Hazard ID and Assessment Methodology (19.3)
  - Hazard ID and Assessment Methodology (19.4)
  - Preventive Measures (19.5)
  - Employee Education (19.6)
  - Program Evaluation (19.7)
  - Reports (19.8)
International Regulatory Activity

- Define dependency of patient
- Proper infrastructure in place
- Bans certain types of manual lifts
- High risk tasks must be assessed

U. S. Regulatory Activity

- 1991 - OSHA Region III Program to Address Patient Handling in Nursing Homes
- 2003 - OSHA PUB 3152-3R-2009, Ergonomic Guidelines for Nursing Homes
- 2003 - OSHA Healthcare Ergonomics eTool
- 2006 - AOHP/OSHA Alliance – Beyond Getting Started: A Resource Guide for Implementing a Safe Patient Handling Program in the Acute Care Setting

U. S. Regulatory Activity

- State Activities (Starting in 2005)
  - Comprehensive Program - 7 States (Illinois, Minnesota, Maryland, New Jersey, Rhode Island, Texas, Washington)
  - Demonstration Project - New York
  - Other - Ohio long term care loan fund program, Hawaii has resolution
  - AHA - Currently tracking 14 state legislative efforts, 10 states with legislation introduced in 2010 to date

U. S. Regulatory Activity

- HI - (HB440/SB519) requires SPH committees in private and community hospitals
- MA - SB 1757, HB 2036/SB 833, SB 876
- MI - SB 193, SB 33/HB 4154
- MN - HB 921/SB 594
- MO - HB 1507, SB 888
- NY - SB 6096/AB 8045, AB 2047/SB 3835, AB 1723/SB 317
- VT - HB 234 requires a program within hospitals and nursing homes
- CA - AB 1694

U. S. Regulatory Activity

- H.R. 2381 - Nurses and Healthcare Worker Protection Act of 2009
- S. 1768 - Nurses and Healthcare Worker Protection Act of 2009

The American Nurses Association's National Legislative Agenda
SAFE PATIENT HANDLING

July 2010
U.S. Regulatory Activity

- Required elements:
  - Written program
  - Hazard identification
  - Risk assessment
  - Control
  - Patient handling equipment
  - Input from healthcare workers
  - Data tracking system

U.S. Regulatory Activity

- AHA Position Statement: Overall support except some healthcare applicability -- the differences
- Letters to both Congressmen Conyers and Senator Frankan
- April 20, 2010 meeting with Senator Frankan's staff

U.S. Regulatory Activity

- AIHA Position Statement: June 30, 2009
  - Proper implementation of legislation can prevent WHC and other negative outcomes in a cost effective manner
  - Need for SHP committee with worker and management representation

ANSI/AIHA Z10-2005

- Plan, Do, Check, Act Cycle (Similar to Environment of Care P1 Cycle)
  - 3.0: Management Leadership and Employee Involvement
  - 4.0: Planning
  - 5.0: Implementation & Operation
  - 6.0: Evaluation & Corrective Action
  - 7.0: Management Review

U.S. Regulatory Activity

- AIHA Position Statement: June 30, 2009
  - Need to address hazard assessment, task type and frequency, patient dependency, equipment (use, storage, availability, and maintenance), facility design, training, accountability

U.S. Regulatory Activity

- AIHA Position Statement: June 30, 2009
  - Need to evaluate program effectiveness
  - Activity, outcome, and compliance measures
  - Address methods of sustainability and improvement as new technology/resources become available

U.S. Regulatory Activity

- AIHA Position Statement: June 30, 2009
  - While there is significant ergonomic risk associated with providing care in households, there is the:
    - Inability to affect design and condition of occupancy
    - Erratic insurance reimbursement for devices or equipment
U.S. Regulatory Activity

- Letters accompanying position statement:
  - AIHA has a significant # of members with ergonomics expertise employed by or associated with the health care industry
  - Willing to provide support, testimony
  - AIHA applauds efforts and sponsors efforts

AIHA
Protecting Worker Health

U.S. Regulatory Activity

- Letters accompanying position statement:
  - Research should be funded and others undertake to fill the knowledge gap
  - Example - NIOSH of Arun Garg's studies at University of Milwaukee - Wisconsin

Household Obstacles to Overcome

- Ergonomics in Design
  - Safe Handling of Residents in Home Health Care
  - Winter 2010

- Obstacles:
  - Rugs and thresholds, doors, uneven surfaces, narrow doorways or rooms

- Solutions:
  - Availability of suitable transfer devices
  - Design guidelines

Household Obstacles to Overcome

Household Resident Handling Solutions

- Figure 3.2: Gait belt and gait belt
- Figure 3.3: Basic sliding bar and gait belt
- Figure 3.4: Basic sliding bar and gait belt

Household Resident Handling Solutions

- Figure 3.5: Basic sliding bar and gait belt
- Figure 3.6: Basic sliding bar and gait belt
Household Resident Handling Solutions

U.S. Regulatory Activity

Subcommittee on Employment and Workplace Safety Members

Comments

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- Bettee Shogren, RN, MNA Staff Specialist
  - Personal story of her disability and impact
  - In 1982, when nurses got injured they disappeared
  - Nurses lift an average of 1.8 tons per shift

- June Altoris, RN, Swedish Health Services, MN
  - 3 hospitals, 12 primary care clinics, etc.
  - Started SFH program in 2007
  - Initial investment of $1.1 million
  - In 2009, cost savings of $2.2 million
  - Turnover rates down from 13.3% to 6.94%

Questions?

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Thank you!