

Safe Patient Handling Regulatory Update

Colin J. Brigham, CIH, CSP, CPE, CPEA
Presented at: AOHP, September 17, 2010
Boston, Massachusetts

1

What are the motivators?

- Caregiver Safety
 - In 2007 RNs 7th among all occupations for WMSD - had 6,580 days away cases
 - In 2007 related services had 24,340 cases, 2nd among all occupations
- Workers' Compensation (WC) Cost
 - Typically highest overall (WC) cost by source of injury



2

What are the motivators?

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



3

What are the motivators?

- From 1988 to 2008, prevalence of obesity rose from 22.9% to 35.5%
- Prevalence of extreme obesity rose from 2.9% to 5.7%
- Average length of hospital stays 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

4

International Regulatory Activity

- EU 1990 Directive on Manual Handling
- UK 1992 Manual Handling Operations Regulations
- UK 1993 Clinical Guidelines by the Royal College of Nursing (No Lift Policy)
- AUS 1998 No Lift Policy
- EU 2007 Lighten the Load



5

International Regulatory Activity

- Canada Labour Code Part II
 - Hazard Prevention Program Requirements: "prescribed steps" to prevent and protect against ergonomics-related hazards in the work place (2000)
 - Implementation Plan (19.2)
 - Hazard ID and Assessment Methodology (19.3)
 - Hazard ID and Assessment (19.4)
 - Preventive Measures (19.5)
 - Employee Education (19.6)
 - Program Evaluation (19.7)
 - Reports (19.8)

6

International Regulatory Activity

- British Columbia Interior Health Authority. A Practice Guide to Resident Handling: Section 2: No Lift Policy, 2003
 - 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 3182-3R-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
 - AIHA** – 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 2026/SB 803, SB 876
- MI – SB 193, SB 93/HB 4154
- MN – HB 921/SB 594
- MO – HB 1307, SB 866
- NY – SB 5006/AB 8045, AB 2047/SB 3839, AB 1723/SB 317
- VT – HB 238 requires a program within hospitals and nursing homes
- CA – AB 1994



U. S. Regulatory Activity

- H.R. 2381 – Nurses and Healthcare Worker Protection Act of 2009
- S. 1788 - Nurses and Healthcare Worker Protection Act of 2009



U.S. Regulatory Activity

- **Required elements:**
 - Written program
 - Hazard identification
 - Risk assessment
 - Control
 - Patient handling equipment
 - Input from healthcare workers
 - Data tracking system
- **Required elements:**
 - Document and analyze when equipment not used
 - Training regarding program
 - Posting of requirement notice
 - Annual program evaluation

13

U.S. Regulatory Activity



- AIHA Position Statement: Overall support except home healthcare applicability – the differences
- Letters to both Congressman Conyers and Senator Franken
- April 20, 2010 meeting with Senator Franken's staff

14

U.S. Regulatory Activity

- AIHA Position Statement: June 30, 2009
 - Proper implementation of legislation can prevent WMSD and other negative outcomes in a cost effective manner
 - Follows ANSI/AIHA Z10-2005 *Occupational Health and Safety Management Systems process approach*
 - Need for SPH committee with worker and management representation

15

ANSI/AIHA Z10-2005

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

16

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
- 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

17

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

18

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 bills sponsors efforts



19

U.S. Regulatory Activity

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



20

Household Obstacles to Overcome



21

Household Obstacles to Overcome

- Ergonomics In Design, *Safe Handling of Residents in Home Health Care, Winter 2010*
- Obstacles
 - Rugs and thresholds, stairs, uneven surfaces, narrow doorways or rooms
- Solutions
 - Availability of suitable transfer devices
 - Design guidelines



22

Household Resident Handling Solutions



Figure 2.7. Raised toilet seat (Copyright by Elsevier Health Sciences. Reprinted with permission.)



Figure 2.8. Slide transfer board (Copyright by Elsevier Health Sciences. Reprinted with permission.)

23

Household Resident Handling Solutions



Figure 2.9. Grab bars (Copyright by Elsevier Health Sciences. Reprinted with permission.)



Figure 2.10. Slide sheet (Copyright by Elsevier Health Sciences. Reprinted with permission.)

24

Household Resident Handling Solutions



Figure 2.6. Rotation disk (Copyright by Dual Handle Lift and Care Systems. Reprinted with permission.)

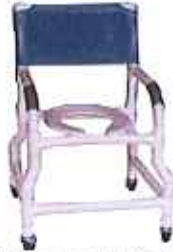


Figure 2.4. Folding wheelchair chair (Copyright by Embrace Patient Safety. Reprinted with permission.)

U.S. Regulatory Activity

- Senate Subcommittee Hearing – May 11, 2010: SPH & Lifting Standards for a Safer America
- Captain James Collins, Associate Director for Science, National Institute for Occupational Safety and Health, Washington, DC
- Dr. Michael Hodgson, MD, MPH, Chief Consultant, Veterans Health Administration, Washington, DC
- Barbara Silverstein, Research Director, Washington State Department of Labor and Industries, Olympia, WA
- Elizabeth Siogren, Registered Nurse, Minnesota Nurses Association, St. Paul, MN
- June Allaras, Administrative Nursing Director, Swedish Medical Center, Seattle, WA
- Douglas Erickson, Chairman, Guidelines for Design and Construction of Health Care Facilities, Facility Guidelines Institute, Chicago, IL
- <http://help.senate.gov/record/hearing?cid=845355&id=5058-9502-5da3-4d08e0b9f48>

Subcommittee on Employment and Workplace Safety Members

- | | |
|--|--|
| <ul style="list-style-type: none"> ■ Democrats by Rank ■ Tom Harkin (IA) ■ Christopher Dodd (CT) ■ Barbara A. Mikulski (MD) ■ Jeff Bingaman (NM) ■ Patty Murray (WA) ■ Jack Reed (RI) ■ Bernard Sanders (I) (VT) ■ Sherrod Brown (OH) ■ Robert P. Casey, Jr. (PA) ■ Kay Hagan (NC) ■ Jeff Merkley (OR) ■ Al Franken (MN) ■ Michael Bennet (CO) | <ul style="list-style-type: none"> ■ Republicans by Rank ■ Michael B. Enzi (WY) ■ Judd Gregg (NH) ■ Lamar Alexander (TN) ■ Richard Burr (NC) ■ Johnny Isakson (GA) ■ John McCain (AZ) ■ Orrin G. Hatch (UT) ■ Lisa Murkowski (AK) ■ Tom Coburn, M.D. (OK) ■ Pat Roberts (KS) ■ Senate Committee on Health, Education, Labor & Pensions |
|--|--|

Comments

- | | |
|--|--|
| <ul style="list-style-type: none"> ■ NIOSH <ul style="list-style-type: none"> ■ Caregivers shouldn't lift more than 35 pounds of a person's body weight ■ VA, ANA, NAOHN support these limits ■ Nursing schools continue to teach outdated methods ■ There are effective methods for SPH | <ul style="list-style-type: none"> ■ Veterans Health Administration (VA) <ul style="list-style-type: none"> ■ Since July 2008 spent \$148 million, \$62 million planned for FY2011 ■ Program includes technology (devices), patient assessments, peer leaders, program support, and infrastructure |
|--|--|

Comments

- | | |
|--|--|
| <ul style="list-style-type: none"> ■ VA: Major implementation lessons <ul style="list-style-type: none"> ■ Program fails without strong leadership, peer leader program ■ Immediate equipment availability is critical ■ Fundamental change in behavior that requires reinforcement | <ul style="list-style-type: none"> ■ Washington State DOLI <ul style="list-style-type: none"> ■ SPH legislation enforced since 2007 requiring committee, needs assessment, 1 device/10 acute care beds, right to refuse unsafe practices, annual evaluation, DOH audit of implementation and practice |
|--|--|

Comments

- | | |
|---|--|
| <ul style="list-style-type: none"> ■ Washington State DOLI <ul style="list-style-type: none"> ■ Tax credit of \$1,000/bed for SPH equipment ■ Placement in more desirable WC class ■ Similar overall to proposed federal legislation | <ul style="list-style-type: none"> ■ Washington State DOLI <ul style="list-style-type: none"> ■ Incidence rates dropped dramatically from 2007 to 2009 ■ Satisfaction with using SPH equipment |
|---|--|

Comments

- Belyte 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 Altaris, RN, Swedish Health Services, MN
 - 3 hospitals, 12 primary care clinics, etc.
 - Started SPH program in 2007
 - Initial investment of \$1.1 million
 - In 2009 cost savings of \$2.2 million
 - Turnover rates down from 9.38 to 6.94%

11

Comments

- Doug Erickson, FASHE, HFDP, CHFM: Chairman – Guidelines for the Design and Construction of Health Care Facilities
 - To modify our nation's health care facilities and provide mechanical lifting equipment to fully support a no-lift policy ... will take a decade or more
 - The SPH standards as presented ... will create havoc in the health care industry
 - Not in favor of standards as written

12

My Comments

- The need to reduce ergonomic risk exists now. To wait perpetuates poor performance.
- There are practical methods combining equipment changes, minor design changes, and work practices to reduce most risk
- Ontario published Ergonomic Design Guidelines for Healthcare Facilities in 2006, while many had been requesting this to be addressed in the U.S. Why the delay?

13

Questions?

Colin J. Brigham, CIH, CSP, CPE, CPEA
1Source Safety and Health, Inc.
cbrigham@1ssh.com
888-873-9983, ext. 24

Thank you!

14