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

<table>
<thead>
<tr>
<th>Score (maximum 10)</th>
<th>Mobility Risk Level</th>
<th>Equipment Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-10</td>
<td>High</td>
<td>- More than 2 Caregiver</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Ceiling lift/slings</td>
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<tr>
<td></td>
<td></td>
<td>- Floor based lift</td>
</tr>
<tr>
<td>4-7</td>
<td>Moderate</td>
<td>- More than 2 Caregiver</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Ceiling lift/slings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Floor based lift</td>
</tr>
<tr>
<td>0-3</td>
<td>Low</td>
<td>- Assist PPH</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Instruct patient to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Call for assistance</td>
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</tbody>
</table>
## Patient mobility assessment

### Drop down content:

#### HENDRICH’S SCORE:

<table>
<thead>
<tr>
<th>Hendrich score of</th>
<th>2-3 = 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hendrich score of</td>
<td>0-1 = 0</td>
</tr>
</tbody>
</table>

#### 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

Source: MMH Inpatient Mobility Assessment Report, 2015
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
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