

NEWSLETTER

Bringing You Safe Patient Handling and Risk Management Information

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ROI of Patient Lift Technology

Worker injury rates in long-term care facilities, such as nursing homes, are among the highest in the already high health care related industries. Many of these injuries are related to the manual lifting and transferring of patients, called Patient Handling Injuries (PHI). Several studies have shown that implementation of safe patient handling programs, called Safe Patient Handling and Movement (SPHM), that include the proper use of mechanical lift equipment can greatly decrease worker injuries in the health care industry. In fact, the Occupational Safety and Health Administration (OSHA) and the Veterans Health Administration (VA) consider the safe use of mechanical lifts to be “best practices.”

Workers’ Compensation claims in hospitals are also on the rise. For example, Workers’ Comp claims resulting from PHI cost one hospital \$6.6 million since 2001. The hospital developed a Value-Driven Enterprise Risk Management (VDERM) SPHM program. By investing about \$800,000 in safe lifting equipment and staff education, the hospital saved approximately \$2.2 million over the next five years. Doctor Thomas Glimp, Chief Medical Officer at Medcor, Inc, said this about patient lift technology, “Lifting technology usually makes sense. The nurse workforce is aging and a critical nursing shortage is approaching. At the same time, the obesity epidemic means heavier, less mobile patients. This unfortunate syzygy of circumstances makes safe patient lifting programs, including the use of mechani-

cal lifts, critical to patient safety and preservation of nursing resources.”

However, it is not enough that there is mechanical lift equipment available, or generally makes sense. Facilities must take an integrated and comprehensive approach to have a successful SPHM program. Sufficient time and funds must be available to meet the facility’s needs as they are discovered in daily functioning. Programmatic and work practice elements, such as worker training and attitudes, must also be addressed.

The attitudes of managers about the use of manual versus mechanical lifts set the culture of the facility. A SPHM leader dedicated to developing and maintaining a proper SPHM program is a huge factor in determining the success of the program. The SPHM leader demonstrates the facility’s dedication to safe lifting and leads the on-going efforts to ensure that the program is consistently followed. It is crucial that institutions have a comprehensive set of policies and procedures regarding mechanical lift use. An interdisciplinary team should develop the SPHM policies and procedures for the facility. The SPHM leader will then lead the initial and on-going training of staff in the use of mechanical lifts and incorporate lift use in performance evaluations. Whenever there are PHIs they will be thoroughly investigated and the SPHM policies and procedures will be reviewed to see where improvements can be made. Necessary funds to buy equipment or have further training where gaps are found must be made. The interdisciplinary group should meet monthly to review these matters. Waiting until a yearly meeting to address PHI issues is waiting for a preventable injury to occur.

The benefits of a SPHM program go beyond a decrease in employee injuries. Patient injuries such as skin tears or being dropped also decrease with the proper use of mechanical lifts. Impaired mobility is a strong indicator of patients developing pressure ulcers. In addition, patients gain mobility and thus daily functioning with the proper use of mechanical lifts. This in turn leads to an increase in patient happiness.

The goal of the patient lift technology program is to put together an equation that helps facilities calculate the ROI of an investment in SPHM. There are many factors that go into this equation. The initial costs of the required equipment and training need to be compared against the reduction in employee injuries and turnover, reduction in patient falls, reduction in pressure ulcers, increase in patient mobility and change in patient and employee satisfaction.

Each of these factors lead to other factors that need to be considered in the ROI equation. A reduction in employee injuries saves on Workers' Comp claims, lost and restricted work days, costs of recruiting and training replacement staff, human resource budget savings, and benefits from increased employee satisfaction (e.g. increased productivity). A reduction in patient falls of course saves the costs of patient claims. That, with increased patient mobility and decrease in pressure ulcers, leads to increased patient satisfaction that has its own benefits such as profits from increased patient referrals.

The VDERM model works consistently for any size of facility, i.e. the basic model elements apply equally for large and small facilities. The "business case" and equipment economies of scale become much more apparent for facilities greater than 50 beds. However, the effectiveness of the SPHM program depends on the facility's commitment to thoroughly invest in training for all staff and to dedicate resources for its successful implementation and maintenance.



Please take the following quiz to test whether your organization will have a successful ROI from the program. The answers are at the end of the test.

1. Who will be responsible for ensuring proper use of the technology?

- a. An interdisciplinary team or committee
- b. Nursing department
- c. Risk Management Department

2. How will training be accomplished?

- a. Groups of employees participating in hands on training, in a classroom environment (i.e.: dedicated time away from the bedside)
- b. Groups of employees participating in vendor hosted in-services, while working within the unit/department.
- c. One-on-one training at the bedside with an SPHM trainer/expert

3. How regularly will SPHM training occur for care staff?

- a. Once per year
- b. Initially as equipment is introduced
- c. At new hire orientation
- d. All of the above

4. Will the facility enforce adherence using the technology?

- a. Up to the staff to decide
- b. Every time that the facility's policy requires that it be used
- c. Exceptions will be permitted

5. Will the interdisciplinary team be led by one person who has been given additional time to focus exclusively on the SPHM Program?

- a. Yes: The SPHM leader will get 4-hours per week to focus on SPHM program
- b. Yes: The SPHM leader will get 2-hours per week to focus on SPHM program
- c. Yes: The SPHM leader will get 1-day (or more) to focus on the SPHM program
- d. No: Safety is everyone's responsibility

6. Will all patient handling injuries (PHI) be investigated to determine the root cause? If so, will the facility implement process change around the “hot spots” for injury?

- a. Yes: We will investigate the injury and explore other equipment and/or solutions to mitigate the risk.
- b. Yes: We will research the injury and see if our current equipment could have prevented the injury
- c. No: If the staff member had followed the policy and used the equipment, then he/she should not have gotten injured.

7. Will the facility support an interdisciplinary team or committee meeting?

- a. Yes: The group will meet once a month to review patient handling accidents and opportunities for program improvements
- b. Yes: The group will meet every other month to review patient handling accidents and opportunities for program improvements
- c. Yes: The group will meet every six months to review patient handling accidents and opportunities for program improvements
- d. No: The program should be run by nursing 365 days per year

8. Will the program be supported with the necessary funds to evolve the program and purchase the necessary “gap products” or accessories?

- a. No: The program should be a one time capital purchase
- b. Yes: 1%-7% of the initial capital investment (each year)
- c. Yes: 7%-15% of the initial capital investment (each year)

ANSWERS KEY

Refer to the guide below to learn how many points your selection to each question is worth. Total all of your points and see which number range you fall in to determine how your facility will benefit from a SPHM program.

1. a=8 b=5 c=3	3. a=3 b=3 c=3 d=5	5. a=5 b=3 c=8 d=0	7. a=8 b=4 c=2 d=0
2. a=5 b=2 c=8	4. a=1 b=5 c=3	6. a=8 b=4 c=0	8. a=0 b=4 c=8

If your **cumulative total is between 9-23**, your organization will likely not recoup its investment and will not lead to an improvement in quality of care.

If your **cumulative total is between 14-32** your organization will likely recoup its investment and will lead to an improvement in quality of care.

If your **cumulative total is between 33-58**, congratulations! Your organization will likely not only recoup its investment and lead to an improvement in quality of care. You will likely see cost savings in decreased employee and patient claims as well as increased employee and patient satisfaction.