“TEAMing-Up” For Safety

Safe Patient Handling

at UConn Health Center

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John Dempsey Hospital

Suburban Setting in Farmington CT

204 Bed Public Teaching Hospital

Avg Daily Census 155

Nursing & Clinical Support Staff  800

State Agency

Unionized
High Injury Rates throughout Institution

- Patient Handling Tasks resulting in high number of these injuries

- Nurse Managers reaching “breaking point”
  - Staff shortages, absenteeism, turnover
  - Multiple staff injuries from one challenging patient
  - Under utilization of existing lifts
Program Initiation

State of CT
- Initiated all-agency injury reduction effort
  - Target: injuries with highest costs
  - Financial & on-site support from DAS

Health Center
- Safety & Rehabilitation identified problems
  - Staff use & knowledge of lifting equipment low
  - No program or policy established
  - Began research on implementing a program

Result = Collaboration between DAS & JDH
**Program Design & Plan**

**Major Elements:**

- **Phased-In Program**
  - Limited initial scope

- **Participatory Ergonomic Program**
  - Employee & union involvement

- **Employee Involvement**
  - Vital for information on unit’s operations, patients, culture
Program Design & Plan

Major Elements:

- Remain Current on Research, Programs & Products

- Program “Champions”
  - Co-Chairs Industrial Hygienist & Physical Therapist

- Management Support
  - V.P. Nursing
  - Hospital Director
Program Elements

Major Elements:

- Employee Communication & Feedback
- Management Communication & Feedback
- Program Publicity
Program Design & Plan

Major Elements

- **Policy**
  - Document the goals of the institution for patient handling

- **Integration into Nursing Dept.**
  - Learn clinical culture & bring program in to existing structure

- **Fun**

- **“KISS”**
Process

**Working Group Tasks**

1. Risk assessment of patient handling tasks
2. Proposal for filling gaps in equipment and education needs
3. Purchase equipment
4. Set-up equipment and storage on unit
5. Education & In-service sessions
**Process**

**In-Patient Units**

- RN performs bedside assessment
- Determines appropriate equipment
- Records on patient’s daily record
- Communicates to incoming shift during “Report”
- Writes equipment needs on patient’s bedside whiteboard
- Patient re-assessed as necessary
Costs

Equipment
- Supplement the existing floor lifts present on each unit
  - Meet range of demands for patient handling tasks
  - Ceiling lifts: 1 room in ICU during Phase 1

Administrative Costs
- Training, committee time, consultants, administrative, evaluation and development
## Equipment Costs

<table>
<thead>
<tr>
<th>Depts</th>
<th>Staff</th>
<th>Equipment</th>
<th>Equipment Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pilot:</strong> Surgery 7</td>
<td>60</td>
<td>Sit-to-Stand Lifts, Slide Sheets, Stand-Assist Devices, Consulting, Storage Baskets</td>
<td>$26,650</td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Phase 1:</strong> Med 4</td>
<td>140</td>
<td>Added Hovermatts, (2) Ceiling Lifts (ICU &amp; Med 4), and (1) new Total Lift, as well as basics: Slide Sheets, Sit-to-Stands, Stand-Assists, Storage Baskets</td>
<td>$70,000</td>
</tr>
<tr>
<td>Med/Surgery 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oncology 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICU</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>200</td>
<td></td>
<td>$96,650</td>
</tr>
</tbody>
</table>

**DAS** $74,377

**JDH** $22,273
## Results

### 10/02-3/07

<table>
<thead>
<tr>
<th></th>
<th>Pre Intervention</th>
<th>Post Intervention</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Injury Rate</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Rate/Month/100 FTE</em></td>
<td>0.85</td>
<td>1.00</td>
<td>&gt; 18%</td>
</tr>
<tr>
<td><strong>Lost Time Injury Rate</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.56</td>
<td>0.58</td>
<td>0</td>
</tr>
<tr>
<td>Med 4</td>
<td>0.79</td>
<td>0.73</td>
<td>&lt; 8%</td>
</tr>
<tr>
<td>M/S 5</td>
<td>0.19</td>
<td>0.37</td>
<td>&gt; 95%</td>
</tr>
<tr>
<td>Onc 6</td>
<td>0.11</td>
<td>0.59</td>
<td>&gt; 430%</td>
</tr>
<tr>
<td>Surg 7</td>
<td>0.90</td>
<td>0.63</td>
<td>&lt; 30%</td>
</tr>
<tr>
<td>ICU</td>
<td>0.60</td>
<td>0.45</td>
<td>&lt; 25%</td>
</tr>
<tr>
<td>Transport</td>
<td>0.58</td>
<td>0.60</td>
<td>0</td>
</tr>
</tbody>
</table>
## Results

<table>
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<th>Pre Intervention</th>
<th>Post Intervention</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avg Lost Days per Lost Time Injury</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Med 4</td>
<td>68</td>
<td>11</td>
<td>&lt; 84%</td>
</tr>
<tr>
<td>M/S 5</td>
<td>190</td>
<td>51</td>
<td>&lt; 73%</td>
</tr>
<tr>
<td>Onc 6</td>
<td>64</td>
<td>56</td>
<td>&lt; 13%</td>
</tr>
<tr>
<td>Surg 7</td>
<td>64</td>
<td>60</td>
<td>&lt; 6%</td>
</tr>
<tr>
<td>ICU</td>
<td>103</td>
<td>66</td>
<td>&lt; 36%</td>
</tr>
<tr>
<td>Transport</td>
<td>29</td>
<td>60</td>
<td>&gt; 107%</td>
</tr>
</tbody>
</table>
## Results

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<th>Post Intervention</th>
<th>Change</th>
</tr>
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<tr>
<td><strong>10/02-3/07</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Annualized WC Total</strong></td>
<td>$240,956</td>
<td>$188,157</td>
<td>&lt; 22%</td>
</tr>
<tr>
<td>Incurred Cost</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Total Incurred Cost/Months</em>12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Avg Cost per Injury</strong></td>
<td>$15,568</td>
<td>$9,500</td>
<td>&lt; 39%</td>
</tr>
<tr>
<td><strong>Avg Cost per Lost Time Injury</strong></td>
<td>$23,136</td>
<td>$15,843</td>
<td>&lt; 32%</td>
</tr>
<tr>
<td><strong>Avg Cost per Employee</strong></td>
<td>$2515</td>
<td>$1315</td>
<td>&lt; 48%</td>
</tr>
</tbody>
</table>
# Results

## Return on Investment

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Savings (WC Total Incurred Costs)</td>
<td>$311,847</td>
</tr>
<tr>
<td>Expenses</td>
<td></td>
</tr>
<tr>
<td>Cost of Equipment</td>
<td>$96,650</td>
</tr>
<tr>
<td>Admin, Trg, Other Costs</td>
<td>Not Calculated</td>
</tr>
</tbody>
</table>
Conclusions & Challenges

- Positive results from these 6 units
  - Direct costs & lost workdays decreasing
  - Program direct costs paid for early in program

- Lost time injury rate unchanged

- Staff Slow to Embrace Changes
  - For most post-injuries, equipment not used

- Lack of Space

- Insufficient time / staff to run program

- Data collection challenging & complicated
Things We’d Do Again

- Hiring consultant
- Frequent & diverse communications
- Frequent contact with DAS risk manager
- Continuous learning through conferences, vendor resources & demonstrations, and contact with other hospitals
- Data collection
Things We’d Do Differently

- Include certain departments in initial phase of program
- Purchase at least one mobile lift & one ceiling lift with highest weight capacity
- Have policy in-place prior to program initiation
- Work out practical details (laundering, infection control, storage) early
- Meet with Super-Users more frequently and have program-related job tasks approved for them to accomplish
Acknowledgements
Co-Chair
Core Committee
Family

Thank You!

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