Safe Patient Handling Best Practices Guidelines: Development and Dissemination

SHIP grant # 2008D0035

Aug. 1, 2008 to Feb. 28, 2010

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May 25, 2010

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SEIU Healthcare 1199 NW is solely responsible for the content of and views expressed in this report and related materials unless they have been formally endorsed by the Washington State Department of Labor and Industries.

PART I

Final Report Narrative

Organization Profile	For awarded organizations, to include partners and collaborators, provide a brief description of each organization. Mission, vision, and purpose of the organizations may be valuable to include.

Service Employees International Union Healthcare, 1199 NW: SEIU 1199NW is a labor union of 22,000 healthcare workers across Washington state and is a local of the Service Employees International Union. These Washington members include registered nurses, licensed practical nurses, pharmacists, technicians, professionals, therapists, mental health workers, certified nursing aides, housekeeping and dietary staff, and other health care workers. They work at acute care hospitals, clinics, and agencies throughout Washington. As a labor union SEIU 1199NW represents its members on issues of wages, hours, working conditions, and public policy issues that affect healthcare workers. Its activities include collective bargaining, member education and training, and political action. SEIU was deeply involved with other labor unions in achieving the passage in 2006 of Washington ESHB 1672, the Safe Patient Handling legislation and has been an active participant in the Washington Safe Patient Handling Steering Committee since its inception.

University of Washington Department of Environmental & Occupational Health Sciences, Continuing Education Program: UW DEOHS is the major training institution in the Pacific Northwest for occupational health and safety professionals. Housing the Region 10 NIOSH Education and Research Center, the department, along with collaborating departments in medicine and nursing, trains industrial hygienists, occupational medicine physicians, occupational health nurses, and ergonomists. The continuing education unit provides educational outreach to workers, managers, and OHS professionals through 3 specific CE programs, including the Region 10 OSHA Education Center.

Abstract	Present a short overview of the nature and scope of the project and major findings (less than half a page)

The project was intended to expand and deepen the work of the Washington Safe Patient Handling Steering Committee in assisting acute care hospitals with implementing safe patient handling policies and programs, developing best practice guidelines for such programs, and maintaining an up-to-date website of resources for the state's healthcare institutions. The steering committee website was updated and is accessible at http://www.washingtonsafepatienthandling.org/. The project produced *Safe Patient Handling Programs: A Best Practices Guide for Washington Hospitals*, an electronic document based on the scientific literature and site visits and interviews with Washington hospitals and SPH experts.

A publicity brochure was designed, printed, and distributed to call attention to the resources developed. Finally the project collaborated with the WA State Hospital Association, health care unions, the Governor's Safety and Health Conference, and other organizations to organize numerous workshops, webinars, and a major conference to provide education on SPH to Washington's health care community.

Purpose of Project	Describe what the project was intended to accomplish.

1. Implement evidence-based best practices in safe patient handling in Washington hospitals, long-term care, and other health care facilities.
2. Produce and widely distribute a best practices document based on current literature and shared experience of Washington health care facilities.
3. Establish and maintain a web-based clearinghouse of up-to-date SPH information.

Statement of the Results	Provide a clear statement of the results of the project include major findings and outcomes

1. Best Practices Guide: This nine-chapter guide plus appendices focuses on the programmatic aspects of SPH. Best practices were gathered from the 2008 Creating a Culture for Safe Patient Handling conference, site visits to Washington hospitals of varying size and complexity, and published literature and discussions with leading SPH researchers and practitioners in Washington, Oregon, British Columbia, and the US. The guide was written by UW staff with extensive input and review by Steering Committee members. Because technology, practice, and research in SPH are changing constantly, we decided to publish the guide electronically rather than in print to make revision easier.
2. Website redesign and maintenance: The website now has a more modern design and has been expanded to include a best practices link. The site is a steady source of inquiries from workers and institutions about SPH practices and programs. The Steering Committee responds to requests for information and queries about particular practices.
3. Training and dissemination: While the 2008 conference predated the SHIP grant, the project has followed up with conference attendees as well as offering additional workshops and educational opportunities. Conference attendees were surveyed at three and seven months after the conference to determine what information was most useful, how it was being used in facilities, and what additional training people were looking for. From these surveys we learned that program sustainability was a top concern of participants, that the conference helped them the most on promoting employee involvement and assessing patient handling risks, and that statewide conferences and the website were the most popular avenues for seeking information. The SHIP project collaborated with the Washington State Hospital Association in a SPH webcast in April 2009 and in SPH sessions at the 2008 and 2009 Governors Safety and Health conferences. In addition we collaborated with the Oregon Coalition on Healthcare Ergonomics in planning the 3rd National Conference on Healthcare Ergonomics held in conjunction with the Oregon Governor's Occupational Safety and Health conference (GOSH) held in March 2009.

The project supported a number of presenters from Washington, and a number of sessions from this conference were used in chapters of the best practices guide.

Evidence of the results	Demonstrate evidence of how well the results met or fulfilled the intended objectives of the project.

The proposed outputs of the project were all accomplished with the exception of adapting acute care best practices information to the long-term care sector. The time and resources needed to accomplish the goals for acute care simply left insufficient time to replicate the initiative in long-term care. Evidence of outcomes is more difficult to tie directly to the SHIP project, but as part of the overall activity of the Steering Committee during implementation of the SPH legislation, there is some evidence of significant outcomes.

1. The Best Practices guide includes chapters on important topics that had not been fully developed previously. Among these are a) bariatric best practices developed from Washington, Oregon, and VA hospitals, including a new case study from Washington; b) design considerations for ceiling lift installation developed from materials presented to the Steering Committee by the Department of Health Construction Review Services office; and c) evaluation best practices.

2. The website receives a steady stream of inquiries that Steering Committee members respond to. These new questions indicate that facilities continue to grapple with multiple aspects of implementation, but suggest that programs are advancing and asking more sophisticated questions.

3. Overall outcomes of SPH implementation are suggested in SHARP's evaluation of the legislation's impact. As of March 2010 $7.6 million of the $10 million available in tax credits for purchase of patient handling equipment had been accessed by eligible hospitals, and 28 of the 92 acute care hospitals had used their maximum benefit. Incidence rates for patient handling related injuries dropped significantly between 2007 and 2008, and preliminary data indicate a further drop in 2009. Survey and focus group data comparing Washington and Idaho between 2007 and 2009 indicate increased knowledge about safe patient handling practices, the requirements of effective SPH programs, and increased use of equipment among Washington direct care staff.

4. Participation in dissemination efforts has been high. About 130 people attended the April 2008 conference, and response to the 3-month follow-up survey was over 50% and the 7-month follow-up was almost 30%, both respectable numbers for such surveys. Over 70 people representing 25 institutions participated in the WSHA SPH webcast in April 2009. The Steering Committee has begun collaborating with UW Northwest Center for Occupational Health and Safety and the Oregon Coalition on Healthcare Ergonomics in planning the 4th National Healthcare Ergonomics conference in June 2011 as part of the follow-up to the April 2008 conference.

Project's promotion of prevention	Explain how the results or outcomes of this project promote the prevention of workplace injuries, illnesses, and fatalities?
Patient handling related injuries are becoming widely recognized as extremely costly to employees who suffer them, their employers, patient safety, and the health care system overall. While many institutions are recognizing the need for cultural change to move from a manual handling to an equipment-based approach, numerous barriers to change must be confronted. The Best Practices Guide, Steering Committee website, and educational workshops conducted under this SHIP project have advanced awareness of the SPH issue but have also directly confronted some of the more difficult barriers and provided examples of facilities and committees that have successfully overcome these obstacles. The reduction in injury rates, improvements in patient safety outcomes, and solutions to specific problems provide a model of prevention that those at different stages of program implementation can look to for guidance and lessons learned.	

Relevant processes	Specify all relevant processes, impact or other evaluation information which would be useful to others seeking to replicate, implement, or build on previous work.
Core elements of this project that are relevant to others are 1) the grounding of the project's work in the real experience of Washington hospitals, 2) the inclusion of a geographic and size distribution of such hospitals, and 3) the active involvement of multiple stakeholder groups: hospitals and their associations, unions representing direct care workers, government agencies with relevant jurisdiction, and educational institutions. The Steering Committee provided an ongoing stakeholder group for monitoring and feedback. We kept our follow-up with conference participants very concise. This limited the amount of data we could collect but kept them involved and respected their time.	

Lessons Learned	Provide information on lessons learned through the implementation of your project. Include both positive and negative lessons. This may be helpful to other organizations interested in implementing a similar project. *Lessons outlined should not relate to SHIP grant processes.*
1. Be realistic about the time and resources needed to carry out the research on best practices. Hospital site visits were labor intensive but very valuable. Extending the project to include long-term care was unrealistic given the funds and time available and should have been proposed as a completely separate project. 2. Don't reinvent what is already available. This project walked the line between using findings from other organizations that have implemented SPH programs and making our materials directly relevant to Washington hospitals. The Best Practices Guide ended up linking to many of these	

other resources, which made a lot more sense than duplicating what had already been developed, but it also focused on case studies from Washington and Oregon hospitals that our constituents can relate to. 3. In the Internet age reliance on printed publications needs to be carefully considered. We chose to publish our main document electronically but to publicize it and the web page with a printed brochure that can be handed out at events. This is a cost-effective way of publicizing available resources while enabling the resources to be updated as necessary.

Measures to judge success	If relevant, state what measures or procedures were taken to judge whether/how well the objectives were met and whether the project or some other qualified outside specialist conducted an evaluation.
The project did not use an outside evaluator. The Steering Committee provided an internal ongoing group for feedback on project activities, products, and objectives. Surveys of conference attendees provided a larger stakeholder group whose needs the project was intended to satisfy. The project benefited from SHARP's ongoing evaluation of implementation of the SPH legislation.	

Uses	How might the products of your project be used within the target industry at the end of your project? Is there potential for the products of the project to be used in other industries or with different target audiences?
The Best Practices Guide and other website materials will be valuable to hospitals at all stages of implementation of SPH programs. The products can be readily adapted to other health care settings, including long-term care and ambulatory care. Use by the home health and home care sectors will require thoughtful and creative application, but these products provide a good starting point for these audiences as well.	

Product Dissemination	Outline of how the products of the project have been shared or made transferrable.
Products are available on the website. Print brochure will be widely distributed by mail and at conferences and other events to hospitals, unions, long-term care facilities, and educational institutions that train nurses, aides, and other direct care staff.	

Feedback	Provide feedback from relevant professionals, stakeholder groups, participants, and/or independent evaluator on the project.

PART II

SAFETY AND HEALTH INVESTMENT PROJECTS
SHIP Final Expenditure Report
Budget Summary

Project Title:	**Safe Patient Handling Best Practices Guidelines**		
Project # :	**2008D0035**	**Report Date:**	May 25, 2010
Contact Person:	**Frank Kiuchi**	**Contact #:**	425-917-1199
Start Date:	**October 1, 2008**	**Project Completion Date:**	February 28, 2010

1.	**Total budget for the project**		**$ 72,876**
2.	**Total SHIP Grant Award**		**$ 72,876**
3.	**Total of SHIP Funds Used**		**$ 72,830**
4.	**Budget Modifications (if applicable)**		**$_____**
5.	**Total In-kind contributions**		**$ 0**
6.	**Total Expenditures (Lines 3 + 4 + 5)**		**$72,830**

Instructions:

- Complete the Supplemental Schedule (Budget) form first (on the next page).
- The final report must include all expenditures from date of completion of interim report through termination date of grant
- Indicate period covered by report by specifying the inclusive dates
- Report and itemize all expenditures during specified reporting period per the attached supplemental schedules
- Forms must be signed by authorized persons (see last page)
- Forward one copy of the report to **(Name), SHIP Project Manager, PO Box 44612, Olympia, WA 98504-4612**.

SAFETY AND HEALTH INVESTMENT PROJECTS
SHIP Final Expenditure Report
Supplemental Schedules (Budget)

Project Title:	**Safe Patient Handling Best Practices Guidelines**		
Project # :	**2008D0035**	**Report Date:**	May 25, 2010
Contact Person:	**Frank Kiuchi**	**Contact #:**	425-917-1199
Total Award $:	**$72,876**		

ITEMIZED BUDGET -- How were SHIP award funds used to achieve the purpose or your project?

	Budgeted for Project	Amount Paid Out	Difference
A. PERSONNEL	$1,970	$1,970	$0

Explanation for Difference and other relevant information:

	Budgeted for Project	Amount Paid Out	Difference
B. SUBCONTRACTOR	$64,281	$64,239	$42

Explanation for Difference and other relevant information:

	Budgeted for Project	Amount Paid Out	Difference
C. TRAVEL			

Explanation for Difference and other relevant information:

	Budgeted for Project	Amount Paid Out	Difference
D. SUPPLIES			

Explanation for Difference and other relevant information:

	Budgeted for Project	Amount Paid Out	Difference
E. PUBLICATIONS			

Explanation for Difference and other relevant information:

	Budgeted for Project	Amount Paid Out	Difference
TOTAL DIRECT COSTS	$66,251	$66,209	$42

	Budgeted for Project	Amount Paid Out	Difference

INDIRECT COSTS	$6,625	$6,621	$4

	Budgeted for Project	Amount Paid Out	Difference
TOTAL SHIP BUDGET	$72,876	$72,830	$46

	Budgeted for Project	Amount Paid Out	Difference
F. IN-KIND			

Explanation for Difference:

PART III

Attachments:

1. Brochure: "Safe Patient Handling in Washington State: Resources for Health Care Institutions."
2. *Safe Patient Handling Programs: A Best Practices Guide for Washington Hospitals*

REMINDER!!: All products produced, whether by the grantee or a subcontractor to the grantee, as a result of a SHIP grant are in the public domain and can not be copyrighted, patented, claimed as trade secrets, or otherwise restricted in any way.