Soteria Strains Strategy – Findings and Recommendations Report

A Bluteau DeVenney Solution

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November 2013

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Table of Contents

Executive Summary

The Nova Scotia Soteria Strains Working Group engaged Bluteau DeVenney as an external partner to facilitate frontline face-to-face engagement sessions province-wide. The intent was to capture a depth of qualitative information and to maximize opportunities for frontline health care staff to have input into the creation of a provincial injury prevention strategy. In addition, input and recommendations for the creation of content for a Choicebook will be moved forward to support the overall Soteria Strains Strategy documents, which include both a Program Document and an Implementation and Sustainability Guide.

Our approach incorporated innovative concepts required to positively engage health care workers within the uniqueness of the health care workplace. Often, health care professionals feel pressure from coworkers, patients and families to assist movement in ways that may be unsafe. Developing an understanding of the rationale for a new injury prevention program, focused on improved safety for both health care workers and patients, was critical.

Information gathered was qualitative and intended to inform the work of creating a provincial injury prevention program focused on improving safety when assisting patients to move. The engagement methodology utilized was designed to capture descriptive experiences of health care providers relating to patient lifting, transferring and repositioning. This information provides valuable insight to identify areas of success and opportunities for future interventions, program comparison and guidance on employee health and safety.

The qualitative findings support the need for improved safe patient handling programs throughout the 9 District Health Authorities and at the IWK Health Centre. Based on observations and comments expressed by respondents, most sites appeared to be under-staffed, lack access to adequate lifting equipment, and are consistently time-pressured. Workplace injury prevention is valued and manager influence is impactful regarding interest, awareness, availability and participation in any change initiative.

Recommendations include ensuring the following: leadership commitment at all levels, adequate staff support, access to proper and maintained equipment, the adoption of a no-lift policy (or variant), ongoing education and evaluation, improved administrative efficiencies, and patient care plans that follow the patient from intake to discharge.

The information contained within this report reveals many correlations with Evidence-Based Practices for Safe Patient Handling Programs (2), and was facilitated in a manner that supports and fosters engagement. It is also important to note that the findings and information included in this report represents the beliefs, feelings and opinions expressed by respondents and participants, and is not intended to be a statement of fact.

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Introduction

Nova Scotia's health care sector is facing significant constraints associated with the cost of maintaining or enhancing services and outcomes, as well as, improving the health and safety of Nova Scotia's health care workers. The total cost of work-related injury in Nova Scotia health care is estimated to be in excess of $100 million each year. Further to this, almost 80% of all time-loss claims reported to the Workers' Compensation Board of Nova Scotia by workers in the health care sector were musculoskeletal injuries of which more than 50% are linked to some type of patient handling (i.e. lift, transfer, or repositioning) task. (1) Research findings suggest that safe patient handling programs need to incorporate a wide range of elements to be successful at reducing associated workplace illness and injury. Engagement of frontline workers is imperative in successfully designing and implementing injury prevention programs.

There can be significant personal injury risk associated with the provision of high-quality health care. Besides the obvious potential harm to patients, preventable adverse events that result in injuries to health care providers have major financial consequences for the provider and his or her family, health care organizations, and the province as a whole. Implementing more effective injury prevention systems in Nova Scotia's health care workplaces requires leadership, role clarity, trust, respect, values and a supportive workplace culture that enables effective teamwork and allows for an engaged workforce.

The Nova Scotia Soteria Strains Working Group asked, Bluteau DeVenney, to provide expert advice and support to design and facilitate frontline, face-to-face engagement sessions to capture a depth of qualitative information and to maximize opportunities for frontline employees to have input into the creation of the injury prevention program. The engagement of key stakeholders, in particular frontline health care staff, is one of the guiding principles behind the Soteria Strains Strategy, the goal of which is to create an evidence based safe patient handling program for Nova Scotia's acute care sector. The input provided through the engagement process will help to make the program meaningful and real to those most affected by the negative outcomes – the frontline employees.

This document will outline how the feedback from frontline employees was gathered, what the feedback was, and recommendations that have been put forth by those who participated. This work provides critical input and involvement from participating frontline staff and will directly affect all elements noted in the White Paper produced by the Soteria Strains Working Group: Evidenced Based Practice Review. (1)

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Methodology

The frontline engagement process took place over a two-month period. In order to maximize participation, methods used were flexible including: focus groups, TeleHealth conferences, interviews and observations during visits to care units. Numerous locations were visited throughout the province to engage the frontline employees. An on-line questionnaire with the same set of questions posed during the face-to-face sessions was also developed to offer further opportunity for active participation.

Visits were made, province wide, to 21 sites throughout the nine District Health Authorities and the IWK Health Centre to gather information, input, and stories relevant to the project and development of the safe patient handling program. The multiple and flexible collection mediums included: 25 focus groups, 11 Telehealth conferences, numerous face-to-face interviews with frontline teams in their respective units, and an on-line questionnaire made available to staff representing 49 health care facilities in Nova Scotia. The stated minimum participation target at the commencement of this project was to engage 725 people within the nine District Health Authorities and at the IWK. This target was then broken down by approximate size for each DHA/IWK.

Data Collection Method:

Participants were asked to provide their demographic information and to respond to six open-ended questions over a 30-minute period, whether the medium was a focus group, TeleHealth conference, or face-to-face interview at their respective unit. All were advised that their responses were not linked to anything that would uniquely identify individuals to ensure participants were confident in the confidentiality of the process.

The following questions were asked:

1. What are the greatest challenges with respect to assisting patients to move?
2. What is working well when assisting patients to move?
3. What are the best opportunities for change to the patient?
4. What are the benefits to the patient?
5. What are the best opportunities for change to the care provider?
6. What are the benefits to the care provider?

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Participants were also told that they should feel free to voice any additional general comments around the safety culture within their workplace.

All sessions were confidential and recorded in writing. After completion of the sessions, the notes were transcribed into computer files. All respondents were assured that confidentiality would be maintained.

Data Collection Analysis:

Session notes were transcribed, reviewed by the consultants and then coded according to emerging themes.

Seven themes emerged from the data and all data fit into the seven themes. These themes were reviewed with Soteria Strains working group members and confirmed after minor modifications.

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Respondent Demographic Information

1) My professional/work designation is:

	Total Responses	Response Percentage
Registered Nurse	308	41%
Personal Care Worker	16	2%
Diagnostic Imaging	51	7%
Licensed Practical Nurse	119	16%
Physiotherapist	41	5%
Food Services	3	0.40%
Continuing Care Assistant	31	4%
Occupational Therapist	24	3%
Environmental Services	5	1%
Ward Aide/Clerk	22	3%
Recreational Therapist	6	1%
Physician/General Practitioner	5	1%
Porter	12	2%
Pharmacist	0	0%
Physician – Specialist	3	0.40%
Care Team Assistant	15	2%
Pharmacy Technician	4	1%
Lab Tech	7	1%
Other (Please Specify)	76	10%
Total Respondents	748	

2) My occupation is considered:

	Total Responses	Response Percentage
Management	31	4%
Support	43	6%
Supervisory	12	2%
Frontline	628	84%
Other	34	5%
Total Respondents	748	

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3) My age is:

	Total Responses	Response Percentage
16-24	63	8%
25-34	174	23%
35-44	165	22%
45-54	222	30%
55 or older	124	17%
Total Respondents	748	

4) My gender is:

	Total Responses	Response Percentage
Female	661	88%
Male	86	11%
Prefer not to say	0	0%
Other (please Specify)	1	0.13%
Total Respondents	748	

5) I have worked in health services for:

	Total Responses	Response Percentage
Less than a year	56	7%
1-2 Years	57	8%
3-5 years	126	17%
6-10 years	97	13%
11-15 years	71	9%
16-20 years	65	9%
21-25 years	68	9%
More than 25 years	208	28%
Total Respondents	748	

6) I am employed:

	Total Responses	Response Percentage
Full Time	551	74%
Part Time	116	16%
Casual	55	7%
Other (please specify)	26	3%
Total Respondents	748	

7) My work involves assisting patients to move:

	Total Responses	Response Percentage
yes	689	92%
no	59	8%
Total Respondents	748	

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Findings and Analysis

Participation by District Health Authority:

District Health Authority	Sites Visited	Target Participation	Actual Participation	% Difference
South Shore District Health Authority	South Shore Regional Queens	38	46	121%
South West District Health Authority	Yarmouth Regional Digby General	41	41	100%
Annapolis Valley District Health Authority	Soldiers Memorial Valley Regional	45	28	62%
Colchester East Hants Health Authority	Colchester EHHC Lillian Fraser	33	44	133%
Cumberland Health Authority	Cumberland Regional All Saints	29	29	100%
Pictou County Health Authority	Sutherland Harris Aberdeen	33	38	115%
Guysborough Antigonish Strait Health Authority	St. Martha's Regional Strait Richmond	37	45	122%
Cape Breton District Health Authority	Cape Breton Regional Glace Bay Health Inverness Consolidated	106	106	100%
Capital District Health Authority	QE II - VG Site Halifax Infirmary Dartmouth General	299	286	96%
IWK	IWK	65	61	94%
On-Line Questionnaire	95 visits to online site		24	
Totals		**726**	**748**	**103%**

3% - Online
97% - Unit Visits, Focus Groups, TeleHealth

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As shown in the demographic information provided, the average respondent to this front line engagement was a 45-54-year-old full time frontline female Registered Nurse who has been in the business of assisting patients to move for over 25 years.

Focus group participation varied throughout the province and hindered our ability to operate the focus group in a World Café format. Instead, consultant led focus groups were conducted throughout the province to gather insight as to what is working, what is not working, and what are some opportunities for change, for both the frontline employee and for the patients themselves.

The number one difficulty encountered throughout the frontline engagement was an apparent general lack of support for this initiative by many senior team managers at the various facilities. While some managers were very open to having their staff participate in this front line engagement, others did not seem to understand the importance of the engagement and did not inform their team of the opportunity. When asked what challenges they face regarding the ability to participate, a common response from managers was that they were short staffed and too busy to participate. Moving forward from the lessons learned at the first district health authority to participate (AVH); key leads increased the volume of contact points to managers through email, phone calls and unit visits in an effort to further increase participation by arranging specific times most suitable for each unit.

After transcription and analysis of the notes from each session, the following seven themes emerged:

1. Staffing
2. Demographics
3. Equipment
4. Facility
5. Education
6. Policy / Process
7. Culture

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Staffing:

Province-wide, the most commonly reported challenge faced when assisting patients to move is not having access to enough available staff. This was common throughout, as expressed by a respondent:

> "*Trying to find people to assist is always a challenge and delays care for the patient. Add staff health issues, being short staffed and you have a constant challenge which impacts care."*

This theme was reported to be more pronounced during evening and weekends. As one respondent noted:

> *"Hospitals don't shut down on the weekend so why are we missing all the staff. Most lifts and transfers require two people and on the weekends, you cannot find/get the hands to help. If you need help, you often have to start asking other floors to come down."*

Frontline workers reported that they rely heavily on Physiotherapists (PTs) and Occupational Therapists (OTs) to aid with assisting patients to move. They reported PT/OT are not available on weekends or evenings because they do not work at those times. Front line care staff claim that PTs and OTs do "it" much better. In addition, frontline nursing staff reported they simply do not have the time, as indicated by the comment made by this respondent:

> *"Many frontline workers are feeling overwhelmed by the number of duties they have and paperwork they need to submit. Patient care comes second to admin work and many front line workers rush through the hands on part to get back to "paperwork". Nursing has become very hands off with many patients."*

The respondents placed a high value on:

- porters, ward clerks, volunteers to assist with patients
- the concept of lift teams
- an Ease Back program that provides reasonable opportunity for transitional duties
- support staff members who are well informed of roles and responsibilities and are confident assisting patients to move.

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Demographics:

When asked what their greatest challenge is when assisting patients to move, the increasing size of patients was a common first response at every session. Bariatric patients and the need for more and better aids to support this demographic was a major concern. One respondent suggested that:

> *"Obesity is a major concern within the hospital setting. Patients are getting bigger and the rooms are just getting smaller. It is impossible to get ourselves, and the patient, set-up properly for a safe transfer. Many front line injuries take place just trying to move the other furniture out of the way."*

Many indicated that poor health, weight issues, fitness level and aging demographics of staff were issues that contributed to injuries when assisting patients to move. These responses seem to align with provincial and regional research relating to health trends in Nova Scotia and Atlantic Canada. (8)

Other common challenges reported include patients who are combative, confused, fearful, and resistive, and patients who are experiencing significant pain.

Equipment:

Lift equipment and aids to assist during patient moves all received accolades when such resources are easily accessible and available, when required staff support is on hand and when staff is confident in their knowledge of the aids' intended use. Popular items that received rave reviews include:

- Bariatric Equipment
- Ceiling lifts
- Hoyer lifts
- Sit/stand lift
- Slider sheets and boards
- Transfer sheets, belts and boards
- Adjustable stretchers, beds and tables
- Slings that are appropriate size for patient
- Grab bars and trapeze bars

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A commonality reported throughout the various sites was the lack of available equipment, consistent patient handling processes, and understanding of how to properly use equipment when it is available. When a particular piece of equipment is needed, staff found they were often wasting their valuable time trying to locate the item. Equipment was reported to migrate to other floors and not return promptly.

One respondent commented… *"We have no lifts or transfer belts or slider sheets, we use soaker pads to lift and reposition the patient."*

Another said, *"… and the only scale is in the laundry…that's embarrassing."*

Many reported not having access to enough transfer belts, slings, Geri chairs, walkers, and wheelchairs.

Another very common theme reported was improper maintenance of equipment, as indicated by this respondent's comment;

> *"There appears to be a lot of broken equipment around the hospital. We have wheelchairs with no brakes and missing parts, chairs with no legs, tables that don't go up or down and stretchers with broken wheels."*

When asked about how equipment is serviced and repaired, there was never one standard process; everyone had their own method (some were even unaware of any process) and many said *"…when things get sent away to get fixed, you never know if we'll get it back or when."*

Many voiced their concern that equipment was being purchased that did not accomplish what it was intended to do. For example, there were reports of beds and chairs that were purchased and did not fit properly within the size of the room. In some cases described, the head of one bed had to be raised in order to maneuver another bed or stretcher within the room while in another case, the newly purchased bedside tables had lower units that do not fit under beds as originally intended. Others expressed how tables, beds and stretchers, although newly purchased, did not lower enough for those smaller in stature.

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Facility:

Observations represented by care providers throughout the province suggest that inefficient use of space and poor facility design is a common challenge. Staff feel that small rooms are less safe when cluttered with beds and all the other required equipment. One respondent addresses these findings with the following comments:

> *"The rooms are too small for lifts and we constantly have to lift and move furniture to work with and around the patient. There is minimal storage for tools and minimal space to work. Combine that with the equipment cables and cords and we are always tripping over something or bumping into something. You should see the bruises on my thighs….it's poor design of the rooms…beds can't come out and stretchers can't get in."*

Following concerns around space in the patient room generally, the space in and design of bathrooms was the other large concern reported. Again, due to the small size and layout, accessibility and the ability for the care provider to assist the patient properly is often limited. The tasks of assisting a patient to move into, out of and in a bathroom is made more difficult depending on whether the door swings inward or outward, when a patient is bariatric, when the patient is connected to an IV pole or requires a walker, etc.

Education:

The Evidence-Based Practice Review White Paper – a contextual review of working programs and strategies for safe patient handling activities (2) refers to the long tradition and acceptance that training employees in proper body mechanics as a means to reduce the occurrence of injuries during patient handling activities. The research indicates that training in proper body mechanics alone does not reduce the risk or frequency of musculoskeletal injuries. (3) If an individual is to move a patient or any part of a patient weighing in excess of 35 lbs., assistive devices should be used. (4)

Results reveal a mixture of beliefs. Many reported that they could reduce the risk of sprains and strains by using proper body mechanics and were unaware of the 35 lbs. maximum recommended force, where others reported a strong belief in the importance of a no-lift policy. Many reported feeling time-pressured to "get things done" and a tendency to take short cuts (assisting patients to move without the support of others) while others reported they wait until

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they have enough support and readily admit that, in some cases, the wait impedes the proper care of the patient.
Most respondents expressed value in the benefits of education and ongoing training, for staff but also for patients and their families, to help ensure the best care outcomes and to reduce risk to all parties.

These findings are revealed in the following respondent comments:

> *"There are different lifting and transferring equipment on our floor, but I've never been shown how to use it."*
>
> *"When lifting and transferring, communicate with the patient as to what you are doing is key…we need to change the mindset of patients that nurses are not there to lift you, we are there to help you move yourself and become mobile."*
>
> *"Asking for assistance from the patient's family or caregiver right at the start. Involve them with the moving of the patient to lower anxiety of the patient and to help the patient get better. When they go home, family members will know what to do. Familiar faces help with cognitive fears."*
>
> *"We need more time and attention spent on proper lift mechanics at school and ongoing refreshers on lifting here at work- yet no educator here to teach us."*
>
> *"Train RN'S to do mobility assessments because PT's are not always here."*
>
> *"We have equipment- slides, transfer belts, lifts – but no consistent approach to use the equipment."*

Policy/Process:
Safe patient handling policies are already in place in many Canadian and International organizations. (5) Our findings revealed an interest from respondents for something similar in Nova Scotia.

> *"There is no real policy to lift and transfer patients. From one hospital to the next, they use different equipment and techniques."*
>
> *"We should have a no lift policy with specific criteria"*
>
> *"We should focus on changing the behavior of staff to practice a no lift policy."*

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"One back. One career."

It was interesting to see, on a consistent basis, more than 50% of the hands in the room go up when asked, "Has anyone experienced a sprain or strain while assisting a patient to move?" To affect change and reduce risk, commitment must begin with senior leadership and be reinforced throughout the organization. (6) As one respondent noted;

> *"We need buy-in from senior management. Performance practice of what gets measured gets better. ..upper management needs to buy-in to this and support this."*

Patient mobility/risk assessment tools can assist health care workers to ensure all patient handling activities are performed safely and consistently. (7) The benefits affect both the healthcare worker and the patient. Such tools were reported to be available, yet employees indicated the lack of a consistent, effective process. One respondent suggests:

> *"Each patient, upon being admitted to the hospital, their mobility status must be assessed (we check blood pressure, we should do a quick mobility check)."*

Another respondent suggested:

> *"All patients need (falls assessment mobility, pre-assessment) that is communicated to all at every step of the way…placing mobility badges or icons behind each person's bed that a PT would up-date"*

With the complex and time-pressured environment within the health care sector, another theme emerged around the decreasing face-to-face time or hands-on patient care given to patients. Feedback from care providers indicates that their role is primarily administrative and less patient focused. With every change comes the need for documentation, which takes time away from the patient. These observations are revealed in the following respondent statements;

> *"Many other professions have all gone electronic. We have so much paperwork to fill out and forms to file. We would have more time to provide care if we used electronic files"*

> *"We need increased time with patients."*

> *"…and less clerical work is needed."*

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Culture:

When asked, "What is working well when assisting patients to move?" a consistent top response was the value placed on collaboration and teamwork. One respondent said;

> *"Before a lift or transfer takes place, the frontline workers discuss how it will happen."*

Yet access to available staff, as stated previously, is felt to be an ongoing challenge. This is indicated by the comments of the following respondents:

> *"I'm over lifting all the time."*
>
> *"Lifting and transferring patients is not just the job of one specific position (the nurse). We need to look to involve and educate other roles in the hospital (Food service, ward aids, housekeeping, etc.) to help with this….especially with the cutbacks and fewer staff".*
>
> *"I feel there is a continued lack of support (staffing #'s) and a feeling that everyone is busy so I tend to do it myself."*
>
> *"We are always rushing to stay on schedule and to not go over budget. Corners get cut."*
>
> *"Lower ability of care during weekends – fewer staff but not fewer patients."*

Differences in mindset were raised throughout the sessions about believing that "lug and tug" remains the best way to quickly accomplish the task of assisting patients to move. One respondent suggested:

> *"There is an old school of thought on how lifts should take place and a new school of thought. Both need to be open to listening to each other."*

Another respondent suggested:

> *"We need to change the mindset that "If I just do it for you, it will be faster". We need to spend more time with the patients, serving the patients and not feel pressured to just get them up and move to the next task."*

While another stated that:

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"We need to change staff mindset- tools are available, yet staff don't use the tools or ask for support due to the time it takes."

Conclusion

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A Bluteau DeVenney Solution

The qualitative findings in this document support the need for improved safe patient handling programs throughout the nine District Health Authorities and at the IWK Health Centre. Based on observations and on the comments that we heard, most sites appeared to be under-staffed during our visit, lacked access to adequate lifting equipment, were time-pressured, and many staff members complained about high patient ratios and lack of visible leadership support for the initiative.

There is strong interest in improving practices in order to benefit the health and quality of life of the health care worker, enhance care for the patient and their families, and, ultimately, provide a safe and comfortable hospital experience with an early discharge where possible.

Perceptions of respondents' overall workplace safety culture ranged from "crap" to "I don't know what safety culture means" to "excellent", with many comments best described by these respondents;

"We are rushed and always trying to do more with less"

"As safely as possible – always a moral ethical dilemma"

"We try our best – always making choices- always time pressured-so often compromised"

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Recommendations

The following recommendations are a result of listening to over 700 frontline respondents in Nova Scotia's District Health Authorities and the IWK Health Centre relating to safe patient handling:

- **Improve access to adequate support staff and/or assistance that is needed to safely assist patients to move**
- **Improve access to proper and well maintained equipment to aid in assisting patients to move**
- **Evaluate facility design or improvements to foster safety in the workplace and improved patient care**
- **Improve methods of frontline involvement in procurement, where applicable**
- **Define and enhance the safety culture**
- **Adopt a no lift policy (or variant) and consistent procedures**
- **Provide visible Senior Leadership commitment and accountability**
- **Provide education and ongoing training, with practicum, on all patient handling equipment and procedures (partnering with and supported by universities, colleges and other educational/training institutions)**
- **Ensure ongoing evaluation and feedback of all processes related to assisting patients to move, in order to support measurable, constant improvement regarding human resources allocations, , improved patient outcomes and financial impacts**
- **Improve administrative efficiencies to enhance safety and other patient care objectives**
- **Develop and communicate care plans, including mobility and fall assessments that follow patients from intake to discharge.**

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Acknowledgements

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References

1. Nova Scotia Soteria Strains Working Group (2013). Business Case Rationale, White Paper.
2. Nova Scotia Soteria Strains Working Group (2013). Evidence-Based Practice Review, White Paper.
3. Hignett, S. (2003). Intervention strategies to reduce musculoskeletal injuries associated with handling patients: A systematic review. Occupational and Environmental Medicine. 60, 9, e6 (electronic paper).
4. Waters, T.R. (2007). When is it safe to manually lift a patient? American Journal of Nursing, 107(8), 53-58.
5. Collins J.W. (2004). An evaluation of a “best practices” musculoskeletal injury prevention program in nursing homes, Injury Prevention 2004;10:206-211.
6. Ronald, L. (1999). Identifying the elements of successful safety programs – a literature review, WorksafeBC.
7. Nelson, A., Matza, M., Chena, F., Siddharthana, K., Lloyda, J., Fragalad, G. (2006). Development and evaluation of a multifaceted ergonomics program to prevent injuries associated with patient handling tasks, International Journal of Nursing Studies 43(6), 717-733.
8. Tjepkema, M. (2004). Measured Obesity-Adult Obesity in Canada: Measured Height and Weight, Analytical Studies and Reports, Statistics Canada ISSN: 1717-6713

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