Soteria Strains – Program Outline

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soteria

STRAINS

A provincial strategy for healthcare workplace musculoskeletal injury prevention.

Soteria Strains Program Outline - Introduction

Purpose

The purpose of this document is to outline the intended content and structure of the Soteria Strains Program. Any comments or questions regarding this or any other supporting documents should be directed to the project leader, Mark Williams, directly at mark.williams@cdha.nshealth.ca or by posting a comment to the website www.soteriahealth.ca . Your feedback is critical to ensuring the program guide meets the needs of Nova Scotia's acute care sector, so please do not hesitate to bring forward your comments and recommendations for modifications, additions or deletions.

Description

This document is an outline of the intended Soteria Strains Program. The program elements included in this outline have been pulled from various sources including other jurisdictions currently running effective safe patient handling programs, published research, research completed and/or commissioned by the Soteria Strains Working Group and what we heard during engagement sessions with over 2500 employees across the DHAs/IWK. Please feel free to visit www.soteriahealth.ca to review some of the supporting work that has gone into the creation of this document including:

- White Paper - Business Case Rationale
- White Paper – Evidence Based Practices
- Perception Survey Report
- Bluteau DeVenney Report on Frontline Engagement
- Musculoskeletal Injury Tracking and Prevention – Jurisdictional Review: Key Informant Interview Analysis
- Musculoskeletal Injury Tracking and Prevention – Jurisdictional Review: Literature Review

What should I do with this document?

As you read through this document you will notice that each section and most subsections contain a description of the type of content that will eventually be produced for that part of the document. When reviewing this document it would be helpful to let us know your thoughts about:

- potential omissions
- overall logic,
- flow and
- design

We want to know if you think the section headings make sense, if the program content flows logically from one topic to the next, if there is a different way to group some of the material to make it more manageable from the point–of-view of navigating the document, etc.

Feel free to pass along any ideas you have regarding the eventual content of the program, i.e. any resources you may have / currently use to address similar elements, potential barriers to consider, or original ideas and solutions.

Next Steps?

The next steps will be for the Soteria Strains Working group to confirm the final outline based on the feedback received and then fill in the program details and develop any required supporting materials for each section. The Program's content will be taken or adapted from various existing safe patient handling programs that have had proven success. Other content will be developed in partnership with researchers and content experts.

On behalf of everyone involved with Soteria Strains Strategy - the working group, steering committee, and partner organizations - thank you for your involvement and input so far and please continue to provide your feedback and champion this work at every opportunity.

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DHAs/IWK
AWARE-NS
Workers' Compensation Board of Nova Scotia
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Nova Scotia Department of Health and Wellness

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Disclaimer

This section will describe the general intent of this document, what the Soteria Strains Program is and is not, and the environments in which it is and is not intended to be implemented.

Glossary of Terms

There is a variety of terminology used in the various settings this program will be implemented in. With regards to the topic of safe patient handling this section will list the terms used in this document, define them and list potential synonyms.

Introduction

This section will contain a brief overview of the program, how it was created and why it is important. Reference will be made to supporting documents such as the best practice white paper, results of organization engagement sessions and follow ups, and original research commissioned during the planning and research phases.

Leadership Commitment

Why this is important

This section will outline the impact leaders can have, positively or negatively, on the success of this program. Reference to research will be included on the importance of visible leadership from an organization's Board of Directors and Executive team, as well as formal and informal leaders at all levels of the organization (Managers, JOHSC participants, Union stewards, peer champions, front line care staff, etc.) for program success.

What Leaders need to do to maximize program success

This section will outline the key activities required from the senior leaders within each organization.

Bullets list of activities:

- Visible participation - Make injury prevention a recurring topic at Executive meetings; take part in on-the-floor observations and engage in supportive conversations during leadership walkabouts
- Assign responsibilities, accountabilities and ensure these are monitored and reported upon
- Commitment to ensuring the success of the program and continuous improvement at all levels of the organization
- Ensuring the development of a sound framework of policy and procedures

- Assigning adequate resources / budgets
- Regular review of / reporting on progress to staff, sr. leadership, and the Board of Directors
- Regular consultation with key stakeholders within the organization (e.g. JOHSC, unions)

Emergency Situations

Many healthcare workers deal with situations that may result in loss of life or limb for patients. This short section will acknowledge that there will be emergency situations when it is not possible to follow all of the safe patient handling processes outlined in this document. It will refer to the section of the program document that provides guidance on how to minimize the risk of injury if, during an emergency situation, a patient needs to be handled / moved.

Program Elements

'No Lift' Policy/ Safe Patient Handling Procedures (Appendix 1)

Why this is important

This section will provide the rationale for creating and implementing a 'No Lift' policy and specific safe patient handling procedures to provide a framework for organizations to implement a comprehensive and effective safe patient handling program.

Policy Statement

Template 'No Lift'

This section will explain the template for a "No Lift" policy that will be included in the appendices. It will be clear that it is expected that an organization will review the sample policy, adapting it to address their specific needs following consultations with key internal and external stakeholders.

Roles and Responsibilities

This section will include a brief description of why it is important to clearly define the roles and responsibilities for all parties that will be involved in the implementation and on-going sustainability of the organization's safe patient handling program.

This section will also list the various roles that are key to a successful program and then briefly describe the responsibilities of each.

Level 1 Roles

Level 1 Roles have a direct on and/or primary involvement in implementing and sustaining the program at the frontline.

Multi-stakeholder Committee members

This committee will identify priority units in an organization and serve as a potential resource when difficult situations arise that cannot be addressed at the unit level or may require cross organization/interdepartmental cooperation.

Senior Executive Champion

Senior Executive Champion who will be key in driving the success of the program and ensuring accountability.

Organizational / Facility Coordinators

Will report to the Senior Executive Champion and ensure compliance with the program elements. Depending on the size of the organization there may be need for facility coordinators who report to the organizational level coordinator

Peer Champions (Unit level)

Peer Champions are individuals that will be trained and available to assist with training peers (train the trainer model), model correct behavior on the units and serve as onsite resource. They may also assist with other elements of the program.

Frontline Care providers

This group will implement the required safe patient handling related safe work procedures, participate in training, unit based hazard identification and equipment selection processes, etc.

Supervisors/Managers

Play a key role in ensuring that staff know what is expected of them, that staff are trained and have the require resources / equipment to work safely, need to lead incident investigations and after action reviews, ensure that they and their staff understand their responsibilities and are held accountable for fulfilling them.

Level 2 Roles

Level 2 Roles have a direct and/or primary involvement in supporting and providing direction and resources for implementing and sustaining the program.

Senior Executive

Senior Executives approve and support the implementation of the 'No Lift' policy and safe patient handling related safe work procedures. They consistently communicate the importance of and support for the program all employees and management, provide budgets to support the program, ensure injury management is on every executive meeting agenda, monitor and report on the success of the

program, ensure that individuals are held accountable to fulfill their program related responsibilities, and lead by example.

Occupational Health & Safety (OH&S) Department

OH&S staff should be used to support the program, acting as a resource for problem solving, subject matter experts for hazard identification and risk assessments. OH&S will assist in collecting and analyzing evaluation data.

Joint Occupational Health and Safety Committee

This committee needs to understand key elements of the program; hazard identification and the results of any investigations. They should be provided with information to allow them to track the effectiveness of the program.

Procurement

Assist with the purchase of equipment, maintain vendor and common equipment lists/prices to support the safe patient handling program. Define how units should submit requests for equipment once the need has been identified and the process to select the appropriate equipment has been completed.

Materials Management

Role will need to be defined based on DHA/IWK practices

Facilities Management / Maintenance

Will be consulted on facility issues such as installation and equipment maintenance

Bio-Engineering (HANS)

May be involved in procurement process, equipment maintenance and/or integration with existing medical equipment. Also, annual inspections and testing of equipment.

Infection Control

Will be consulted on infection control issues especially during installation and equipment selection.

Patient Safety/Quality

Patient and health care provider safety are linked and information gained from this program must be well communicated with this group. Will be consulted during the equipment identification / selection process.

Family Liaison/Patient advisors

Will be important in communicating with patients and families

Admissions

Have a role in identifying potential risks during the admission of patients

Others

The organization should review their safe patient handling practices and procedures to ensure that the roles and responsibilities of all those that play a direct or indirect role in the program are clearly defined and communicated.

Communications, Promotion and Engagement (Appendix 2)

This section will contain information to assist with the creation of the 'No Lift' policy and program related safe work procedures. It will also provide suggestions on how to communicate and promote the program as well as the various strategies that facilitate the engagement at all levels of the organization and external stakeholders such as relevant governmental departments. Communication needs will change throughout the lifecycle of the program from implementation to sustaining/continuous improvement.

Initial communications

Initial communications will outline the need for and the rational for this initiative.

Ongoing

Ongoing communications/reports will ensure that all stakeholders at all levels of the organization are kept up-to-date on advances of the initiative as well as barriers to success.

Target audiences

This section will contain a list of the target audiences for communications/reports, frequency of communications/reports, and recommendations for who should be communicating to each audience. This section will also include a brief overview of content expected for each target audience. Bullet list of target audiences below:

- Board of Directors
- Senior Leadership
- Managers/supervisors
- Frontline
- Physicians
- Families/patients
- Public
- Other

Identifying Priority areas (Appendix 3)

This section will include various tools and methods that will assist in the identification of priority areas within the workplace and how to prioritize them for actions/activities.

Why this is important

This section will provide the rationale for including a process for identifying priority areas in the program.

How to do this

This section will describe how to identify areas using the list of tools/information below:

Injury stats

This section will provide advice on choosing and interpreting existing organization statistics as they relate to identifying priority areas to address potential patient handling related hazards.

Staff reports

Identify high priority areas by using existing and new methods for collecting and assessing staff reports and concerns.

Incidents and near miss reports

Review for trends in type, location, time of day, client characteristics, number of staff, equipment, training, etc.

Existing Hazard Identification Reports / Risk Assessments

Review any hazard identification reports / risk assessments that have been completed to help identify priority areas for patient handling interventions.

How often to update?

This section will include recommendations on how frequently you should review the list of priority areas for the organization and what factors that might trigger an early review.

Report card template

This will include a template for a report card or dashboard that may be adopted and adapted for the implementing organization.

Unit Level Assessments (Appendix 4)

Why these are important

This section will provide the rationale for including a unit level hazard identification, risk assessment and control identification procedure (unit level assessments) in the program. Hazards associated with patient handling are included in the category of musculoskeletal hazards and should be considered part of a comprehensive hazard assessment.

When/how often they should be completed

This section will provide recommendations on when and how often unit level assessments should be completed / reviewed and factors that may trigger an early review of the most current assessment. This should be consistent with relevant sections of the organizations Safety Management System (SMS)

Factors to trigger the completion or early review of a unit level assessment

This section will identify key factors that might trigger the completion or early review of a unit level assessment:

New equipment purchase

Unit level assessments should be completed / reviewed prior to any new equipment purchase that could have an impact on patient handling.

New treatment/protocol

Unit level assessments should be completed / reviewed prior to any new treatment or protocol being put in place.

After changes have been implemented (plan, do, check act)

Actions taken as a result of a unit level assessment will precipitate a follow-up review to ensure identified hazards are appropriately controlled and no new hazards have been introduced.

Who should do these (skills, knowledge, training, experience)

This section will identify who should be accountable for completing / reviewing unit level assessments. It will also describe the training required to ensure that unit level assessments are completed correctly.

Who else should participate

This section will describe a list of others who will play a part in the unit level assessment process.

Hazard Identification

How to Complete

This section will describe how to complete the hazard identification process. Reference will be made to report templates in the appendix and training materials. A partial list of things included in this section is presented below:

- What are hazards
- People, Equipment, Materials, Environment and Process
    - Facility, furniture, Equipment issues
    - Process factors
- Unit Profile
- Injury stats (type and source of injury)
- Symptom Surveys (linked to tasks and activities)

- Staff concerns
- Other Hazard ID methods: tools, observations, more detailed task analysis, etc

Risk Assessment

How to Complete

This section will describe how to assess the risks for any identified hazards. Reference will be made to report templates in the appendix and training materials.

Assess Impact and Probability

Both qualitative and quantitative methods of assessing the risk associated with identified hazards will be described.

Prioritize areas where controls are necessary

Based on the results of the risk assessment, identified hazards will be prioritized for action. This section will provide a description of how to do this.

Identify/Plan Controls (needs/hazard response)

This section will include a description of the "hierarchy of controls" and provide examples from the context of patient handling.

- Reduction of risk through elimination of an activity, task, practice
- Training for existing equipment
- Reallocation of existing equipment
- Purchase of new equipment

How to document and communicate to the appropriate parties

This section will describe how to document and communicate the results of the unit level assessment and follow-up on recommendations

Equipment Selection, Installation and Maintenance (Appendix 5)

This section will cover all of the elements that need to be considered when selecting and purchasing patient handling equipment. It will also include information related to equipment maintenance and inspection.

Communicating Plans with Staff

This section will review the importance of communicating to and involving staff when selecting patient handling equipment. Guidance will be provided on how to do this. Managing expectations is also important during this process and will be included in the content.

Using results of the unit level assessments to inform equipment selection

This section will include information on how to use the information generated during the unit level assessments to inform equipment selection

Validation methods for selection of equipment

This section will include information on how to ensure that equipment is going to meet the needs identified (control the hazard) and meet any existing restrictions (fit with other equipment, infection control issues, etc.). Potential content for inclusion is listed below:

Comparing suggested equipment dimensions with existing equipment and facility dimensions, storage and facility infrastructure.

This section will include a summary of what equipment and facility design issues should be reviewed prior to the final selection of any patient handling equipment.

Storage, Space, Accessibility

This section will contain things to consider regarding storage and accessibility of equipment. Equipment trials

- Who to involve
- How to trial equipment

Previous Experiences & Lessons Learned

- Unit member feedback
- Other units (Visit)
- Other sites (Visit) Other Organizations (Visit)

Facilities Management – is an assessment required?

This section will provide guidance on when to secure an engineering consult regarding recommended controls (i.e. if a ceiling lift is recommended will the ceiling need to be retrofitted to ensure it can handle the weight capacity)

- Ceiling lifts
- Bariatric equipment
- Other equipment

Receiving, Installing and Initial testing of Equipment

This section will provide guidance on creating a plan is in place to receive, install and test equipment. As this is often carried out by the vendor, this section will also include information on how to ensure this work is included in cost estimates, contracts and other procurement activities.

Preventative maintenance

Legal obligations

Ongoing and frequent maintenance is a legal requirement for all organizations. This section will refer to specific legislative requirements

Standards and references

This section will refer to relevant standards and reference material regarding preventative maintenance.

Other issues

This section will contain other issues that may be important to consider when selecting equipment. Many of these items will give general recommendations with a reference to other existing policies/resources for further details. Partial list below:

- Infection control
- Communications to patients

Documenting Process and Resulting Decisions

This section will include recommendations on documenting the equipment selection process and resulting decisions (i.e. what decisions were made why, and by who, and the same information when decisions are changed). A template of a tracking document for equipment selection will be provided.

Types of Patient Handling Equipment.

This section will include descriptions of the standard types of patient handling equipment with focus on the hazards they are generally effective at mitigating and pros/cons of the different types of hazards. Partial list below:

- Ceiling lifts
- Portable lifts
- Sit stand lifts
- Walking frames/lifts
- Air assisted lateral transfer devices
- Friction reduction devices
    - Bed mobility
    - Transfer devices

Reference to Central Database for Equipment

This section will contain recommendations on how to organize a central database of patient handling equipment (types, models, vendors, price range, hazards they control, pros/cons, dimensions, etc). This could be done provincially or within each organization. If a provincial database exists at the time of publication this section will describe the purpose and who is responsible for maintaining the database.

Should be organized by - partial list below:

- Hazards controlled
- Unit/Department Specific recommendations (i.e. works well in DI, but not on ICU)
- Patient profiles/needs (e.g. Bariatric)

Facility Design and Upgrade

This section will cover key elements, specific to reducing MSI injury risk due to patient handling activities, that need to be considered when designing new facilities and upgrading existing facilities. It is beyond the scope of this chapter to include every aspect of facility design therefore reference to existing standards will be included as appropriate.

Considerations for Patient populations with special requirements

Every patient population has specific needs. The standard recommendations in this program should allow the organization and workers to address these needs. This section will include information to assist organizations and healthcare workers meet the needs of patient populations with special needs. These groups may present a specific set of challenges that require enhancements to the standard program approach. A list of potential populations is below:

- Bariatric Patients
- Patients with Challenging behaviours
    - Non Compliance
    - Confused
    - Potential for Violence
- Orthopaedics
- Labour and Delivery
- Amputees

Other patient populations with special requirements

The list of patient populations with special considerations may increase as research progresses and organizations learn. This section will describe ways to share information regarding other populations (such as amputees, obstetrics, etc)

Patient Handling During Emergency Situations (Appendix 6)

This section will describe a process for how patients should be handled during emergency situations. It will focus on ensuring the safety and well-being of both the patient and the health care worker. A decision tool will be provided and included in patient handling related training.

Patient Risk Profiles and Point of Care Assessments (Appendix 7)

Detailed Patient Risk Profile

This section will contain details of the patient risk profile and its use when admitting patients to the hospital and when a patient is transferred to a different unit within the hospital.

Why this important

This section will provide the rationale for including a detailed patient risk profile in the program.

What it is

This section will describe the detailed patient risk profile assessment and the elements it will include – mobility assessment, anthropometrics, cognition, history of violence, potential for violent behavior, communication, etc.

When/how often it is done

This section will describe the required frequency and triggers to perform a patient risk profile, as well as who should perform them.

How they are done, documented and communicated to appropriate parties

This section will describe the components of the profile/assessment and refer to detailed instructions and template reports.

Analyzing the results

This section will outline how to correctly analyze the results to identify controls required to mitigate patient related risks.

Implementing the results

This section will provide information/advice to ensure the assessment results and analysis are implemented

Point of Care Assessment

This section will contain details of the point of care assessment (pre-handling activity) and its integration into daily practices.

Why this important

This section will provide the rationale for including a point of care assessment in the program.

What it is

This section will describe the point of care assessment.

When/how often it is done

This section will describe the required frequency and triggers to perform a point of care assessment

How they are done, documented and communicated to appropriate parties

This section will describe the components of the point of care assessment and refer to detailed instructions and template reports.

Analyzing the results

This section will outline how to correctly analyze the results to confirm/identify actions required to mitigate risks that are associated with a specific patient handling activity, a specific patient, and a specific environment.

Implementing the results

This section will provide information/advice to ensure the assessment results and analysis are implemented

After Action Reviews (Appendix 8)

What it is

This section will describe what an after action review is, the history and context in health care and other organizations and the overall philosophy.

Why this important

The section will provide the rationale for including After Action Reviews (AARs) in the program.

When/how often it is done

This section will describe the frequency recommended for AARs

How they are done, documented, and communicated to appropriate parties

This section will describe how to execute AARs

Analyzing the results

This section will provide how to analyze the information gained from AARs

Implementing the results

This section will provide recommendations to ensure information gained from AARs is incorporate into daily practice

Training (Appendix 9)

This section will contain a general description of the types of training required, description of content and who should be trained in specific content.

General Principles

This section will include general information about training requirements and evaluating competence. Partial List below:

- Initial training requirements

- Competence and Certification
- Refresher Training

Modalities/Methods

This section will include general descriptions of the types/format of training material available to support the program guide. Partial List Below:

- Online
- Classroom
- Skill-based (hands-on)
- On Unit
- Equipment specific training (Vendor training)

Planning training

This section will provide information on planning for training. Partial list of topics below:

- Resourcing/unit coverage
- Timing training with equipment delivery
- Ensuring vendor training meets needs

Topic Areas & who should get the training

This section will contain a list and general description of training topics and a matrix of who is recommended / required to participate in what aspects of the training. Reference to Appendix 9 for detailed content by topic. Partial list of training topics below:

- Unit level assessments
- Equipment Selection
- Patient Handling During Emergency Situations
- Patient Risk Profiles
- Point of Care Assessment & decision algorithms
- Equipment / Aid Specific Training
    - Body Mechanics (will be integrated into other appropriate modules and addressed when training on specific equipment)/ manual techniques
- Handling patients with special needs - Specific Training
- After Action Reviews
- Peer Champion Training ("Train the trainer")
- Executive Training – Awareness, Accountabilities and Monitoring
- Front-Line Manager Training – Awareness, Accountabilities and Monitoring
- Pre-Use inspection of equipment and accessories training

Training records (Attendance, Completion, & Certification)

This section will include the legislative obligations to tracking training and the purpose/ use of this information.

Evaluating Competency

This section will provide guidance on how to evaluate competency of the staff (understanding and application of program principles and practices). Partial list of topics below:

Key Competencies

Training records

Assessing Competence

Quizzes,

Observation

Self-evaluation

Reference to Training Material / Providers

This section will provide information on where training materials are stored, how to obtain these materials, and who can provide training.

Program Evaluation and Measurement Framework (Appendix 10)

This section will describe the evaluation and measurement framework for the program.

Monitoring vs. Evaluation

This section will describe the difference between monitoring and evaluation, the value and importance of both approaches and provide context for the evaluation framework as it relates to the program.

Program Monitoring

This section will describe the key lagging indicators that will be required for provincial comparison and a selection of potentially useful measures that individual organizations may also choose. Rationales will be provided for inclusion of each indicator. How to interpret and act on data will be included in this section.

Monitoring Compliance

This section will provide the details around how the elements of the program will be monitored to ensure compliance. Partial list of topics below:

- Internal Audits (done by Peer Champions, Managers)
- External Audits (done by OH&S, external organizations)

Program Evaluation

This section will describe the key leading indicators that will be required for provincial comparison and a selection of potentially useful measures that individual organizations may also choose. Rationales will be provided for inclusion of each indicator. How to interpret and act on data will be included in this section.

Reporting results (organizational level)

To individuals (feedback, corrective action, accountability)

To Units (unit staff, unit management_

To the organization (all staff, senior management, board of directors)

Sharing results (provincial roll-up)

This section will include information on reporting results provincially

Continuous Improvement (Appendix 11)

This section will include a recommended approach for conducting reviews of the program, at the unit, site, organizational, and provincial level to identify opportunities to continually improve the program.

Schedule of formal reviews

This section will include information about how to conduct a formal review at the unit, site, organization and provincial level with recommendations as to what measures / elements should be reviewed at each level.

Sharing Continuous improvements

This section will outline sharing lessons learned within the implementing organization and with provincial partners

- Sharing improvements with later implementation phases (units)
- Sharing improvements with units already implemented
- Sharing improvements with provincial partners

Appendices

Appendix 1 – Policy & Procedures

Template 'No lift' Policy

Template 'No lift' Procedures

Appendix 2 – Roles & Responsibilities

Appendix 3 - Communications, Promotion and Engagement

Sample Communications

Appendix 3 - Identifying High Risk areas

Template Scorecard/report to compare units

Appendix 4 - Unit Level Assessments

Tools

Checklists

Report template

Quick guide reference card

Appendix 5 - Selecting Equipment

Data collection templates

Decision tracking document

Location of common database

Appendix 6 – Patient Handling During Emergency Situations

Decision tool

Appendix 7 – Patient Risk Profiles and Point of Care Assessments

Patient Profile form

PACE algorithm

PACE Documentation

PACE quick reference guide

Appendix 8 - After Action Reviews

Template AAR documentation

Quick reference guide – conducting AAR's

Appendix 9 – Training

Learn Objectives

Online

Classroom

Skill-based (hands-on)

On Unit

Equipment specific training (Vendor training)

Detailed Learning Objectives by topic area. Reference to the location and modality of training material:

Unit Level Assessments

Equipment Selection

Patient Handling During Emergency Situations

Patient Risk Profiles

Point of Care Assessment & decision algorithms

Equipment Specific Training

Body Mechanics/ manual techniques

Handling patients with special needs - Specific Training

After Action Reviews

Peer Champion Training ("Train the trainer")

Executive Training – Awareness, Accountabilities and Monitoring

Front-Line Manager Training – Awareness, Accountabilities and Monitoring

Pre-use inspection of equipment and accessories training

Appendix 10 - Program Evaluation and Measurement Framework

Evaluation & Measurement Framework

Monitoring Compliance Audit Templates

Evaluation Report Templates

Appendix 11 – Continuous Improvement

Unit Review Template

Site Review Template

Organization Review Template

Provincial Review Template