# Healthcare Trends *In focus*

**Safe Resident and Patient Handling:  Where Patient and Employee Safety Come Together**

**ALSO INSIDE:**  WORKPLACE VIOLENCE:  ARE YOU PREPARED FOR AN EMERGENCY SITUATION IN YOUR HEALTHCARE FACILITY?

*by Jack Aspen, CSP, ARM, VP of Risk Control Services, PMA Companies and Carol Hunter-Knizek, RN, COHN, Risk Control Specialist, PMA Companies*

The annual PMA Companies *State of the Industry Study on Healthcare Services* describes the ongoing risk to healthcare workers related to common loss areas such as strains and falls. While the study supports national trends of lower frequency of workers' compensation claims, the risks related to transferring, positioning, ambulating and immobilizing patients and residents remains a key concern.  This risk is not limited to hospitals and long-term care facilities, but also has a direct impact on assisted living, adult day care and family members caring for a loved one inside the home.

PMA Risk Control serves our clients through offering practical analysis and investigation into workplace exposures.  Our years of workers' compensation experience in the healthcare field have led to developing best practices that lower the frequency of resident and patient-related claims.  One of the issues for healthcare clients is managing the many risks they face.  Here we look at safe patient and resident handling practices as a solution for two risk management problems.

**Two Problems with a Common Solution**

Healthcare administrators and risk managers face two different problems that can in part be served by a common solution.  The first problem is worker safety. The PMA study revealed that 57% of healthcare *worker* musculoskeletal and fall-related injuries involve working directly with residents. The second problem is falls; the leading loss area for *patients* injured while in the care of a healthcare facility is falls.

*Healthcare Trends In focus* covers arising issues in the healthcare industry, particularly as they relate to workers'
compensation—including long-term and managed care, occupational health, healthcare staffing, and management.

Studies on injury statistics reveal various trends covering both workers and patients. Within the analysis, two statistics illustrate where worker and patient safety come together.

First, let's examine worker safety. In the September 2013 publication of *Facts about Hospital Safety,* the Occupational Safety and Health Administration (OSHA) offers the following statistics:

1. "48% of hospital worker injuries resulting in days away from work are caused by overexertion or bodily reaction, which includes motions such as lifting, bending, reaching, or slipping without falling. These motions often relate to patient handling. Other events or exposures that commonly lead to injury or illness include slips, trips, and falls; contact with objects or equipment; violence; and exposure to harmful substances."

2. Additionally, it is reported that "one-third of 'days away from work' injuries result from interactions with patients."

Second, let's look at patient issues. The Agency for Healthcare Research and Quality (AHRQ) reports that "patient falls are the most frequently reported incident in adult inpatient units. The rate of falls ranges from 1.7 to 25 falls per 1,000 patient days." [Click here](#) to access this study.

> *Effective planning around fall prevention and safe patient handling can come together into one strategy to address these two large loss areas impacting workers' compensation and liability programs.*

The main point is that effective planning around fall prevention and safe patient handling can come together into one strategy to address these two large loss areas impacting workers' compensation and liability programs.

The risk of patient and resident falls increases during transfers, ambulation and immobilization. Transferring and moving a human body is very complex. A person does not come in a standard shape and size and could be unconscious or physically active. At times, a resident may resist help.



However, patients and residents must be moved. The AHRQ January 2013 publication, *Preventing Falls in Hospitals: A Toolkit for Improving Quality of Care* explains that "Fall prevention must be balanced with the need to mobilize patients. It may be tempting to leave patients in bed to prevent falls, but patients need to transfer and ambulate to maintain their strength and to avoid the [many] complications of bed rest."

Another resource is Patient Safety and Quality Healthcare (PSQH). In a PSQH article entitled *Patient Mobilization - Best Practices Improve Health Outcomes and Ensure Safety for Patients and Staff Alike*, authors Barbara Peterson, RN, BSN, MPH, and Betty Bogue, RN, BSN remind us that "early mobilization programs provide tremendous benefits for patients; however, mobilizing partial and totally dependent patients imposes even greater risk of injury to caregivers, the most valued resource a hospital has." [Click here](#) to access the full article.

### Research Findings

Our research indicates that more emphasis is needed on transferring, positioning, ambulating and immobilizing patients.  In PMA's 2015 *State of the Industry Study on Healthcare Services,* clients' frequency of resident related lost time and medical only claims remained flat while experiencing a sustained improvement in frequency of all other types of claims.

In cases involving lost time, strain injuries account for 48% of the cases and 56% of those are related to patient and resident handling. The second leading cause of lost time claims was falls and over 10% of those cases involved patient and resident handling.

Within the health services industry, there are specific references that distinguish "residents" from "patients."  For instance, an organization may offer assisted living services and refer to their clients as "residents."  A hospital is generally serving "patients."   In analyzing claims for this study, we examined any reference distinguishing whether or not an employee was in physical contact with a resident/patient.
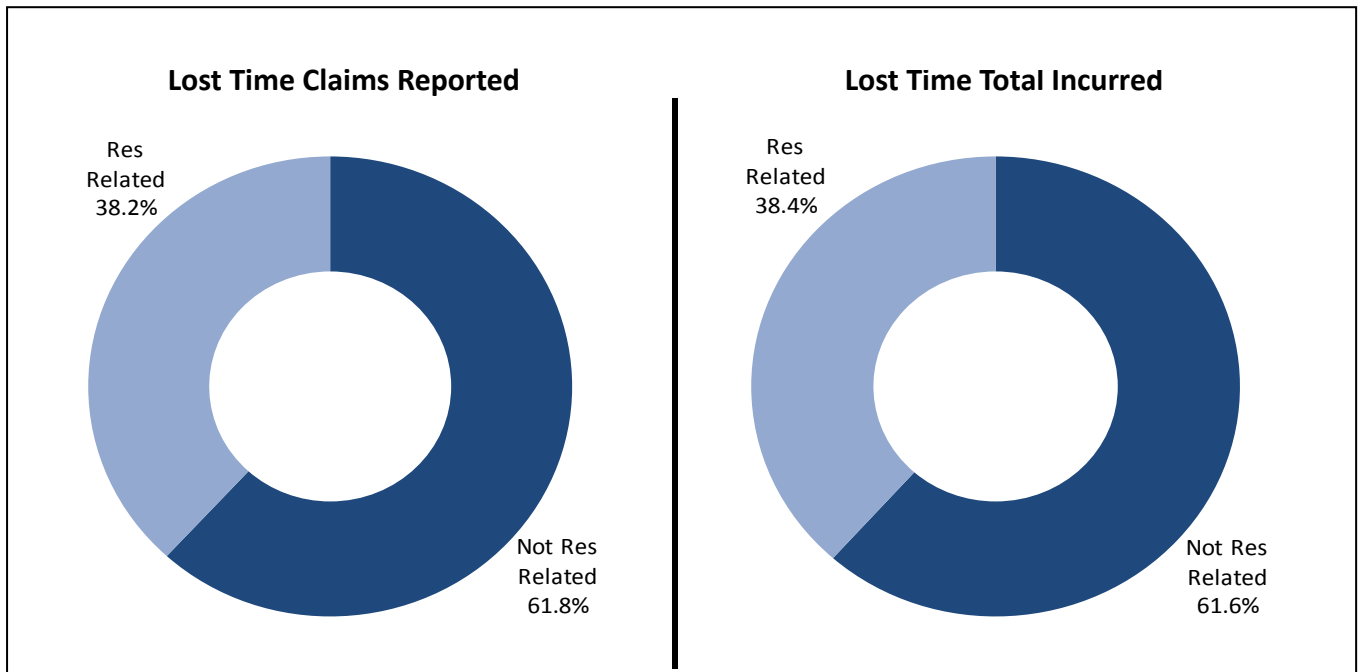
The analysis sought over 23,000 specific phrases and word combinations in the incident description to discern resident from non-resident related claims.  Combative residents and related phrases were included; however, special consideration was made to avoid including any altercation amongst only employees.

### The Right Approach

Regulatory agencies and industry organizations promote healthcare organizations adopting a culture of safety.  In 2012 the Joint Commission published *Improving Patient and Worker Safety* and described addressing both the patient and employee safety problem with one solution.   In looking at where patient and employee safety come together, PMA offers a solution that impacts all parties and can lower the risks involved in positioning and immobilizing patients and residents.

## Lost Time Claims Reported

Res Related 38.2%

Not Res Related 61.8%

## Lost Time Total Incurred

Res Related 38.4%

Not Res Related 61.6%

*The charts above are  based on PMA's State of the Industry Study on Healthcare Services and display the ratio of lost time workers' compensation claims and incurred costs involving healthcare workers engaged in resident/patient handling.*

*Implementation of a Safe Patient/Resident Handling Program*

**Best Practices:  Keys to PMA's Risk Control Approach to Resident/Patient Handling**

1.  **Complete an evaluation of resident/patient handling demands:**

    a.  Use a standard evaluation tool that provides a consistent and objective assessment of the demands related to patient handling tasks.  Include patient/resident handling instructions on individual care plans.

    b.  Include an inventory of handling equipment and utilization records on the evaluation.  In essence, it must be determined if the equipment is being used properly.   In addition, the inspection and maintenance records of the equipment should be evaluated.

    c.  Review policies and procedures and record which departments carry authority and responsibility for writing, maintaining and managing the policies.

2.  **Evaluate your current risk control program efforts against standard best practices.** The committee responsible for safe patient/resident handling should research and decide on best practices. There are many agencies, professional organizations and business partners (including your workers' compensation carrier) to draw on for research and ideas. We advise our clients to discern what best practices meet their specific needs.

3.  **Review employee training procedures and materials**, with emphasis on new hires and on those employees who are transferred into areas requiring patient and resident handling.  Determine the adequacy of current training and its effectiveness in exposure to:

    a.  One-person transfers;

    b.  Two-person transfers;

    c.  Repositioning/providing care in bed;

    d.  Utilization of mechanical lift equipment; and

    e.  Patient/resident assessment (Note: special attention should be given to bariatric patients).

4.  **Maintain methods for ongoing evaluation of safe patient and resident handling efforts.**  Implementing a safe patient/resident handling committee is one way. The multidisciplinary team is responsible and authorized to revise policies and procedures and discuss purchases and maintenance for equipment.  The team needs to be aware of any organizational changes that have a material impact on patient/resident handling.  Use of an outside consultant or auditor may help to address emerging issues and serve as a resource to help the committee achieve its goals.

## CASE STUDY:

*Support of a Safe Patient Handling Program Leads to a Reduction of Over 30 Claims Yearly*

A regional hospital faced a high frequency of lost time workers' compensation claims. The leading loss area was musculoskeletal injuries during patient handling.   The hospital had invested in new patient handling equipment, but did not see any improvement in claim frequency and overall incurred losses.

Step one of the evaluation process led to the key issue: *The Nursing department was never involved in the development of the safe patient handling program,* including the purchasing decision for equipment.  The plan of care did not address the issue of patient handling or repositioning equipment.  In addition, no individual patient care plans included safety handling instructions. The following adjustments took place following the evaluation:

- The Nursing department immediately assumed responsibility for the safe patient handling policy and program implementation.
- Every Nursing department employee completed education and training on equipment use and reviewed the policy and procedures. Training and education were made part of nursing orientation and were covered during ongoing training and in-service events.
- The Nursing department developed specific procedures for including patient handling in the plan of care for every patient.  This included an ongoing evaluation process to see how the patient handling program policy was implemented and followed.

The result over a three-year period was a reduction in patient handling-related claims that lowered the workers' compensation lost time frequency rate **by 54%**.  Based on the size of this hospital, that was a reduction of over 30 claims per year.  The savings more than covered the expense of training and implementing the policy; and, in fact, offsets much of the capital investment in equipment and maintenance each year.

A safe working environment, supported by leadership's commitment to safety, promotes employee well-being that translates to better patient care.  It is a true win-win situation.

*A safe working environment supported by leadership's commitment to safety translates to better patient care.*

*by Mary Ann Bubka, CFPS, NREP, Sr. Risk Control Consultant, PMA Companies*

As employers and employees in the world today, we have to think about the potential of workplace violence.  What would we do?  What should we do?  How or when should we respond?  We can ask ourselves 10,000 questions about who, what, where, when and why, but what can we really do to control this type of situation? Do we ever have control when someone enters into a workplace with bad intentions or a loaded or unloaded weapon and makes a threat?  To begin to answer this question, it is helpful to have an understanding of what violence in the workplace is.  What is the economic impact? What are other risk factors involved—specifically as they relate to healthcare organizations?

**What is violence in the workplace?**

Violence in the workplace is defined as any physical assault, threatening behavior or verbal abuse occurring in a work setting (either permanent or temporary) where an employee performs a work-related duty.  It's a possibility that this type of violence could escalate into an active shooter situation.

**What is the economic impact of workplace violence in healthcare facilities?**

- Each year, 500,000 employees lose approximately 1,175,000 work days due to workplace violence.
- Lost wages amount to $55 million annually.
- Workplace violence also results in lost productivity, legal expenses, increased insurance costs, property damage and increased security—understandably impacting the financial viability of healthcare organizations.

**Risk factors in healthcare are increasing.**

- The prevalence of handguns and other weapons in the general population has increased the risk factor in healthcare organizations.



- The criminal justice system has increasingly placed disturbed, violent individuals on hold in hospitals, creating more employee exposure.
- More acute and chronically mentally ill patients are being released without follow-up care. <span>*continued on next page*</span>

### How Great is the Active Shooter Problem?

- An average of 11.4 active shooter incidents occur annually nationwide.
- An average of 6.4 active shooter incidents occurred in the first 7 years studied, and an average of 16.4 occurred in the last 7 years; thus, this type of problem is growing at an alarming rate.
- 70% of active shooter incidents occurred in either a commerce, business or educational environment.
- Shootings have occurred in 40 of 50 states and the District of Columbia.
- 60% of the incidents ended before police arrived. Research has shown that many of these situations are over in minutes and law enforcement may not arrive in time.  As a result, employees have to become stakeholders in their own safety and security and need to develop a survival mindset comprised of awareness, preparation and rehearsal. Vigorous prevention programs, timely intervention and appropriate responses by organizations and their employees will contribute significantly to a secure work environment.

**Risk factors in healthcare are increasing.**
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- The availability of drugs and money at hospitals and clinics sometimes makes them targets of robberies.
- The unrestricted movement of the public in clinics and hospitals makes it harder for security to keep out dangerous and/or unstable individuals.
- Over the years, hospitals and other healthcare facilities have had to deal with lower staffing levels.
- There is often a lack of training in recognizing and managing escalating hostile and aggressive behavior.
- Poorly lit parking areas have also contributed to safety issues.

**What can organizations do?**

Organizations must recognize the potential for workplace violence by being prepared before, during and after incidents. Engaging in "emergency preparedness" will help employers and employees assess risks, identify capabilities, equipment and other needs as well as practice a response to a crisis.

**PMA Companies can assist you.**

PMA Companies is prepared to assist your safety efforts with specific resources that will guide you through some of the more complicated aspects of employee safety.  Contact your Risk Control Consultant today to find out more about how to respond to workplace violence situations.

*Sources:  The Federal Bureau of Investigation (FBI – click here) and OSHA website (click here).*



Workplace Violence – Trained vs. Untrained Response Scenario

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