



Kendra Belken, PT, Southeast Rehab, Charlton



Joyce Andrews, CT Assistant, Charlton and Robert Quirk, RN, Safe Patient Handling Educator, Southcoast

SAFE PATIENT HANDLING UPDATE: MOVING TOWARD A “NO-LIFT” ENVIRONMENT

HoverMatts glide patients on a cushion of air, easing the stresses of making lateral transfers.

In 13 years of working for Southcoast, there’s no telling how many times Joyce Andrews, CT Assistant at Charlton, has lifted patients.

“I’ve also worked as a nurse’s aide and a rehab associate — jobs that required me to lift patients many times a day,” Andrews said. “And I have to admit, it’s been getting a little harder.”

But a new patient handling device, recently introduced at all three hospital sites, has made her job much easier — and perhaps extended her career.

The HoverMatt is an air mattress that has tiny air holes on the bottom. When it is inflated through the use of a vacuum pump, the mattress floats on a thin cushion of air that makes it easy to slide the patient from one flat surface to another. It absorbs 90 percent of a patients’ weight.

“Moving a patient weighing 210 pounds using a HoverMatt feels like you are moving something that weighs just 21 pounds,” said Robert Quirk, RN, Safe Patient Handling Educator.

The inflated HoverMatt conforms to the patient’s body making them feel comfortable, safe and supported. The HoverMatt, which takes seven seconds to inflate, can be easily deflated and stays under the patient during any procedure from surgery to radiological imaging. They are easily cleaned after use and come in their own carrying case on wheels.

HoverMatts have been distributed system-wide to all patient units and ancillary departments. They are the most recent step in

a comprehensive plan to make Southcoast a “no-lift” patient care environment by 2010 and in creating a culture where lifting devices are used in all cases where a patient mobility is limited.

“The effort to create a no-lift environment is directly tied to Patients & Partners First!” said Marcia Liggin, RN, CRNA, BC, Senior Vice President & Chief Nursing Officer. “Safe patient handling helps us achieve all four of our service standards.” (See sidebar on page 2.)

“Many employees think patient handling equipment should only be used for patients of size, however it is appropriate for any patient with significant restrictions in mobility,” said Kathleen Nelson, PT, Team Leader, Ergonomics.

Creating a no-lift culture will take time, education and analysis. That is where Quirk, in his new position, comes in. He is working with each unit and ancillary service to assess the work they do and provide them with the appropriate equipment and the training needed to use the equipment properly.

“The Safe Patient Handling Task Force determined a select list of equipment that we choose from according to each area’s needs,” he said. “Staff will also receive training on how to determine a patient’s level of mobility and the correct equipment to use when moving a patient.” (See The Interview on the back page.)

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The Patients & Partners First! Connection

Creating a “no-lift” environment helps us fulfill each of our service standards.

Safety

Using lifting devices and safe patient handling techniques every time a patient is lifted reduces the likelihood of a patient fall and the possibility of an employee being injured.

Compassion

How many times have you apologized to a patient for the discomfort they feel when you move or lift them? Using the correct lifting device lessens discomfort for patients and makes them feel more secure and supported.

Efficiency

When the correct device is used to move a patient it requires fewer staff members to help with the move and takes less time, leaving more time for patient care.

Above & Beyond

Creating a safer environment for both our patients and ourselves shows that we are willing to do whatever is necessary to create the best possible experience for everyone.

Have a question for the Bio-Ethics Committee?

The Southcoast Bio-Ethics Committee is available to provide case consultation and recommendations to patients, families, staff and physicians regarding care and treatment issues with bio-ethical implications.

Contact the Bio-Ethics Committee by contacting a member of the Risk Management staff:

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“No-Lift” Environment

continued from cover

A number of units at Southcoast have already transitioned to no-lift environments, including Atwood 4 and Southeast Rehab at Charlton; Green, Century 4 and Wilkes at St. Luke's, and the ICU at Tobey.

Anne Porter, RN, Nurse Manager on Century 4, said it took a little time for staff to make using safe patient handling equipment a part of their regular routine, but champions and upfront assessments helped ease the transition.

“We trained staff who had previously had back injuries to use the equipment and promote it to their peers,” Porter said. “We also determine if patients are candidates for patient handling equipment right at their initial assessment, so it has become a regular part of our practice.”

The use of lifting equipment is also covered during skills days to ensure that staff are up to date on their proper use and operation.

Century 4, which specializes in respiratory patients, uses a variety of devices, including the HoverMatt, to keep patients and staff safe.

“Having a number of equipment choices allows us to help the patient while keeping them as independent as possible,” Porter said. “For instance, a patient might have a hard time getting up but is fine once they get on their feet. We would use a sit-to-stand lift in that case.”

Porter said she sees patient handling equipment as both a recruiting tool and as a way to keep staff on the job longer.

“New nurses ask if we have patient handling equipment,” she said. “And staff who have been on the job for awhile appreciate anything that reduces wear and tear on their bodies.”

Mary Kelley, a Certified Nurse's Aide in Tobey's ICU, agrees, saying lifts are great for both staff and patients. Kelley works 11 a.m. to 7 p.m. and is responsible for helping patients with morning and evening hygiene. She also spends a good part of the day repositioning patients and giving them boosts.

“Some nights I felt like I could barely walk when my shift was over,” she said. “Now, I feel so much better.”

Kelley said the lifts also help improve the quality of care.

“We are able to reposition patients more frequently now that we have the lifts,” Kelley said. “That helps prevent their skin from breaking down.”

And there are additional advantages.

“Equipment can be used to help patients become more mobile and spend more time sitting up,” Nelson said. “Their use can help reduce the risk of pneumonia and reduce the friction against the skin during repositioning. They really can significantly improve the quality of care we provide our patients.”

Back at Charlton, Andrews agrees.

“A patient who needs to have a CT and an X-ray has to be moved six times between bed, gurney and imaging equipment,” she said. “That is six opportunities for the patient to feel discomfort and six opportunities for an employee to get hurt. The HoverMatt virtually eliminates all that. Using it makes our lives and our patients' lives better.”

St. Luke's Shuttle Update

The St. Luke's Shuttle program got off to a great start in April, attracting riders from all areas of the hospital.

“We averaged 66 riders a day during the first eight days the shuttle was in service,” said Jim Rattray, Vice President of Marketing & Public Affairs. “That's a great start — but we would love to see a steady 75 people riding the shuttle each day.”

Employees who ride the shuttle are eligible for incentives and raffle prizes based on their frequency of use.

Employees receive a voucher for a **free cup of coffee or tea** or a soft drink every day they use the shuttle.

The vouchers are redeemable at any Southcoast cafeteria or coffee shop. They will also earn “St. Luke's Shuttle Points” that can be redeemed for weekly and monthly raffles.

The weekly prize is a \$25 gas card. Other prizes include **iPod nanos, a flat screen TV and a paid day off.** Log on to the shuttle page of the Southcoast intranet for more details on prizes.

\$25 GAS CARD WINNERS

WEEK ONE:

Deolinda Silva, Environmental Services

DRAWN ON THE SHUTTLE BY:

Tanya Arruda, Corporate Compliance

WEEK TWO:

Corinne Casavant, Care Coordination



Anna Dean, Imaging Assistant in Nuclear Medicine, and the first shuttle rider, with Jim Rattray, Vice President of Marketing & Public Affairs.

WHAT PEOPLE ARE SAYING

The following comments were submitted through the shuttle online feedback form.

“I have found the shuttle to be very easy and the drivers are pleasant.”
— Dee Dee Bentley

“The shuttle service is excellent. I have had the opportunity to use it twice and only wish they could take me home after a long day! The drivers are courteous and helpful. For whoever is responsible — a big thank you!”
— Diane Lavoie

St. Luke's ED completes two days of skills and emergency preparedness drills

The St. Luke's Emergency Department participated in a skills exercise on April 1 and 2 where they practiced operating equipment that is not often used and tested their ability to diagnose and treat mass casualties suffering from unknown conditions.



Emergency Department staff prepare to decontaminate a victim during an emergency preparedness drill.

An emergency preparedness drill took place on the first day of the exercise and simulated an incident at a local school where students playing on a soccer field started showing a variety of symptoms. Some of the students played the roles of "special needs" patients.

The "casualties," who were played by 16 students and a school nurse from Greater New Bedford Vocational Technical High School, were brought to the hospital by New Bedford Emergency Management Services.

An isolation tent and mass decontamination unit was erected in the White Home parking lot to treat the patients.

"This was the first time we used an isolation tent in an emergency drill," said Ray Price, Director of Safety & Security. "We did so because the casualties arrived with an unidentified illness and had to be checked for radiation exposure."

The staff donned protective clothing to treat the patients including Powered Air Purified Respirators, which are goggle and respirator apparatus used where responders might be exposed to chemical, biological, radiological and nuclear respiratory hazards. The respirators also meet Center for Disease Control guidelines for protection against Tuberculosis exposure.

Patients were triaged using the SMART color-coding system.

"SMART is a standardized triaging system sanctioned by the Massachusetts Department of Public Health," said William Porcaro, MD, an Emergency Department Physician at St. Luke's. "Most pre-hospital providers are now trained in the SMART system so our using it improves communication and helps us to treat patients more quickly."


Southcoast is one of the first health systems in the state to begin using the SMART system.

A number of other hospital departments and city entities also participated in the drill, including Admitting, Care Coordination, Environmental Services, Infection Control, Maintenance, Marketing & Public Relations, Nuclear Medicine, Nutrition Services, Professional Development, Radiology and Security as well as the Homeland Security Division of the New Bedford Sheriff's Department and the New Bedford Fire Department. Representatives from the Massachusetts Department of Public Health were also on hand.

In addition to the emergency preparedness drill, a skills day for ED staff was held on April 2.

"We take this time each year to review skills that are used often and that may have some procedural changes and skills that are seldom used but have high risk elements," said Lisa Bechard, RN, Director of Emergency Services at St. Luke's. "All members of staff participate, reviewing the modules that apply to their jobs."

Some of the modules were use of an external pacemaker, a review of stroke protocols, blood transfusions and reactions and the use of personal protections equipment.

"We also reviewed all Joint Commission and ED safety goals, HIPAA regulations and infection control protocols," Bechard said. 

In Memoriam

Carlotta Bourgeois, a Data Security Coordinator for MIS for more than 12 years, died on April 14. Bourgeois worked for Southcoast for more than 37 years. She is survived by her husband, Dennis, daughter, Shauneen, and son, Jeffrey.

David Cameron, former President of the Board of Directors and Trustee for St. Luke's Hospital, died on April 2. Cameron was a long-time volunteer in the St. Luke's Emergency Department, dedicating many hours to the care and comfort of patients.

Patient Handbooks now available in Portuguese & Spanish

Southcoast's Patient Handbooks have been translated into Portuguese and Spanish and are available, upon request, from the Materials Distribution Department at each hospital site. If any of your patients need or want a translated patient handbook, please call the following extensions:

Charlton: Ext. 2328

St Luke's: Ext. 2225

Tobey: Ext. 4324

Patient Comment

"I felt welcomed and cared for throughout my stay. Hats off to the many dedicated professionals for their great care."

Employee Appeal Participation

100% participation	
SOUTHCOAST	
Endoscopy	Philanthropy
Ergonomics	Physician Initiative
Fiscal Administration	Physician Recruitment
Internal Audit	Wellness Program
Library	
CHARLTON	ST. LUKE'S
Educational Services	Endoscopy
Enterostomal	Psychiatric Services
IV Therapy	Administration
Patient Services	
Administration	TOBEY
	Cardiac Rehabilitation

50 to 99% participation	
SOUTHCOAST	
Compliance	Outcomes Management
Contracting & Reimbursement	Planning
Health System Integration	Risk Management
Marketing & Public Relations	Quality Data Services
	Volunteer Services
CHARLTON	ST. LUKE'S
Human Resources	Administration
Nurse Supervisor	Human Resources
Radiology Diagnostic Mammography	Women's Health Rehabilitation
Truesdale Ultrasound	Psychiatric Social Services
TOBEY	
Radiology Diagnostic Imaging Services	
Mammography	

Employee Appeal Update: More departments have 50 percent or higher participation

More than \$5,800 returned to departments for their own use

As of the end of March, 564 employees contributed \$111,716 to the 2008 Employee Appeal, nearly reaching our goal of \$121,000.

System-wide 39 departments achieved a 50 percent or greater participation rate, qualifying them for the 25 percent return of funds to their department. The number represents an increase of 10 departments over last year's total. As a result, more than \$5,800 will be returned to the departments for their own discretionary use.

Congratulations to the following departments that are entitled to receive a portion of their Employee Appeal dollars to use as they see fit.

Your participation still counts: There is still plenty of time to contribute. Just log on to the Southcoast intranet and click on "Every Penny Counts" or log onto www.southcoast.org/give/ to make your gift today.

On behalf of the patients we serve, your co-workers and your hospital, thank you to every one who has participated in the Employee Appeal.

Together we are making Southcoast a better place to work and the best place to get medical care in the region! 

EMPLOYEE ANNIVERSARIES

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Ann Pieroni

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Don Gifford
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Sheila A. Santiago
Jill S. Sawicki
Heather Sbardella
Sandra C. Schard
Pamela Shea

Darcy L. Silva
Grace Silva
Kelly Silva
Kim J. Silva
Lina Silveira
Joseph T. Silvia
Joanne Sleep
Eric A. Smith
Julie Ann Smith
Bernadine B. Spooner
Agatha St. Amour
Victoria L. Stengel
Wendy St. Julien
Renay M. Szargowicz
David J. Teixeira
John P. Teixeira
Amy C. Texeira
Todd J. Thatcher
Patricia Tonetto
Liseta D. Vertentes
Monica A. Vest-Parris
Sandra Vieira
Maria A. Vilamarim
Maria C. Viveiros
Cherilyn Whalen
Kara Whittaker
Rebecca Lynn Willis
Anne Marie Zine

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Lucia M. Alves
Ana J. Amaral
Jessica Amaral
Lisa Amaral
Maria Amaral
Wendy S. Amaral
Anastasia Andrade
Alison Arruda
Maria Arruda
Paul Arruda
Krunna C. Ashby
Allison Athanasiou
Holly A. Avilla
Patricia F. Babbitt
Natasha L. Banoub
Kristen M. Baptista
Joseph T. Baptiste
Stephanie Jill Barber
Yadira Barrett
Diana Barton
Melissa J. Beauchamp
Rhonda M. Beaulieu
Roger Beaugard
Tracy Beckman
Kendra Belken
Adressana S. Besbati
Liza M. Blackledge Davis
Jennifer L. Bloom
Hedwig Bodeau
Michael C. Borden
Brandie A. Bosse
Natalia P. Botelho
Melissa A. Boyd
Amy Boyko
Lauren Braga
Tess Brightman
Helen V. Bryant
Ingeborg Callahan
Lauren Camara
Elizabeth J. Cardin
Andrew Carvalho
Tina M. Catyb
Maria S. Centeio
Rufe V. Chevalier
Melanie Chitas

Megan Coito
Gabriella P. Coon
Beth A. Cordeiro
Cidalia Correia
Filomena Correia
Michele M. Corrigan
Kelly Cotter
Patricia Cowing
Diane M. Cruz
Jenna Cullivan
Karen L. Cunha
Erica Dallen
Diane S. Daponte
Kevin B. DaRosa
Eduarda Dasilva
Jennifer Davis
Rhaushaline Davis
David DeCosta
Marianne Del Guercio
Karen M. Deluca
Maria DeMelo
Tracey L. Dennison
Brian DeOliveira
Filomena DeOliveira
Maria L. Desa
Nicole L. Desrochers
Melissa Desroches
Susan Dias
James A. Doherty
Jason A. Doherty
Amanda Dopart
Caroline M. Dorais
Bruce Duarte
Sunshine M. Dutra
John G. Economos
Melissa M. Escaler
Rosemarie R. Esplana
Maria E. Estrela
Sandra Exil
Rachel A. Falcon
Tracy A. Feitor
Marybeth Ferrarini
Courtney L. Ferreira
Lina Fidalgo
Claire Fineberg
Sharon L. Finucci
Fernanda Fonseca
Andreia Fontes
Jeffrey S. Fortier
Tammy A. Francoeur
Nathan B. Freitas
Ivelia Frias
Colby Gamboa
Alda Garcia
Michelle R. Gastonguay
Karen Gilson
James L. Glover
Shane J. Gomes
Victor M. Gomes
Mariana Goncalo
Terrie M. Goncalo
Melissa Gonsalves
Christina A. Gracia
Patricia Grime
Diane Hathaway
Melissa A. Hennrikus
Roger F. Holmes
Dianne Holtkamp
Mercedes J. Hubert
Yvette Johnson
Mark Kershaw
Gina M. Kiser
Elizabeth Knapman
Deborah Anne Kosior
Mary Ellen Lacroix
Jennifer H. Landers
Timothy Landreville

Michael G. Langford
Miranda Latimer-Swift
Barbara L. Leach
Michelle Letourneau
Renee C. Levasseur
Wendy Levasseur
Lucia C. Lima
James A. Lincoln
Linda D. Little
Kyla M. Lopes
Tara J. Lorusso
Bernadette MacLellan
Amy C. Marques
Ana T. Marques
Jo-Ann Marshall
Martha Marshall
Maria H. Martins
Florence Martocci
Meredith Mattson
Dale R. McCleery
Tina M. McDonald
Christine A. McElroy
Ana Alicia McGill
Lisa M. McGreavy
Patrick G. McLoughlin
Susan J. McMahan
Margaret A. McNulty
Jamin John Medeiros
Maria A. Medeiros
Ronald Medeiros
Renae Mello
Kaitlin E. Mendonca
Jeanie A. Michalewich
Diane E. Millet-Squillante
Stephanie A. Miranda
William J. Mitchell
Jose L. Moniz
Helia M. Monteiro
Shannon R. Montigny
Dawn Munise
Meghan E. Murphy
Robert N. Murray
Deborah J. Nery
Amanda Neto
Martha Nieves
Marilyn R. O'Neil
Kevin M. O'Sullivan
Marina Pacheco
Maria A. Paiva
Ana C. Pata
Rebecca Pattison
Karen M. Pavao
Krystyna Pavao
Stephanie J. Pavao
Virginia Percy
Maria C. Pereira
Tanya L. Pereira
Ermelinda Perpetua
Nancy M. Perroni
Susan Perry
Tyna L. Perry
Michele Petersen-Minshall
Lucelina Andrade Pires
Jeannette Pittsley
Jennifer Poirier
Deidre M. Ramos
Lucy J. Ramos
Sheila M. Ramos
Maria G. Raposa
Christine Raposo
Nathan Rebello
Gracionilde Rego
Patricia Rego
Brett Reynolds
Donna Richard
Merari Rivera

Lisa J. Rizza
Dawn R. Rocha
Francisco Rodrigues
Cynthia J. Roseman
Elaine L. Rousseau
Linda J. Sampson
Debora C. Santos
Heather E. Santos
Martha Saunders
Shawn Seim
Odilia Sequeira
Brooke Shaker
Fallynne Shannon-Rodrigues
Caroline E. Shedd
Jennifer C. Silva
Sandra Silva
Pamela A. Silverberg
Lisa M. Silvia
Joseph E. Singleton III
Lloyd Solomon
Jennifer Sousa
Laudalina Sousa
Nicole Sousa
Renee Souto
Pamela B. Spirlet
Darlene M. Stephens
Anne Marie St. Pierre
Barry Sturgis
Shonah B. Surprenant
Eric Sylvia
Kristin L. Talbot
Diane Tavares
Linda Tavares
Luisa Tavares
Maria Z. Tavares
Steve Tavares
Anne M. Teixeira
Julie C. Tetrault
Catherine M. Teves
Karen S. Towers
Sally J. Tripp
Lillian Tucker
William Turcotte
Stacie Uhlman
Jennifer L. Velez
Jessica L. Viegas
Jennifer Vieira
Kristine S. Vieira
Maria F. Vincent
Brenda M. Walsh
Robin J. Weiss
John D. Wethington
Tara Whiting
Shawn C. Whitmore
Susan M. Woodruff
Erin M. Wordell
Barbara Wright

Employee Anniversaries



Quality & Safety


Ronald B. Goodspeed,
MD, MPH, FACP, FACPE
President, Southcoast Hospitals Group



Service Outcomes: (All results are for patients who would “definitely recommend” Southcoast.) Inpatient Satisfaction for February improved slightly from January, primarily due to a tremendous improvement at the Tobey site. St. Luke’s also experienced a slight improvement, but Charlton’s rate worsened slightly. Aggressive efforts continue at all sites to improve this satisfaction rate. Emergency Department satisfaction rates remained at 57 percent for February. The winter month patient volume surge, resulting in a need to hold patients in the ED, combined with long wait times were major barriers to achieving improved satisfaction rates in the ED. However, all sites are working with staff and systems to improve satisfaction. Outpatient satisfaction rates improved to 88 percent in February.

Clinical Outcomes: As reported last month, we have experienced an increased rate of reported medication errors with the October 1 implementation of a new online reporting system. Despite the increase in reported events, the medication error severity index remains stable and very close to goal. The index signifies that the reported events are not resulting in serious patient harm. We continue to monitor the overall rate very closely to determine if there are any new error-related trends.

Efficiency: The length-of-stay for medical patients over 65 years is still problematic. Many efforts are underway with nursing homes, home care, ancillary departments, physicians and nursing. We will not meet our very aggressive LOS goal for Fiscal Year 2008 but continue to solicit and implement ideas to improve performance.

Patient Safety Committee: The Patient Safety Committee was established to increase overall patient safety and address reaccreditation by The Joint Commission and the U.S. Centers for Medicare & Medicaid Services. The committee will concentrate on Southcoast’s implementation of and adherence to the National Patient Safety Goals, which are put forth by The Joint Commission. David Spoor, RN, FABC, NE-BC, Director of Nursing at Tobey, serves as co-chair of the committee with Irene Casey, RN, Director of Medical/Surgical Services at St. Luke’s, and Amy Leduc, RN, FABC, CNA, BC, Director of Medical/Surgical Services at Charlton. The committee has system-wide representation, including Southcoast Home Care and Allied Health services, and is made up of management and front-line staff. In addition to clinical areas, risk management, physicians, organizational development and professional development participate on the committee. The committee will develop system-wide approaches to meeting the National Patient Safety Goals, based on best practices. A point person has been identified for each of the 16 goals and is responsible for the implementation and tracking of their goal. Each point person has formed a sub-committee with members throughout Southcoast to assist with implementation and tracking. Results will be reported to the Quality Steering Committee and to the Board of Trustees’ Quality Committee. Expect to hear more about the National Patient Safety Goals from your managers and supervisors. 

Documentation Requirements

Consistent documentation is essential for patient safety. These requirements need to be filled **100 percent of the time:**

- Sign, date and time all entries in the medical record.
- Physicians must sign/date/time verbal and telephone within 48 hours.
- Patient restraint orders require a physician order and daily reorders.
- History & Physical Reports:
 - Cannot be more than 30 days old.
 - Must be updated within 24 hours of admission.
 - Require an update prior to an invasive procedure.
- Pain assessment and reassessment must be documented in the medical record per policy.
- Prior to an invasive procedure in any care setting, all members of the team must actively participate in the timeout process.
- All logs/checklists must be completed — no blank boxes for required data are permitted.

Sign,
Date &
Time

Documentation 1-2-3

All entries in the medical record by everyone must be:

1. Signed (legibly)
2. Dated
3. Timed

News Briefs

Kolleen DeAndrade, PA-C, Chief Physician Assistant (PA) for Southcoast’s Cardiac Surgery program, has been recognized as a Distinguished Fellow of the American Academy of Physician Assistants (AAPA). She has been a PA for 18 years and has served as Chief PA for Southcoast’s Open Heart Surgery program since its inception in 2002, working with cardiothoracic surgeons Thomas Carr, MD, and Christian T. Campos, MD, of Southcoast Cardiac and Thoracic Surgery in Fall River.

Southcoast received the Yankee Alliance Savings Award for acute care hospitals with more than 300 beds for calendar year 2007. The award is bestowed upon the hospital with the greatest amount of savings reported to Yankee Alliance and was given to Southcoast as a result of the \$1.3 million savings achieved by Charlton’s Cardiac Catheterization and Electrophysiology labs while participating in the Premier/Yankee Cardiovascular Collaborative Break-Through Series. The savings were achieved through process improvements and new contracts for medical supplies. Project leaders were **Margaret Ferrell**, MD, Medical Director of Cardiac Interventional Services, **Marcia Liggin**, RN, CNAA, BC, Senior Vice President & Chief Nursing Officer, **Laurie Mulgrew**, RT (R)(CV)(M), Director of Cardiac Interventional Services at Charlton and St. Luke’s, and **Jonathan Taber**, Director of Materials Management for Southcoast.

Southcoast Health System received the Rockefeller Award from the United Way of Greater New Bedford for helping with the success of its 2007 campaign. The Rockefeller Award is given to organizations that raise more than \$50,000 for the United Way.

the Interview



Robert Quirk, RN

Safe Patient Handling Educator, Professional Development

Bob Quirk stepped into the newly-created role of Nurse Educator specializing in safe patient handling in February. The role was created through the efforts of Janet Hathaway, Director of Occupational & Employee Health, Kathleen Nelson, PT, Team Leader, Ergonomics, and Robert Ready, RN, CNAA, BC, Director of Professional Development, to help transition Southcoast to a “no-lift” environment by 2010. Quirk recently spoke with Coastlines about his new job, developing a culture of safe patient handling at Southcoast and how it all ties into Patients & Partners First!

How would you describe your job?

My position as Nurse Educator with system-wide responsibilities is to help create a safer work environment for both patients and staff. This involves facilitating the use of safe patient handling equipment, assessing each work environment to determine the type of equipment needed, providing training on that equipment and identifying employee champions at each site to aid in all these activities. I am part of a Safe Patient Handling Task Force, which works across disciplines to reach all employees whose jobs include lifting patients. Our goals are to reduce staff injuries and loss of work time due to injuries and to create a no-lift workplace by 2010.

What is the tie-in with Patients & Partners First!?

Southcoast has always made patient safety a priority — and it still is very much a priority. The initial focus of the safe patient handling initiative is staff safety. We want to create a culture of safety that will dramatically reduce lifting injuries and the severity of injuries — a culture where using equipment to move patients becomes second nature.

But doesn't staff need different types of equipment depending upon what types of patients they care for and the type of work they do?

That's right. That is why the Safe Patient Handling Task force works with unit leadership to complete an analysis and determine what equipment they need. The task force has identified an array of equipment that is suitable for different needs. Staff from each unit will help us identify which devices are needed to help them take care of their patients and do their jobs safely.

How will all this happen?

The Safe Patient Handling Task force has a firm time line where we will bring several patient care areas together and work with them to develop a “no-lift” area. We expect that every three months we will bring three patient care areas together, incorporating the no-lift culture into their daily practice. To help the staff achieve this new type of clinical practice each unit will have several ergonomics champions who will provide support to their co-workers. We will return to those areas considered no-lift to see how they are doing and to make adjustments and provide additional education, if necessary.

What is a no-lift environment?

It is an area or unit where staff assess each patient's mobility needs and use the appropriate mechanical device to reposition or transfer the patient should they require extensive assistance. There will always be extreme cases — when there is a patient emergency — when staff may need to lift a patient without equipment, but we want to create an environment where using the right equipment is a natural part of the process. We realize that this is a big undertaking and is going to require a change in culture but it will definitely be worth it in the long run. 📖