



CASE STUDY

PUNXSUTAWNEY AREA HOSPITAL

Situation

The Punxsutawney Area Hospital is a small community hospital located in Northwest Pennsylvania. In the summer of 2014, the Safety Committee reviewed the state of patient handling in clinical areas as worker injury and workers' compensation premiums were rising. Replacement staff costs were also very high as the hospital was required to pay existing staff overtime due to the staff shortage in this rural area. Patient handling policies outlined in the Safety Manual were vague and encouraged staff to manually move patients using appropriate body ergonomics during a lift. During the initial investigation, it was revealed that the facility had huge gaps in their patient handling policy, resources and processes that prevented any compliance and accountability for using equipment. There was no standardized patient assessment to determine the abilities of the patient, or consistent equipment selection guide.

At the time of the policy review, the hospital had an inoperable sit to stand device, a pneumatic lift, 2 roller boards, friction reducing slide aids (6 hospital wide) and 3 HoverTech Air Supplies for use with the single, reusable HoverMatt that was shared by three units. All devices were over 10 years old, infrequently used, and staff training was insufficient for effective implementation.

When staff were asked why they chose not to use the lift equipment available, statements normally included: *"they do not work"*, *"patients were afraid of the device"*, *"I don't know how to use them"*, or *"they take too long"*.

Specifically looking at lateral transfer equipment, the air supplies were all operational but many staff found it burdensome to place the HoverMatt under the patient and remove it after each use. Some departments were unaware of the Single-Patient Use HoverMatt and the fact that it could be left under the patient for their entire length of stay. Staff who were trained to use the HoverMatt were huge champions, but had difficulty getting coworkers agreeing to use them.

In April of 2015, the Safety Committee referred the issue to a newly formed Work Improvement Team (WIT). The team included staff from each nursing unit – Emergency, MedSurg, Physical Therapy and Nursing Supervisor and Intensive Care. Staff from personnel, Education and patient safety were also a part of the team. The goal was to evaluate and implement needed changes to create a current best practice for patient movement at the hospital. The team reviewed compensation data related to type of injury, mechanism of injury, cost of care, departments affected and a literature review for current best practices. The team constructed a flow diagram of current employees onboarding education/competencies and reviewed patient movement policies. WIT members also conducted employee surveys to assess patient equipment issues/needs/operation; current practices in patient movement and culture of safety.

Implementation

The hospital instituted comprehensive changes in their patient handling processes. The WIT committee selected a consistent assessment to determine the ability of a patient to move. The assessment was simple and offered

a convenient way to match the needs of the patient with a device that provided the appropriate transfer. Patients who required assistance for a lateral transfer would be matched up with a HoverMatt SPU.



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The team needed to address the difficulty of getting the matt under a patient. The solution was to have the ER/EMS staff place the matt on the gurney before the patient was placed, eliminating the need for log-rolling. The matt could then follow the patient throughout the facility.

The hospital purchased a fourth Air Supply for the Radiology department. SPUs were placed in the Radiology, MedSurg, ICU and ER units with an air supply. Storing the air supplies and the HoverMatts was the most effective way to get staff to use them. Larger HoverMatts were purchased and stored with bariatric beds.

WIT members had a plan in place by the end of September 2015. In October, 2015, 16 clinical managers participated in four hours of training to review their roles in supporting employee buy-in and structures to support change across the organization and the departments.

Staff training included conducting the assessment, matching the proper patient to the proper device. Each unit selected super users for various shifts. Sixteen super users were trained in December 2015. Staff training took place over many weeks and the program was fully implemented in February 2016.

WIT members encouraged annual competencies to be required after implementation and integrated patient movement training into nursing orientation. The hospital set up a committee dedicated to patient movement. A policy was written. Monthly rounding occurs to discuss results. Super users are asked to complete a total of 3 observations of patient movement. The committee is tasked with ongoing resource maintenance, equipment selection and improvement of the hospital's patient handling program. A poster campaign for tips on using equipment was used during the first six months of implementation.

Conclusion

Looking at workplace injuries 2 years prior to the implementation of the program in February 2016 specifically related to lateral transfers, boosting and repositioning, hospital data shows the following results:



*Facility costs based on direct cost of care plus indirect costs which are conservatively estimated at 3 times direct costs. Indirect costs include overtime pay, recruiting costs, replacement staff, training and reduced productivity.

From April 1, 2016 to March 31, 2017 Punxsutawney Area Hospital purchased \$51,546 in HoverMatt SPU and saved \$113,754 in direct and indirect costs. The calculated return on investment was 120%.

Some comments from staff:

Some patients are anxious when you tell them about the HoverMatt, but that doesn't last long. Frequently the patient smiles when the matt inflates. One patient with severe back pain compared the HoverMatt to a fun amusement park ride. I will no longer move a patient without the HoverMatt.

Staff was always calling me to move patients. With implementation of the HoverMatt, my back doesn't hurt like it used to!