

[Please stand by for real time captions.] >> Good afternoon everyone and welcome to the a and I FDA webinar. Best practices for safe patient handling and mobility or Mac my name is Kathy Miller and I'm a nurse at the FDA and constituent affairs and I want to remind everyone that the teleconference number four provided with the webinar, we asked the only call it if you have a question , we will hold questions until the end of the webinar. The number is 877, 231 The number is 877, 231-0558. The participant code is 212199. For those of you who do: on teleconference numbers, please put your phones on mute when not speaking. >> I am joined by Holly Carpenter and we will be your host today for the program. Also joining us today will be Victoria Wagman subject matter for the center for devices and radiology health and office of the center director along with Jamie Murphy Dawson, senior policy analyst in the Department of Health safety and wellness of America this -- nurses Association or Mac --. >> Please withhold from calling in on the number until you have a question at the end of the webinar to address with the speaker. At this time I will turn it over to Holly Carpenter.

Conflicts of interest occur when an individual has not paid to affect education content about healthcare providers which here he -- she or he has a financial relationship. >> -- This CME activity is not supported by under structured educational grant or in kind to deny it -- donation.

Does not include any unannounced information about the --

The center for continuing education and -- that there is real or implied endorsement by any product service or company referred to in this activity nor of any company subsidizing costs related to the activity. Thank you so much for listening to that.

Thank you Holly.

That afternoon and welcome to the a in a FDA [Indiscernible] best practices for safe patient handling and mobility technology in my name is Kathy Miller and I'm -- --

I want to remind everyone that is calling in to please mute your phones unless you are directing a question.

Joining us today we have Victoria -- Victoria Wagman and FDA's office of the center along with Jamie Murphy Dawson senior policy analyst in the Department of Health ADN wellness at the American

nurses Association and at this time out the presentation over to Victoria. >> [Indiscernible - multiple speakers]

Good afternoon I'm today were going to talk about patient [Indiscernible] the device to move patients from one place to another.

[Indiscernible - multiple speakers] >> There intended to make the task of transferring each year -- easier and safer for patients and nurses in this device does not include stairways or elevators. As you can see from the picture they are very diverse in nature.

Patients fall into two categories including motorized and manuals and motorized list utilize a rechargeable battery to operate more manual lists [Indiscernible] operating.

Well patient lifts [Indiscernible] it has not always been the case, FDA [Indiscernible - multiple speakers] biometrics it was be is reviewing adverse events on medical devices.

After viewing adverse events reports on patient list, [Indiscernible] found that they are being used improperly . This include -- resulted in patients following causing head traumas, fractures and death.

FDA recognizes the need to balance [Indiscernible] which several states have mandated a patient safety accomplish this patients and user list must read all operating instructions provided by the manufacturer before use.

FDA also recommends the best practices for nurses to follow to decrease the risk of patient falls when using patient lifts and institution should offer and nurses should take training on operating patient lifts in use. When selecting this slaying nurses should use only one manufacturer rated for the patient wait. Also inspected [Indiscernible] for each use to ensure seems are intact and there's no frame or damage before placing the patient on it. Don't ever use a sling that is damaged. >> Prior to using let's nurses should [Indiscernible] if there's agitated or restless. The like the form the base of the list should be kept at the maximum open position for optimal stabilization during use. Nurses should not forget to lock all but structures in wheelchairs before beginning to transfer patients using list and check for in place patients on the inside of sling Fenderson should keep all latches clips and hangers for securely fastened during operation. >> General considerations for patient lifts are don't exceed the weight limits,

and follow the manufacturer recommendations for washing in maintaining this link and create -- maintaining the sling and creation follow maintenance safety. >> Thank you Victoria. At this time I want to remind anyone called in, please mute your phones. Actually a correction at the end of the webinar we will ask that you direct your questions on the Adobe connect so we can address those in the chat box. >> -- Jamie.

Thank you Kathy. >> I wanted to begin by giving an overview of the mission statement of a in a safety and wellness. We were formally named the center for environmental and occupational health. We worked to promote the health and safety and wellness of the nurse and work -- and working profession. Healthy working met -- environment and healthy nurse. Healthy work environments include [Indiscernible] sounds prevention in worksite wellness and under healthy nurse we focus on the physical emotional spiritual in [Indiscernible] of health safety and wellness and these include healthy weights and healthy slaves in respect and resilience to address bullying and [Indiscernible] in the workplace. >> I want to talk about the data that laid the foundation for our work on health and safety. We conducted the health and safety survey and we had 4600 and some nurses responded and some responded -- representative hospitals and we did a survey 2000 once were able to present results from a decade earlier. And overall survey results indicated the workplace conditions have improved since 2001. For nurses have access to safe needles, experience fewer work-related illnesses and [Indiscernible] while at work.

It was good news in regards [Indiscernible] and nurses responding to the survey reported greater access to patient lifting and transfer devices. However more nurse -- more nurses are concerned with [Indiscernible] and 62% of the nurses who responded to the survey reported of disabling MST is a top concern and 56% of those actually experienced MST the was made worse by the job. Of this 56% over 80% of the nurses reported working despite frequent pain. >> We also captured information on the ability and use of patient uses a devices and that it is not pictured on the slide but we had about two thirds of the nurses that had devices available to them but only three [Indiscernible] rarely. The survey didn't include server -- further questions why nurses were not using it meant but other research had identified barriers to include lack of training or education on equipment or accessing the equipment when needed at the point of care.

It's our hope the standards I overview will help facilities to address barriers to use.

In a enables to continue gathering information as well as other health safety and wellness topics and through national health risk appraisal that we will launch this fall. You can learn more about that and access the 2011 health and safety survey as our website nursing website.org.

Also the survey we asked questions together nurses dependent about the work environment. To get a sense of of health and safety affect nursing practice in the nursing profession. In general nurses agree that health and safety concerns do influence the type of work that they do and a lesser extent if they want to continue practicing the field.

We paid attention to the nurses response related to the feelings of safety in the work environment and 50% stated the firm lawyers inform them about dangers and [Indiscernible] . Post versus how this way but it's worth noting that 40% of nurses either said they disagree or felt neutral one responding to the statements. This indicative of a safety culture that exist or does not exist for the nurses. We will talk more about that momentarily in the standard field. >> The US Department of Labor Bureau of Labour statistics released an annual report on the rate of nonfatal occupational injuries and illness the require [Indiscernible] away from work in this report includes all occupations. In this report healthcare and [Indiscernible] experience the highest rate of nonfatal occupations injury and illness than of any other sector including manufacturing construction and the graphic on the left is a general overview of the reportable illnesses and injuries but 33% of all injuries were related to MST. -- MFS D -- MSD . >> [Indiscernible] needlessly injured on the job and when safe patient handling mobility is [Indiscernible] injuries are drastically reduced . While many organizations have safe patient handling policies, they reported challenges implementing and sustaining the program and several states have an active laws related to implementing safe patient [Indiscernible] but the comp -- components vary from state to state.

Widespread consensus in healthcare in the universal safe patient handling standards were needed to protect healthcare workers into improved patient safety.

Last June after focus groups the American nurses Association convened and interprofessional national working group to begin developing the standard. We concluded representatives from nursing, physical in that facial therapy, public health, loss control, ergonomics and long-term care among others. We will list of the names and affiliations of the wonderful working group members on our website. The working groups that work with this list of expectations and first we wanted to standards -- wanted the standards -- across a variety of standards and we wanted the standards to be realistic in his -- obtainable but raise the bar and of course the standards were to be evidence-based and outcome focused and ready to be incorporated into practices, policies and registration and you regulation. >> -- General public with -- wrote the development and where the public comment period in November and we received hundreds of comments that were integrated in the document . Listed here are the eight standards. Each standard has two parts which Ellen the roles of employer and leadership and also the role of healthcare workers [Indiscernible] . Also included within the standard are examples of

situations experience of healthcare workers and healthcare recipients and these daily practice examples of bolstering clarify the intent and implementation of specific standards. I will highlight a few throughout the presentation. Additionally publication includes all three and policies [Indiscernible] -- resources to effectively implement the standard. I want to address some of the terminology that we use. You may notice the title now includes and mobility and this is to represent the progressive mobility which is the goal of this webinar . The term patient while used in the title is not included in the standard. With the exception of standard number six and this is because we choose to use the term of your recipient to represent others across the continuous care to include residents, clients and [Indiscernible] . >> The first standard, is to establish culture of safety and a culture of safety existed environment where safety is emphasized over competing goals. And leaders drive a culture of safety by demonstrating their own commitment and making sure that staff have the appropriate resources to achieve the desired results. A culture of safety and health care includes fair and non-unitive healthcare [Indiscernible] and inclusive process for right of refusal and safe staffing and an emphasis on communication and collaboration. The graphic from this slide is reprinted with permission from Boston University. There are similar models but I found this one to be especially effective. Importing to be you, the safety model represents core values for -- integrated into the institution. The core principles they identified include leadership and oversight , organizational practices, institutional structure, shared core values and beliefs and management systems.

Within standard one employee is encouraged to begin the process by establishing a statement of commitment [Indiscernible] . In such a statement it will help an organization identify core values to guide priorities the used for research applications test resource allocation and establish policies and procedures. >> Standard care [Indiscernible] and sustain the safe patient handling mobility program direct -- program .

The first responsibility way identify under the standard this for the employer to designate a group of stake all there's. The stakeholder group will develop implement, evaluate immediate and maintain the safe patient handling mobility program . This group will receive data related to the program and make recommendations for improvement. During important that the group reflect collaboration among leaders and -- leaders in the organization and also [Indiscernible] support workers ancillary support workers are whose work is necessary to support the program this can include those from risk management environmental services. >> Forming a workgroup is critical because this is essentially a group of people who will guide and oversee the implementation of the remaining standard.

Another component of standard is the development of safe patient mobility handling program to include goals and objectives and a plan for ongoing evaluation, compliance and improvement. The written plan should address each of the eight standards and of course reflect compliance with any applicable state law and regulations . The standard also stiff employer should identify and allocate

funding to implement and sustain a program. In financial should be based on the turn -- return on investment, I wanted -- analytics and cost-benefit. >> Susan 57 iron Works an old community Hospital and I'm proud to work in underserved community and we never have enough money but we get by that I do worry about injury for both me and my patient. The rooms are crowded in the bathrooms are small would take corners and we cannot keep the portable of the hallway because of fire code so it's kept in the far storeroom or Mac --. >> I hear we are getting a new model and I hope it will fix things .

-- Safe environment of care and under the standard the employer and health care worker to incorporate or -- organismic design principles. -- Or Dominick design principles or deny Mike -- or economic .

-- To accommodate equipment and the flooring is smooth, forgetting is not ideal especially when using floor list because they are very resistant and might make it more difficult for the healthcare worker to use. It's important healthcare workers have an opportunity to provide input into the design because they're the ones who have an understanding of the daily task involved in patient care. They understand how the design of an environment can support or impede safe patient handling and mobility and that is evident from the daily practice example. >> [Indiscernible - multiple speakers]

The for standards include selection, installation and maintenance technology, needs assessment needs to be performed and it should be done by and interprofessional group of stakeholders. The plan should be established [Indiscernible - multiple speakers]

Picture technology purpose that meets the needs and under the standard is also critical to address accessibility.

Technology should be strategically placed within the organization to ensure is convenient for healthcare workers to use. It's very likely that a nurse. Caring for patient to go down the hall to retrieve a for loop from a storage closet.

Plan to identify technology needed should be put in place and also the system to install clean, maintain, repair and upgrade the technology should be established. I included a picture of an electrical outlet because we heard anecdote about equipment and storage closets with drained batteries. >> If the equipment cannot be turned on and used when it is needed.

To address the ever evolving innovation and complexity of safe patient handling and mobility equipment the standard use term technology to describe the system tools within the organization and these may include equipment, devices, accessories, Pastore and multimedia resources. -- Fast aware and multimedia resources. >> -- Learn to use the technology. >> Sherry rolled her eyes come up off the floor again, she hoped the mobility training would go quickly because she was shorter step maybe if she signed in and status for a few minutes. >> The purpose of this standard is to ensure that healthcare workers maintain confidence we for safe patient -- competency. >> Training is to be provided as appropriate and as needed it new employee orientations. On an annual basis and any time new technology is introduced it is key that employers provide time for employees to participate in learning sessions and education and training should be provided during scheduled workouts and one possible training should be provided at the point of care and this is especially important in community setting such as home health or schools where the environment of care is very different from a seminar room . Training at the point of care will increase healthcare workers comfort using technology and help to identify any challenges or barriers to using the equipment. >> The standard also emphasizes the role of healthcare workers and engaging and educating health care recipient and their families on safe paid -- patient [Indiscernible] . >> The purpose of standard number six is to integrate patient centered assessment , individualized care planning and appropriate use of safe patient handling mobility technology to meet the needs of patients and support the healthcare worker. The employer's responsibility under the standard is to provide a written procedure on the safe patient handling will -- mobility assessment in the plan of care. This procedure will outline how to evaluate healthcare recipients safe patient handling mobility status and establishing individual bowls and selecting the appropriate technology. It also important to safe patient handling mobility is a direct throughout the transition to different environments of care. Such as after a patient is discharged. Healthcare workers should teach the health care recipient in family about the safe use of [Indiscernible] technology and assist with the transition of care .

Techniques [Indiscernible] as pictured here in this example of a health care worker, choosing fits and technology to help mobilize the health care recipient. >> Lidia is a physical therapist at General Hospital, a he to see makeovers injured while lifting are emulating patients in the amazing thing is that a lot of injuries happen when working with relatively small frail patients and I guess the workers forget, part of my job is getting them healthy enough for early return to work and people feel better if they are active and feel needed or Mac I work with them when using the safe [Indiscernible] mobility equipment any wish it was used all the time .

The seventh standard includes [Indiscernible] as reasonable accommodation in post injury return to work. The goal is a standard to help the employer match the physical capability of injured healthcare worker to physical demands of the job. The use of SP HM is one strategy to facilitate injured employees

to work and injured employees are able to return to work as quickly as possible and any work restrictions are honored in order to prevent additional harm and expedite the recovery. The standard again emphasizes the importance of monitoring the frequency severity and cost of healthcare worker injuries associated with manual patient handling. This data that can be used to prevent future injuries. >> Stacy the chief financial officer was amazed, say patient like handling mobility turned into [Indiscernible] for upgrading and expanding the safe patient [Indiscernible] technology. They used a new method for calculating the return on investment in the demonstrate a range of direct and indirect cost and they considered impact on workers compensation, staff turnover and improved safety and [Indiscernible] and that even God cannot on 30 days readmissions related to immobility and [Indiscernible] and made recommendations for better discharge planning. With value based purchasing this an investment I can support.

Finally stated it is to [Indiscernible] evaluation system and employer and healthcare workers partner to establish a system to evaluate SP HM using staff performance, staff injury incident and severity and health care recipient outcome metrics. Under the standard the organization will establish a comprehensive evaluation and quality improvement system. During the initial planning stage phase of the program or Mac the system should be based on the written goal and objective established. The evaluation should be conducted on a regular basis. Under the standard organizations and identify appropriate quality improvement indicators to assess how effective [Indiscernible] program is in the daily practice example on this slide, the healthcare facility used metrics such as impact on workers comp [Indiscernible] healthcare recipients in readmission inpatient falls. Under this [Indiscernible] it will help to turn -- determine how the system can be related moving forward and how to create future injuries. The data provided can provide a sound prevention case for continued investment in the safe patient handling moving forward.

This is my over here the standard next I want to draw your attention to the resources available on our website.

Nursing world that are is [Indiscernible] and we have information on the wide range of topics including quality staffing advocates, and many more correct there are many resources available for members including tax she entered -- back -- back sheets. -- fact Sheets. >> One of these pages is Tran1.org andesite we developed specific safe patient handling mobility here you'll find links to the visit -- mission statement and information about [Indiscernible] efforts and our federal efficacy effort. We have resources related to [Indiscernible] standards including a pessimist lease video and brochure and we have a documents and resources from the federal government and other organizations related to safe patient handling mobility. >> The coming months will publish and information guide to assist organization with implementation of the standards and encourage you to

visit this page and join our listers you can receive timely information related to safe patient [Indiscernible] immobility.

Here are the references I used for this presentation. My contact information is on this slide and I believe we are also going to open two questions and I will turn back to Kathy for that information.