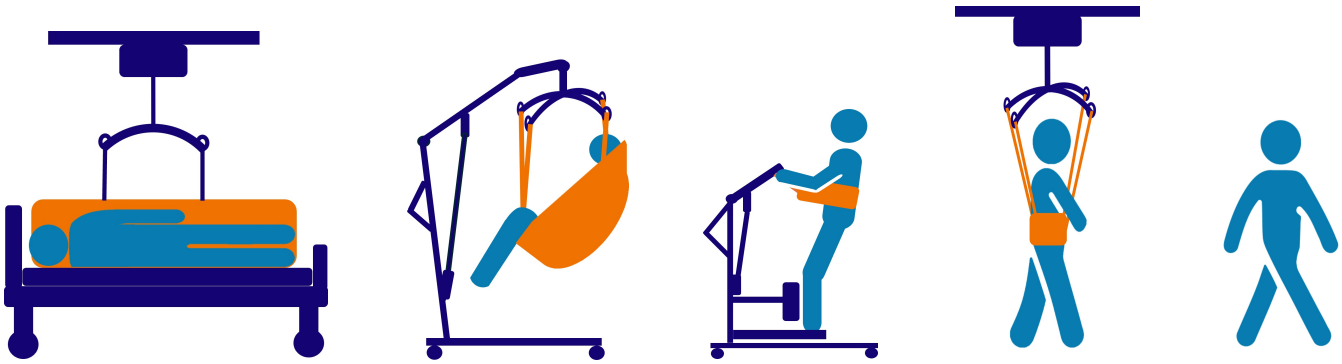
Nevada Hospital Association



Safe Patient Handling and Mobility: A Toolkit for Program Development

Section 4
Hazard Control & Program Plan Development

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The ***Safe Patient Handling and Mobility: A Toolkit for Program Development*** offers comprehensive guidance and resources to assist hospitals and other healthcare organizations in establishing and sustaining effective safe patient handling and mobility (SPHM) programs.

The complete toolkit can be accessed at **https://www.nvha.net/safe-patient-handling-and-mobility-toolkit/**

Reproduction and Use of Materials

Hazard Control and Prevention and Program Plan Development

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Hazard Control and Prevention

Step 8

Develop solutions to address and control hazards

Using the findings and recommendations determined in *Step 7,* the SPHM committee need to:

1. Determine what SPHM technology, processes and program elements need to be implemented to eliminate or minimize identified hazards, risk factors, and achieve a successful and sustainable SPHM program.

   This includes identifying the:

   I. SPHM technology solutions that can be used to reduce risk of caregiver and patient injury during high-risk patient handling and mobility tasks and

   II. SPHM program structure, components and activities that need to be developed and implemented that facilitate appropriate use of SPHM technology and ergonomic work practices by caregivers.

   Solicit assistance from managers and employees of the priority units together with stakeholders from support service departments (if not already represented on the SPHM committee). This approach assists with staff buy in and support of SPHM program efforts. It also helps the committee identify the most suitable units or departments for program implementation, such as piloting SPHM technology and related activities within high-priority areas.

   Tools that Support Content in this Section

   4a. Prioritizing level of risk for SPHM and solutions

   4b. Tips for choosing solutions

   4c. Project template

   4d. Communications plan

   4e. Policy samples

   4f. Program plan summary template

   4g. Unit-based SPHM champions/coaches

   4h. Lift teams pros and cons

   Refer to Section 6 for the Education and Training Plan Tool 6a

   Note: SPHM technology trials should be conducted with caregivers in unit(s)/department(s) where the program is to be implemented *before* determining the technology vendor, brand and quantity of technology needed and final cost-justification modeling completed. Leadership approval of the SPHM program plan is recommended before any SPHM technology is formally trialed ***(Refer to Sections 4 and 7).***

   As noted in *Step 7,* using problem solving tools to determine the root cause of patient handling-related hazards, and process mapping of patient handling activities, can help facilitate solution development ***(Refer to Step 7, Quick Tips).***

   Resources for developing solutions are listed below.

Resources for Developing Solutions

- Review the following Toolkit Sections:
  - ***Section 1*** to learn about SPHM Hierarchy of Controls to address patient handling issues and evidence-based SPHM program elements.
  - ***Section 5*** and the supporting Tools to learn about SPHM technology solutions and ergonomics best work practices.
  - ***Section 6*** to learn about SPHM training programs.
  - ***Section 7*** to learn about considerations when selecting, purchasing, and installing SPHM technology; pilot testing a SPHM program; and incident reporting, response, and management processes.
  - ***Section 10*** resources. These also include SPHM information for non-hospital environments e.g., long-term care, home health etc.
- Use the Gap, survey, and site-visit assessment data gathered in the Tools provided in ***Section 3.***
- SPHM technology vendor(s) in facilities with existing SPHM programs where SPHM technology is used.
- SPHM and ergonomics-related journals and professional associations (***Section 10***).
- The ANA Safe Patient Handling and Mobility Interprofessional National Standards, 2nd edition. https://www.nursingworld.org/nurses-books/safe-patient-handling-and-mobility-2nd-edition2/
- Use SPHM algorithms developed and published by the:
  - Veterans Health Administration (VAH) SPHM program *(available via a mobile app)* https://mobile.va.gov/app/safe-patient-handling
  - Association of periOperative Registered Nurses (AORN) Ergonomic Tools for Perioperative environments. https://www.aorn.org/docs/default-source/aorn/toolkits/safe-patient-handling/safe-patient-handling-pocket-reference-guide.pdf?sfvrsn=36a9944f_0
  - National Orthopedic Association of Nurses (NAON) https://www.orthonurse.org/Portals/0/Docs/Publications/Position%20Statements/NAON%20Safe%20Patient%20Handling%20and%20Mobility%20Algorithms%20for%20the%20Adult%20Orthopaedic%20Patient.pdf?ver=rueoatTtX342xARJCn9kJw%3d%3d

    These algorithms provide decision-making guidance about when and what different types of SPHM technology may be used to perform various patient handling tasks based on a patient's physical and cognitive abilities and clinical needs. The VAH algorithms also consider guidance on safe handling of patients of size.
- Visit and/or communicate with nearby healthcare facilities with SPHM programs. Evaluate their use of SPHM technology and processes, vendors, and discuss pros and cons about their product and service etc. Learn from their program implementation strategy to inform your planning process.

Solutions and strategies identified will be incorporated into the draft SPHM program plan. *Finalizing the draft SPHM program plan is discussed in* ***Section 4.***

Addressing SPHM needs is an ongoing process, as certain SPHM technology solutions and program components may require time to implement. Problem-solving is part of the process to continually improve the SPHM program.

I. Choosing SPHM Technology Solutions

Identify and prioritize at least 2-3 SPHM technology solutions that would eliminate or minimize risk factors associated with each high-risk patient handling and mobility task identified.

Consider the following criteria when choosing and prioritizing SPHM technology solutions (you may have additional criteria to add).

Employee-Related Factors

- **The frequency** that an individual caregiver is typically exposed to the high-risk task e.g., 8-10 times per shift.
- **The probability or likelihood** that the situation will occur e.g., the frequency that a specific type of patient handling task is performed in a shift (average, and minimum and maximum number of times) e.g., repositioning a dependent patient in bed. Consider how many patients and/or percentage of patients need assistance with specific care tasks such as showering, transfer from bed to chair, assistance from the floor after a fall and the level of assistance needed from full to minimal assistance.
- **The number or the percentage** of caregivers who are exposed to the task or situation per shift.
- **The degree (severity) of harm** that is likely to result from the exposure ***(Tool 4a).***

SPHM Technology Categories

Refer to Section 5 for more information and Table 5.1 for task specific use.

- Ceiling/overhead lifts
- Powered floor-based lifts
- Powered Sit-to-Stand devices
- Non-powered stand assist aids
- Patient slings that are used with lifts and sit to stand devices
- Air-assist lateral transfer and repositioning devices
- Non-powered friction-reducing repositioning/transfer devices
- Powered specialty beds that turn patients or change into a sitting and/or standing position

Evidence supports that powered lift equipment and Air assist devices are the most effective for reducing injury risk **(*Refer to Section 5)***.

SPHM Technology - procedural factors to consider (Refer to Sections 5 & 7).

- Quantity
- Storage and accessibility/supply
- Cleaning and infection prevention
- Maintenance and repair
- Sling management, e.g., supply, laundering (if applicable), inspection, disposal etc.

Patient-Related Factors

- **The physical, cognitive, and clinical/rehabilitation needs** of the patient population e.g., the SPHM technology that is best suited to a patient's mobility status.
- If SPHM technology (and the program) results in **other measurable benefits**, such as facilitating early and safe patient mobility and patient independence, reducing patient falls, improving quality of care or safer care and mobilization of patients at risk of physical violence or with cognitive deficits.
- If technology is needed to address SPHM needs of a **specific patient population** e.g., bariatric or patients of size, pediatric, etc.

SPHM Technology-Related Factors

- **The type or category of SPHM technology** that can be used to perform the high-risk tasks identified ***(Refer to Section 5).***
- If SPHM technology solutions **reduce the risk of work-related musculoskeletal disorders (WMSDs)** more effectively than other technologies. For example, friction reduction devices such as slippery sheets may not reduce force exerted by caregivers as well as an air-assist device ***(Refer to Section 5).***
- **The physical environment**, where the SPHM technology is to be used e.g., sufficient space for safe use (e.g., rooms, hallways, door widths, ceiling height, etc.), furniture and medical equipment that is typically used, storage capacity and convenient access for quick use *(Refer to **Section 5** for more information about space requirements).*
- **The feasibility of installing** chosen SPHM technology such as ceiling lifts.
    - **Note:** Further investigation of the physical building infrastructure will be needed to confirm if ceiling lift technology can be installed and be functional on a specific unit/location. Trial of floor based powered lifts and non-powered stand assist lifts may be needed to determine if they will go under and around beds, stretchers, furniture etc., and if they have sufficient vertical lift clearance over a transfer surface such as an exam table.
- If a SPHM technology solution can be used to **complete *only*** 1 or 2 or *multiple* patient handling tasks. For example, ceiling lifts with a track configuration that allow access to an entire patient room or work area, can be used to complete most patient handling tasks with patients who have a broad range of physical and cognitive abilities (when used with the appropriate sling). Alternatively, SPHM technology such as friction reducing devices, may only be able to be used to perform in-bed repositioning tasks and transfer patients between surfaces in a supine position.
- If SPHM technology solutions **improve task efficiency and workflow**. For example, using air assist mats or repositioning lift slings that may be left under patients who are transported on a bed or stretcher between patient care units and imaging or perioperative departments to reduce reliance on manual handling and optimizing efficiency and patient comfort. All departments/areas involved must have the appropriate SPHM technology to complete the patient transfers e.g., blowers or motors for use with air assist mats and/or overhead lifts for use with

repositioning slings. ***Section 5*** provides an example of this process and SPHM technology needed. Considerations when leaving slings and friction reducing devices under patients is discussed in ***Section 5.***

- If SPHM technology **reduces the number of caregivers** needed to perform the task. For example, a sling and lift system that allows a dependent patient to maintain a side-lying position during pericare, wound care, or other procedures, with minimal assistance from 1 caregiver.
- If there are SPHM technology solutions/strategies that are based on a **higher level of evidence** than others e.g., ceiling lift technology ***(Refer to Section 5).***
- If some solutions/strategies will **take longer** to implement. If so, can and how will risk be reduced in the meantime.
- Existing SPHM technology that can be **reallocated** to better meet program needs.
- **The approximate quantity needed** of each SPHM technology solution. This number will be based on factors such as task frequency per shift and the number or percentage of patients who will require use of the technology per shift (***Refer to Section 5)***.
- **Available budget and resources** to purchase, install and maintain SPHM technology and implement SPHM program elements such as a peer champion program and education and training.

  Note: You may gain some knowledge about budget parameters during the initial meeting with leadership and subsequent input from the SPHM program champion ***(Section 2).*** However, budget availability may not be fully known until you meet with senior leadership to gain final approval of the SPHM program plan ***(Section 4)*** and have presented a complete business case for implementing the plan and purchasing SPHM technology etc ***(Section 7)***.
- **Potential barriers** to successfully implementing SPHM technology solutions and how they will be addressed. These should have been identified as hazard analysis activities were being completed but can now be reviewed, discussed, and consolidated for inclusion in the SPHM program plan.

Tool 5a provides additional guidelines for choosing SPHM technology and includes ergonomics design and usability considerations.

II. Choosing the SPHM Program Structure and Components to be Implemented

Evaluating data collected from hazard analysis activities and identifying SPHM technology solutions will also assist in determining the structure or organization of the SPHM program and which program components or activities should be implemented to facilitate program success.

Determine potential strategies/solutions (and supporting rationale) for each program related activity to be implemented. *Evidence based elements of SPHM programs are listed in* ***Section 1*** *and are included in the* ***Gap Analysis*** ***Tool 3a.***

When determining SPHM program-related activities, consider the following:

- Are there patient handling tasks that should be **addressed immediately** due to the high level of risk i.e., before the program is implemented? If so, how will this be accomplished?

SPHM program components that contribute SPHM program success *(Refer to Section 1)*

- Management leadership (senior and supervisory) and a safety climate that supports the use and supply of SPHM technology, program sustainability, and facilitates culture or behavioral change to promote SPHM
- Active ongoing involvement of employees to facilitate and support all facets of an SPHM program.
- Well-communicated SPHM policies that promote minimal manual lifting and handling of patients who cannot move independently and clearly defined SPHM protocols for specific patient populations e.g., bariatrics, orthopedics
- Patient-centered SPHM assessment protocols and decision-making algorithms for selecting appropriate SPHM
- Ongoing competency-based hands-on SPHM education and training.
- Facility champions (SPHM program coordinators or managers)
- Well trained and resource-supported unit-based peer leaders or SPHM coaches that reinforce safe use of SPHM technology and work practices
- A well-defined and administered process for the reporting, recording, and responding to patient handling-related injuries and incidents
- Reporting processes and culture that facilitate early reporting of injuries and effective return to work and after injury care to minimize disability
- Patient handling tasks and practices included during rounding and related periodic worker and patient safety and risk assessments.
- Proactive design i.e., including SPHM in design and new construction and remodeling of health care facilities
- Periodic (at least annually) evaluation of program performance.

- Are there some strategies or program components that must be **implemented before others**?
- Are there solutions or program elements that should be implemented to meet **state SPHM law**, if applicable?
- Are there hazards or risks that can be **easily corrected**? Effective solutions to highly visible safety issues that are implemented early in program adoption can assist to gain employee and/or management "buy in" to program efforts.
- Will some solutions/strategies take **longer to implement**? For example, developing and implementing a standardized SPHM patient assessment protocol; installing ceiling lift systems etc.
- Are there program strategies that are based on a **higher level of evidence** than others?

- What strategies are best to ensure SPHM becomes a standard of patient care e.g., unit-based coaching by a peer(s); access to designated SPHM clinical expertise within the facility together with SPHM education and training, safety huddles, etc. Refer to ***Tool 4g*** *for more information about unit-based SPHM champions or coaches.*

  Other strategies that should be discussed include the use of a team(s) of employees who use SPHM technology and best work practices to assist with patient handling and mobilization tasks either on specific patient care units or facility wide e.g., Lift Teams, Early Mobility Teams. ***Tool 4h*** provides more information about the 'pros and cons' of Lift Teams. Early mobility teams and coaches are discussed in ***Sections 5 and 9.***

- How will the program be rolled-out? Is using a pilot approach the best method to implement and evaluate some or all the SPHM program components/activities before expanding the program to all patient care areas? Which unit(s)/departments will be part of a pilot initiative? *Refer to* ***Table 4.1.***

- Should the SPHM program be partnered with or integrated with a patient care initiative such as early mobility and falls prevention? How will the program be managed during implementation, maintenance, and future expansion? For example, will the SPHM committee oversee general program activities while subcommittees handle specific elements such as implementing a SPHM patient assessment protocol or pilot programs in certain units or departments? Does program management require a dedicated SPHM program coordinator if one does not already exist?

- What are the benefits and drawbacks of each strategy or activity?

- What is the available budget and resources to implement program elements such as a unit - based champion program, and SPHM education and training?

  Document the rationale or evidence supporting your decision to designate certain patient handling activities as high hazard, as well as the interventions and program components selected. For example, refer to previous patient handling incidents that might have been preventable or less severe if specific SPHM controls had been implemented, or cite an intervention that is strongly supported by published research or mandated by law. Ensure you include potential benefits related to patient quality of care, safety, and experience.

  This information can assist in gaining support when requesting and justifying budget and resources from senior leadership. It is also relevant for evaluating SPHM processes and outcomes following program implementation.

Quick Tip

Refer to the following resources to assist with developing and prioritizing solutions:

3g Template to summarize hazard assessment activities

4a. Prioritizing level of risk for SPHM and solutions

4b. Tips for choosing solutions

4c. Project template

Tips for Determining the Scope of the SPHM program
Once the committee has determined the type of SPHM technology, processes and program elements that need to be developed and implemented, then you can decide how best to implement the program (or enhance an existing program). There is no single way to do this. Individual health care organizations choose the approach that best suits their needs. For example: • When starting a SPHM program, implementing a pilot program on 1-2 high-priority patient care units may be the most manageable approach. A pilot approach utilizes fewer resources and less time to evaluate the effectiveness of SPHM interventions in achieving desired objectives versus implementing a new program on many units or facility wide. The types, brands, and models of SPHM technology that address a broad range of patient handling hazards can be identified for priority locations. A pilot helps select standard SPHM technology for future facility-wide use and develop support processes for implementation and management of SPHM technology e.g., infection control, and equipment maintenance This approach also allows for development and evaluation of a SPHM education and training program and determining the best implementation strategies in preparation for expansion of the program to other units/departments. Starting an SPHM program on a small scale allows you to demonstrate successes and gain further buy-in and support from leadership, unit management and employees. *Implementing a pilot program is discussed in* ***Section 7.*** For high-priority units, implementing a program using friction-reducing devices (FRDs) for patient repositioning and transfers while budgeting and planning for installation of equipment like ceiling lifts and slings can allow high risk tasks to be addressed sooner in a cost-effective manner. By introducing FRDs and demonstrating a commitment to further investment in equipment, staff can experience the benefits of reduced strain and improved safety, which can foster support for the larger SPHM program. • Another approach is to choose 1-2 patient care units to pilot a SPHM program as described above, while simultaneously addressing a high-risk and frequently performed patient handling task such as lateral supine transfer of immobile patients, in 1 or more departments such as diagnostic imaging and/or perioperative areas. • Alternatively, specific patient handling tasks are addressed systematically throughout a facility based on prioritization of risk ***(Step 7).*** • *When enhancing an existing program*, it may be possible to address several program gaps that have been prioritized by need, at the same time. The SPHM program champion and SPHM manager/coordinator, managers from high priority units/departments and other key stakeholders such as design and construction and/or building engineering departments, should help guide decision making when choosing what and how to implement SPHM program solutions and processes.

Table 4.1 *Tips for Determining the Scope of the SPHM program.*

The SPHM committee will need to *(continued from page 4-1)*:

2. Identify potential barriers to implementation of solutions/strategies identified and how they will be addressed. Barriers can be related to budget, skills, leadership, workload, and staff resources, competing projects, cultural or attitudinal issues.

   Refer to *'Assessing Readiness for Change'* at the end of ***Section 3*** for more information to assist you identify potential barriers to program implementation.

Quick Tip

When identifying barriers to developing and implementation SPHM solutions, use the diverse expertise within your committee and have members share their experience and lessons learned related to implementation and maintenance of other employee and patient safety related initiatives or programs.

3. Start to determine broad short-and long-term program goals. These will be important when conducting ongoing program evaluation. Measurable program goals and Key Performance Indicators (KPIs) are discussed on ***page 4-26.*** More information about measuring SPHM program outcomes can be found in ***Section 8***.
4. Identify the person(s) who are willing and able to carry out the strategies.
5. Identify strategies and resources that will be needed to implement, evaluate, and maintain solutions. Consider budget, staff resources, administrative support, sample documents & templates, external assistance etc. Refer to ***Sections 7 and 8*** for more information about implementing and evaluating SPHM programs.
6. Draft a proposed timeline for implementation of program activities and how strategies/solutions will be monitored, evaluated, and revised as needed.

The above activities provide the framework for the draft SPHM program plan that you will present to senior leadership ***(Refer to Section 4).***

It may be necessary to continue development of some solutions and/or implementation strategies, identifying resources required and timelines, as the committee finalizes the draft SPHM program plan (after leadership approval) and starts program implementation. More research may be needed related to the feasibility of some solutions, and stakeholder feedback during program implementation may require adaptation of plans and timelines etc.

A sample project management form is provided in ***Tool 4c.***

Once potential SPHM technology solutions and program model and activities are chosen then the cost of the solutions such as the cost of purchasing, installing, and maintaining equipment, SPHM training, and management of the program, need to be calculated and compared to potential cost savings though injury reduction and other operational gains or benefits i.e., cost-benefit analysis, and the timeline for benefits to be realized i.e., return on investment (ROI) modeling ***(Refer to page 4-29).***

Note: Technology and program costs are *finalized* after SPHM technology is trialed and chosen and then presented to leadership for approval. This is discussed in ***Section 4.***

Developing the SPHM Program Plan

Step 9

Create a communications plan, education and training plan, and SPHM policy

Step 9 describes how to complete your SPHM program plan by developing an SPHM policy and other plans that provide a critical foundation for your SPHM program efforts i.e.,

- Developing a communications plan provides you with a key tool that will help to facilitate culture change (e.g., required changes in practices and procedures), and guide efforts to implement and sustain the SPHM program.
- Developing an education and training plan at this stage allows you to determine resources (budget, personnel etc.) needed, that you will request from leadership to implement an ongoing employee/stakeholder SPHM training program.
- Developing or updating an existing SPHM policy allows the organization to clearly state to all employees that prevention of patient handling related injuries is paramount for caregiver and patient safety. It defines how the organization will implement and sustain a comprehensive SPHM program to prevent these injuries and the responsibilities of caregivers and other employees to achieve the goals of the SPHM program.

Communications Plan

Why develop a Communications Plan for an SPHM program?

Effective ongoing communications or social marketing to all employees in a health care facility is essential to facilitate and manage change within an organization. Poor communication can actually increase resistance to the program.

There are many people and departments who are interested in and affected by SPHM program efforts. These stakeholders should be identified during hazard identification activities and development of solutions ***(Refer to Section 3)*.**

SPHM program management is as much about ***organizational culture change*** as it is about implementing and/or enhancing SPHM technology and program elements. To aid facilitation of culture (or behavior) change, it is essential to inform stakeholders about their role within the program, the benefits for them and their patients or clients, and the program progress and outcomes. Engaging stakeholders from the beginning and throughout the program is essential to avoid barriers to implementation and sustainability.

Developing and implementing a communications or social marketing plan helps to achieve that goal.

Table 4.2 lists the stakeholders typically affected by a SPHM program.

Tool 2f describes the roles and responsibilities of primary stakeholders in an SPHM program.

The message should be *tailored* to fit the audience. Examples of SPHM efforts within the organization

highlighting positive outcomes for patients and caregivers and the progress of the SPHM Committee, should be shared regularly. Positive reinforcement of good work practices and behaviors is encouraged. Recognition is given to employees that develop solutions to improve employee and patient safety. Communication efforts with groups outside of the hospital or organization are also important and can strengthen the relationship between the facility and local community ***(Figure 4.1).***

Developing a *communications plan* provides the SPHM project coordinator and the SPHM committee with a road map for getting their message to stakeholders.

Sharing well developed and meaningful information with managers, caregivers, and other employees about SPHM activities in their departments and units, and across the organization, helps them align with and contribute to SPHM program goals. It helps to foster and cultivate a culture in which every individual in a care unit/department is responsible and accountable for implementing SPHM techniques and procedures.

A SPHM program communications plan:

- Gives you a structure to determine whom you need to reach and how
- Helps to ensure that all stakeholder groups are identified and included in the plan
- Helps to determine what each target group needs to know
- Makes your communication efforts more efficient, effective, and lasting

Figure 4.1 *Considering Safe Patient Handling and Mobility (SPHM) Throughout the Continuum of Care Assists Patients to Safely meet Mobility and Rehabilitation Goals, Retain Function, and Improve Caregiver Safety.*

Creating the plan at this stage of program planning facilitates project management during the implementation and management stages of the SPHM program. The plan also provides the foundation for development of the SPHM program education and training plan.

As with managing a SPHM program, the communications plan and efforts should be regularly evaluated and revised as needed.

SPHM Stakeholder Groups – Example	
• CEO, senior leadership & governing board including the SPHM program champion • Committee or group that the SPHM committee report to (if applicable) e.g., employee safety committee or patient safety/quality • Other patient and employee safety related groups that may be impacted by the SPHM program e.g., committees for fall prevention, early mobility, patients of size, and workplace violence prevention • SPHM program committee and • Program coordinator • Directors and unit/department managers and supervisors/assistant managers • Unit RNs, LPNs and CNAs including Float Pool nursing staff • Other caregivers such as techs and medical assistants (MAs) • Physicians and other medical providers e.g., nurse practitioners (NPs), physician assistants (PAs) etc. • Contract staff e.g., traveling nurses; physicians; support services; building contractors etc. • Rehabilitation (physical and occupational therapists) • Other staff groups e.g., diagnostic, and therapeutic imaging, respiratory therapy; transportation, etc., who may have direct contact with patients and perform care related tasks that involved patient handling and mobilization	• Employee health and safety • Support service departments– environmental services, laundry/supply logistics, facilities maintenance/clinical engineering, information technology, design and construction, administrative personnel, human resources etc. • Infection prevention • Wound and ostomy • Clinical education/professional development • Procurement/purchasing & finance • Union/labor representatives • Patient population and their families • Nursing students (and/or other student groups) • Emergency medical services • Volunteers • Staffing agencies • Case management/Social work for discharge placement • External facilities or clinics in the community where patients are admitted from or discharged to, e.g., skilled nursing facilities, nursing homes, home health care agencies. • SPHM technology vendors or suppliers

Table 4.2 *SPHM Stakeholders.*

Developing the Communications Plan

Tool 4d provides a template that can be used to develop your communications plan.

1. **As a committee, determine how information is communicated within your facility currently, and if there are methods of communication that are more effective than others.** Does effectiveness vary by stakeholder group e.g., senior leadership vs. direct care staff? All employees may have access to work email but are some stakeholder groups (or target audience) more likely to read their email and in a timely manner than others? This would be important to consider before implementing a broad email-based communication campaign. It can be helpful to identify methods of communication as listed in ***Table 4.3.***
2. **Determine what the objectives of communications related activities are.** What are the results you want to achieve through your communications about the program, program goals, and SPHM in general? Objectives and messaging will change as the SPHM program matures.
3. **Identify your audience** (if not already completed)**,** i.e., the SPHM program stakeholders *such as* all employee groups, contractors, students, patients, families, other visitors, volunteers, and community agencies (as applicable), etc., who may be impacted by the SPHM program policies and procedures.
4. **What do you want to communicate (the message)?**
    a. What do stakeholders need to know? For example:
        i. The scope of SPHM in health care and current trends in preventing patient handling- related injuries for caregivers and patients.
        ii. Why is the SPHM program being developed or enhanced at your facility (i.e., the rationale for why a change is needed). This may include a summary of SPHM incident and injury data, the employee SPHM survey, and the information gathered from site visits of the high priority units/departments.
        iii. The goal of the SPHM program or the vision of future outcomes after the initiative is completed.
        iv. An overview of the SPHM program plan and activities i.e., what, how, and when the program will be implemented, evaluated, and sustained.
        v. Where they can get more information, assistance as needed, and provide feedback about the program activities during and after the program is implemented etc.
        vi. Updates on the status of program implementation and management, including success stories.
    b. How will the SPHM program and associated practices and procedures be meaningful to each stakeholder group or audience? Messaging should be customized for each stakeholder group and/or a specific unit/department, and relevant to the patient population and care services provided.
        i. The stakeholder's role in the initiative, i.e., expected behaviors and activities during and after the SPHM program implementation, including organizational expectations. For example, use of SPHM technology to safely move immobile or partially immobile patients; feedback and

suggestions about program activities via site audits, surveys etc; and active participation in SPHM training.

ii. The impact of the SPHM program and related procedures on the day-to-day activities of managers and employees (what will they have to do?), and job functions, if applicable.

iii. Identify 'what's in it for them' or how SPHM will benefit them and their patients. What are the benefits of the program and how it will impact the stakeholder outweigh the costs? Some benefits of the SPHM program may not be immediately obvious or impactful for all individuals. For example, changing preferred behaviors, taking time to learn new practices, or the emotional effort required can deter adoption. When costs appear greater than benefits, employees may resist new practices. Tailoring motivating exchanges for each stakeholder group can help gain their support by showing that benefits surpass the costs of changes affecting their work.

Methods of Communication -Examples	
On a unit/dept. • Face to face (informal) during care tasks and/or SPHM/safety evaluations • Staff meetings • Shift change handoff • Safety huddles • Via SPHM unit champions or coaches • Email • Intranet • Notice boards/posters/frequently asked questions (e.g., in staff breakrooms/ restrooms) • Dashboard for safety metrics • FAQs • Feedback forms/suggestion boxes or email • Education and training • Executive rounding • SPHM awareness games/competitions	**Within a healthcare facility** • Employee safety and/or Environment of Care Committee • SPHM resource/training intranet page • Newsletters • Hallway information boards • Director/manager meetings • Executive rounding • SPHM technology fairs & trials • Nursing practice related events e.g., *Nurse's Week* • Education and training • SPHM awareness games/competitions **External** • Community newsletter • Local media when program established • School of nursing and/or other disciplines • Staffing agencies

Table 4.3 *Methods of Communication.*

Use the information about how to address common misconceptions about SPHM provided in ***Section 7*** to help you address common concerns or 'costs' related to SPHM activities.

5. **What is the best method(s) to communicate with each customer group?**

   a. Identify direct and indirect methods of communication using multiple media as appropriate. Customize the content to each stakeholder group as needed.

   b. Consider developing a theme or brand for the program with a logo and 'eye-catching' promotions if feasible to help distinguish the program from other safety efforts and promote communication. When creating your message, consider content, mood, language, and design.

   c. Use multiple media to disseminate information rather than a single delivery method e.g., showing positive program trends on visibly displayed dashboards together with conducting brief updates at staff meetings and program information in newsletters.

      Using multiple methods to deliver information about SPHM program activities, processes, and outcomes etc., will help facilitate engagement in the program, and help ensure that employees on all shifts will receive the information you are sharing.

6. **When does the communication need to be conducted/sent and how often?**

   For example, at the beginning of the SPHM program initiative to engage key stakeholders early on during the program planning stages so that they are motivated to participate in the program implementation. Regular communication should continue throughout the implementation process and periodically during program maintenance.

   The frequency of communication depends on the progress of program implementation and questions or concerns of stakeholders. The important thing is to maintain regular two-way dialogue with all stakeholders about the SPHM program and related activities, especially those that impact them directly, to ensure all stakeholder questions are addressed.

   Leadership should guide the scope and scheduling of communications, particularly at the start of program activities. They may share general information about the SPHM initiative with all or targeted employee groups early in implementation, such as those involved in the pilot units.

   Detailed information on successes and future plans can be shared facility-wide after initial activities are complete and lessons learned have been integrated for program expansion.

7. **Who will develop communication contents or messaging?**

   a. Do you need assistance from other departments, e.g., the marketing or communications department?

8. **Who will conduct and distribute the communications?**

   a. Do you need assistance from other departments e.g., education, information technology (IT) etc.?

      A 2023 study by Prosci Inc., examined the success factors associated with change initiatives in a wide variety of business and industry (including health care), from 10,800+ respondents in 101 countries.

      It was found that employees perceived the most effective source of communication about the *personal impacts* of change is their immediate supervisor followed by the head of their department.

Messages regarding the business reasons for the change are generally preferred to be delivered by the CEO or president, followed by executive managers (Prosci, 2023).

Therefore, communicating and training leaders and managers about SPHM and the program plan etc., should occur before other employee stakeholder groups so that they understand why the SPHM program is necessary, and the related benefits, and their role in the implementation of the program. This assists to enlist leader and manager support for the change during the employee rollout, including delivering communications to their employees.

Consider how employees who work part-time and/or do not work regular shifts will receive communications about the SPHM program e.g., per diem employees, employees who work nightshifts, weekends, and employees who are on medical or personal leave.

9. **Is follow-up needed to review if the communication/message and delivery method was effective** i.e., were your objectives achieved? If 'yes' how and who will perform this task?

Education and Training Plan

Why develop an Education and Training Plan for the SPHM program?

Education and training are critical elements of a successful SPHM program. The goal of *education* in a SPHM program is to facilitate employee understanding of the scope, and principles of SPHM as related to their work environment and the organization as a whole. *Education* reinforces that manual patient handling is not an acceptable part of health care work[1] and the scope of the organization's SPHM policy. *Training* provides employees with the skills to identify and report potential hazards and protect themselves from injury. It facilitates safe and early mobility of patients using SPHM technology and best work practices.

Overall, an ongoing SPHM education and training program engages employees in development, implementation, and sustainability of the SPHM program serving as a crucial element in effective change management.

Developing a draft education and training plan allows you to identify resources (budget, personnel, time for development of training materials, and scheduling of training, etc.), that will be needed to implement an ongoing SPHM training program. It also allows you to identify what training resources are available, and where there are gaps in resources needed. For example, can you develop and conduct SPHM training required for all stakeholder groups (as identified in your Communications Plan) using internal resources, or do you need to find an external provider etc.?

Once your plan is developed, draft an SPHM education and training budget for leadership as part of the SPHM program proposal. This budget is finalized after selecting and purchasing SPHM technology when you will also be able to finalize training content and determine class length and capacity.

Development and implementation of an SPHM education and training program plan for a SPHM Program is discussed in detail in ***Section 6***. ***Tool 6a*** provides a sample education and training program plan together with links to training resources that are available in the public domain.

[1] *Manual patient handling may occur in certain patient care situations e.g., involving life-threatening medical emergencies and the handling of patients with spinal injuries. Refer to SPHM procedures in* ***Section 7.***

SPHM Policy

Purpose

The foundation of an effective SPHM program is the creation and implementation of a well written SPHM policy and supporting procedures that are actively communicated, followed, enforced, and maintained.

A SPHM policy that clearly defines management commitment to the program, program objectives and expectations, and employee roles and responsibilities is essential for achieving the program goals.

It is an essential element in a multifaceted program that guides both leadership and employee decisions and actions to reduce patient handling-related injuries.

The policy is also a tool that helps promote a culture of safety by communicating to staff that employee safety is as important as patient safety.

Whether the organization decides to name the SPHM policy as a 'zero lift, no lift, safe lift or minimal lift' policy, the intent of the SPHM program and the policy should be made clear i.e., to eliminate manual lifting of patients by employees in all *but* exceptional or life-threatening situations where it's not possible to do so, and implement controls to minimize risk where SPHM technology cannot be used.

However, no policy can be effective if the program infrastructure is not in place to support it, i.e., all the elements of a comprehensive SPHM program as described in ***Section 1,*** including a culture of safety that supports all SPHM activities and access to sufficient quantities of appropriate SPHM technology.

Table 4.4 provides an example of SPHM program elements that can be included in an SPHM Policy.

A SPHM policy should:

- Provide a clear statement of the organization's position and commitment to the implementation, evaluation, and ongoing maintenance of the SPHM program.
- Clearly define the intent and scope of the SPHM program.
- Define the roles and responsibilities of *all* key stakeholders in the program i.e., those identified in your SPHM program communications plan.
- Define the need for a balanced approach that considers the wishes and needs of the patient and the provision of quality care while providing a safe work environment e.g., a process to address patient/family refusal to use SPHM technology while maintaining caregiver safety.
- Reference applicable SPHM regulations such as state SPHM laws and the ANA SPHM standards.
- Define the risk management process that is used to identify, prevent and mitigate hazards related to manual patient handling. These include injury data review, site assessments, employee surveys, use of SPHM assessment protocols, SPHM technology and ergonomics work practices, staff training, unit-based champions or coaches, integration with facility design, and procurement and maintenance of SPHM technology etc.[2]
- Reference SPHM protocols for specific patient populations e.g., patients of size, pediatrics, patients at risk of falling, patients who may be violent, etc.

- Reference safe work procedures for evacuation of dependent patients in emergencies and in emergent situations when the use of SPHM technology is not usually appropriate e.g., medical emergencies such as cardiac/respiratory arrest.
- Encourage employees to report incidents or safety concerns related to patient handling without fear of reprisal for reporting incidents, and outline the reporting, investigation process, and support process after injury occurs e.g., return to work policies.
- Instruct all employees that they are responsible for complying with the policy.

Quick Tip

It may not be possible to complete all elements of the policy and specific safe patient handling procedures at this stage of program planning until you know what SPHM program, elements, technology, and processes will be implemented.

SPHM procedures that need to be developed are discussed in *Section 7*.

You will present the draft policy to leadership for review and final approval.

- Explicitly state the consequences of violation of the SPHM policy by employees.
- Acknowledge an employee's *Right of Refusal* to perform a manual handling task if they believe the safety of themselves or the patient is at risk and outline the process for seeking assistance to resolve the situation.
- Identify resources available to meet the program goals and assist stakeholders to comply with SPHM policy and procedures including how they can provide feedback and improvements for the program.

[2] *To keep the policy as concise and user-friendly as possible specific SPHM related protocols referenced in the policy can be included in Appendices at the end of the policy document, or as a link provided for access via computer.*

Developing the SPHM Policy

- Drafting a SPHM policy should be a collaborative effort led by the SPHM program coordinator and committee together with help from the SPHM program champion and other departments such as Human Resources and Risk Management as needed. As discussed previously, engaging stakeholders who will be affected by the SPHM program in the development of the SPHM policy and related procedures will help increase stakeholder compliance with the policy.
- Use SPHM committee resources to gather existing policies and procedures related to patient handling mobility e.g., fall prevention, early mobility, post injury return-to-work policies, infection control etc. You may find that there are policies that overlap or are related and reside in different departments such as Human Resources, Quality/Risk Management, and Employee Safety and Health.
- If you have policies that overlap or are redundant, consider combining, simplifying them, and storing them in a location that is easily accessible for employees.

- Determine the structure of the policy. For example, do you want to develop a brief and simple policy statement and provide information about related procedures in supporting operating manuals, or keep program and procedural details within the policy document?
- Use a policy template that is approved by the organization if applicable. As you develop your draft policy determine what information will be included in the policy appendices, or referred to via cross reference (e.g., via intranet link) to another policy document that exists.
- Determine what written *procedures* need to be developed *(Refer to **Section 7**)* or updated to address specific patient populations and clinical needs may have been identified during the *Gap Analysis* review described in ***Section 3*** of this toolkit. For example:
- SPHM related procedures that are unique to specific clinical areas such as, rehabilitation, critical care, emergency room, perioperative services, imaging, behavioral health, transportation, and outpatient clinics. For example, safe handling and mobility techniques for dependent or semi-dependent patients on a behavioral health unit or for critical care patients with delirium; for patients who require turning to a prone position for a clinical procedure, diagnostic test, or as part of care etc.
- SPHM procedures for specific patient populations such as, patients of size.

  Include SPHM clinical algorithms that can aid decision making when assessing a patient's handling and mobility needs and help to determine the safest method to mobilize the patient. *Refer to **Section 3** Resources for Developing Solutions and **Section 5** SPHM Patient Mobility Assessment Tools.*

  A list of other related SPHM related policies and procedures that should be reviewed can be found in ***Tool 3a*** *SPHM Gap Analysis tool.*

As you review and develop your SPHM policy, ensure that procedures meet any relevant laws and standards such as state SPHM regulations, state and local building standards related to installing ceiling lifts and use of electrically powered lift technology. Consider including a reference to the ANA SPHM standards that provide the framework and evidence base for a comprehensive SPHM program.

Consult with your organization's human resources and legal departments when drafting your SPHM policy and reviewing potential legal implications.

Quick Tip

SPHM policies differ widely in scope and content.

***Tool 4e* provides an example of a SPHM policy template.**

Other examples are included in the resources provided in the *Section 10*.

Implementing and Maintaining the SPHM Policy

- Determine when and how the policy should be shared with employees. This information should be included in your communications plan.
- Determine when enforcement of the policy will begin and what it will entail.
- Determine how often the policy should be reviewed for effectiveness and relevancy and who will conduct the review.
- Ensure that the policy and related procedures are easily accessible by all stakeholders including temporary or contract staff.

Implementation and evaluation of the SPHM policy and associated procedures is discussed further in ***Sections 7 and 8***.

Example of the Elements that can be included in a SPHM Policy	
• Objectives or Purpose of the SPHM Policy • Policy Statement about the intent of the SPHM program and organizations' executive management commitment to support the program etc. • Scope of the policy • Definitions • Reference to state law (if applicable) and the ANA SPHM standards • Non-retaliation policy/reporting • Expected compliance with the policy • Information about patient handling e.g., scope and cost of injuries, why it is hazardous, high-risk tasks, etc. • Roles and responsibilities of specific groups within the program e.g., executives and management, clinical and non-clinical employees, SPHM coordinator and committee, SPHM unit champions or coaches, etc. • Incident /injury investigation considerations • Post incident review support of the injured employee (or reference to occupational injury management policy)	• How patient handling-related hazards are addressed e.g., ○ SPHM technology and ergonomics best work practices ○ SPHM patient mobility assessment protocols ○ Unit champions or coaches ○ Education and training Reporting procedures • Program evaluation • Record keeping/data analysis • Policy review timeline • Appendices, checklists, tools etc. This may include detailed information about: ○ SPHM technology - what, where, how to use etc. and protocls related to cleaning, supply, and maintenance ○ SPHM patient mobility assessment and communication protocols ○ Unit champions or coaches ○ Education and training • Links to other related information/resources for employees e.g., state SPHM laws; incident reporting access; internal on-line SPHM program resources.

Table 4.4 *Elements of a SPHM Policy.*

Step 10

Complete the draft SPHM program plan

By this stage of program development, hazards and risks associated with manual patient handling and mobility tasks have been identified and prioritized ***(Step 7),*** together with solutions to address and control hazards, including program elements to be developed and implemented. The program structure and approach to implementing the program have been determined; and potential barriers to implementing the program plan and specific solutions have been identified ***(Step 8).*** A communications plan, education, and training plan, and SPHM policy have been drafted ***(Step 9).***

If not already completed, organize the above information in a project planning format ***(Tool 4c).***

You can now formalize the written SPHM program plan that will be presented to leadership for approval prior to implementing the program.

The SPHM communications and education and training plans and policy should be kept with the program plan and integrated as needed to guide program implementation.

The SPHM program plan provides a 'road map' for development, implementation, evaluation, and sustainment of the SPHM program. The plan should include strategic elements that define the overall goals and objectives of the program (the 'what') and tactical elements that outline the specific actions and steps needed to achieve those goals (the 'how').

The systematic process used for identifying, assessing, and prioritizing patient handling-related risks using data and sound reasoning, is an essential component of strategic planning for program development. This approach facilitates effective allocation of resources to address risks while aligning the SPHM program with the organization's mission and strategic goals. Communicating this alignment in the program plan is critical when seeking leadership commitment to implement and sustain an SPHM program.

This approach enables leadership to effectively allocate resources to address risks while aligning the SPHM program with the organization's mission and strategic goals

Table 4.5 lists examples of the Strategic and Tactical elements that can be included in a SPHM program plan.

Strategic and tactical planning for the SPHM program is an ongoing process that occurs as the program grows and matures.

As you finalize the plan, consult with key stakeholders in your organization who can provide information that could affect the timeline of program implementation.

Consider drafting a contingency program plan that is scaled down in scope and targets only the highest risk patient handling tasks on a high-priority unit *(as determined in* ***Section 3, Step 7****)* that can be proposed to leadership if they do not approve your primary plan. ***Refer to Step 11.***

Elements of a SPHM Program Plan - Example

Strategic Elements

- Program Vision, Mission, Scope
- Organization of the program, responsibilities of key stakeholders including the SPHM program coordinator and the committee, & reporting structure
- SPHM program linkage to other facility programs, e.g., wound care, infection control, bariatric, quality, rehabilitation therapy, employee health and safety, etc.
- The nature and severity of employee injuries related to patient handling and associated incident rates
- Direct costs of patient handling related injuries. Indirect costs and operational losses including costs related to patient safety as feasible ***(Refer to Section 2).***
- Risk Assessment & Hazard Identification – summary of findings from:
  - Assessment of the organizational/safety culture and readiness for change.
  - Completion of a program gap analysis; employee and manager surveys and on-site visits.
- Identification and prioritization of high risk depts/units, patient handling tasks and patient populations including pilot unit(s) chosen (if applicable)
- Engineering and work practices solutions to address identified patient handling-related hazards and risks
- Clearly defined, measurable and realistic program goals, key performance indicators (KPIs), and measurement systems (employee & patient safety metrics) ***Refer to Tables 4.6 and 4.7 and Section 8***
- Budget (financial and personnel) for immediate and future needs and economic justification e.g., return on investment (ROI). *Note – this will be finalized after SPHM technology is trialed and selected.*
- Barriers to program implementation and sustainability and approach to address them i.e., change management strategy to be used ***(Refer to Section 7)***
- Evaluation of program interventions and processes
- Program sustainability
- Communications to constituents - social marketing (Who, What, How, When, etc)
- Written SPHM policy and procedures

Tactical Elements

- Plan for program rollout (What, Where, Who, When & How) ***Refer to Figure 4.2***
- Hazard control and prevention

  Note: You will not be able to finalize some of this information until SPHM technology is trialed and selected.

  - Plan for implementation of SPHM technology solutions/intervention and processes (trials, usability testing etc.) - Target units/departments

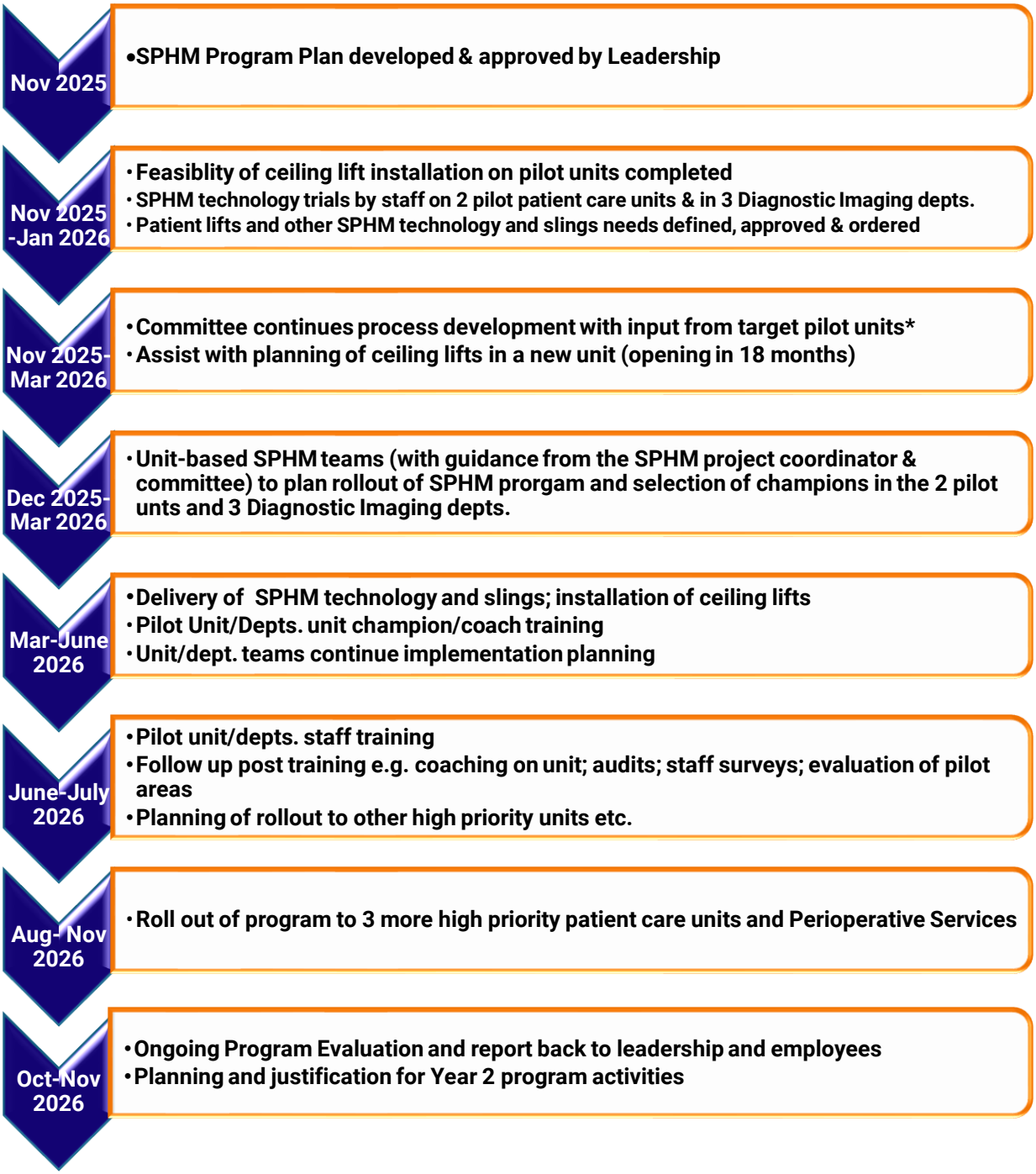
Elements of a SPHM Program Plan - Example

i. *Engineering Controls - SPHM technology*
   - Selection to meet patient's clinical, physical, and cognitive needs; the task performed and physical environment
   - Sufficient quantity and easily accessible
   - Storage and battery charging
   - Changes needed to physical workspace to accommodate SPHM technology
   - Infection control procedures for SPHM technology (inc. slings)
   - Supply, storage and ongoing management of SPHM technology
   - Inspection schedules & maintenance procedures (inc. slings)
   - Future build or remodel projects and need for SPHM technology installation & considerations

ii. *Administrative and Work Practice Controls*
   - SPHM patient mobility assessment and communication protocols (performed prior to moving and handling patients to ensure safety method to complete task
   - SPHM protocols for each identified patient handling and mobility task to be addressed including procedures for specific patient populations/situations ***(Refer to Section 7)***; Wound and ostomy considerations when using SPHM technology such as patient lift slings. The role of SPHM technology in-patient rehabilitation related activities ***(Refer to Section 7)***
   - SPHM unit champions/peer coaches
   - Clinical expert resource

- Education & training plan (initial and ongoing training) including development of instructional resources
- Injury Reporting & Management ***(Refer to Section 7)***
   - Recommendations for facilitating injury reporting and the capture and analysis of injury data
   - Post incident procedures inc. incident investigation/*After Action* review and
   - Injury management inc. processes to facilitate return to work i.e., modified duty programs
- Plan to *prevent* patient handling-related risk/hazards
   - Incorporating SPHM and ergonomics into the design of new and remodeled workspaces and healthcare facilities, and in new or modified processes/procedures and changes in service line
   - Proactive evaluation/audit of patient handling tasks; SPHM equipment and process use and patient experience, etc
- Ongoing program evaluation and improvement; reporting, project tracking & documentation of processes; sharing program outcomes etc.

Table 4.5 *Elements of a SPHM Program Plan*.



***Committee activities:**

- Market program to managers and staff etc.
- Sling management and storage finalized
- Patient assessment/communication protocols involving the pilot patient care units, key nursing, and rehabilitation stakeholders
- Written procedures for specific patient populations and patient handling-related situations
- Education & training detailed planning, materials developed etc.
- Program evaluation

Figure 4.2 *Example of the Timeline for SPHM program roll-out -Year 1.*

Key components of the SPHM program plan include well defined measurable and realistic program goals and measurement systems, and financial justification for purchase of SPHM technology and implementation of program elements. These are discussed below.

Determining Specific Measurable Goals for the SPHM Program

The broad SPHM program goals identified at the beginning of program development activities ***(Refer to Section 2)*** should now be finalized to include specific measurable program outcomes. *Refer to* ***Section 8*** *for more information about measuring the effectiveness of SPHM interventions and processes*.

Define whether the metrics and goals apply to certain units or departments, such as pilot program locations and identify those target areas. Identify a timeline for expected results.

Short-and long-term program goals should be defined; however, it may only be possible to set board long term goals e.g., for years 2-5 of the program at this stage of program planning. Once initial program implementation and evaluation activities are completed, additional data will be available to assist the committee and leadership determine attainable goals for the future.

Using SMART objectives can be helpful when developing specific program goals. SMART stands for specific, measurable, achievable, relevant, and time-bound.

Definition of SMART Objectives (Source: SAMHSA, 2025)		
What is the SMART criteria?		
S	**Specific**	What will be accomplished? What actions will you take? Objectives are clearly stated so anyone reading it can understand what will be done and who will do it.
M	**Measurable**	What data will measure the goal? (How much? How well?) This helps you determine if you are making progress. It keeps you on track and on schedule
A	**Achievable**	Is the goal doable? Do you have the necessary skills and resources? Setting reasonable objectives helps set the project up for success
R	**Relevant**	How does the goal align with broader goals? Why is the result important? it fits the purpose of the program, it fits the culture and structure of the organization, and it addresses the vision of the project
T	**Time-Bound**	What is the time frame for accomplishing the goal?

There are many measures that may be used to evaluate SPHM program performance and progress towards goals. Examples are provided in ***Table 4.6.***
However, it is recommended to limit the metrics chosen and keep measurement tools/systems simple especially at the start of the program. This allows you to effectively demonstrate outcomes and in turn gain support for program expansion and sustainability.

The measures chosen should be able to quantify current conditions (lagging indicators) and to provide insight into the future (leading indicators). Lagging and leading indicators are discussed in ***Section 8***.

Measures, Metrics, and Indicators

- It is important to note that the terms "measure," "metric," and "indicator" are frequently used interchangeably, and their meanings may differ across organizations. (BetterEvaluation, ND) contexts
- Within this toolkit, the following definitions apply to these terms; however, ensure that these terms and their associated meanings are consistent with the usage within your organization.
- *Measures* are raw, quantitative data such as patient handling related injuries and results of employee SPHM surveys that are needed for performance tracking and are generated from tools, mechanisms, and program evaluation systems.
- *Metrics* offer context for measures by examining trends, relationships, or patterns in the raw data to assess performance over time and progress toward a goal. . For example, this can include changes and trends in the number of patient handling-related injuries reported across two years, or comparisons between employee SPHM survey results after program implementation in year 1 versus year 2.
- *Key Performance Indicators (KPIs)* are a subset of metrics, specifically chosen because they directly measure performance against specific strategic goals and objectives. In the case of a SPHM program the objective is to reduce caregiver injuries and associated costs related to patient handling. However, as noted in ***Section 1***, SPHM activities can improve patient outcomes; therefore, it is important to include a well-defined, measurable patient safety KPI, such as reduced incidence of patient falls resulting in injury.

Establishing, monitoring, and reporting Key Performance Indicators (KPIs) clarifies whether programs goals are being met and informs ongoing program improvement strategies.

When determining KPIs for the program consider:

- What is the desired outcome? *Refer to* ***Table 4.7*** *for examples*
- How will you measure progress?
- How can tactical strategies in the SPHM program plan assist in achieving desired results?
- How often will you evaluate performance?
- How will you know when each KPI is achieved?

Choose metrics that are directly related to achieving the program's strategic goals.

Program measurement systems including KPIs chosen should be discussed and approved by leadership when finalizing the program plan. The SPHM KPIs should be consistently tracked, reviewed, and discussed as part of the organization's business metrics dashboard to support the implementation of SPHM activities aimed at reducing employee and patient injuries throughout the organization.

SPHM Program Measures		
Employee Patient-Handling Related Injuries • # of Patient-Handling Related Injuries • Total recordable injury/incident rate (TRIR) per 100 clinical area full-time employees (FTEs) • Lost workday (LWD) incident rate • Days Away Restricted or Transferred (DART) rate per clinical area FTEs • Average number of LWDs per injured worker per injury • Number of injury cases • Number of lost workday cases • Total (and/or average) Workers' Compensation cost • Total (and/or average) costs to replace an injured employee can be permanent or temporary replacement costs, i.e., caregiver who is injured and away from work and/or modified duty per shift • Non-OSHA recordable cases/incidents (can be tracked as numbers and/or rates)	**Patient-related** As related to mobility and use of SPHM to promote patient mobility • Hospital acquired conditions: – Pressure injuries – Ventilator and non-ventilator acquired pneumonia – Venous thromboembolisms – Falls with injury • Goals for ambulation per shift/missed repositioning and ambulation • Length of stay • Readmission within 30 days • Functional Independent Mobility scores (rehab-related)	**Organization-related** • Nursing turnover rate • Employee satisfaction • Patient satisfaction • Measurement of program processes and activities, e.g., training compliance and effectiveness; SPHM technology utilization; SPHM process utilization such as, SPHM mobility assessment • Benchmarking against: – ANA SPHM interprofessional standards – OSHA program checklist – State SPHM standards – Facilities within a health care system – ISO 45001:2018 Occupational health and safety management systems. Requirements with guidance for use. (AIHA, 2024)

Table 4.6. *Examples of SPHM Program Measures*

Considerations when Determining Measurable SPHM Program Goals

It is important to ensure that leadership understands there will be program goals that the SPHM committee feel may *not* be feasible within the first year of the program, such as being able to substantially reduce the *number* of patients handling related incidents (e.g. non-OSHA and OSHA recordable cases) because early reporting of injuries will be promoted.

Encouraging early reporting of work-related incidents and injuries at the start of a safety program can cause an initial increase in the incident rates, but a decrease in severity rates and costs.

Setting and controlling goals for reduction in the number of injuries that involve days away from work and/or modified duty and the number of days away from work and/or on modified duty, will be influenced by how injury claims are managed by the organization and state worker compensation laws.

SPHM committee members from employee health and human resources departments can help determine realistic goals based on injury management practices and workers compensation regulations.

Ensure baseline data for *patient safety and quality related metrics* that may be evaluated is accurate and reliable so that relationship between a SPHM intervention(s) on patient outcomes can be clearly defined. For example, if measuring a reduction in patient falls, baseline data used is the number and severity of patient falls that occur when staff perform a standing transfer or ambulate a patient and *does not* include falls that occur if a patient attempts to get out of bed while unattended.

Using SPHM patient assessment protocols and appropriate SPHM technology to mobilize patients can then be evaluated related to decreasing patient falls.

Table 4.7 provides examples of measurable goals for the first year of an SPHM program. Goals should be based on reliable and accurate data that was collected during the program planning activities ***(Sections 2 and 3).***

Goals for the First Year of an SPHM Program - Example

SPHM Program Specific Goals –Year 1

Define if goals apply to one or multiple units/departments and identify those target areas.

Employee injuries related to patient handling and mobility

- Reduce the number of OSHA recordable injuries by **25%**
- Reduce the number of lost workday cases injury cases and the severity (# days away from work) by **50%**
- Reduce the number of restricted workday cases and severity (restricted duty days) **by 50%**
- Reduce TRIR and DART rates **by 25%**
- Reduce workers' compensation costs (direct costs) **by 50%**
- Reduce indirect costs related to temporary replacement of nursing staff who are on restricted duty and/or away from work by **50%**

Goals for the First Year of an SPHM Program - Example

- Decrease in musculoskeletal discomfort in nursing staff by **75%**
  - *This goal would be applicable if a MSDS symptom survey **(Refer to Section 3**) was conducted to determine baseline data*
- Decrease WMSDs risk from **high risk to low risk** e.g., as measured with REBA analysis tool
  - *This goal would be applicable if risk factors for WMSDS were quantified by ergonomics analysis before and after implementation of the program **(Refer to Section 3)***

Patient safety related metrics

- **Reduce** falls and 'near-miss' events (i.e., manual fall prevention) associated with bed to/from chair transfers and ambulation per 1000 patient days **by 50%** and
- **Meet early mobilization goals per physician and rehabilitation orders** e.g., ensure patients are **ambulated x 3 daily**; transferred from **bed to chair x 3 daily**

Define when measurement of program goals will begin e.g., when all SPHM technology and processes are in place and after a majority of staff training is completed.

Note: Measurement of SPHM process goals can be added to the Specific Goals listed above e.g., number of employees to be trained; specific SPHM protocols to be completed etc., ***Refer to Section 8 for more examples.***

Table 4.7 *Example of Goals for the First Year of an SPHM Program.*

Demonstrating the Value of the SPHM Program to the Organization

Recommendations to address patient handling-related hazards typically need to be supported by formal cost benefit analysis (CBA) and demonstration of return on investment (ROI) e.g., how long will it take for the organization to recover the full costs ***(Table 4.7)*** of installation of ceiling lifts and purchase of other SPHM technology. A CBA systematically evaluates whether the financial benefits of implementing SPHM technology exceed the associated costs.

The outcome of the analysis can be used to guide decisions and obtain buy-in from leadership when benefits exceed costs.

Factors to consider when identifying benefits versus costs of an SPHM program are shown in ***Table 4.8.***

Quick Tip

Tools that provide more information when developing the business case for an SPHM program:

2c. for more information on calculating costs of SPHM incidents and

2d. Analyzing injury data and direct costs

3h. for determining effectiveness of a solution to eliminate or reduce the risk factors versus cost effectiveness of a solution.

7b. provide examples of elements to consider when calculating cost of the SPHM program and calculating ROI

*Resources To Help You Make a Business Case for SPHM are listed on **page 4-31.***

When developing your cost benefit analysis consider the following:

1. What problem do you want to solve by spending this money?
2. How much is this problem costing the organization?
3. How much will it cost to fix the problem?
4. How long will it take before the hospital has saved money by addressing the problem equal to the cost of the problem (the ROI) ?

(LaDuke 2020; Kielich et al., 2025)

You will not be able to finalize a program budget and ROI until SPHM technology is chosen.

Finalizing the budget occurs after:

- A formal trial of SPHM technology to gain employee input and determine the best technology to meet program needs
- A review of the physical structure to determine if installation of ceiling lifts is feasibility (as applicable), and
- Final quotation for purchase and installation of SPHM technology.

When requesting leadership approval of the SPHM program plan ***(Step 11),*** you will also ask for their approval to conduct formal SPHM technology trials, after which you will present a final program budget for their approval.

Refer to Section 7 *for more information about selection, purchase, and approval of SPHM technology.*

However, it is possible to develop an estimate of costs and benefits at this stage. SPHM technology vendors can provide estimated costs of product purchase, supplies, and maintenance.

Purchase of SPHM technology often requires use of capital budget funding. Your program champion and other managers on the SPHM committee should be able to assist with the process to request capital funds including the *timeframe* to make requests and process to distribute funds.

Program implementation may be impacted if the capital approval cycle was just completed and you have to wait another 9 months for the next one e.g., to obtain approval for installation of overhead lifts.

The committee should determine if there are 'lower tech' SPHM solutions that could be purchased as non-capital items to help meet immediate patient handling needs such as washable or disposable friction-reducing devices for transfers and repositioning.

Unit/department managers may be able to purchase these devices depending on their supervisory budget limits. They may also be aware of other funding

Quick Tip

Do not forget to check with your worker's compensation carrier to see if they will provide a discount on future premiums and/or reimbursement if the number and severity of patient handling-related claims is reduced because of the SPHM program.

Some state government entities such as OSHA offer grants for ergonomics related worksite improvements and/or development of training programs.

Check your state's Department of Labor and Industries or your state's OSHA-approved plan websites.

sources in the organization that may be available e.g., from safety/risk management budgets, hospital related foundations, etc.

Resources To Help You Make a Business Case for SPHM

- **The Facilities Guidelines Institute (FGI) Second Edition of the Patient Handling and Mobility Assessments (PHAMA)** provides further information about cost-justification of SPHM programs in 'Chapter 3: Making the Business Case for a Safe Patient Handling and Mobility Program'.

  The guidelines can be downloaded from https://www.fgiguidelines.org/resource/patient-handling-and-mobility-assessments-2nd-ed/

- **The Institute for Healthcare Improvement/National Patient Safety Foundation** offers a free toolkit to guide collaboration among health professionals and financial leaders to demonstrate the value and return on investment for safer, quality care.

  The *'Optimizing a Business Case for Safe Health Care: An Integrated Approach to Safety and Finance'* toolkit, can assist you develop business case for employee and patient safety initiatives and can be accessed at http://www.ihi.org/resources/Pages/Tools/Business-Case-for-Safe-Health-Care.aspx

- **Other useful tools/articles:**
  - **OSHA Safety Pays Tool**
    https://www.osha.gov/dcsp/smallbusiness/safetypays/estimator.html
  - **WorkSafe BC Workplace Incident Cost Calculator**
    http://worksafebcmedia.com/media/calculators_html5/wicc/index.html
  - **The AIHA Business Case in Environmental Health and Safety (EHS) Tool**
    https://www.aiha.org/public-resources/consumer-resources/apps-and-tools-resource-center/business-case-tool
  - Dang, T., Roberts, D., Murray, A., & Wiggermann, N. (2022). **A return-on-investment model using clinical and economic data related to safe patient handling and mobility programs in the ICU.** *International Journal of Industrial Ergonomics*, *92*, 103372. https://www.sciencedirect.com/science/article/pii/S0169814122001135

Factors to Consider when Demonstrating the Value of an SPHM program Benefits vs. Costs

Financial Benefits of Solution(s)

Decreased:

- **Direct costs** of patient handling related injuries e.g., workers compensation costs
- **Indirect injury costs e.g.,** associated with temporary replacement of employees who are away from work and modified duty, and incident investigation and management costs etc.
- **Operational Benefits**
  - *Staff Related*
    - Decreased cost of staff turnover such as costs from job transfers to less physically demanding roles and replacing employees who are permanently disabled due to manual patient handling injuries.
    - Improved job satisfaction and morale associated with reduced burnout and presenteeism and the impact of losing a team member temporarily or permanently due to a patient handling injury etc.
  - *Quality of Care/Service*
    - Impact on patient safety and satisfaction associated with:
      - Decreased omission or delay in care related to tasks such as patient ambulation and repositioning.
      - Improved early, safe, and progressive patient mobility resulting decreased:
        - Patient injuries during mobility
        - Pressure ulcers
        - Length of patient stay
        - Fall rates and an

        Increase in dignity, security, satisfaction with mobility

Cost of the Program & Solution(s)

- Program administration - staff time & costs i.e., SPHM coordinator & Steering Committee
- SPHM technology costs including accessories such as slings
- Staff time for evaluation of SPHM technology/program processes/pilot programs
- Facility Design - equipment installation e.g., for ceiling lifts
- Structural expense/Storage
- Maintenance (preventative and as needed) including training of staff as applicable
- Cost of replacement parts for equipment due to breakage, loss or theft, or 'life' of equipment and/or components
- Cost of borrowing money if financed
- Communication tools
- Employee training. Costs related to training:
  - Initial
  - Periodic
  - As needed

  Cost related to staff time away from work to attend training and staff backfill; trainers; development of training content and training materials; training location; supplies; tracking attendance and other documentation etc. *(Refer to your Education and Training plan)*
- Time to provide input on renovation and building projects and cost of new equipment when expansion is planned
- Costs of a SPHM unit peer champion/coach program
- Program evaluation activities i.e., surveys, data analysis, and report development

Factors to Consider when Demonstrating the Value of an SPHM program Benefits vs. Costs	

• ***Operational Benefits cont.:***
  ○ *Improved Efficiency related to:*
  – The potential need for *fewer* caregivers especially when mobilizing patients of size, combative patients, and patients with complex clinical needs
  – Reduced health care worker fatigue that may contribute to clinical/medical error and other occupational injuries such as, slips, trips, and falls due inattentiveness, and/or non-patient handling related MSDs.
  ○ Other – Improved Regulatory & Legal compliance e.g., avoiding citations and fines for not meeting state SPHM law; OSHA General Duty Clause ; CMS Age Friendly Hospital related measures, etc.	

Table 4.8 *Factors to Consider when Demonstrating the Value of an SPHM program*.

Something to Think About

What Approach Should We Take to Measure and Demonstrate the Value of SPHM Programs?

- **Understand the business (from leadership and senior management's perspective)**
- **Move from injury reduction to assisting to achieve organizations' business goals**
- **Move from overhead to bottom line**
- **Know and be of use to your customer**
- **Prioritize needs**
- **Understand how financial information is presented at your facility**

(Alexander, 1994; Bhattacharya & McGlothlin, 2012)

Cost-benefit information plays a significant role in decision-making, but decision-making is a complex process. It is therefore more valuable to highlight how investment in safety and health (SPHM) contributes to the achievement of company objectives company goals, such as safe patient care, rather than simply stating its costs (De Greef et al, 2004).

The cost of occupational injuries and illness represents money taken away from patient care and families of employees (UW, 2011)

Step 11

Obtain approval of the SPHM plan and policy from senior leadership

The SPHM committee should then determine how the draft SPHM program plan and SPHM policy will be communicated to senior leadership for approval. Use approved protocols that already exist in your organization for presenting and gaining project approval by senior leaders.

Tool 4f provides a sample of how the SPHM program can be summarized for presentation to leadership. Your project charter (if developed) could also be expanded to provide a summary of the overall program etc.

Presenting the draft SPHM program plan and policy to senior leadership enables them to ask questions, clarify issues, and understand their role in program implementation. It allows the SPHM committee to revise the plan as needed based on leadership input. Be prepared to discuss your contingency program plan as needed ***(Refer to Step 10).***

A formal presentation can also boost leadership commitment, encourage active support, and enable them to demonstrate their commitment to preventing caregiver and patient injuries associated with manual patient handling.

If you are presenting your plan during a regularly scheduled leadership meeting or during a stand-alone meeting, make sure to schedule your presentation well in advance and request enough time for the presentation and discussion etc., to avoid delay of program implementation.

The SPHM project coordinator together with the program champion should present the plan with assistance from key members of the SPHM committee. Committee members such as managers of potential pilot units/departments, rehabilitation staff, employee safety and health and patient safety, should be present to provide additional insight as needed related to program implementation that involves their unit/department or professional care services delivered.

Leadership should be familiar with the SPHM initiative if they have been engaged as described in ***Section 2, Step 3***, and have received updates about development of the SPHM program plan and related activities from your program champion.

Ideally, any concerns from leadership about proposed project activities related to resources and timeline for implementation will have been passed along to the SPHM committee and considered during development of the draft SPHM program plan.

Review the ***'Tips for presenting to Leadership'*** that are described in ***Section 2*** of this toolkit when planning your presentation.

Your presentation should enable leadership to have a clear understanding of the following:

- A summary of why the SPHM program is needed, the planning activities that the leadership previously agreed to support and the goal of the meeting
- The program planning steps completed to date
- The scope of the program and policy
- SPHM program objectives (short- and long-term) with timeline and measurable outcomes

- Recommendations (i.e., what program activities need to be implemented, sequence of implementation such as pilot initiatives and related rationale) including trials of SPHM technology and finalization of the program budget for leadership review
- How recommendations will be implemented including resources needed and cost justification as applicable
- Any potential barriers that have been identified and how they will be addressed
- Roles and responsibilities of stakeholders involved implementation
- Proposed timeline for implementation activities
- How the program will be managed and sustained, and outcomes and process evaluated

Provide the leadership group with your program summary that you developed in *Step 10* and have project details (electronic or printed) available upon request.

Step 12

Finalize the SPHM program plan and policy

Incorporating senior leadership recommendations, the SPHM coordinator and committee can then finalize the SPHM program plan and policy and start implementing the strategy to select SPHM technology through formal trials ***(Refer to Section 7).***

Leadership should provide guidance about what and how communication of initial SPHM program efforts to managers and employees should be conducted at this stage of program planning and implementation.

Section Summary

Hazard Control and Prevention

Step 8. Develop solutions to address and control hazards

The SPHM committee together with other stakeholders such as managers and employees of priority units/departments determine what SPHM technology, processes and program elements need to be developed and implemented to eliminate or minimize identified hazards and risks to achieve a successful and sustainable SPHM program.

Developing the SPHM Program Plan

STEP 9. Create a communications plan, education, and training plan, and SPHM policy

The Communications plan is a key tool that will help engage all stakeholders in the SPHM program and facilitate culture change.

Developing an education and training plan helps to determine resources (budget, personnel etc.), that are needed to implement an ongoing employee/stakeholder SPHM training program.

Creating or updating an SPHM policy communicates the organization's commitment to preventing patient handling injuries and promoting safe care.

It defines the purpose, procedures, and responsibilities for using SPHM technology and evidence-based practices to minimize risks for both employees and patients.

Step 10. Complete the draft SPHM program plan

The draft SPHM program plan provides a 'road map' for development, implementation, evaluation, and sustainment of the SPHM program. The plan includes strategic elements that define the overall goals and objectives of the program (the 'what') and tactical elements that outline the specific actions and steps needed to achieve those goals (the 'how'). Specific measurable goals for the SPHM program and a proposed timeline for implementation are incorporated into the plan.

Step 11. Obtain approval of the SPHM plan and policy from senior leadership

Formally presenting the draft SPHM program plan and policy to senior leadership enables them to ask questions, clarify issues, and understand their role in program implementation. It allows the SPHM committee to revise the plan as needed based on leadership input.

Step 12. Finalize the SPHM program plan and policy.

Incorporating senior leadership recommendations, the SPHM coordinator and committee can then finalize the SPHM program plan and policy and start implementing the strategy to select SPHM technology through formal trials.

Additional references and resources related to this Section are listed in ***Section 10.***

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