Safe Patient Handling – NYS Act
presented by
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RISK MANAGEMENT CONSULTANT

Who We Are (A diverse group of deep expertise)

13 - Benefits (Consultants)  
4 - HR Professionals  
4 - Risk Management Specialists  
7 - Claims Specialists  
8 - Business Insurance Placement Specialists  
30 - Business Insurance Customer Service Specialists  
14 - Business Insurance Sales Professionals  
1 – Insurance Auditing Specialist

1 - Construction Underwriting Specialist  
3 - Accounting Professionals  
2 - Legal Professionals  
3 – Engineering / Science Professionals  
22 - Personal Lines Customer Service Specialists  
8 - Personal Lines Sales Professionals  
5 - Insurance Coverage Specialists  
4 - Marketing & Advertising Professionals  
1 – Surety Specialist
NYS Association of Day Service Providers – Safe Patient Handling Act

SLIDING BOARDS
Image from http://www.handicare.com/

SPLIT SHEET / REPOSITIONING & CARE SHEET
Image from http://www.handicare.com

LIMB SLING

TURNING/POSITIONING SLING
Image from http://www.angelsolutions.com/

HYGIENE SLING
Image from http://www.handicare.com/

GAIT/TRANSFER BELT
Image from http://www.osha.gov

FOLD DOWN GRAB BAR

TRANSFER POLE

THRESHOLD MINIMIZER

EXTENDED TUB BENCH

SWING AWAY DOOR HINGE
Ultimate goal is to:

Remove or reduce human strength from individual transfers and repositioning tasks

- To increase the quality of care for the Individual.
- To perform a safe and comfortable mechanical and manual lift, movement and/or transfer for the Individual.
- To create a safe working environment for the staff by reducing the frequency of manual lifting, transfers and repositioning.
- To reduce and prevent work related injuries to Direct Support Professionals.
- To reduce lost time related to injury and/or fatigue in staff

NYS Safe Patient Handling Act

The Safe Patient Handling Act will cover all hospitals, nursing homes, diagnostic treatment centers and clinics licensed under Article 28 of the Public Health Law, and includes state operated group homes as well as health care units in prisons and OCFS facilities.

Safe patient handling ("SPH") is defined as the use of engineering controls, lifting and transfer aids, or assistive devices by staff to perform the acts of lifting, transferring and repositioning health care patients and residents.
NYS Safe Patient Handling Act

Questions about how this applies to voluntary agencies...

Public Health Law § 2997-h

1. "Health care facility" shall mean general hospitals, residential health care facilities, diagnostic and treatment centers, and clinics licensed pursuant to article twenty-eight of this chapter, facilities which provide health care services and are licensed or operated pursuant to article eight of the education law, article nineteen-G of the executive law or the correction law, and hospitals and schools defined in section 1.03 of the mental hygiene law.

§ 1.03 Definitions, NY MENT HYG § 1.03

11. “School” means the in-patient service of a developmental center or other residential facility for individuals with developmental disabilities under the jurisdiction of the office for people with developmental disabilities or a facility for the residential care, treatment, training, or education of individuals with developmental disabilities which has been issued an operating certificate by the commissioner of developmental disabilities.

NYS Safe Patient Handling Act – Timeline

- **March 31, 2014** – NYS Signed SPH into law
- **January 1, 2015** – DOH Workgroup established
- **July 1, 2015** – Workgroup submits recommendation report (best practices, sample policies, resources) to DOH
- **January 1, 2016** – DOH distributes recommendations; Facilities must establish own SPH committee
- **July 1, 2016** – NYS Dept. of Finance must have rate reduction rules in place
- **January 1, 2017** – Facilities must establish SPH Program (implementation may be phased in)
- **December 2018 & 2020** – Dept. of Finance evaluation
**NYS Safe Patient Handling Act – What is Needed**

- Safe Patient Handling committee
- Implement Safe Patient Handling program
- Conduct a Hazard Assessment
- Identify individual criteria for equipment use
- Provide training & education
- Establish process for incident/accident investigation & plan of corrections
- Conduct annual performance evaluation
- Consider SPH when developing new construction or remodeling
- Create a process for good faith employee refusals

**Committee Requirements**

**Purpose of Committee:** Develop, evaluate and revise facility SPH program as an ongoing process within the facility

- Can be newly established or rolled into already established committee*
- ½ the committee **must be frontline non-managerial employees** providing direct care (with at least 1 nurse & 1 DSP)
- Leadership of committee should be co-chaired by management & non-managerial nurse/direct care worker.
- Other positions could include:
  - Risk Management, Safety, Clinical, Nursing, Program Directors/Managers, DSPs, Union Representation, Individual representation, Maintenance, Purchasing, Senior or Executive Management, etc.
- Upper Management support & engagement is necessary for success
Written Policy, Procedures & Implementation Plan

- Policy = statement of commitment & support for SPH

- Procedures = steps outlining agency process for assessments, equipment needs, training, program evaluation, employee contribution & refusals

- Plan = steps outlining how the agency will put procedures in place

  *Implementation may be phased in... while phasing out of manual transferring of individuals*

Assessment Requirements

**Individual Assessments**

- Individual Criteria for lifting equipment
- Initial/Admission, Status Change, Periodical Reassessment
- Changes in Mobility
### Safe Transfer & Movement Assessment Tool

<table>
<thead>
<tr>
<th>Lift Type</th>
<th>Individual Goals</th>
<th>Equipment Consideration</th>
<th>Staffing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Mechanical Lift</td>
<td>1. Regain ability to function independently</td>
<td>Non-weight bearing Individual suiting</td>
<td>Non-weight bearing Individual suiting</td>
</tr>
<tr>
<td>Non-Mechanical Lift</td>
<td>2. Regain ability to function independently</td>
<td>Non-weight bearing Positioning in a non-weight bearing environment</td>
<td>Non-weight bearing Positioning in a non-weight bearing environment</td>
</tr>
<tr>
<td>Transfer/Gait Belt</td>
<td>3. Regain ability to function independently</td>
<td>Non-weight bearing Positioning in a non-weight bearing environment</td>
<td>Non-weight bearing Positioning in a non-weight bearing environment</td>
</tr>
</tbody>
</table>

*Individual’s height & weight distribution may indicate need for a larger sling.*

### Safe Transfer and Movement Assessment & Recommendations

**Name:**

**Ht:**

**Wt:**

**Date of Service:**

<table>
<thead>
<tr>
<th>Type of Equipment</th>
<th>Total Mechanical Lift</th>
<th>Sit/Stand Lift</th>
<th>Gait / Transfer Belt</th>
<th>Repositioning Device</th>
<th>Independent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Transfer</td>
<td>Bed → W/C</td>
<td>W/C → toilet</td>
<td>W/C → other surface (i.e., chair, bench, etc.)</td>
<td>Bathing</td>
<td>Showering</td>
</tr>
</tbody>
</table>

Transportation (may include the following): __Wheelchair Vehicle__ using __Wheelchair & Lift__ __Stairs__ __Van__ using __Stair Stool__ __Gait Belt__ __Other__ __Can__ using __Gait Belt__ __Other__

In the absence of equipment: __________

Other Recommendations: __________

DT/PT

**Date:**
Assessment Requirements

Hazard Assessment (or Gap Analysis)

- Assessment of current individual, equipment and environmental needs
- Identify potential problems with equipment (e.g. lifts vs. beds)
- Accessibility, storage & maintenance of equipment
- Trends in injuries & near misses for employees and individuals
SPH Data Analysis

- Employee Injury Data
  - Frequency vs. severity
  - Report vs. medical vs. lost time claims
  - OSHA Logs / Work Comp Data
  - Age of employee / tenure of employee
  - Root causes / activities causing injury
  - Type of injuries
  - Shift / time of day
  - Programs or locations
  - Indirect impacts from injuries

- Individual Incident Data
  - Falls
  - Combativeness during transfers
  - Pressure Sores
  - Physical function/activity levels

Safe Patient Handling in NYS – Assembly Report May 2011

Number of Injuries* by Occupation** in New York State, 2009

<table>
<thead>
<tr>
<th>Occupation</th>
<th>2009 Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Aides, Dieticians, and Attendants</td>
<td>2,100</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>1,000</td>
</tr>
<tr>
<td>Home Health Aides</td>
<td>100</td>
</tr>
<tr>
<td>Licensed Practical and Licensed Vocational Nurses</td>
<td>250</td>
</tr>
<tr>
<td>Health Care Professions with Patient Care Status</td>
<td>12,280</td>
</tr>
<tr>
<td>Laborers and Freight, Stock, and Material Movers, Hand</td>
<td>200</td>
</tr>
<tr>
<td>Janitors and Cleaners, Except Molds and Housekeeping Cleaners</td>
<td>50</td>
</tr>
<tr>
<td>Refuse and Recyclable Material Collectors</td>
<td>100</td>
</tr>
<tr>
<td>Construction Laborers</td>
<td>100</td>
</tr>
</tbody>
</table>

* Event or exposure included are: Total overexposure, Fall at same level, **Selected occupations - those generally involving lifting, moving and exerting.

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**NYS Incident Rates: # of injuries/illness per 100 FT employees**


**Frequency & Severity Example**

The Struggle with Indirect Costs...

No easy way to measure accurately.

Different sources of literature estimate indirect costs equaling 4x, 10x, 20x or even 30x the direct costs. Problem is, no current valid data supporting these estimations.

*OSHA adopted ratios from a Stanford Study.* “These are general estimates based on the limited research on this issue. The indirect cost multiplier will vary depending on an employer’s unique circumstances” - OSHA
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Indirect Costs Example

Incurred & Indirect Costs

2012 2013 2014 2015

Incurred Costs Indirect Costs

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Return on Investment

https://www.osha.gov/Publications/OSHA3279.pdf
**Training Requirements**

**SPH Training Must be Initial and Annually for all DSP & Supervisory staff!**

Training should include, at minimum:

- Agency policy & procedures
- Education on patient-handling related injuries (causes & prevention)
- Agency procedures for reporting injuries & near misses and reporting unsafe work conditions
- SPH equipment demonstrations & hands-on training for staff involved in direct care activities – can be location specific.
- Skills check or competency testing is highly recommended

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**Training – NOT IN BEST PRACTICE**

1) Lacks tools to evaluate training effectiveness
2) Fails to include both lecture and hands on
3) Built on body mechanics and/or focuses on human strength
4) Does not reference written policy
5) Fails to include education on anatomy of injuries
6) Fails to include causes of injuries and preventative steps

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Right to Refuse / Good Faith Refusal

Develop a process by which employees may refuse to perform and be involved in patient handling or movement that the employee reasonably believes in good faith will expose an individual or employee to an unacceptable risk of injury.

STOP

Within a well-planned program, this situation should generally not occur

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Accident & Incident Investigations

1) Gather the Facts
2) Analyze the Facts
3) Correct the Issue

Bailey & Haskell Insurance
Accident & Incident Investigations

Gather The Factors

1) Who? (was injured/involved)
2) Where? (location)
3) When? (time frame)
4) What happened? (Injury)
5) How did it happen? (actions causing injury)

6) Why did this happen?
7) How will we prevent this accident from occurring again?

What is supposed to happen?
(policies/procedures, individualized plans of protection/care plans, safeguards, transfer & mobility plans, etc.)

What usually happens?
(norms)

What happened that day? What was different about that day?
(event/close call)
Focus on prevention, not blame or punishment
Do you come to work planning on making a mistake or getting hurt? Neither do most employees...

Evaluate system vulnerabilities first, then individual performance

- Ineffective Communication
- Inadequate Training
- Inadequate Policies/Procedures
- Lack of Accountability
- Lack of Proper Supervision/Management

- Environment Barriers
- Equipment Barriers/Failures
- Fatigue/Schedules
- Cultural Norms

Corrective actions should eliminate or reduce the effects of the root cause

What can we do to prevent this event from occurring again??
✓ Identify triggers or reasons why accident/incident (or near miss) occurred
✓ Remove or reduce reasons why it occurred
✓ Set up plans to address events if they do happen again: (who to contact, what to do, how to support without getting hurt)
✓ Communication is key!

➢ Always follow up to ensure corrective actions were implemented and are working!
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Annual Performance of SPH Program

- To what extent has the SPH program reduced risk of injury to individuals and employees
- Track, trend and monitor injury data
- Review equipment needs and use protocols
- Adjust program and agency needs change

Insurance Premium Reduction

NEW YORK STATE
DEPARTMENT OF FINANCIAL SERVICES
HOSPITAL AMENDMENT TO
WPNR 171-171
ADJUST NEW SUBPART 171.6
INSURANCE REGULATION 114

WORKERS' COMPENSATION SAFE PATIENT HANDLING PROGRAM

§ 103-7.5: Provisions.
In March 2014, Governor Andrew M. Cuomo signed into law Part B of Chapter 50 of the Laws of 2014, which amended the Public Health and Insurance Law with regard to safe patient handling programs. Specifically, Chapter 50 added a new Title 14 to Public Health Law Article 512 to require health care facilities to establish safe patient handling programs, and added a new Insurance Law section 794(a) to require the department to make rules establishing requirements for health care facilities to obtain a reduced workers' compensation insurance rate for safe patient handling programs implemented pursuant to Public Health Law sections 2997-2(A2).

§ 103-7.6: Definitions.
In this subpart, health care facility shall have the meaning set forth in Public Health Law section 2997-2(A2).

§ 103-7.7: Safe patient handling program credits.
(a) For each workers' compensation insurance policy issued or renewed in this State, an insurer shall provide a credit to a health care facility that implements and maintains a safe patient handling program that meets the requirements of Public Health Law sections 2997-2(A2). The amount of the credit and the manner in which it is applied shall be in accordance with the approved annual filed by the new service organization of which the insurer is a member.
(b) An insurer shall verify that a health care facility has implemented and maintains a safe patient handling program that meets the requirements of Public Health Law sections 2997-2(A2) before providing a credit.
Funding

http://www.golisanofoundation.org – Rochester area

https://www.osha.gov/dte/sharwood/index.html - OSHA

http://www.labor.ny.gov/workerprotection/safetyhealth/DOSH_OSHTE.shtm - NYS

http://www.labor.state.ny.us/hab/ - NYS

Lessons Learned...

- Invest in stakeholders – not just one

- Management commitment to safety

- Employee involvement
References


Safe Patient Handling in NYS – Assembly Report May 2011 Available at: [http://assembly.state.ny.us/comm/WorkPlaceSafe/20110527a/index.pdf](http://assembly.state.ny.us/comm/WorkPlaceSafe/20110527a/index.pdf)

BLS: NYS Injury & Illness Incident Rates 2009-2014 Available at: [http://www.bls.gov/iif/state_archive.htm#NE](http://www.bls.gov/iif/state_archive.htm#NE)

