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A World of Risk Management and Insurance Expertise

Safe Patient Handling – NYS Act
presented by
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RISK MANAGEMENT CONSULTANT

NYS Association of Day Service Providers – Safe Patient Handling Act

Who We Are (A diverse group of deep expertise)

13 - Benefits (Consultants)	1 - Construction Underwriting Specialist
4 - HR Professionals	3 - Accounting Professionals
4 - Risk Management Specialists	2 - Legal Professionals
7 - Claims Specialists	3 - Engineering / Science Professionals
8 - Business Insurance Placement Specialists	22 - Personal Lines Customer Service Specialists
30 - Business Insurance Customer Service Specialists	8 - Personal Lines Sales Professionals
14 - Business Insurance Sales Professionals	5 - Insurance Coverage Specialists
1 - Insurance Auditing Specialist	4 - Marketing & Advertising Professionals
	1 - Surety Specialist

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TOTAL MECHANICAL LIFT

Image from spin-life.com

PORTABLE TRACK CEILING LIFT



Image from 101mobility.com

SIT TO STAND LIFT



Image from <http://www.accessibilityservices.net>

STANDING AIDE



Image from arjohuntleigh.com



TOTAL MECHANICAL LIFT WITH WALKING HARNESS
Image from www.101mobility.com

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SLIDING BOARDS



Image from <http://www.handicare.com/>

SPLIT SHEET / REPOSITIONING & CARE SHEET



Image from <http://www.handicare.com>

LIMB SLING



Image from <http://www.angelsolutions.com/>

TURNING/POSITIONING SLING



Image from <http://www.handicare.com>

HYGIENE SLING



Image from <http://www.handicare.com/>

GAIT/TRANSFER BELT



Image from <http://www.osha.gov>

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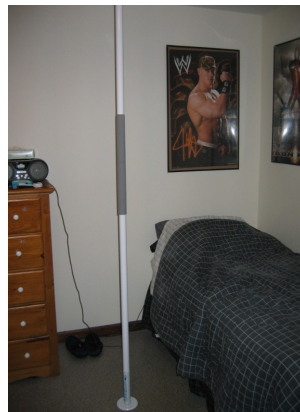
FOLD DOWN GRAB BAR



EXTENDED TUB BENCH



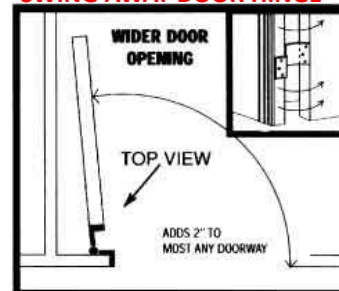
TRANSFER POLE



THRESHOLD MINIMIZER



SWING AWAY DOOR HINGE



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Ultimate goal is to:

Remove or reduce human strength from individual transfers and repositioning tasks

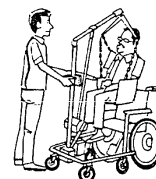


- To increase the quality of care for the Individual.
- To perform a safe and comfortable mechanical and manual lift, movement and/or transfer for the Individual.
- To create a safe working environment for the staff by reducing the frequency of manual lifting, transfers and repositioning.
- To reduce 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

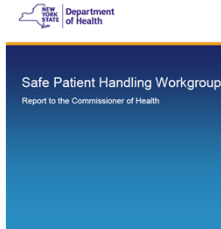
11. "**School**" means the **in-patient service of a developmental center or other residential facility for individuals with developmental disabilities under the jurisdiction of the office for people with developmental disabilities** or a facility for the residential care, treatment, training, or education 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

NYS Association of Day Service Providers – Safe Patient Handling Act

SAFE TRANSFER & MOVEMENT ASSESSMENT TOOL

Lift Type	Individual Criteria	Contraindications	Sling Criteria	Staffing
 Total Mechanical Lift	<ul style="list-style-type: none"> Non weight bearing Not able to sit/balance on edge of bed Non weight bearing Individual needing repositioning in a non-reclining chair 		Use - Hygiene sling if Individual has: <ul style="list-style-type: none"> Good upper body control Cognitive Able to assist Transfer is for toileting/access to perineal area. (may want to use simpler language) Use - Hammock sling if Individual has: <ul style="list-style-type: none"> Poor upper body control Non cognitive Unable to assist S - 45 - 100 lbs. M - 100 - 210 lbs. L - 210 - 440 lbs. VI - 440 - 600 lbs. 	
 Sit/Stand Mechanical Lift	<ul style="list-style-type: none"> Partial weight bearing in one or both legs Can hold on with one or both hands Cooperative Able to move supine to sit and be able to sit/balance on edge of bed Partial weight bearing Individual needing repositioning in a non-reclining chair 	<ul style="list-style-type: none"> Abdominal, chest or back surgery (if the area of surgery would be compromised resulting in harm to the Individual) Spinal or pelvic fracture (if the fracture site would be compromised resulting in harm to the Individual) Poor skin integrity in area of belt 	Use - Band Harness if Individual: <ul style="list-style-type: none"> CAN bear weight continuously Use -TY Harness if Individual: <ul style="list-style-type: none"> CANNOT bear weight continuously Band sling is not large enough If leg straps are needed 	
 Transfer/Gait Belt	<ul style="list-style-type: none"> Full weight bearing and able to ambulate with guidance or hands on cueing Partial weight bearing if they can take steps and move feet Steady Sound cognition Cooperative 	<ul style="list-style-type: none"> Abdominal, chest or back surgery (if the area of the surgery would be compromised resulting in harm to the Individual) Spinal or pelvic fracture (if the fracture site would be compromised resulting in harm to the Individual) Poor skin integrity in area of belt 	None	
 Non-Friction Device or Air Matt	<ul style="list-style-type: none"> Bedset Unable to assist with lateral transfer Needs repositioning in bed or reclining chair 		None	
 See List Other Minimal Transfer & No Lift Devices	<ul style="list-style-type: none"> Full weight bearing bilaterally Steady 		None	




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

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NYS Association of Day Service Providers – Safe Patient Handling Act

Safe Transfer and Movement Assessment & Recommendations

Name:	HT:	Wt:	Date of Service:		
Type of Equipment→					
Type of Transfer ↓	Total Mechanical Lift	Sit/Stand Lift	Gait / Transfer Belt	Repositioning Device	Independent
Bed ↔ W/C					
W/C ↔ toilet					
W/C ↔ other surface (i.e. chair, bench, etc)					
Bathing					
Showering					
Repositioning in bed					

Transportation (may include the following): ___ Wheelchair Vehicle- using ___ Wheelchair & Lift ___ Stairs
 ___ Van- using ___ Step Stool; ___ Gait Belt ___ Other: _____
 ___ Car- using ___ Gait Belt; ___ Other: _____

In the absence of equipment: _____
 Other Recommendations: _____

OT/PT _____ Date: _____

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Decision Tree



Residential coordinators, Managers & Nurses can authorize staff to climb UP the tree...

Rehabilitation therapists will make the decision if and when to climb back DOWN the tree...

Report changes, questions and/or concerns to your manager immediately.

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

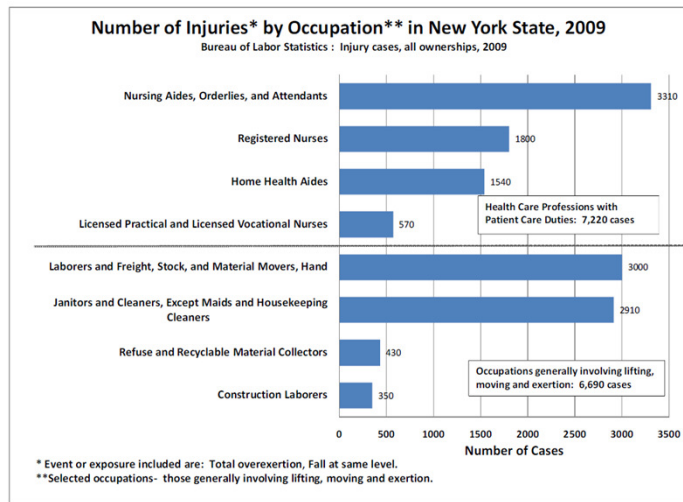
- Employee Injury Data
 - Frequency vs. severity
 - Report vs. medical vs. lost time claims
 - OSHA Logs / Work Comp Data
 - Age of employee / tenure of employee
 - Root causes / activities causing injury
 - Type of injuries
 - Shift / time of day
 - Programs or locations
 - Indirect impacts from injuries
- Individual Incident Data
 - Falls
 - Combativeness during transfers
 - Pressure Sores
 - Physical function/activity levels



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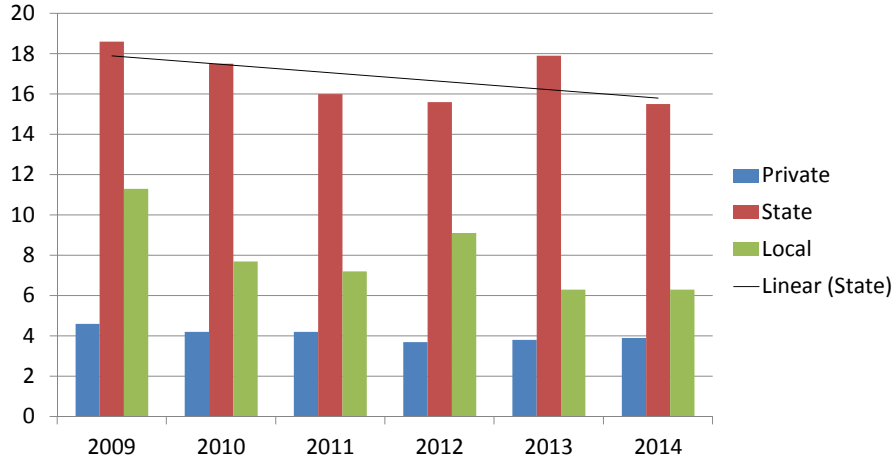
Safe Patient Handling in NYS – Assembly Report May 2011



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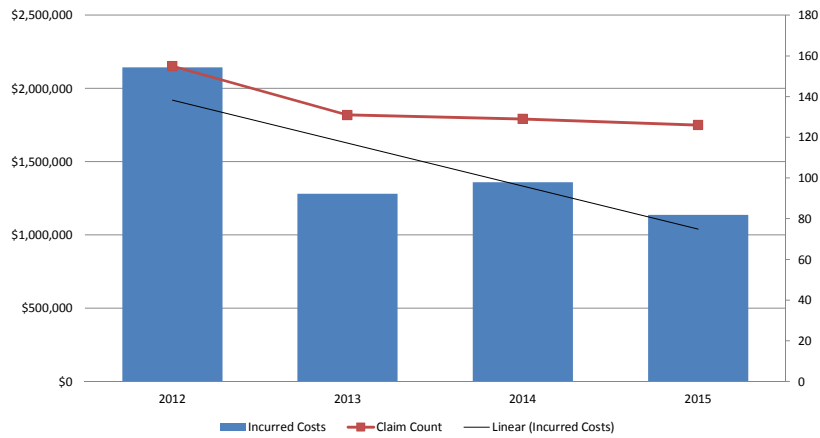
NYS Incident Rates: # of injuries/illness per 100 FT employees



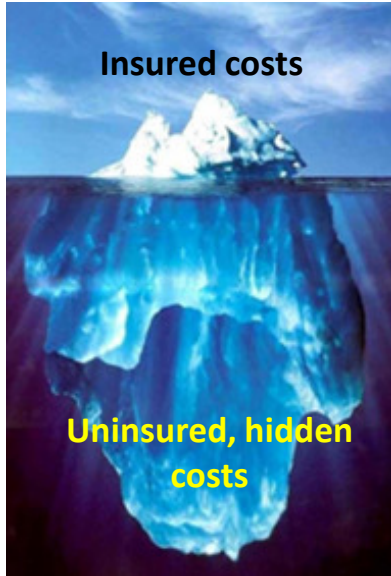
Source: BLS: NYS Injury & Illness Incident Rates 2009-2014 http://www.bls.gov/iif/state_archive.htm#NE

Frequency & Severity Example

Transfer Related Claims



Costs Associated with Injuries



- Direct Costs**
 - Medical, Indemnity, Litigation
- Indirect Costs**
 - Employee absence, overtime, hiring replacement
 - Investigation time, orienting & training replacement
 - Equipment repair/replacement, re-training
 - Loss of productive work
 - ↓Output of I.W. when return
 - Loss of consistency in care
- Unknown/Unmeasurable Costs**
 - Morale/Culture
 - Reputation / bad publicity
 - Human tragedy / emotional pain & suffering

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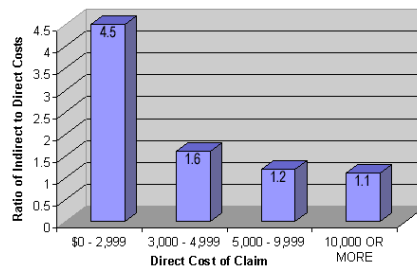


The Struggle with Indirect Costs...

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.

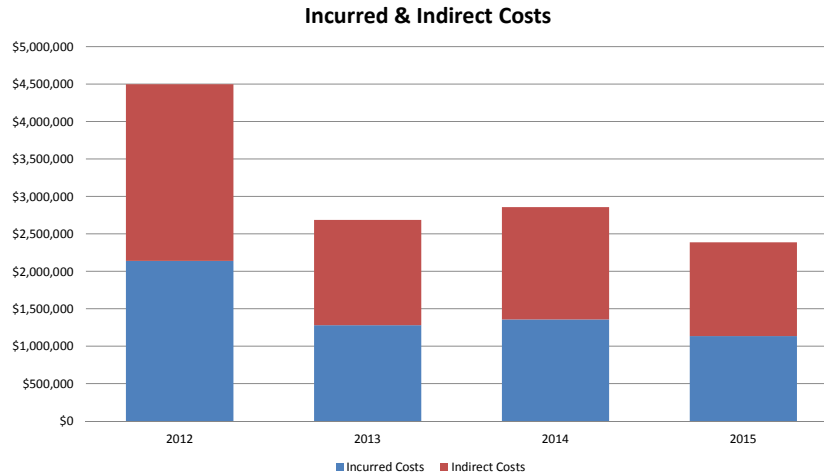
OSHA adopted ratios from a Stanford Study. "These are general estimates based on the limited research on this issue. The indirect cost multiplier will vary depending on an employer's unique circumstances" - OSHA



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Indirect Costs Example



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Return on Investment

Safe Patient Handling Programs: Effectiveness and Cost Savings

To establish a business case for your facility, you will need to determine:

1. How much your facility spends on patient handling injuries (i.e., workers' compensation claims) every year.
2. An indirect cost multiplier to cover additional costs associated with injuries, such as temporary staffing and overtime, turnover, and reduced productivity. You may also wish to include quantifiable data on savings due to improved patient care in the form of fewer falls, skin tears, and pressure ulcers. *Estimates for indirect costs vary. The literature supports multiplying the cost of workers' compensation claims by two to four to estimate the total cost of patient handling injuries.*⁵⁴
3. The projected cost of your safe patient handling program, which includes your initial investment in equipment and installation, operation and maintenance (including replacing expendable supplies), and training.
4. The percent reduction in patient handling injury costs that you expect to see over time as a result of your safe patient handling program. You should consider your costs and benefits over multiple years. Several studies have shown that the initial capital investment in safe patient handling policies, programs, and equipment can be recovered in fewer than five years.^{55,56,57}

Safe Patient Handling Programs



Effectiveness and Cost Savings

Nearly 50 percent of injuries and illnesses reported in 2011 among nurses and nursing support staff were musculoskeletal disorders.

By establishing a comprehensive safe patient handling program, you can reduce the number of injuries and illnesses reported in your facility. The Bureau of Labor Statistics estimates that the average cost of a lost workday due to a musculoskeletal injury is \$10,000. In 2011, there were 1.5 million musculoskeletal injuries and illnesses reported in the United States, with a total cost of \$17.5 billion.

Many nurses and nursing assistants suffer from work-related musculoskeletal disorders and pain, leading to the loss of work days. In fact, musculoskeletal disorders are the leading cause of lost work days among nurses and nursing assistants. In 2011, there were 1.5 million musculoskeletal injuries and illnesses reported in the United States, with a total cost of \$17.5 billion.

Safe Patient Handling Programs

Safe patient handling programs can help reduce the number of injuries and illnesses reported in your facility. These programs typically include the use of manual and powered lifting devices, such as hoists and slide sheets, to assist with patient transfers and repositioning. Training staff on proper lifting techniques and the use of these devices is also a key component of a safe patient handling program.

Investing in a safe patient handling program can provide a significant return on investment. Studies have shown that the initial capital investment in safe patient handling policies, programs, and equipment can be recovered in fewer than five years.

<https://www.osha.gov/Publications/OSHA3279.pdf>

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Training Requirements

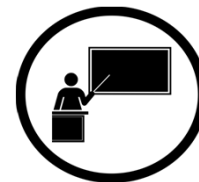
SPH Training Must be Initial and Annually for all DSP & Supervisory staff!

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

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



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 a individual or employee to an unacceptable risk of injury.



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

Accident & Incident Investigations

ACCIDENT INVESTIGATION REPORT					CASE NUMBER
COMPANY _____ ADDRESS _____		DEPARTMENT _____ LOCATION (if different from mailing address) _____			
1. NAME of INJURED	2. SOCIAL SECURITY NUMBER	3. SEX <input type="checkbox"/> M <input type="checkbox"/> F	4. AGE	5. DATE of ACCIDENT	
6. HOME ADDRESS	7. EMPLOYEE'S USUAL OCCUPATION		8. OCCUPATION at TIME of ACCIDENT		
11. EMPLOYMENT CATEGORY <input type="checkbox"/> Regular, full-time <input type="checkbox"/> Temporary <input type="checkbox"/> Nonemployee <input type="checkbox"/> Regular, part-time <input type="checkbox"/> Seasonal		9. LENGTH of EMPLOYMENT <input type="checkbox"/> Less than 1 mo. <input type="checkbox"/> 6 mos. to 5 yrs <input type="checkbox"/> 1-5 mos. <input type="checkbox"/> More than 5 yrs		10. TIME in OCCUR at TIME of ACCIDENT <input type="checkbox"/> Less than 1 mo. <input type="checkbox"/> 6 mos. to 5 yrs <input type="checkbox"/> 1-5 mos. <input type="checkbox"/> More than 5 yrs	
13. NATURE of INJURY and PART of BODY		12. CASE NUMBERS and NAMES of OTHERS INJURED in SAME ACCIDENT			
14. NAME and ADDRESS of PHYSICIAN		16. TIME of INJURY	17. SEVERITY of INJURY		

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



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?*

Accident & Incident Investigations

What is supposed to happen?

(policies/procedures, individualized plans of protection/care plans, safeguards, transfer & mobility plans, etc.)

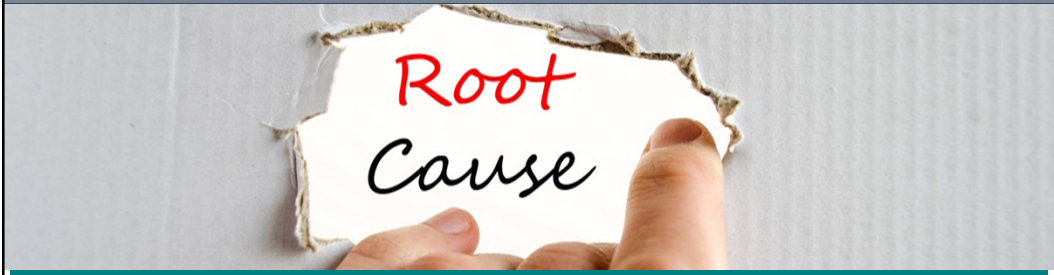
What usually happens?

(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 | -Environment Barriers |
| -Inadequate Training | -Equipment Barriers/Failures |
| -Inadequate Policies/Procedures | -Fatigue/Schedules |
| -Lack of Accountability | -Cultural Norms |
| -Lack of Proper Supervision/Management | |



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!

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
SIXTH AMENDMENT TO
11 NYCRR 151
ADDING NEW SUBPART 151-7
(INSURANCE REGULATION 119)

WORKERS' COMPENSATION SAFE PATIENT HANDLING PROGRAM

I, Maria T. Vullo, Superintendent of Financial Services, pursuant to the authority granted by Sections 202 and 302 of the Financial Services Law and Sections 301 and 2304(j) of the Insurance Law, do hereby promulgate, as an emergency measure, the Sixth Amendment to Part 151 of Title 11 of the Official Compilation of Codes, Rules, and Regulations of the State of New York (Insurance Regulation 119) adding new Subpart 151-7, to take effect July 1, 2016, to read as follows:

(ALL MATERIAL IS NEW)

§ 151-7.0 Preamble.

In March 2014, Governor Andrew M. Cuomo signed into law Part A of Chapter 60 of the Laws of 2014, which amended the Public Health Law and Insurance Law with regard to safe patient handling programs. Specifically, Chapter 60 added a new Title 1-A to Public Health Law Article 29-D to require health care facilities to establish safe patient handling programs, and added a new Insurance Law section 2304(j) 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 section 2997-k(2).

§ 151-7.1 Definitions.

In this Subpart, *health care facility* shall have the meaning set forth in Public Health Law section 2997-(k)(1).

§ 151-7.2 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 section 2997-k(2). The amount of the credit and the manner in which it is applied shall be in accordance with the approved manual filed by the rate 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 section 2997-k(2) 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_OSHTTE.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

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NYS DOH SPH Report to the Commissioner of Health. Available at: https://www.health.ny.gov/statistics/safe_patient_handling/

NYS SPH Legislation. Available at: <http://www.zeroliftforny.org/nys-legislation/>

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

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