Elements of a successful safe patient handling and mobility program

Program success hinges on leaders’ and nurses’ commitment.

By John Celona, BS, JD

Since safe patient handling and mobility (SPHM) efforts began more than a decade ago, data show dramatic reductions in caregiver injuries after a safe patient handling and mobility (SPHM) program is implemented. So why doesn’t every healthcare facility have one?

The first reason is cost. An SPHM program requires a substantial outlay. Second, SPHM program results have been inconsistent. Tales abound of equipment bought but not used because it’s too much trouble to fetch it from the closet, or because no one can locate the necessary sling. Finally, SPHM program value costs are clear but benefits are hard to quantify.

This article addresses these issues by laying out the basic elements of a successful SPHM program. These elements can be divided into two broad categories—determining out what you need and making it happen. (See Simplifying the equation.)

Determining what you need
Start by estimating how many patients on a given unit are totally...
dependent on the nurse to lift or
mobilize them. Then estimate how
many patients on the unit need
partial assistance with mobility ac-
tivities, such as toileting or moving
from bed to chair.

For each patient category, esti-
mate the numbers and types of
mobilization each will need over
the course of an average stay.
Types of mobilization include
boosting, turning, moving from
bed to chair, assisting with ambu-
lation, and so on. For these cate-
gories and frequencies of mobi-
lization tasks, figure out how much
and what types of equipment are
needed to eliminate variation in
practice and standardize how to
safely accomplish the task.

In practice, most people devel-
op rules of thumb or use intuition
and experience rather than calcu-
lating the four types of information
described above. Also, vendors of
handling and mobility equipment
have experience in determining re-
quired equipment.

I've observed three different ap-
proaches to supplying the equip-
ment needed to mobilize patients:
• installing overhead lifts—ceiling
tracks to which lifting slings are
attached
• using portable lifts—floor-
mounted structures for mobiliz-
ing patients that can be moved
around as needed
• going the “equipment light”
route—using a low-tech system
that combines slide sheets, limb
lifters, and slide boards to mo-
ilize patients instead of using
celling-mounted or portable
floor lifts.

Any of these approaches will
work to mobilize patients and
reduce caregiver injuries if the
healthcare organization can get
staff to use them.

Compliance rate
When designing and implemen-
ting an SPHM program, the compi-
lance rate is the key variable an
organization is driving. The com-
lpliance rate is defined as the num-
ber of mobilizations for which
SPHM equipment is actually used,
divided by the number of mobiliza-
tions for which it should be used.
The compliance rate is critical be-
cause it drives program benefits.
A rate of 0% means the equipment
is never used and isn’t producing
benefits. A rate of 100% means
caregivers are using the equipment
every time they should be, creat-
ing the maximum possible value
from the SPHM program.

A small level of investment in
SPHM equipment makes little dif-
fERENCE in the compliance rate or
program results. Without the right
amount or type of equipment
available, an organization can’t
standardize a new mobilization
process, so the equipment gets
used for relatively few mobiliza-
tions. With higher investment lev-
els, using the equipment becomes
part of caregivers’ routine, so the
compliance rate goes up.

Making it happen
A successful SPHM program re-
quires leadership commitment,
nursing commitment, and an edu-
cation and training plan. Leader-
ship commitment is needed to ap-
prove SPHM equipment purchase,
design of training plans, and time
away from duty for training. Such
commitment is best obtained by
creating a business case to de-
scribe the proposed SPHM pro-
gram and quantify its total costs
and benefits, including return on
investment (ROI). (See “Making
the business case for a safe patient handling and mobility program” in this report.)

The entire nursing staff must be committed, especially the chief nursing officer, who has to approve the time required for staff training and education. Nursing commitment should be easy to get if the business case has identified the program’s potential for reducing caregiver injuries, increasing staff availability for duty due to injury reduction, and improving nursing retention and satisfaction.

An education and training plan addresses which SPHM technology is purchased, installed, and deployed and when and where it’s installed and deployed; who gets trained, at what level of training, and when training takes place; and how program data will be tracked and monitored to determine if it’s achieving the intended results. In many cases, training accounts for half or more of total SPHM program costs.

Levels of expertise
Three levels of expertise in using SPHM equipment and methods exist:

- **A facility champion** can “train the trainers” and aid program design and revision (adjusting the deployed equipment or training if needed). To be effective, this person needs both extensive training and experience.
- **A super user** (such as a unit peer leader at the Veterans Health Administration) can train other caregivers in the unit and answer questions. Reaching this level of expertise requires in-depth training.
- **A general caregiver** knows how to use SPHM technology and methods but may not be qualified to train others.

**Why feedback is important**
Feedback is crucial for tracking and monitoring the SPHM program to determine how well it’s working. Successful programs use two types of feedback. **Compliance rate monitoring** gives some reassurance that caregivers actually are using SPHM technology when they should be. Such monitoring may be done indirectly by requiring annual staff certification to ensure they know how to use the equipment. Direct methods include observing the unit to see if caregivers use appropriate SPHM methods. Some newer types of equipment come with devices to measure how many times they’re used.

Program result monitoring, on the other hand, depends on SPHM program goals. These vary by facility but may include reduced caregiver injuries from patient handling, decreases in pressure ulcers and patient falls, increased patient and staff satisfaction, and improved staff retention. The business case and ROI for the SPHM program should identify which program results create the most value. Methods for monitoring these results should be created if they don’t already exist.

Most SPHM programs monitor workers’ compensation costs from caregiver injuries related to patient handling. Usually, this necessitates connecting incidence data on the types and causes of injuries (such as on the Occupational Safety and Health Administration’s Form 300) with costs associated with those injuries (found in the workers’ compensation system).

Any equipment strategy (overhead lifts, portable lifts, “equipment light” or a combination) can drive a high compliance rate and favorable program results. But using more efficient lifting methods and equipment might yield additional program benefits from time savings. Stanford University Medical Center compared the average time for a chair-to-bed transfer using ceiling lifts vs. portable lifts. On average, a ceiling-lift transfer was completed before the portable-lift transfer even began. These data were used to justify ceiling lift installation in Stanford’s new hospital.

Monitoring SPHM program results and comparing them against the potential results quantified in the business case are crucial for ensuring the program is working as designed and the organization is realizing the projected ROI. When results vary from the ranges identified in the business case, the cause must be identified and remedial action must be taken.

Understanding and implementing the essential elements of an SPHM program will help you ensure that your organization’s program is successful and can truly achieve better outcomes for caregivers and patients.


**Selected references**


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