



EZ Way Lunch & Learn Webinar Series
Presented by Equitable Safety Group

Strategic Implementation
Building The Business Case for
Safe Patient Handling

Welcome to the EZ Way Lunch and Learn Series. This webinar on “Strategic Implementation” is the fourth in the series, and was produced by Equitable Safety Group. For a more general presentation on safe patient handling, please visit the ‘webinar’ section of EZ Way’s website and view “Making Cents: The Business Case for Safe Patient Handling”. For a financially oriented presentation, please view “Loss Analytics”. The third in the series offered definitions of “Risks and Exposures” found in healthcare settings. Once the investigative work is completed, it’s now time to develop your own strategic implementation processes, and that’s the subject matter of today’s program.

Your Lunch & Learn Presenter



Don Maynes

Director of Operations for Equitable Safety Group (ESG), has spent 27 years in the insurance industry focusing on loss prevention, risk management, reinsurance, capital investment, and claims.



Kelly Flewelling

Kelly Flewelling, St. Mary's Hospital, Amsterdam, NY, is a Certified Workers' Compensation Professional, Ergonomics Technician, First Responder, as well as Human Resources Specialist. Her vision is of "helping our nurses stay on the floor and in their careers." Kelly was instrumental in the development, introduction, and ongoing operations of a safe patient handling program at St. Mary's.



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It is my pleasure to introduce you to Don Maynes, Director of Operations for Equitable Safety Group and one of the managing partners in the company. Don has spent most of his career working toward program development with the insurance industry, and has a background in several forms of claims, risk management and capital investment.

Also presenting today is Kelly Flewelling from St. Mary's Hospital in Amsterdam, New York and part of Ascension Health. In addition to the other credentials that are shown on this slide, Kelly is a committee member of the Ascension Health SmartMOVES Program, and has served to help solve patient handling issues for all Ascension hospitals across the nation. This past year, Ascension Health was awarded the safe patient handling award at the "Safe Patient Handling and Movement Conference" in Orlando, and that was based, at least in part, on her efforts as the "model" facility for Ascension Health. She is constantly "helping other nurses stay on the floor and in their careers."

Welcome to both of you, Don.

Goals

- **To familiarize you with our methods**
- **To help you to identify methods of implementing safe patient practices in your facility**
- **To provide a comparative view to an existing safe patient handling operation**
- **To show an overview of the organization required to achieve success**



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Thank you, Mary, and thanks to each of you for joining us here today.

The primary goals of this webinar are to familiarize you with the methods developed by Equitable Safety Group for making the business case; to show strategic methods of implementing safe patient handling practices; to give you a “model” of how safe patient handling practices are implemented and grow; and to give you an overview of the organization required to achieve success.

Overview

- **Planning for safe patient handling practices directs strategic implementation plans**
- **Identifying the starting point**
- **The program “build out”**
- **A model**



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In this webinar, we're going to begin to focus on the planning required to initiate a program. There will be future lunch and learns that will present the actual implementation steps in more detail, so we're still going to focus today on the pre-program planning and identification of the starting point. Next, we'll have a look at how these methods have been used successfully in other hospitals. Finally, we are pleased that Kelly Flewelling has agreed to join us today to talk a little bit about how St. Mary's in Amsterdam strategically implemented and now successfully operates a safe patient handling practice. It truly is a “model” to be shared with all.

Phases

- **Loss Analysis**
- **Risks and Exposures Survey**
- **Planning based on the results**
- **Operations**



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In the previous webinars that are now resident in that section of www.ezlifts.com, we've discussed the purpose of doing loss analytics and the risks and exposure survey. Both of those investigative functions allow you to better define the key elements required to achieve a safe patient handling environment throughout your facility. They also lead to a series of summarizing reports that spell out the most important areas upon which to concentrate. By developing the plan in this way, you can readily justify the needs for safe patient handling, and can see how the enhancements will help your facility before you even commence the program. As you will see, there are all kinds of things that need to be done, such as communicating with staff about what needs to be achieved, planning for the education required to assure that the program will be successful, and selecting, communicating, and planning with vendors to accomplish a seamless conversion into your future practices.

Option Identification

- **Horizontal or vertical**
- **High exposure units**
- **Transport/Team Lifting**



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Determining the most effective method to start a safe patient handling program can probably best be defined in terms of the nature of the risks that are resident in the facility. If the primary identified risk is that of lifting patients or residents, that would be the risk screaming for mitigation. Conversely, if all the claims are happening in units that involve a lot of lateral or horizontal activity, perhaps a lateral transfer initiative would more readily lead to a complete safe patient handling environment. Even transport team conversion to a team lifting concept can help to move the facility in the right direction.

Please note that we're not suggesting here that doing any of these single things will ultimately solve the problem; it won't. Ultimately you will want a coordinated approach with several different kinds of equipment, methods, policies, and procedures in order to control all the identified risks. Nonetheless, selection of a single approach can facilitate expansion into other areas, as fellow members of staff and patients will begin to enjoy the benefits such programming has to offer.

A Model of Safe Patient Handling



St. Mary's Hospital



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We first came in contact with St. Mary's in Amsterdam through the services that we offered to Ascension Health across the country. We initiated our programming with an educational course that instructed employees of each facility on how we accomplish loss analytics, do risks and exposure surveys, and secure senior management approval. Kelly Flewelling was one of the earliest attendees, and undertook the approaches we suggested at St. Mary's. Today her efforts have led that hospital to serve as the "model" for all Ascension facilities to follow. As you will see, it's been an interesting journey that's been carefully orchestrated, and continues to attain incredible results. For our purposes here today, we thought that by using such a model, that it would be beneficial for other facilities to note the methods that were put into place, modified from time to time, and ultimately managed on a daily basis. For that presentation we now turn directly to Kelly.

In the Beginning

- At the time, claims showed that an outdated nursing model was in place
- St. Mary's commenced the development of their safe patient handling program by analyzing the type and nature of workers' compensation claims that had occurred



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Thanks Don.

St. Mary's Hospital is in Amsterdam, New York. It is a 143 bed acute care facility, whose service area contains one of the oldest populations in our state. We currently employ 1,075 associates, of which, 37 percent are clinical staff members.

We started our safe patient handling program by analyzing the type and nature of our workers' compensation claims, looked at the nursing model that was in place, and conducted a site and task analysis of the building itself.

Pre-Program Analyses

- Aging Workforce
- Loss Analysis
 - 24 percent of claims costs from lifting and transferring patients
- Risks and Exposures Survey
 - We reposition patients 664 times per day
 - 49.5 percent of our patients weigh in excess of 250 pounds



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What we determined at the outset was that, first of all, we have an aging workforce. Because we need to keep staff present as long as we can in our part of the state, we knew we needed to do something for that reason alone.

Next, we looked at the number of back injuries that were occurring, and identified the fact that 24 percent of those were from lifting and transferring patients.

We then conducted a Risks and Exposures survey to determine what hazards were present that were creating the environment that led to these injuries. Once that was completed, we knew a lot more about what was happening here, and the summary pointed to some really interesting things. As an example, and as is shown here, we reposition patients in our hospital over 650 times each day; nearly half of which weigh in excess of 250 pounds. Once you begin to dig out the facts, they pretty much speak for themselves.

Other Models

- Part of the research included reviews of other hospitals with safe patient handling programming already operational
- These included local competitive hospitals as well as information supplied through VA Hospitals located in Tampa
- What those facilities had found was....



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Next we sought out other examples of hospitals who were doing something about similar issues, and to the studies conducted through the VA in Tampa, Florida. What we discovered was.....

Over Time, Nursing has Changed



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.....that over time, the nursing model has changed.

Over Time, Nursing has Changed



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Road to Implementation

- We needed to modernize!
- Started small, but monitored it all
- Review and expand
- Today, ceiling tracks in all patient rooms, and treatment areas, complimented by portable equipment in dictated by tasks in specific areas



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Following the analyses that were done by Equitable Safety Group, we started our safe patient handling practice with a minimal lift project in November of 2004. With all the information in hand, we knew that we needed to modernize our facility to achieve better results for our associates and patients alike.

Because we wanted to be able to have proof included in our business case, we started our safe patient handling environment with one single portable floor lift, a sit/stand lift, and some slip sheets. We developed policies, procedures, and daily practices to go with that purchase, and kept track of the all facets of the use of the equipment, as if these few items were an entire program. That led us to reviewing the results and to expand the program in a very controlled and strategic method. Today, we have ceiling track systems in all patient rooms, treatment areas, and even under the canopy outside our ER.

Change is not Automatic

- In order to accomplish the revised working conditions required, training was needed
- Training courses were designed to provide two levels of operator expertise
 - The daily user (four hours)
 - The “Super User” (eight hours)
- Administration paid all employees, including part time, to attend these training sessions



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We have incorporated into the programming all the educational, policy, and procedural things that are required to assure that changes occur. Courses were used to provide four hours of training for daily users, and eight hours of initial training for my “Super Users”. It is important to note that administration paid all employees, including part-timers, to attend these training sessions.

Teamwork & Understanding

- To foster the development and operation of the safe patient handling techniques, Kelly Flewelling, a specialist in the Human Resources Department took up the charge
- Kelly coordinated all aspects of training, equipment installation, and monitors and oversees the program operations to date



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One of the keys to any program like this is it's coordination, which is one of my job duties, but also it's the people who make it work in the various departments; my Super Users. These key members of staff help to foster the development of the program with new employees, problem solve with other members of staff, and help to support all of the program policies and practices.

Working in Support



Each of these people serve to help other members of staff to better understand the principals of safe patient handling, and to assist in problem solving unique situations



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And here they are! Working with this group has been truly an honor and privilege, and without their help, this program would not have succeeded to the level that it has.

Results

Savings

| | |
|------------------------------|---------------------------|
| Workers' compensation | \$1,496,833 |
| PL/GL | \$1,026,732 |
| Agency Nursing Fees | <u>\$1,232,125</u> |
| Total | \$3,755,691 |

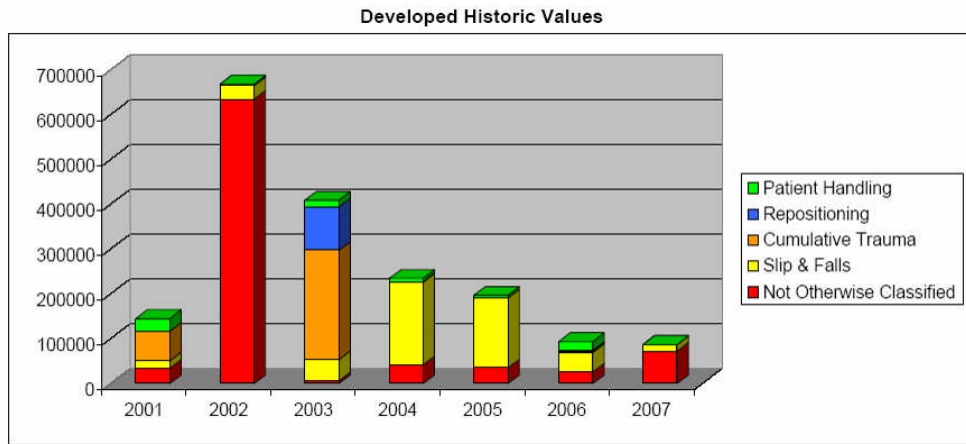


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Earlier this year, we went through and compared our current expenses, to the previous trends. As you see here, we've saved almost \$1.5 million in workers compensation claims costs alone, another million from professional and general liability costs, and over one and a quarter million dollars in agency nursing fee expenses. All that is simply the savings to date. Since the equipment will remain functional for a number of years, and the staff continue to support the practices, these savings numbers should continue to increase for the foreseeable future.

Claims Values Over Time



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This graphically depicts how our claims have and continue to fall in value.

Investment Required

St. Mary's investment was \$425,000 for the equipment alone

Since then, St. Mary's has spent additional funds for education and program operations

The combination of the two does not come close to the expected savings from this program



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In order to get those kinds of results, we needed to make an investment into our program. You'll note on this slide that we invested \$425,000 in equipment alone, but as I said a minute ago, that did not occur immediately. In the beginning, we invested about \$8,000. In year two, we invested \$25,000 more; and the remainder of the investment was made in the third year. Each year showed progressing results.

Additional Benefits

- Enhanced public and patient image
- Public Relations/Media Support
- Discernable increase in staff morale
- Increased public outreach for services we provide
- Further reductions of professional and general liability
- The flexibility to address other ongoing operational concerns



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Because the savings generated to date is only the beginning, we also look at the other benefits that St. Mary's enjoys through the safe patient handling practices. The news media coverage alone has included both newspaper and magazine stories here, and other Ascension hospitals have had television stories as well. In addition, we are currently serving as a beta study for the American Nursing Association Handle with Care Safe Patient Handling recognition program. That program will serve as the criteria for the recognition of ALL safe patient handling programs to create a safer workplace for clinical staff, and to the reduction of patient handling based musculoskeletal injuries. Moreover, by working in this capacity, we are providing a safer environment for our patients.

Just imagine how our patients feel when they know how they are going to be lifted and transferred. We had one person that presented to us what it was like before and after having gastric bypass surgery. She said, "If I could change anything, I would have people love me for the size of my heart, and not the size of my body." When you have an appropriately outfitted safe patient handling program, it allows you to accomplish that, and to remain compliant with safe patient handling practices.....Care compassionately for the patient!

And Great Things Just Keep on Coming



July 11, 2007

Jean Haskin
Vice President for Nursing
St. Mary's Hospital
Guy Park Ave.
Amsterdam, NY 12110

Dear Jean,

On behalf of the Board of Directors of NYONE, I am pleased to inform you that your submission, "Minimal Lift", has been selected as the recipient of the Best Practice Award for the Northeast region. Your project scored highest among the numerous regional applications due to its excellence in supporting evidence-based initiatives impacting patient safety.

As a distinguished leader and award winner, you will present a poster on, and speak on your project in a panel presentation at our Annual Meeting on Monday, October 22, at 1 PM, in Tarrytown, NY. Our program committee will be contacting you to confirm your participation.

NYONE applauds your efforts to promote excellence in nursing leadership and patient safety. Congratulations!

Sincerely,

Julie Forbes and Kimberly Glassman, NYONE Best Practice Committee



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We won the best practices award for our safe patient handling program issued by NYONE at its Annual Meeting in 2007, and as Mary said in the beginning, continue to serve other Ascension Health facilities through the SmartMOVES Program, for which all of Ascension Health received the 2008 Safe Patient Handling Award.

Executive Support



“When we reviewed this approach, it was one of many necessities that we had at the time. It only made sense that we follow this particular approach because the investment potential, the returns, and the benefits to our patients and staff were obvious.”

“The safe patient handling program has even outpaced our original expectations by a considerable amount, and we can think of nothing that makes more sense for any hospital that could be making the same types of decisions.”

Victor Giulianelli,
President and CEO
St. Mary’s Hospital
Amsterdam, New York



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We decided to end my portion of this presentation with a direct quote from our CEO, who has been an ardent supporter of this program. And we know he’s not the only one in Executive Management that thinks this way. The most important thing that he did for us, however, was to give us the freedom to know that we can ALL accomplish this type of success!.....Don.

Justification

The business case

The focus

The benefits

The milestones

The communication

The improvements we make in people's lives



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Thank you Kelly.

Justification in the business world is typically centered on making prudent decisions about the application of all resources. By properly focusing or shaping those resources into a form of critical mass through well defined methodology, allows us all to achieve the benefits that we often long for. Each milestone of safe patient handling implementation leads to new forms of communication and an opportunity to support both members of staff, and those who enjoy their care. As I have said in each webinar to date, helping to make improvements in other peoples lives is really what it's all about.



Supporting the business of healthcare
workplace safety, the people who make it
work, the equipment manufacturers who
serve that need, and the patients who
experience the result.



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At Equitable Safety Group, we support the business of healthcare workplace safety, the people who make it work, the equipment manufacturers who serve that need and the patients who experience the result. It has been our pleasure to provide this information to you, and remain available whenever questions or further needs for our service arise.

Contacts

...to learn more how ESG
and EZ Way can help you
implement your program

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Thank you for attending today.