



Overcoming Common Barriers and Resistance

Having an effective Safe Patient Handling and Mobility program is vital to preventing injuries to both employees and patients alike. United Heartland has extensive experience in assisting companies in improving their SPHM programs. However, there can be many factors that make implementing or improving a current program difficult and challenging. United Heartland's Loss Control team will partner with SPHM coordinators to discuss challenges, explore available options and develop a practical strategy together to move your plan forward.

UnitedHeartland.com
1-800-258-2667

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Common Refrains of Resistance

- “My residents need mobility. The state won’t let us use lifts for everyone.”
- “My staff can’t handle any more change. They have too much to do now.”
- “My staff doesn’t have time to use mechanical lifts.”
- “It’s the resident’s right to refuse a mechanical lift. I know most of my residents will refuse to use lifts.”
- “Mechanical devices cannot fit into our bathrooms. How can we complete a two-assist transfer to the toilet without a lift?”

Gaining Commitment

Gaining the commitment of top management is an important step in making progress with an SPHM improvement plan. Our Loss Control team will partner with you or your SPHM program coordinator to meet with key stakeholders in your organization, discuss the importance of the initiative and offer suggestions based on our experience and what has been successful for other companies.

Depending on the type and structure of your organization, several key personnel and departments may need to be a part of the SPHM program. Involving them in the program development along the way and communicating updates regularly allows them to be a part of the improvement process.

Overcoming Objections, Barriers and Roadblocks

“We can’t afford to buy mechanical lifts ... this is a small facility!”

One of the most frequently cited barriers for organizations in implementing an SPHM program is financial, i.e., the cost of equipment. This issue impacts companies of all sizes as they work under increasingly tighter budgetary constraints. To address this, our Loss Control team can conduct transfer equipment needs assessments to identify the number and type of transfer devices required to sustain an effective SPHM program and keep employees and patients safe.

Often, companies only need a few pieces of equipment that can be purchased over a period of time to spread out the cost. United Heartland Loss Control can also perform a cost/benefit analysis to justify the savings that can be gained by preventing transfer-related injuries.

Key Individuals to Secure Support From

It is important to communicate the benefits of the SPHM program throughout the workplace and gain the support of top management. Based on our experience, securing the following individuals’ support is key to successfully improving any SPHM program:

- **Health Care/Long-Term Care Facility Administrator:** Commitment gained from top management can enhance the budgetary process and assist with a positive introduction and follow-through of the SPHM program.
- **Director of Nursing:** This role is vital because, for the most part, the success of the program will depend on his or her department. The nursing department has the greatest exposure to injury, and often the highest incident rate of injury. The director’s role would be to become a change agent, a motivator and, at times, an enforcer.
- **Board of Directors:** Commitment gained from the board can also enhance the budgetary process. Great care should be taken to educate board members on the benefits of the program to staff and residents. Please see the cost benefit analysis worksheet to assist in gaining commitment from the Board of Directors.
- **Therapy Departments:** Therapy personnel, whether contracted or in-house, know residents’ capabilities. The therapy department should take an active role in the assessment of residents’ needs and the training of employees. The therapy department must also be held to the same standards as the other employees, i.e., no transferring of patients without the use of an assistive device, and the discontinuation of all two-assist manual lifts.
- **Resident/Family Members:** Gaining commitment from families and residents is essential. The use of assistive devices is often misunderstood. Some devices are bulky; some look “institutional.” Some simply look scary to people unfamiliar with them. One way to allay their fears is to bring residents and their families together to discuss the devices and demonstrate their usefulness. You may want to contact the distributors of the devices and ask whether they would be willing to speak on the benefits of the devices.

- **Nursing Staff:** The key element in gaining commitment from the nursing staff is education. Each nurse must understand the benefits of using the devices. The change for them will become apparent once they have completed safe transfers for residents, while feeling less muscle strain.
- **Maintenance Department:** A commitment from maintenance will include regular maintenance schedules for all mechanical lifts. Maintenance on other assistive devices may also require regularly-scheduled service, depending on manufacturers' instructions.
- **Activity Department:** This department may become involved in a variety of creative ways. Some suggestions would be to have the Activity Department prepare special news releases about the SPHM program in your facility, design posters which serve to remind employees to use assistive devices and those that show the number of days without injuries the facility has gone since implementing the SPHM program.
- **Social Services Department:** With the assistance of the Social Services Department, the families can be directed to the amount of furniture that is appropriate in each room. With the implementation of an SPHM program, more mechanical lifts will be used. The lifts are sometimes big and bulky, and they do take up precious space in the residents' rooms. Social Services can educate families in the best and most appropriate furniture and utilization of space for each resident.
- **All Other Departments:** Commitment from other departments might include such things as the laundry area, where they would assist with the care, cleaning and maintenance of mechanical lift slings. It becomes the laundry area's responsibility to assist nursing with the distribution of the slings to the floor. Housekeeping can assist with becoming the keepers of the mechanical lift chargers, or ensuring the mechanical lifts are "parked" in their designated parking spots.

Sample Cost Benefit Analysis Form

Companies often only need a few pieces of equipment that can be purchased over a period of time to spread out the cost. United Heartland's Loss Control staff can assist you in performing a cost/benefit analysis.

Account Name: _____

Type of Assistive Device		Number	Total Cost	
Total Transfer Mechanical Devices			\$	
Sit-to-Stand Devices			\$	
Friction-Reducing Devices			\$	
Lateral Transfer Devices			\$	
Ambulation Belts (optional)			\$	
Gait Belts			\$	
Subtotal			\$	
	# of Staff Trained	# of Hours Trained	Cost of Training	Total Cost
CNA			\$	\$
RN/LPN			\$	\$
Therapy Staff			\$	\$
Vendor Training			\$	\$
Staff Development			\$	\$
Subtotal			\$	
Total Cost of Program			\$	

Safe Patient Handling Workplace Measurements

Measurements	Last Year (Actual)	Current Target	Actual	Project	Variance	
					+	-
Total Claims						
Claim Frequency						
Claim Severity						
Incidence Rate						
Severity Rate						
No. of Days to Report						
Avg. Injuries Per Month						
No. Med. Only Claims						
No. Lost Time Claims						
Medical Dollars						
Indemnity Dollars						
No. Patient Transfer Injuries						

	Baseline Year 20		Current Year 20	
	Number of Devices	Total Cost	Number of Devices	Total Cost
Assistive Devices				
Total Transfer Devices		\$		\$
Sit-to-Stand Devices		\$		\$
Friction Reducing Devices		\$		\$
Lateral Transfer devices		\$		\$
Ambulation Belts		\$		\$
Gait Belts		\$		\$
Other Devices		\$		\$
Training Requirements	Number of Hours of Training	Cost of Training	Number of Hours of Training	Cost of Training
Orientation		\$		\$
CNA		\$		\$
RN/LPN		\$		\$
Therapy Staff		\$		\$
Vendor		\$		\$
Staff Development		\$		\$

