



SUCCESSFULLY IMPLEMENTING PATIENT TRANSFER EQUIPMENT

Is equipment worth the investment and how does a facility assure that the equipment will be worth the cost?

HEALTHCARE CASE STUDY

THE HEALTHCARE INDUSTRY IS ONE OF THE MOST PHYSICALLY DEMANDING DISCIPLINES.

A typical nurse lifts roughly 1.8 tons of weight during an eight-hour shift.¹ Considering that nurses lift unstable loads of patients of all shapes and sizes, who often don't cooperate and on occasion are combative – it is understandable that injuries are frequent and serious.

Far too many nurses suffer from chronic back pain and take over-the-counter pain relievers to sleep at night. A high percentage of nurses are concerned that they won't be able to make it to normal retirement age for fear that they can't physically hack it.

PATIENT TRANSFERS
ACCOUNT FOR

35% – 45%

OF ALL CLAIMS DOLLARS SPENT

SLIPS, TRIPS & FALLS
ACCOUNT FOR

20% – 25%

OF ALL CLAIMS DOLLARS SPENT

Interestingly, a leading root cause of slips, trips and falls is fatigue. A significant contributor of healthcare fatigue is physical exertion. Hence when patient transfer claims are reduced; slips, trips and fall claims are also decreased.

It is recognized that patient transfer equipment reduces patient transfer claims. Yet many facilities invest heavily in equipment and unfortunately over the long-term claims don't fall.

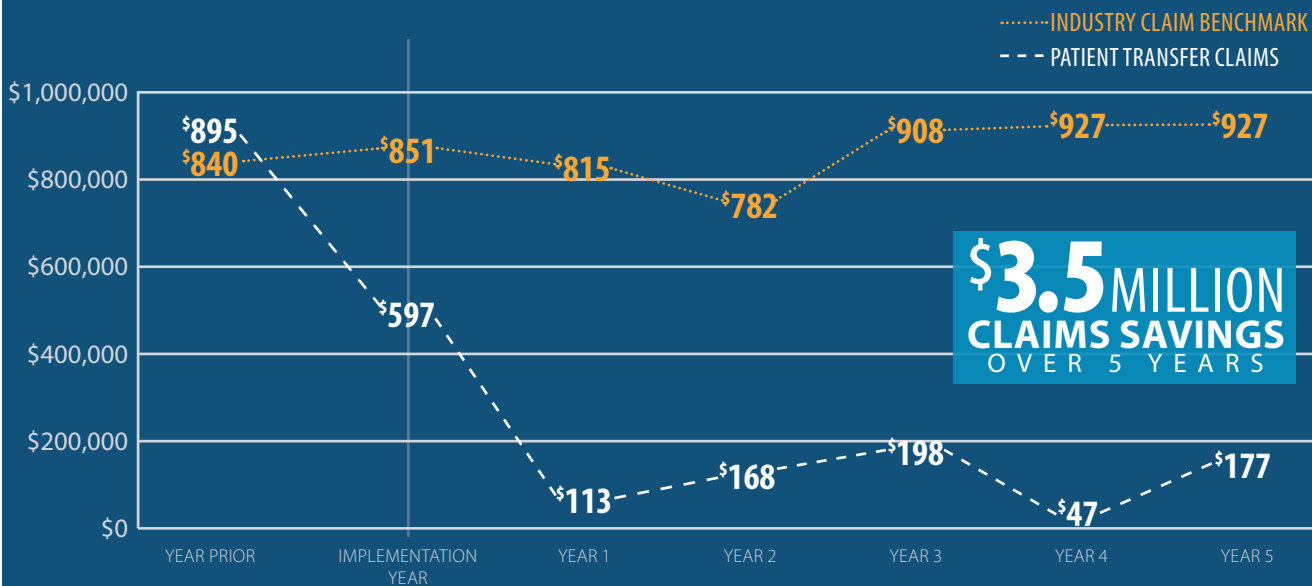
HEALTHCARE CASE STUDY

SO, IS EQUIPMENT WORTH THE INVESTMENT AND HOW DOES A FACILITY ASSURE THAT THE EQUIPMENT WILL BE WORTH THE COST?

First, we will examine the **impact of purchasing equipment on the patient transfer claims of twelve hospitals** and what these facilities did to assure success.

These twelve hospitals are completely independent from one another. There is no common management or ownership. Prior to purchasing the equipment, each hospital was evaluated to determine their patient transfer equipment needs. Then employees from each facility evaluated the recommendations and based on a limited budget, determined the types and quantities of equipment to purchase.

The twelve hospitals purchased roughly \$500,000 worth of equipment between them. Certainly not enough to assist in every situation, but a very good start.



The chart above demonstrates that these hospitals went from 106.6% of the industry benchmark the year prior to purchasing equipment to averaging 16% of industry benchmark for the five years after full implementation of the equipment purchase. **The five year claims savings was over \$3.5 million dollars.**

The \$500,000 equipment investment developed a return of investment of 700% over five years. More importantly, the nurse's jobs and quality of life improved significantly.

COMMUNICATION & CULTURE



A culture of safety takes work and consistency. It is earned over a long period of time by action and through good communication. These hospitals all utilize several communication tools that elevate a culture of safety in their facilities.

First, each facility's CEO is committed to providing an annual letter to all employees affirming their unwavering commitment to safety and to protecting the caregiver first. Top management support is critical, as it sets the tone for the organization. In addition, each facility has a monthly communication piece about safety that is delivered to all employees. This might be included in a newsletter, or in a brief message. Over time, such reminders impact culture.

Next, these facilities either have safety huddles or patient hand-offs at the beginning of each shift. Lift requirements and other safety issues were always discussed.

Finally, the twelve hospitals implemented an incentive initiative to motivate compliance. The right incentive program is critical. One that discourages incident reporting is unacceptable.

ACCOUNTABILITY & ANALYTICS

Thomas S. Monson taught: *"When performance is measured, performance improves. When performance is measured and reported, the rate of improvement accelerates."*² How often is policy developed, implemented and then over time – ignored?

The first step in accountability is training. These hospitals provide patient transfer training upon orientation and at least annually to all affected employees. There can't be any accountability without appropriate training. Key indicators are utilized, particularly in the claims process to track types of incidents that might lead to claims. Results are reviewed and evaluated monthly.

Finally, benchmark reports are developed annually. Each hospital's performance is measured against its peers as well as against its own experience.

CONCLUSION

MORE THAN SAVING MONEY, IT IS IMPORTANT TO DEVELOP A CULTURE OF SAFETY WHERE NURSES AND STAFF CAN DO THEIR JOBS WELL WITHOUT CONSTANT PAIN AND WORRY.

Without a doubt, the implementation of patient transfer equipment significantly reduces patient transfer claims and saves money. **In addition, lost work days dropped by nearly 60% and the median annual claims dollars spent on slips, trips and falls fell by over 40%.**

Most importantly, a culture of safety was elevated at each hospital and nurses know they can work without constant pain and worry.

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1. Nelson, A., Baptiste, A. (September 30, 2004). "Evidence-Based Practices for Safe Patient Handling and Movement". *Online Journal of Issues in Nursing*. Vol. 9 No. 3, Manuscript 3.
2. Thomas S. Monson, *General Conference Report*, Oct. 1970, 107