

**Testimony of June M. Altaras, RN, BSN, MN, Nurse Executive,  
Swedish Health Services,  
Before the Senate Employment and Workplace Safety Subcommittee hearing,  
“Safe Patient Handling & Lifting Standards for a Safer American Workforce,”  
May 11, 2010 at 2:00 P.M.,  
Room 428 Dirksen Senate Office Building**

Senator Murray and members of the subcommittee, thank you for this opportunity to share with you the learnings and results of Swedish Medical Center’s safe patient handling program. My name is June Altaras, and I am a nurse executive at Swedish Health Service in Seattle, Washington.

Swedish is the largest, most comprehensive, nonprofit health provider in the Greater Seattle area. We have three hospital locations in Seattle, an emergency room and specialty center in Issaquah (East King County), Swedish Medical Center locations in Ballard, First Hill, Cherry Hill, Issaquah; Swedish Home Care; a network of 12 primary care clinics; multiple specialty clinics and affiliations with suburban physician groups.

I was asked to testify today regarding our comprehensive safe patient handling program called Safe Moves. In March 2006, Washington State Governor Christine Gregoire signed new legislation requiring all hospitals in the state to implement a safe patient handling program. The requirement put forth in the legislation prioritized the issue throughout the Swedish health system and we moved systematically to develop a safe patient handling program that would benefit our patients, our staff and would result in cost savings.

The results of our work are overwhelming. We have developed a system that reduces workplace injuries and corresponding lost or restricted days of work, which has a direct result on our bottom line. Patient safe handling is not simply an initiative or a program or a policy, it is a culture change and as such it requires the engagement and support of front line staff in designing the approach, establishing a workflow and selecting equipment. In addition, it requires the support of senior leadership, middle

management and unit experts. This is not a small undertaking, it is a long-term commitment; however, the results can be dramatic.

I've outlined our approach to adopting a safe patient handling policy in three steps:

- Research and Assessment
- Investment in Infrastructure and Training
- Measurement and Accountability

## **PROGRAM DEVELOPMENT**

### Step One: Research and Assessment

In 2007 our organization created a committee of key stakeholders including the physical therapist who was hired to manage the program, front line nursing staff from each of our five hospital units (ICU, medical, surgical, mother/baby and pediatric), nursing leadership, safety team, and facilities . This committee researched and evaluated the patient safe handling programs at other hospitals to gain an understanding of the variety of ways this could be implemented at Swedish before developing their recommendations. In addition, the committee spent a year conducting in-depth assessments of each unit to better understand their lifting and repositioning needs and requirements as well as the weights that were typical for their patient populations.

In November of 2007 we approved our Employee Safety Standard, a policy intended to define Swedish Medical Center's commitment to partner with employees to provide and support a safe workplace.

In the first year there was only one equipment purchase, which was to install ceiling lifts in each of the 42 ICU rooms. The data supporting the use of ceiling lifts for ICU patients was so compelling that there was no doubt that we should purchase the infrastructure and begin training and use immediately.

### Step Two: Investment: Infrastructure and Training

After the assessment the committee made its recommendations for each unit as well as for an overall policy. Investing in the infrastructure is only one part of the total cost, there is also a cost associated with initial ramp-up and training as well as on-going annual re-training. The committee recommended a scalable, multi-disciplinary approach that could be customized for each hospital unit based on their specific needs and patient populations.

In January of 2008, Swedish adopted a Safe Patient Handling policy to promote and maintain a “culture of safety” by providing an environment of safe patient handling and movement for all inpatients and staff. These policies outline employee and manager responsibilities, including in-depth trainings to ensure compliance and clearly states that those found in violation of the policy may be subject to progressive corrective action, up to and including immediate termination of employment.

It was critical to involve front line employees in the selection and purchase of the actual tools to ensure the employees who would be using the equipment were comfortable with the selection. At Swedish we have a range of lifting equipment from ceiling and floor lifts to Hovermatts to assist with lateral transfers.

### Step Three: Measurement and Accountability

Prior to 2007, our tracking of workplace injuries for allied health professionals was less robust and less consistent than it is today. Since 2007, we have been tracking injuries at each unit location and days and dollars lost as a result of those injuries. It took a few years to get our systems streamlined and to reduce some of the under-reporting of injuries that went on previously.

In addition, there are so many existing internal and third party measurements already that it can be difficult to implement a new measurement standard. For example The Occupational Safety and Health Act (OSHA) tracks workplace safety, but Swedish’s OSHA numbers cannot be directly compared to the

success of our safe handling program because of the different employee populations considered. Safe patient handling only impacts those employees with direct patient access, OSHA considers all work place injuries including administrative and support staff. Since 2007 we have been actively involved in measuring the direct impact of workplace injuries among employees that have direct patient access, so that we can accurately measure the success of our program year over year.

We established a generous timeline to account for the steep learning curve that accompanies such cultural shifts. We knew that this was a long-term commitment that would take two to three years before we could measure real results in terms of the impact of patient safe handling policies.

## **Results**

Although Swedish assembled a committee and installed ICU ceiling lifts in 2007, there were no programmatic adjustments until 2008. Since that time however, the results of the Safe Patient Handling efforts have been staggering.

Swedish's initial investment of equipment was just over \$1.1 million dollars. Because this legislation was regulated by the state, Swedish was able to pay for a portion of the upfront investment with a \$1 million B&O tax. Additional up-front costs were labor costs including the hiring of one full-time employee to serve as the director of the program as well as approximately six thousand hours of training (two hours each for 3,000 employees) totaling \$353,100 in up-front labor costs.

In the last year alone, we attribute a total cost savings of \$2,224,590 for reducing days lost and restricted days due to workplace injuries. When a nurse is injured and misses a day of work, there is a hard cost to replace that time that is at least 50 percent but often 100 more expensive than the salary of the full-time employee. We used the conservative 50 percent rate to calculate our savings, so our savings is likely even greater.

The return on investment is undeniable and dramatic when a safe patient handling policy is implemented successfully.

## **RECOMMENDATIONS**

Outlined below are our recommendations for how to implement a successful, results-driven safe patient handling program.

### **Set a Realistic Timeline**

This is a major culture change, it cannot be implemented in a year and results will take time. This is a long term commitment that requires professionals to change years of work habits. The average age of a nurse is between 45 – 50 years old, changing work habits of professionals who have been in the industry for so long requires real commitment.

### **The Investment is More than Just Equipment**

Even though there are significant up-front costs associated with purchasing various tools to ensure safe patient handling, there should also be a significant investment of human capital to establish a committee to conduct the necessary research, hire someone to manage the program as well as up-front training costs and on-going, annual re-training.

### **Investigate and Learn from Every Incident**

When an injury is reported, we are very careful not to assume non-compliance, nor is it assumed that every incidence of non-compliance should result in disciplinary action. We investigate every injury to determine if there is an opportunity for re-training, or if there are adjustments that need to be made in terms of our protocol. Of course there are times when non-compliance must result in disciplinary action, which is taken very seriously.

## **Engage the Front Line**

It is critical to engage those on the front lines of patient support across all hospital units in determining their equipment needs and eventual purchase so that there is buy-in and support for these important decisions early in the adoption process.

## **LESSONS LEARNED**

### **Establish Metrics that Compare Apples to Apples**

The Occupational Safety and Health Act (OSHA) tracks workplace safety nationally, but Swedish's OSHA numbers cannot be measured against our Safe Moves numbers because of the different employee populations considered. Safe Moves only considers those employees with direct patient access, OSHA considers all work place injuries including administrative and support staff. Since 2007 we have been actively involved in

### **Ensure a Multi-Disciplinary / Multi-Vendor Approach**

It is critical to involve as many parties as possible as early as possible in the process. Involving healthcare professionals with different responsibilities and patient populations will result in vastly different tools to ensure safe patient handling. For example, at Swedish, we created a specialized tool for one of our orthopedic surgeons based on his specific need with hip replacement patients.

### **Implement Patient Safety Handling Standards Globally**

Patient safety handling should be part of all allied health training curriculum. All employees with direct patient access must be trained on patient safety handling compliance, from physicians, nurses and physical therapists to security guards, imaging specialists and respiratory therapists.

### **Plan for Operational and Equipment Costs**

The up-front costs for equipment and operations are substantial, but with the right approach,

organization commitment, and a reasonable timeframe to build toward results, costs can be turned into savings.

### **Summary**

Implementing a safe patient handling program or policy or initiative is a big undertaking that requires cultural change and organizational commitment to be successful. You will be asking seasoned professionals – many of whom have been on the job for more than 20 years – to change the way they work, adjusting long formed habits and techniques. There must be clear commitment from organizational leadership as well as stakeholders at all levels to ensure deep commitment throughout the organization.

Although implementing a culture of safe patient handling is not easy task, if approached methodically and with a generous timeframe you will not only see a generous return on your investment, but you will also have a healthier workforce.

**Appendix A:**

**Breakdown of Cost Savings Resulting from Reducing Days Away and Restricted days**

Total cost savings for reducing days lost and restricted days per year \$2,224,590

	<b>Days Away Avoided</b>	<b>Working Hours Saved</b>	<b>Average RN wage at Swedish</b>	<b>Cost Savings (due to reducing backfill /replacement rate* of \$62.02 / hour)</b>
<b>Lost Days</b>	973 days	11,676 hours	\$41.35	<b>\$724,203</b> (\$62.02 x 11,676)
<b>Restricted Days **</b>	2016 days	24,192 hours	\$41.35	<b>\$1,500,387</b> (\$62.02 x 24,192)
<b>Total Savings</b>				<b>2,224,590</b>

\* Using a **conservative 50% higher rate** of \$62.02/hr although rate actually ranges 50-100% higher

\*\* All restricted hours are backfilled with temporary labor because you never know the patient situation which may cause an Allied Health Professional to risk their physical well being to help a patient.



**Appendix B:**

**Total Upfront / Initial Investment of Funds**

Total Upfront Investment for Labor Costs

1 FTE for Director of Program	\$105,000 +
Approximately 6,000 hours of training @ \$41.35	\$248,100 (3,000 employees)
<b>Total Upfront Labor Investment</b>	<b>\$353,100</b>

Total Upfront Dollar Investment for Equipment

Initial Investment of funds	\$1,100,000.00
HoverMatts CH Surgery	\$6,152.00
CH Neuro ICU-Golvo / slings	11, 165
CH CICU-Viking / slings/Hovermatt	\$15,018.40
CH Abm. Infusion -Golvo / Slings	\$7,212.40
Total Equipment Investment	\$1,128,382.80

**Total Upfront / Initial Dollar Investment of Funds: \$1,481,482.80**

**Appendix C:**

**Total Ongoing Program Costs**

1 FTE for Director of Program	\$105,000 +
Approximately 3,000 hours of training @ \$41.35	\$124,000 (3,000 employees. Repeat training is one hour versus two hours)
<b>Total Ongoing Labor Investment</b>	\$299,000

**Appendix D:**

**Nurse Turnover Rates**

<b>Year</b>	<b>Nurse Turnover Rates</b>
2006	8.76%
2007	8.15%
2008	9.38%
2009	6.94%

## **Appendix E**

### **Swedish Medical Center's Safe Patient Handling and Employee Safety Standard Policies**

## SAFE PATIENT HANDLING

### Clinical Policy and Procedure

**Approved:** January 2008

**Next Review:** January 2011

**Go directly to:**

[All Employees](#)  
[Management](#)  
[Safe Patient Handling Committee](#)

### Purpose

To promote and maintain a “culture of safety” by providing an environment of safe patient handling and movement for all inpatients and staff.

### POLICY and PROCEDURE

Admitting nurse	<ol style="list-style-type: none"> <li>1. <b>Patient assessment.</b> All inpatients admitted to Swedish Medical Center (SMC) are assessed by the appropriate staff to determine the level of care required for safe patient handling and movement. This assessment is completed upon admission and is ongoing during the patient’s hospital stay by the appropriate staff. Circumstances under which it would be medically contraindicated to use lifting or transfer aids or assistive devices are considered during this assessment, and alternative safe patient handling techniques are employed.</li> </ol>
Employees with patient handling responsibilities	<ol style="list-style-type: none"> <li>1. <b>Equipment use.</b> Staff is required to utilize the appropriate equipment available to their unit to be compliant with the policy. In addition, all staff should at all times utilize appropriate body mechanics with all techniques and equipment.</li> <li>2. <b>Right to refuse.</b> Staff has the right to refuse to perform or be involved in patient handling, without disciplinary action, if the employee believes in good faith that action would place an unacceptable risk of injury on either a hospital employee or a patient.                       This refusal does not negate the employee’s responsibility to ensure that patient care is provided in an appropriate and sensitive manner, utilizing the tools, equipment, resources and processes provided by SMC to ensure safe patient handling and movement.                 </li> </ol> <ol style="list-style-type: none"> <li>a. In the event that an SMC employee does refuse in good faith to participate in patient handling, he/she must do the following:                     <ol style="list-style-type: none"> <li>1) Notify the manager/supervisor or charge nurse immediately of the refusal and the reason for doing so.</li> <li>2) Stay on the job and make himself/herself available to the manager/supervisor or charge nurse for other work assignments.</li> </ol> </li> </ol>

	<p>3) If called to assist with the affected patient who is in distress, the employee will remain with the patient as necessary, providing assistance as able until the necessary resources are available to the patient.</p> <p>b. After the immediate situation related to the refusal of patient handling has been managed, the employee must complete a QVR which will be reviewed by the manager. Clinical Effectiveness will ensure the QVR is routed to the Safe Patient Handling Committee. The committee will review the situation and if possible, will identify and inform others of ways to avoid such patient handling situations in the future.</p> <p>3. <b>Emergency and/or exceptional situations.</b> In an emergent situation, staff is expected to use a “best judgment” approach and will not be considered to be non-compliant with the policy.</p> <p>4. <b>Risk assessment.</b> A patient handling risk assessment is carried out yearly of all units that handle patients, starting with all high-risk patient care areas, and takes into consideration types of units, patient populations, and the physical environments of patient care areas.</p> <p>5. <b>New construction and remodeling.</b> When developing architectural plans for constructing or remodeling a hospital or a unit of a hospital in which patient handling and movement occurs, considerations are made for incorporating the principles of ergonomics as well as the feasibility of incorporating patient handling equipment as part of the physical space and construction design needed to incorporate that equipment at a later date.</p> <p>6. <b>Program evaluation.</b> An annual performance evaluation of the safe patient handling and movement program is conducted to determine its effectiveness. The evaluation determines the extent to which implementation of the program has resulted in a reduction in musculoskeletal disorder claims and days of lost work attributable to musculoskeletal disorder caused by patient handling, and includes recommendations to increase the program’s effectiveness.</p>
Employee Responsibilities	<ol style="list-style-type: none"> <li>1. Attend initial orientation for safe patient handling and movement.</li> <li>2. Complete annual competency training on safe patient handling procedures and equipment use.</li> <li>3. Perform ongoing assessment of patients’ needs for safe handling and movement, with consideration of possible medical contraindications for equipment use.</li> <li>4. Assist and promote a safe culture and environment by adhering to the policy and educating others as necessary by appropriate means (e.g., reporting injuries, identifying education needs for self or others).</li> <li>5. In event of an injury, take the appropriate action as outlined in the policy <i>On the Job Injury</i> in the Human Resources standards.</li> <li>6. In the event that a SMC employee does refuse in good faith to participate in patient handling, he/she must comply with the process outlined above.</li> </ol>
Management Responsibilities	<ol style="list-style-type: none"> <li>1. Communicate and promote compliance, including consequences of the <i>Safe Patient Handling and Movement</i> policy as well the <i>Employee Safety</i> standard.</li> <li>2. Apply the policy to all employees in a consistent and non-discriminatory manner.</li> <li>3. Ensure initial and annual competencies are maintained.</li> <li>4. Identify needs and implement action for ongoing education and equipment.</li> <li>5. Consider input from the Safe Patient Handling Committee for program management of the Safe Patient Handling Program and recommendations for equipment purchase and procedure modification as determined by annual evaluation and ongoing assessments.</li> <li>6. Follow the protocol of the Employee Safety standard regarding disciplinary action.</li> </ol>

	<ol style="list-style-type: none"> <li>7. In the event of an employee injuring himself/herself, take the appropriate action as outlined in the policy <i>On the Job Injury</i> in the Human Resources standards.</li> <li>8. Provide sufficient resources to comply with this policy.</li> <li>9. Review the circumstances surrounding all refusal to lift situations and promptly forward the QVR to Clinical Effectiveness.</li> </ol>
Safe Patient Handling Committee	<ol style="list-style-type: none"> <li>1. Evaluate the effectiveness of the Safe Patient Handling Program annually.</li> <li>2. Manage equipment acquisitions to ensure qualification for the B&amp;O Tax Credit.</li> <li>3. Conduct annual risk assessments of all patient units.</li> <li>4. Serve as advisory group on staff training needs on policies, procedures and equipment annually.</li> <li>5. Review QVR's associated with refusal situations and recommend appropriate action based on assessment of situation.</li> </ol>

## Definitions

*High-risk patient care areas.* Patient care areas with higher numbers of employee injury occurrences during patient assist events as compared to other hospital care areas.

*Safe patient handling.* The use of engineering controls, mechanical lifting equipment, and patient handling aids in accordance to guidelines of care developed in an effort to minimize caregiver manual lifting in circumstances which may be unsafe for both staff and/or patients.

*Manual lifting.* Lifting, transferring, repositioning, and moving patients using a caregiver's body strength without the use of lifting equipment / aids to reduce forces on the caregiver's musculoskeletal structure.

*Mechanical lifting aids.* Equipment used to lift, transfer, reposition, and move patients. Examples include portable base and ceiling track mounted full body sling lifts, stand assist lifts, and mechanized lateral transfer aids.

*Patient handling aids.* Equipment used to assist in the lift or transfer process. Examples include gait belts, stand assist aids, sliding boards, and surface friction reducing devices.

*Culture of safety.* Describes the collective attitude of employees and management taking shared responsibility for safety in a work environment and by doing so, providing a safe environment of care for themselves as well as patients.

*Emergency situation.* A situation where leaving the patient would cause greater harm or a worse outcome than manually moving the patient.

## Expert Consultants

Safe Patient Handling Committee

## Author

Leslie Pickett, PT

## Regulatory Requirement

Washington State Engrossed House Bill (EHB) 1672 (Chapter 165, Laws of 2006).

## References

- Nelson, A. (1996). Identification of patient handling tasks that contribute to musculoskeletal injuries in SC Nursing Practice. JAHVAH study.
- Nelson, A., Gross, C. & Lloyd, J. (1997). Preventing musculoskeletal injuries in nurses: Direction for future research. SCI Journal (April 1997).
- Veterans Health Administration & DOD, Patient Safety Center of Inquiry. (8/31/05). Patient care ergonomics resource guide: Safe patient handling and movement template of a safe patient handling and movement policy, Chapter 6, p.81.



## EMPLOYEE SAFETY STANDARD

### Human Resources Policy/Procedure

**Approved:** November, 2007 **Next Review:** November, 2010

**Purpose**

To define Swedish Medical Center's (SMC) commitment to partner with employees to provide and support a safe workplace.

**Population Covered**

All of the following, when on SMC property for any purpose other than to receive medical care, including times when not on duty.

- All SMC employees
- Any person working for SMC in any capacity

### POLICY

In recognition of the importance a safe environment plays in providing quality patient care and a positive work place, Swedish Medical Center (SMC) makes every attempt to maintain a safe work environment for employees. SMC believes a safe environment requires a partnership between employees and the organization. As such, all employees are responsible for taking steps to maintain and promote an environment that is free from avoidable hazards to themselves and others.

### PROCEDURE

Employee Responsibility	<ol style="list-style-type: none"> <li>1. Employees are expected to participate in any training relating to SMC safety protocols, procedures, equipment, etc.</li> <li>2. In order to insure a safe work environment, employees are expected to be aware of and follow SMC safety protocols and be knowledgeable about specific safety procedures for their work area and to perform his or her job. Examples of protocols that must be adhered to include; hazardous materials handling, Safe Patient Handling, and body mechanic techniques, etc. Other examples of following expected safety protocols are using safety guards on equipment, not overloading electrical outlets, and properly disposing of sharps, etc.</li> <li>3. Any employee who fails to follow or understand proper safety techniques while performing work may be required to participate in further training. Safety violations that are determined to be willful, reckless or puts other employees or persons in harms way may be subject to progressive corrective action, up to and including immediate termination of employment.</li> </ol>
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4. No employee should engage in any work that they reasonably believe would cause injury to themselves or others or put the safety of themselves or others at risk.

**Manager  
Responsibility**

1. It is the department manager's responsibility to:
  - a. Provide employees with the information, orientation and training to assure they are knowledgeable about proper safety protocols and procedures for their area and job
  - b. Ensure employees are clear on the expectation that they are to follow all safety protocols and procedures.
2. The manager must address any situation in which an employee is unnecessarily putting themselves or others in harms way. This could include additional training, counseling the employee, or other actions as deemed appropriate to eliminate the hazard.
3. If an employee requests to be excluded from duties they believe could cause harm to themselves or others, the manager shall identify the specific concern and determine the course of action required to accomplish the task and maintain individual safety. This may include consulting with other medical center resources (Infection Control, Clinical Education, Radiation Safety, Human Resources, etc.) to determine a response. In cases where it is an immediate issue in a patient care area, the manager will ensure that care is not compromised.
4. Should the manager determine there is no threat to an individual's health or safety, the manager will explain why they reached that conclusion, and provide information that will help the employee understand how to accomplish the task in a safe manner.
5. In the event an employee reports an on-the-job injury, the manager must facilitate proper medical attention, investigate the cause of the injury, and take appropriate action to minimize the chance of further injury or damage.

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**Forms**

N/A

**Supplemental Information**

N/A

**Expert Consultants**

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**Regulatory Requirement**

N/A

**References**

N/A