SAFE RESIDENT HANDLING
ALL FOR ONE AND ONE FOR ALL

PRESENTERS

• Debbie Slack Katz, RN
  Genesis Healthcare Corporate Director SRH/ Risk Management

• Cynthia Fleming, RN, BSN
  Genesis Healthcare Director of Employee Safety/ Risk Management

OBJECTIVES

1) Describe 3 differences with Safe Resident Handling in Genesis Long Term Care setting than in other healthcare settings
2) Explain the role and reason for getting other departments involved (Maintenance, Social Work, Medical Records, etc.)
3) Contrast and discuss why we use a Nursing assessment and not a Physical Therapy assessment
4) State the importance of family buy-in with Genesis Safe Resident Handling program
5) Discuss the role of both staff and resident safety in Genesis Healthcare SRH program
PRESENTATION FORMAT

• Power Point
• Case Discussions
• Questions and Answer Session

Genesis

Mission- We improve the lives we touch through the delivery of high quality health care and everyday compassion.

Vision- set the standard in nursing and rehabilitative care through clinical excellence and responsiveness to the unique needs of every patient we care for.

Large Senior Care Provider
Over 400 locations in 32 states;
42,418 skilled beds
98,000 employees

SRH IN GENESIS LTC VS OTHER HEALTHCARE SETTINGS

1) Home-like Environment vs. Medical Institution
2) End of Life Care/ Lack of Mobility
3) Family and Resident emotional feelings about being in a "nursing home"
4) Short-Term vs Long Term residents
5) Regulations
GENESIS SRH

- Safe RESIDENT Handling – Genesis’ LTC answer to safe patient handling and mobility
- Program started 14 years ago as an employee benefit program as a result of workers comp injuries
- The Genesis SRH program was under HR/Safety with no strong link to clinical
- Approximately 200 facilities - initial investment costing $12 M, with a 3rd party vendor selected the singular brand of lift equipment, launching the SRH program, educating Genesis employees on the program, and providing oversight for the first year.
- Within the first 2 years of the program we were able to decrease the number of injuries by 50% and reduce the severity of the injuries.

EARLY SRH PROGRAM:

- Single brand lift equipment
- Paper lift transfer assessment based on single brand equipment, kept in notebook
- Staff Development Coordinator in charge of the program
- Prescriptive Framework
- Vendor hired by Genesis responsible for initial education of center staff and evaluation of program effectiveness in the center
- Genesis Regional Safety Managers worked with vendor and the centers to support the program

INITIAL EVALUATION OF THE SRH PROGRAM

As we did our first internal evaluation of our Genesis SRH program, we realized many centers would benefit if we were able to:

- Provide more hands on educational support;
- Provide more opportunity to individualize resident’s care needs re: lifting, and;
- Support timely evaluations of the SRH program's effectiveness.

We were able to guide the centers with investigations and determining the root cause relating to staff and resident injuries.
We decided to make it an internal Genesis SRH program with no outside vendor involvement.
INTERNALIZING THE SRH PROGRAM

Corporate and Regional Buy-In to the SRH program benefits to staff and residents
Collaboration with Skin Integrity Council and other related disciplines at Corporate and Regional levels
Medical Staff understanding of SRH program

For the program to work, each center needs to take ownership of the SRH program, starting with the Center Executive Director (CED) and leadership staff

- Executive Director
- Social Service
- Maintenance
- Environmental Service Activities
- Clinical Therapy

ADMINISTRATIVE TEAM

- Executive Director
  Support comes from the top and sets the tone for the success of the program in the center. After the initial roll out of the program, the CED needs to understand the value of the program to provide both economical and staff support.

- Human Resources
  Support the program in relation to employee injuries/ workers comp. Bringing investigations to Safety Committee meetings.

ADMINISTRATIVE TEAM (CONT)

- Social Service
  Act as the liaison between the family and the resident. Acts as a neutral party.
  Can assist with determining past WIF history and involvement

- Maintenance
  Initial assembly of the lifts, monthly inspection per Genesis protocol, repair of lifts and replace parts, as needed.

- Environmental Service
  CORRECT laundering of slings, inventory of slings, inspection of slings

- Activities
  Resident council
ADMINISTRATIVE TEAM (CONT)

• Clinical
  Nursing Assessment, Communication to CNAs, Monitoring and evaluating the SRH program on a
daily basis, overall responsibility for the SRH program

• Therapy
  Act as consultants for nursing

NURSING ASSESSMENT AND NOT PHYSICAL THERAPY ASSESSMENT

Our experience has shown that residents will do more for PT staff than nursing staff.
Nursing is providing care to the residents 24/7, 365 days/year
Nursing staff responsible for majority of resident mobility and transfers
Nursing has a different training and more aware of subtle changes with residents

HOWEVER
We use PT in their consulting role for weight-bearing recommendations, strength evaluations, mobility goal
setting, adaptive equipment use, etc.
PT evaluations of the resident can be different from nursing, and are dealt with on an individual basis.

CHANGES AND UPDATES TO THE SRH PROGRAM OVER THE YEARS

• Less prescriptive/individualized program
   Need to individualize resident lift needs based on type of resident e.g. short-term, long-term, condition of
    resident, and cooperation of resident

• Centers wanted to explore more effective ways of communicating with direct caregivers.
   Added additional specialty slings to our formulary

• Completing a bariatric lift protocol

• More than 1 brand of lift
   With acquisitions Genesis inherited several different brands of lifts,
   Product Evaluation Committee added the 2nd most prevalent lift to our formulary
CHANGES AND UPDATES TO THE PROGRAM (CONT)

• EMR Assessment
  ➢ Assessment are now done electronically. The results of the assessment auto-populate to the resident’s kardex and completes a structured nursing note.
  ➢ Universal assessment that can be used for any brand of lift
  ➢ Reports that can be printed off and used to audit the SRH program

• Webpage
  ➢ Creation of a webpage to provide all centers access to the SRH program components, resources for each lift brand, including sizing, operation, maintenance, and competencies.
  ➢ Other useful links to support SRH program, i.e.: repositioning guidelines, ordering information, FAQ

STAFF AND RESIDENT SAFETY

• Staff safety is still the predominant driving force behind the program
• More robust approach at looking at SRH incidents, internal wc managers and safety directors
• Corporate philosophy, that lifts are another form of PPE
• Some circumstances, wc claims have been denied because lift equipment was provided and not used.
• SRH continues to be a focus area for OSHA
• Many states have SRH legislation and many others are in the process of developing having seen the benefits of safe lifting programs for healthcare workers
• Internally, we audit resident incidents to update training, equipment needs, P&Ps.
• Anecdotally, there are less skin tears /t friction and shearing and less rotator cuff injuries /t transferring and lifting.
RESIDENT/FAMILY BUY-IN

- Implications of lifting may include lack of independence, lack of mobility.
- Considerations to include staff’s perception of lifts, resident perceptions/ fears
- Family’s lack of understanding of body mechanics for staff
- Wait times
- safest method, causing less injuries e.g. skin tears
- Important to understand any past history with lifts- positive or negative

ROOT CAUSE AND INVESTIGATIONS

- Lessons learned- teaching centers how to do a true root cause and investigation
- When Employee or Resident SRI incidents occur:
- Root Cause analysis checklist (see screenshot)
CASE STUDY

• 47 year old female, admitted from rehab facility with Huntington Chorea to be a long term resident due to lack of family support. Initial assessment appropriately done showed the resident should use a divided leg medium sling. Resident refused to use sling and even get out of bed. Next steps...

• 80 year old male admitted from home with diagnoses of Altered Mental Status...
• 62 year old male with uncontrolled diabetes...
• 75 year old female diagnosed with bipolar episodes...
• 50 year old male, s/p TKR admitted for rehab... NEXT STEPS

SUMMARY- NEXT STEPS

• Continue to develop individualized lifting care plans
• Continue to work with chosen vendors to develop slings and other equipment needed
• Continue to refine the assessment process for short-term and rehab residents
• Electronically linking SRH devices to the assessment
• Utilizing electronic inventory of lift equipment for all centers
• Release of bariatric program that includes bariatric SRH
• Enhancing regional support staff knowledge to assist with immediate corrective education

QUESTIONS

THANK YOU