Safe Patient Handling and Mobility Implications: How One Health System's Ambulatory Clinics Accommodate Patients with Mobility Disabilities

Jennifer Pharr, PhD
Tamara James, MA, CPE, CSPHP
Yeu-Li Yeung, MS, OT/L, CPE, CSPHP

- Identify barriers - people with mobility disabilities to improve healthcare access
- Discuss administrative perspectives on accommodating people with mobility disabilities
- Discuss SPHM programs/equipment as solution to safely accommodate patients with mobility disabilities in ambulatory clinics
US Population - Nearly 1 in 5 Have a Disability

Why is this a concern?

- # disabled increasing - aging US population
- Health disparities for those with disabilities, (especially ambulatory disabilities)²-⁶
  - Barriers
  - Delays
  - Lower quality of care
  - Fewer preventative services

US HHS Study
Barriers to Health Care⁷
US Disabled Adults and Healthcare Barriers

- Adults with Disabilities - No Barriers
- Adults with Disabilities - Barriers
Inadequate disability parking

lack of ramps

doors without automatic openers
Narrow doorways

Inaccessible restrooms

Scales that do not accommodate a wheelchair
Exam rooms too small to maneuver wheelchair

Exam tables not height adjustable

Inaccessible diagnostic equipment
How do we compare with others and with ourselves?

2017 Study at Duke

Improvement Since Previous Surveys?

Study Methods
- Cross-sectional study design
- Electronic survey of healthcare professionals within Duke Health Ambulatory Clinics
- Link to survey sent via email; 245 completed survey
- Survey questions:
  - Barriers
  - Patient Accommodation
  - Access to services
  - Decision-making
  - Injury/fall prevention

Participants –

Bachelor's Degree and Higher: 49%

CMA: 24%
Nurse: 22%
Health Center Administrator: 12%
Clinic Manager: 8%
Front desk staff: 7%
Most Clinics See >100 Patients per Day

<table>
<thead>
<tr>
<th>Patients Seen per Day</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;25 patients</td>
<td>25%</td>
</tr>
<tr>
<td>25 – 50 patients</td>
<td>41%</td>
</tr>
<tr>
<td>&gt; 100 patients</td>
<td>34%</td>
</tr>
<tr>
<td>I don’t know</td>
<td>18%</td>
</tr>
</tbody>
</table>

Infant – 18 yrs       19 – 65 yrs       > 66 yrs

45% 27% 10%
Patients with mobility limitations varies at clinics…

<table>
<thead>
<tr>
<th>Issue</th>
<th>Total N=214</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not enough handicap parking</td>
<td>26.4%</td>
</tr>
<tr>
<td>Distance from parking to clinic</td>
<td>10.4%</td>
</tr>
<tr>
<td>Auto door button too far from door or not available</td>
<td>4.3%</td>
</tr>
<tr>
<td>Narrow doorways &amp; hallways</td>
<td>3.8%</td>
</tr>
<tr>
<td>No accessible restroom</td>
<td>1.4%</td>
</tr>
<tr>
<td>Not enough wheelchairs or in poor condition</td>
<td>2.4%</td>
</tr>
<tr>
<td>Long ramp or no ramp</td>
<td>.95%</td>
</tr>
<tr>
<td>No height adjustable exam table/chair</td>
<td>2.4%</td>
</tr>
<tr>
<td>No wheelchair accessible scale</td>
<td>.95%</td>
</tr>
<tr>
<td>Small exam room</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

Yet half report their patients have difficulty getting into the practice
>1/3 said there was a long distance from parking area to their clinic…

Of those, 45% have no seating available along the way

Number reporting staff assist patients in or out of vehicles…
Yet <7% report using lift devices for this purpose.

Majority report having accessible bathrooms....

Yes  No  I don't know

Yet only 27% have at least one raised toilet seat or portable elevated toilet seat
60% report assisting patients transfer on/off the toilet…

Yet <5% report using a lift or device for this purpose.

Majority have flooring easy for wheelchairs…
However >14% still report having carpet.

<9% report having handrails in hallways...

Great example of building code vs. common sense.

Nearly 60% of clinics report having a wheelchair accessible scale.
Much higher than 1-19% found in earlier studies.

Methods for obtaining net weight of patient in wheelchair:

- Ask patient to state weight
- Use last documented weight in chart
- Estimate patient weight
- Weigh patient and wheelchair and subtract standard wheelchair weight
- Other

Methods for obtaining weight of patients who cannot stand on a scale safely

- Skip the weight
- Use last documented weight in chart
- Ask patient to state weight
- Use lift with scale
- Other
Ways patients with mobility limitations are accommodated

- Patient referred to another practice
- Part of exam is skipped
- Patient examined in wheelchair
- Patient asked to bring someone to help transfer
- Employees trained to manually lift patient
- Lift available and used
- Other

Techniques for imaging when patients cannot safely stand (i.e. chest X-ray)

- Ask staff to hold patient while taking image
- Refer patient to another clinic
- Leave patient in wheelchair/stretcher to take image
- Cancel appointment
- Use device to hold patient
- Other

>42% have not considered obtaining lift equipment

- Yes
- No
- NA - we have a lift
Of them, nearly 35% do not feel they need it

>62% think they could do more to accommodate patients with mobility disabilities

Most cited staff/patient safety and customer service as reasons

<table>
<thead>
<tr>
<th>Practice Managers and Facility Managers</th>
<th>Providers and clinicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decision-makers for purchasing furniture and equipment</td>
<td>55%</td>
</tr>
<tr>
<td>Decision-makers for furniture placement and workflow</td>
<td>68%</td>
</tr>
</tbody>
</table>
Best Practices

Strategies:
• tie to fall prevention, safety, and satisfaction
• utilize injury investigation or near miss
• educate senior leadership/administrators
• share cost of lift (lease)
• “upcycle” old lifts

Best Practices

Lifts
• Most hospital-based
• Some private diagnostic clinics

Adjustable exam table
• ≥ 1 in each clinic
Opportunities for Improvement?

- Expand SPHM to Primary Care clinics
- Partner with design/facilities to develop SPHM standards per guidelines
- Improve ADA compliance and accessibility regardless of code
- Educate providers/business administrators

Resources for Addressing Barriers
Healthy People 2020 Objectives

Reduce proportion of adults with disabilities (18 years and older) who experience:

- delays in receiving primary and preventive care due to specific barriers
- physical or program barriers that limit or prevent them from using available local health and wellness programs

Patient Protection and Affordable Care Act

- amendment to section 510 of the Rehabilitation Act developed accessibility standards for MDE 11
References
- 1 Brault, 2012
- 2 Havercamp & Scott, 2015;
- 3 Iezzoni, McCarthy, Davis, & Siebens, 2000;
- 4 J. Pharr & Moonie, 2011;
- 5 J. R. Pharr & Bungum, 2012;
- 6 Reichard, Stransky, Phillips, McClain, & Drum, 2017
- 7 U.S. Department of Health and Human Services, 2009
- 8 Graham & Mann, 2008
- 9 Kirschner, Breslin, & Iezzoni, 2007
- 10 U.S. Department of Justice (USDJ) & U.S. Department of Health and Human Rights (DHHR), 2010
- 11 ADA National Network, 2017

Next steps?
Further survey benchmarking

Thank You!

Jennifer Pharr, PhD
Email: jennifer.pharr@unlv.edu

Tamara James, MA, CPE, CSPHP
Email: tamara.james@duke.edu

Yeu-Li Yeung, MS, OT/L, CPE, CSPHP
Email: yeuli.yeung@duke.edu