


Choosing and Safely Installing Safe Patient Handling Equipment

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Outline

- Introduction – Before you choose and purchase equipment
- Basic ergonomics design principles for Safe Patient Handling (SPH) equipment
- SPH equipment currently available: an overview
- Sling choice and management
- How much equipment do you need?
- SPH Equipment –
  - General design considerations
  - Infection control and maintenance considerations
- Working with you vendor
- Federal and state regulatory requirements for installation and use of SPH devices
- Developing a SPH Program: Implementing & Evaluating Solutions
- Proactive Planning
- Wrap UP

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How do we address Patient Handling issues in HealthCare?

……. …….Using the science of Ergonomics and a systematic, data driven, quality improvement process that conforms with the organization's culture, business goals and existing programs.

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Safe Patient Handling (SPH) Program Goals

- Reduce the incidence and severity of musculoskeletal injuries in nurses and other health care employees
- Create a culture of safety and empower health care employees to create safe working environments
- Address ergonomics and safety issues proactively
- Improve quality of care and patient safety

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Before You Choose & Purchase Safe Patient Handling Equipment

You should have:

1. Defined the need for a SPH program
2. Formed a multidisciplinary team
3. Developed a SPH business plan
4. Secured management support to implement the program, etc
5. Identified a pilot unit (s)
6. Solicited employee/end user input
7. Identified patient handling tasks to be addressed, etc

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An Effective Approach
Multifaceted SPH Programs

- Management Commitment
- Employee Involvement
- Program Management
- Worksite Analysis
- Hazard Prevention & Control
- Education & Training
- Disability Management

Purchasing Equipment Will Not Ensure a Successful SPH Program

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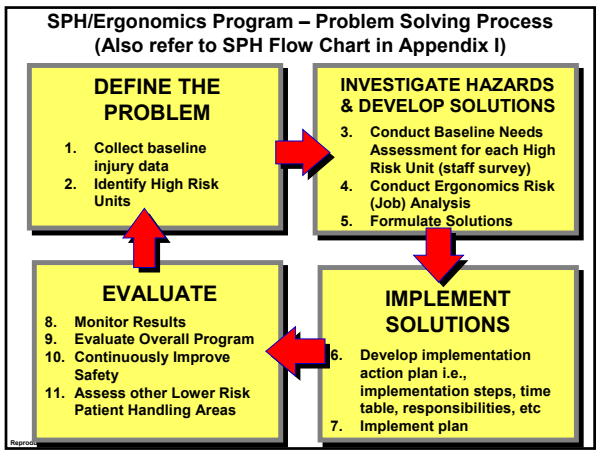

Developing a SPH Program
Addressing Hazards for Patient Handling

Primary Controls:

1. Eliminate the risk factor (s) through design
   - Using patient handling equipment
   - Facilities design

Secondary Controls:

2. Work Practice changes
3. Administrative Controls -Policy & Procedures/Algorithms, etc
4. Warnings (not very effective)
5. Training (staff and patients/clients)
6. Personal Protective equipment (back belts are ineffective)

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Basic Ergonomics Design Principles for SPH Equipment

Reducing the Risk of Patient & Employee Injury

Also refer to Equipment Purchasing Checklist

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Patient Handling Equipment

Designing for the User

- To accommodate a majority of the user population & accommodate future needs
- Design within physical capabilities for at least a majority of users (90%) - think adjustability & modularity
- Design within cognitive capabilities of users
  - Is the equipment intuitive to use & user friendly?
- Environmental Considerations – design for appropriate tasks and user needs

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Patient Handling Equipment

Ergonomics Evaluation

- Physical
  - Use Ergonomics Analysis Tools and Design Guidelines to assess device design to assess injury risk reduction and to ensure new hazards are not created, e.g. push/pull force data; design of controls and displays – Kodak (see resource list provided)
- Cognitive
  - Consider using Job Hazard Analysis and/or Systems Reliability Techniques to anticipate use and misuse of equipment or device and interface challenges with facility design

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Patient Handling Equipment

Designing for the User Cognitive Considerations

Ground rule: Is the equipment intuitive to use & user friendly?

- To understand the state of the system at a glance
- Minimize the need for additional information/training
- Procedures (menus and navigation) - logical and intuitive
- Feedback - immediate, visible, and meaningful
- Error - allows for reversal of errors
- Dangerous error - designed out

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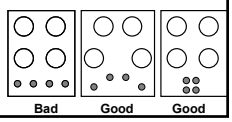
Patient Handling Equipment

Designing for the User Cognitive Considerations

Intuitive design continued

- Functions clearly communicated:
  - Control type is appropriate for function/use
  - Legible and consistent labels adjacent to corresponding control
  - Comprehensible icons or pictograms
  - Meets population stereotypes



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Patient Handling Equipment

Designing for the User Cognitive Considerations

Intuitive design cont.

- Functions clearly communicated:
  - Structured/redundant coding systems (shape, size, color)
  - Lighting, glare and viewing distance considerations
- Controls and displays are consistent - standardization
- Provide feedback for action if correct (e.g., light comes on) or incorrect; auditory signals; other

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Coding and Use of Icons

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Examples of Contrast

Poor Contrast	Good Contrast
1.0mg/ml	1.0mg/ml
1.0mg/ml	1.0mg/ml

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Don't Forget Bifocal Users

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Patient Handling Equipment
Designing for the User
Physical Considerations

Not all inclusive

1. Design within physical capabilities for at least a majority of users (90%)
2. Provide Adjustability
3. Allow for neutral working postures
4. Optimal reach distance to access controls for hands and feet

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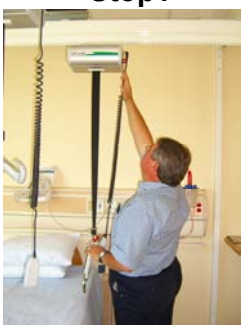
Can You Reach The Emergency Stop?



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Patient Handling Equipment Designing for the User Physical Considerations

5. Avoid static postures especially when combined with force
6. Acceptable force to activate hand/finger/foot controls
7. Minimal grip force required to hold controls or equipment
8. Acceptable force required to maneuver, push or pull equipment (consider floor covering; entryways; slopes/ uneven floors/wheel type)

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Force & Access to Controls

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Force to Push Beds and Other Equipment

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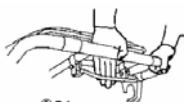
Patient Handling Equipment Designing for the User - Physical Considerations

9. Minimal repetitive motion
10. No contact stress and pinch points (for employees or patients/clients)
11. Prevent or minimize transmission of vibration from equipment to operator
12. Prevent accidental activation



Resources: Kodak, 2004; MIL-STD 1472F

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Avoid Accidental Activation

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SPH Equipment Currently Available: An Overview

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Patient Handling Tasks

- Lateral Transfers: Supine
- Repositioning: Bed and Chair
- Lifts and Transfers: Seated
- Sit to Stand Position
- Ambulation
- Lifting Patients from the Floor
- Bathtub, Shower and Toileting Activities
- Weighing
- Moving Beds & Wheelchairs
- Specialty Tasks - Limb Holding; Moving Patients into and out of Vehicles

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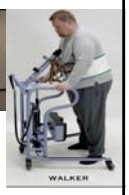
Patient Handling Equipment

- Ceiling Lift Systems
- Powered Floor Lifts
- Powered & Non Powered Stand & Transfer Assists
- Air Assist Mats (powered)
- Convertible Beds and Geri Chairs
- Gurneys with Transfer Devices
- Friction Reducing Devices (non powered)
- Powered Wheel Chair/Bed Pushers/Gurneys
- Bath and Shower Aids
- Other 'Low Tech' Assistive Devices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Patient Handling Equipment

– Lateral Transfers: Supine
  - Ceiling hoists with supine sling
  - Air assist mats (powered)
  - Gurneys with transfer devices
  - Powered clamp (to sheet) devices
  - Friction Reducing Devices (non powered)
    - » Gel filled pads/mats
    - » Roller boards or mats
    - » Nylon slippery sheets
    - » Transfer boards




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Patient Handling Equipment

– Repositioning
  - Ceiling hoists (turning and repositioning slings)
  - Friction Reducing Devices
    - Air Assist mats (powered)
    - Gel filled pads/mats
    - Roller boards or mats
    - Nylon slippery sheets/one way sliders
    - Low friction mattress covers
  - Non powered turning frames that clamp to bed sheets
  - Trapeze bar; bed blocks
  - Electric powered height adjustable bed

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Patient Handling Equipment

– Lift & Transfers (Seated)
- Ceiling lifts (fixed or portable)
- Powered floor lifts
- Powered and non-powered stand assist devices
- Convertible beds

- Ambulation
- Ceiling lift systems & some floor lifts
- Some powered and non powered Stand Assist equipment (dual function)
- Gait belt with handles

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Patient Handling Equipment

- Lifting Patients from the floor
- Ceiling hoists
- Powered Floor Lifts
- HoverJack

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Patient Handling Equipment

- Bathtub, Shower and Toileting Act
- Height adjustable and easy entry bath tubs
- Height adjustable shower gurney
- Bath lift
- Shower/toileting chairs
- Toilet Seat Risers
- Grab bars/stand
- Long handled tools for hygiene

- Weighing
- Beds and SPH lifts with scales
- Recessed floor scales
- Portable scales for ceiling lifts

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Patient Handling Equipment

- Moving beds & wheelchairs
  - Powered gurneys and beds
  - Powered wheel chair pusher
  - Powered bed pusher
  - Powered wheel chair



Patient Handling Equipment

- Specialty Tasks -
  - Limb holding;
  - Moving patients into & out of vehicles
  - Applying CPMs


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Bariatric Considerations - Brief

- Bariatric Patient Handling Algorithms – VAH
- Specialized clinical needs e.g. skin and wound care; respiratory, etc.
- Ceiling lifts
- Floor lifts
- Sling design
- Bariatric Beds
- Bariatric trapeze frames
- Bariatric furniture & room design
- Develop SPH and special clinical care documents for care of the Bariatric patient

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Primary Solutions: Engineering Controls

Technological solutions are not yet available to reduce a majority of risk associated with:

- Repositioning in bed (side to side)
- Repositioning in bed (to head of bed)
- Repositioning in chair
- Transport
- Moving heavy equipment/furniture

(Nelson, 2005)

The level of injury risk reduction varies by type of equipment

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Slings Choice and Management

Basic Sling Categories

- Disposable or Reusable
- Seated
- Supine or Turning/Repositioning
- Limb Support Standing/Ambulation
- For Sit to Stand Lifts
- S

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Disposable or Single Use Slings

- **Advantages:**
  - Good for use with infectious patients
  - Patients with frequent/heavy soiling
  - For infrequent use e.g. some clinic settings or special patient populations
- **Disadvantages:**
  - Higher long term cost
  - Land fill considerations
  - Risk of sling being reused

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Permanent Slings

- **Advantages:**
  - Lower cost long term
  - Greater variety of design and function
- **Disadvantages:**
  - Higher initial costs
  - Must have reliable laundry system

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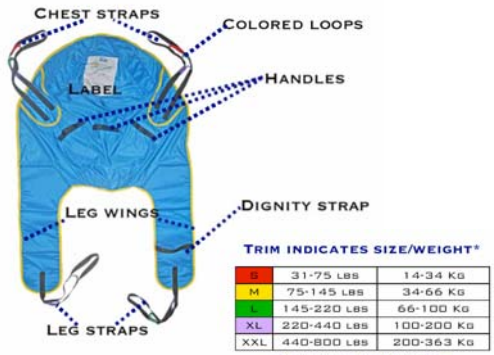
Seated Slings

- Used for transfers to/from:
  - Bed to/from chair
  - Chair to/from chair/commode
  - Chair to/from car
  - Lift from floor
- May be an open design for peri care and toileting
- Sling size selection is based on assessment of the patient's body shape i.e., weight; torso and head length; torso width and proportion and functional abilities and <u>not</u> the care task to be performed.

Seated Slings - Example



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Seated Slings

- Sling may be left under pateint while in a chair or on a commode
- Patients must be able to tolerate a seated position and have adequate hip & knee flexion
- May not be used in the following situations:
  - Post hip surgery
  - Shoulder /thoracic injury or surgery
  - Sling would occlude wounds
  - Head control required during transfer
  - Amputee (depends on sling design)

Repositioning Slings

- Used when patient needs to be moved or lifted in a supine or flat position.
- Can be used for:
  - Repositioning in bed—lift to head of bed and turning from side to side
  - Bed to gurney
  - Lift from floor
  - Can be used with white board for spine precautions and/or abductor pillow to maintain hip abduction post surgery)
  - Can be used in semi recline position

- Sling size and weight capacity may vary

Repositioning Slings

- If sling is made of breathable material it may be left under patient, under the sheet with approval from wound ostomy staff.
- May not be used in the following situations:
  - Respiratory challenged when flat
  - Patient cannot lay flat for other clinical reasons
  - Spinal precautions without use of spine board
  - Post hip surgery or shoulder /thoracic injury or surgery without special precautions
  - Sling would occlude wounds
  - Patient may have fear of feeling 'cocooned'

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Limb Slings

- Used when patient limbs need to be lifted and supported.
- Can be used to support legs during:
  - Dressing changes
  - Urinary catheterization
  - Peri Care
  - Pressure ulcer care
  - Can also be used with arms

- May not be used in the following situations:
  - Neuro vascular issues in lower extremities;
  - Lower back, hip or knee restrictions—use clinical judgment
  - Sling would occlude wounds

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Sit to Stand Sling

- For use with patients who are defined as semi-dependent per organziaitons protocols.
- Can be used for transfers to/from:
  - Bed to/from chair
  - Chair to/from chair/commode
  - Wheelchair to vehicle
  - Peri care

- Sling should be fitted for size (girth) and should not cause pressure on axilla (under arm) when being used

Repro

Sit to Stand Sling

- May <u>not</u> be used in the following situations:
  - Orthostatic hypotension (sudden drop in blood pressure on standing)
  - Shoulder instability
  - Wounds in area of sling
  - Abdominal surgery
  - Lumbar or back issues
  - Stomas – discuss with medical provider
  - Post some orthopedic surgeries e.g. post knee/hip. Discuss with surgeon or therapy

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Ambulating Sling or Walking Vest

- May be used with ceiling lift systems, some floor and sit to stand lifts.
- Sling provides assistance for standing upright and weight bearing;
- Therapy primarily uses ambulation devices.
- Sling desing varies and typically therapy will detemine what type of sling is optimal during ambulaiton

- May not be used in the following situations:
  - Groin injuries;
  - Wounds occlusion
  - Rib injury

Re

Sling Safety

- Consequences of incorrect selection:
  - Fall from height if seated sling too large
  - Fall if incorrectly applied
  - Pressure/friction during lift or movement or during reapplication
  - Pressure from leaving in situ
  - Cramping/discomfort if sling is too small or hanger bar configuration too narrow

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Sling Safety

- Sling size is clearly and easily identified e.g. color-coding band around sling edge is used to indicate sizing
- The safe working load is clearly marked on a sling
- Slings load tested for safety at a minimum of 1.5 times their maximum lifting capacity (vendor)
- Slings are inspected
  - prior to being placed in service and
  - before each use for wear and tear; fraying etc
- Slings have a batch code for tracking purposes

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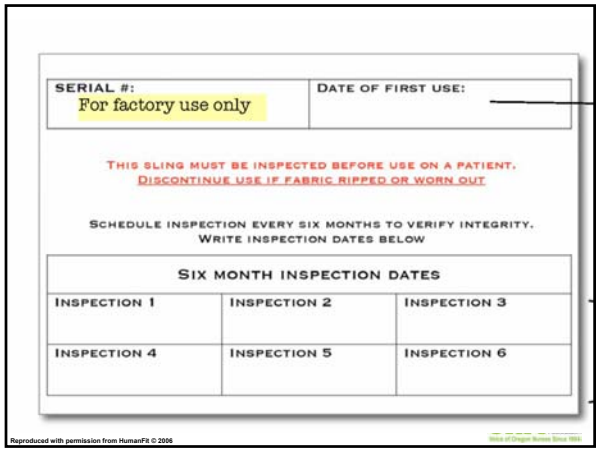

SERIAL #: For factory use only	DATE OF FIRST USE:

THIS SLING MUST BE INSPECTED BEFORE USE ON A PATIENT.
DISCONTINUE USE IF FABRIC RIPPED OR WORN OUT

SCHEDULE INSPECTION EVERY SIX MONTHS TO VERIFY INTEGRITY.
WRITE INSPECTION DATES BELOW

SIX MONTH INSPECTION DATES		
INSPECTION 1	INSPECTION 2	INSPECTION 3
INSPECTION 4	INSPECTION 5	INSPECTION 6

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Sling Safety

- Ensure staff have sufficient training re safe use of slings
- Communicate patients sling needs in patient record and on white board for during shift needs
- Obtain input from therapy, physicians and surgeons re sling use for patients with special surgical and/or medical needs
- Never leave patient in limb sling in lift or with repo – considered a restraint
- DO NOT share slings between patients

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Sling Safety – *Sample Inspection*

- Slings are to be used only by staff that have been trained in their safe use.
- Visually inspect the sling before each use. Look for:
  - Check all loops at connection points for signs of fraying or loose stitching
  - Check entire sling body for loose stitching, rips, holes or bleach staining
  - Check for signs of weakening of fabrics (e.g. heat damage, brittle, stiff, puckered fabric) or significant staining.
  - Missing label
- ***If there are any sign of sling breakdown, ensure that the sling is removed from service, that damage is documented appropriately and that repair or replacement processes are initiated.***

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Sling Safety – *Sample Inspection*

- Always complete an initial safety check at the beginning of each transfer. This would include:
  - Check that all loops are securely attached to the carry bar
  - Check that the patient is supported fully and positioned comfortably in the sling by the sling
  - Always ensure that the sling material is not cutting into the patient's skin and causing discomfort.
  - If the sling needs to be adjusted, place the patient's back down before pulling on the sling.
  - Avoid pulling on the sling material to adjust the sling placement while the patient is in the air.
- Patients at risk of, or with, skin breakdown may require protective covering over the affected area before transferring. Additionally, check with wound specialist staff for any other precautions

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Sling Purchasing

- How many of each type and size of sling is needed?
-
- Can slings be used with both floor and ceiling systems – e.g. attachment point (fabric loop vs. key lock system) is compatible with spreader bar receptacle?
- What material are slings made of?
- Do slings have positioning handles for correct sling and patient positioning?
- Are custom made specialty slings are available?

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Sling Purchasing

- How long will slings last?
- What is the warranty on the slings?
- What is the replacement/repair policy including turnaround time and costs?
- What is the sling trade-in policy?
- Are there instructions for proper use of slings?

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Sling Laundering & Management

- Who will launder slings: In-house or contract laundry service?
- What will the cost be?
- If in-house is the washer temperature and control approved by Infection control staff?
- What is the turn around time for sling laundering?
- Are laundering instructions available?
- Can slings be laundered with other linens?

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Sling Laundering & Management

- Do slings have to be put in a separate linen bag?
- If yes, who will organize and implement this new process?
- How will laundered slings be returned to the appropriate dept/unit, etc?
- Have you involved all appropriate depts. e.g. environmental svcs., infection control, wound ostomy, etc?
- Is there reimbursement of single use or bariatric slings?

ONA Oregon Nurses Association

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How Much Equipment Do You Need?

Must match equipment with:

- patient dependency
  (physical and cognitive abilities),
- the type of lift, transfer or movement
- the number of staff available
- facility and medical equipment design

ONA Oregon Nurses Association

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Determine Level of Patient Assistance

Dependent - patient cannot consistently follow directions
Patient requires nurse or caregiver to lift more than 35 lbs of a patient's weight, or is unpredictable in the amount of assistance offered. In this case devices should be used. Patient can get to edge of bed Min Assist? (<35#) (for bed-chair transfer)

Semi Dependent - Patient requires no more help than stand-by, cueing, or coaxing, or caregiver is required to lift no more than 35 lbs of a patient's weight.
Patient cannot stand or march in place (for bed-chair transfer)

Independent - Patient performs task safely, with or without staff assistance, with or without assistive devices. Can march in place.

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Source: VHA and DOD, 2006

How Much Equipment Do You Need?

Consider:

- # of beds/unit
- Patient characteristics and variability e.g., medical (typical diagnoses), surgical (type), orthopedic, neurological, etc.
- % Dependent; Semi-Dependent; Independent patients
- Patient Census (daily average; peak load; range)
- # and frequency of patients over 400lb
- Type and frequency of patient handling tasks performed
- Staff perception of high risk patient tasks

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How Much Equipment Do You Need?

Consider:

- Future changes to patient characteristics and/or census
- Future changes to unit/dept. design
- Staff mix and numbers per shift
- Existing equipment: functionality and use, etc

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How Much Equipment Do You Need?

Example typical Med-Surg unit:

- # of Ceiling lift systems (permanent or portable motors) to match at least average # of dependent patients
- 1-2 rooms with dual ceiling lift motors for capacity to 1000lbs (depending on bariatric census etc)
- Ceiling lift tracking/rails to 1000lbs capacity with feasibility to add 2nd transverse rail as needed
- A portable weigh scale that can be used with each ceiling lift – if beds are not used to weigh patients
- Floor lift with ambulation capability (with scale as needed). Consider 600lb weight capacity

How Much Equipment Do You Need?

- 1-2 powered sit to stands (may have ambulating capacity and scale)
- Repositioning and transfer sheets (e.g. tube sliders, SLIPP, etc)
  - quantity: 1.5 per patient room to allow for laundry return and loss
- Air assist mats and motor
  - quantity depends on # transports to imaging services etc
- Gait belts – use determined by therapy. Not for lifting patients. Ergonomic design – padded with vertical handles; available in various sizes or adjustable)

How Much Equipment Do You Need?

- Slings – quantity and type depend on laundry return time and patient handling tasks performed etc.
- # of portable floor and sit to stand lift depend patient dependency mix; census and ease of access to equipment, etc.

Other Depts/Units

- ICU – typically needs ceiling system & motor per room due to dependent patient census
- ER; OR; Imaging; Transportation – consider facility wide 'Lateral Transfer System'
- EMS, Home Health & Hospice, OP Clinics, etc

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How Much Equipment Do You Need?

Equipment Ratio Guide (does not take the place of task evaluation)

- 2 total lifts per 17-24 patients
- 3 total lift 33-50 patients
- 6 sit to stand per 42-50 patients
- Repositioning devices 10 per 42-50 patients

(Fragala, SPH conference 2004)

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Patient Handling Equipment General Design Considerations

- Speed
- Size & maneuverability
- Ease and range of adjustment
- Weight capacity
- Brake and steering design
- Wheel/Caster Design
- Application limitations

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Patient Handling Equipment General Design Considerations

- Ease of cleaning (infection control)
- Storage equipments for devices and supplies
- Overall patient/client safety & comfort
- Training requirements

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Patient Handling Equipment
General Design Considerations

- Power requirements
  - E.g. battery operated devices – weight, time to charge, life expectancy
  - If power lost will device function
  - Access to electrical plugs
  - Wireless devices – interference with other equipment
- Handling - Resistance to water damage (especially hand controls) and droppage

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Patient Handling Equipment
Facility Design Considerations

- Portable Lift and Transport Devices
  - General clearance for maneuverability/ diameter of turning circle
  - Clearance through doorways/in the bathroom/elevators/in other depts.
  - Clearance of leg support under beds and chairs - width adjustment and height of leg supports

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Facility Design Considerations

- Ceiling Lifts
  - New Construction vs. Retrofit
  - Configuration and choice of tracking and motors
  - Clearance in relation to privacy curtains, medical gases delivery systems, exam lighting, etc
  - Structural engineering inspection
  - State/county building, earthquake and fire codes
  - Installation: Contractors license and training, etc
  - Retrofit issues, e.g., stability of ceiling supports; type of anchoring system used
  - Load testing & inspection

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Ceiling Lift Systems

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Patient Handling Equipment Infection Control Considerations

- How easily can equipment such as floor and sit to stand devices be cleaned?
  - Consider effectiveness of cleaning stitched seams, rope attachments, etc.
- What chemicals can be used to clean equipment?
- Is the wipe down (with approved disinfectant) of slings, belts and transfer devices that do not touch patient's skin an acceptable practice?
- Has the infection control officer approved decontamination procedure for all equipment and accessories etc?

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Patient Handling Equipment Maintenance Considerations

- Access and clearance for facility maintenance techs/Biomed techs
- Time and effort to diagnose/troubleshoot problem
- Special tools or training needed for in–house maintenance to be conducted?
- Preventative and required maintenance schedule – how often, by whom and cost
- Vendor service & inspection requirements
- Availability of replacement, loaner and spare components
- Environmental Impact & Disposal

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Patient Handling Equipment Working With Your Vendor

- The vendor is a:
  - SPH team member
  - Is knowledgeable re their product and often re SPH programs but not usually re the clinical needs of you patients, work practices, and organizational culture etc.
  - Should be able to provide references…. …….check them!

Reprod

Patient Handling Equipment Working With Your Vendor

Information the vendor should provide you:

- Published research re the Equipment
- Equipment recall information or go to http://www.fda.gov/opacom/7alerts.HTML
- Product liability & manufacturer information
- Warranty limitations
- Life expectancy of equipment and parts

Also refer to Equipment Purchasing Checklist

Repr

Patient Handling Equipment Working With Your Vendor

Information the vendor should provide you:

- Time for equipment trials
- Delivery/installation time for equipment and supplies
- After service care (additional costs)
- Training provided by vendor
- Device meets FDA and other regulatory requirements if applicable

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Patient Handling Equipment Regulatory Requirements

- FDA
  - Medical device act 1992
  - Medical devices user fee and modernization act of 2002
  - Import regulations
- OSHA regulations?
  - Does 1910.179 - Overhead and gantry cranes apply?
  - Load testing lifts, structural and component inspection

Reprod

Patient Handling Devices: Safety Regulations

- The JC and CMS and other (ISO, ANSI etc)
- State Fire & Electrical Codes and UL requirements
  - all electrical products for sale in Oregon must be UL listed (or listed by approved testing lab)

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Approved (Fed OSHA) testing labs in lieu of UL label/testing

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Developing a SPH Program: Implementing Solutions – Elements to Address

- Equipment 'Play Days'
  - Allows staff to play with equipment informally and to anticipate what would work well in their work area etc.
  - Promotes staff engagement in the SPH program
  - Assists SPH team with choice of equipment for formal trials
- SPH Equipment Trials
  - Mock-ups in house but NOT with patients (staff evaluate equipment for 1-2 weeks onsite if feasible & complete evaluation form)
  - Conduct ergonomics assessment

Repr

Developing a SPH Program: Implementing Solutions – Elements to Address

- Installing equipment
  - Must have a plan (who, where, when, how, cost)
  - Implement on full scale after careful planning & obtaining management, staff & facilities commitment

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Developing a SPH Program: Implementing Solutions – Elements to Address

- Don't forget to involve other depts., such as housekeeping and laundry services
- Remember:
  - Use of mechanical lifts does not eliminate the risk of manual lifting
  - Lifts and devices need to match patient and facility characteristics
  - If you buy it – staff wont necessarily use it
  - Not all lift devices are equally effective

(Source: Nelson, 2002)

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Developing a SPH Program: Implementing Solutions– Procedural Issues to Consider

- Equipment Storage/Access
- Infection control
- Slings management/laundering etc
- Maintenance & Inspection
- Work Practice Controls
- Development of SPH policy & procedure for specific patient needs
- Employee education and tools (Super users)

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Training Aids & Communication Tools

- Checklists (e.g. brief instructions attached to equipment with pictures
- Training (repetitions, drills, simulations)
- Decision aids (flow process aids, decision trees, patient handling algorithms - VAH)
- Quick check SPH resource guide for each unit/dept

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Implementing Solutions

Remember:
'They Way We Do Things Around Here'

- Planning for Change
  - Anticipating the effects of change throughout the organization
  - Reducing resistance to change

    Planning, Communication, Management & Employee involvement

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Evaluating Solutions

Goal: Ongoing process to determine the relevance, progress, efficiency, effectiveness, and impact of ergonomic activities.

- Is equipment being used?
- Is the problem (risk factors) resolved or reduced to an acceptable level?
- Talk with people -- how do they feel about it?
- Was there resistance to change & why?
- Did the solution(s) cause new problems?
- Are there non- anticipated costs or benefits?
- Was the program and implementation process successful?
- Conduct patient/client and employee satisfaction surveys

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Proactive Approach: Preventing Injuries and Error

Goal:

- Incorporate Ergonomics and safety features (design for the user) at Concept stage
  Applies to Retrofit and New Building.

  Cost increases ++++ if ergonomics is considered after equipment/tool/facilities design is completed and operating
- Ergonomics and safety approval of all new equipment and devices before purchase and use
- Standardization of equipment and devices within context of systems needs and design
- Get End-Users involved

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Wrap Up

- Be an Informed Consumer
- Try Before you Buy
- Always involve equipment users in equipment selection
- Ensure the best 'fit' between the task, patient capabilities, facility design & equipment
- Have a SPH business plan and be able to cost justify equipment purchase
- Develop implement & evaluate a multifaceted SPH Program Plan
- Think Proactively – Always include SPH when building new or redesigning facilities

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References & Resources

Please refer to SPH Equipment Purchasing Checklist

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