Handling the Bariatric Patient: Ergonomic Issues

Stream: Managing / handling challenging patient behaviours: Bariatric

Presentation option: Workshop 1.5 hours

Authors: Kent Wilson, CIE, CSPHP [1],

[1]Safety Programs Director, HoverTech International

Background/Introduction:

The obesity levels in Australia and around the world continue to rise at an astonishing rate. As overweight Baby Boomers continue to place pressure on an already overtaxed healthcare system, increasing injury trends will only get worse if healthcare facilities do not put into place the proper ergonomic interventions to address these issues.

Purpose of presentation:

From the time these obese patients enter the front door or come through the emergency room until they leave the facility, there are very special requirements that are needed to accommodate their larger size. Toileting, showers, transportation, family needs, visits to radiology and other ancillary departments are just a few of the areas that need to be modified to accommodate these patients. These problems cannot be addressed by using standard equipment and practices that apply to much smaller patients.

Methods/Intervention/Activity:

This interactive presentation will address the specific ergonomic issues related to the handling and transporting of the Bariatric patient as well as many of the other facility wide accommodation issues. Detailed processes and system solutions that address the environment, equipment, policies and training will also be discussed.

Results/Outcome:

Attendees will be able to describe the role of engineering controls in an effective ergonomics program, list examples of steps that can be taken to reduce injury risk during bariatric patient handling and identify the unique bariatric issues and dependency classifications that impact patient handling tasks and caregiver injuries.

Discussion/Conclusion:

Having a robust bariatric program will improve the overall quality of every patient handling task within the facility.

Slide and Dance – An Oldie But A Goodie

Stream: Managing / handling challenging patient behaviours: bariatric, dementia, aggression etc.

Presentation option: (workshop)

Authors: Pippa Wright [1], OHS Risk Management Consultant
CFMSIA RSP Aust CSPHP

Preventative Injury Planning P/L

This hands on practical workshop is suited to the novice and those manual handling trainers whom work in fields where help is not always readily available and where the need to ensure wellbeing of the worker and the client needs at least a short term answer “today”!

The primary aim is to reacquaint persons with the typical use of the humble slide sheet. Challenge the human factor in utilising good postural techniques as well as explore and challenge their greater use in trouble shooting that “difficult” client, in a difficult situation.

Scenarios can be provided or requested from the floor for trouble shooting

Reducing Injuries Associated With Bed Pushing

Stream: New ideas/new equipment

Presentation option: oral

Authors: Jane Morrissey[1], Shane Cordwell[1,2], Sonja Jennings[1]

Abstract Body:

Background/Introduction: In 2010-11 twenty caregivers were injured when pushing beds at a major Perth Private hospital.

Purpose of presentation: To outline the multi-faceted approach to reduce injuries associated with bed pushing

Methods/Intervention/Activity:

1) New PCAs were required to pass a physical capacity test (PCT) prior to employment, with criteria based on the physical description of their position: strength, mobility, fitness, safe manual handling and trolley pushing.
2) Seventeen battery operated bed movers were purchased.
3) A licencing procedure and badge was developed for bed moving. PCAs who met performance criteria gained 'L' plates (to move empty beds) then 'P' plates (moving patients on beds with bed movers). Finally a full licence and badge were obtained.

Results/Outcome:

1. Injuries associated with bed moving decreased to approximately one per year.
2. Acceptance of the use of bed movers has improved and is now the norm.
3. Another outcome is that use of patient handling equipment throughout the hospital has improved.

Discussion/Conclusion:

The Private Hospital looks like a 'space-age' hospital with beds moving as if by their own power. Although the bed mover policy has not been introduced, (not everyone has a licence yet), nevertheless the threat of the impending policy has encouraged PCAs to be compliant.

Bed mover breakdowns are a weekly occurrence and a contingency plan was required for this. A single speedster was reported who slowed down after being spoken to. Bed movers have made the Private Hospital a safer, more modern hospital with lower injury rates from bed pushing and increased acceptance of patient handling equipment.

Standing Hoists - To Stand or Not to Stand

Stream: New ideas, new equipment, new policies: solution based approaches to address old problems

Presentation option: oral

Authors: Aideen Gallagher[1] and Emma Small[2],

1. Risk ManagEd Pty Ltd
2. Occupational Services Pty Ltd

Abstract Body

Background/Introduction:

Standing or active hoists are commonly used in the manual-handling sector to assist with transferring clients between surfaces. They are attractive to the care receiver for their ability to enable them to assist with the transfer and maintain independence. They are also favoured by the care giver for the ease by which care can be given avoiding exposure to manual handling tasks. Whilst standing hoists have an important clinical place, they do introduce significant risks to the care receiver and care giver when used incorrectly.

Health professionals are regularly involved with the prescription of standing hoists however there is little consensus in the literature as to what skills a care receiver needs to demonstrate, to be able to safely use a standing hoist. In addition, there is limited information as to the clinical indicators when a standing hoist is unsafe to use.

Purpose of presentation:

This paper seeks to address this gap in knowledge by examining the criteria required for safe standing hoist use.

Methods/Intervention/Activity:

It will consult with experts in the field through the Australian Association for the Manual Handling of People utilising a Delphi technique to determine consensus on clinical criteria for standing hoist use.

Discussion/Conclusion:

The results of this paper could have important clinical significance in assisting therapists with prescribing standing hoists in the future.

Evaluation of the Use of the 'Vendlet' in Practice

Stream: New ideas, new equipment, new policies: solution based approaches to address old problems

Presentation option: Oral Presentation

Author: Naomi Akizuki (Senior Occupational Therapist, Rocky Bay)

Linda Chiu, Director Clinical Services, Rocky Bay

Abstract Body (maximum of 250 words):

Background/Introduction:

Rocky Bay has been completing a project evaluating the use of the 'Vendlet'. The Vendlet is an electronic bed sheet turning system that can turn & reposition clients while lying in bed. This equipment aims to decrease OSH risks in eliminating/minimise the need for support staff/caregivers to physically assist clients to roll/reposition, promote independence for clients to turn themselves, and provide cost benefits in reducing the number of support staff required.

The presentation will discuss the benefits & challenges faced during the trial use of the "Vendlet" with several clients living in a residential facility from the perspective of increased independence, reduction in cost of care and minimisation of carers providing physical assistance.

Pre and post trial questionnaires were completed by support staff in relation to client function and manual handling. Results indicate benefits such as minimizing level of client handling involved, potential to reduce number of support staff required, and promoting independence for clients who could use Vendlet buttons for turning.

Self-Instructional Videos in Healthcare Education: A Systematic Review of The Evidence

Stream: New ideas, new equipment, new policies: solution based approaches to address old problems

Presentation option: Oral

Authors: Aideen Gallagher [1], Margaret McGrath[1,2],

[1]Private Practice

[2]University of Sydney

Abstract Body (maximum of 250 words):

Background:

Manual handling training has been a significant intervention in attempting to reduce the risk of musculoskeletal injuries in people handling. Usually taught in one-off daylong sessions, challenges exist due to the lag between when the skills are acquired and when they are needed in practice. Rapid development of digital technologies and mobile devices has resulted in instructional videos being increasingly used in skill acquisition. However, the evidence to support and inform the development of self-instructional videos remains largely undeveloped.

Purpose:
To assess the evidence for the effectiveness of self-instructional video in healthcare education.

Method:
A systematic review was completed using key databases, which were searched between July and December 2015. The search was limited to English language papers dealing specifically with medical or health professional education and practice.

Results:
The original search identified over 1400 papers, commentaries and reviews of the literature. 36 papers were included in this review, with a large proportion concentrated in the fields of medicine and nursing. One paper referred to manual handling techniques. A number of papers had small sample sizes, were prospective in nature and lacked reliable and valid measurement tools limiting the extent to which firm conclusions could be drawn from the literature.

Conclusion:
Although there is some evidence that video is effective in the acquisition of clinical skills, attitudes and knowledge, the efficacy or impact of self-instructional videos remains unclear. The results can provide guidance on the considerations in developing future digital training resources.

Patient Handling for Medical Officers – An Interactive On-Line Awareness Package

Stream: New ideas, new equipment, new policies: solution based approaches to address old problems.

Presentation option: oral

Author: Simone Eggers [1],

[1]Gold Cost Health (Queensland Health)

Abstract:

The old problem is patient handling training for medical officers. Is relevant, competency based training and assessment available to your medical officers? If so, are they compliant with this training to ensure staff and patient safety?

Patient handling awareness is particularly important to this group as they lead the team and decision making process for patients, which may include patient handling. However it appears that medical officers may not appreciate the importance of their role in relation to patient handling. This together with multiple conflicting priorities and time pressures, makes compliance notoriously difficult.

As a physiotherapist with extensive manual handling experience, and a medical education officer, I offer some fresh insights into solutions for manual handling for medical officers.

Gold Coast Hospital staff collaborated to introduce an on-line, customised, competency-based, interactive patient handling package for medical officers. The package targets their specific learning needs by using adult learning principles and modern technology to deliver a contemporary, innovative solution to this old problem.

I will discuss the development process with the intention of assisting others to do the same in their organisations. I will demonstrate the program, via our learning management system (L.M.S). It takes a minimum 10 minutes to navigate through and answer the questions.

Post-conference my program will be available for ten days to those participants with an appropriate online learning platform (or L.M.S) via temporary streaming. This will allow participants to review, interact and complete the program assessments in their own time.

Creating Effective Manual Tasks Training Courses - What can we Learn from Current Learning Theories

Stream: Safety climate: culture change and systems approach to reduce injuries, changing behaviour and promoting safety

Presentation option: Oral

Authors: Julie MacRae

[1]Occupational Therapist, SafeActions, WA

Abstract:

Effective manual tasks training courses require a skilled presenter, excellent materials, relevant content and a structure that facilitates learning. Current theories for motor skills learning involve procedural skills training, problem solving and the importance of repetition, graded learning and sleep on developing effective motor schema.

The implications of these theories on the progression of training, type of training, attention demands made during training and the effectiveness of feedback to participants will be discussed.

Taoist Tai Chi Movement for Health

The Taoist Tai Chi Society of Australia

Taoist Tai Chi™ arts (TTC) provide a whole body, mind and spirit practice for people of all ages, bringing health, balance, flexibility, strength, and stillness.

This session will be lead by tai chi instructors Jill Clemson and Jenny Andrews, the latter a physiotherapist.

Begun 45 years ago in Canada by Taoist monk Master Moy Lin Shin, Taoist Tai Chi™ arts are now practised by more than 40,000 people in 26 countries. Our organisation is volunteer-based and a registered religious charity.

TTC provides a way to repair strain to the spine and its musculature caused by repeated manual handling by those who need to do it for their occupation.

The biomechanics of TTC help train the individual how to lift and apply force in balanced and efficient way.

The objective of this session will be to explain how Taoist Tai Chi™ works, and to give participants an introductory class in Taoist Tai Chi™.

Tips and techniques for Air Assisted Lateral Transfer Devices

Stream: New ideas, new equipment, new policies: solution based approaches to address old problems

Presentation option: workshop

Authors: Todd MacRae[1], Rod Deeks[2], Kent Wilson[2]

[1]JD Healthcare

[2]Hovertech International

Abstract:

Background/Introduction: Health care facilities have some equipment that are not utilised to their full potential.

Purpose of presentation: To share tips and techniques of air assisted lateral transfer devices not commonly known or practised.

Methods/Activity: Hands on demonstration and interaction with techniques such as: turning a patient to the prone position, semi prone, turning a patient onto their side (commonly used for pressure turns), repositioning a patient, theatre seated transfer, applying and removing the equipment, split patient transfer vs whole patient transfer, using the equipment for xray, and pannus management (if video available/approved).

Results/Outcome: To see new techniques implemented by a certified safe patient handling associate (CSPHA) and AAMHP member using existing equipment that facilities already have, which they can consider applying to their current procedures to better protect staff from manual handling injuries and safer patient transfers.

Functional Job Dictionaries – Maximising Their Benefit in Your Workplace

Stream: Safety climate: culture change and systems approach to reduce injuries, changing behaviour and promoting safety

Presentation option: Oral

Authors: Sara Warren

B App Sc Physiotherapy, Grad Dip Ergonomics

Abstract:

Functional Job Dictionaries are a useful tool which can assist a company with their Workplace Health and Safety and Workers Compensation claims.

This seminar will demonstrate how a Functional Job Dictionary can assist an injured worker return to work; reduce claim costs; identify risks in the workplace; focus safety and wellness initiatives, and determine pre-employment screening criteria. This tool can also be used to guide employee musculoskeletal screenings, specific exercise programs, determine job role modifications and facilitate workplace redesign.

Practical examples of the use of Functional Job Dictionaries within various industries will be shown to demonstrate how industry leaders have utilised these useful tools to improve health and safety in their workplace and reduce the risk of musculoskeletal injuries.

Empowering a Workforce: Implementing a Manual Tasks Local Facilitator Model across SA Health

Stream: Safety climate: culture change and systems approach to reduce injuries, changing behaviour and promoting safety

Presentation option: Oral

Authors: Rosi Gates[1] & Dimity Wadsworth[2] (co-authors & presenters)

Abstract:

Background/Introduction:

As the largest employer in SA, SA Health employs over 38,000 staff across 660 sites. Prior to the development of this model, the organisational approach to manual tasks training was both inconsistent and inequitable.
The current SA Health Manual Tasks Local Facilitator training system provides consistent best practice manual tasks training and supporting resources across SA Health. Facilitators provide targeted practical skills training in their work area including induction into site specific safe work practices.

Purpose of presentation:

To showcase a state-wide manual tasks training model within a large organisation.

Methods/Intervention/Activity:

An organisational review recommended a facilitator model to deliver manual tasks skills training supported by extensive online and e-learning resources.

Manual Tasks Local Facilitators undergo theory and practical training. Training is tailored to course participants and includes risk assessment and management, practical skills training and safe use of assistive equipment. Facilitators have professional support and access to online resources and update training.

Results/Outcome:

SA Health has trained over 800 facilitators across the state. The organisation has experienced a reduction in body stressing (MSI) claims; with over 13% reduction in the 2014/15 financial year.

Discussion/Conclusion:

The opportunity for workers from different areas to come together to share knowledge and ideas and the tailoring of training to participants needs are two of the major strengths of the current model. Providing adequate support and training for the current facilitators so they can continue to deliver a quality service is an ongoing challenge, but feedback to date has been overwhelmingly positive.

A Culture of Safety and Positive Patient Outcomes Go Hand in Hand

Stream: Safety climate: culture change and systems approach to reduce injuries, changing behaviour and promoting safety

Presentation option: Oral presentation (20 minutes plus 5 minutes questions)

Authors: Presenting author Jeremy Manning

Abstract:

Background/Introduction:

Rockingham General Hospital is a secondary health care campus which has seen significant growth and change over a number of years. Redevelopment has, included the expansion and upgrade of the Emergency Department to accommodate increased demand and more recently, a large-scale upgrade and expansion effectively tripling the size of the hospital and increasing service provision. Along with structural change came the influx of staff to meet the needs of the expanded hospital. This brought together a range of skills, knowledge and experience and the opportunity to develop these toward a common safety goal.

Purpose of presentation:

This presentation sets out to demonstrate the links between safety perspectives with regards to safety climate and developing a safety culture, the introduction of new equipment and safe systems of work (high-order risk controls to manual tasks), taking into account their positive affect\impact on the clinical practice of health professionals within the respective departments.

Methods/Intervention/Activity:

Case studies will showcase the positive safety culture in two different departments; Emergency and Aged Care Rehabilitation Unit. The introduction of specialist equipment and a systems approach were key enablers in achieving safe systems of work and positive patient outcomes.

Results/Outcome:

A significant change, over time, in the safety culture and safety climate of the respective departments was the result of engagement through consultation, education and training to develop a sense of safety using safe systems of work and high-order manual task risk controls.

Discussion/Conclusion:

Work Health and Safety is no doubt a focus and priority for workers. However, affording the worker a safe system of work and suitable equipment to undertake a task not only satisfies our legislative OSH obligations, but facilitates the overall core responsibility of the health service to provide safe patient care in the context of a safety climate that creates solutions driven by safe systems of work.

A 2 Minute Risk Rating Tool to Make Training More Effective

Stream: New ideas, new equipment, new policies: solution based approaches to address old problems.

Presentation option: Oral

Authors: Melinda Browning & Aileen Conroy

Abstract Body

Background/Introduction:

The focus of our efforts as Staff Health and Injury Prevention Physiotherapists in health care is preventing high frequency, moderate consequence musculoskeletal injuries to clinical staff from the manual handling of patients. For the past 8 years we have incorporated a risk identification and rating tool into manual handling training to assist developing and monitoring our risk mitigation strategies. It is an example of our participatory ergonomics approach.

Purpose of presentation:

This paper will explain how the tool can be developed and used as well as its benefits. Findings for a range of workgroups will be presented. It provides evidence for the value of targeted versus generic manual handling training.

Methods/Intervention/Activity:

The highest rates risks vary greatly depending on the workgroup. Findings for Medical Imaging, Palliative Care, Maternity, Mental Health, Theatres and Physiotherapy will be presented.

Discussion/Conclusion:

This method would be adaptable to any similar manual task training. In a context of time-poor health care staff and pressure to reduce training time to a minimum, it is quick and easy to design and administer, and gives valuable benefits to workers, trainers, and managers. In particular, it is beneficial to guide updates of training content, assist in prioritizing focus and resources for risk mitigation strategies, and to demonstrate legislative compliance.

Rescuing a Falling Patient …. The Experiences of Health Professionals Working In Clinical Roles across NSW

Louise Whitby [1, 2]

[1.] Louise Whitby and Associates PL

[2.] Rural Clinical School, Faculty of Medicine, Kensington Campus,

University of New South Wales

Abstract:

Background

Falls occur across health, aged care and in the community and there is little evidence that falls prevention strategies have been effective in eliminating falls risk. For health professionals working directly with patients, there is a risk that the patient may fall while care is being provided and that they may attempt to rescue the patient. By rescue, we mean attempt to catch, lower to the floor, or redirect a falling patient to a bed, chair or away from danger.

There is very little published research or guidance material based on evidence with regards the falling patient and whether they should be 'rescued' or not. Review of litigation cases from Australia and overseas, indicates that attempts to rescue can result in injuries to both patients and health professionals.

Aim

The aim of this study is to explore the factors that influence whether a health professional attempts to rescue a falling patient or not. Secondary aims are to explore the decision process to rescue or not as well as determine the factors that influence the reporting of a rescue event.

Method

The study comprises an online survey of health professionals who, during the 2015 calendar year, worked in NSW in a clinical capacity attending patients in the following: hospitals, aged care facilities, the community, ambulance service, clinics, day surgeries and private practice. Seven professional associations have agreed to support the study and will disseminated the survey to their NSW members in March 2016. The survey will be completed online, using Survey Monkey.

Results

The survey is yet to be distributed so there are no results to report at present.

Analysis will focus on the factors that emerge from the themes explored in the survey, providing a comparison between the health disciplines or type of workplace.

Conclusion

No conclusions can be drawn at this point.

Keywords: In-patient falls; witnessed falls, falls rescue; patient safety, worker safety

A Collaborative Approach to Managing Patients Post Fall with Suspected Spinal Injury

Stream: Managing adverse patient events

Presentation option: Oral

Authors: Lisa Oakley [1], Vicki White [1], Tarryn McConnell [1], Sarah Hudson [1], Robert Williams[1], Joanne Donovan[1], Tim Burke[1]

[1]Alfred Health, Melbourne, Victoria

Abstract:

Falls within healthcare settings continue to be a major cause of patient harm, with some resulting in significant injury and even death. Specific incident analysis and an annual review of 28 falls resulting in major injury across Alfred Heath prompted the development of an interdisciplinary working group to review the safety and timely care of patients in the event of a fall with a suspected spinal cord injury.

This presentation will discuss the consultative and collaborative approach involved in reviewing the falls management guideline and current practice across Alfred Health. The process included the development of a new falls management flowchart to incorporate those who fall and sustain a suspected spinal cord injury, within open or confined spaces.

New extraction and spinal stabilisation equipment were trialled, workshopped and implemented in conjunction with Hover Tech technology to optimise safety for post fall transfers. We outline the rollout of an interdisciplinary training program for targeted staff members, supporting a consistent approach to assessing and managing falls with suspected spinal injury across the 3 hospital sites of Alfred Health.

The overall aims of the project were to ensure an adequate post fall patient assessment, provide spinal stabilisation where required, minimise the time patient's spend on the floor following a fall and reduce staff manual handling risk in transferring patients off the floor.