



Government of **Western Australia**
Department of **Health**



Royal Perth Hospital

Safer Handling and Safety Climate

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Purpose of this Presentation

Is to highlight the influence of safety culture on patient handling practice using data from two recent mixed methods studies.

Safety Culture - Background

- Safety culture is a sub-set of organisational culture
- The term arose from the Chernobyl nuclear disaster (1986) attributed to a breakdown in organisational safety culture
- Shift in emphasis of safety literature from individual factors (errors/non-compliance) to organisational factors
- Science of measuring safety culture is evolving (2005)

Safety Culture - Background

- Nov 1999 USA report - ***To Err is Human: Building a Safer Health System***
- Focus was on addressing errors in health: their cost, the loss of trust and satisfaction of patients and health professionals
- Found that most commonly errors were caused by faulty systems, processes and conditions that lead people to make mistakes or fail to prevent them
- Devised a 4-tier approach to achieving better safety
 - (iv) health care organisations must develop a culture of safety such that their workforce and processes are focused on improving the reliability and safety of care ... safety should be an explicit organisational goal that is demonstrated by strong leadership on the part of clinicians, executive and governing bodies ...

<http://www.iom.edu/~media/Files/Report%20Files/1999/To-Err-is-Human/To%20Err%20is%20Human%201999%20%20report%20brief.pdf>

Safety Culture and Safety Climate

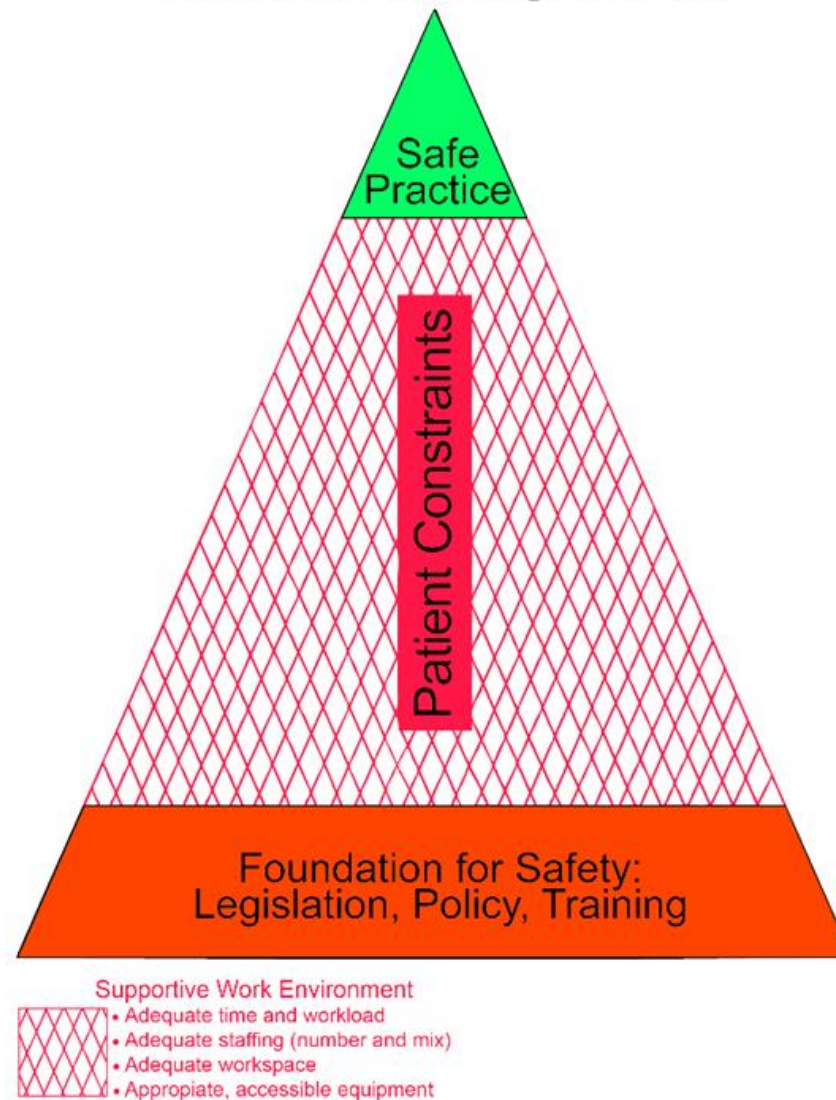
- Safety culture exists at a **strategic level** relating to overarching policies and goals of an organisation, which are measured by audits of processes, systems and outcomes etc
- Safety climate refers to **the way people behave**, and how they think and feel about safety issues. It refers to **the way things are done** in that place and is measured by questionnaires

Safety Culture and Safety Climate

- Both are relevant to understand and prevent handling injuries
- Studies have shown an **association between safety climate, safe practice and injury rates**
- Studies report the **influence of supervisors** on decisions related to patient handling tasks and how **individual health beliefs** influence safety

Study 1. Decisions HBM Focus Group

Framework for Safe Manual Handling Decisions



Study 1: Decisions - Health Belief Model





Quant analysis using a regression model correctly classified
81% injured

- injured people viewed handling injuries as less serious/long term
- injured people viewed themselves as less susceptible to injured (pre-injury)
- post injury – recognised their susceptibility to injury
- more likely to be careful following injury
- cue to action was the injury/pain/stiffness

Associations with Safety Climate

- 81% of the injured were accounted for \therefore the model is incomplete
- Incident descriptions revealed an expectation to undertake unsafe practice as the main problem in the environment (21%, n=82) - *safety climate*
- Most injuries moved/transferred patients with obvious constraints without aids/equipment - *safety climate*

Study 2: Red Dot Mobility + Safety Climate

Number of Red Dots	Explanation
	<ul style="list-style-type: none">• Ambulates• Needs minimal assistance• Assist with personal care if required
	<ul style="list-style-type: none">• Ambulates with assistance of one person and/or walking aid• Pelican (walk) belt PRN• Requires assistance with standing and sitting• Requires assistance to get in and out of bed• May need two people if required• Assist with toileting PRN
	<ul style="list-style-type: none">• Needs assistance of two people to ambulate and/or walking aid• Pelican (walk) belt• Possible electric lifter for toileting• Two people for getting in and out of bed• Commode for toilet• Shower chair, slide sheet for turning, if required
	<ul style="list-style-type: none">• Non-weight bearing patient• Sponge in bed or portable shower bath• Slide Sheet for 2/24 PAC• Total nursing care with all personal care• Two people (or more as required) to attend to patient needs• Electric lifter if needed

Study 2: Mixed Methods, Pre/Post

- Involved senior clinical nurses (CNS, SDN) on the trauma unit (42 ns, 30 beds) and a medical area (71 ns, 39 beds)
- Approval from OH&S, Medical and Nursing Directors
- Ethics approval and funding
- Audit of current equipment and purchasing of additional
- Considerable training using the RDMS

Method

- Compare injury rates/lost time and health beliefs before and after implementing the RDMS
- Injury data from OH&S
- Use a pre/post questionnaire – matched pairs
- Interview injured staff to explore risk factors and circumstances surrounding the injury

RDMS – Dilemmas

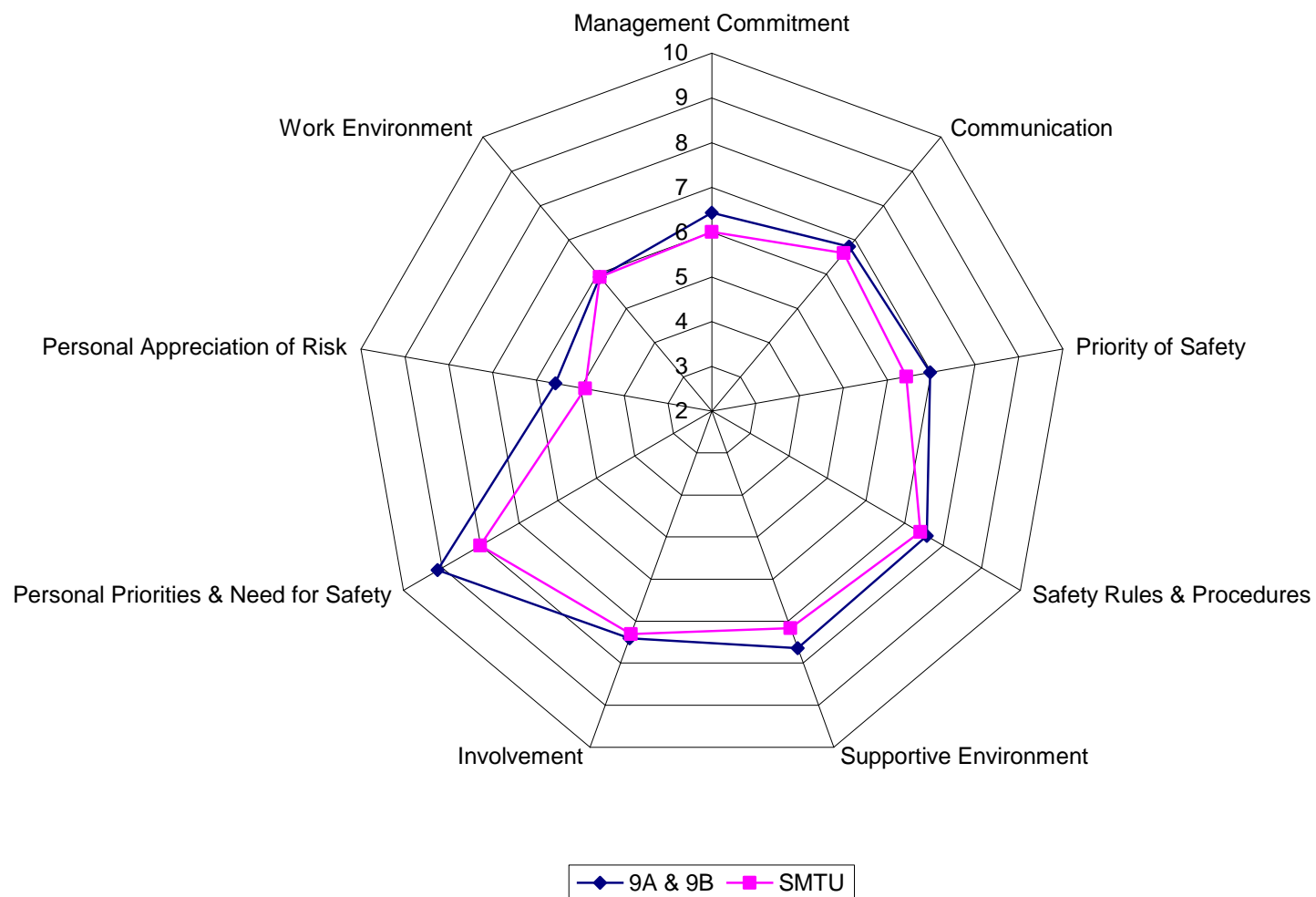
- Poor compliance using the RDMS
- Injuries continued (similar injuries)
- Injured staff unwilling to participate in interviews



Safety Climate Dimension	Safety Climate Question
Management commitment	<ul style="list-style-type: none"> ▪ Nursing management acts decisively when a safety concern has been raised ▪ In my workplace nursing management acts quickly to correct safety problems
Communication	<ul style="list-style-type: none"> ▪ Safety information is always brought to my attention by my line manager/supervisor/CNS ▪ There is good communication here about safety issues which affect me
Priority of safety	<ul style="list-style-type: none"> ▪ Nursing management here consider safety to be equally as important as efficiency ▪ I believe safety issues are assigned a high priority
Safety rules and procedures	<ul style="list-style-type: none"> ▪ Some health and safety rules and procedures do not need to be followed to get the job done safely ▪ Some health and safety rules are not really practical
Supportive environment	<ul style="list-style-type: none"> ▪ I am strongly encouraged to report unsafe conditions ▪ I can influence health and safety performance here
Involvement	<ul style="list-style-type: none"> ▪ I am involved in informing management of important safety issues ▪ I am involved with safety issues at work
Personal priorities and need for safety	<ul style="list-style-type: none"> ▪ Safety is the number one priority in my mind when completing a job ▪ It is important that there is a continuing emphasis on safety
Personal appreciation of risk	<ul style="list-style-type: none"> ▪ I am sure it is only a matter of time before I am involved in an accident ▪ In my workplace the chances of being involved in an accident are quite high
Work environment	<ul style="list-style-type: none"> ▪ Work targets rarely conflict with safety measures ▪ I am always given enough time to get the job done safely



Safety Climate Dimension Scores

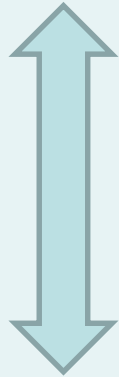


Comments on Safety Climate Scores

Highest score:

Personal priority and need for safety

- Safety is the number one priority in my mind when completing a job
- It is important that there is continuing emphasis on safety



Lowest score:

Personal appreciation of risk

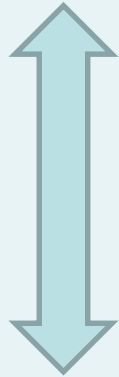
- I'm sure it's only a matter of time before I am involved in an accident
- In my workplace the chances of being involved in an accident are quite high

Comments on Safety Climate Scores

Highest score:

Personal priority and need for safety

- Safety is the number one priority in my mind when completing a job
- It is important that there is continuing emphasis on safety



Safety rules and procedures:

- Some health and safety rules and procedures do not need to be followed to get the job done safely
- Some health and safety rules are not really practical

Lowest score:

Personal appreciation of risk

- I'm sure it's only a matter of time before I am involved in an accident
- In my workplace the chances of being involved in an accident are quite high

Comments on Safety Climate Scores

	<p>Supported by qualitative data identifying barriers to being safe when performing patient handling activities:</p> <ul style="list-style-type: none">• Not enough staff to help (75%)• Patient constraints (54%)• Lack of equipment (23%)• Work area (11%)
<p>Second Lowest score: Work environment (5.9)</p>	<ul style="list-style-type: none">• Work targets rarely conflict with safety measures• I am always given enough time to get the job done safely

Comments on Safety Climate Scores (6)

Communication	<ul style="list-style-type: none">• Safety information is always brought to my attention by my line manager/supervisor/CNS• There is good communication here about safety issues which affect me
Priority of safety	<ul style="list-style-type: none">• Nursing management here consider safety to be equally as important as efficiency• I believe safety issues are assigned a high priority
Management commitment	<ul style="list-style-type: none">• Nursing management acts decisively when a safety concern has been raised• In my workplace nursing management acts quickly to correct safety problems

Safety Climate Data

- Helped understand behaviours – non compliance & disinterest
- Were probably justified by inaction related to previous injuries
- Provided a window to see through to what was valued
- Suggest where to direct time/energy r/t safe patient handling

Relevant Publications

- 2009 SR of barriers and facilitators to patient handling - 2nd most important environment influence was a supportive Mx climate (Koppelar et al)
- 2010 questionnaire identified sig factors associated with safe handling behaviours – safety climate was the strongest followed by greater social support (Lee et al)
- 2009 study found an association between the safety climate and injuries to patients & nurses - possibly with linked outcomes (Taylor et al)

The Science of Safety is Evolving

- Still need to understand variations in safety culture
- Still need to identify which dimensions are the most appropriate
- Still need to understand the relationship between dimensions
- But know that safety climate effects safety behaviour
- Safety climate is described as *managements commitment to and prioritisation of safety ... it is constructively responding to errors* (Ginsburg 2013)

Take Away Message

- Injuries to health workers from patient handling persist
- Many facets / factors and no single silver bullet
- Must address the safety climate within a multifaceted prevention program
- Must target the clinical leaders to influence the safety climate

Recommendations

- Safety culture – strategic level – remote but audited with records of incidents and strategies
 - Examine incidents for patterns
 - Monitor plans and timeframe of injury plans
- Safety climate – measuring the way we do things here
 - Assessments can stand alone or to complement audits
 - Should be repeated to monitor progress and assess interventions

References

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- Taylor J, Dominici F, Agnew J, Gerwin D, Morlock L, Miller M (2012). Do nurses and patient injuries share common antecedents? An analysis of associations with safety climate and working conditions. BMJ Qual Saf 21:101-111
- Ginsburg L, Tregunno D, Norton P, Mitchell J, Howley H (2013). BMJ Qual Saf 0:1-9 doi:10.1136/bmjqs-2013-002220
- Cadmus, E Brigley, P & Pearson, M (2011). Safe patient handling: is you facility ready for a culture change? Nurs Manage 42(11) 12-15

A quote worth reading ...

Safe patient handling isn't about the purchasing of equipment; it requires a comprehensive plan to change the culture. Creating a culture change ... requires ongoing vigilance and patience ... if leaders don't value the program, staff members won't value the program ...

We've learned that implementing a program requires ongoing dialogue with the users, monitoring of indicators to determine any changes in the results, and the commitment of leaders that safe patient handling is important (Cadmus 2011).