



## CASE STUDY

### ROME MEMORIAL HOSPITAL

# Renewed Emphasis on Caregiver Safety and Support from Administration Helped Reinvigorate a Safe Patient Handling Program

## Situation

*A need to reinvigorate a safe patient handling program and sustain the use of air-assisted lateral transfer technology to reduce injuries*

Rome Memorial Hospital began as a cottage hospital in 1884 with 19 beds and has developed into a thriving community hospital with 129 acute care beds and 80 long-term care beds. It serves the historic Central New York community at the foothills of the Adirondacks. The hospital is a valuable community asset, providing a full range of primary and secondary healthcare services.

Sustaining a safe patient handling program presents challenges for all healthcare facilities. In 2006, Rome Memorial Hospital started a safe patient handling initiative with Infection Control and Risk Management leading the program. Reusable HoverMatt® air-assisted lateral transfer devices were purchased in early 2007 as part of the implementation. The program was successful at keeping injuries low for the first few years, however, product loss and management changes made it increasingly difficult to obtain the same level of success with the program.

In 2010, patient handling injuries increased significantly and management began to investigate the cause of injuries and what could be done to address them. In 2012, with the support and approval of senior management, there was a renewed focus on safe patient handling and injury prevention, spearheaded by Manon Gouse MS, CCC-SLP, Director of Physical Therapy, Deborah Sherwood, RN, CPHRM, Director of Risk Management, and Kimberly Weiler, RN, Lead Nursing Supervisor. After budget approvals, additional equipment was purchased in 2013-2014.

## Implementation

*Establishing an ergonomics committee, more frequent rounding, and an improved asset management plan helped improve communication, engagement, and equipment availability*

The ergonomics committee acted as the sounding board for the overall planning and engagement strategy. Additionally, safety champions were established to support the program on a unit level. A protocol was established to utilize a HoverMatt for lateral transfers and repositioning based on a mobility assessment. If the assessment determined HoverMatt use to be necessary, the device was to be utilized until discharge or change in condition and mobility.

Regular rounding of front line employees was implemented with a focus on safe patient handling. An annual ergonomics fair was also implemented for all employees, including administration. During this event, training is conducted by staff and vendor

representatives of the approved equipment. This activity continues to elevate awareness and support from the organization.

Managing the assets was also a key focus to ensure product availability. The revised asset management plan, overseen by the transport department, includes a weekly count of inventory. The product is evaluated for functionality and cleanliness at this time. Product storage was also relocated from central supply to the individual nursing units. If product needs to be sent for repair or laundering, it is signed out of the unit and subsequently signed back in when it returns. This new process has been effective in reducing product loss of the reusable HoverMatts.



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## Conclusion

### *Lateral transfer and boosting injuries significantly reduced with full HoverMatt implementation*

Through 2013 and the first half of 2014, additional HoverMatts were purchased in order to have adequate inventory. There was a total of 36 existing reusable HoverMatts, and an additional 43 reusable HoverMatts were purchased. The total cost of the current inventory is estimated at \$175,000.

The three years prior to reinvigorating their safe patient handling program (2010-2012), the average annual injury rate was 9 per year. In 2013, as more inventory made its way to the hospital, injuries were reduced to 7 per year, and in 2014 when the program was in full effect there were 2 injuries. In a two year period, there was an injury reduction of 78% (Fig. 1).

Similarly, when the program was fully implemented, the number of lost and restricted work days and corresponding expenses from claims were both reduced to zero (Fig. 2 and Fig. 3).

### LATERAL TRANSFER AND BOOSTING INJURIES



Figure 1. Lateral transfer and boosting injuries were reduced 78% from pre-program to 2014.

### LOST AND RESTRICTED WORK DAYS



Figure 2. Lost and restricted work days were reduced to zero.

### CLAIMS EXPENSES



Figure 3. Claims expenses were reduced to zero.