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Gallagher National Risk Control Safe Patient Handling and Mobility (SPHM) Guide

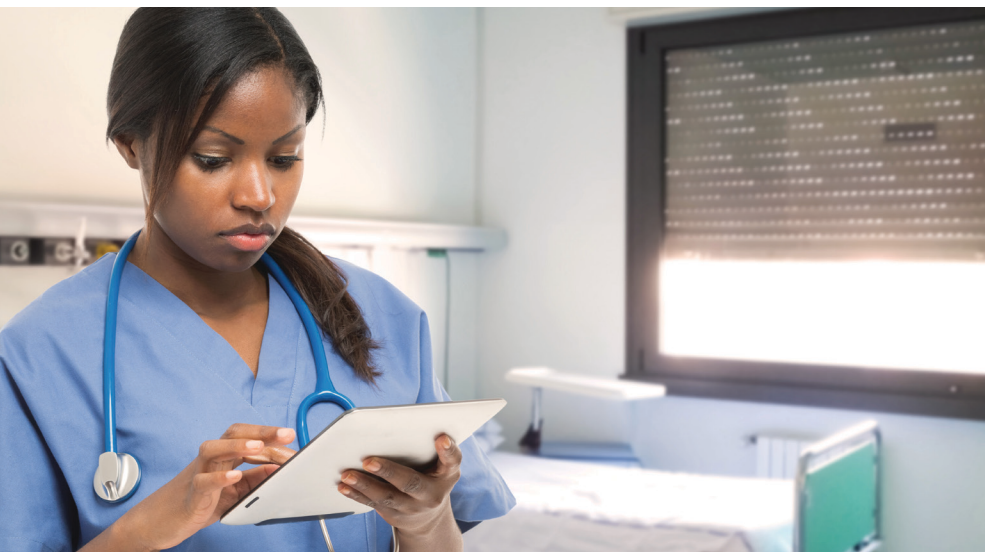


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Introduction

With increased financial pressure and an endless cycle of uncertainty as regulations continue to evolve, many healthcare organizations are looking for ways to reduce employee injury costs, improve patient care and the work environment. Changes in healthcare have resulted in more complex care being delivered within the healthcare community.

A comprehensive safe patient handling (SPH) program is an essential component to any healthcare providing organization looking to positively affect patient outcomes and reduce the potential for injury to patients and staff. Acute care organizations with successfully implemented and active safe patient handling programs have found they can significantly reduce the number and severity of employee injuries, as well as better position themselves to accommodate transitional return-to-work staff. Although, there is still much examination and research that is needed prior to the development, implementation or enhancement of a safe patient handling program.

This guide is intended to provide an organization the support and direction for implementing a safe patient handling program with the goal of creating a sustainable system for addressing the risk exposures to staff and patients.

STEP 1

Developing the case for a safe patient handling program

There are multiple directions and supporting resources for the implementation of an SPH program. These include regulatory requirements, statistical data associated with caregiver injury frequency and prevention, to the impact an SPH program can have on the bottom line of an organization. When starting down the path of developing and implementing an SPH program, an organization should establish the supporting points for its decision in order to achieve the necessary support from all levels of the organization to ensure the program is successful and sustainable.

COST SAVINGS AND RETURN ON INVESTMENT

One of the first steps is developing a detailed analysis of the organization's return on investment that will demonstrate the value of investing in a comprehensive safe patient handling program.

A SPH program reduces the risk of injury for both healthcare workers and patients while improving the quality of patient care.

The benefits can be boundless. The administrators and other members of management will need to review a detailed draft of the program costs and benefits prior to implementation. You must create a business case for the investment into your SPH program, policies and equipment. The document below gives you real-life conclusions from hospitals across the United States that have successfully implemented these programs.¹

Injuries and illnesses reported for healthcare workers have been significantly higher than construction and manufacturing, industries considered historically high risk. Almost half of the injuries and illnesses reported for nurses and nursing support staff were musculoskeletal disorders (MSDs). The MSD rate for nursing aides, orderlies and nursing attendants is 7xs higher than that of the average of all occupations. Rates of musculoskeletal injuries from overexertion in healthcare occupations are among the highest of all U.S. industries.

IMPACT ON THE BOTTOM LINE

When considering the financial impact of a safe patient handling program, the other aspects of the business must be considered, specifically when it comes to the costs of insurance and potential litigation for patient injuries and illnesses attributed to patient mobility.

Organizations can see increased insurance premiums due to claim's history and loss performance; the more frequent and severe the injury claims, higher insurance premiums and/or deductibles are likely a result.

Other repercussions include the possibility of survey issues leading to civil money penalties and costly fines, the possibility of negative impact on a facility's CMS rating and how that may affect the facility reputation, leading to the potential for decreased resident referrals affecting the facility census.

¹New York State Subcommittee on Workplace Safety — SPH in New York [Whitepaper] *Short Term Costs Yield Long Term Results*: <https://asph.org/wp-content/uploads/2011/05/SPH-in-NY-May-2011.pdf>

RISING INJURY RATES FOR HEALTHCARE WORKERS

7x

more musculoskeletal injuries in healthcare workers

\$20B

is estimated annual costs associated with back injuries of healthcare workers

50%

of nurses injuries are musculoskeletal

U.S. Occupational Safety and Health Administration

INJURY STATISTICS FOR HEALTHCARE WORKERS

- Nursing assistants had the second highest number of cases of MSDs
- 18,090 days away from work cases
- Equating to an incidence rate (IR) of 166.3 per 10,000 workers — more than five times the average for all industries
- This compares to the all-worker days-away from work rate of 30.5 per 10,000 workers, according to [OSHA](#)

WORKERS' COMPENSATION COSTS

- The direct cost of an average back injury case is \$19,000
- Serious cases involving surgery average \$85,000 in direct costs
- Indirect costs to healthcare facilities average between four and ten times the direct costs
- Bureau of Labor Statistics (BLS) revealed costs associated with overexertion injuries alone in the healthcare industry were estimated to be \$1.7 billion

EMPLOYEE AND EMPLOYER RELATIONSHIP BENEFITS

Safe resident handling programs reduce the risk of injury for both healthcare workers and residents while improving the quality of resident care.

- More satisfying work environment and professional status
- Improved nursing recruitment and retention
- Increased resident satisfaction and comfort
- Fewer resident falls
- Reduced costs associated with injuries

American Nursing Association's [SPH&M Program Advocacy](#)

CLINICAL OUTCOMES

When it comes to affecting the bottom line of a healthcare organization, efforts to improve the quality of care of the resident can lead to tangible results. Safe patient handling programs are intended to decrease potential resident incidents/accidents and improve resident safety and comfort, all of which plays a part in improving resident satisfaction and the potential expansion of referral sources. In addition, SPH programs enhance the potential for reaching resident goals (especially in high rehab population), decrease the fall risk, being dropped, friction burns, skin tears and bruises, and other mishandling related injuries, the treatment of which typically are an incurred expense to the organization.

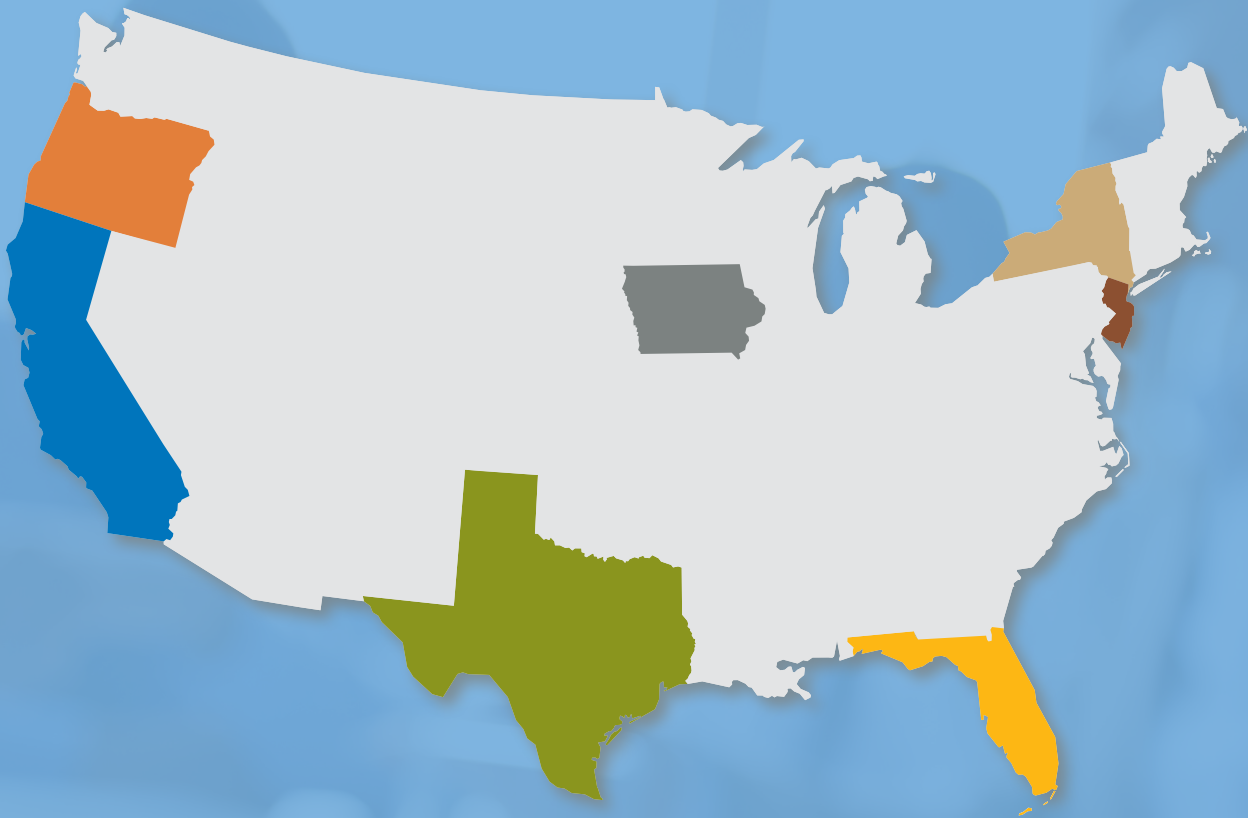
REGULATORY REQUIREMENTS

Federal OSHA recognizes the risk of MSDs to healthcare workers from patient handling but has not implemented formal standards at this time. Although there is no formal Standard, OSHA has the ability to use the General Duty Clause — Section 5(a)(1) of the OSHA Act “Each employer shall furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or likely to cause death or serious physical harm to his employees.”

More states, professional organizations, and industries, are recognizing that “safe patient handling” in the healthcare industry is key in minimizing MSD to workers and as a result more legislation is being enacted. The following states have passed or signed into law, such legislation:

CALIFORNIA	California Labor Code Section 6403.5 signed into law on October 7, 2011
ILLINOIS	Public Act 97-0122 signed into law on July 30, 2011
NEW JERSEY	S-1758/A-3028 signed into law in January, 2008
MINNESOTA	HB 712.2 signed into law in May, 2007
MARYLAND	SB 879 signed into law in April, 2007
RHODE ISLAND	House 7386 and Senate 2760, passed on July 7, 2006
HAWAII	House Concurrent Resolution No. 16 passed on April 24, 2006
WASHINGTON	House Bill 1672 signed into law on March 22, 2006
NEW YORK	Companion bills A11484, A07836, S05116, and S08358 signed into law on October 18, 2005
TEXAS	Senate Bill 1525 signed into law June 17, 2005

SUCCESS STORIES



A tertiary care facility in Oregon with 400-plus beds saved \$305,000 over a two-year period and reported that “the lifts actually paid for themselves in 15 months.”

Comprehensive tertiary care academic medical center in Iowa with 700-plus beds reduced its workers’ compensation costs by more than \$475,000 and recovered its initial investment in a safe patient handling program within three years.

The largest healthcare provider in Western New York invested \$2 million in a comprehensive safe patient handling program in 2004 and realized a full return on investment within three years. By 2011, the five hospitals within the network (with 70 to 511 beds each) had saved \$6 million in patient handling injury costs.

After creating a culture of safe patient handling, a 520-bed acute care teaching hospital in New Jersey reported that it met and exceeded its return on investment goal of 155% within 30 months.

A national hospital administrator introduced safe patient handling programs in 23 high-risk units (with 20 to 60 beds each) in seven Southeast facilities. The cost-benefit analysis showed a net savings of \$200,000 per year, and the initial capital investment was recovered in approximately four years.

A 404-bed acute healthcare facility and medical center in Texas, instituted a minimal lift policy and reported that it nearly recouped the cost of its three-year program within one year.

After investing \$800,000 in a safe lifting program, university medical center in California saw a five-year net savings of \$2.2 million. Roughly half of the savings came from workers’ compensation, and half from reducing pressure ulcers in patients.

STEP 2

Establishing your safe patient handling committee to facilitate program development

It takes a village to implement and sustain an effective SPH program, so having an SPH committee with the right members will be the key to success. Starting a committee can be a monumental challenge, but we're here to help simplify the process. There are several components to consider when starting your committee, such as your communication out to the organization, your schedule, featured activities that the committee will be focused on and input from your employees.

- 1 Trend analysis— Identify injury causes, frequencies, severity, locations, etc.
- 2 What is your message to the organization?
- 3 Selecting your facility SPHM champion and selecting other team members
- 4 Creating your schedule, timeline for implementation and metric goals for success
- 5 Defining central activities that your committee will be focused on
- 6 Defining any further additional activities
- 7 Establishing a review process of your committee, and your goals and objectives

MEMBER SELECTION

When selecting your committee, you want employees who are outspoken and willing to participate. You will want to ensure you have a well-represented team with frontline staff making up 50%.

- Consider members from therapy/rehab departments, nursing departments (PCTs, RN, LPNs), staff educator, safety/risk manager, employee/occupational health, ICU/emergency department, EVS, facilities/engineering, purchasing/finance.
- SPH facility champions/peer leaders— Identify facility champions on every unit on every shift who can support the facility's safe patient handling program. These designated individuals may be responsible for and can assist with:
 - » Promoting and communicating SPH program (culture/behavioral changes)
 - » Providing training/in-service on safe patient handling
 - » Completing patient handling observations
- Identify a facility SPHM program coordinator
- Identify whom the team will be reporting to (safety committee, environment of care committee, occupational health)

HOW SHOULD I STRUCTURE MY SPH COMMITTEE MEETINGS?

The committee will be responsible for how your program will function and the associated activities that your group will be completing.

- **Team Members**— Identify key facility staff members to serve on the SPH committee. These should consist of management and non-management staff.
- **Elect a Chairperson**— Elect a chairperson from the key staff members identified. There should be two co-chairs (management and frontline/nonmanagerial nurse).
- **Elect a Record Keeper**— Maintain and distribute meeting notes.
- **Length of Service**— Stagger membership every six months so that there is always experienced SPH committee member to assist the new members.
- **Frequency of Meetings**— Initially, have meetings monthly until your SPH committee is established and effective, then taper off to quarterly meetings. At any point if the frequency and severity patient handling-related injuries increase return to monthly meeting.
- **SPH Meeting Agenda**— Establish an outline for the meeting topics. Consider using the suggested agenda templates found on pages 18–19 of this [Safe Patient Handling Guidebook](#).
- **Goals and Objectives**— Reduce the frequency and severity of safe patient handling injuries.
 - » Analyze and identify patient handling injury trends
 - » Review and develop SPH procedures
 - » Inspect SPH equipment, transfer aids, patient rooms, bathrooms, and all areas where patient handling may occur
- **Actionable Items**— At each meeting establish responsibility and completion dates for each task.

STEP 3

Performing a self-assessment and identifying the gaps within a safe patient handling program

Conducting a self-assessment of your safe patient handling program is the first step in helping your organization identify strengths and opportunities for improvement. The assessment will begin with collecting baseline injury data and evaluating your facility/patient needs. A few key elements include:

Management/employee support	Program coordination
Equipment	Needs assessment
Education	Implementation of the SPH program
Incident reporting/investigation	Program evaluation

- <https://www.mnhospitals.org/Portals/0/Documents/ptsafety/lift/SPM-road-map-gap-analysis-tool-aug2012.docx>

BASELINE INJURY DATA AND ANALYSIS

This component may have already been completed in step 1, but a critical step in reducing injuries related to patient handling is to first identify where, when and how these injuries are occurring. Injury data can include your organization's internal incident reports, worker's compensation loss summary reports, OSHA logs, staff surveys or Gallagher's claims connect reports. Caregiver and management interviews may bring up significant issues that cannot be gathered from injury data, such as lack of training, equipment, support, etc.

FACILITY-WIDE ACUITY CENSUS

In order to assess true equipment and staffing needs, an organization must first know the types of patient care requirements in their facility. Short-term rehab units will typically require much different care assistance than a bariatric unit or general skilled nursing unit. Although the acuity of patients will vary with changing demographics of patients moving into and out of units, the number and type of manual and equipment reliant patient handling assists required is essential that both staff and patients remain safe. Accidents and injuries have been shown to happen more frequently when staffing and/or equipment availability is lacking.

- Utilize an acuity needs assessment tool
- Take advantage of equipment vendors to assist in completing acuity census





FACILITY NEEDS ASSESSMENT

An important aspect of any safe patient handling program is incorporating ergonomic design principles to ensure you are providing a safe environment of care to your patients. A partnership must be in place between the employer and the healthcare workers to integrate ergonomic design principles such as prevention through design. These design principles use a systemized and proactive approach to prevent and reduce occupational injuries, illnesses and other exposures by including prevention considerations in all design that affect individuals in the occupational environment.

- Plan for a safe environment of care during new construction and/or renovation. It is more cost effective to factor in SPH facility design and equipment with new construction.
 - » 3-year budget plan for capital improvements—keep the SPH issues in mind when purchasing equipment and furniture.
 - » Make sure the design and space (patient rooms and bathrooms) within the facility provides ease for moving equipment. Consider ceiling lifts if there isn't ample room for standing lift.
- Include diverse perspectives related to ergonomic design principles.
- Ensure that your staff is asked to share their input into the design.

Resources and Additional Information

1. [Prevention through Design | NIOSH | CDC](#)
2. [Facility Guide Institute](#)
3. [Ario Planning and Designing Care Facilities](#)

PATIENT MOBILITY AND TRANSFER ASSESSMENT

Protocols need to be in place to assess patients upon admission to determine their mobility/transfer status and the appropriate lifting equipment. There needs to be a consistent system in place to communicate transfer status and changes [whiteboard, EMR, patient chart, employee exchange during change of shift, communication tool similar to how healthcare facilities communicate patient's fall risk/intervention, use of tool such as bedside mobility assessment tool ([BMAT](#)), etc.].

Protocols needs to identify:

- Type of transfer to be used
- Types of lift equipment needed (include size and type of sling)
- Number of staff members needed to assist patient

Best practice — patient admission, once per shift, and with any significant change in a patient's status. Patient charts should be updated to ensure proper equipment is being used as the patient's mobility changes.

Identify special needs/high-risk patient handling tasks — some departments might be at higher risk or have special needs related to patient handling. Break down jobs into tasks, identify hazards and develop solutions to reduce risk. Examples of departments with high-risk tasks in acute care include operating room, emergency, bariatric, radiology and critical care.

Source: U.S. Department of Veterans Affairs

- <https://www.osha.gov/hospitals/needs-assessment?>
- http://www.dli.mn.gov/sites/default/files/doc/Sample_SPH_haz_assess.docx



EQUIPMENT NEEDS ASSESSMENT

Proper selection of safe patient handling equipment is key in the patient handling process. Proper selection of equipment will help reduce the risk of injury to both employees and patients.

An inventory of all patient handling equipment needs to be completed throughout the facility including slings. The inventory should be documented and include information on the exact location of the equipment, weight capacity, age, capabilities (e.g., can access the floor, has an integrated scale, hourly use meter, etc.), batteries and who is responsible for the equipment.

MOBILITY ASSESSMENT



NUMBERS AND TYPES OF TRANSFERS



NUMBERS AND TYPES OF EQUIPMENT

SAFE PATIENT HANDLING EDUCATION

Employee education and training is another critical component of the SPH program. Training needs must be identified and provided for all levels of personnel who will use SPH equipment and processes, including travelers or agency staff. Caregivers will need hands-on experience with the equipment at new employee orientation and at least annually thereafter. Additional education will be required when new equipment or processes are implemented or when staff move to a unit or department, where they will use equipment/processes that were not previously used before. If there are challenges with conducting training/education internally, many manufacturers/vendors provide this training with the purchase of equipment.

For a sample SPH Equipment Inventory Survey, see pages 30–34 of this [Safe Patient Handling Guidebook](#)

STEP 4

Developing and implementing your safe patient handling program: Where to begin?

Every organization faces varying degrees of challenges regarding safe patient handling. It is important that organizations discuss program models, equipment selection, policies, implementation and training plans.

SAFE PATIENT HANDLING POLICY

Developing and implementing an SPH policy is instrumental in communicating and setting expectations that employees will follow to perform patient handling tasks safely, and to ensure management will provide the equipment and resources to support their efforts. Accountability and commitment to the overall culture of safety is essential. According to OSHA, having a written policy facilitates complete implementation and sustained success while consistent management leadership can “set the tone” and make safe patient handling a visible priority. A program is more likely to be successful if nurse managers and frontline staff are involved early in the development of the program. SPH policies should be designed as a pledge from administrators and staff to protect patients/workers, and should include clearly articulated goals and expectations.



Click for Sample Safe Patient Handling Policy

Scope of the training program:

- Review of facility's SPH policy and importance of SPH
- Return competency demonstration
 - » Equipment based
 - » Hands-on
 - » Full scope of equipment available in the facility, including slings
 - » Equipment and sling inspection
 - » Equipment and sling access, cleaning, failure, breakage/damage
- Include periodic review of staff transfers (documented)
- Include peer unit leaders as part of the ongoing education
- Fall recovery
 - » In-person training
 - » Drills using staff as patients
 - » Emphasizing equipment use (including specialized equipment)
- Educate staff to report patient changes with regard to level of assistance — improvement or decline engaging/informing other staff of change in status
- BMAT — use for patient assessment
- Patient/family education — educating family members on facility's SPH program to minimize patient refusal with using equipment. Family members should also be prohibited to assist with moving patients as this could be a potential GL exposure. Provide info as part of welcome/admission package. For a sample brochure, see pages 159-162 of this [Safe Patient Handling Guidebook](#).

SAFE PATIENT HANDLING EQUIPMENT

Safe patient handling equipment is a critical component of any SPH program. According to NIOSH, 35 lb. is the maximum acceptable weight for manual patient handling. Any weight above that puts the direct caregiver at high risk for MSDs. This 35 lb. limit is only for tasks that allow for optimal body posture and lift assist conditions. Please note that there are very few of these optimal conditions scenarios encountered in real-life working situations.

Once inventory is completed, assess the overall patient handling equipment needs of the facility (acuity census). Ensure sufficient number and types of equipment area available to match patient and employee needs (e.g., high-risk departments, special needs — bariatric). Ideally, there should be 1 lift for every 8–10 patient who need a lift on each unit. If additional equipment is needed, equipment should be trialed with direct care feedback prior to making the final decision.

A good practice is trialing different equipment by having vendors come into the facility and provide demonstrations. When choosing a vendor, make sure to utilize all services and resources (e.g., training, repairs, warranties, replacement, volume-purchasing discounts, etc.) You may also view vendor services in their contracts. When purchasing, justify costs based on return on investment, cost effectiveness, link to patient/resident safety and quality of care. Prior to purchasing any equipment, trial with direct care staff and gather feedback.

Preventative maintenance (PM) and storage of equipment are also critical. PMs should be performed routinely including slings and equipment that should be stored in a visible and readily accessible location, never behind a locked door. Batteries on all lift equipment should be changed at the beginning of each shift to ensure they are fully charged and available for use all day.

Sources: Waters, T., Putz-Anderson, V., Fine, L. [1993]. Revised NIOSH equation for the design and evaluation of manual lifting tasks. *Ergonomics*, 36, 749-776.

SUCCESSFULLY IMPLEMENTING A SAFE PATIENT HANDLING PROGRAM

One of the most challenging steps is actually implementing the safe patient handling and mobility program, and ensuring that it remains a priority within your employee safety program. The program's aim is to help enhance your organization's culture and employee behavior toward safe patient handling.

- Educate by training all staff, from senior management to frontline employees, on the ergonomic risk factors inherent in lifting, transferring and repositioning patients; high-risk tasks; and the new program and processes.
- Communicate the rollout date to all staff.
- Determine clinical staff competence and identify remedial training needs.
- Remain steadfast and consistent.
- Support, encourage and recognize the department coaches/champions.
- Publicize the SPH program.
- Ensure that a monthly reporting and review plan is distributed that covers all safe patient handling injuries and near miss events. This is an opportunity to review what occurred and how to reduce the risk of reoccurrence.
- Continuous learning and improvement — develop a plan to investigate and assist staff in learning when an injury or near miss occurs. Conducting accident investigation is critical to preventing reoccurrence. It helps reduce costs, identify root cause and correct actions which will assist with establishing management/employee accountability, identify further education needs and improve the overall safety culture for the organization. The accident investigation should include:
 - » Type of PH lift that was completed
 - » Determine if the employee was using a mechanical assist or were they manually lifting the patient
 - » Number of consecutive shifts in a row for the employee
- Be aware of barriers to change. Some organizations will struggle, as the culture of manual patient handling has been the standard for quite some time.

STEP 5

Sustaining your program and maintaining momentum

IS YOUR FACILITY READY FOR CHANGE?

Establishing a well-developed safe patient handling and mobility program will most significantly take time and commitment from all parties but is critical for an SPH program to be successful. Modeling safe patient handling behaviors is key to facilitating change. Along with overall safety coordinators, many hospitals have dedicated safety champions or “coaches” on each floor or unit to encourage their colleagues to follow safe patient handling policies and procedures. These individuals continually remind and educate their peers about the program and promote a cultural mindset of safety. Nurse managers also can help to support and reinforce the program with staff.

A very key question for any organization establishing this type of program: Is your culture ready to change? There are tools to help in gauging where an organization is in that question. Tools such as an Employee Perception Survey or GAP Analysis to gauge attitudes and behaviors can be essential in identifying areas of improvement as well as help set priorities. Identifying barriers within the organization early on is critical to the success of your SPH program and they can serve as a “road map” for program development and implementation.



COMMUNICATION AND MARKETING YOUR PROGRAM

Communication and/or how safety and QC initiatives are marketed are also often overlooked. The message being sent internally or externally must be visible to all, and promote a safe environment. Responsibilities should start from top to bottom. Healthcare physicians and healthcare providers should be able to communicate issues with equipment, floor layouts and patient’s overall behaviors to provide access to safely handle and move their patients.

Areas that often overlooked are critical to support continuous improvement, include:

- Communications/marketing plan for the SPH program and related activities
 - » Process for notifying program members if new equipment and processes are implemented
- SPH program team members e.g., all employee groups, volunteers, patients, families, community agencies who may be impacted by the SPH program policies and procedures
- SPH committee task completion
- Utilize joint commission resources — patient safety initiative: [hospital executive and physician leadership](#) strategies
- The message and methods of communication that are relevant for each team member group [e.g., email; newsletters; employee meetings; specific written communications; SPH/ergonomics resource intranet page; external marketing (community); patient and family orientation information]
- Nursing staff retention — change in staff turnover: Use [The Joint Commission’s Pioneers in Quality](#) to achieve staff certifications and retain staff through support of their continued education.
- Process and resources for development and dissemination of communication materials to program members
- Periodic review of communications and marketing efforts to ensure effectiveness

TOOLS FOR DEVELOPING POSITIVE BEHAVIORS AND COMMUNICATION

1 Clear responsibilities of all staff and patients

2 Easily accessible areas of communication

3 Establishment of safe patient handling committees

4 Establish communication lines between patients and healthcare/facilities staff

5 Timely responses with action items (no more than 24–48 hours turn around)

6 The use of credible data/information as [ANA](#)

MEASURING PROGRAM EFFECTIVENESS

It is important to evaluate your SPH routinely to ensure it remains dynamic and effective. Here are few areas that help overall program effectiveness.

- Determine goals: Most hospitals already have [safety goals](#) but the SPH leaders include worker safety in their goals and measure whether they are meeting them.
- Develop specific performance requirements and metrics to monitor the progress of the patient handling program over time and the impact it has on the organization. This will be a combination of both lead and lagging indicators. Indicators to consider for use:
 - » SPH observations: Unit champions can be used to assist in this process
 - » Training records
 - » Employee surveys: Feedback is crucial for tracking and monitoring the SPH program to determine how well the program is working. Realize that every program will need adjustments after being put into practice and that even small changes can improve the use of equipment and worker engagement tremendously
 - » Shift change reports
 - » Huddles
 - » Equipment usage rates
 - » Loss analysis — (insurance loss rates, OSHA recordables, first aid log entries, bed sores, falls, patient recovery times, etc.): Examine the number and type of patient handling injuries, the root causes that led to these injuries, the number of lost work or modified duty days, and more types of program measures. You can also assess the efficacy of your safe patient handling policies. This data can also help you identify opportunities for improvement
- Share results with your employees: Sharing safety trend data creates motivation and instills pride (and competition) among units to achieve success. It also instills unity and purpose for obtaining common goals and outcomes.
- Leverage vendors/partnership (NRC toolkit): Vendors can perform a wide range of services including — overall safe patient handling program assessment/gap analysis, needs assessment, program implementation, training on equipment, annual preventative maintenance, etc. Gallagher National Risk Control can help support these efforts. Gallagher does not endorse any specific vendor but provided are a few for review/reference. Contact the vendors directly for additional information.
 - [Liko](#)
 - [Arjo](#)
 - [ASPHP](#)

A strong partnership with your vendors is critical and often overlooked, but is essentially important to the success of your safe patient handling program.



VENDOR PARTNERSHIP

A strong partnership with your vendors is critical and often overlooked, but is essentially important to the success of your safe patient handling program. Proper vendor selection and continuity provides efficiency, support, and current industry knowledge. Your primary focus should be on keeping your patients and employees' safety paramount. Your vendors play a key role not only in offering support but their knowledge and expertise on the equipment and materials they provide. The safe patient handling equipment and resources market is quite diverse, and having a trustworthy and knowledgeable vendor is vital to your success. Vendors can perform a wide range of services including overall safe patient handling program assessment/gap analysis, needs assessment, program implementation, training on equipment, annual preventative maintenance, etc. Here are some the advantages of developing a partnership with your vendors beyond procurement of equipment and resources. Gallagher National Risk Control can help support these efforts.

Lower Costs

When it comes to seeking out and negotiating deals with your vendors, there are several initial costs involved. There are usually some significant costs involved in setting up deals with new suppliers, but a supplier relationship management program can eliminate many of those costs.

Additional Support

There will be times when your equipment breaks down, questions arise on how to use equipment or there are missing components, and you will need support. If you have developed a strong bond with your vendor, they will be more responsive to your needs which will save time and money, and ensure that your patients receive the highest level of care.



Improved Service

As the relationship with an organization's vendor develops, communication improves. As with any relationship when it develops, the vendor gets to know more about the organization and their operations, and that enables them to provide improved insight as to what equipment should be used based on your needs.

Timely Delivery of SPH Equipment

What is great about having an excellent relationship with your vendor is that they will prioritize you and your needs. They will deliver equipment and materials ahead of time. In addition, they will make sure that you get exceptional service.

Patient and Staff Satisfaction

Another important result is patient and staff satisfaction. It is a win-win if your team is utilizing the appropriate equipment to help maneuver patients because it makes their job easier and provides a higher level of safety for the patient to avoid injury for both parties.

Other Advantages

- SME (Subject Matter Expert): Most vendors and/or manufactures have identified subject matter experts within their organization who will be able to assist clients. It is imperative to establish a connection with these folks as they will be able to help you in your decision-making and program development.
- SPH Training Materials: Your vendor will have staff that can assist with several types of safe patient handling training related to the equipment and materials they manufacture. Some manufacturers such as Arjo have an [academy](#) that their own employees attend to ensure they have up-to-date knowledge and skillsets to help you in the daily use of our equipment.



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Gallagher provides risk services consultation that is tailored to our clients' particular loss history, industry risk factors, and insurance program structure. Our services, summaries and recommendations can include claim advocacy, evaluation of loss frequency and severity, loss prevention strategy, sufficiency of self-insured retentions, risk transfer options, identification of risk exposures, and insurance coverage for particular claims. Our work can also include collaboration with carriers, our client's legal counsel, loss prevention or actuarial consultants. We emphasize that any of the above risk services, risk management opinions, and advice provided directly to clients or to clients' third-party vendors, is both confidential and intended for our clients' use and not for distribution. We also only offer the advice from an insurance/risk management perspective and it is NOT legal advice or intended to supplant the advice or services provided to clients from legal counsel and advisors. We recommend that our clients seek advice from legal counsel and third-party professionals to become fully apprised of all legal and financial implications to their businesses.

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