



Who has the most dangerous job?

Background

- Patient handling tasks such as manual lifting and transfers, are high-risk, high-volume occurrences that pose significant risk to both nursing staff and patients.
- Nurses and their support staff have one of the highest rates of work-related Musculo-skeletal injuries than any other profession in the nation (BLS, 2014).
- US hospitals are the most hazardous and dangerous places to work (OSHA, 2013).
- Incidence rate of nurses back injuries in 2012
 - nursing home nurses: 181.6 per 10,000
 - hospital nurses : 90.1 per 10,000
 - truck drivers : 84.4 per 10,000
 - construction workers: 70.0 per 10,000
 - agriculture workers: 47.1 per 10,000
 - miners: 56.3 per 10,000 (ANA, 2013)

The problem

- Patient handling and mobility care is a principal cause of non-fatal occupational injuries among the nurses (ANA, 2014).
- Existing SPHM program at the study site has not achieved its targeted goal of reducing staff injuries during mobility care.
- At the study site, injury data are still rising, between the years of 2003 to 2011 there were 263 mobility care related injuries.

The clinical question

In an acute geriatric unit would a program evaluation using the SPH roadmap gap assessment tool identify gaps that exist in the current program so as to develop a modified SPH protocol?

- P : acute geriatric floor
- I : evaluation of a SPHM program using the SPH roadmap gap assessment tool
- O : develop a modified SPHM protocol
- C : existing SPHM program



Aims

The overarching aim was to carry out a program evaluation of an existing SPHM program.

Objectives

The following objectives are outlined:

- Conduct a gap analysis of the SPHM program
- Develop a modified SPHM protocol

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Methodology

- A program evaluation was conducted using a gap analysis approach with the SPH roadmap gap assessment tool developed by the Minnesota Hospital Association (MHA).
- Data from the program evaluation was utilized to prepare a modified SPHM program.

Data analysis

Gap percentage	Classification	Implication
0	Fully compliant	SPH element is fully implemented
1 - 25	Moderate complaint	Some element of the SPH element is missing
26 - 55	Mildly compliant	More interventions are absent in the SPH category
56 - 75	Moderately deficient	Most interventions are absent from the SPH category
76 - 100	Total deficient	Almost all or no intervention exist for this SPH category

Results

- Eleven (11) SPH elements were identified from the MHA roadmap gap assessment tool.
- Out of these 11 SPH elements:
 - 0 = fully compliant (no gap)**
 - 4 = moderate compliant (less than 25 % gap)**
 - 2 = mildly compliant (gap 26 - 55 %)**
 - 1 = moderately deficient (gap 56 - 75 %)**
 - 4 = totally deficient (gap 76 - 100 %)**
- The gaps were bridged and a modified protocol was developed.

Gap analysis categories	Elements measured (desired state)	AGU Performance (actual state)	Gap Identified (numbers)	Gap Identified (%)	Findings
Designated staff	7	2	5	71.4	Moderately deficient
Interdisciplinary Committee	19	11	8	42.1	Mildly Compliant
Data Collection and Analysis	11	10	1	9.9	Moderately Compliant
Leadership Support and clearly expectations.	10	8	2	20.0	Moderately Compliant
SPH training	5	3	2	40.0	Mildly Compliant
SPH education for families	5	0	5	100	Totally Deficient
Analysis of SPH processes and injury data	16	2	14	87.5	Totally Deficient
SPH program evaluation	13	3	10	77.0	Totally Deficient
Address patient mobility status	6	0	6	100	Totally Deficient
Equipment evaluation and selection	20	16	4	20.0	Moderately Compliant
Ergonomic and process improvement	9	7	2	22.2	Moderately Compliant

Discussion

- This quality improvement (QI) project identified multiple gaps in the existing program making way for a new “modified program”.
- This DNP project revealed that clinical improvement and practice change can be achieved through a well-executed program evaluation.
- This program evaluation affirmed the multidimensionality of SPHM.

Implications:

- SPHM provides safe mobility care and improves outcome for both patient and staff.
- Early mobility is better and safer when provided with SPHM initiatives.
- SPHM eliminate the hazards associated with manual patient handling.
- SPHM is evidence based and should replace old fashioned proper body mechanics.

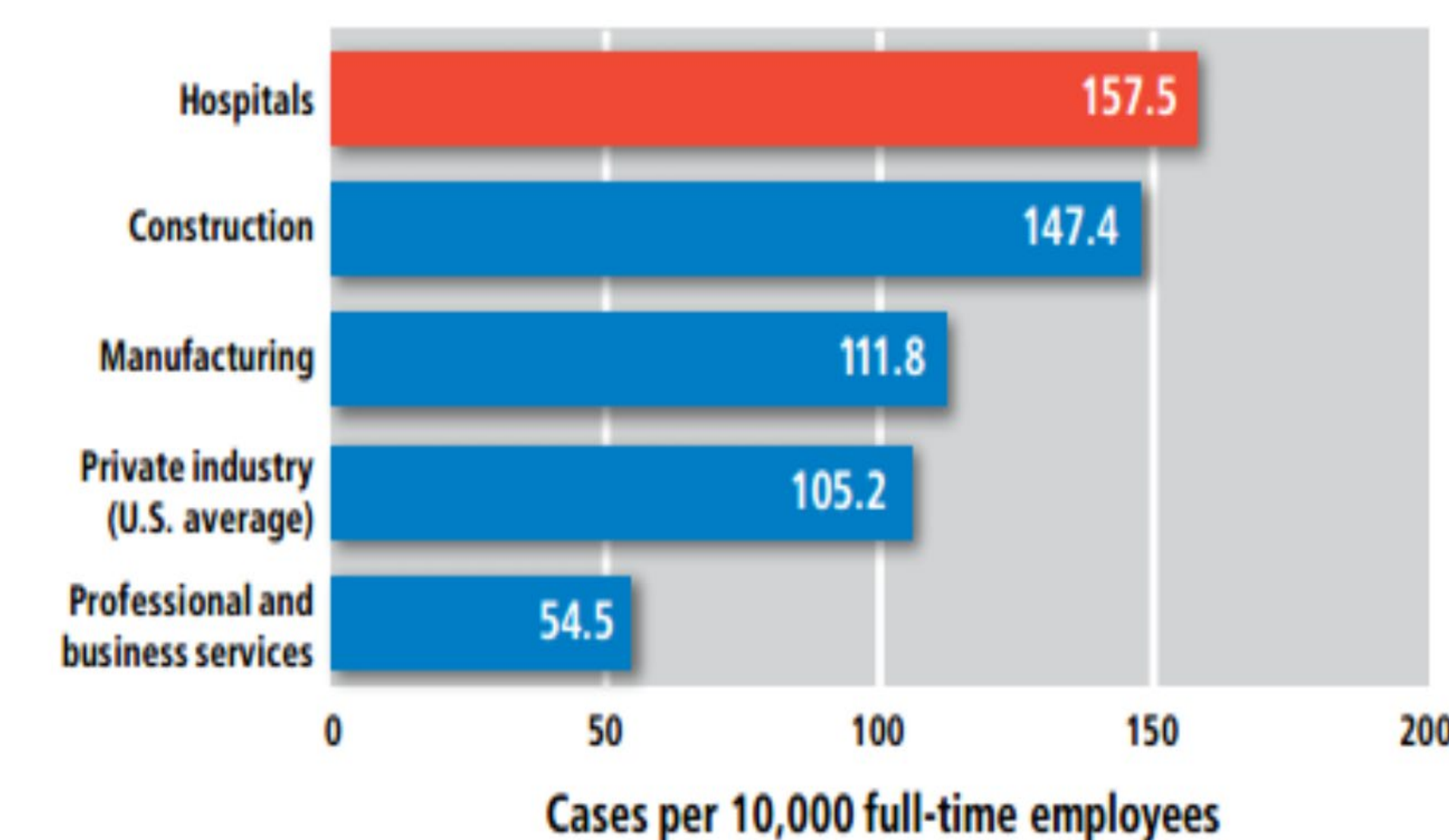
Conclusion

- Program evaluation is an important tool in ongoing QI programs. This has the capacity to provide improved mobility care, reducing on-the-job MSIs, and enhancing the safety outcome of patients.
- With reduction in MSI, their cost will be reduced while the quality of mobility care provided in AGU will be improved.

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Injuries and Illnesses Resulting in Days Away from Work, 2011



Data source: Bureau of Labor Statistics