EHSSENTIALS 2017

Environmental, Health & Safety Symposium for Healthcare

APRIL 28, 2017

The University of Texas MD Anderson Cancer Center

Houston, Texas

PRESENTED BY

THE UNIVERSITY OF TEXAS MD Anderson Cancer Center

UTHealth The University of Texas Health Science Center at Houston School of Public Health

Texas Children's Hospital

bsi.

CHI St. Luke's Health

Safe Patient Handling Working Session

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Agenda

- Introductions
- What is Lean and what is an A3?
- Assembling ‘our’ A3
  - By the end of the session you will have a generalized SPH A3 and should know how to build your own

What is Lean?

Lean Is…

- Problem Solving
- Root cause analysis
- Collaborative problem solving
- Employees solve the problems with management help
- Standard work
- Plan, Do, Check, Act

Lean is not…

- Jumping to conclusions
- Telling people how to do their job
- Only about efficiency
- Fixing everything at once
- It's not one and done
- Can't apply one solution everywhere

Structured Problem Solving

- Lean was designed to develop good problem solvers
- Using data and facts to define and solve the right problems
- Going slow to go fast
- Going to the work together to see and know what's really happening
- A3 used to capture this information and help you go through the process

A3s

- A3 is a paper size (approx. 11 x 17)
- Picture of the problem solving cycle
- Designed to get everyone “on the same page”
  - Facilitates discussion to come to a common agreement on where we are and where we are going
- You will have multiple versions
- Have accountability and an owner

A3 – A picture of your problem

Problem Statement

Current State

Analysis

Recommendations / Countermeasures

Action Plan

Follow Up

Implementing a Sustainable Safe Patient Handling Program

Executive Accountability: Process Owners Accountability:

Problem Statement: Our Safe Patient Handling (SPH) program has been in place for 2 years. We have some program elements in place but continue to have injuries relating to patient transfers and mobilization.

Implementing a Sustainable Safe Patient Handling Program

Executive Accountability: Process Owners Accountability:

Problem Statement: Our Safe Patient Handling (SPH) program has been in place for 2 years. We have some program elements in place but continue to have injuries relating to patient transfers and mobilization.

Current State:

- SPH injuries represent 8% of all injuries at our facility.
- A SPH policy is in place and has been endorsed by the Executive.
- Equipment is available, including ceiling lifts in ICUs. Rounding data suggests it is not always used (items stored in front, not plugged in).
- Training on how to use the equipment (make it go up and down, turn it on and off etc.) was provided by the vendor when it was delivered but there is no planned ongoing competency based training provided. Training delivered to date has not covered contraindications to use, how to do a mobility assessment, or how to select the right piece of equipment for the patient and/or the mobility task being attempted.
- Staff don't know how to implement equipment into care workflows.
- Care workflows haven't been critically evaluated to determine whether SPH equipment can be integrated into care processes.
- Accountabilities and responsibilities haven't been well defined and aren't well enforced.
- Sling management is problematic. Reusable slings end up in regular laundry. Disposable slings are available.
- A SPH committee was recently formed and the organization is trying to get executive support for the committee.
- An ROI on the SPH program has not been produced.

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Process Owners Accountability:

Analysis: Why do we have the issues that we do? (Think root cause analysis).

- Awareness of the relationship between patient safety and employee safety is low
- Labor relations/ HR are reticent to discipline staff for non compliance
- Training needs to be used as a tool to set expectations for SPH so they can be enforced
- Consultation with the workforce is low and generally unstructured
- Trainers aren't always clinicians who understand precautions and contraindications and sometimes don't want to disparage the equipment limitations
- Relationship between falls/ early mobility and SPH hasn't been exploited

Action Plan

- Describes how countermeasures are implemented
- Should have an action for each countermeasure
- Include action, responsibility, due date, status
- Keep timeframes ambitious but realistic

Action Plan:

Champion	Action Item	Due Date	Status
Jessica E.	Meet and Align with SPD and OR Leadership on this A3 Plan and Develop Actions	7/28/2015	complete
Elise C.	Secure funding for purchase of equipment to address these injuries	8/14/2015	
Elise C.	Idenitify MD leadership with decision making authority who can attend next meeting	8/14/2015	
Christy F.	Implement injury review panel for Peri-Op	8/14/2015	
Susan	Send team list of all trays that have been weighted with their weights	8/14/2015	
John V.	Confirm carosel or similar will be purchased and installed in new hospital	8/14/2015	
Elise C.	Schedule next planning meeting once funding and MD support is secured	8/14/2015	
TBD	Purchase required items	TBD	
TBD	Complete training on any new equipment	TBD	

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Countermeasures/ Action Plan: What are we going to do to address these root causes? Assign responsibility and timeframes.

- Consult with employees and involve them in time-motion studies and workflow evaluations
- Establish a SPH committee that involves frontline staff
- Bring in clinicians internal to the organization who can deliver training that is focused on patient mobilization rather than just 'how the equipment works'

Questions? Thank you!