



**UNDERSTANDING  
THE VALUE FOR HAVING  
A SAFE PATIENT  
HANDLING  
COORDINATOR**

# UNDERSTANDING THE VALUE FOR HAVING A SAFE PATIENT HANDLING COORDINATOR

Many organizations are often at a lost when it comes to trying to justify creating a Safe Patient Handling program, let alone developing a Safe Patient Handling Coordinator position description. Because most current programs and accompanying roles are not well defined, organizations often struggle to understand the need for such a role though many continue to do the work to develop one.

Throughout my experience as a Safe Patient Handling Coordinator and now as the head of a consultant group, there are several principles to consider when developing an injury prevention program that focuses specifically on employee injuries caused by lifting patients. These concepts are all essential given that the Safe Patient Handling coordinator's role are built from processes that are relevant to developing, implementing, and sustaining a comprehensive Safe Patient Handling program; all while simultaneously contributing to the overall quality of the employee's and patient's experience.

To implement such an injury prevention program, there must be a clear understanding of daily clinical operations to include the direct roles of caregivers and the indirect roles of departments which supports those caregivers. To understand clinical operations is to understand the associated complexities which require continuous cohesiveness

amongst all factions in order to be productive. This reinforces the importance for having a full-time coordinator to consistently oversee the daily operations of a Safe Patient Handling program, particularly when new process demands which are created by the injury prevention program are added to existing clinical processes. A skilled coordinator is needed to ensure the uneventful transition of new injury prevention processes while serving at minimum as the appropriate buffer when process bottlenecks and challenges arise. The coordinator provides the best opportunity for the normal operating clinical flow to remain continuous which is especially important at the beginning of the program's implementation when new processes require the most oversight and coordination. For a program coordinator to have continued and sustained success, there are four program objectives that should be taken into consideration.

## 1. THE FACILITY COORDINATOR'S FIRST OBJECTIVE

In understanding that all clinical departments and processes must work fluently to generate quality patient care and to achieve reductions in employee injuries related to lifting and moving patients, it is the coordinator's responsibility to understand normal process contributions and how newly created injury prevention methods can work together to continue to create those positive patient care experiences and employee outcomes. When contemplating the more direct or immediate focus for a program coordinator when developing a Safe Patient Handling program, their first and most important objective would be to determine the causes and risk factors associated with injuries to care providers related to moving and lifting patients and how newer process methods are effectively introduced to avert those injury risks. For the coordinator who's experienced in direct patient care at the bedside, it is more likely that they are better positioned to understand clinical scenarios in which patient handling injuries occur. This assumption is based on the idea that a coordinator

with a direct bedside patient care background is more than likely to have worked previously in similar situations. As for the non-direct patient care provider on the other hand, it is reasonable to conclude that their understanding for why the same patient handling injuries occurred would be somewhat limited especially if their general practice has not included bedside, point-of-care, patient interactions. This again is important because at the bedside is where most patient handling injuries occur. Given the many intricacies which accompanies direct patient care within in-patient settings, it is critical to be able to rely on information delivered by a coordinator who understands in detail the events leading up to an injury incident. This creates confidence in processes when subsequent injury prevention strategies are formulated from a clinician who understands the dynamics of patient care at the bedside. As the coordinator grows and injury prevention becomes his/her central role and focus, additional credibility is established amongst colleagues which helps leaders to accept practical justifications for how or why patient-lift injuries happen and the potential solutions which follows. This is significant as it relates to program strategy implementations for the need for nurse managers to respond positively to change processes becomes more likely when managers are confident that the change recommendations are compatible with daily operational flow. Nurse Managers become more willing participants in process changes when directed by someone with previous work related experience. This experience is also essential as it relates to necessary communications needed to understand the connections between clinical realities of adverse patient-care events and predetermined assumptions or unsubstantiated misunderstandings. The coordinator assumes the role of subject matter expert which is of benefit to the organization as the injury prevention program progresses through its development. With additional support and guidance from The RP Hawkins Group, we see to it that the coordinator advances their understanding to a level which instills confidence for how patient-lift equipment can be best applied to avert injury producing scenarios. As the coordinator's growth and level of expertise increases, so does the fluidity and productivity of the injury prevention program.

## 2. THE FACILITY COORDINATOR'S SECOND OBJECTIVE

The facility coordinator's second objective consists of allowing their previous bedside nursing experience to serve as the foundation for the continuous evaluation of patient-lift processes while effectively leveraging that experience to determine how patient-lift technology may be best applied to avert high risk practices. The RP Hawkins Group holds a firm position in support of a philosophy which encourages hospital organizations to employ Master's prepared Registered Nurses as Safe Patient Handling Coordinators. Being that most Nursing Departments assumes unwavering ownership of nursing practice, traditional patient-lift processes which are also considered nursing practice dictates this notion that nursing must be the foundation for building this type of injury prevention program. The basis for our beliefs consists of a fundamental principle which understands that for hospital facilities to consistently reduce employee injuries related to patient-lifting, the human resources required to build the Safe Patient Handling program must align with the very clinical operating system which at times produces patient-lift injuries as an unintended consequence. To effectively address those consequences, it is important to consider an employee who is most central to a sometimes-unsettled clinical operating structure to lead the initiative. Focusing on these principles is what separates The RP Hawkins Group from most of its competitors in the marketplace. Whereas our attention is placed on developing the appropriate human resources so that program continuity is established and maintained, most of our competitors seek to ensure that their programs are only as viable as their consistent presence inside of the implementing organization. Allowing us to develop a Master's prepared Registered Nurse who's an existing member of the organization provides the best opportunity to achieve the program results for which the Safe Patient Handling program is intended. The RN Coordinator as a matter of practice focus and experience is best suited to successfully transition patient-lift technology strategies into current nursing practice processes which

represent the very core to ensuring a results producing injury prevention program. It is reasonable to conclude that a Safe Patient Handling program will only be as successful as the accompanying support from nursing leadership which also explains why the program coordinator should be of and work under the Nursing Department. Not to mention, Nursing as a group has the most adversely impacted employees as it relates to patient handling injuries which positions the department to benefit the most from a successful implementation. Having a qualified coordinator in place to oversee the transition of patient-lift devices into clinical practice settings gives the organization the best opportunity to be successful.

### **3.** **THE FACILITY COORDINATOR'S THIRD OBJECTIVE** ---

The facility coordinator's third objective is to create practical strategy interventions that can be transitioned into the clinical workflow of nurses without creating additional steps. There is much to be said about modifying nursing practice but if it could be summarized in one sentence as it applies to Safe Patient Handling, that sentence would read: Changes to nursing practice processes must not increase the difficulties associated with bedside patient care but instead must in some way simplify and enhance efficiency as it relates to quality and time. This is an important perspective to carry forth when building a Safe Patient Handling program understanding that nurses are less likely to adopt processes which requires additional time or steps to execute. A Safe Patient Handling coordinator must understand daily nursing practices and routines in order to effectively introduce mechanical patient-lifts into its workflow cycle. As patient care tasks are evaluated for performance rationale, the risks associated with performing the tasks, and the solution best suited to avert any associated injury risks, the safe patient handling coordinator must also consider that any changes made to nursing practice processes must also meet the approval of nurses and their patients. In considering patient care tasks, patient care work environments, or the mobility challenges of patients within the clinical operating system, the

coordinator must also work in collaboration with nursing leaders who are ultimately responsible for the management and delivery of patient care. It is important to understand that clinical leaders are less likely to agree to any process changes to practice without having provided input. Modifications to nursing practice are more likely to happen when justifiable rationales for improving safety outcomes and the overall quality of patient care are provided. This again is why The RP Hawkins Group's philosophy emphasizes Master's prepared Registered Nurses as Safe Patient Handling coordinators for it improves the likelihood for newly suggested patient-lift processes to be adopted into practice. It cannot be overstated that Safe Patient Handling coordinators tend to be more successful when changes to nursing practice are supported and encouraged by nursing leadership which is an important contributor to simplifying the implementation process. The overall skill of the coordinator must be progressively developed to understand the primary functions of patient-lift technology and how to appropriately allocate equipment to address the clinical needs of each individual patient care unit. Applying the right strategies is important to gaining leadership's support and end-user commitment.

### **4.** **THE FACILITY COORDINATOR'S FOURTH OBJECTIVE** ---

The facility coordinator's fourth and final objective is to change patient-lift practices in such a way that clinical end-users ultimately accept patient-lift technology as the standard for lifting and moving patients. Equipment utilization is as fundamental to minimizing employee injuries as it is to decreasing all associated operational cost. When making the case for why practice changes are necessary, an appropriate start would be to refer to hospital injury data which most commonly reveals that employee injuries are dominated by care providers (RNs, LPNs, Nursing Assistants, and Health Techs) whose job responsibilities require them to lift, move, and/or manually handle patients. When considering the number of patient-lift injuries that happen within hospital organizations, most if not all can be attributed

to traditional nursing practice which focus has always emphasized manual patient-lifting techniques. This reality represents the basis for why such an injury prevention program is even warranted for to understand this premise is to conclude that it is only logical to change traditional practice methodologies which considers manual lifting as the practice standard for performing prudent patient care. It could be highlighted that though body mechanic principles have primarily served as the primary standard for how to appropriately lift patients, these principles have been considered acceptable simply because there were no other available options to nursing practice. This is important given that often time's nurses consider patient-lift injuries to be the result of poorly executed body mechanic techniques. It is rarely considered that body mechanic principles have never been proven to reduce injuries related to lifting human body weight. In understanding the evolution of patient-lifting to include the current existence of traditional patient-lift practices, a coordinator with bedside nursing experience is better positioned to influence staff to consider patient-lift technology as a new and acceptable practice standard. The Safe Patient Handling Coordinator with a bedside nursing background is well-positioned to make the case that new processes can be implemented to accomplish the same patient care tasks as manual lifting but safer. Educating staff on how equipment can be utilized to enhance patient care outcomes increases the likelihood of staff deciding to use patient-lift equipment. Practical strategies which are designed so that they seamlessly transition into patient care routines also increase the probability of end-users deciding to include patient-lift equipment in their practice.

To successfully implement a Safe Patient Handling, changes to traditional nursing practice must take place. The supporting strategies to be effective must instill into the end-user's perception that equipment makes their jobs easier while also contributing to the overall quality of patient care.

## INJURY PREVENTION PROGRAM SAFE PATIENT HANDLING

