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**Case for Change**

Manual handling injuries have consistently been the most significant contributor to workers compensation claims in WSLHD accounting for 51.6% of the total cost of claims.

Currently, evidence based strategies of the existing Manual Handling Program are not effectively being implemented. This is resulting in poor manual handling practices and procedures that can cause potential harm to both patients and staff.

**Goal**

To increase ownership and accountability at Blacktown/Mt Drutt Hospitals (BMDH) in implementing the WSLHD Manual Handling Program strategies to measurably improve staff and patient experience by December 2014.

The S.A.M.S Project complements the WSLHD strategic priority areas of improving partnerships, culture, integrated care, organisational redesign and financial stability.

**Objectives**

1. Reduce manual handling workers compensation claims to BMDH staff by 5%.
2. To measurably improve the manual handling experience of BMDH admitted patients.
3. To measurably improve the BMDH safety culture with regard to manual handling.

**Method**

The S.A.M.S. Project team applied the Centre for Health Care Redesign methodology to establish and address existing issues that affect patient and staff safety and experience. The project was overseen and driven by a steering committee involving key stakeholders.

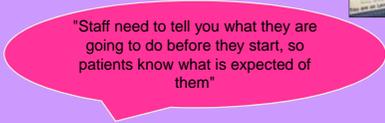
Methods engaged included statistical analysis and extensive consultation through:

- Patient surveys (54)
- Patient interviews (4)
- Staff surveys (387)
- Staff tag along, and
- Process mapping

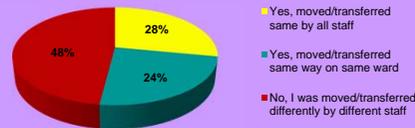


**Diagnostics**

*Patient Voice:*



Key results from patient experience tracker surveys:



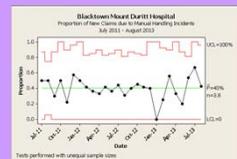
*Staff Voice:*



Key results from staff survey include:

- 53.53% of staff were neutral or agreed that there was often disagreement between staff on the correct/safest way to move a patient.
- 29.17% of staff were neutral or disagreed that manual handling equipment was easily accessible.
- Between 31% and 46% of staff were neutral or felt that a patient's manual handling needs were effectively communicated during handover, shift changes and between wards.

*Statistical analysis :*



Control chart illustrates a count of 3.8 manual handling claims at a rate of 40% of total claims.

*Key issues identified through process mapping were:*

- Equipment is not always readily available
- No central store for equipment.
- No patient handling assessment
- Lack of allied health referral

A root cause analysis was conducted highlighting the following key issues:

Lack of reporting of manual handling key performance indicators (KPIs)
Lack of equipment inventory
Lack of patient manual handling assessment
Low priority of manual handling

**Planning and implementing solutions**

Solutions design workshops and one on one meetings were held with key stakeholders from nursing, allied health, wardspersons and radiographers to brainstorm viable solutions to the key issues identified.

Proposed solutions were analysed and prioritised by the steering committee to ensure strategic and operational alignment with the project's goals and objectives.

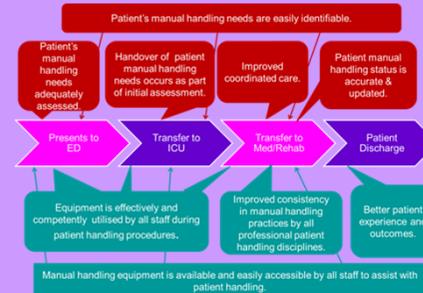
An implementation plan with local ownership for the following solutions were endorsed by the steering committee, BMDH General Manager, Director of Nursing and Allied Health Manager:

1. Inclusion of manual handling KPIs into existing monthly reports
2. Implement equipment inventory and log book
3. Implement BMDH Executive safety walk around
4. Implement traffic light patient handling assessment

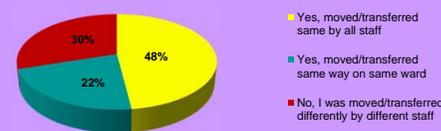
A high visibility corporate communications strategy has been developed including development of a S.A.M.S. corporate identity.

**Results**

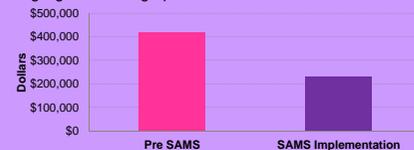
The solutions will improve the patient journey as follows:



Current patient surveys highlight improvements in the following:



Projected manual handling workers compensation claims savings are highlighted in the graph below:



**Sustaining change**

Implementation of solutions are linked in with existing process and procedures as follows:

1. Manual handling KPIs are to be included in existing manager's monthly reporting. Training and equipment KPIs will be linked to existing databases.
2. Equipment inventories will link in with the new central equipment pool as part of the BMDH expansion project.
3. The safety walk around will be a component of the Improving Patient & Staff Experience Program currently being implemented.
4. The patient handling assessment will be linked to the National Standard for Clinical Handover.

**Conclusion**

The successful strategies from the implementation of the S.A.M.S. Project will be transferred to other facilities to improve the patient experience; improve work safety culture and; reduce workers compensation costs across the WSLHD.

Key stakeholder involvement and ownership of project initiatives from development to implementation is vital to the project's success.

Effective sponsorship from senior management is required for transfer of strategies to larger facilities.

**Acknowledgements**

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