

ANA Handle with Care Recognition Program™ Application Manual



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Abbreviations

ANA: American Nurses Association

BLS: Bureau of Labor Statistics

CDC: Centers for Disease Control and Prevention

CMA: Constituent Member Association

CNO: Chief Nursing Officer

COEH: Center for Occupational and Environmental Health

HCW: Healthcare Worker

MSD: Musculoskeletal Disorder

NIOSH: National Institute of Occupational Safety and Health

OSHA: Occupational Health and Safety Administration

SPH: Safe Patient Handling

VA: Veterans Administration

Introduction

Creation of the ANA Handle with Care Recognition Program

The nursing profession has witnessed many innovative changes in healthcare over the past one hundred (100) years. As direct patient care has evolved, it is surprising that manual lifting of the patient continues to be a widely accepted method. Unfortunately, since the late 1950s, more than a million direct patient care providers have suffered from work-related back pain and disabling injuries. Nurses' back pains were historically attributed to the nurse not performing the manual lifting or "good body mechanics" correctly. This is the reason many nurses worked with musculoskeletal pain but did not file worker compensation claims. Not until the last twenty (20) years were efforts made to fully revamp this way of thinking in regards to patient lifting.

After years of extensive research on developing new ways to lift patients, field and laboratory studies validated the need for lifting equipment in hospitals. There was a direct relationship between decreased nursing back injuries and increased use of lift machines. In a study conducted by National Institute for Occupational Safety and Health (NIOSH), a safe patient handling program reduced patient handling workers' compensation injury rates by 61%, lost workday injury rates by 66%, and restricted workdays by 38%. Furthermore, cost-benefit analyses from data from various studies demonstrated that the initial investment in lifting equipment and employee training can be recovered in 2-4 years through reductions in workers' compensation expenses.

In June 2003, the American Nurses Association's (ANA) Board of Directors approved a position statement presented by the ANA Congress on Nursing Practice and Economics titled, "The Elimination of Manual Patient Handling to Prevent Work-Related Musculoskeletal Disorders." This position statement was crafted to deliver a message to the larger nursing and health care communities as well as to be the cornerstone upon which to structure a multi-faceted ANA health and safety campaign focused on the prevention of musculoskeletal disorders (MSDs). The ANA Handle with Care campaign was officially launched in September 2003 to assertively address the issue with an ultimate goal of establishing a national "no-manual handling" policy.

Research, technology and legislation are changing the way healthcare facilities approach various aspects of workplace safety. Nurses require a safe work environment which includes moving patients without the risk of MSDs which can lead to days away from work, burnout, nurse turnover and early retirement from nursing. It is becoming increasingly vital from both a legislative and workforce satisfaction point of view to implement safe patient handling (SPH) programs in healthcare facilities and to showcase the benefits of these programs to the nursing staff and local nursing and health care community.

The ANA Handle with Care Recognition Program was developed to help healthcare facilities promote their safe patient handling programs to their nurses and other clinical healthcare

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workers (HCW) as a major workforce safety initiative. In addition, the program will acknowledge healthcare facilities with comprehensive safe patient handling programs and provide a competitive edge in the facilities' efforts to recruit and retain nurses in a very competitive marketplace.

ANA applauds healthcare facilities who have invested in safe patient handling programs to benefit, nurses, other healthcare personnel and patients. The ANA Handle with Care Recognition Program was developed to reward these facilities. The ANA Handle With Care Recognition™ will help recipients spotlight their facilities' comprehensive SPH program.

Application Process

The application process for ANA's Handle with Care Recognition Program includes an initial detailed application followed by a site visit. There is an application fee of \$1000 due at the time of application submission. The application will undergo a thorough review for completeness and facility eligibility within fifteen (15) business days of submission. If the application is found to be incomplete, the applicant will be notified by e-mail and given ten (10) business days from the time of notification to provide additional supporting information.

Following approval of the application, a site visit will be scheduled within sixty (60) days from the date of notification to the facility. The site visit will be conducted by two (2) site reviewers for an average of two (2) days depending on the size of the facility and the extent of the SPH program. The site visit will include walkthroughs of units, interviews with leadership, interviews with nursing staff, review of policy and procedures, review of education and training and among other program elements. An exit interview will occur at the completion of the site visit however no decision of recognition award status will be provided at that time.

Following the site visit, the site reviewers will prepare and submit their site visit report including their recommendation within fifteen (15) business days to the ANA Handle with Care Recognition Program review panel. The review panel will convene a meeting within thirty (30) business days of receiving the site visit documentation. All facility identifiers will be removed from the report. The review panel will make the final decision on recognition status. The applicant will be notified in writing within fifteen (15) business days following the meeting of the review panel.

ANA Handle with Care Recognition Program Criteria

Program Philosophy

The ANA Handle with Care Recognition Program is designed on evidence-based “no manual handling principles”.

Goal

To establish, implement and monitor a comprehensive program to reduce or eliminate musculoskeletal disorders (MSDs) and to create a safe patient handling (SPH) program for clinical healthcare workers (HCWs) and patients.

Eligibility Requirements

SPH program must have been implemented in medical, surgical, intensive care, orthopedic, and neurology units.

Program Elements and Criteria	Demonstration of Criteria
<p>I. Program Planning and Leadership</p> <p>1.1 The facility program must be operational a minimum of three (3) years. A program is considered operational on the first day of equipment use, following the education and training of clinical HCWs.</p> <p>1.2 The Chief Nursing Officer (CNO) must have a leadership role in the safe patient handling (SPH) program, demonstrated through involvement in program planning, implementation, and evaluation.</p> <p>1.2.1 Meet with the SPH program coordinator at least annually and include review data injury information on the meeting agenda.</p> <p>1.2.2 Review and assess SPH program information, including current injury information, with nursing middle management at meetings held minimally twice a year.</p> <p>1.3 A SPH program coordinator has been appointed and is responsible to oversee the SPH program.</p>	<p>1.1 Documentation demonstrating the date of program initiation such as minutes, annual report, staff training database, equipment installation receipts, and other supporting documents.</p> <p>1.2 Meeting minutes reflecting CNO attendance at planning meetings, including multidisciplinary ergonomics committee meetings, equipment fairs (if applicable) or other program related meetings and events.</p> <p>1.2.1 Minutes of quarterly meetings between CNO and SPH coordinator.</p> <p>1.2.2 Documentation of CNO’s meetings with middle management addressing SPH program.</p> <p>1.3 Documentation that SPH program coordinator: leads SPH multidisciplinary committee, meets at least quarterly with unit</p>

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<p>1.3.1 Include the title, job description and responsibilities of the safe patient handling coordinator.</p> <p>1.4 A multidisciplinary ergonomics committee has been created, composed of a minimum 50% front line staff. One half of the frontline staff will be registered nurses.</p> <p>1.5 At least one unit- based peer leader is designated for each unit.</p> <p>1.5.1 Additionally, one unit-based peer leader per shift is preferred for unit support and as a SPH resource, but not required.</p>	<p>peer leader team, reviews data of (MSDs) and provides feedback to unit managers, has input equipment selection, meets regularly with CNO (at least annually) and participates with staff education/training. (minutes, schedules, reports). Include list documenting committees that SPH program coordinator participates in and/or leads.</p> <p>1.4 Minutes from the multidisciplinary ergonomics committee meetings for the past one year. Include list of committee members including their title, credentials and unit represented.</p> <p>1.5 Roster/chart listing the unit-based peer leaders for each unit (including regular shift worked).</p>
<p>II. Initial Assessment</p> <p>2.1 A minimum of three (3) years of data on (MSDs) of clinical HCWs was analyzed to evaluate trends.</p> <p>2.2 During initial program planning phase, walkthrough assessments of all patient care areas were conducted on all shifts to identify high risk patient handling tasks.</p> <p>2.2.1 Assessments must include unit staff, unit manager, and SPH program coordinator.</p> <p>2.3 During the initial program planning phase a survey of clinical HCWs was conducted prior to implementation to include high risk tasks per unit.</p> <p>2.4 An inventory of current patient handling was established at onset of program planning.</p>	<p>2.1 Two (2) data sources used during assessment. Data sources may include some or all of the following sources of information: OSHA 300 logs, benchmark data regarding past injuries, lost time injuries, and Workers' Compensation data.</p> <p>2.2 Reports of walkthrough assessments for all patient care areas/shifts indicating findings.</p> <p>2.2.1 List of assessment team member with titles per unit.</p> <p>2.3 Dated copy of clinical HCW survey, with results.</p> <p>2.4 Dated copy of equipment inventory.</p>

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<p>III. Program Development</p> <p>3.1 A unit specific approach was developed using analysis of the assessment information in determining unit needs, hazards and solutions to reduce risk of MSDs, including technology, design and available science based information such as algorithms.</p> <p>3.2 Lift teams are supplemental to the SPH program and are not the main resource for patient handling whether on a unit with a SPH program or other units.</p> <p>3.2.1 In all instances where lift teams are functioning, lift team members must utilize appropriate lift equipment for patient handling.</p>	<p>3.1 Description of units selected for SPH program inclusion based on initial assessment phase. Sources of examples include minutes, reports, or other assessment tools such as the “Assessment Criteria and Care Plan” developed by the Department of Veterans Affairs VISN 8 Patient Safety Center of Inquiry.</p> <p>3.2 Policy and procedures related to lift team responsibilities, including: job description, education and training, competency, and documentation of number of patient handling calls for assistance by lift team.</p> <p>3.2.1 Evidence that lift team is utilizing patient handling equipment such as “equipment counters” or observational studies.</p>
<p>IV. Equipment</p> <p>4.1 The process utilized for equipment selection is documented.</p> <p>4.2 Selection criteria for lifting and transfer devices were developed to address the identified high risk tasks and special needs of patients on each unit.</p> <p>4.2.1 Clinical HCWs had input in to the selection of SPH equipment and devices, including piloting and evaluation of equipment use.</p> <p>4.3 A unit-specific list of SPH equipment is available.</p> <p>4.4 A plan and schedule of equipment maintenance is in use and available for review.</p>	<p>4.1 Documentation of equipment selection process.</p> <p>4.2 Criteria used for equipment selection based on unit/patient needs.</p> <p>4.2.1 Evidence that clinical HCWs evaluated equipment and devices from at least two vendors. Provide a sample of clinical HCWs evaluation forms and reports.</p> <p>4.3 Unit-specific lists for all units where the SPH program has been implemented.</p> <p>4.4 Schedule of equipment maintenance and evidence that maintenance has been performed. Copy of the equipment policy and procedures.</p>
<p>V. Education and Training</p>	

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<p>5.1 All clinical HCWs receive education (whether in classroom format or computer-based) and hands-on training on equipment selection and use as well as program policy and protocols.</p> <p>5.2 All clinical HCWs must demonstrate competence for each piece of unit-specific equipment/devices.</p> <p>5.3 Annual refresher training including demonstration of competencies must be performed.</p> <p>5.4 Patient education is part of the overall SPH program and may include education of family and/or visitors.</p> <p>5.5 Education, training and competency of clinical students is provided within the safe patient handling policy or documented elsewhere (if applicable).</p> <p>5.6 Education and training on safe patient handling is part of new employee orientation to each unit where a SPH program is in place. This includes clinical HCWs who transfer from one unit to another.</p> <p>5.7 Education and training plans include provisions for new equipment and devices that will be introduced between annual training.</p> <p>5.8 Lift team training should be equivalent to or greater than that for clinical HCWs, if SPH program includes a lift team.</p>	<p>5.1 Copy of training materials including objectives, activities, examination, or other. Description of qualifications of those providing education and training for HCWs on safe patient handling equipment.</p> <p>5.2 Documentation for all clinical HCWs including return demonstration for each piece of unit-specific equipment/devices with instructor sign-off.</p> <p>5.3 Documentation of performance of annual training and competency including schedules, tracking database, copy of completed competencies, or other evidence.</p> <p>5.4 Description and examples of how patient/family/visitor education is conducted using brochures, video, or other educational materials.</p> <p>5.5 Documentation of policy addressing clinical student education in SPH. Documentation of unit specific training and competency for clinical students on safe patient handling.</p> <p>5.6 Proof of new employee orientation to unit-specific SPH and equipment.</p> <p>5.7 Documentation of education and training when new equipment was introduced to a unit.</p> <p>5.8 Copy of lift team training materials including objectives, activities, examination and competency.</p>
<p>VI. Program Implementation</p> <p>6.1 Policy related to the SPH program has been developed, including provisions for emergency manual handling measures, and</p>	<p>6.1 Copy of SPH program policies. Clinical HCWs demonstrate accessibility of policy during site visit interviews.</p>

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<p>is available for review and is accessible to all clinical HCWs.</p> <p>6.2 Procedures utilized in safe patient handling are written, available for review and are accessible to clinical HCWs.</p> <p>6.3 Documented policy, including consequences, is developed for non-compliance with the SPH program by clinical HCWs or patient.</p> <p>6.4 Describe and document implementation process of SPH program to each unit.</p> <p>6.5 Program barriers and challenges were addressed.</p>	<p>6.2 Copy of safe patient handling program procedures. Clinical HCWs demonstrate accessibility of policy during site visit interviews.</p> <p>6.3 Description of non-compliance policy for patient and clinical HCWs refusing use of equipment. Documentation in Human Resources policy of the management of non-compliance by clinical HCWs.</p> <p>6.4 Description of implementation process including timeline; roles of SPH program coordinator and unit-based peer leaders; communication plan; any modification of program implementation plan;</p> <p>6.5 Describe barriers and challenges experienced during program implementation, including solutions.</p>
<p>VII. Program Evaluation</p> <p>7.1 The SPH program is evaluated at least annually, including unit-level and overall program evaluation.</p> <p>7.2 Annual evaluation of clinical HCW injuries including review of any benchmark injury data which is unit-specific.</p> <p>7.2.1 A reduction in overall MSD injury rates and severity of injury rates due to patient handling is expected.</p> <p>7.3 Evaluation of program processes, including equipment maintenance and laundry management.</p> <p>7.4 Satisfaction survey of clinical HCWs that includes safe patient handling program assessment was performed at least once since program implementation with</p>	<p>7.1 Copy of past two (2) annual program evaluation reports, including unit specific evaluations.</p> <p>7.2 Data may include information from OSHA 300 logs, benchmark data regarding past injuries, lost time injuries, and workers' compensation, recruitment and/or retention data.</p> <p>7.2.1 Injury data demonstrating a reduction in overall MSDs rates and severity of injury due to patient handling.</p> <p>7.3 Documentation of program processes and evaluation.</p> <p>7.4 Survey tool and results of clinical HCW satisfaction survey examining factors such as: back pain at end of shift, fatigue, positive</p>

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<p>timeline for future surveys.</p> <p>7.5 Satisfaction survey of patients that includes questions about the safe patient handling program was performed at least once since program implementation with timeline for future surveys.</p> <p>7.5.1 Evidence of SPH program impact on patient safety measurement, if available.</p> <p>7.6 Evidence of ongoing equipment use by HCW.</p> <p>7.7 After action review or root cause analysis of SPH injuries or adverse events are conducted, including documentation of clinical HCW injuries, patient injuries and equipment failures.</p>	<p>perception of safety climate, or other indicators.</p> <p>7.5 Survey tool and results of patient satisfaction survey examining factors such as comfort during lift, security with lifting equipment, maintenance of dignity and safety.</p> <p>7.5.1 Information pertaining to the SPH program’s impact on patient safety data and or patient quality of care outcome effects on areas such as skin integrity, fall rates or length of patient stays.</p> <p>7.6 Documentation of evidence of equipment use, such as “equipment counters”, direct observation, or quality assurance studies.</p> <p>7.7 Describe the process of the after action reviews or root cause analysis including documentation process, evaluation, and communication of issues and corrective actions.</p>
<p>VIII. Program Sustainability</p> <p>8.1 Walkthrough assessments of units occur on a regular ongoing basis as defined in the SPH policy and no less frequently as annually.</p> <p>8.2 Program modifications based on findings from program evaluations have been planned, implemented, and communicated.</p> <p>8.3 A plan has been developed for review of patient handling injuries including review and dissemination of findings.</p> <p>8.3.1 Reports to unit managers, safety committee, CNO and senior leadership</p>	<p>8.1 Documentation of walkthrough assessment of each unit for past two years consistent with SPH policy.</p> <p>8.2 Describe program modifications with communication and plan for implementing changes.</p> <p>8.3 Documentation for past year of patient handling injury review plan and past reports including plan for dissemination to unit managers, safety committee, CNO, and senior leadership. Include the role of SPH program coordinator in report review and dissemination.</p> <p>8.3.1 Evidence that reports have been made available to unit managers, safety</p>

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<p>should occur at least quarterly.</p> <p>8.3.2 SPH program coordinator must review and coordinate dissemination of injury reports at least quarterly.</p> <p>8.4 A plan to implement the program on additional units has been developed.</p> <p>8.5 SPH program components should be considered in new construction and unit remodeling with documentation, if applicable.</p>	<p>committee, CNO and senior leadership at least quarterly.</p> <p>8.3.2 Describe the dissemination of SPH injury reports to SPH program coordinator on a quarterly or more frequent basis.</p> <p>8.4 Plan and timeline to implement the SPH program on additional units.</p> <p>8.5 Documentation of any planned new construction and/or remodeling accounting for safe patient handling program component considerations.</p>
<p>IX. Regulations</p> <p>9.1 Program must be compliant with any state or federal regulation.</p>	<p>9.1 Describe and document how state/federal regulations are met.</p>

Detailed Application Instructions

Application Completion

The program application consists of a series of questions to determine if the program meets the ANA Handle with Care Recognition Program criteria detailed in the previous section. Applicants must review criteria and eligibility requirements, to ensure the facilities SPH program meets all criteria listed.

Organizations with multiple facilities must complete a separate application for each facility seeking recognition status. Each facility will be reviewed and evaluated as separate entities.

The application must be completed and submitted electronically. Responses to the questions must be in proper grammatical format with full sentences and appropriate punctuation.

Response Length

The application form fields allow for an unlimited amount of word text. Responses to all questions may range from a half page to one page in length, while others may exceed a page in length to fully describe the SPH program element or provide other information. The completed application, including supporting documentation, should not exceed fifty (50) pages.

Supporting Documentation

The majority of questions require supporting documentation to verify the response and to ensure site reviewers obtain a clear understanding of all elements of the applicant's SPH program. Supporting documents must be scanned and submitted electronically. The documents must be clearly labeled with the corresponding program element being addressed.

Application Review

Applications will be reviewed by two site reviewers within fifteen (15) days of receiving the application. Applications not meeting eligibility criteria or program requirements will be rejected.

Incomplete Application

In the event that an application is incomplete or provides insufficient information, the facility's contact person will be notified by e-mail of the deficiency. Following notification the facility will be given ten (10) business days to provide supplemental documentation with no additional application fee. In the event that the facility fails to meet this deadline, the application will be rejected.

Site Visit Process

Applicants meeting program criteria upon initial review of application will be scheduled for a site visit by two site reviewers within thirty (30) days of initial application submittal. The facility will be given sixty (60) days from the time of acceptance notification to schedule the site visit. Applicants are responsible for the expenses related to the site visit including the site reviewers' travel (mileage, train or airfare), hotel and per diem. The length of the site visit will vary depending on facility size. The average length of a site visit will be two (2) days.

Agenda

Prior to the site visit, site reviewers will determine which units to visit based on information provided in the facility's application. The site reviewers will create and send the facility's contact person a visit agenda one week prior to the site visit. During the site visit, both reviewers will meet with facility personnel involved with the SPH program, including clinical HCWs and leadership, including the Chief Nursing Officer, in a conference room setting to discuss the program, site visit process and to clarify any questions the site reviewers and/or applicants may have. Each site reviewer will be responsible to independently review specific units while accompanied by a representative(s) from the facility. During the unit walkthroughs, site reviewers may randomly select clinical HCWs to interview regarding the SPH program.

Exit Interview

An on-site exit interview will be held to review next step including when to expect notification of the decision regarding the recognition.

Meals and Gifts

To maintain objectivity and integrity of the program, site visit reviewers are prohibited from receiving items of value or gifts. The site visit agenda will allow time for reviewers to eat meals independently and to discuss the progress of the visit, if needed.

Review Panel

Following the site visit, the site reviewers will independently draft a report and recommendation regarding whether the applicant successfully meets ANA program criteria. The site visit reports will be submitted by the site reviewers to the review panel in a blind format. The review panel will review the reports in order to make the decision whether the facility has met the criteria to receive the recognition award. This review panel will consist of three professional experts experienced in the field of SPH.

Final Decision

Facilities will receive written confirmation of the review panel's decision within sixty (60) days of the completion of the site visit.

Award

Term

The ANA Handle with Care Recognition term is three (3) years.

Award

Recognized facilities will receive the award within sixty (60) days from notification letter.

Logo

The program logo will be distributed electronically for facilities to use in its marketing materials. Guidelines of logo usage will be provided. Permission to use the program logo will expire at the end of the three-year recognition term.

Other Requirements/Renewal

Significant Programmatic Changes

Significant changes at the facility or to the SPH program impacting the integrity of the facilities must be reported to the ANA project coordinator within forty-five (45) days of the change. Failure to report significant changes may result in revocation of recognition. Reportable significant changes include:

- change in ownership
- change in Chief Executive Officer
- change in Chief Nursing Officer
- change in Director of Employee Health
- change in SPH program coordinator
- change in equipment vendor
- elimination of program component
- addition of program component
- change in existing or new state or national regulations impacting SPH programs requirements

Compliance with State Regulation

Applicants must be in compliance with all federal and state SPH regulations at the time of application and throughout the recognition term. Recognition will not be renewed or could be revoked if this condition is not met.

Annual Interim Monitoring Report

During the three-year recognition term, facilities are required to submit an annual report on their safe patient handling program to ANA. The report will include internal program evaluation results, clinical HCW injuries evaluation (see criteria 7.2), and program modifications.

Due dates for the report will be stated in the notification letter announcing the recognition award. There will be a late fee of \$150 for reports submitted late. Failure to submit an annual report could result in the recognition award being revoked. Incomplete reports will require completion.

Renewal of Recognition Status

The re-assignment of the recognition status will consist of the same steps as initial application, including application and site visit. Facilities wishing to renew their recognition must reapply and complete the same application and site visit process as in initial application.

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Pricing

Application Fee

A fee of \$1000.00 is required with application submission.

Recognition Fee

Once applications are reviewed, applicants meeting ANA Handle with Care Recognition Program criteria will pay the recognition fee prior to the site visit. The recognition fee varies based on facility bed count.

Bed Count	Price
< 100	\$4,750.00
100-199	\$6,750.00
200-299	\$8,750.00
300-399	\$10,750.00
400-499	\$12,750.00
>500	\$14,750.00

Site Visit

Facilities will be responsible for costs of reviewers' travel expenses, to include hotel, transportation, and per diem.

Per diem rates are based on the U.S. General Service Administration domestic per diem rates available at:

www.gsa.gov/Portal/gsa/ep/contentView.do?contentType=GSA_BASIC&contentId=17943

APPENDIX A
American Nurses Association
Handle with Care Recognition Program™
Application

Name of Facility:

Address:

Contact Person:

Title:

Phone Number:

Extension:

Email:

Fax:

Thank you for your decision to participate in American Nurses Association's Handle with Care Recognition Program. Our goal is to encourage and recognize comprehensive safe patient handling programs that are committed to creating a safer workplace for registered nurses and other health care workers, thereby contributing to the reduction or elimination of patient musculoskeletal disorder (MSDs) injuries in the workplace while providing safe handling and movement of patients. The ANA Handle with Care Recognition Program application process is intended to help ANA evaluate your healthcare facility's safe patient handling program. Please answer all questions thoroughly and provide supporting documentation as appropriate.

Prior to completing this application, review the application manual, with specific attention to the program criteria and demonstration of criteria table.

Submit the completed application with supporting documents to: HandleWithCare@ana.org.

Please sign and date the below statement*.

I _____ certify that the information provided in this application is accurate to the
(Type name)

best of my knowledge.

(Signature)

(Date)

* Completion of this section will serve as legally binding electronic signature.

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General Facility Information

Facility Category:

- Government, non-federal
- Government, federal
- Non-governmental non-for-profit
- Investor-owned, for-profit

Hospital Type:

- General
- Special, list specialty:
- Rehabilitation and chronic disease
- Psychiatric

Number of Licensed Beds:

Number of Employees:

Number of registered nurses:

Year Program Initiated:

Investment in Program:

Initial Investment:

Current Investment:

Please describe allotment of funds (e.g. equipment, training, lift teams, additional personnel):

Year Original Facility Built:

Was patient handling equipment included in original design: yes no

Facility Renovations—regarding safe patient handling equipment:

(Please describe and include dates of renovations if applicable)

Program Overview

Please provide an overview of your health care facilities safe patient handling program. Limit the description to one page.

Program Planning and Leadership

- 1.1 What date did the safe patient handling (SPH) program at your facility become operational? Describe the timeline of program planning and implementation.
- 1.2 Describe the role and involvement of the Chief Nursing Officer (CNO) in planning, development, and evaluation of the SPH program.
 - 1.2.1 How frequently does the CNO meet with the SPH program coordinator?
 - 1.2.2 How often does the CNO review SPH program information, including injury data, with nursing middle management?
- 1.3 Is there an assigned SPH program coordinator responsible for managing the SPH program?
 - 1.3.1 Describe the title, job description, and responsibilities of the SPH program coordinator.
- 1.4 Does the hospital have a multidisciplinary ergonomics committee composed of a minimum of 50% front line staff? What percentage of the front line staff are registered nurses?
- 1.5 Are unit-based peer leaders designated for each unit where safe patient handling was implemented? Please describe their role.
 - 1.5.1 Is there a unit-based peer leader for each shift where safe patient handling was implemented?

II. **Initial Assessment**

- 2.1 What data sources were utilized to analyze injury trends during the initial program planning phase? How many years worth of data was reviewed during the initial assessment?

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2.2 Did your facility perform walkthrough risk assessments related to safe patient handling during the initial program planning phase? Please describe this process, including units and shifts evaluated, and findings.

2.2.1 List all staff, with titles, participating in the walkthrough assessments?

2.3 Did your facility survey clinical healthcare workers prior to SPH program implementation? Describe findings and how they were used to develop program.

2.4 Was an inventory of current patient handling equipment established at the onset of program planning?

III. Program Development

3.1 Describe the unit specific approach used to determining unit needs, hazards, and solutions to reduce risk of MSDs. Include technology, design and available science-based information such as algorithms.

3.2 Does your program include a lift team? Describe policies and procedures related to lift team responsibilities.

3.2.1 Describe utilization of appropriate lift equipment by the lift team, including monitoring of equipment use.

IV. Equipment

4.1 Describe the equipment selection process.

4.2 Describe criteria used for equipment selection based on unit-specific high risk task as well as patient population.

4.2.1 Describe clinical HCW involvement in the equipment selection, piloting, and evaluation processes.

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4.3 Provide a unit-specific list of SPH equipment of all units where the SPH program was implemented.

4.4 Describe the plan and schedule for equipment maintenance.

V. **Education and Training**

5.1 Describe education and training of clinical HCWs on safe patient handling program.

5.2 Are clinical HCWs required to perform competencies of each piece of equipment/devices specific to their assigned unit?

5.3 Describe the annual program refresher training process.

5.4 Describe patient education about the SPH program as well as any education for families and/or visitors?

5.5 What is the process for the education, training, and competency of clinical students?

5.6 How is unit-specific training provided to new and transferred employees?

5.7 Describe how training for new equipment introduced between annual training is conducted.

5.8 Describe training of lift team members.

VI. **Program Implementation**

6.1 Describe the SPH program policy, including provisions for emergency manual handling measures and accessibility of the policy to clinical HCWs.

6.2 How are procedures utilized in SPH documented and made accessible to clinical HCWs?

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- 6.3 What is the SPH program policy for non-compliance for clinical HCW and patients, including consequences?
- 6.4 Describe and provide documentation of the implementation process of the SPH program to each unit.
- 6.5 Describe SPH program barriers and challenges and how they were addressed.

VII. Program Evaluation

- 7.1 Describe the process of annual evaluation of the SPH program, including overall and unit-specific program evaluation.
- 7.2 Describe what unit-specific injury data and benchmarks were utilized in the annual evaluation to evaluate a reduction in clinical HCW MSDs.
 - 7.2.1 What reduction in MSD injury rates and severity of injury rates were noted during program evaluation?
- 7.3 How are program processes, such as equipment maintenance and laundry management, evaluated?
- 7.4 Was a satisfaction survey of clinical HCWs, that includes safe patient handling program assessment, performed since implementation? Describe timeline for future surveys.
- 7.5 Describe how patient satisfaction is evaluated, including frequency of patient surveys.
 - 7.5.1 Has any measurement of SPH program impact on patient safety performed? Describe findings if applicable.
- 7.6 Describe evidence of ongoing equipment usage by clinical HCWs.

ANA Handle with Care Recognition Program

- 7.7 Describe how after action reviews or root cause analysis of SPH injuries, and other adverse events related to the SPH program are conducted.

VIII. **Program Sustainability**

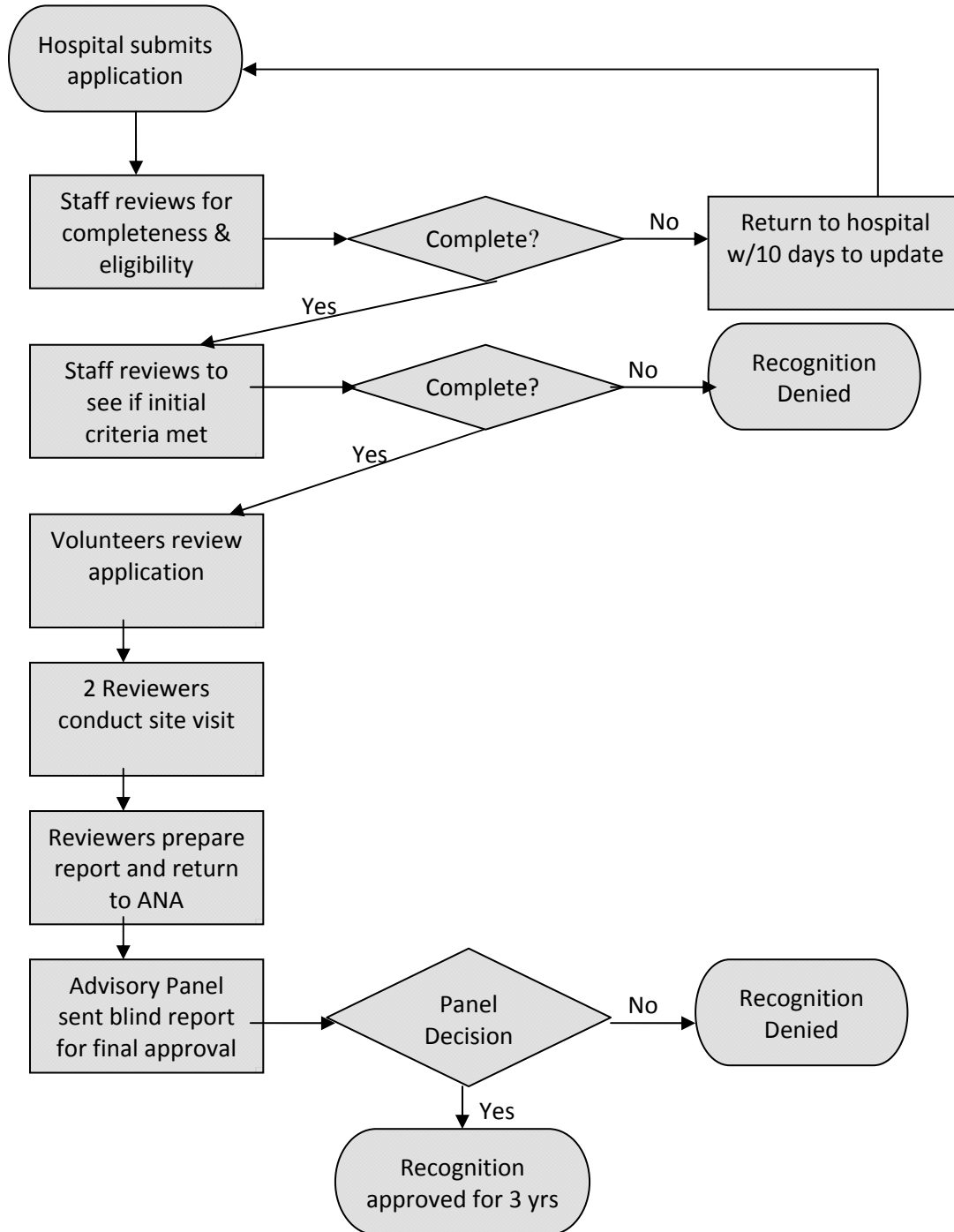
- 8.1 What is the process and frequency of unit walkthrough assessments?
- 8.2 Describe the process of program modifications based on findings from program evaluations, including planning, implementation and communication of modifications.
- 8.3 What is the plan for review of patient handling injuries and dissemination of review findings?
- 8.3.1 How frequently, and to whom, are reports on patient handling injuries provided?
- 8.3.2 How often does the SPH program coordinator review and coordinate dissemination of injury reports?
- 8.4 Describe the facility's plan to implement the SPH program on additional units.
- 8.5 How have SPH program components been considered in new construction and unit remodeling?

IX. **Regulations**

- 9.1 Describe how your facility's program is compliant with state and federal regulations.

Thank you for completing this application. You will be notified through email to confirm ANA's receipt of this application.

APPENDIX B Application Process Flowchart



APPENDIX C

Definitions

Clinical healthcare worker: healthcare personnel involved in direct patient care with job responsibilities that include handling of patients.

Clinical students: students enrolled in program of study obtaining clinical experience at a healthcare facility.

Equipment: all devices utilized to assist with patient handling.

Frontline staff: healthcare personnel that provide direct patient care, excluding nurse managers and nurse executives.

Multidisciplinary ergonomics committee: a committee composed of multiple disciplines that in addition to nursing may include physical therapy, occupational therapy, employee health, industrial hygiene, environmental services, or other related disciplines.

SPH program coordinator: dedicated employee responsible to oversee the safe patient handling program.

Unit-based peer leader: assigned staff member that provides SPH expertise to an assigned clinical unit.