SPH Injury Review Form

GENERAL INFO			
Incident date	9-29-2016	Incident number	0012345
Name of injured employee	Jane Doe	Location of incident	Med/Surg Nursing Unit
Injured employee's supervisor	Marge Incharge		
Injured employee's home department	Rehab Services	Injured body part(s)	Back
Cost center	00001		

POLICY REQUIREMENTS	
Did employees comply with no lift policy?	Yes, patient factors limited equipment use
Was equipment readily available?	Yes
Did employees use the equipment (if available)?	No, patient factors limited equipment use
Was the equipment appropriate for the mobility task being completed?	No, patient factors limited equipment use
Has the employee completed their annual SPH training? *(Note: If the SPH training has been completed, please attach the training syllabus to this form.)*	No

INCIDENT DETAILS	
Description of the incident:	On 9/29/2016, a Rehab employee was working with a heavily dependent patient to get them up to edge of the bed (EOB) for therapeutic exercises – the patient was on a Clinitron bed, firmed prior to mobility. With herself in front of the patient, a colleague behind the patient, and the patient's son also at the back of the patient, they assisted the patient from sidelying up to sitting at EOB. The employee stated that it was "really tough" to get the patient up, but once up had an improved disposition and physical stability. After exercises were complete, the rehab employee, her colleague, and the patient's son lowered the patient back down to sidelying and onto the patient's back. Then, with the patient's nurse joining, they used the chucks to boost the patient up in bed. The rehab employee stated that she did not feel any discomfort at the time of the injury, but felt pain and stiffness upon waking the next morning.

Patient factors impacting mobility:	The patient involved in this incident: • Was approximately 5'2" tall, and approximately 140 lbs. • Was totally dependent with most tasks, and was difficult to move with even bed level activity. • Had significant complexities impacting their mobility – extensive abdominal surgery, large coccyx/sacral pressure sore, colostomy & urostomy bags, left arm loss of function, moderate levels of confusion.
Other factors:	• The rehab employee had been working with this employee over approximately 4 weeks, and had worked with the patient 2 days in a row at the time of injury. She stated that she felt there was a cumulative component to her injury. • The patient was on a Clinitron bed due to skin integrity concerns. The Clinitron bed is not conducive to patient mobility as it: o Uses air-fluidized sand, which causes a fluid "water bed" surface that is unstable when repositioning a patient. When boosting or repositioning, the air-fluidization must be turned on to prevent skin shearing. o Creates a "cavity" in the sand when the air ventilation is turned off, making it very difficult to reposition or sit up the patient. o Creates an unstable base of support when a patient is sitting at EOB. o Has a limited adjustability head of the bed – it does not lift up enough to aid upright positioning, and does not lower into trendelenberg to aid repositioning. • Given the factors involved in this patient's case, both the Rehab employee and her supervisor felt that this patient *may* not have been a candidate for skilled therapeutic care, as the patient was unable to perform activity at a level sufficient to warrant skilled therapeutic care that is safe for therapists to perform. However, o Both the patient's doctor and Case Manager were advocating for aggressive mobility in hopes of improved outcomes. o The patient's family members were strongly advocating for skilled therapeutic care. o The treating therapists themselves wanted to improve the patient's outcomes, and may have pushed themselves beyond normal practice in order to provide care for the patient. • The Nursing staff was getting the patient up into a sitting position by using a hovermatt over to cardiac chair, strapping the patient in to the chair, and then adjusting the chair into sitting position. Reportedly, this probably should have been the appropriate course of treatment for this specific patient. • Utilization of a family member to provide physical assistance in the patient's mobility may not have been appropriate, as the patient's family member was untrained in manual patient handling and did not support the patient's movement sufficiently.

PREVENTATIVE ACTIONS				
	Action (all actions must list Owner(s) and Due Date)	Owner	Due Date	Interim Mitigation Measures (if applicable)
1.	Evaluate if a hovermatt or repositioning sheet can be left under patients on a Clinitron bed without impacting skin integrity. If possible, consider standard protocols for one of these devices to be left under all patients on a Clinitron bed.	Patient Mobility Committee	12/2/2016	Email to Unit Champions that one layer can be left under patient on Clinitrons – communicate this to unit staff
2.	Consider establishing a protocol that upright patient positioning (e.g. at EOB) cannot be performed on any Clinitron bed - A room chair or other support surface that meets pressure ulcer standards must be used (e.g. room chair with ROHO cushion for short time periods).	Marge Incharge	Completed	
3.	Consider educating all Therapists that they are able to say that a patient is "not a candidate for skilled therapeutic care" if the patient cannot perform activity at a level sufficient for Therapists to safely move them, including patients who cannot have SPH equipment used to supplement their mobility because of medical complications. *Note – Alternate mobility plans should be considered in these cases (e.g. RN staff, or Lift Team, to perform upright positioning in a cardiac chair instead of Therapy providing care)*	Marge Incharge	12/2/2016	Marge to provide exact wording – Revise to state "reinforcement of clinical decision making" in terms of balancing an aggressive mobility plan and maintaining safety
4.	Consider an intermediate level of mobility intervention that fits between Therapy and Nursing practices – for example: plans and personnel resources (e.g. Mobility Team) that ensure a patient completes a mobility plan outlined by the care team (e.g. up in cardiac chair 20 mins 5x per day).	Marge Incharge	12/2/2016	Marge to clarify – Process for Therapist or RN to supervise the lift team during scheduled activity?
5.	Consider training, or hiring to the SPHM team, a PT/OT Therapist specially trained in SPH techniques and equipment to provide on call assistance to Therapists when troubleshooting the most appropriate equipment to integrate into a challenging patient's mobility (e.g. a Clinical Mobility Specialist).	Marge Incharge	12/2/2016	Marge to clarify – Reinforce to staff that Therapy champion, Jack, is a resource to be used for troubleshooting complex cases