

The Association of



Safe Patient  
Handling  
Professionals

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# **The Role of Professional Certification: an American & International Journey**

**2014**

# Remember When....



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Repositioning

Transferring from bed to a chair

Turning

Lateral transfers

Pushing a bed

Assisting a patient into or out of the bed

Lifting a patient from the floor

Weighing a patient



# Changes in Equipment

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- More options
- Specialized lifting equipment
- More practical to use
- More complex?





# Changes to Staff

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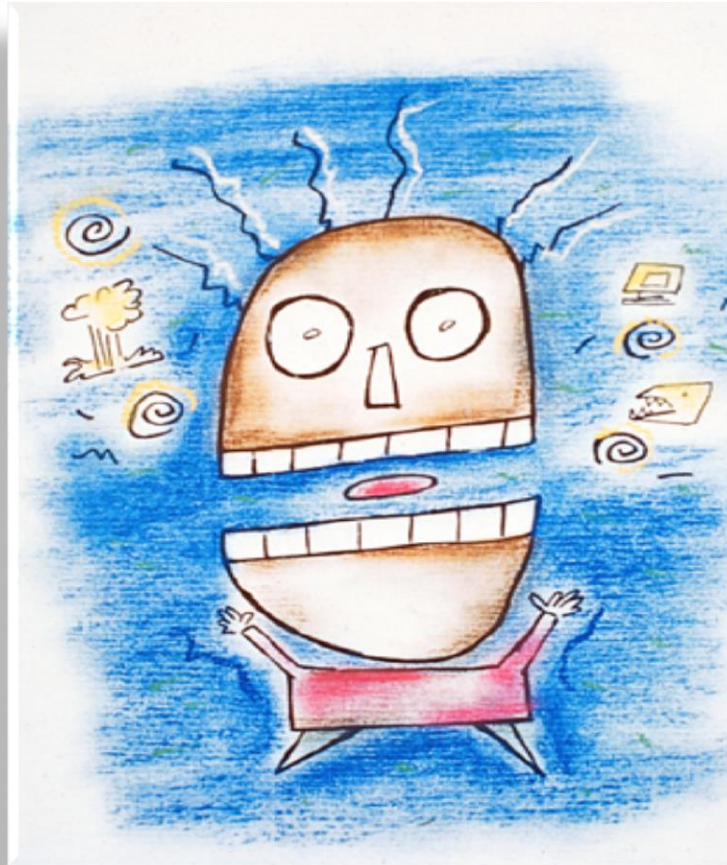
- Fewer staff overall
- Staff dedicated to moving patients among the first to go
- Remaining staff are older



# Changes to Staff Expectations

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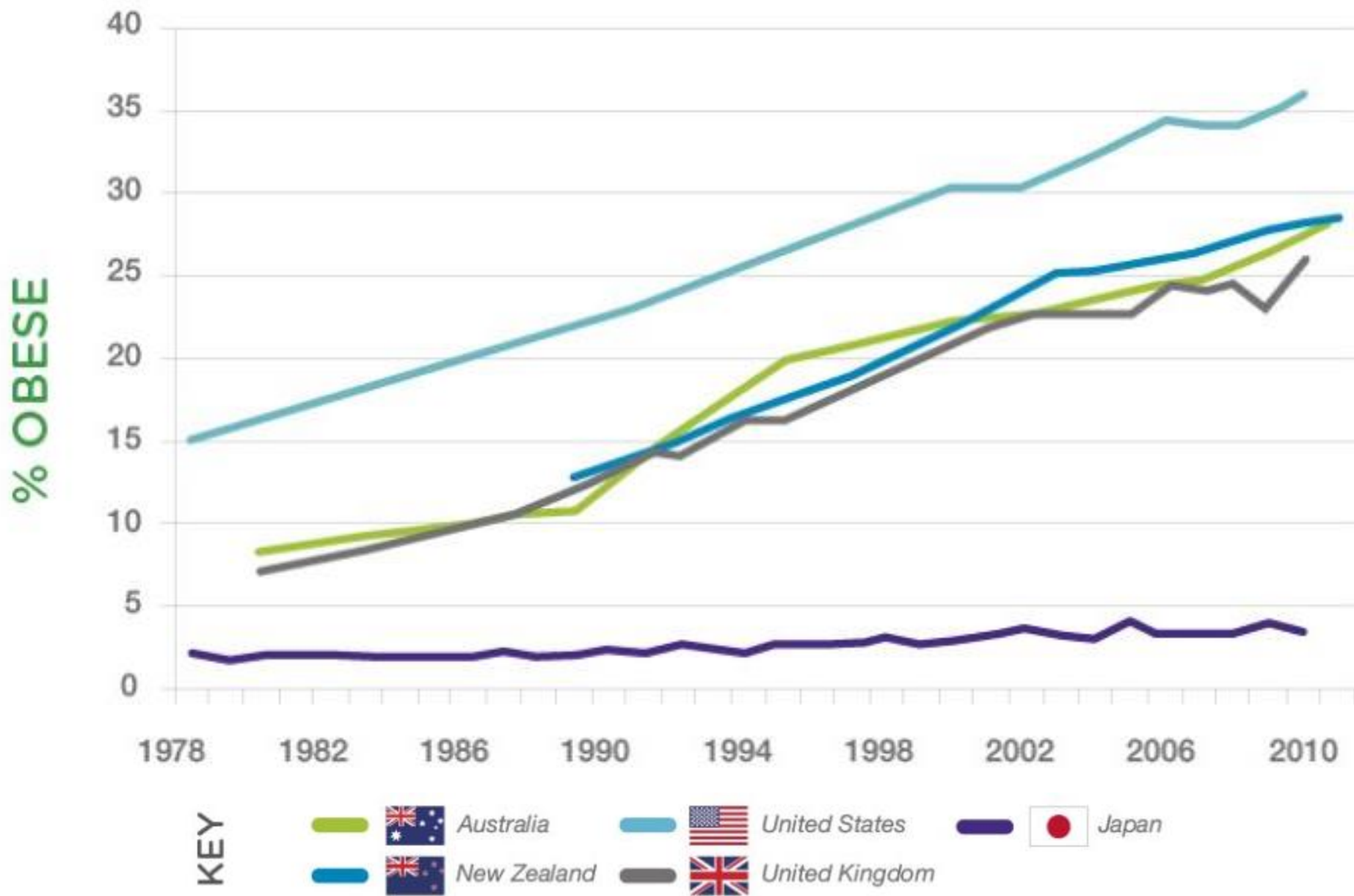
- More productive
- More efficient
- More Stress!!



# Changes to Patients

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- Sicker (Increasing patient acuity)
- Fewer, if any, independent patients
- Larger patients



Trends in obesity prevalence for selected countries, 1978 to latest year The increasing prevalence of obesity in Australia is part of a worldwide trend, with the exception of Japan. Source: OECD15



# Why Programs Fail

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- Lack Planning
- Lack Leadership
- Poor Communication
- No Policies
- Lack Proper Equipment
- Lack of Follow-up (Auditing)
- Etc.

# Why Programs Succeed

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## Common Elements of Successful Injury Reduction Programs at 13 Fortune 500 Companies

- Strong Leadership and Culture
- Defined Roles and Responsibilities
- Integration with Other Improvement Efforts
- Involvement and Accountability at All Organizational Levels
- Regular Program Review/Audit
- Leading and Trailing Measures of Success

# Historical Timeline

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**September, 2010:** Formulated concept with small group of experts.  
Determined that standards for Certification were essential

**January 28, 2011:** Decision made to Launch at SPH East 2011  
Incorporation Date: February 9, 2011

**March, 2011:** Membership and Certification programs, processes, policies  
and prices in place. Website went live.

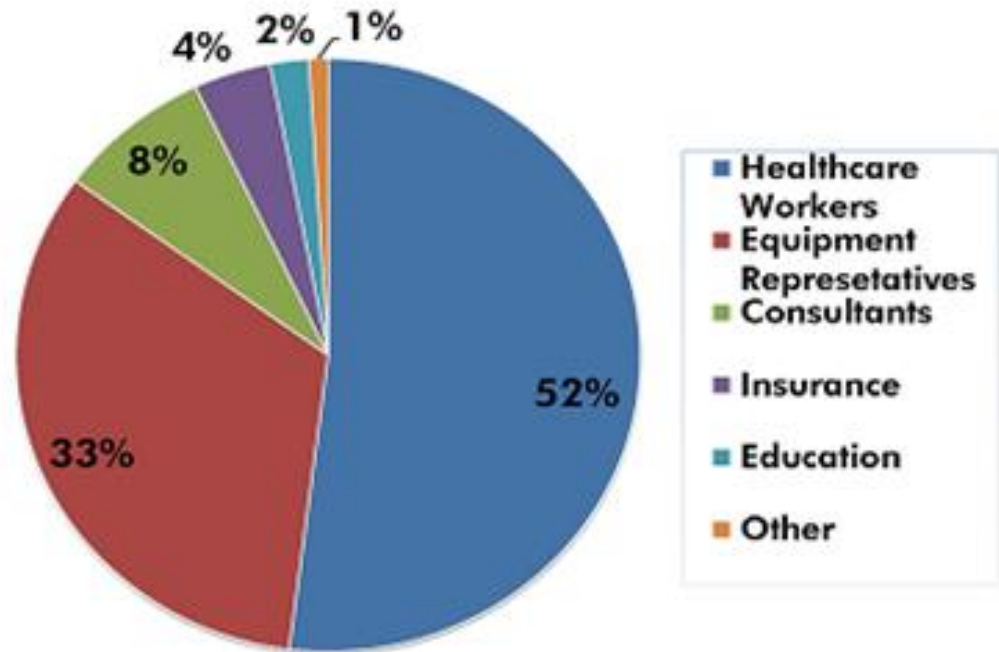
**June, 2011:** First Certified Professionals were awarded

**15 Member Board of Experts**  
**1 Part-time Staff**

# Historical Timeline

2011 Membership Total – 118!

Who Were They?



2011 Total Certificants -35

CSPHPs – 31

CSPHAs - 4

2013 Total Certificants -117

CSPHPs - 76

CSPHAs - 41

# Historical Timeline

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## Committees:

Certification – Executive Team

3 sub committees: Exam, Evaluation & Renewal, Marketing  
Webinar

Regional Networking + 1 sub committee

Long Term Care

Nomination

Advocacy



## 9 Skill Sets that are Useful for a SPH Manager

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- Finance
- Team Leadership
- Policy and Procedure Deployment
- Training Deployment
- Clinical Knowledge and Experience
- Risk Analysis and Control
- Program Promotion
- Program Audit
- Unit Specific Customization

# Role of Certification

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## Benefit to the Industry

- Improves the quality of the patient handling process in every area.
- Professional standards for professional practitioners
  - Shows Mastery
  - Accountability
  - Code of Ethics
  - Expresses Commitment
  - Exhibits Professionalism
  - Demonstrates & Verifies Skills



# Role of Certification

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## Benefit to the Individual

- Immediate Credibility
- Marketability
- Hiring / Salary / Promotion
- Personal Growth & Satisfaction
- Professional Advantages
- Public Acknowledgement - Recognition
- Increased Knowledge



# Certification

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## Certified Professional (CSPHP)

- Education and Professional Experience

A combination of post- secondary education and experience in related field, totaling 3 years.

1) RN plus 5 years' experience

or

2) Bachelor's Degree (in related field) plus 4 years' experience

or

3) Graduate Degree (in related field) plus 3 years' experience

# Certification

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## Certified Professional (CSPHP)

- SPH Specific Work Experience

Equivalent of 2 years dedicated full time to SPH,  
i.e. 4 years w/ 50% of time dedicated to SPH = 2  
full time years



# Certification

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## Certified Professional (CSPHP)

- Contact Hours

36 contact hours over the last 3 years relating to your responsibilities in SPH. Examples of related topics include achieving culture change, ergonomic risk evaluation and control and safety management. For other topics, include a brief explanation of how this content enhanced your ability to manage a SPH program.

# Certification

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## Certified Professional (CSPHP)

- Letters of Recommendation

3 letters required. Must include 1 letter from current supervisor or client that describes your work; 2 from persons familiar with your work and who are involved with SPH

# Certification

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## Certified Professional (CSPHP)

- Evidence

2 submissions of work that is unique to you that provides formal evidence of competence in the area of SPH. May include reports, assessments, publications, policies & procedures, written evaluations or materials from training that you have developed.

# Certification

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## Certified Professional (CSPHP)

- Exam
- Went live (Jan. 2014)
- International Exam being developed
- Certification Renewal (every 3 years)
- Submission of evidence of completion of 36 contact hours

## 9 Skill Sets that are Useful for a SPH Manager

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- Finance
- Team Leadership
- Policy and Procedure Deployment
- Training Deployment
- Clinical Knowledge and Experience
- Risk Analysis and Control
- Program Promotion
- Program Audit
- Unit Specific Customization



# Finance Skills

- Cost justification
- Budgeting / ROI
- Vendor negotiations

60 Month Cash Flow Analysis for injury expenses, savings, payments and net gains							
		Average Losses		Year 1	Program Costs	Years 4-5	Total
		12 Month Period			Years 2-3		
		\$0		\$0	\$0	\$0	\$0
		(Direct and Indirect if selected)					
0		Injury Losses	Program reduces these costs by	After reductions, monthly losses are	Monthly savings before payments	Monthly Program Payments	Final net cash gained after payments
Launch Meetings, training, Lift Coach Training, protocols	Month 1	\$0	30.00%	\$0	\$0	\$0	\$0
	Month 2	\$0	60.00%	\$0	\$0	\$0	\$0
Equipment training, coach certification, protocols, follow up plan,	Month 3	\$0	75.00%	\$0	\$0	\$0	\$0
Follow Up, re-training, results review	Month 4	\$0	75.00%	\$0	\$0	\$0	\$0
Follow Up, re-training, results review	Month 5	\$0	75.00%	\$0	\$0	\$0	\$0
Follow Up, re-training, results review	Month 6	\$0	75.00%	\$0	\$0	\$0	\$0
Follow Up, re-training, results review	Month 7	\$0	75.00%	\$0	\$0	\$0	\$0
Follow Up, re-training, results review	Month 8	\$0	75.00%	\$0	\$0	\$0	\$0
Follow Up, re-training, results review	Month 9	\$0	75.00%	\$0	\$0	\$0	\$0
Follow Up, re-training, results review	Month 10	\$0	75.00%	\$0	\$0	\$0	\$0
Follow Up, re-training, results review	Month 11	\$0	75.00%	\$0	\$0	\$0	\$0
Follow Up, re-training, results review	Month 12	\$0	75.00%	\$0	\$0	\$0	\$0
Follow Up, re-training, results review	Month 13	\$0	75.00%	\$0	\$0	\$0	\$0
Follow Up, re-training, results review	Month 14	\$0	75.00%	\$0	\$0	\$0	\$0
	Month 15	\$0	75.00%	\$0	\$0	\$0	\$0
	Month 16	\$0	75.00%	\$0	\$0	\$0	\$0
	Month 17	\$0	75.00%	\$0	\$0	\$0	\$0
Follow Up, re-training, results review	Month 18	\$0	75.00%	\$0	\$0	\$0	\$0
	Month 19	\$0	75.00%	\$0	\$0	\$0	\$0
	Month 20	\$0	75.00%	\$0	\$0	\$0	\$0
	Month 21	\$0	75.00%	\$0	\$0	\$0	\$0
Follow Up, re-training, results review	Month 22	\$0	75.00%	\$0	\$0	\$0	\$0
	Month 23	\$0	75.00%	\$0	\$0	\$0	\$0
	Month 24	\$0	75.00%	\$0	\$0	\$0	\$0
	Month 25	\$0	75.00%	\$0	\$0	\$0	\$0
Follow Up, re-training, results review	Month 26	\$0	75.00%	\$0	\$0	\$0	\$0
	Month 27	\$0	75.00%	\$0	\$0	\$0	\$0
	Month 28	\$0	75.00%	\$0	\$0	\$0	\$0
	Month 29	\$0	75.00%	\$0	\$0	\$0	\$0
Follow Up, re-training, results review	Month 30	\$0	75.00%	\$0	\$0	\$0	\$0
	Month 31	\$0	75.00%	\$0	\$0	\$0	\$0
	Month 32	\$0	75.00%	\$0	\$0	\$0	\$0
	Month 33	\$0	75.00%	\$0	\$0	\$0	\$0
Follow Up, re-training, results review	Month 34	\$0	75.00%	\$0	\$0	\$0	\$0
	Month 35	\$0	75.00%	\$0	\$0	\$0	\$0
Follow Up, re-training, results review	Month 36	\$0	75.00%	\$0	\$0	\$0	\$0

Cumm.  
Savings  
Before Pmts.



# Budgeting

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- The equipment purchase is only part of the cost
  - Extra slings, replacement slings
  - Training (cost to deliver plus cost to attend)
  - Promotion
  - Observations/Coaching
- The expenses don't end in year one

Compare outsourcing versus insourcing costs

You will identify additional equipment needs

Learn to speak the language of the “C” suite

# Team Leadership

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- Multi-disciplinary team including:

- Unit Managers
- Staff Nurses
- Bio-Med
- Human Resources
- Occupational Health
- Administration
- Etc.



- Team Leader versus Champion

# Policy and Procedure Development

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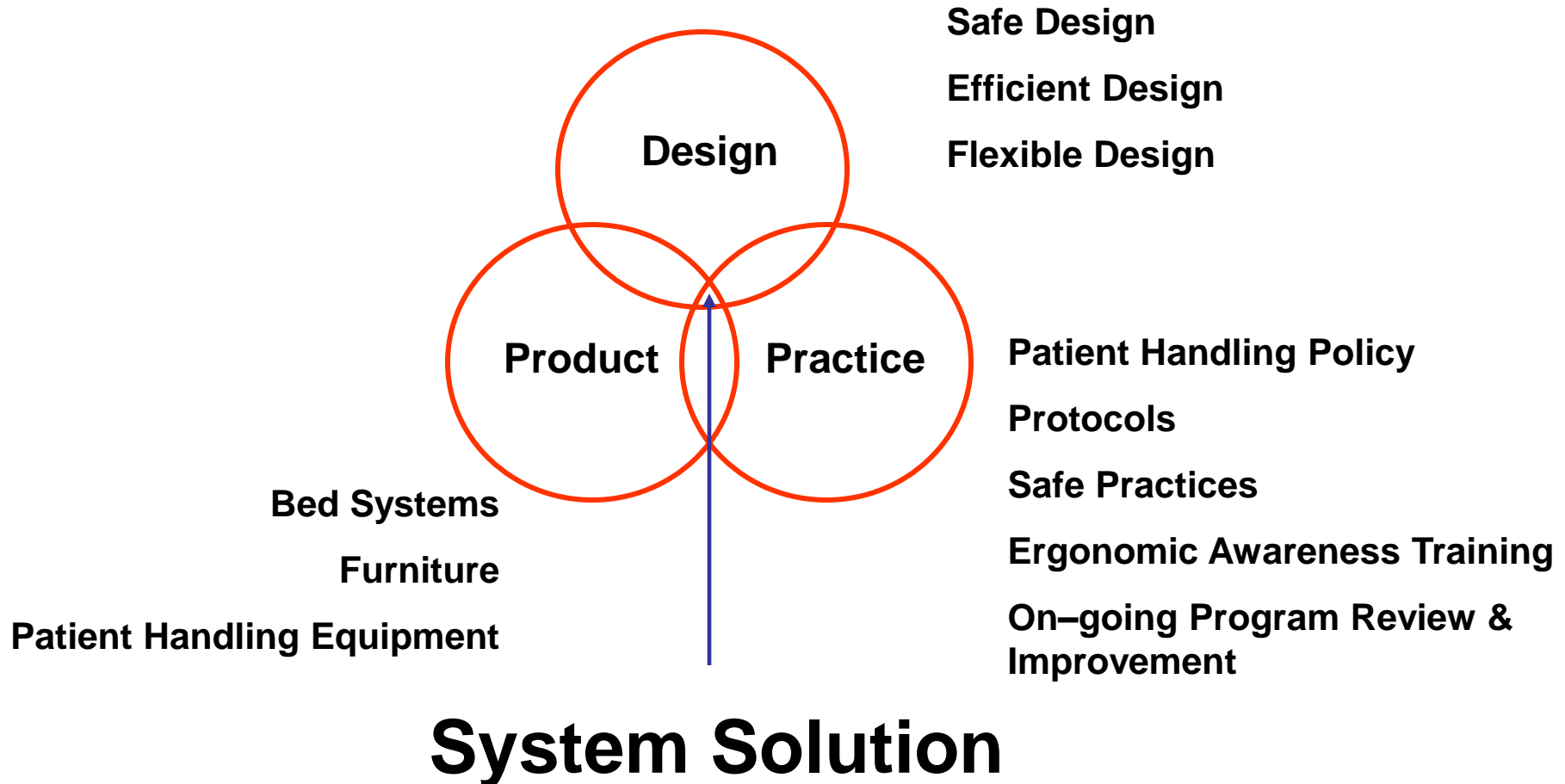
## We Found These Algorithms, Isn't That Enough?

- Equipment mis-matches
- Lack of ownership, NIH Syndrome
- Culture, Program of the Month
- Do you have the same goals and the same starting point?

## Include clear goals, objectives, and responsibilities.

- Identify the specific responsibilities of senior management and unit management that are necessary for program success, so that in approving the policy, senior management is clear about the implications and requirements for success.

## Patient and Caregiver Safety



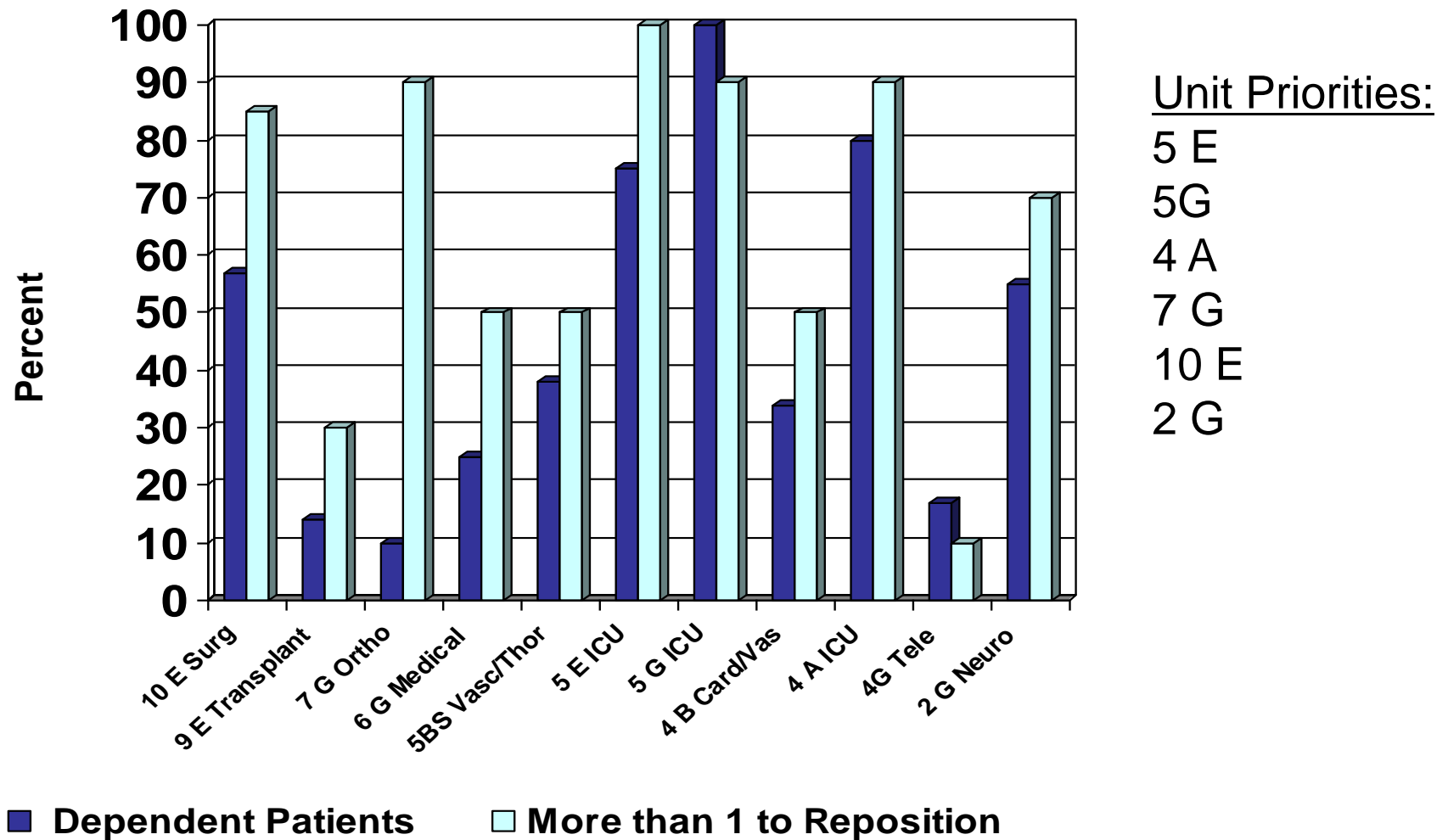
# Clinical Knowledge and Experience

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- The ability to distinguish between the valid aspects of the expressed concerns and the general resistance to change.
- Integration of the patient handling program with other clinical programs.
  - Falls
  - Wounds
  - Early & Progressive Mobilization

# Risk Analysis and Control

## Unit Analysis: Patient Repositioning Demands



# Risk Analysis and Control

## Control Option Example: Transporting Patients

- Maintenance of Casters
  - As the casters on beds and stretchers age, the force required to push increases. Regular preventative maintenance, inspection, and replacement of casters can reduce the likelihood of injuries.
- Flooring Selection
  - Carpets increase push forces. The more padding under the carpet, the more the forces are increased. The use of carpeting should be carefully evaluated in areas where beds and stretchers are frequently moved.
- Powered Assist
  - Power drives built into beds also reduce the need for lateral transfers between bed and stretcher.
  - External bed pushers





# Risk Analysis and Control

- Room Design: Provide sufficient space for lift/equipment usage
  - Minimum of 5 feet of clearance needed from the side of a bed to operate a floor lift
  - Minimum of 4 feet clearance needed from end of bed to wall to utilize TotalCare foot egress with support of a walker.
  - Consider patient size, bariatric patients require significantly more clearance space.



# Program Promotion

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## Promote Internally

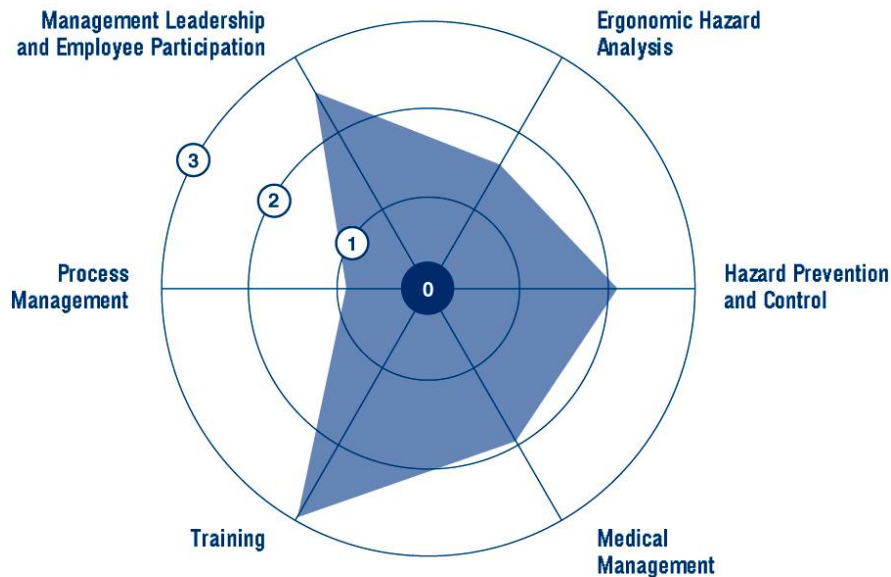
Lunch table placards  
Employee newsletters  
Video screens  
Email praises  
Spot awards  
Bulletin boards

## Promote Externally

Local newspaper coverage  
Nursing conferences  
Association newsletters  
Social media  
Quality awards

- Your Facility Marketing Department is Always Looking for Positive Things to Promote About the Hospital
- Your Equipment Vendors and Consultants are Always Looking for Positive Stories to Promote

# Program Audit



- Observation
  - If the program is working according to plan, what can you expect to see when you walk around the facility?

## Documentation

- Does the documentation match the program requirement?

## On-the-spot skills and knowledge verification

- Can staff explain what they should be routinely doing?

## Compliance audit versus performance review

- Accountability is usually linked to the amount of the investment. A low investment means low accountability.
- If you didn't have specific goals in mind, what could you measure your program against?

# Program Evaluation

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**“People don’t do what you expect but what you *inspect*.”**

**- Louis Gerstner, Jr.**

***Former CEO IBM***

**“What gets measured gets done.”**

**- Jack Welch**

***Former CEO GE***

# Program Evaluation

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## Outcome Measures

- Lagging Indicators

## Activity Measures

- Can Begin Immediately
- Identifies Priority Actions
- Emphasis on Working the Program
- Leading Indicator

## Compliance Measures

- Are you doing what you say

# Unit Specific Customization

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- Remember when...
  - Every unit received exactly the same thing "and they liked it"?

Standardization is great for vendors; and for maintenance. But it isn't particularly valuable to the users.



# Questions?



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