

## Escape Safety Drift – Utilizing Safe Patient Handling Equipment

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*(#1 left side - Pictured left to right: Leandra Hampton, Jimmie Gulley, Melissa Rath, Elaine Blank, and patient played by Cathie Hintz. Photography by Jean Borck.*

*(#2 right side - Pictured left to right: Tamenia Harris, Linda Brennan, Missy Kling as the patient, Linda Go, Lokia Lee, and LaSchel Parker. Photography by Jean Borck.)*

Nursing staff have reported struggles in moving patients to provide Veteran care as quickly and efficiently as possible. Staff do not realize the value safe patient handling equipment can have to prevent injury to Veterans and staff. Some staff have allowed themselves to drift in the practice of utilizing safe patient handling (SPH) equipment. Practice drifts impact Veterans and staff members. An employee may have an immediate injury or one over time, causing missed work, creating staffing issues, and negatively impacting their professional career. The safe patient handling and mobility (SPHM) coordinator wanted to address this practice drift.

The SPHM coordinator met with the simulation program to discuss simulation modalities to use for the SPH unit peer leaders training for 2022. In 2021 the unit peer leaders attended a lecture and hands-on

review of equipment with a 60% attendance rate. The annual unit prevention leader (UPL) training is mandatory per directive 1161. The attendance for the escape room training for 2022 is projected to be 88% based on registration for the remaining sessions. The escape room training is two hours, as compared to the training in 2021 which was four hours. Given recent staffing challenges, this allowed us to complete the training quicker and keep staff on their units for an additional 88 hours despite training more staff than last year. This is a cost savings of approximately \$3,000.

With seventeen staff injuries in Fiscal Year 2021, nine of these injuries were staff attempting to catch a falling patient, and 16 out of 17 injuries involved manual handling of the patient. The need for additional training to decrease manual handling and thus staff injury was a necessity. After determining the learning gap based on employee injuries, the decision to incorporate situations the learner may encounter in the clinical environment where SPH equipment would be necessary. With the new VA Mobility Screening and Solutions Tool (VA-MSST), it was decided to have a SPH escape room this year for the annual UPL training. The escape room was a collaborative effort with the simulation program. An escape room was created to allow staff to utilize the VA-MSST tool and the Post Fall Decision Tree algorithm. To do this effectively, an embedded participant playing the role of the patient, was incorporated into the escape room.

The learning objectives were as follows:

At the end of the course the SPH peer leader will be able to:

- Employ the use of SPH equipment advocating for the patient and staff safety.
- Use the 3W's communication method (what I see, what I want, what I am concerned about) when patient or safety is at risk.
- Apprise staff competence with use of SPH equipment for validation.
- Recall the appropriate SPH equipment use meeting the patient mobility needs of the situation.

At the beginning, the learners are provided the rules of the escape room. The rules include following the order of the clues, informing learners the room is not locked, it is a safe environment to learn, and they can ask for help from the moderator. The escape room begins with the patient background, below:

## Patient background

You have received your assignment for the day  
Read the information below to provide care for your first patient

- Jane is a 70-year-old female admitted over night for confusion
- Medical History: Hypertension, PVD, CAD, pressure ulcers, UTI

Find your next clue–

- What has 4 wheels, 1 head and only 1 foot?
- Solve the puzzle to locate your next clue

The answer to the above clue is a bed. The next clue found on the bed leads the learners in using the VA-MSST to determine their patient's mobility status. As the learners continue through the escape room, they are led to find various slings and mobility resources for their patient. While the learners are searching within the sling cabinet in the hallway, the embedded participant moves to the floor, and is found by the learners as they return. The learners are surprised, and often react with a comment such as "oh my, we should not have left you alone." This leads the learners to work together while utilizing the Post Fall Decision Tree and determining the patient's mobility status.

Having a patient actor provides the ability to bring the learners into their real-world clinical environments with challenges and decisions they would need to make for patient care. The escape room is set-up in a patient room with a patient actor, allowing the interprofessional team of UPL to apply a shared mental model during their VA-MSST score, and following the fall algorithm for their patient plan of care.

Debriefing occurred after each escape room session, and remained learner focused with exploring learner frames for actions taken, decisions made, and communication strategies. Exploration of understanding the VA-MSST scoring and application of the 3W's communication tool, (U.S. Department of Veteran's Affairs, 2022), was included in each debriefing, as the UPL role is to train new staff at the unit level, assist staff with SPH mobility resources, and stop the line when SPH equipment is not being used where injuries could occur.

### Outcomes

Prior to the escape room, participants were asked what tool they were utilizing to determine a patient's mobility status before mobilizing, and 42% of participants were unable to name a tool. After completing the escape room, 100% of participants were able to name and utilize the VA-MSST.

An adaptation of the SPH UPL escape room has been created and is currently being used in the Community Living Center. The Milwaukee VA SPHM Coordinator has been sharing this escape room with the VISN 12 SPHM Facility Coordinator group, and we are hopeful this escape room may be further adapted by other facility coordinators throughout the VISN and VA enterprise.

Milwaukee has recorded five injuries to staff from attempting to catch a falling patient through Quarter 3 of Fiscal Year 2022, whereas we recorded eight incidents during the first three quarters of Fiscal Year 2021. Since starting the training at the beginning of Quarter 3, Milwaukee has not had any reported incidents of staff attempting to catch a falling patient.

The learners from the SPH unit peer leader escape room rated 100% they “strongly agree” and “agree” the learner objectives were met after completing the escape room.

References below:

Melillo C, Rugs D, Toyinbo P, Barrett B, Chavez M, Cowan L, Wyatt S, Arnold M, Hilton P, Martin M, Earwood J, Cox Sullivan S. Reliability and validity of the Veterans Administration Mobility Screening and Solutions Tool. Manuscript submitted to Biomed Central Health Services Research, May 2022.

Zablocki VA Medical Center, Fall Prevention and Management PSM IV-14, attachment Post Fall Decision Tree

U.S. Department of Veterans Affairs, VHA National Center for Patient Safety. Stop the Line for patient safety, February 2022. Retrieved on August 8, 2022 from <https://www.patientsafety.va.gov/professionals/stop-the-line.asp>

Department of Veterans Affairs, Veterans Health Administration, VHA Directive 1611, March 23, 2018