

Safe Resident Transfer in the Assisted Living Environment

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Introduction

The vast majority of studies done on conducting safe resident transfers in the healthcare field apply to the skilled nursing care environment, where higher numbers of staff exist for lift teams and the use of mechanical equipment is approved by state agencies. Many case studies of successful safe resident transfer programs are accessible within healthcare journals and on the internet, but the focus is almost entirely on the skilled nursing care environment.

By contrast, the assisted living industry prides itself on providing an environment that requires limited assistance by caregivers in meeting the residents' Activities of Daily Living (ADL) needs. In reality, a great deal of time is spent during the caregiver's work shift assisting residents with mobility and transfer tasks, such as moving residents from bed-to-wheelchair, wheelchair-to-toilet, etc. Mechanical lifting equipment is rarely found on site. When you couple this with high turnover rates among caregivers, the assisted living industry is experiencing high sprain/strain frequency and increased severity of these types of claims. Within safety and health publications, there have not been any innovative approaches to education and training for resident assistants/caregivers on safe resident transfer techniques and sound ergonomic principles in the assisted living environment.

Over the past decade, Emeritus Senior Living associates have sustained hundreds of resident transfer-related sprain/strain injuries totaling in the millions of dollars. To address this key loss driver, the company embarked on a project in late 2009 to address this issue for their caregivers. The need that was identified in this program was to increase the safety of employees who are asked to assist with the ADLs in the areas of mobility and transfer assistance, while at the same time decreasing the risk of potential injury to the resident by the use of sound ergonomic principles.

This paper chronicles the steps taken to develop the targeted education program, the program roll-out process, and the preliminary results of the program’s effectiveness.

Background

Residents in the assisted living environment do not require the higher level of daily assistance as seen in the hospital or skilled nursing care environment. Many families look toward the assisted living environment as an alternative that can adequately meet their loved one’s needs at a more affordable cost. The assisted living environment by nature of design and resident population provides this alternative care choice. Generally speaking, the promotion of independence that can be provided in this type of environment is a factor that speaks loudly to family members where a loved one may not quite be ready for or need a higher level of care.

It is estimated that 7,000 baby boomers a day will turn 65 in 2011, which means an estimated 2.5 million baby boomers in 2011 will be turning “retirement age” (Sheehan, 2011). This presents a huge need in the future for assisted living facilities as an alternative stage between “aging at home” and the need for admission to a long term skilled care environment. As the assisted living industry evolves and the level of care for all residents increases, it is imperative that better methods of education for caregivers be developed. At Emeritus Senior Living, it was determined that a different approach to resident transfers and education was needed to effectively control these injuries going forward. The project also included a general body mechanics emphasis that is viewed to be the foundation for the overall lifting/resident assist program.

Claims Loss History

To illustrate the magnitude of the strain-related injuries sustained while transferring residents over the past five workers’ compensation policy periods at Emeritus Senior Living, Table 1 below highlights the claim frequency on a rate basis – strain injuries per \$1M of payroll. Note that this table does not include information on strain/sprain injuries involving “other” lifting-related tasks – just those involving “resident transfer” tasks. The policy periods run from 10/1 – 9/30 of each year.

Policy Period	Number. of Resident Transfer Strains	Payroll	No. of Resident Transfer Strains Per \$1M Payroll
2005/2006	171	\$159,779,236	1.07
2006/2007	192	\$177,896,467	1.08
2007/2008	326	\$290,574,716	1.12
2008/2009	466	\$309,574,589	1.51

Table 1. Strain-related injuries have been the key WC loss driver.

Based on the data in Table 1, the frequency of the sprains/strains involving resident transfers has increased steadily over the past four policy periods.

Development of the Project

In November of 2009, the Loss Control Consultant from Chartis /Global Loss Prevention approached Emeritus' National Director of Safety and Loss Prevention concerning a collaborative process that would help to educate employees on basic ergonomic principles as well as those skills required for safe resident transfer tasks. Chartis agreed to fund the development of this special emphasis program.

It was decided that the education medium would be in DVD format as this would be the most cost-effective way to distribute the education program to over 450 Emeritus Senior Living communities. Other important factors considered in the choice of the DVD format were as follows:

- Ability to hold the attention of trainees, if done with the right mix of instruction and humor
- Increased retention level of the program content
- Video could be shot at Emeritus facilities, using Emeritus associates to increase the “connection” and personalize the message

The DVD production is segmented into three elements:

- Train-the-Trainer: Guidance on the purpose of the education and how to deliver the education.
- General Ergonomics: Education for all employees on general ergonomic principles and safe behaviors to minimize injury exposure. This education targeted the dietary, housekeeping, and laundry departments.
- Resident Transfers: Education on safe resident transfer methods for caregivers.

The resident transfer education agenda depicts the following key transfer issues:

- Understanding general ergonomic principles and safe behaviors
- Know the “Befores” – Preparing to assist a resident
- Wheelchair Assist
- Assisting a Resident from a Wheelchair to a Standing Position in a Walker
- Assisting from a Bed to a Wheelchair
- Assisting from a Wheelchair to a Bed
- Assisting from a Wheelchair to Toilet
- Assisting from a Wheelchair to Shower
- Assisting a Falling Resident

The key feature embedded in the DVD is the “return demonstration” concept whereby the trainees view one of the resident transfer techniques, the DVD stops at the end of the section, and the employees are asked to demonstrate that technique before they can move on to the next task skill. The return demonstration illustrates the effectiveness of the education and identifies the need for additional coaching and education if the task cannot be performed correctly.

The following is a summary of the steps in the production process:

1. A Global Loss Prevention Certified Professional Ergonomist was engaged to visit two Emeritus communities. The purpose of these visits was to conduct an “ergonomic walkthrough” assessment. Discussions were held with the management team, with focus on the caregivers, to obtain information on the general work environment, safety education methodologies, and work tasks, including positive and negative perceptions of ergonomic related issues. Following the interviews, work tasks were observed along with discussions with caregivers on how they perform their tasks, why they perform a task in a particular way, and their recollection of prior education. The data collection included photographs of proper resident transfers and at-risk resident transfers.
2. The data collected from the ergonomic walkthrough assessment was assembled in a report with analysis of interviews and observations. Recommendations were made for the proper work task procedures. A preliminary DVD production storyboard was created in the report using the discussion text and photographs of the work tasks.
3. A draft script was developed using the storyboard. The original script went through several revisions. Chartis scheduled several conference calls with Emeritus and the production company. These calls resulted in additional creative ideas being incorporated into the final script.
4. An Emeritus location in the Los Angeles area was selected during December and the on-site shoot occurred in early January 2010. This included shooting footage for both the Resident Transfer and the General Ergonomics segments.
5. The on-site shoot was a collaboration of the Safety Source Productions technical staff, the community employees, the Emeritus National Director of Safety and Loss Prevention, the Global Loss Prevention Certified Professional Ergonomist, and the Global Loss Prevention National Accounts Manager. The attention of the team at the shoot resulted in several changes to the script and shot list that were executed on site to make the DVD content more accurate and flow better.

DVD editing was accomplished during January as the DVD went through several revisions by Emeritus, Chartis, and Safety Source Productions. The final version of the DVD was completed in February with the run times of the completed video segments as follows:

- Train-the-Trainer 4:50
- General Ergonomics 9:32
- Resident Transfers 14:18
- Total 28:40

Implementation of the Education Program

The roll-out of the education program materials started during May 2010 in selected geographic regions to pilot the program, followed by full coverage of all locations by the end of December 2010. The program has been well-received by the caregivers and trainers in the field.

Written education documentation was also developed to compliment the DVD education content. Community use of local rehab and/or physical therapy groups is also encouraged to be a part of this program in conducting the education.

The individual communities are responsible to deliver the General Ergonomic and Resident Transfer education on the following schedule:

- At the time of hire for all caregivers
- Quarterly in-service education for all caregivers
- Following a resident transfer related injury

Preliminary Results and Impact

Emeritus Senior Living had approximately 300 communities at the time that this project was conceived in November of 2009. By the end of the program roll-out process near the end of 2010, they had acquired additional communities and were operating approximately 475 communities in total.

Table 2 contains a preliminary comparison of monthly claim frequency for 2009 and 2010. These are “same store” results, meaning that any workers’ compensation claims occurring at new communities acquired during 2010 are not included in the 2010 data.

Month	Number of Resident Transfer Strains 2009	Number of Resident Transfer Strains 2010
January	29	48
February	24	34
March	31	40
April	58	38
May	44	42
June	45	46
July	51	44
August	41	50
September	39	52
October	46	39
November	32	33
December	27	23
Total	467	489

Table 2. Claims frequency started to trend downward during the last quarter of 2010.

Conclusions

The results are very preliminary as of this writing early in 2011. When looking at Table 2, the frequency of resident transfer-related strains showed an increase during August and September, which was three to four months into the education program roll-out process. However, the trend in the last three months of 2010 finally showed the anticipated frequency reduction. A similar downward trend occurred during the last three months of 2009 as well, so the results are somewhat inconclusive when reviewing this monthly side-by-side comparison.

Emeritus Senior Living, Chartis/Global Loss Prevention, and Lockton Companies will be implementing more concise data-tracking methods to measure the effectiveness of this and future education programs. Preliminary indications are that the new education materials have had a positive impact on this particular category of losses. It is anticipated that, as the education program matures, resident transfer related injuries will continue to decline.

Bibliography

Sheehan, P. "Here come the Boomers." *Long Term Living*. Feb. 2011: Editorial