Sample Performance Improvement Measures
for Your Safe Patient Handling Mobility Program

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To measure organizational performance with your SPHM initiative, measures should be in place at multiple levels to evaluate progress. This table provides examples of measures that may be useful in measuring the success of your program.

Employee Injury Performance Improvement:		
The SPHM program is an effective way to mobilize your patients early and often while reducing employee injuries. Below are samples of measures that may be chosen to help measure improvement.		
Expectations	**Measurement**	**Metric**
Employee injuries related to patient handling (specifically repositioning, boosting, transferring, and lifting) are identified and trending downward.	% of employee injuries related to patient handling.	N = # of employee injuries related to patient handling D = # of employee injuries reported
Employees are using SPHM equipment when indicated.	% of employee injuries related to patient handling where the employee was using SPHM equipment.	N = # of employee injuries related to patient handling where the employee was using SPHM equipment. D = # of employee injuries related to patient handling.
Employees who are injured related to patient handling do not require extensive time away from work to recover.	# of lost days (shifts) related to a patient handling injury.	Calculate based upon the total number of hours for the job status re: full-time or part-time. *This metric can be calculated however is easiest, re: weekly, biweekly, or monthly.* If a person is full-time and would work 40 hours in a week, how many hours were worked and how many not worked? Example: James is a full-time employee and works 40 hours per week. He was injured this week turning a patient in bed. He worked 20.5 hours this week and was off the rest of the week. The result is (40 – 20.5 = 19.5 lost hours). He usually works 8-hour shifts. Therefore, 19.5 / 8 hours = 2.44 days lost that he would have normally worked.

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Expectations	Measurement	Metric
All new hires for patient care positions will receive SPHM training.	% of new hires in patient care positions who completed SPHM training.	N = # of new hires in patient care positions who completed SPHM training. D = # of new hires in patient care positions
Patient care job descriptions will include SPHM and the use of equipment.	% of patient care job descriptions updated to include SPHM and equipment use.	N = # of updated patient care job descriptions w/ SPHM and equipment use D = # of patient care job descriptions
New hire patient care positions will include competency using SPHM equipment upon hire.	% new hire patient care competency checklists that have been updated to include SPHM equipment use.	N = # of patient care competency checklists updated w/ SPHM equipment use. D = # of patient care competency checklists
All patient care staff will complete competency checkoff on SPHM annually.	% patient care staff who complete annual competency on SPHM equipment use annually.	N = # of patient care staff who completed annual competency on SPHM equipment use annually. D = # of patient care staff

Patient Care Performance Improvement:

Overall, SPHM can assist in improving hospital-wide patient outcomes. The measures below are examples of a few measures that may reflect improvement because of the appropriate use of a SPHM program. These can be calculated overall for the organization or per department.

Expectations	Measurement	Metric
Reduction in patient fall rates that are associated with employee assistance during a transfer, lift, or mobilization.	% of falls related to patient assisted transfer, lift or, ambulation.	N = # of patient falls that are associated with patient-assisted transfer, lift, or ambulation. D = Total # of patient falls
Reduction in hospital-acquired skin tears or advancing wound severity.	% of skin tears or wounds that advanced in severity since admission.	N = # of patients with new skin tears or wounds that advanced in severity since admission. D = # of discharges (or patient days)

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Expectations	Measurement	Metric
Reduction in hospital-acquired pneumonia	% of hospital-acquired pneumonia	N = # of patients with hospital-acquired pneumonia D = # of (or patient days)

Department Specific Performance Improvement:

For each department that is working to improve SPHM through performance improvement, processes should be in place to evaluate compliance with policies and processes. Below are some examples:

Expectations	Measurement	Metric
Compliance with procedures.	% of patient moves, transfers, or lifts completed using appropriate equipment and proper procedures. Description: Develop a process of periodic observation of staff members transferring, moving, or lifting patients to ensure proper equipment and techniques are used and policies are followed.	N = # of patient moves, transfers, or lifts observed where staff used appropriate equipment and procedures. D = # of observations
Functional assessment completed and staff members can identify patient needs accordingly.	% of staff knowledgeable of functional assessment results. Description: Data for this would most likely be collected by reviewing the patient record and querying staff regarding the patient's needs according to the assessment.	N = # of staff who verbalize appropriate interpretation of functional assessment. D = # of records reviewed.

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The care plan reflects patient needs.	% of patients whose care plan is reflective of needs with moves, transfers, lifts. Description: Data would be collected from a review of records.	N = # of patient care plans that are updated to include needs with moves, transfers, and lifts. D = % of records reviewed.
SPHM equipment was used as indicated.	% of occurrences involving lack of or inappropriate use of SPHM equipment. Description: Data would be gathered from patient occurrence investigations.	N = # of occurrences where lack of or inappropriate use of SPHM equipment was a factor D = # of occurrences
Mobility assessments competed at beginning of each shift and documented in EMR/communication tools in patient rooms.	% of mobility assessments that are completed with each shift assessment. Description: Data would be collected from the EMR to ensure consistent use and documentation of mobility assessment.	N = # of mobility assessments completed before each shift. D = # of shifts evaluated across all records audited.

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Mobility assessment communication tools in patient rooms.	% of communication tools in place in patient rooms to indicate the level of assistance required. Description: Data collected on random patients to ensure that a communication tool is displayed and accurate to match the shift mobility assessment. The mobility assessments will indicate whether a patient is min/mod/max level of care and can point to the correct piece of equipment to use to mobilize.	N = # of patients with communication tools in place. D = # patients evaluated

- Culture of Safety and patient satisfaction data may also be a helpful source to measure.