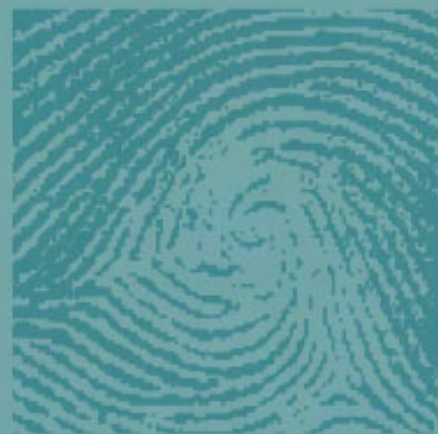


Victorian Nurses Back Injury Prevention Project



Recommendations arising from the Evaluation Report 2002

Department response

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Foreword

The Victorian Nurse Back Injury Prevention Project (VNBIPP) was established in October 1998 to provide funding for health care organisations to assist them to implement programs to prevent back injuries amongst nurses. An Advisory Committee, consisting of representatives from key industry stakeholders and organisations, was formed to oversee the project, which is administered by the Department of Human Services Nurse Policy Branch.

The project was established in response to growing concern amongst nurses and the industry regarding the unacceptably high rate of back injuries in the nursing profession and the enormous financial and human costs associated with such injuries. When the VNBIPP was initiated, nurses accounted for more than 54 per cent of compensation claims by health industry workers.

The aim of the VNBIPP is three-fold:

- (i) To assist facilities to implement back injury prevention programs based on no lifting principles.
- (ii) To facilitate long-term cultural change in health care organisations and among nursing staff. By encouraging new attitudes, the project aims to eliminate unsafe practices that have traditionally led to a high risk of injury amongst nurses.
- (iii) To assist health care organisations to implement effective procedures for risk identification, assessment and control of patient handling injuries among nurses.

This document details the recommendations and Departmental response arising from the external evaluation, commissioned by the Department of Human Services, and undertaken by Healtharena and La Trobe University.

The outstanding success of the VNBIPP is demonstrated in the Evaluation Report 2002. The evaluation indicates a reduction in WorkCover claims for injuries sustained by nurses by 48 per cent, a reduction in days lost due to injury by 74 per cent, and a reduction in the cost of claims by 54 per cent. These statistics represent an outstanding achievement in back injury prevention and are due in no small part to the hard work and dedication of the staff in participating health care facilities.

The VNBIPP Advisory Committee, who have made a significant contribution, will continue to assist with work towards promoting the long-term sustainability of nurse back injury prevention programs within public health care facilities.

Victorian Nurses Back Injury Prevention Project

Recommendations arising from the Evaluation Report 2002

Recommendations to the Department of Human Services

Recommendations	Responsibility	Departmental response
<p>1.1 It is strongly recommended that this report be distributed to:</p> <ul style="list-style-type: none"> • All Victorian health care facility managers. • All divisions of the Victorian WorkCover Authority involved with injury prevention in the workplace. • Key representatives of other health workers that practice manual handling of patients e.g. the Australian Physiotherapy Association, Australian Association of Occupational Therapists, Health Services Union of Australia. • All agencies that employ or institutions that train nurses. Organisations that design, fund or approve the building of new health care facilities. • Through the ANF to nurses and their representatives, including Occupational Health and Safety representatives. • Employer associations in the health and aged care industries. • Professional nursing bodies, such as the Royal College of Nursing and the Australian College of Nurse Management Incorporated. • Nurses Board of Victoria. 	<p>Department of Human Services</p>	<p>Agree, 1000 copies of the report have been sent to stakeholders identified and the report is available electronically from the Department's web address.</p>
<p>1.2 It is strongly recommended that support for Nurse Back Injury Prevention Programs be continued by the Department of Human Services, through an advisory committee that includes key industry stakeholders. Ongoing funding is required for patient handling equipment and for training all nurses in 'No Lifting' practices.</p>	<p>Department of Human Services</p>	<p>The Department has considered how best to ensure ongoing program delivery including appropriate management structures to promote long term sustainability. The Department proposes to continue in the short term to support an Advisory Committee that will meet monthly. Training of nurses in 'no lifting' principles has been incorporated into the Continuing Nurse Education Grant to support long term sustainability of back injury prevention programs. The Government has committed to continuing funding support for the VNBIPP, hence a bid for further funding will be made for the 2003/04 financial year.</p>

Recommendations to the Department of Human Services

Recommendations	Responsibility	Departmental response
<p>1.3 It is strongly recommended that the Department of Human Services develop strategies to provide injury prevention training to all staff involved with direct and indirect patient care, through an advisory committee that includes key industry stakeholders. This injury prevention training should be based on 'No Lifting' principles and be consistent with the Occupational Health and Safety (Manual Handling) Regulations 1999.</p>	<p>Department of Human Services and local organisations</p>	<p>As per the response to recommendation 1.2, the Department has explored strategies to promote program incorporation into health care facilities' operational structures. Funding for training of staff in 'no lifting' principles has been incorporated into the Continuing Nurse Education Grant. Specific guidelines for the allocation of this funding will be established to support health care facilities to sustain back injury prevention training programs.</p>
<p>1.4 It is strongly recommended that Back Injury Prevention Programs be monitored for a minimum of 2 years after implementation, to confirm the findings of this evaluation, estimate cost benefits, assess program sustainability and monitor the effects of VNBIPP refinement.</p>	<p>Department of Human Services</p>	<p>The Department has contracted the University of Ballarat to conduct further program evaluation. The evaluation is due to conclude in June 2004. This evaluation will provide monitoring of back injury programs for a minimum of two years and will estimate cost benefits, validate the findings of the previous evaluation and identify program components attributable to sustainability.</p>
<p>1.5 It is strongly recommended that the components of programs that affect program sustainability be identified. This could be achieved by monitoring program components for several years after implementation and determining associations between program sustainability and program components. This will facilitate support for program components that is proportionate to their utility in sustaining programs.</p>	<p>Department of Human Services</p>	<p>Agree in principle. This has been addressed as per response to Recommendation 1.4.</p>

Recommendations to the Department of Human Services

Recommendations	Responsibility	Departmental response
<p>1.6 It is strongly recommended that the Department of Human Services consider funding initiatives that aim to improve equipment storage and space to operate equipment in existing public health care facilities. Such initiatives should demonstrate consideration of the recommendations in the WorkSafe publication 'Designing Workplaces for Safer Handling of Patients/Residents' (Victorian WorkCover Authority, 1999), such as the installation of overhead tracking for ceiling hoists, where space constrains the use of lifting machines.</p>	<p>Department of Human Services</p>	<p>Agree. Flexibility in design for access and storage is generally subscribed in documentation and the planning process.</p> <p>The Department continues to draw health care agencies' attention to these recommendations through the standard project implementation process.</p>
<p>1.7 It is strongly recommended that the Department of Human Services implement strategies to ensure that all new health care facilities be designed with consideration of the environment required to operate patient handling equipment (WorkSafe publication 'Designing Workplaces for Safer Handling of Patients/Residents', Victorian WorkCover Authority, 1999). Adequate storage and operating space is required. Equipment needs to be located close to where it will be used, and the floor surface over which it is to be moved should present minimal resistance.</p>	<p>Department of Human Services</p>	<p>Agree. The Department continues to require design teams to take into account all applicable OH&S requirements. Extensive discussions are continuing regarding provisions relevant to WorkCover recommendations, with all relevant professional teams currently demonstrating an understanding and knowledge of WorkCover requirements.</p>
<p>1.8 It is recommended that adequate health care facility management support for program implementation and sustainability is determined. The specific resource requirements of program coordinators and trainers should be assessed through consultation with program coordinators and trainers. This information should be provided to facility management prior to Back Injury Prevention Program implementation or expansion.</p>	<p>Department of Human Services</p>	<p>Agree in principle, however this is a local occupational health and safety management issue. Components attributable to program sustainability will be investigated in the forthcoming evaluation.</p>

Recommendations to the Department of Human Services

Recommendations	Responsibility	Departmental response
<p>1.9 It is recommended that the contribution to program success attributable to program components be investigated. An initial step towards achieving this might be to compare nurse perceptions of program components for facilities that do, and those that do not, succeed in reducing (or maintaining a reduction in) injuries.</p>	<p>Department of Human Services</p>	<p>Agree, as per the response to Recommendation 1.8.</p>
<p>1.10 It is recommended that a standardised and valid instrument be developed for assessing competency in 'No Lifting' practices. It is recommended that a sample of nurses from a range of health care settings be assessed each month for competency using this instrument for up to 12 months and that the rate of skill decay is tracked. This will allow the development of recommendations regarding the appropriate timing of refresher training.</p>	<p>Department of Human Services and local organisations</p>	<p>Agree in principle. Will be a measurable in the forthcoming evaluation.</p>
<p>1.11 It is recommended that the patient/resident risk assessment instruments developed by WorkSafe Victoria in conjunction with the health and aged care industry and reported in the publication "Transferring people safely: a practical guide to managing risk-handling patients, residents and clients in health, aged care, rehabilitation and disability services" be promoted to all nurses and tested for utility. Measures of success of these instruments would be that they are used consistently to assess risk associated with patient handling requirements, that they are quick to complete, yield data considered by nurses to be of value in identifying handling needs of patients and can be completed accurately by nurses.</p>	<p>WorkSafe Victoria and local organisations</p>	<p>Agree in principle. It considered that testing these risk assessment instruments for utility is the responsibility of WorkSafe Victoria and local organisations. A link will be established connecting the Department's website and WorkSafe Victoria.</p>

Recommendations to the Department of Human Services

Recommendations	Responsibility	Departmental response
<p>1.12 It is recommended that the Department of Human Services collaborate with the Victorian WorkCover Authority to streamline access to the data required to monitor the effects of Back Injury Prevention Programs across time. It is recommended to discontinue the collection of data on minor claims in a longitudinal study of program effects.</p>	<p>Department of Human Services and Victorian WorkCover Authority</p>	<p>Agree, however the responsibility would remain with WorkCover. The Department has initiated discussions with the Victorian WorkCover Authority in order to explore this matter.</p>
<p>1.13 It is recommended that ongoing program evaluation include collection of detailed information from injured nurses about factors that may have contributed to their injury.</p>	<p>Local organisations</p>	<p>It is considered the responsibility of each health care institution to collect this information.</p>
<p>1.14 It is recommended that methods to improve response time to manual handling concerns be assembled, through consultation with program coordinators. Once assembled, this information should be provided to all program coordinators and to health care facility managers.</p>	<p>Local organisations</p>	<p>Agree in principle, however the Department considers the responsibility of this co-ordination should be with occupational health and safety bodies e.g. WorkCover and health care agencies.</p>
<p>1.15 It is recommended that VNBIPP expand its objectives to consider funding programs designed to meet the needs of nurses and other carers who work in the community.</p>	<p>Department of Human Services</p>	<p>This matter has been considered by the Department. To expand the VNBIPP objectives to include nurses and carers in the community is beyond the current project scope. Such an expansion has significant cost and time implications.</p>
<p>1.16 It is recommended that the Department of Human Services advise universities and TAFE colleges where nurses are trained that policies and procedures that are taught for the handling of patients/residents:</p> <ul style="list-style-type: none"> • should meet the requirements for patient/resident handling specified in the Regulations and Guidelines of the Victorian WorkCover Authority; and • are consistent with 'No Lifting' practices. 	<p>Department of Human Services</p>	<p>Agree and enacted by the Department.</p>

Recommendations to implementing facilities

Recommendations	Responsibility	Departmental response
<p>2.1 It is recommended that, prior to program implementation or expansion, facility management consider how they can provide adequate, accessible storage for equipment and adequate space to operate equipment. The recommendations in WorkSafe publication 'Designing Workplaces for Safer Handling of Patients/Residents' (Victorian WorkCover Authority, 1999) should guide these considerations.</p>	<p>Local organisations</p>	<p>Agree</p>
<p>2.2 It is recommended that health care facilities regularly assess patient handling equipment needs and provide nurses with adequate equipment, to ensure compliance with program objectives.</p>	<p>Local organisations</p>	<p>Agree. A process currently exists for health care facilities to apply for funding of equipment.</p>
<p>2.3 It is recommended that health care facility managers fund and resource the position of program coordinator beyond the period of Department of Human Services funding. Program coordinators need to be provided with adequate resources if they are to maintain effective programs. Facility managers are advised to regularly consult with program coordinators to determine the requirements for effective program implementation and continuation.</p>	<p>Local organisations</p>	<p>Agree in principle. Funding is to be sourced from within a facility's budget with due consideration to local priority issues.</p>

Recommendations to implementing facilities

Recommendations	Responsibility	Departmental response
<p>2.4 It is recommended that health care facility managers develop effective methods to ensure that all nurses receive Back Injury Prevention Training. This injury prevention training should be based on 'No Lifting' principles and be consistent with the Occupational Health and Safety (Manual Handling) Regulations 1999. Agency staff trained in Back Injury Prevention based on 'No Lifting' principles should be preferentially recruited.</p>	<p>Local organisations</p>	<p>Agree</p>
<p>2.5 It is recommended that health care facilities alert relevant staff to the importance of a timely and effective response to manual handling concerns raised by nurses. Nurses should be routinely surveyed to assess whether responses to their manual handling concerns occur promptly.</p>	<p>Local organisations</p>	<p>Agree</p>
<p>2.6 It is recommended that provision of low friction surfaces, that minimise the load associated with moving patient handling equipment, be recognised as a priority at the time of program implementation. The WorkSafe publication 'Designing Workplaces for Safer Handling of Patients/Residents' (Victorian WorkCover Authority, 1999) recommends options (such as the installation of overhead tracking systems) to reduce the burden associated with moving patient handling equipment.</p>	<p>Local organisations</p>	<p>Agree</p>
<p>2.7 It is recommended that individual facilities consider using the Round 2 nurse survey instrument to periodically scan for indicators of program performance.</p>	<p>Local organisations</p>	<p>Agree</p>

Additional recommendations

Recommendations	Responsibility	Departmental response
<p>3.1 It is strongly recommended that relevant key stakeholders and the Victorian WorkCover Authority develop strategies to reward facilities for the implementation, expansion and continuation of Back Injury Prevention Programs based on 'No Lifting' principles and that comply with the Occupational Health and Safety (Manual Handling) Regulations 1999. An example of this might be that participating facilities could have a reduced "Industry Rate" apply in their premium calculation.</p>	<p>Victorian WorkCover Authority and key stakeholders</p>	<p>Agree in principle, however Victorian WorkCover Authority and relevant stakeholders need to assess merit and workability of this recommendation.</p>
<p>3.2 It is recommended that methods are developed immediately to ensure that all nurses across the State are trained in 'No Lifting' practices before they commence patient handling duties.</p>	<p>No nominated organisation</p>	<p>Agree in principle. The Department has enacted initiatives to address training of nurses in 'no lifting' principles.</p>

Victorian Nurses Back Injury Prevention Project Advisory Committee Members 1998–2003

Armstrong, Ross	Ergonomics Unit, Victorian WorkCover Authority
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Begg, Fiona*	Occupational Health and Safety Consultant, Melbourne Health
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Bryant, Rosemary	Workforce Branch, Department of Human Services
Capp, Stan	Victorian Healthcare Association
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Casey, Matthew	Victorian Healthcare Association; Occupational Health & Safety Co-ordinator, Caulfield General Medical Centre
Elliott, Linda	Enrolled Nurses Special Interest Group
Finning, Cassie	Clinical Nurse
Gale, Jennifer	Director of Nursing, Peter MacCallum Cancer Institute
Gilsenan, Belinda	Nurse Policy Branch, Department of Human Services
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* VNBIPP Advisory Committee members as at October 2003.