

Home Care Musculoskeletal Injury Prevention (MSIP) two year Project 2013-2015

WCB Research and Workplace Innovation Program

Final Report – August 24th, 2015

BACKGROUND INFORMATION

This report is a final update on the MSIP Home Care Project that was developed and implemented in the Interlake-Eastern Regional Health Authority (RHA). This update will outline the successes, challenges and sustainable outcomes of the project.

The Interlake-Eastern RHA supports prevention programs and promotes a culture of safety among all employees. Our region was very grateful to have received the WCB grant to help develop an extensive injury prevention program for Home Care Employees and the client's receiving care. Throughout the two year project (July 2013- July 2015) we received lots of support from the Worker's Compensation Board, specifically Bruce Cielen, Manager, and Janine Swanson. They helped to provide guidance and direction throughout the development of this project. The project funded two positions, .8 EFT Musculoskeletal Injury Prevention Specialists and a .2 EFT for administrative support.

The overall goal of this project was to reduce musculoskeletal Injuries in the Workplace, specifically to Home Care Workers in our region through education and training. It was our goal to reduce injuries caused by forceful exertion, awkward body postures and repetitive strain. The overall goal of this program is to create a culture of safety for staff of Interlake-Eastern RHA and the clients receiving care.

Another goal was to promote a culture of safety among all healthcare workers in the Interlake-Eastern RHA. MSIP education demonstrated the importance of believing in safety and communication and, having the knowledge about safety and how to use equipment properly. Staff were very open to change in the client handling practices.

DEVELOPMENT OF PROGRAM/ MILESTONES:

In July 2013, the project lead began the literature review on evidence based practice for client handling. Within that year, over forty safe work procedures, three Home Care policies and learning material was developed to construct a manual titled "MUSCULOSKELTAL INJURY PREVENTION MANUAL" *For Home Care Direct Service, Supportive Housing & Adult Day Program*. Shortly after the completion of the

manual, training began. First training session conducted was for the Home Care Managers and Supervisors. Second training session conducted was to fourteen front line staff who were chosen by their supervisor to be a MSIP Peer Leader. Peer Leaders will assist with the delivery of MSIP education and be used to assist staff in the community with client handling questions. Once this training was complete the MSIP education was rolled out to the front line staff. By the completion of the project, July 2015, approximately 250 staff out of 700 have been trained. There will be 2-3 MSIP training sessions per month until all staff is trained, this will take approximately 3 years. Once all staff are trained, MSIP education will run as a review as needed (once a month).

The overall project was a success; however, there were some challenges as well. Some challenges included finding a central location that was big enough for all of the MSIP education equipment. In the end I was able to find two locations that work very well; Gimli hospital and Oakbank Personal Care Home. Another challenge was organizing the manual and putting the entire document together. However, with my administration assistant we were able to do this in a timely manner. Another challenge was with the former North Eastman RHA and former Interlake RHA amalgamation, there were two sets of outdated safe work procedures, policies and education material. It was very challenging collaborating the material from both regions.

The program was so successful that the Interlake-Eastern Regional Health Authority has made a full time permanent MSIP job to implement Client Handling practices region wide among all programs. The MSIP education program included program evaluation forms that staff were responsible for filling out at the end of the class. These forms demonstrated staff appreciation and their content with the program. Some quotes from staff stated "Great class, it was great to review skills and learn new techniques for moving patients" and "Great instruction, I really enjoyed the practical part of class".

The MSIP specialist also belonged to the Manitoba Falls Prevention Committee and the Manitoba MSIP committee. Both of these committees allowed opportunity for sharing and gaining ideas from other regions and organizations. The Interlake-Eastern RHA shared their new MSIP manual with these committees and they were impressed with the work and asked for assistance with updating their safe work procedures.

IMPLEMENTATION OF PROJECT'S OUTCOMES:

Jill Volk, the Musculoskeletal Injury Prevention Specialist and two Home Care Educators, Tracy Seib and Susan Buss were responsible for coordinating and delivering the education sessions. These education sessions were conducted in a classroom setting with enough space to allow for two beds, a sit to stand and a full mechanical Hoyer lift. The first two hours of MSIP education is theory, which includes topics such as spinal anatomy, back care and body mechanics. This is preceded by practical instruction using sliders, mechanical lifts and Transfer Belts. MSIP education is a full 8 hour day. The class consists of 15 staff from both existing and new hired cohorts.

The Home Care MSIP program was noticed by the rest of the region as such a success that they hired the MSIP specialist to teach other programs through contract work on her Fridays off. Therefore, the MSIP specialist spent .8 working on the Home Care Project and .2 on facility programs. The facility training included all Acute Care, Long Term Care and EMS staff.

The MSIP specialist received lots of help from Safe Work Manitoba, Injury Prevention Coordinator, Roland Reenders, who helped develop the program. We spend days going through the safe work procedures with a fine tooth comb. He's knowledge and experience was very helpful in developing best practice in client handling. I would also like to thank Charlene Robert, without her assistance this project would not be possible as she had sent in the original proposal in 2012. Her guidance and feedback throughout the project was very appreciated and helpful. Her experience in client and staff safety had a tremendous impact on the development of the program.

This project has been a significant highlight for our region's Human Resource department, in assisting with injury prevention initiatives. Thank you to everyone who has helped with the development and implementation of the MSIP Program.

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