

Developing a sling management system

Learn about key decisions for this segment of an SPHM program.

By Jan DuBose, RN, CSPHP

A patient mobility assessment determines your new patient needs a dependent sling. But when you finish your admission intake and reach the sling inventory storage site, you find no slings are available. Or perhaps you see a sling hanging on a hook and wonder if it's clean or dirty.

If you've had an experience like this, you're probably eager for your workplace to adopt a safe patient handling and mobility (SPHM) program that addresses slings, among other things. But before adopting such a program, a healthcare facility must perform a unit assessment to evaluate:

- medical conditions and mobility needs of its patient population
- maximum number of bariatric patients on the unit at a given time, and how often the unit reaches this number
- tasks performed on the unit
- unit staffing
- storage constraints.

Other parts of an SPHM program related to sling use include infection control and selection of the sling fabric.

Launderable vs. disposable

The SPHM committee, which oversees all aspects of the SPHM program, must decide if the facility should use launderable and reusable slings, disposable slings, or both types. Input from



the laundry department is critical. Each type of sling has benefits and drawbacks. (See *Comparing launderable and disposable slings*.) If the committee chooses launderable slings, the next decision is whether to launder them in-house or out-

source laundering to a laundry company.

In-house laundering

Advantages of in-house laundering include:

- negligible number of missing or lost slings because all slings

Comparing launderable and disposable slings

Despite their laundering costs, launderable slings are more cost-effective than disposable slings because they're reusable. Also, more launderable sling types are available, giving healthcare facilities more solutions for patient transfer and lifting needs. However, these slings raise concerns about infection control and sling sharing.

Disposable slings, on the other hand, are easier to store. With no laundering process, the safe patient handling and mobility (SPHM) program is simpler, no slings are lost to laundering, and infection control is easier. On the flip side, the ever-increasing cost of replacing slings can be a financial drain even on a successful, sustainable SPHM program. Also, disposable sling styles are limited, which can reduce the potential success of the program by failing to address all the manual tasks required.

Case study: On-site laundry with centralized distribution

By Deanna Watkins, MSN, RN, CSPHP

One hospital chose to build an 800-square-foot on-site laundry facility to reduce overall product processing costs, reduce the required product inventory, and decrease the risk of product loss. The laundry facility also represented an investment in the hospital's infrastructure. Achieving return on investment was estimated to take less than 18 months.

The hospital purchased four times the estimated inventory of slings and accessories, compared to six times the inventory that offsite laundering would require. Keeping products on-site keeps losses low and allows barcoding of all items for product management and tracking. Also, the on-site facility custom-launderers linens with the potential for future savings.

The hospital has a centralized process managed by the linen service of the environmental services department. This allows better inventory tracking and accountability. Each unit and department has an established inventory or periodic automatic replenishment (PAR) level of lift products. PAR levels were determined by reviewing patient demographics for each unit; the most difficult tasks reported by the staff; admission, discharge, and transfer data; average patient weight; and location from where most patients are admitted (such as direct admit vs. postoperative).

All products are barcoded and labeled with organization identification, not unit or department identification. That way, slings can be transferred with the patient as he or she flows throughout the care continuum. This is accomplished by the linen service using a laundry cart exchange process. Carts are exchanged daily depending on product use. Specialty slings and accessories (such as amputee slings) also can be acquired through the centralized system by calling the main phone number for linen distribution.

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stay in the facility

- shorter turnaround time due to better control of the process
- reduced sling purchase cost due to reduced inventory
- better oversight for maintaining sling standards.

Disadvantages include:

- the need for a dedicated staff member to oversee and manage the process
- the need for space to house a washer, dryer, drying cabinet, folding surface, and storage carts
- a properly vented environment to avoid dampness and mold
- possible injuries to laundry staff due to the added workload. (See *Case study: On-site laundry with centralized distribution.*)

Outsourced laundering

Advantages of outsourced laun-

dering include a reduced impact on laundry staff and transfer of responsibility for a smooth, successful process off-campus. Disadvantages are possible loss of slings, sling damage from industrial laundering methods, long turnaround time, and costs (determined by the pound or item).

Fabric maintenance

Whichever laundering process is chosen, fabric maintenance guidelines must be followed. Meeting infection-prevention standards is paramount. For example, a protocol for disposing of or treating soiled or infected slings must be established, along with protocols for single patient use of slings. Fabric integrity must be maintained to extend sling life; preserving sling quality for prolonged fabric reliability and sling longevity promotes patient safety and cost-effectiveness.

If the facility has chosen to outsource its sling laundering, it must establish a good working relationship with the laundry company, with clear and regular communication.

Inventory purchase and stocking of supplies

A sling management process includes estimating the number and sizes of slings a unit uses, purchasing inventory, and stocking supplies in an organized, effective way. Several factors can affect inventory. For instance, as the SPHM program grows, the facility will need more slings and accessories, and purchasing may be slow to catch up. The laundry service, whether in-house or outsourced, also may be unable to keep up with demand. And despite seemingly reasonable initial expectations, turnaround time might become impractical as the SPHM program evolves. Also, the number or sizes of slings a unit uses may have been estimated improperly initially.

Healthcare facilities have two options for establishing and keeping a satisfactory sling inventory—periodic automatic replenishment (PAR) or centralized distribution.

PAR system

To maintain a PAR level, the facility must keep enough slings on hand so it doesn't run out while waiting for resupply. Space constraints may limit the PAR level. PAR requires not just a storage area but also a dedicated staff member, along with unit staff, transport staff, and laundry staff for backup. What's more, if specialized slings are stored on specific units, they're not easily available on other

units. On the other hand, using a PAR system means slings will be readily available on all shifts, which leads to better compliance with the SPHM program.

Centralized distribution

With this system, access to slings may not be available when needed, especially on evenings, nights, weekends, and holidays. A staff member must be put in charge of maintaining central storage for efficient distribution, and a process for obtaining slings must be established. For instance, is a runner needed? If so, who supplies the runner?

Nonetheless, a well-organized centralized distribution process can be highly effective if communication is clear and consistent. Also, lack of unit storage for slings isn't a concern.

Sling tracking

Sling tracking promotes return of slings to the proper unit. Tracking can be handled in several ways:

- Slings can be labeled with an indelible marker, barcoded, or embroidered. A simple marking system can yield valuable benefits.
- Vendors may have sling tracking systems your facility can use.

Support for the SPHM program

A well-developed sling management system supports a facility's SPHM program. The SPHM must elicit input from units that will use the system and from the laundry department or outsourced laundry company to ensure all parties' needs are met. It must choose sling styles and fabric

and put in place procedures for sling purchase, inventory maintenance, care, laundering, tracking, and replacement. Once these issues have been addressed, the facility is ready to embark on an SPHM program that can improve patient care and help prevent staff injuries.

Selected references

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way to becoming firmly rooted and incorporated into caregivers' daily practice. Although the practice change is becoming the new norm, coaching and mentoring are needed to help maintain momentum. Stories learned along the journey should be used to inspire both novice and expert clinicians.

Objective evaluation of the improvement process should continue, focusing on outcome measures and identifying improvement opportunities to promote refinement. Team members are now doing things they never thought were possible—and previously believed to be unsafe. Recently, I learned of a ventilator patient at St. Luke's Medical Center, Boise/Meridian (Idaho) who was receiving continuous renal replacement therapy (CRRT). Staff safely mobilized the

patient to the chair using the hospital's mobility protocol. In many ICUs, such a patient would be bedbound. But at St. Luke's, early mobility is now routine practice even for these patients. Conversation about mobility occurs in daily rounds and often is a major focus of daily patient goals.

In fact, staff members are likely to comment that they no longer ask the question "Can we mobilize this patient?" Instead, they ask, "Is there a reason why we can't mobilize the patient?" Key lessons learned to promote and maintain this cultural transformation include the importance of testing new practices on a small scale, getting regular feedback of performance and outcome data, providing sufficient education, and increasing caregivers' will to mobilize patients by seeing the work in action.

Deliberate focus, full engagement

Incorporating new evidence into daily practice isn't enough to sustain a culture change to emphasize early mobility and SPHM. Such a change comes only with a deliberate focus on three key questions: What are we doing? Why are we doing it? What's my role? Full engagement and cultural transformation can occur only when all team members can respond to these questions with full understanding.

Visit www.AmericanNurseToday.com/Archives.aspx for a multidisciplinary progressive mobility continuum tool and a list of selected references.

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