

Development and Evaluation of a Model for a Home Care Ceiling Lift Program in BC

Funding Agency: WorkSafeBC

Collaborators: British Columbia Institute of Technology, University of British Columbia

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Objective: To identify and analyze the key issues related to access and adoption of ceiling lifts in home care and to develop a model for the successful implementation of a ceiling lift program for home care in BC.

Background

Home and community care is a growing area of the healthcare system in British Columbia. As their workplace is the client's home, community health workers (CHWs) are faced with unique workplace ergonomic challenges and are at high risk for musculoskeletal injuries (MSI) due to client handling.

While the use of ceiling lifts in acute care and long-term care environments has been shown to reduce MSI among healthcare workers, implementing ceiling lifts in the home environment has proven challenging.

The objective of this one-year study was to identify and analyze the key issues related to access and adoption of ceiling lifts in the home environment and to develop a program for the successful implementation of a ceiling lifts in home and community care in BC.

What we did

Phase 1: Issues Identification- Researchers identified key issues surrounding the use of ceiling lifts in the home care environment through a critical review of academic, scientific, clinical, and grey literature. Of particular interest was identifying existing models for implementing ceiling lifts in homes. A number of local, national, and international examples of equipment funding models were examined.

Phase 2: Issues Analysis- An interrelationship diagram analysis was used to determine which issues were likely driving or influencing the current state of the system, and which issues were more likely outcomes of the system.

Phase 3: Program Development- Program goals were developed based on information gathered during initial stakeholder interviews. The proposed program goals were:

- to support client care and worker safety;
- to allow equal access for all British Columbians;
- to provide a common process for obtaining a ceiling lift;

- to provide an opportunity for clients to make choices/decisions (of equipment they want installed) and to provide feedback/input;
- to establish province wide access to information regarding lifts; and
- to develop a ceiling lift program that is sustainable.

Program elements and success measures were created using the “drivers” and “outcomes” identified in Phase 2. Fourteen elements were developed for the proposed program and are detailed below in the Table. They were categorized into the following five broad topic areas: funding, standardization, knowledge transfer and communication, education, training, geographic considerations, and implementation. In addition, researchers identified possible options or strategies to implement each element.

Phase 4: Program Evaluation- Key stakeholders including unions, employers, clinicians, clients, and equipment suppliers were asked to evaluate the program elements most relevant to them, based on their role in HCC. For example, clients were asked questions regarding funding elements, but not regarding the tools and resources for implementing a program at an agency.

After ranking each program element from “not important” to “very important”, they were then asked to review and comment on the options or strategies proposed to implement each element. Participants were also given opportunities to provide their own ideas throughout the interview.

Qualitative and quantitative data was collected during the structured telephone interviews. Quantitative data was analyzed using frequency analysis. Themes were drawn from the qualitative data by the research team and used to evaluate the proposed program elements.

What we discovered

In total, 32 structured telephone interviews were conducted from eight stakeholder categories. All but one element was identified as very important. They are listed in the Table below, from highest to lowest percentage, providing a sense of priority. Question # 13, ranked as fairly important by the majority, appeared on the bottom of the priority list regardless of whether the “fairly important” or “very important” percentage was used.

% ranked "Very Important"	Question
89	Q10: Provide agencies and health authorities with the information, tools and resources to efficiently implement an effective no-lift policy and ceiling lift program.
81	Q4: Develop and implement standard criteria, guidelines, and policies for client transfer / reposition assessment.
81	Q7: Improve methods to communicate risk between clients, CHWs, clinicians, agency and HA staff.
80	Q3: Adequately resource assessments (i.e. address limits in funding and human resources to complete assessments (and install equipment) before clients are transferred home).
80	Q5: Develop and implement standard practice guidelines that ensure clients receive assessments prior to receiving home support service.
78	Q1: Identify and publicize available funding sources to assist clients with purchasing and installation.
77	Q8: Educate clients, CHWs, agency and HA staff that CHW health and safety is as important as client care.
77	Q11: Provide task specific training to clinicians (e.g. assessing weight bearing status, assessing safety of transfers), and CHWs (e.g. using ceiling lift equipment).
62	Q2: Adequately resource agencies (& CHWs) to use ceiling lifts.
58	Q9: Increase awareness of Occupational Health & Safety responsibilities for CHWs under the Workers Compensation Act.
56	Q6: Identify and publicize current information on: equipment options, with purchase and installation costs, and the benefits of ceiling lifts in homes.
44	Q12: Geographic delivery challenges.
44	Q14: Establish Regional Champions coordinate the program in various geographic regions.
38*	Q13: Establish a web-based provincial information resource center for centralized access to current information, tools, and resources.

* 38 % ranked this as "fairly important"; 34% ranked it as "very important".

Conclusion and next Steps

A model was developed in this study, with extensive stakeholder input, allowing the identification of drivers for a program and indicators of its success. A prioritized list of program elements have now been identified that can be combined into a program and piloted for further evaluation.

It is of interest to note that the top three priority program elements of education, standardization knowledge transfer, and communication, and their corresponding options, relate to the development of practical tools that can be easily disseminated to, and used directly by, front-line workers. Funding was deemed the fourth priority element. Specifically, stakeholders indicated that in addition to education, standardized knowledge transfer and communication regarding the various aspects of the program, the resource issues must be properly addressed (i.e. the program must take into consideration the funding and human resources needed to complete assessments and install equipment before clients are transferred home) as a priority.

We conclude that a program, with the elements identified in this study, can be developed, including taking into account resource needs. What is now needed is the implementation and evaluation of such a program in practice.

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ABOUT THIS DOCUMENT

The Occupational Health and Safety Agency for Healthcare (OHSAH), which operated from 1998-2010, was a precursor to SWITCH BC. Conceived through the Public Sector Accord on Occupational Health and Safety as a response to high rates of workplace injury, illness, and time loss in the health sector, OHSAH was built on the values of bipartite collaboration, evidence-based decision making, and integrated approaches.

This archival research material was created by OHSAH, shared here as archival reference materials, to support ongoing research and development of best practices, and as a thanks to the organization's members who completed the work.

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