



# Incident investigation case example: Patient handling

A care worker was assisting a resident to her wheelchair in the bathroom. The resident was following instructions to stand but her knees buckled. The worker tried to keep the resident from falling while also ringing the call bell for help. The worker sustained a low back injury.

An investigation seeks to find the cause of an incident by asking a series of questions. Here are some examples of questions that can be asked when investigating a patient handling related incident resulting from transferring a resident. If the answer to any of the questions below is “No,” the next question should be “Why.” The question of “Why” may have to be asked a few times to find the true cause of the issue.

## Job

- Was this resident assessed for a manual transfer? If not, was a mechanical lift available?
- Do policies and procedures exist for toileting? Are they appropriate?
- Did the room layout impede the worker’s reach to the call bell?
- Did assistance come quickly?
- Were the workers who responded to the call bell at risk of injury?
- Were grab bars accessible for the resident to hold?



## Individual

- Does the worker know how to assess a resident’s mobility to determine whether following the transfer plan is appropriate in each specific situation?
- Did the worker refer to the appropriate documentation before the transfer (e.g., ADL, care plan, or chart)?
- Was the necessary information included in the documentation?
- Was the information recent, relevant, and understandable?
- Was the worker’s practice consistent with policies and procedures?
- Is worker training sufficient to ensure safe transferring of residents?
- Did the worker feel rushed?
- Does the worker know what to do when a resident starts to fall or lose balance?
- Did the worker feel that he or she could ask for assistance?



## Organization

- How do workers know which method should be used to transfer this resident?
- How was information about transfer methods communicated to the worker? Was it verbal or written? Was it fully understood by the worker?
- Was documentation (e.g., ADL, care plan, or chart) clear about how to transfer this resident?
- Are workers supervised to ensure that they are following policies and procedures on how to transfer this resident?



## Conclusions

The following provides two possible outcomes from an incident investigation. The incomplete investigation focuses on the worker's actions and therefore the corrective action centres on the worker. The more

thorough investigation delved deeper into what conditions were present that led the worker to make the decisions they did and therefore the subsequent corrective actions address these conditions.

Cause(s)	Corrective action(s)
<b>Incomplete investigation</b>	
<p>The worker reached for the call bell rather than assisting the resident to the floor slowly.</p>	<p>Review the controlled-fall procedure with staff.</p>
<b>Thorough investigation</b>	
<p>On a previous shift, another care worker who was helping this resident get dressed noticed that she was unable to lift her leg. However, the resident had not been reassessed, the care plan and ADL were not updated to reflect an inconsistent ability to weight bear, and the information was not communicated verbally to the worker. The worker was unaware that a manual transfer might no longer be appropriate for this resident.</p>	<p>Nurse supervisors should perform regular spot checks of all care workers to ensure they are performing bedside assessments for weight-bearing ability. These spot checks should be recorded and reviewed by the director of care and the joint health and safety committee.</p>
	<p>Direct care workers who are less confident, including new and casual workers, should be buddied up with a direct care worker who is experienced in performing bedside assessments.</p>
	<p>All workers, including nurse supervisors and care workers, should receive in-service training on performing bedside assessments.</p>
<p>Although instructed by nurse supervisors, many care workers are not comfortable assessing a resident's weight-bearing ability, so they tend to just follow the ADL provided in the resident's room.</p>	<p>Care workers should immediately flag changes about a resident's weight-bearing ability directly on the ADL. (Currently only nurse supervisors change the ADL.) Care workers should also report changes to their nurse supervisors. Any change recorded on an ADL or reported to a nurse supervisor will indicate that a reassessment is required. In the interim, care workers should consider the resident fully dependent and use a ceiling lift for transferring and repositioning.</p>



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