Summary report of a Workshop at the MHANZ AGM 2017

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## Background

At the Moving and Handling Association of New Zealand (MHANZ) AGM in 2016, an ‘Experience Workshop’ identified *inter alia* factors that helped/facilitated or hindered/were barriers to implementation of Moving and Handling of People (MHP) guidance material (Lidegaard 2016). These are summarised as follows (Table 1):

**Table 1: Summary of MHANZ Experience Workshop 2016 – Main Facilitators and Barriers to implementing an MHP Programme**

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| --- | --- |
| **Main Facilitators** | **Main Barriers** |
| Adequate budget and staff time | Inadequate/inefficient resources (budget/time/staff) |
| Management support and awareness | Lack of management support/Lack of importance of MHP(Other areas prioritised) |
| MHP Guidelines well-presented, versatile, evidence-based, patient focused, accessible and good awareness (website) | MHP Guidance material:  out-dated, too generic, poor presentation style, hard copy version and web material hard to find (inaccessible), not advertised/promoted/ marketed. |
| Committed, experienced facilitator, Knowledge sharing | Different approaches/unwillingness to change health beliefs |
| Training for trainers | Lack of expectations/ Placement of responsibility |
| Safety culture, Legal accountability, High number of accidents/incidents | Not easily auditable |

This summary report presents the results of a Workshop conducted at the 2017 MHANZ AGM that focused on identifying ways that the main barriers (identified in the right column of Table 1) to implementing MHP programmes could be overcome.

## Methods

The participants (n=15) at the AGM were divided into six groups of 2-3 persons. Each group was asked to identify ways in which each main barrier could be overcome.

## Results

Group outcomes are summarised in Table 2.

|  |  |
| --- | --- |
| **Main Barrier** | **Ways to overcome barrier:** |
| **Inadequate/Inefficient Resources (budget/time/ staff)** | * Educate management * Talk to fundraising team (Hospice) sponsor an item * ACC report and levy increase shows poor performance and increase in injury so evidence used to ask for increased training/education * Creative funding options – Scholarship/Quality * Outside agencies can add pressure! * Additional note in discussion- media |
| **Lack of management support, Lack of Importance of MHP (Other areas prioritised)** | * Ways to provide input into Health and Safety meetings, being physically present, or sending in written recommendations * Identify staff injuries – link to safe MH practice (having a paper trail) * Notify near-miss incidents and/or equipment/MH that would reduce risk (risk identification) * Highlight the importance of code of safe practice and the CEO responsibilities in the H&S at Work Act |
| **MHP Guidance Material - Out-dated; too generic, poor presentation style; hard copy version and web material hard to find; not advertised/ promoted** | * Update material – ACC currently updating * Specific to environment (breaking down material) * Opening up language to be understood by larger audience, using different teaching methods to illustrate point. * Improving visibility – roadshow, TV advert, specify where guidelines can be found * Additional note added in discussion - Digital material (produced by eg DHB) to be accessible |
| **Different approaches/ Unwillingness to change health beliefs** | * Elaborate and measure impact on patients * Increase ACC levies, penalties and jail * Increase culture of safety e.g. encourage reporting, reward positive behaviour, resource appropriately, disseminate evidence based practise * Start at undergraduate level – All professions (include Medicine) * Prioritise facility design as tool for safety and future proof i.e. increasing bariatric population * Lead and role modelled at most senior levels ie MOH, CEO’s, DON’s * Continue to produce NZ evidence (local) |
| **Lack of expectations/ placement of responsibility** | * Lack of knowledge – from (senior) management needs   + Education around their responsibility and culpability   + Smaller, targeted documents * Placement of responsibility – dealt about with new Worksafe/ACC roles * Legislation – possibility of litigation |
| **Not easily auditable** | * Auditor Resource   + Who? Do they know how? Have they the tools to audit – are they standardised? What to audit? * Time requirement – resource * Collecting of Data to audit * Add/include with other audits (such as infection control) * Culture change |