

Caring for Caregivers

Establishing a safe lifting program at your facility

By Guy Fragala, PhD, PE, CSP
Photos courtesy of Joerns Healthcare

I would like to begin this article with an important statement from the mission of *Embrace* magazine: “*Embrace* encourages caregivers to remember to take time to care for themselves. Every caregiver needs to take a step back from time to time and focus on their own well-being and happiness, both for their own sake and the sake of the residents who depend upon them to provide top-notch care.”

The urgent need for safe lifting programs

The long-term care industry is dedicated to serving the needs of our aging population and others in need of post-acute care. However, playing this role can be hazardous to those caregivers providing a high level of quality care. In fact, when considering data published each year by the Bureau of Labor Statistics (BLS), nursing aides are consistently listed as the occupation at the greatest risk for disabling musculoskeletal injuries. When investigating the cause of these injuries, the majority are caused by lifting and assisting the dependent patients and residents who require help with mobility needs. Caregivers over the years have put their patients and residents first and accepted the risk of a back injury as part of the job. Many caregivers have gone through life enduring a painful disability.

Today we have learned that we can change and improve what I consider to be an unacceptable and needless situation that places caregivers at risk and can have a negative impact on quality of care. I have worked for close to 40 years to improve health and safety conditions for healthcare workers and create safer environments in healthcare. Early in my career, using my training in ergonomics, I recognized that the task of manually lifting and moving dependent residents and patients in healthcare facilities

was beyond the physical capabilities of the caregiving workforce. The approach being taken to try and safely lift and move dependent patients and residents was to teach caregivers proper body mechanics for lifting. Through my research and experience, I learned that because of the loads involved and the required postures in health care, there was no way to conduct these patient and resident lifts safely when done manually.

The focus of my work today is to introduce technology into the environment of care that will eliminate or reduce the need to perform high-risk activities that put caregivers at risk for injury. We now possess the technology to safely lift and move residents without putting caregivers at risk. We're also able to make conditions safer and more comfortable for residents. We have high-quality full-body sling lifts, stand assist lifts, ceiling lifts, many lifting aid devices and features built into bed system designs that eliminate the need to do manual lifting.

Five elements of a successful safe lifting program

In addition to the necessary technology, we need programs and systems that will make use of this new equipment as part of the process of delivering care. In order to be effective, these programs or systems need to include a few basic elements. I would like to present a brief overview of a program structure that might be helpful to any facility wishing to start or improve their safe lifting program. There are five basic elements or steps to consider.

1. Risk identification and/or assessment

To begin the process, it is necessary to determine where you think you have problems or high-risk situations. In this first step, the nursing aides who perform caregiving activities are the best source of information. Ask what they think is difficult or unsafe, such as bed to chair transfers, toileting activities or bathing activities. Getting feedback from the people who do the work provides the best information and creates buy-in for the program, giving the nursing aides a sense of ownership.

(Cont. on page 20)



(Cont. from page 19)

2. Risk analysis

In this second step, you should review injury records to see where actual worker injuries are occurring. If injury records are consistent with findings from your risk assessment, it is a very good indication that you need to do something about the situation. In this second step, you want to confirm where you have problems and decide where you need to make changes. You may decide that you want to focus on your very high-risk transfers or possibly your high-risk units. You may wish to address your facility one unit at a time or, if it works, the entire facility at once. Again, decide what changes you want to make.

3. Formulation of recommendations

Now you need to figure out what you need in the way of new equipment. Equipment needs will be based on an assessment of your patient or resident population and their needs for movement and mobility. There will be a financial investment required, but considering the direct and indirect cost of occupational injuries, there is a very significant return on investment to be gained. It has been estimated that those facilities that make a significant investment in lifting equipment recover that cost in one to three years when considering only the direct cost of injuries. When considering indirect costs, such as the cost to replace injured workers, administrative time, training time and a decrease in morale, the return on investment is even greater.

4. Implementation

Once you acquire the necessary equipment, you will need to introduce appropriate policies and procedures to integrate this new equipment into your process of delivering care. Education and training are important. Use education at all levels of the organization to deliver a consistent message of what is happening and to build safety awareness throughout the organization. Through training, develop and build skills throughout the workforce on how to properly use and apply this new equipment. Make sure this training builds competencies and is sustainable. Many have found that using



train-the-trainer concepts is a good approach. You will need a multi-disciplinary team to make this implementation process work. Make sure you select an appropriate champion to lead the effort.

5. Measuring success

Once your program has been up and running for a while, you will want to see if it is working. Select an appropriate measure of success and collect some data. If you have gained improvements, great, keep going. If you are not seeing the results you hoped for, figure out why and make proper adjustments. Your overall objective is to reduce occupational injuries and improve quality of care. There are specific goals you can select and measure that will help in achieving your objective.



There is a wide variety of lifting equipment available today from a number of manufacturers and vendors. We have seen a vast improvement in lifting technology from the original Hoyer Lift introduced in the 1950s and many of today's equipment suppliers offer services and programs to help you develop, implement and improve safe lifting programs within your facility. Sometimes there may be additional costs for these programs, or you may be pleased to learn that some of the basic services are included as a value-added benefit with your equipment purchase. Today's healthcare facilities cannot afford to not have a good and effective safe lifting program in place. ✨

About the author



Guy Fragala, PhD, PE, CSP has more than 35 years of experience as an occupational safety and health professional and is a national expert in the application of ergonomics to the healthcare setting. Dr. Fragala currently serves as the Senior Advisor for Ergonomics at the Patient Safety Center of Inquiry in Tampa, Florida and is the Champion for the Creating a Safer Environment Program for Joerns Medical. His book, titled *Ergonomics: How to Contain On-the-Job Injuries in Healthcare*, was published by the Joint Commission on Accreditation of Healthcare Organizations and has greatly influenced healthcare ergonomics and safe patient handling programs.