

Lessons Learned when Installing Ceiling Lift Track without Motors

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Over eight years ago, in an effort to increase the number of ceiling lifts in one of our larger hospital's units, we placed ceiling tracking in the XY configuration in thirteen patient rooms. We did not install the motors at the time of track installation.

The theory was to stretch the money allotted for ceiling lift purchases to install as many as possible. The thought at the time was that the nursing unit would budget dollars for one motor per year, so eventually there would be a motor on all thirteen tracks.

What we found is that eight years later exactly zero ceiling lift motors were purchased and placed on the tracking.

When analyzing the "why", there are probably several reasons the plan did not come together as planned.

Competing priorities for unit budget money could be one reason. At the time of the ceiling track installations Missouri did not have a safe patient handling law that mandated a safe patient handling program, therefore ceiling lifts were not viewed as a regulatory requirement. Many other regulatory requirements, bed alarms as one example, could have taken priority.

Another reason could have been lack of understanding by the nurse managers of the importance of safe patient handling equipment to prevent injury to both staff and patients. If you received your nursing education in the early 1980's as I did, safe patient handling was not an educational topic that was widely taught. We did not think about saving our backs and we did anything we needed to do to take care of our patients. I call it being a martyr, accepting discomfort and potential injury as a normal part of being a health care worker. I believe that nurse managers do care about the health of their employees, but they do not always understand the ramifications of repeated lifting and the connection to eventual injury to employees.

Lessons learned include the importance of understanding the competing priorities of budgeted dollars and the importance of educating nurse managers regarding the use of safe patient handling equipment to protect both their employees and patients and provide higher quality patient care. You can teach an old dog new tricks and I am a prime example. Maybe we should have had an agreement in writing with the nursing manager, or helped them get creative to find additional funding for the motor purchase.

I believe you need to continue to use creative thinking to fund all types of safe patient handling equipment and if you try a tactic that didn't work, learn from it and try something else the next time. Also, just because it did not work in one particular unit or hospital doesn't mean it won't work in another as cultures are often different from hospital to hospital.