

# Lifted Up

## Implementing the right safe patient handling program and equipment can help reduce risks

Sores backs, strained muscles, and stiff joints often come with the job when you're a nurse, an aide, or another medical assistant responsible for lifting and moving patients. But experienced health care workers who are properly trained, follow the right techniques, and use appropriate equipment can avoid pain and injury and improve patient safety—which also reduces risk and liability for their health care facilities.

Consider that, according to the Centers for Disease Control and Prevention, overexertion incidents are the leading source of workers' compensation claims and costs in health care settings.<sup>1</sup> These incidents primarily lead to musculoskeletal disorders, for which the single greatest risk factor among health care workers is the manual repositioning and moving of patients, residents, and clients.

### Hazards of the profession

In a paper authored by Mary W. Matz, MSPH, CSPHP, Veterans Health Administration Patient Care Ergonomics Consultant, and her colleagues, staff injuries related to patient handling are attributed to many factors, including the following<sup>2</sup>:

- Manual patient handling
- Staffing, workload, and time issues
- Staff on modified duty and off duty
- Inadequate training (initial and refresher)
- Lack of use of patient handling equipment
- Care provided on low patient beds
- Difficulty moving and maneuvering portable lifts
- Staff age, physical fitness, and medical conditions

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The U.S. Bureau of Labor Statistics reports that the incidence rate for non-fatal occupational injury and illness cases requiring days away from work in 2010 was statistically unchanged from 2009 figures. However, the rate of injury of health care support workers increased 6% during the same time period. Sprains, strains, and tears were the most common illnesses and injuries.<sup>3</sup>

“We have greater demands placed on our health care delivery system today because the population is aging and more people are requiring care. At the same time, the workforce providing care is aging and less capable of doing this kind of work,” says Guy Fragala, PhD, PE, CSP, CSPHP, an occupational safety and health professional and senior advisor for ergonomics at the Patient Safety Center of Inquiry, Tampa, Florida. “If we don't address these problems now, this will only get worse.”

### Damage control

Wendy Weaver, executive director of the Association of Safe Patient Handling



Source: Joerns Healthcare

A bed system in the gravity assist position facilitates repositioning on the bed surface.

Professionals (*see* the sidebar at right), noted that patient handling injuries are very costly to medical organizations and could easily end a career.

“If you look at injuries incurred in lifting, repositioning, lateral transfers, and other patient handling activities, you’ll find the numbers staggering,” says Weaver. “However, they can be prevented by putting the right programs in place and using the proper assistive devices.”

Recommendations to decrease the risk of patient handling injury, according to Matz and colleagues, include the following<sup>2</sup>:

- Increase staffing
- Promote teamwork
- Place staff safety at the same level as patient safety
- Increase ceiling lift coverage and presence of other types of patient handling equipment on each unit
- Involve staff in the equipment selection process
- Increase use and care of patient handling devices
- Provide more training on equipment

## Tools of the trade

Today’s tools of choice among care providers who move and lift patients include mechanical and nonmechanical floor lifts, ceiling-mounted lifts, air-assisted inflated devices, lateral transfer aids, gait belts, and transfer chairs.

Many injuries occur due to improper use and lack or malfunction of the assistive equipment commonly utilized by patient handlers, which is why it’s essential to determine if replacements, upgrades, or adjuncts to these devices are needed.

Mechanical lifts—like a full body sling lift for dependent patients and stand-assist lifts for patients who have weight-bearing capabilities—can significantly reduce the potential for injury. However, there are many other tasks required that mechanical

## Viabile and Certifiable

Launched in early 2011, the Association of Safe Patient Handling Professionals (ASPHP)—based in Allentown, Pennsylvania, and currently 190 members strong—is the first and only nonprofit organization of its kind that recognizes an individual as either a Certified Safe Patient Handling Professional (CSPHP) or Certified Safe Patient Handling Associate (CSPHA).

Applicants for certification must prove that they meet established criteria in education and professional experience, have safe patient handling work experience, and have earned a specified number of contact hours. CSPHP candidates must also demonstrate unique work that provides evidence of their competencies. A CSPHP or CSPHA is evaluated against nine core competencies and meets stringent guidelines.

Joining a professional membership organization like the ASPHP and becoming certified can result in fewer injuries to patients and caregivers. It can also earn health care workers respect from employers and peers, say experts. In addition, it can help health care facilities comply with state laws. To date, 12 states have enacted safe patient handling and movement (SPHM) legislation, and several of these states require health care facilities to develop or implement an SPHM policy, committee, and comprehensive program.<sup>4</sup>

Angela Mohondro, MA, MBA, CCC-SLP, director of rehab and allied health services for Kadlec Regional Medical Center, Richland, Washington, says she was impressed when Tim Jimerson, a lift facilitator she’s supervised for the past 10 years, recently informed her that he wanted to pursue a CSPHA designation. “This is a great opportunity to further my education and make my job safer for myself and others,” says Jimerson.

“Having a certified professional on staff helps ensure that there’s a knowledgeable expert managing an organization’s safe patient handling program and regulatory requirements,” says Sandra Swan, RN, MS, COHN-S/CM, CSPHP, manager of occupational health/ergonomics for BJC Healthcare, St. Louis, Missouri. “It reduces risks for the hospital.”

Tamara James, MA, CPE, CSPHP, ergonomics director for Duke University Health System, Durham, North Carolina, and member of the ASPHP board of directors, says she hopes that certification will eventually be required by certain professions.

lifts won’t solve, says Fragala.

“Repositioning in bed is the biggest problem because workers must reach out and move heavy loads while in awkward postures that involve twisting and turning,” he says. “We need to look closer at bed systems that will facilitate repositioning and might even cut down on the need for repositioning.”

Fragala recommends considering bed system features such as gravity assist, which can put the head of the bed down lower than the foot of the bed, making it easier to pull a patient back up to the head of the bed, as well as lifting aid devices

such as friction-reducing sheets for lateral transfers and a slide board to get a patient in a seated position from a bed to a chair.

## Get with the program

To keep up with the challenges in today’s caregiving environment, employing the proper equipment and getting the necessary assistance is essential, says Marjory Palladino, RN, BS, MSN, CRRN, CSPHP, director, resource effectiveness, Lawrence and Memorial Hospital, New London, Connecticut. “But it’s also important to have a program in place to

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keep patients and health care workers as safe as possible.”

This is evidenced by the results of a recent University of Maryland School of Medicine study, which show that an increased emphasis on safe lift programs at long term care facilities is linked with decreased workplace injuries and lower workers’ compensation costs.<sup>5</sup>

“There is a large body of research that illustrates the benefits [of instituting a safe patient handling and movement (SPHM) program] to staff through decreased injury rates and increased satisfaction and benefits to the hospitals through decreased workers’ compensation costs and fewer lost and restricted work days,” says Sandra Swan, RN, MS, COHN-S/CM, CSPHP, manager of occupational health/ergonomics for BJC Health Care, St. Louis, Missouri.

Launching an effective safe lifting and handling program in a health care facility involves careful planning and implementation of the following three key components, says Fragala:

1. **The necessary technology** to reduce the need for manual lifting and moving of patients.
2. **A process to combine safe moving and lifting of patients** into the operational activities of care

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delivery. This process should include the following:

- a. *Risk identification*—Determining where the hazards are
- b. *Risk analysis*—Assessing injury reports, considering high-risk units and deciding what changes need to be made
- c. *Determining solutions*—Choosing the technology, equipment, and practices required to solve the problems identified
- d. *Creating a blueprint for implementation*—Developing policies, procedures, and a training program
- e. *Measuring/monitoring program effectiveness*—Examining the frequency of injuries and lost work days, observing how equipment is used, and developing a process to report these measurements

### 3. **Proper training of employees involving a train-the-trainer philosophy**

The American Nurses Association offers the following additional tips to help build and maintain a successful SPHM program<sup>6</sup>:

- Create an ergonomics committee
- Analyze the data and conduct a walk-through
- Survey employees about their concerns, experiences, and suggestions
- Assess risky patient handling tasks
- Develop and adopt a safe patient handling policy, including a “no lift” policy that discourages manual patient handling
- Encourage reporting of back injuries, strains, and other musculoskeletal injuries

To better ensure the success of a program, “you need to establish buy-in at all


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**“Have a program in place to keep patients and health care workers as safe as possible.”**

**—Marjory Palladino, RN, BS, MSN, CRRN, CSPHP**

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levels—from the senior leadership team down to the direct care providers,” Fragala says. “I like to go to the people who actually do the work and learn from them where they think the high risks are. This way, they have ownership in the program.”

In addition, Fragala says, “you have to teach people how to fish instead of just feeding the hungry. Give them the ability to sustain the program.” 

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