



Embracing safe patient handling

By Jaime Murphy Dawson, MPH, and Suzy Harrington, DNP, RN, MCHES

According to the U.S. Bureau of Labor Statistics, nursing personnel are among the highest at risk for developing musculoskeletal disorders. In 2010, nursing assistants, orderlies, and attendants had the highest rate of musculoskeletal injuries, above laborers and heavy truck drivers. RNs came in fifth, above light truck drivers and well above construction workers.¹ Musculoskeletal disorders

are more than just an inconvenience; these injuries can be debilitating, life altering, and career ending.

The American Nurses Association (ANA) conducted its own Health and Safety Survey of nurses in 2011, in which 62% of the more than 4,600 respondents indicated that suffering

a disabling musculoskeletal injury was one of their top three safety concerns. The survey also showed that 8 of 10 nurses worked despite experiencing frequent musculoskeletal pain, and that 13% were injured three or more times on the job within a year.²

Federal legislation

As ergonomic hazards have emerged as a primary health and safety concern among healthcare workers, professional nursing groups, labor organizations, employers, regulatory agencies, and the scientific community have converged to address the issue. The U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) released its "Guidelines for Nursing Homes: Ergonomics for the Prevention of Musculoskeletal Disorders" in 2009. In these guidelines, OSHA explicitly recommends that "manual lifting of patients be minimized in all cases and eliminated

when feasible."³ Although only a guideline, and not a regulation, this statement reflects the recognition that manual patient handling is extremely high risk.

In 2007, the Nurse and Patient Safety and Protection Act was introduced in the U.S. House of Representatives.⁴ Similar bills were reintroduced in 2009 in the House and the Senate. The legislation would have directed the Secretary of Labor to establish a safe patient handling standard intended to reduce injuries to patients, direct care RNs, and other healthcare providers. There's a potential that the bill may be reintroduced before the end of 2012.

State legislation

To date, 10 states have enacted safe patient handling legislation: California, Illinois, Maryland, Minnesota, New Jersey, New York, Ohio, Rhode Island, Texas, and Washington. Hawaii has passed a resolution.⁵ State laws vary in scope, but the majority of the states with legislation require that healthcare facilities develop comprehensive safe patient handling programs.

Common elements include:

- the requirement to adopt a safe patient handling/musculoskeletal disorder prevention plan
- development of a safe patient handling committee
- mechanisms for reporting, tracking, and analyzing injuries
- use of lifting devices and equipment
- education and training of employees
- dedicated staffing for the safe patient handling program (such as a safe patient handling coordinator and lifting teams)
- evaluation of the program.

Implementing safe patient handling

Heightened awareness of the impact of musculoskeletal disorders and the resulting legislation has led to more healthcare facilities creating safe patient handling and movement programs and



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policies. However, programs and policies alone won't protect nurses and other healthcare workers from injury. Implementing effective programs involves careful assessment, planning, and commitment from all stakeholders.

Safe patient handling programs universally involve the purchase of assistive equipment (such as lifts, lateral transfer and repositioning aids, and friction reducing devices). However, assistive equipment often goes unused in healthcare facilities. This was supported by the ANA's 2011 Health and Safety Survey, in which two-thirds of respondents reported that patient lifting and transfer devices are available at their workplace, yet less than a

director of the Patient Safety Center of Inquiry at the Tampa Veterans Affairs Medical Center, compiled a list of the top reasons why safe patient handling and movement programs fail. Some of the reasons and solutions for success include:

- *Insufficient resources.* Safe patient handling programs require a financial investment and programs can't succeed without sufficient resources. If resources are limited, it may be best to start small, concentrate efforts in one area of the facility, and gather data to demonstrate the efficacy of the program. Demonstrating the impact of efforts may help to secure additional funding.
- *Lack of buy-in.* A successful program requires gathering support

ing target. Scheduling trainings of nurses and other employees can be extremely difficult, considering differing schedules and staff turnover. Solutions to this issue include implementing programs in phases rather than all at once, allowing training to occur over time, and providing refresher courses.

- *Logistics, logistics, logistics.* Assistive equipment will only be useful if it's available in the appropriate quantities, easily accessible, and maintained appropriately. Logistics must be considered for a program to be successful.⁷

Coming soon: National standards

There are many resources available to help healthcare facilities develop safe patient handling and movement programs. However, there remains a need for multidisciplinary, national standards that will provide a strong foundation for safe patient handling and movement practices in all settings. Recognizing this need, the ANA has convened a national working group comprised of specialists with expertise in occupational and physical therapy, ergonomics, architecture, healthcare systems, risk management, and other disciplines. The working group is developing uniform standards for safe patient handling and movement programs and detailed guidelines for implementation.

The national standards are intended to be:

- multidisciplinary/intraprofessional across a variety of settings
- realistic and attainable, but raising the bar
- evidence-based and outcomes focused
- ready to be incorporated into practices, policies, procedures, and regulation
- disseminated with toolkits, model language, and other resources.

Solutions for program maintenance include continuous communication and developing written safe lifting policies to clarify roles and responsibilities.

third indicated they use the equipment frequently.²

The reasons for underutilized equipment vary, but time constraints, lack of training on using the equipment, lack of space for equipment in patient rooms, and patient preference are often cited as barriers.⁶ Clearly, greater availability of assistive devices isn't the complete solution, rather, proper equipment is a component of a comprehensive safe patient handling and movement program.

To understand the components of a comprehensive and successful safe patient handling and movement program, it's helpful to look at reasons why programs haven't worked. Audrey Nelson, PhD, RN,

from everyone in the healthcare facility, from upper management to staff nurses to the engineering department. For instance, one way to obtain buy-in from staff is to include frontline workers in the selection of equipment. Having peer leaders or program champions may also be effective.

- *Failure to maintain over time.* Maintaining successful safe patient handling and movement programs requires effort and it's common for programs to "fizzle" after 6 months. Solutions for program maintenance include continuous communication and developing written safe lifting policies to clarify roles and responsibilities.
- *Training staff is like hitting a mov-*

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The standards will be open for public comment this month (October 2012) and are scheduled to be released in early 2013. To review the draft standards and submit a comment, visit <http://www.nursingworld.org/Public-Comment-Safe-Patient-Handling-Standards>. You can also access safe patient handling standards and information about ANA's Handle with Care program at <http://www.nursingworld.org>.

Safe patient handling benefits

Effective safe patient handling and movement programs and policies have the potential to be widely beneficial. Costs will go down as injury rates decrease. Patient outcomes will be improved as mobilization is increased and dignity is maintained.

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Nurses and other healthcare workers will immeasurably benefit from work environments in which their health and safety are prioritized. Safe patient handling practices will prevent pain and suffering, and will allow experienced, highly skilled nurses to remain in the workforce. **NM**

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