

# Safe Patient Handling

## The Issue:

**The cumulative weight lifted by a nurse in one typical 8-hour shift is equivalent to 1.8 tons.<sup>1</sup> Every day, nurses and frontline caregivers are injured while manually lifting, transferring and repositioning patients. These “patient handling” injuries can be “career-ending”, are costly, and endanger patient safety.**

In a 2005 survey of HPAE members, 30% of respondents reported having suffered an ergonomic injury in the past five years.

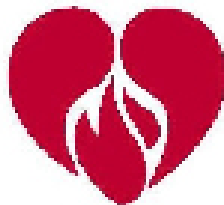
The findings of a 2006 Peter Hart national survey of hospital-based Registered Nurses and Radiology Technologists, commissioned by AFT, underscore the problem:

- 39% of RNs rated “ the stress and physical demands of the job” as the biggest problem with being a nurse today, up from 28% in 2003;
- 48% of RNs and 58% of Techs reported having experienced chronic pain associated with patient handling activities;
- 38% of RNs and 42% of Techs reported suffering an injury as a result of patient handling activities;
- 47% of RNs and 30% of Techs reported having considered leaving patient care during the past two years specifically because of the physical demands of their job.

Two years ago I herniated discs in my lower back lifting the leg of a 600 pound patient. Had the proper equipment and adequate staff been available to adequately care for this patient, I most likely would not be in the situation I am now. After taking care of patients for 23 years, I am unable to provide the necessary care for my husband who is paraplegic. I am happy to say, however, that when we approached Cooper University Hospital, they agreed to work collaboratively with HPAE to help correct the problem of work related injuries. Together we have established goals through the Safe Patient Handling and Movement Task Force. By providing caregivers with the equipment and education necessary to move patients safely, the incidence of work related injuries will decrease dramatically and it will be extremely cost effective for the employer. - Jean Lucas, RNC

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Nursing personnel consistently rank among the top ten occupations for work-related musculoskeletal disorders,<sup>2</sup> and the rate of musculoskeletal injuries among hospital workers is increasing, a result of inadequate staffing, the increasing acuity of hospital patients--who are more dependant and require more assistance with lifts and transfers, and the increasing prevalence of obesity.

Manual patient handling also has negative consequences for quality of care, and patient safety and comfort, including damage to the shoulder from manual lifting techniques; hip fractures from being dropped; bruises; fear; pain; loss of dignity during lifting procedures; increased dependency; and skin tears.<sup>3</sup>

These injuries to caregivers and patients are costly to the healthcare system as well, and include workers compensation lost time and medical payments; lost productivity; costs related to replacing injured employees; training costs; overtime payments to remaining staff; administrative costs; liability costs related to patient injuries, and loss of morale among staff.

Research shows that implementing a Safe Patient Handling program, including the use of patient handling equipment, training on how to use the equipment, and institutional policies that limit manual lifting to emergent or life-threatening situations is the most effective strategy for reducing the injuries and costs associated with patient lifts and transfers.<sup>4</sup> Several studies have shown that these programs are cost-effective as well. Facilities implementing Safe Patient Handling programs saw sufficient reductions in workers compensation costs to recoup the cost of equipment and training in under four years.<sup>5</sup>

In New Jersey, HPAE is leading the fight for safe patient handling programs in hospitals. HPAE is working with members of the New Jersey legislature on a bill that would set statewide standards to develop, implement and evaluate effective safe patient handling programs, including equipment purchase, training, and policies and protocols for patient lifts and transfers. At the same time, HPAE is working with hospital managements throughout New Jersey to create Safe Patient Handling programs.

### **Endnotes:**

1. Tuohy-Main, K. (1997). Why Manual handling should be eliminated for resident and career safety. *Geriacion*, 15, 10-14.
2. U.S. Department of Labor, Bureau of Labor Statistics
3. Nelson, A., Baptiste, A. (September 30, 2004) "Evidence-Based Practices for Safe Patient Handling and Movement" *Online Journal of Issues in Nursing*, Vol. #9 No. 3 Manuscript 3. [www.nursingworld.org/ojin/topic25/tpc25\\_3.htm](http://www.nursingworld.org/ojin/topic25/tpc25_3.htm)
4. Nelson, A. "Best Practices for Care Ergonomics" Presented at 5th Annual Safe Patient Handling & Movement Conference, March 2005.
5. Nelson A et al., Development and evaluation of a multifaceted ergonomics program to prevent injuries associated with patient handling tasks, *International Journal of Nursing Studies* (in press).

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