



Safe Patient Movement: The Facts

Manual Lifting is Dangerous to Patients and Nurses

The National Institute for Occupational Safety and Health (a division of the CDC) reported in 2006, that manual lifting is associated with: Decreased quality of care; diminished resident safety and comfort; decreased resident satisfaction; higher risks of falls, being dropped, friction burns, and dislocated shoulders, and; skin tears and bruises.

National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention, Department of Health and Human Services. *Safe Lifting and Movement of Nursing Home Residents*. February 2006. <http://www.cdc.gov/niosh/docs/2006-117/pdfs/2006-117.pdf>

Studies have shown that the use of mechanical lifting equipment increases a resident's comfort and feelings of security when compared to manual methods.

Zhuang Z, et al. *Psychophysical Assessment of Assistive Devices for Transferring Patients/Residents*. *Applied Ergonomics*. Vol. 31. 2000.

Safe patient movement technology encourages the movement and repositioning of patients, which is required to avoid pressure ulcers (bed sores). Years of research point to the effectiveness of patient turning and repositioning as the primary means to avoid pressure ulcers.

Thomas, David. *Prevention and treatment of pressure ulcers: What works? What doesn't?* *Cleveland Clinic Journal of Medicine*. Vol. 68, #8. August, 2001. <http://www.cjcm.org/pdffiles/Thomas801.pdf>

Today, nurses are being asked to lift and transfer unreasonable loads. The average patient requiring lifting weighs 169 pounds. The average nurse on an eight-hour shift lifts 1.8 tons.

Nelson, A. et al. *Myths and Facts About Back Injuries in Nursing*. *American Journal of Nursing*. Vol. 103, #2. February, 2003. – and - Nelson, A. *Nursing as a High Risk Occupation*. Presented at Congressional Briefing. May 8, 2006. Washington, DC.

The Bureau of Labor statistics reported that hospitals, and 'nursing and residential care facilities' reported more injuries and illnesses than any other industry in 2005.

(<http://www.bls.gov/iif/oshwc/osh/os/osnr0025.pdf>)

You are more likely to be injured on the job in a hospital or nursing home than in a coal mine.

(<http://www.bls.gov/iif/oshwc/osh/os/ostb1619.pdf>)

The Bureau of Labor Statistics consistently rates 'registered nursing' and 'nursing aides and orderlies' in the top ten of all US occupations reporting on the job injuries resulting in days away from work. Only truck drivers and heavy laborers report more of these injuries.

(<http://www.bls.gov/iif/oshwc/osh/case/osnr0027.pdf>)

Manual Lifting Exacerbates the Nursing Shortage

A national survey of more than 5,000 RNs conducted in 2001 found that 83% of RNs work with back pain.

<http://nursingworld.org/surveys/hssurvey.pdf>

Worldwide, nurses have a lifetime chronic back pain prevalence / disability rate of 35 – 80%.

Siddharthan, K. et al. *Cost Effectiveness of a Multifaceted Program for Safe Patient Handling*. *Advances in Patient Safety*. Vol. 3. April, 2007.

<http://www.ahrq.gov/downloads/pub/advances/vol3/Siddharthan.pdf>

12% of nurses report that they have left the profession permanently because of back pain, and 47% of nurses have considered leaving the profession because of the physical demands of their job.

Subbs, D. *Backing Out: Nurse Wastage Associated with Back Pain*. *International Journal of Nursing Studies*. Vol. 23, #2. 1986. and

Hart Research Associates. *Safe Patient Handling: A Report*. *AFT Healthcare*. March, 2006.

<http://www.aft.org/topics/no-lift/download/PeterHartSurvey-final-03-16-06.pdf>

38% of RNs have suffered a work-related back injury severe enough to require leave from work.

Owen, B.D. *Preventing Injuries Using an Ergonomic Approach*. *AORN Journal*. Vol. 76, #6. 2000.

Manual Lifting is Expensive

Costs associated with back injuries in the healthcare industry are estimated to be \$20 billion annually.

Fragala, G. *Injuries Cut With Lift Use in Demonstration Project*. *Provider*. Vol.10. 1993.

The Veterans Health Administration spends approximately \$22 million a year on health care worker injuries associated with patient movement.

Siddharthan, K. et al. *Cost Effectiveness of a Multifaceted Program for Safe Patient Handling*. *Advances in Patient Safety*. Vol. 3. April, 2007.

<http://www.ahrq.gov/downloads/pub/advances/vol3/Siddharthan.pdf>

Safe Patient Lifts Pay for Themselves

Research has shown that safe resident lifting programs reduce resident-handling workers' compensation injury rates by 61%, lost workday injury rates by 66%, restricted workdays by 38%, and the number of workers suffering from repeated injuries.

Collins JW, et al. *An Evaluation of a "Best Practices" Musculoskeletal Injury Prevention Program in Nursing Homes*. *Injury Prevention*. Vol. 10. 2004.

Researchers from the Agency for Healthcare Research and Quality (AHRQ) recently studied the effectiveness of safe patient lifting programs in 23 units of the Veteran's Integrated Service Network 8. This 18 month observational study revealed that the Veteran's Health Administration saved all of the direct and indirect costs associated with the safe lifting program in 4.3 years through significant reductions in workers compensation payments and by avoiding the costs associated with caregiver absenteeism.

Siddharthan, K. et al. *Cost Effectiveness of a Multifaceted Program for Safe Patient Handling*. *Advances in Patient Safety*. *Advances in Patient Safety*. Vol. 3. April, 2007.

<http://www.ahrq.gov/downloads/pub/advances/vol3/Siddharthan.pdf>

The Centers for Disease Control and Prevention (CDC) recently released the results of a six-year field study of a safe patient lifting program. This study showed that the investment in equipment and training was recouped in less than three years in lower worker compensation claims.

The NIOSH Traumatic Injury and Prevention Program Evidence Package. March, 2007.

<http://www.cdc.gov/niosh/nas/traumainj/pdfs/TIchapter5NAS03-07.pdf>