Best Practices For Using Patient Lifts



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Food and Drug Administration
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Patient Lifts

- Designed to lift and transfer patients from one place to another (e.g., from bed to bath, chair to stretcher).
- Not stairway chair lifts or elevators.







Types of Patient Lifts

 Powered patient lifts –
 Motorized operation using a rechargeable battery

 Manual patient lifts – hydraulic operation



Office of Surveillance and Biometrics

 Primary office in FDA's Center for Devices responsible for reviewing adverse event reports.

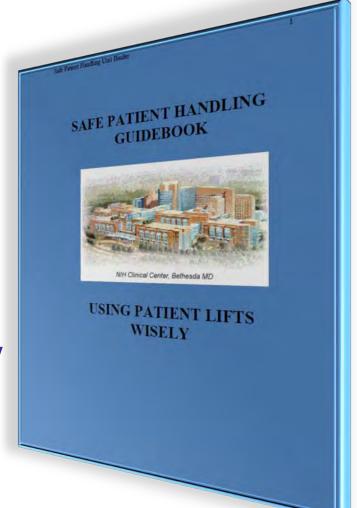
 Found improper use of patient lifts have lead to patient falls resulted in:

- head traumas
- fractures
- deaths



Assuring Patient Safety

- Safe patient handling laws mandating the use of patient lifts to transfer patients have been passed in several states.
- Users of patient lifts must read all instructions provided by the manufacturer in order to safely operate the device.



Patient Lifts Best Practices

Nurses can help mitigate risks by doing the following:

- Receive training and understand how to operate the lift.
- Match the sling to the specific lift and the weight of the patient.
- Make sure the sling is not frayed or stressed at the seams or otherwise damaged.
- Don't use the sling if it's damaged

FDA's Best Practices Continued

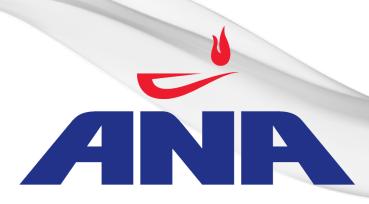
- Prior to transferring, make sure that the patient is not restless or agitated.
- Keep the base (legs) of the patient lift in the maximum open position.
- Keep the patient's arms inside the sling straps.
- Keep all clips, latches, and hanger bars securely fastened during operation.



FDA's Best Practices Continued

- Prior to transferring, lock the wheels on all wheelchairs, stretchers, beds, or chairs.
- Don't exceed the weight limits for the lift and sling.
- Follow the instructions for washing and maintaining the sling.
- Create and follow a maintenance safety inspection checklist.





AMERICAN NURSES ASSOCIATION

An Overview of the New Safe Patient Handling and Mobility Interprofessional National Standards

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Department for Health, Safety, and Wellness

Promoting the health, safety, and wellness of the nurse and the nursing profession

Empowering nurses to be stronger

role models, advocates and educators

For Themselves

And for their

Healthy

Environment

Families

Communities

Work Environment

HealthyNurse7M





ANA's 2011 Health and Safety Survey

- 62% reported a disabling MSD is a top concern
- 56% experienced MSD made worse by job
 - 80% of nurses reported working despite frequent pain

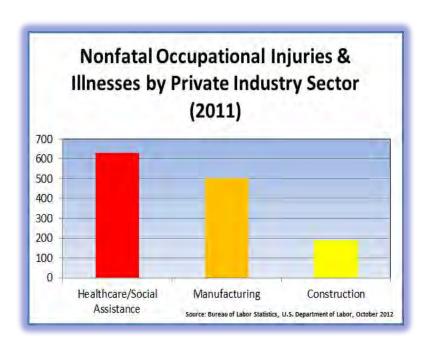


ANA's 2011 Health and Safety Survey

Opinions relating to the nursing work environment (Q7) Health and safety concerns influence my 16% 19% 63% decision about the kind of nursing work I do. I feel safe from work-related illness in my current 18% 20% 61% working environment. I feel safe from work-related injury in my current 19% 20% 60% working environment. Health and safety concerns influence my decision about my continued practice in the 23% 17% 59% nursing field. My employer effectively informs me about dangerous or unhealthy conditions that I might 21% 19% 58% be exposed to at work. I believe unsafe working conditions interfere with 46% 13% 40% my ability to deliver quality nursing care. Agree ■ Don't know Disagree Neutral



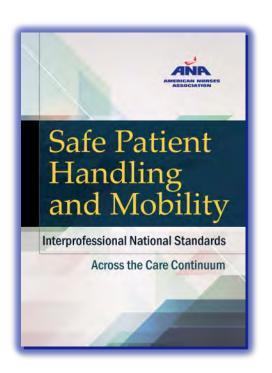
2011 Bureau of Labor Statistics



- 387,820 MSD cases (33% of all injuries)
- Occupations with most MSDs:
 - Nursing Assistants
 - Laborers
 - Janitors and Cleaners
 - Truck drivers
 - Registered nurses
 - Stock Clerks

Expectations of National Standards

- Multi-disciplinary, intraprofessional, and applicable across a variety of settings
- Realistic and attainable, while raising the bar
- Evidence-based and outcomes focused
- Ready to be incorporated into practices policies, legislation, and regulation





SPHM Interprofessional National Standards

- 1. Establish a Culture of Safety
- 2. Implement and Sustain a SPHM Program
- 3. Incorporate Ergonomic Design Principles to Provide a Safe Environment of Care
- 4. Select, Install, and Maintain SPHM Technology
- 5. Establish a System for Education, Training and Maintaining Competence
- 6. Integrate Patient Centered Assessment, Care Planning, and Use of SPHM Technology
- 7. Include SPHM in Reasonable Accommodation and Post Injury Return to Work
- 8. Establish a Comprehensive Evaluation Program

1. Establish a Culture of Safety





2. Implement and Sustain a Safe Patient Handling and Mobility (SPHM) Program



3. Incorporate Ergonomic Design Principles to Provide a Safe Environment of Care



IN DAILY PRACTICE ...

SUSAN, A 57-YEAR-OLD RN, WORKS at the old community hospital. "I am proud to work in an underserved community. We never have enough money, but we get by. I do worry about injury, for both me and my patients. The rooms are crowded and the bathrooms are small, with tight corners. We can't keep the portable lift in the hallway because of fire code, so it is kept in the far storeroom-it might as well be on the moon. We just don't use it. I hear that we are getting remodeled. I sure hope they fix things."

(See also Standards 1, 2, 4, and 8.)



4. Select, Install, and Maintain Technology



5. Establish a System for Education, Training and Maintaining Competence



IN DAILY PRACTICE ...

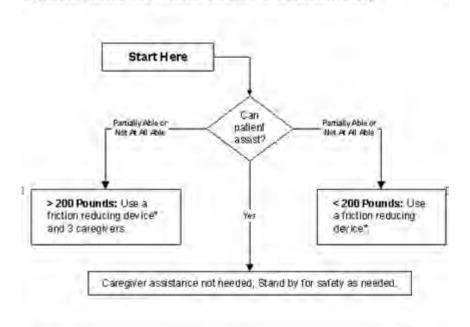
SHERRIE ROLLED HER EYES. OFF THE floor again! She hoped that the SPHM training would go quickly, because they were short of staff anyway. Maybe if she signed in and stayed for just a few minutes. . . .

(See also Standards 1 and 2.)



6. Integrate Patient Centered SPHM Assessment, Plan of Care and Use of SPHM Technology

Figure 1: Algorithm 2 Lateral Transfer to and from Bed to Stretcher, Trolley



Surfaces should be even for all laterial patient moves.
 For patients with Stage III or IV pressure ulbers, care must be taken to avoid shearing force.



Algorithm example from NIOSH's Safe Patient Handling Training for Schools of Nursing



7. Include SPHM in Reasonable Accommodation

and Post Injury Return to Work







IN DAILY PRACTICE ...

LYDIA IS A PHYSICAL THERAPIST AT General Hospital. "I hate to see my co-workers injured while lifting, repositioning, or ambulating patients. The amazing thing is that a lot of the injuries happen when working with relatively small, frail patients. I guess the workers forget. Part of my job is getting them healthy enough for early return to work. People heal better if they are active and feel needed. I work with them on using the SPHM equipment correctly and consistently. Frankly, I wish it was used all the time."

(See also Standards 1, 2, 4, and 5.)



8. Establish a Comprehensive Evaluation Program







IN DAILY PRACTICE ...

STACY, THE CHIEF FINANCIAL OFFICER, was amazed. The Safe Patient Handling and Mobility Committee had turned in a concise and complete business plan for upgrading and expanding the SPHM technology. "They used a new method for calculating the return on investment that demonstrated ranges of direct and indirect costs. They considered impact on worker's compensation, staff turnover, improved patient safety, and HCAP scores. They even gathered data on 30-day readmissions related to immobility and falls, and made recommendations for better discharge planning. With value-based purchasing, this is an investment I can support."

(See also Standards 2, 6, and 7.)



For More Information...

www.nursingworld.org



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www.anasphm.org



References

American Nurses Association. (2013) Safe Patient Handling and Mobility Interprofessional National Standards.

American Nurses Association. (2011). 2011 Health & Safety Survey Report. LCWA Research Group.

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The Facility Guidelines Institute. (2010). *Patient Handling and Movement Assessments: A White Paper.*



Questions?

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