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THE PRACTICAL GUIDE TO KEEPING HEALTH CARE WORKERS HEALTHY

Safe lifting becomes standard practice

ANA draft standards for employers, HCWs

Safe patient handling should be standard practice, not best practice. That is the message behind new, draft standards issued by the American Nurses Association (ANA).

The ANA hopes to spur new action at health care facilities around the country while providing a basis for federal action on a safe patient handling law, says **Suzy Harrington**, DNP, RN, MCHES, director of the Department for Health, Safety and Wellness for the ANA, which is based in Silver Spring, MD. Final standards are expected in late 2013.

“The intent is to make them the standards of care. We want them to be realistic and attainable while raising the bar,” Harrington says.

A working group of leading safe patient handling experts crafted the standards with expectations for both health care employers and employees. They call for health care employers to create a “culture of safety,” a safe patient handling program with appropriate equipment and training, patient assessments and accommodations for injured employees. (*See box on right.*)

The standards provide an important framework for hospitals, says **Mary Bliss**, RN COHN, coordinator of Employee Health Services at Methodist Medical Center in Peoria, IL, and the working group representative from the Association of Occupational Health Professionals in Healthcare (AOHP).

While 10 states have laws requiring a safe patient handling program, and the Veterans Health Administration has guidelines, the ANA standards create a set of expectations. “[With the standards,] there’s no question about what needs to be done to protect workers when they’re moving patients,” she says.

“It will define some of the essential ingredients [for safe patient handling],” while allowing facilities flexibility to find solutions that work for them, says **Guy Fragala**, PhD, PE, CSP, CSPHP, senior adviser for ergonomics at the Patient Safety Center of Inquiry at the James A. Haley Veterans Hospital in Tampa, FL, a member of the working group.

Eight in 10 nurses work in pain

The backdrop for these draft standards is somewhat bleak. Health care remains one of the nation’s most hazardous industries with the highest levels of MSD injuries despite 10 state laws and years of research showing the benefits of safe patient handling.

Nursing assistants had a higher number of work-related musculoskeletal disorders (MSDs) than any other occupation in 2011, according to the U.S. Bureau of Labor Statistics. In a 2011 ANA survey, about 80% of registered nurses said they worked with musculoskeletal pain and 62% cited a disabling musculoskeletal injury as one of their top health and safety concerns.

Patients with impaired mobility are also at risk of falls and skin ulcers. Safe patient handling advocates are increasingly pointing to the link to patient safety. “Nurses are still getting injured, patients are still getting

injured,” says Harrington. “Something needs to be done. This really needs to be moved to the next level.”

The ANA standards are voluntary. But ANA hopes to promote change through collaboration with the U.S. Occupational Safety and Health Administration and the National Institute for Occupational Safety and Health.

“We need to move [safe patient handling to the place] where personal protective equipment has moved, where it’s not optional, it’s required. It’s just a part of doing business,” Harrington says.

The standards set the expectation for health care workers, as well. “We know sometimes there’s resistance to change among nurses,” says Fragala. “We’re trying to change practice, going from manual lifting to safe lifting. I think this is going to empower [employees] to change practice and accept that equipment is the way to do this.”

Safety culture starts at top

The standards begin in the broadest context with a “culture of safety.” Employers are expected to create a blame-free environment that encourages reporting of incidents, provide adequate levels of staffing, and promote safety as a corporate value.

Employees are expected to actively participate in safety measures and promptly report hazards, incidents and accidents. Employees also have the right to refuse or object to an assignment that puts them in danger, the draft standards say.

The culture is ultimately set by the hospital’s top leadership, Bliss says. “No program within a facility is going to be successful unless the top executive leadership is supportive,” she says. “They have to have a commitment to it and an expectation.”

The standards also prompt the development of a safe patient handling and movement program with broad language that allows employers to determine the specific policies or mix of equipment. They call for written policies with goals and objectives, sustainable funding, integration throughout the organization, and communication about its importance.

Training is a standard in itself, as is the incorporation of safe patient handling into building design. To help hospitals implement the standards, the ANA plans to follow up with additional resources and a re-launch of the Handle With Care program, says Harrington.

“People [often] think they have a safe patient handling program, but it’s not really comprehensive,” she says. “We wanted to address all the different components that are really vital for a true safe patient handling program.”

SPH leads to drop in injuries

Ultimately, safe patient handling becomes an integral part of patient care, says Bliss. At Methodist Medical Center, for example, communication about the program reaches patients, workers, managers, and even the board of directors.

When patients are admitted, they receive a brochure that shows patient handling equipment and how it is used. Mobility assessment is an integral part of the daily patient assessment.

Meanwhile, the CEO showed her support for safe patient handling by testing out the equipment herself. And following Illinois law, the hospital has a multidisciplinary safe patient handling committee and reports patient handling injuries to the hospital’s Patient Steering Committee (an environment of care committee) and the board of directors.

There has been good news to report. In 2005, before implementing the program in May 2007, the hospital had 40 OSHA-recordable patient handling incidents that led to more than 2,000 restricted work days and up to 288 lost-time days. In 2011, there were only two incidents and there have been three consecutive years of no lost-time days.

“You have to keep monitoring [the program], working through issues and making it better,” says Bliss. “It is time consuming, but it is well worth it.” ■

Setting a new SPH standard

The American Nurses Association recently released a draft version of safe patient handling standards, including elements of performance. The ANA’s eight core standards are listed below:

- 1: Create a Culture of Safety
- 2: Implement and Sustain a SPHM Program
- 3: Incorporate Prevention through Design Providing a Safe Environment of Care
- 4: Select, Install, and Maintain SPHM Technology
- 5: Establish a System for Education, Training and Competency
- 6: Incorporate Health Care Recipient Centered Assessment, Care Planning, and Use of Technology
- 7: Include SPHM in Reasonable Accommodation and Post Injury Return to Work
- 8: Establish a Comprehensive Evaluation Program

The ANA draft standards are available at: www.nursingworld.org/MainMenuCategories/WorkplaceSafety/SafePatient ■