

Implementing a Zero-Lift Program - electronic lift equipment

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This facility invested in learning how electronic lifts affect resident care

When the electronic lift equipment began to arrive at Shepherd of the Valley in Niles, Ohio, in April 1999, staff and residents alike were more than a little skeptical. After all, the residents felt comfortable being lifted and transferred by those whom they had always trusted--the nurses and nurse aides in the home. And the nursing staff were happy to continue using the traditional lifts with which they were familiar. But when Nurse Aide Coordinator Kathy Krok, LPN, began to explain the benefits of using the new lifts, attitudes started changing.

The "Zero-Lift Program[SM] [*]," which is funded by Shepherd's Foundation, the "support-arm" of the nonprofit provider of long-term care in Northeast Ohio, has been implemented in the company's two skilled nursing facilities. According to Cheryl Lewis, the Foundation's director of development, the price tag for equipping both this facility and Shepherd of the Valley in Boardman, Ohio, with the electronic lifts was close to \$130,000. "But the money we invested has created a far safer environment for both residents and staff, and that's priceless."

The idea to develop a zero-lift policy in Shepherd's homes stemmed from discussion among representatives of various departments within the company: nursing, human resources and administration. The group's mission was to identify ways to improve the organization's staffing and resident care. Considering the current staffing challenges facing nursing homes, the team recognized the need for new and better ways to attract and retain its most valuable asset--good nurse aides. The team's research revealed two key reasons nurse aides were leaving long-term care: (1) back injuries as a result of lifting and transferring residents, and (2) a general lack of respect from their supervisors for their work. The committee members hoped the Zero-Lift Program would address both issues.

During the initial stages of the program, those designated within the facilities as trainers proceeded slowly. "I learned that the best way to introduce reluctant residents to the idea of being lifted and transferred mechanically was to allow a coworker to demonstrate the equipment on myself," said Krok. Once the residents saw the lifts in operation and that Krok herself trusted the technology, they were happy to cooperate.

Shepherd's new electronic lifts have replaced older chain-and-crank lifts. A minimum of two--and optimally three--staff members was required to operate the older lifts. Because the resident was literally suspended from a chain during the lift-and-transfer process, there was a great deal of movement, or swinging motion, and often the resident experienced a feeling of insecurity during the jerky stop-and-start process. One or two staff members would stand by to stabilize the resident during the lift while supporting his or her head. The new lifts are equipped with head supports and can be operated smoothly and safely by one staff member working alone.

Every new nurse, nurse's aide or physical therapy staff member is oriented on how to use the lift equipment on his/her first day of work. Although the initial training process takes only about 45 minutes, new staff members work side by side with a mentor while using the lifts until they are comfortable operating them.

According to Peg Kratofil, staff development coordinator at Shepherd's Boardman site, "Familiarizing themselves with the residents' behaviors in terms of the lift-and-transfer process posed a bigger challenge to staff than learning to operate the equipment."

Shepherd's nursing homes are equipped with two types of lifts. The normal-duty lifts are used with residents who can bear weight on one leg and are cognizant enough to be able to process instructions from staff during the lift and transfer. These lifts are used to transfer a resident in a seated position or to help a resident stand. The heavy-duty lifts are well suited for those residents who are lying down, can bear no weight or are confused and unable to follow directions. This lift is ideal for a stroke victim or a resident who has fallen down--those lifts commonly referred to as "total lifts."

A variety of slings is available for both lifts, depending on the type of transfer and the resident's weight. Staff have developed a system using color-coded labels placed in residents' rooms to identify which lift and sling is most appropriate for each individual.

Upon admission, a new resident is assessed by members of the nursing staff, as well as the physical therapy department, to determine which lift best suits his/her needs. A major advantage of the new lifts is that through the course of a resident's stay, the lifts can be used interchangeably, depending upon the level at which he/she is functioning at any particular time. As residents are rehabilitated, they might graduate from the heavy-duty to the normal-duty lift and eventually to total independence. In fact, some residents who need help in the morning might be ideal candidates for the normal-duty lift but then require the extra assistance offered by the heavy-duty lift as their strength fades later in the day.

"Having both lifts in our homes provides great versatility in how we lift and transfer our residents, and we always emphasize independence," said Kratofil, adding, "We feel these lifts promote, rather than discourage, a resident's self-reliance."

The goal of achieving a zero-lift environment has indeed been accomplished in Shepherd's homes. Staff members who do not use the equipment to lift and transfer residents are reprimanded. And although the new lifts' smoother, safer lift-and-transfer techniques have improved the quality of life for residents, clearly it is the person on the other end of the lift who is benefiting most dramatically from the program, because one of the most significant issues involved in lifting and transferring residents is the risk of back injuries to staff members. The Zero-Lift Program's success can be measured statistically: Worker's compensation claims for back injuries to Shepherd's nursing staff have decreased by 37%.

While Zero-Lift was a costly program to implement, the message it communicates to current and potential staff is invaluable: Shepherd of the Valley appreciates its employees enough to make an investment of this measure into their health and well-being.

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(*.) The "Zero-Life Program" is a servicemark of Wausau Insurance Company.