

Reducing patient handling injuries with a zero-lift policy - preventing work-related injuries of employees in long-term care facilities

Graham Strong

During the past decade, the injury rate among healthcare workers in North America has skyrocketed. It is now second only to that of the meatpacking industry. Patients/residents are becoming heavier and more cumbersome to handle than before. As our population ages, this trend will only continue. Typically, to address this, facilities have purchased some kind of patient handling equipment and have tried body mechanics training, but injuries and worker's compensation costs continue to rise. In fact, our aging population has created the need for proactive injury prevention in the long-term care facility. And this has meant creating a "lift-free" environment.

Many facilities have tried to reduce patient handling injuries, some with great success, but the majority with little impact. The overriding deterrent to success seems to be staff reluctance to use the transfer equipment provided. In most facilities, the procedure used to perform a lift or transfer is decided upon by the caregiver - and often the caregiver will elect to perform the transfer manually because it is "fastest."

Even if the equipment is readily available, though, staff might still continue to perform manual transfers because:

1. "We don't have enough equipment." 2. "We don't have the right type of equipment." 3. "The manual cranking takes too much time."

These are very costly attitudes. Fortunately, there are ways to get around them, keeping certain basic considerations in mind.

Getting Started

Outfitting a facility with transfer/lifting equipment is not a total solution. The facility must first decide to set a lifting "policy." Today, it is common to hear terms like "zero-lift" or "lift-free" associated with client lifting policies.

Generally, a "lift-free" policy is a document written by the facility, specific to that facility, setting tight guidelines addressing lifts and transfers of clients. Each facility must decide how strict a "lift-free" policy it wishes to set. For example, a fairly strict policy would require a piece of mechanical equipment to be used on every client who requires manual lifting and/or transferring. This can be worthwhile because, generally, the stricter the policy, the higher the injury reduction attained. With a comprehensive, structured program, injury reductions can be as dramatic as 80 to 100%.

Establishing a policy is just the first step. Other factors influencing levels of injury reductions will include types of equipment available, assessment of needs, the appropriate equipment supplier, training, compliance monitoring and case management.

Equipment

It is essential that the proper number and types of equipment be purchased, allowing the correct mix of total lifts (used on non-weight-bearing clients) and sit/stand lifts (for weight-bearing clients) to be available for use in each care area.

When selecting equipment to be used in a "lift-free" environment, it is critical to purchase electrical battery-operated lifts rather than manually operated ones. This reduces the chances of a repetitive strain injury to the neck and shoulders. Such lifts should always have a removable, rechargeable battery pack system so that the lift is available for use at all times.

Equally important as the lift itself is the sling or harness to be used with it. Time and effort can be saved for the caregiver if the safest and least cumbersome sling is used. The manufacturer's willingness to design and manufacturer custom slings for unique situations/transfers should be considered when deciding upon a manufacturer.

Bed and chair repositioning is a procedure that is often overlooked by the caregiver until difficulties arise. A device that can address as many repositioning situations as possible (i.e., up, down and laterally in bed) should be selected. As a general rule, equipment should be kept manageable, simple to use and effective in addressing the needs of all residents. Meanwhile, from the staff standpoint, creating a user-friendly environment makes compliance with facility lift policy much less of an obstacle to overcome.

Needs Assessment

In determining equipment needs, a detailed needs assessment will result in a list of equipment that will help achieve a "lift-free" environment, nursing station by nursing station. Each assessment should be comprehensive, i.e., address all issues related to patient handling (from bed types to storage). In addition, an assessment should be performed on each resident to determine what type of sling should be used. All such assessments are best performed by a third party who is educated in ergonomics and can make proper recommendations on all aspects of injury reduction.

Once appropriate equipment is in place, signage depicting the type of lift and sling needed by each resident should be posted where the caregiver can easily see it. The convenience of this alone will encourage staff to comply with policy.

Choosing a Supplier

Because proper selection of equipment and slings plays such a vital role in a "lift-free" environment, it is advantageous to deal with a manufacturer who understands the "lift-free"

concept and the problems involved in implementing it, as well as providing the necessary ongoing support quickly and easily.

Training, Compliance and Case Management

Training and ongoing compliance monitoring are often overlooked when implementing an injury prevention program. Because staff turnover sometimes exceeds 100% a year, training and re-training is a major issue. Staff stability, though, has its own problems - staff might have been performing manual transfers for so many years that they are resistant to change. It is extremely important that all staff (full-time, part-time and all shifts) be fully trained on the use and application of lift equipment and are made fully aware of all policies.

Remember, it is unrealistic to believe that with a half-hour training session all staff are fully trained. The lift company must commit to supporting the facility with a dedicated person responsible for training. With the right comprehensive training program, a facility can realistically aim at an 80 to 100% reduction in injuries.

Compliance must also be addressed - but how much compliance enforcement is needed? If staff members express willingness to change, one might require a less vigorously managed compliance program. If they are reluctant to accept the new policy, a stronger compliance program will have to be implemented. Again, this would include posting signage depicting the type of lift and type of sling specific to each resident, so that the caregiver can easily refer to it.

In sum, it is estimated that hidden or soft costs associated with worker's compensation work-related injuries are 10 times greater than the direct costs. It all adds up to more costs than are generally affordable. A proactive stance toward injury prevention quickly becomes a priority. Most facilities have a modified work duty program in place - a good first step that might only need to be strengthened by implementing a "lift-free" environment.

Full implementation of an injury prevention program will dramatically reduce all associated costs. Certainly, if patient handling injuries are a concern, initiating a "lift-free" environment is the proactive injury prevention solution.