Nurses and Injuries: The Myths

Myth: Education on lifting techniques will reduce risk of injury.

Evidence: Current recommendations fail to take into account that lifting, turning and repositioning is performed on a horizontal plane with asymmetrical mass that cannot be held close to the body. Moving patients force nurses to use weaker muscles of arms/shoulders rather than legs - increasing risk for injury. (Nelson, Fragala & Menzel 2003)

Myth: Injuries to nurses can be prevented by careful pre-employment screening.

Evidence: No predictors exist for risk of injury and 87 percent of nurses report back strain and/or history of injury.

Myth: Back belts reduce risk of injury.

Evidence: Back belts increase risk of injury and do not decrease loading forces on the spine. (Nelson, Fragala & Menzel 2003)

Myth: Mechanical lifts significantly reduce risk of lifting injuries.

Evidence: Mechanical lifts can cause more musculoskeletal stress than manual lifts. Human effort is required to turn and position the patient. Competency is difficult to maintain related to turnover, access, difficulty of use and space constraints in patient rooms. (Nelson, Fragala & Menzel 2003)

Evidence Supporting Creation of a Lift Team Service

- Patients are older/heavier with higher acuity which increases physical demand on nurses (Nelson, Fragala & Menzel 2003)
- Patients must move to prevent atelectasis, decubiti, impaired immunity which increase LOS and mortality risk (Blackmon, 1999)
- Repetitive movements particularly repositioning patients in bed are associated with greatest risk of injury particularly in nurses over 35. (Gomez, 2003)
- To replace a medical/surgical nurse - $46,000
- To replace a critical care nurse - $64,000
- To replace a PCT - $5,400
- Staff turnover results in higher average costs per discharge ranging from $5,286 to $7,190. (VHA 2002)

Lift Team Objectives

1. Reduce risk of musculoskeletal injury and disability
2. Promote favorable patient physiological outcomes
3. Create safer working environment
4. Enhance retention of experienced nurses and recruitment of new nurses.

Evidence Based Lift Team Model

- Successful completion of Firefighters Fitness Test for employment annually
- Required competencies yearly
  - Patient safety
  - Patient movement with and without assistive devices
  - Body mechanics
  - CPR, infection control, communication
  - Cultural diversity, patient satisfaction

Nurse contacts Lift Team directly by wireless phone

Service is provided by two Lift Team members trained as a pair

A Lift Team member never moves a patient without partner, preventing injury

Priority List' for Lift Team Services

1. Emergency (patient in unsafe place/position anywhere)
2. Urgent reposition
3. Centran transport assist
4. Chair to bed
5. Bed to chair
6. Bed reposition
7. Patient ambulate
8. Scale weight
9. Dangle
10. Assisting with patient positioning for dressing changes/procedures
11. Bariatric lift on any unit

*When more than two caregivers are required to safely move the patient

Lift Team Outcomes – First Year

- 10,070 assists
- Nursing hours recovered: 800
- First six months: Injuries decreased 93 percent
- First year: Injuries decreased 70 percent
- Nursing staff satisfaction
- Patient satisfaction

Outcomes