

# SAFE PATIENT HANDLING & MOBILITY

## Understanding the benefits of a comprehensive SPHM program

Nurses and other health care workers **ROUTINELY SUFFER** debilitating and often career-ending musculoskeletal disorders (MSDs)

 **65%** reported that their risk from lifting, repositioning patients, and falls are 'significant' health concerns

 **58%** reported experiencing pain from MSD's at work

More than any other work-related injury or illness, MSDs are responsible for lost work time, long-term medical care and permanent disability among health care workers.



### THE BENEFITS OF SPHM

The Facility Guidelines Institute outlines these benefits of SPHM in "Patient Handling and Movement Assessments: A White Paper":<sup>3</sup>

- Improved quality of care
- Improved patient mobility
- Fewer patient falls and pressure ulcers
- Increased patient satisfaction
- Increased health care worker satisfaction
- Savings due to reductions in workers' compensation, patient falls and pressure ulcers, and employee turnover

## COMMIT TO A CULTURE OF SAFETY AND DEVELOPING A **SPHM PROGRAM** IN YOUR FACILITY

#### References:

1. American Nurses Association. (2019). *Healthy Nurse, Healthy Nation™ Year Two Highlights 2018-2019*.
2. Nelson, A., Baptiste, A. (2004). *Evidence-Based Practices for Safe Patient Handling and Movement*. *Online Journal of Issues in Nursing*. Volume 9, No. 3, Manuscript 3.

3. The Facility Guidelines Institute. (2019). *Patient handling and mobility assessments, 2nd Edition*.
4. American Nurses Association. (2021). *Safe Patient Handling and Mobility Interprofessional National Standards Across the Care Continuum, 2nd Edition*.

## SPHM EQUIPMENT

Manual patient handling is hazardous for both health care workers and patients. The most common patient-related tasks that lead to injury are lifting, repositioning and transferring.<sup>2</sup>

### Lifting



Comprehensive safe patient handling and mobility (SPHM) programs drastically reduce the risk of injury for health care workers and patients while improving the quality of care. The use of technology, especially lifting devices, is critical to the success of these programs.

### Repositioning



### Transferring



## Additional Resources

- ANA SPHM Education Video: <https://www.nursingworld.org/practice-policy/work-environment/health-safety/handle-with-care/>
- Association of Safe Patient Handling Professionals (ASPHP) – <https://asphp.org/>
- Facilities Guideline Institute - <https://fgiguilines.org/>
- International Organization for Standardization – ISO 10535: 2021 Assistive products: Hoists for the transfer of persons – Requirements and test methods – <https://www.iso.org/obp/ui/#iso:std:iso:10535:ed-3:v1:en>
- Occupational Safety and Health Administration (OSHA) Safe Patient Handling - <https://www.osha.gov/hospitals/patient-handling>
- The Joint Commission – Improving Patient and Worker Safety 2012- <https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/patient-safety/tjc-improvingpatientandworkersafety-monograph.pdf>
- U.S. Department of Veterans Affairs Safe Patient Handling and Mobility Resources - <https://www.publichealth.va.gov/employeehealth/patient-handling/>

# The Myths and Realities of Patient Handling<sup>4</sup>

**MYTH** Proper body mechanics (including the use of gait belts) prevent patient handling and nurse injuries.

**REALITY** Decades of research shows that “proper” body mechanics are not an effective way to reduce injuries. Do not manually lift.

**MYTH** Manual lifting is safer and more comfortable for patients.

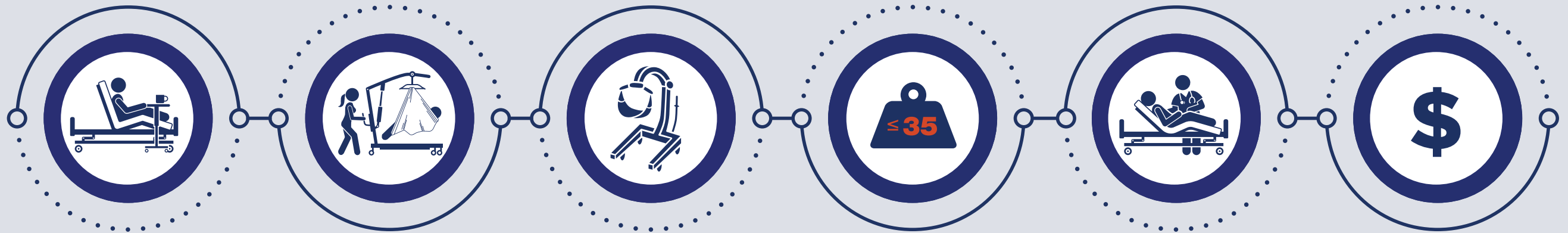
**REALITY** Manual lifting can result in skin tears, falls and injuries to patients.

**MYTH** Using SPHM technology feels impersonal.

**REALITY** Health care workers can effectively use SPHM technology while incorporating the professional values of respect, dignity and caring.

**MYTH** Health care workers who are physically fit are less likely to be injured.

**REALITY** Good health and strength may put health care workers at increased risk because their peers are more likely to seek their assistance when manually lifting patients.



**MYTH** It's much faster to move a patient manually than to take the time to get SPHM technology.

**REALITY** If SPHM technology is conveniently located, accessing it will not take a long time. It is often more time-consuming to assemble a team of colleagues to manually lift a patient. Institute for Occupational Safety and Health (NIOSH) recommends lifting no more than 35 pounds under the best ergonomic conditions.

**MYTH** Smaller, lighter patients do not warrant use of SPHM technology.

**REALITY** ANA recommends policies and practices that lead to the elimination of all manual lifting. National Institute for Occupational Safety and Health (NIOSH) recommends lifting no more than 35 pounds under the best ergonomic conditions.

**MYTH** SPHM technology is not affordable.

**REALITY** Savings associated with reduced health care worker and patient injuries far outweigh the costs of the equipment.

<sup>4</sup> American Nurses Association. (2021). *Safe Patient Handling and Mobility Interprofessional National Standards Across the Care Continuum, 2nd Edition*.

## INTERPROFESSIONAL NATIONAL STANDARDS AND IMPLEMENTATION GUIDE

ANA led the development of the Safe Patient Handling and Mobility Interprofessional National Standards. The goal of this publication is to establish a uniform national foundation for SPHM in order to prevent injuries among health care workers and patients across the care continuum.

