

**Title:**

Keeping Nurses Safe: Creation of a Safe Patient Handling and Mobility Program

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**Session Title:**

Exploring Interprofessional Teamwork

**Slot:**

D 01: Saturday, 18 March 2017: 9:00 AM-9:45 AM

**Scheduled Time:**

9:20 AM

**Keywords:**

Interprofessional Teamwork, Safe Patient Handling Mobility and Safety

**References:**

American Nurses Association (2013). Safe patient handling and mobility: Interprofessional national standards across the care continuum. Nursesbooks.org Silver, Springs MD.

Occupational Safety & Health Administration (nd). Safe Patient Handling. Retrieved from

<https://www.osha.gov/SLTC/healthcarefacilities/safepatienthandling.html>

**Abstract Summary:**

An organization can create a safe patient handling and mobility program that helps reduce expense, saving on lost time work injuries and employee compensation. Interprofessional teamwork, unit champions, and a formal program will help ensure success.

**Learning Activity:**

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to identify the risk for musculoskeletal injuries faced by healthcare workers.	Every day, health care workers are at risk for musculoskeletal disorders (MSDs) and the MSDs are not only responsible for a significant cost to health care institutions but it negatively impacts quality of care.
The learner will be able to analyze the key components of a safe patient handling and mobility program.	ANA guidelines for SPHM programs Gap analysis of current process Key members of the team Equipment trials and guidelines for purchases Policy development

**Abstract Text:**

Work related musculoskeletal injuries among nurses are costly. As many as 20% of nurses who leave direct patient care do so because of risks associated with their work (OSHA, n.d.). Safe patient handling and mobility (SPHM) programs can reduce risk to nurses.

SPHM program has become one of the top initiatives for health care facilities to reduce caregiver injuries associated with the high-risk patient handling tasks (American Nurses Association, 2013). Healthcare workers are at risk for musculoskeletal disorders (MSDs) and MSDs are responsible for a significant cost to health care institutions but it negatively impacts quality of care. According to OSHA news release inspections from complaints should include a review of hazards involving MSD related to patient handling (2015).

In the fall of 2011 an interdisciplinary team was formed and charged by the organization to create a SPHM program. A new hospital tower was being built and each room would incorporate a patient ceiling lift and motor. After attending the SPHM National Conference, it was soon realized what was available in the organization was woefully inadequate. A formal infrastructure and enduring program needed to be created. State Law and American Nurses Association SPHM standards were used to guide and ensure all required elements were included. A SPHM interdisciplinary committee was established to help administer the program and continues to participate in the decision-making process. Interdisciplinary team evaluates both inpatient and outpatient units for patient handling needs and challenges, then makes recommendations on the type of equipment needed for the units unique needs. Nurses and other staff members are involved in equipment trials and evaluation. Formal policies and procedures were written. Education was created and delivered to all staff who move patients.

The effectiveness of the program is measured in reduction of injuries and cost of injuries to the organization. Number of staff injuries have been reduced every year and the costs to organization related to those injuries were also reduced. In 2012 the hospital experienced 24 staff injuries related to patient handling, and in 2015 there were 4 reported injuries. Lost time work days were zero in 2015. If an injury does occur it is evaluated for the root cause contributing to incident. The root cause identified is then addressed. An annual report about program is submitted to hospital administration.