

Safe Patient Handling and Mobility

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KEYWORDS

- Ergonomics • Safe patient handling and mobility • Nursing care related injury
- High-risk nursing tasks prevention programs
- Safe Patient Handling and Mobility: Interprofessional National Standards
- Bariatric patients • Interprofessional collaborative care

KEY POINTS

- Frontline nurses must ensure that the patient is safe, and follow current evidence-based safety standards and guidelines while protecting themselves from harm.
- The daily work of a frontline nurse requires lifting, pulling, turning, and general moving of patients. These repetitive handling and mobility tasks put them at high risk for a musculoskeletal injury.
- Frontline nurses need ceiling lifts and other state-of-the-art lift equipment for safe handling and mobility of their patients.
- Job-related injuries can be prevented by institutions implementing the 8 Safe Patient Handling and Mobility (SPHM) Interprofessional National Standards, thereby creating a culture of safety.
- Algorithms should be used for assessing patients' needs in the area of SPHM.
- Increased hospitalizations of obese patients put frontline nurses at risk for injury during general care of patients, operating room encounters, and emergency room visits.
- Considering SPHM from an interprofessional perspective, the patient is at the center of the care plan, with essential caregivers all contributing toward reaching the patient's goals. The foundation on which the care plan is built is safety and quality.

INTRODUCTION

Ergonomics intersects several areas of interest to health care providers. Ergonomics involves everything in a nurse's work environment from the design of storage areas, computer work stations, and office seating to caregiving, lifting, and patient handling methods. One very important component in the discussion surrounding ergonomics

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focuses on Safe Patient Handling and Mobility (SPHM). The aim of this review is to investigate current standards of practice in the area of SPHM in addition to outlining evidence-based recommendations for clinical practice.

HISTORY

Creating a culture of safety for patients is a prevalent goal both nationally and internationally; health care providers must ensure that the patient is safe, and follow current evidence-based safety standards and guidelines while also protecting themselves from harm. Both of these goals are a challenge for the health care team. Although the US Bureau of Labor Statistics¹ has reported a downward trend in workplace injury, musculoskeletal injuries remain a great concern for health care systems. In 2012, the US Bureau of Labor Statistics reported that more than 20,000 registered nurses suffered nonfatal work-related injuries involving days away from work while more than 37,000 nursing assistants suffered the same.¹ Approximately 20% of nursing assistants who reported an injury missed more than 31 days of work, and 24% of registered nurses missed the same amount of time.¹ “The most obvious impacts of work injury are those that are quantifiable, such as direct and indirect costs to the hospital, high turnover and staff shortage.”² The Occupational Safety and Health Administration (OSHA) estimates that \$20 billion annually are associated with the direct and indirect costs of back injuries in the health care environment.³ In the American Nurses Association (ANA) Health and Safety Survey (2011)⁴ it is reported that 62% of the 4614 nurses who responded to the survey said that they fear a disabling musculoskeletal injury. **Table 1** summarizes the health and safety concerns of nurses in 2001 and again in 2011. A disabling musculoskeletal injury continues to remain second in rank.

The concern of injury coupled with the statistics surrounding injuries to nurses and nursing assistants make this issue one that cannot be ignored. Educating health care workers and advocating for institutional policies related to SPHM is imperative.

Several organizations have been active in providing advocacy for health care workers at risk for workplace injury: The ANA, the Association of Operating Room Nurses (AORN), Veterans Affairs (VA), the Association of Safe Patient Handling

Table 1 Top 10 health and safety concerns		
Health and Safety Concerns	2001 (%)	2011 (%)
Acute/chronic effects of stress and overwork	70	74
Disabling musculoskeletal injury	59	62
Contracting an infectious disease	37	43
An on-the-job assault	25	34
Fatigue-related car accident after a shift	19	24
Getting human immunodeficiency virus or hepatitis from a needle stick	45	21
Exposure to hazardous drugs	5	10
Toxic effects from exposure to chemicals	7	9
Developing a latex allergy	21	6
Exposure to smoke from lasers or electrocautery devices	3	5

Data from American Nurses Association. ANA health and safety survey: hazards of the work environment. 2011.

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