

Benefits of Safe Lifting

Occupational Health Program

University of Maryland School of Medicine

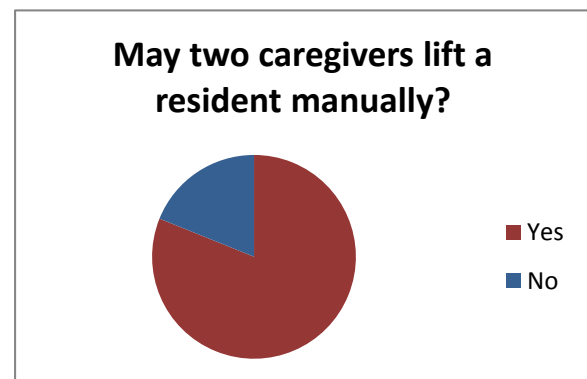
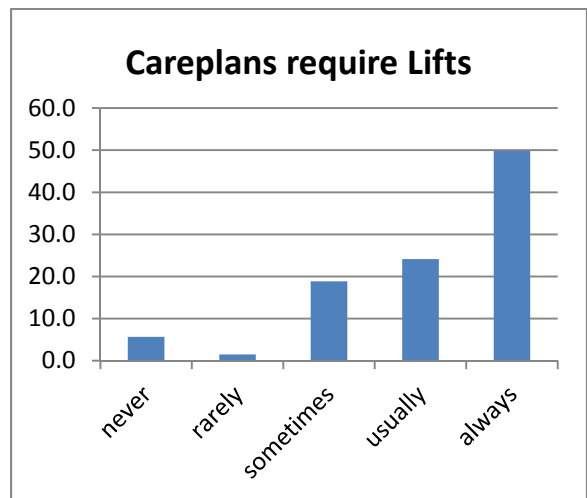
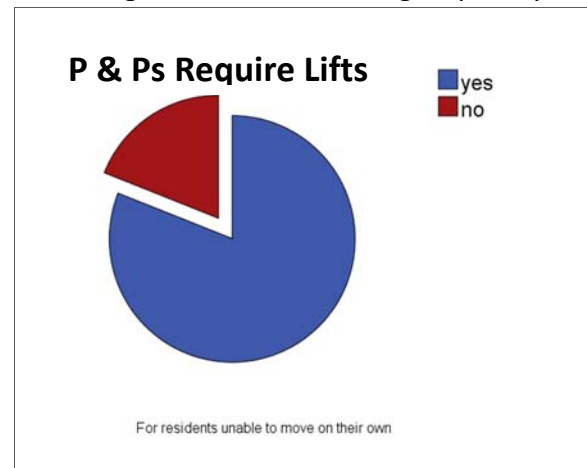
Using powered mechanical lifts (Lifts) in long term-care (LTC) facilities reduces caregiver injuries while at the same time benefiting residents. Having adequate numbers of LIFTs is necessary, but only when augmented by a culture of safe lifting are the full benefits realized. This culture is reflected in safe lifting policies and procedures, caregiver training and reinforcement, facility attitudes towards, and barriers to, safe lifting. We measured safe lifting practices with the help of 271 LTC DONs from across the US. Here we present results for the eleven safe lifting questions that best predicted benefits to caregivers and residents, grouped by category.

Policies and Procedures (P & Ps)

Most (81%) surveyed facilities require use of PMLs for their residents unable to move around on their own. This commitment is important; without it manual lifting, the default option, is likely to remain the most common means of lifting and transferring residents, and caregiving would remain one of the most dangerous occupations in the US when it comes to musculoskeletal injuries.

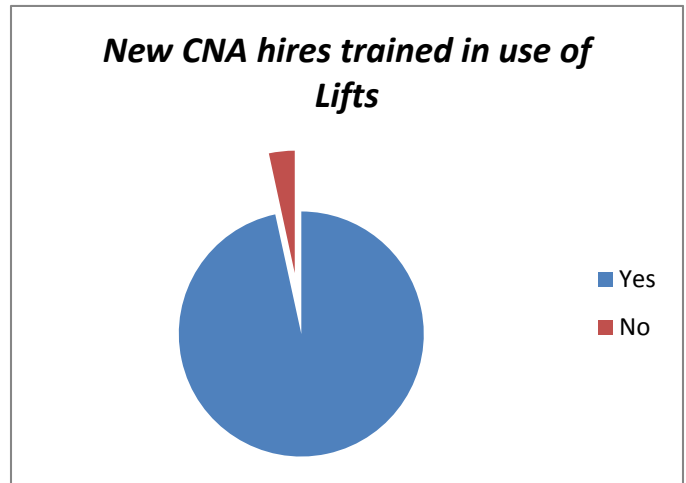
Going from committing to a safe lift policy to putting one into effect requires two things: 1) identification of the residents who need to be lifted and 2) communication of that to the caregivers. Our survey responses indicate that while many LTC facilities have taken steps to implement safe lifting, for many others the implementation process is still haphazard. Just under half (49%) said the requirement to use a LIFT was always included in the care plans of residents unable to bear their own weight. This suggests that in more than half of the facilities, resident lift status may not be determined, or if determined may not be reliably communicated to caregivers.

Despite the policy commitment to LIFTs, most facilities (81%) permit two caregiver manual lifting. Clearly, a “no manual lift policy” is not common. It is still possible that facilities may employ a minimal lift policy, keeping the “manual lift” option open to cover rare cases where LIFTs are not practical (i.e. a fallen resident wedged between unmovable structures), or where resident ability to move himself has recently changed, or not yet assessed.

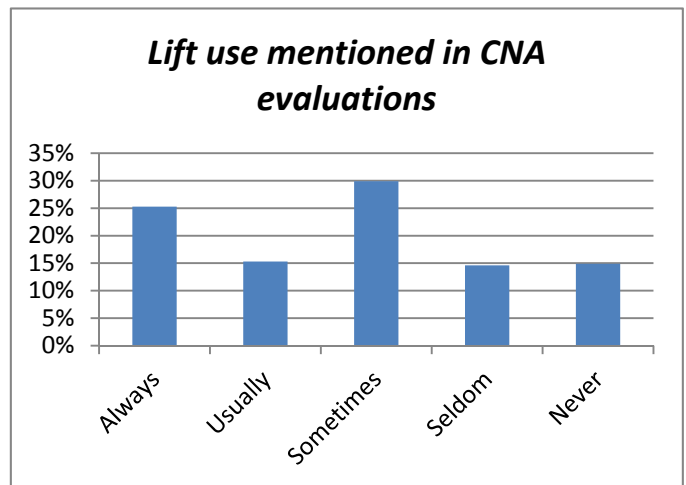


Caregiver Training and Evaluation

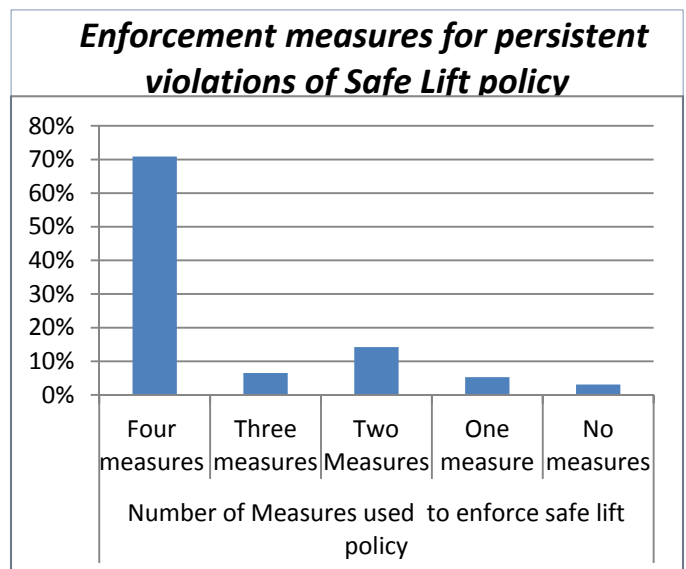
Almost all (97%) of newly hired CNAs are trained in the use of LIFTS. There is a range of training techniques. Some facilities include a session in which caregivers are trained in the use of each lift, during which they must lift one another, with each lifting and being lifted. Some employ a checklist specific to each lift. Some use a mentor system to continue the training while on the floor. Some have re-trainings scheduled routinely. When new LIFTs are introduced, some facilities have the vendor train the caregivers.



One way in which the importance of the safe lift program is communicated to CNAs is to include items on safe lifting in caregiver job evaluations. Here we see that 40% of DONs report that job evaluations “always” or “usually” include mention of LIFT use. Encouraging the use of LIFTs in this way says three things to the caregiver: 1) that the facility is committed to the safe lift program, 2) that the facility is committed to the health of the caregiver and 3) that the facility is committed to the well-being of the resident.



Finally, the facility communicates their commitment to a safe lift policy by enforcing it. DONs were asked whether persistent violations of the safe lift policy resulted in 1) retraining 2) a warning 3) suspension 4) firing. If all four were checked, the facility received a score of 4. If three, then the facility received a score of three, and so on. Most (70%) of facilities reported using all four, meaning they employed a gradation of measures to enforce their policy, including the option of firing the CNA.



DON perception of barriers to LIFT use

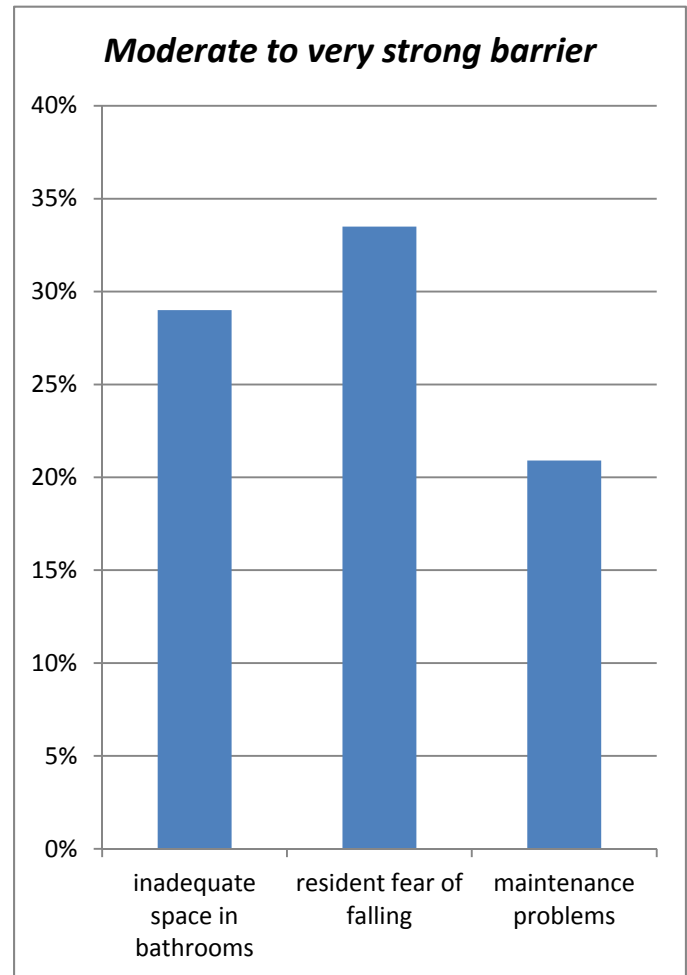
DON perceptions of the barriers to LIFT use indicate the problems their facilities face in implementing a safe lift policy. Here we look at three possible barriers to using LIFTs. First, they may be **difficult to use in small spaces**, so we asked about whether it was hard to use the LIFTs in bathrooms. Next, during focus groups, we had heard from caregivers and DONs that **some residents were anxious** in the LIFTs and were afraid of falling. Finally, we also had heard that **maintenance was sometimes a problem**. Batteries were not charged, or slings were unavailable or damaged. So we asked a question about maintenance problems.

The graph on the right shows that over half of all facilities face no or weak barriers due to any of those issues. Bathroom space appears to be a moderate to very strong barrier to LIFT use for 29% of the respondents. Remedying this problem for the remaining would rest on carefully choosing new LIFTs, and testing them out in the spaces where they will be used before making the decision to purchase. Also, when remodeling or building new facilities consideration might be given to incorporating lift assist technology into newly designed spaces, such as designing ceiling tracking for LIFTs.

When we talked with LTC facility managers and staff while gathering information we used to help decide which survey questions to ask, we were repeatedly told that “our main job is to take care of the residents”. So we think the issue of resident fear of falling is very important. Attending to and alleviating that fear is a way in which safe lifting can benefit both residents and caregivers. One third of the DON respondents reported that resident “fear of falling” is a moderate to strong barrier to PML use. There are things facilities can do to make residents and their families more comfortable with LIFTs. The first is letting everyone, especially new residents and their families know that, when a resident is unable to bear his own weight, a LIFT will be used. Some facilities place this information in their welcome brochure.

Only 21% of facilities report maintenance problems as a moderate to severe barrier. These can often be solved administratively (assign and enforce responsibility for battery charging) or through consultation with vendors.

Barriers to lift use



DON attitudes and indications for use of LIFTs

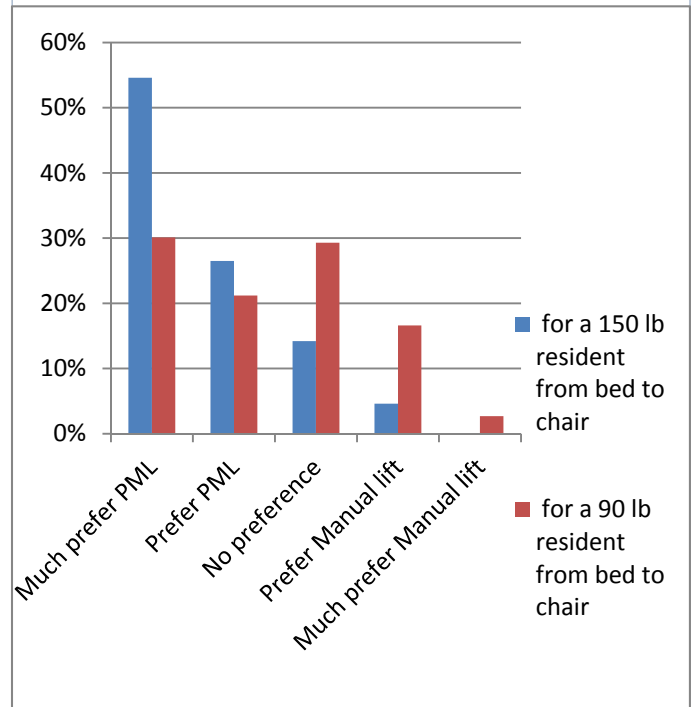
DONs prefer LIFTs for 150 lb residents, but they often prefer manual lifting for very light residents. Eighty one percent of DONs prefer a LIFT to lift a 150 lb resident, but only half (51%) prefer a LIFT for a 90 lb resident.

If there were no mishaps while manually lifting lighter residents then this would be understandable, but many injuries occur when a resident shifts weight unpredictably during a lift, putting both the caregiver and the resident at risk. Under the best of circumstances 90 lbs is a lot to lift, far more than the (35 lbs) recommended by NIOSH

(www.cdc.gov/niosh/blog/nsb092208_lifting.html)

as the maximum weight limit for one caregiver. Even with 2 caregivers equally sharing the weight, which is not always the case, a 90 lb resident exceeds the 35lbs weight load for each caregiver. Much benefit would come if *all* residents who could not bear their own weight, regardless of how heavy they are, were lifted using LIFTs.

DON Preferences for LIFT use by weight of resident



Benefits from Safe Lifting: Findings from this Study

Fewer Caregiver Injuries and Lower Costs. With the help of our partners at the National Council on Compensation Insurance, we examined the workers compensation claims and costs of LTC facilities depending on how many lifts they had, and their safe lift practices. We found that the better the safe lift practices the fewer lift-related workers compensation claims and the lower their workers compensation costs. That is a Win for caregivers and a Win for the Facilities.

Resident Benefits. We also found that the more *sit-stand lifts* a facility had, the fewer bedsores were reported in the Minimum Data Set, and fewer residents were reported as bedfast. This is a Win for the Residents, and a Win for the Facilities.

A Caution and a Remedy. We also found that resident falls increased slightly as the numbers of facility owned sit-stand lifts increased. This is very likely because increased mobility puts residents at increased risk for falls. We also found that the better the facility's safe lift program, the fewer that falls. Altogether this argues that safe lifting practices (caregiver training, policies and procedures that promote use of lifts, support from the DON, few barriers to lift use, and caregiver acceptance) along with an adequate number of lifts work together to promote safe mobility among residents that is safe for residents and their caregivers.

Interactive Website. Would you like to look at the characteristics of a safe lift program and compare it to yours? See how much a facility with a census and lift inventory like yours might be able to save in workers compensation costs by adding 1 more lift per 100 residents? And more? If yes, please visit our website at (<http://www.xxxxxxxx>)