VA WORKS TO SAVE NURSES BACKS

Efforts in Safe Patient Handling Improves Injury Rates, Quality of Care

“The bottom line is, there’s no safe way to lift a patient manually. The magnitude of these forces that are on your spine are so large that the best body mechanics in the world are not going to keep you from getting a back problem.”
- William Marras, Director of The Ohio State University’s Spine Research Institute

**Problem**

- **What**
  - Problem(s): Nurse injuries
- **When**
  - Date: 2008-present
  - Forces on backs of nurses is greater than that of factory workers with typical lifting techniques
- **Where**
  - Facility, site: 153 VA hospitals across the country
  - Task being performed: Lifting & moving patients

**Impact to the Goals**

<table>
<thead>
<tr>
<th>Goal</th>
<th>Impact to the Goals</th>
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</thead>
<tbody>
<tr>
<td>Patient Safety</td>
<td>Increased risk to patients</td>
</tr>
<tr>
<td>Employee Safety</td>
<td>&gt;2,400 injuries to nursing staff that interfered with doing their work (yearly, per VA records)</td>
</tr>
<tr>
<td>Environmental</td>
<td>N/A</td>
</tr>
<tr>
<td>Compliance</td>
<td>?</td>
</tr>
<tr>
<td>Patient Services</td>
<td>Decrease in staff to care for patients</td>
</tr>
<tr>
<td>Schedule/Operations</td>
<td>N/A</td>
</tr>
<tr>
<td>Property/Equipment</td>
<td>N/A</td>
</tr>
<tr>
<td>Labor/Time</td>
<td>Treatment of injuries (yearly, per VA study)</td>
</tr>
<tr>
<td><strong>Annualized Cost</strong></td>
<td>&gt;$22 M</td>
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</tbody>
</table>

**Analysis**

**Cause Map**

1. **Problem**
   - Nurse injuries
   - Forces on backs of nurses is greater than that of factory workers with typical lifting techniques
2. **Analysis**
   - **Employee Safety Goal Impacted**
     - Increased risk to patients
     - >2,400 injuries to nursing staff that interfered with doing their work (yearly, per VA records)
   - **Weight of patient**
     - Weight to be lifted exceeds 35 pounds
   - **Weight of patient**
     - Safe weight to lift 35 pounds
   - **Lifting assistance not used**
   - **Decision not to use lifting assistance**
   - **Lack of understanding of potential injury**
   - **Infrquent training**
   - **Possible solution:** Use of “safety champion”
   - **Possible solution:** Training includes discussion of potential injuries
   - **Possible solution:** Regular training by on-site employees, workshops
   - **Possible solution:** Decision not to use lifting assistance
   - **Possible solution:** Lack of reminders
   - **Possible solution:** Ceiling lifts installed in all rooms and everywhere else patients need to go

The VA discovered that at least $22M (believed to be underestimated) was spent treating employees injuries every year. There are other indirect costs - patient care suffers when nurses are unable to perform their jobs. At least 2,400 nursing employees at the 153 hospitals operated by the VA suffered injuries every year that interfered with their ability to work.

As part of their routine tasks, nurses regularly lift more than 35 pounds. (The weight of a 200-pound patient’s leg is about 40 pounds.) Not only moving patients, but repositioning them was a problem.

The commonly taught “proper” lifting techniques and sharing the lift with other employees doesn’t help. Says William Marras, director of The Ohio State University’s Spine Research Institute, “The bottom line is, there’s no safe way to lift a patient manually. The magnitude of these forces that are on your spine are so large that the best body mechanics in the world are not going to keep you from getting a back problem.”

Says the VA, “In recent years, a patient body weight of 35 pounds was established as the maximum weight that providers can safely lift when lifting and moving patients without the risk of injury. This limit requires a new approach to lifting and moving patients.”

Even having readily available equipment didn’t completely solve the problem. The VA is working to ensure that staff, who were accustomed to manually handling patients, would actually use the equipment. Rather than minimal and occasional training, the VA trains on lifting constantly. At least one employee on duty at all times is responsible for ensuring safe lifting technology is used. Injuries that can be sustained from manual lifting are emphasized. Additionally, each hospital has a “safety champion”. This is a full-time position that ensures that other employees have what they need to ensure safe lifting and that the hospital as a whole puts in the time and money to protect worker’s backs.

These programs come at a cost, but appear to be very successful in reducing injury rates (and associated costs) at these hospitals. The VA as a whole has spent more than $200 million since 2008 on its “safe patient handling program” and has reduced nursing injuries from moving patients 40%. One California VA hospital has spent $2 million to install lifts across the hospital. Before the program, it spent $1 million over four years hiring replacements for injured employees. Last year, nobody got hurt badly enough to miss work.