

Safe Patient Handling: One Key to an Ideal Work Environment

by K. Lynn Wieck, RN, Ph.D, FAAN

On June 16, 2005, Governor Rick Perry signed into law the nation's first safe patient handling law. This law protects patients and nurses from the potential for injury during lifting, transferring, and transporting patients in hospitals and nursing homes. What does the law say and how will hospitals move toward compliance?

Senate Bill 1525, Safe Patient Handling legislation, adds a new Chapter 256 to the Health and Safety Code of Texas that takes effect on January 1, 2006. It describes what is required of hospitals and nursing homes in Texas. Hospitals are defined in this statute as "general or special hospital, as defined by Section 241.003, a private mental hospital licensed under Chapter 577, or another hospital that is maintained or operated by the state." Nursing home means "an institution licensed under Chapter 242."

Section 256.002. Required Safe Patient Handling and Movement Policy.

(a) The governing body of a hospital or the quality assurance committee of a nursing home shall adopt and ensure implementation of a policy to identify, assess, and develop strategies to control risk of injury to patients and nurses associated with lifting, transferring, repositioning or movement of a patient.

(b) The policy shall establish a process that, at a minimum, includes:

(1) analysis of the risk of injury to both patients and nurses posed by the

patient handling needs of the patient populations served by the hospital or nursing home and the physical environment in which patient handling and movement occurs;

(2) education of nurses in the identification, assessment, and control of risks of injury to patients and nurses during patient handling;

(3) evaluation of alternative ways to reduce risks associated with patient handling, including evaluation of equipment and the environment;

(4) restriction, to the extent feasible with existing equipment and aids, of manual patient handling or movement of all or most of the patient's weight to emergency, life-threatening, or otherwise exceptional circumstances;

(5) collaboration with and annual report to the nurse staffing committee;

(6) procedures for nurses to refuse to perform or be involved in patient handling or movement that the nurse believes in good faith will expose a patient or a nurse to an unacceptable risk of injury;

(7) submission of an annual report to the governing body or the quality assurance committee on activities related to the identification, assessment, and development of strategies to control risk of injury to patients and nurses associated with lifting, transferring, repositioning, or movement of a patient, and

(8) in developing architectural plans for constructing or remodeling a hospital or nursing home or a unit of a hospital or nursing home in which patient handling or movement occurs, consideration of the feasibility of incorporating patient handling equipment or the physical space and construction design needed to incorporate that equipment at a later date.

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How will hospitals and nursing homes comply with these new rules which take effect in January, 2006? The Governing Boards of these institutions will have to adopt policies in compliance with the rules. These policies must address seven (7) specific issues: analysis of risk to patients and nurses posed by patient handling; education of nurses on how to reduce risk; evaluation of alternative ways to reduce risks, restriction on manual handling as much as possible; involvement of staff nurses in solutions through the Staff Nurse Committees set up under the Nurse Staffing regulations in 2002; procedures for nurses to refuse to perform unsafe handling; preparation and submission of an annual report to the governing body; and consideration in planning for remodeling and new construction (Willmann, 2005).

Research has shown that both nurses and patients are at risk for injury during lifting, handling, transporting, and transferring patients with mobility limitations. Nursing is ranked second after industrial work for physical workload intensity and is a high-risk profession for back injury (Engles, Landerweerd, & Kant, 1994). Lifting and transferring patients are two of the most common causes of back injury for nurses (Nelson, 2004). With a shortage of registered nurses, it is imperative to do everything possible to retain the nurses currently in the workforce.

We can no longer rely on traditional solutions which have been shown to be ineffective (Nelson, 2004, 2005). Although education and training programs are widely believed to have prophylactic value, there is scientific evidence that they are not effective in reducing the frequency or severity of back pain, especially in nursing practice. Regardless, body mechanics education and training in "proper" lifting techniques remains the most common intervention. There is no evidence supporting the use of one lifting technique over another; therefore, there is no preventive curriculum to prescribe for training.

Back belts were widely used in the 1990's as a strategy to prevent job-related injuries in nursing. However, there is no evidence these belts are effective. Even lifting devices are not the cure-all. While lifting devices minimize risk, unfortunately the risk cannot be eliminated altogether. Even when using lifting equipment, the patient must first be rolled in order to insert the sling. Furthermore, human effort is needed to move, steady, and position the patient. However, since most injuries in nursing are cumulative, any steps to minimize risks in key nursing tasks will offer substantial benefits (Nelson, et al., 2005).

Implementing the new Safe Patient Handling law to provide a safer environment for patients and

nurses will require inter-institution and intra-institution innovation and cooperation. Cutting-edge research is available to recommend what does work and what does not work. Working together, we can make the institutional environment safer for everyone.

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Save the Date!

Go for the Gold 2006 will be held on **Friday, April 28, 2006**, at Rice University's Jones School of Business. We are excited this year to be collaborating with the Jones School Medical and Healthcare Executive Education program. Plan to hear key results of this fall's Work Environment Survey; zip rounds on Professionalism, Interpersonal Communication and Teamwork, Staff Training and Development, Environmental Factors, and Economic Considerations; as well as an interesting keynote speaker.

If you have a best practice that you would like to submit for Go for the Gold, let your Chief Nursing Officer or Chief Human Resources Officer know about it. We will be asking for submissions in early January.

Mark your calendars and watch for a formal hospital invitation coming to Chief Nursing Officers in Spring 2006.

AACN Health Work Environment Standards

by Delmar Aubin, RN, BSN, CCRN

This year the Houston Gulf Coast Chapter of the American Association of Critical Care Nurses (HGCC-AACN) introduced the 2005 AACN Standards for Establishing and Sustaining Healthy Work Environments during its Regional XV meeting at the Double Tree Guest Suites on November 11, 2005. Participants in the symposium came from areas all over Texas and Oklahoma. Several local area organizations were represented to discuss their initiatives which support achieving a Healthy Work Environment in Houston, including the Gulf Coast Health Services Steering Committee's Improving the Work Environment Project (Tabitha Rice), Society of Critical Care Medicine Houston (Dr. Todd Kelly), Texas Nurses Association District 9 (Tricia Lewis) and The Methodist Hospital (Dr. Faisal Masud). The Standards were introduced to the group by John Dixon, a national director for the American Association of Critical Care Nurses (AACN).

The Healthy Work Environment Initiative is a multi-pronged, multi-year effort to engage nurses, employers and the nursing profession in recognizing the urgency and importance of working collaboratively to improve the environments in which nurses work. This initiative is focused not on the physical environment, but on creating environments where the more difficult, less tangible barriers to employee and patient safety are addressed. While AACN actively engages in other initiatives to ensure the physical safety of nurses and patients, the work we describe in this backgrounder focuses on creating professionally and psychologically sound environments. AACN has made this an organizational priority because this type of major

transformation will not happen automatically—and yet it is so vital. It requires a concentrated effort by nurses and employers because the links to patient safety, nurse retention and recruitment and, therefore, to the bottom line, are irrefutable.

The Healthy Work Environment Initiatives is a multi-pronged, multi-year effort to engage nurses, employers and the nursing profession in recognizing the urgency and importance of working collaboratively to improve the environments in which nurses work.

The six essential standards for establishing and sustaining health work environments represent evidence-based and relationship-centered principles of professional performance:

1. Skilled Communication – Nurses must be as proficient in communication skills as they are in clinical skills.
2. True Collaboration – Nurses must be relentless in pursuing and fostering true collaboration.
3. Effective Decision Making – Nurses must be valued and committed partners in making policy, directing and evaluating clinical care and leading organizational operations.
4. Appropriate Staffing – Staffing must ensure the effective match between patient needs and nurse competencies.
5. Meaningful Recognition – Nurses must be recognized and must recognize others for the value each brings to the work of the organization.
6. Authentic Leadership – Nurse leaders must fully embrace the imperative of a healthy work environment, authentically live it and engage others in its achievement.

For more information on the Healthy Work Environment Initiative of AACN please visit www.aacn.org. A detailed copy of the standards can be downloaded at no cost.



Work Environment Survey UPDATE

The Work Environment Project is off to a great start this fall! As of December 6, 2005, 56 hospitals are participating in the survey, up 14.3% from the 49 hospitals that participated in the 2004 survey.

The Work Environment Survey has been revised for 2005. A complete review was conducted of all measures. Participating hospitals identified issues related to the survey method, question clarity, and data availability. National associations' formulas were benchmarked. Based on this information, it was decided to separate the work environment data survey from recommended practices survey. The regular on-line survey was used for data collection and a friendly email survey will be used to collect information about recommended practices.

In the Work Environment Survey 2005, a new survey deadline was established for the data entry — November 30, 2005; this date was selected in order to move the survey deadline away from year-end, which was a source of frustration for some hospitals. There are some extensions being allowed under extenuating circumstances.

Also, the LVN data collected relative to turnover, retention, vacancy, ethnicity and gender has been deleted, because participating hospitals are no longer interested in this data. Nurse Practitioner/Physicians Assistant data have been collected in its place for turnover, retention, and vacancy data, due to hospital interest in these positions. The survey also collected average age data for RNs and total employees, because of concern over the aging workforce. External training hours and total training expenditures have been dropped due to data inconsistencies among hospitals. Finally, the survey used Hours Per Patient Day to measure patient to RN ratios, replacing the former total hours based formula.

If you have any questions regarding the surveys, please contact the Project Coordinator, Donde Batten at dbatten1@houston.rr.com.

Thank you for participating in this project!

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Project Staff

Project Director:

Donde Batten, Batten Consulting
dbatten1@houston.rr.com

(713) 665-4382

Work Environment Workgroup Co-Chair:

Susie Distefano
smdistef@texaschildrenshospital.org

(832) 824-1132

