

Safe Patient Handling



A Self-Assessment

Patient lifting, repositioning, and transfers represent some of the most common—and most preventable—sources of injury for employees in the healthcare industry, particularly musculoskeletal disorders (MSDs). Use this brief questionnaire to examine the number and nature of patient handling injuries in your hospital, identify what you are already doing well, and identify opportunities for improvement. You can review data for the most recent year, or you can review three or more years of data to look for trends over time.

Step A: Understand the magnitude of the problem.

Review your hospital's OSHA-recordable injury log, check workers' compensation records, and consult with human resources to quantify employee MSDs from patient handling events and the associated costs.

1. How many OSHA-recordable injuries resulted from patient handling activities such as lifting, repositioning, or lateral transfers?
2. What percentage of our total OSHA-recordable injuries resulted from patient handling activities?
3. How many days away, restricted, or transferred (e.g., lost-time or light-duty days) resulted from patient handling injuries?
4. What was the total cost of all our workers' compensation claims associated with patient handling injuries (medical cost, wage replacement, etc.)?
5. What was the average cost of each patient handling-related workers' compensation claim?
6. If our hospital tracks "near misses," precursor events, or other non-OSHA-recordable incidents, how many of these incidents are related to patient handling?
7. How many employees left the hospital (including early retirement, career change, and permanent disability) at least in part due to injuries associated with patient handling?

For reference, in 2011, 32.7 percent of recorded hospital worker injuries nationwide that resulted in days away from work were associated with patient interactions, and nearly three-quarters of these patient-related injuries were classified as MSDs. Hospitals that have focused on safe patient handling have MSD rates below the national average.

Step B: Find out who is getting hurt, where, and how.

By identifying the occupations or root causes of activities with the highest risk of injury, you can target interventions effectively.

8. Which occupations (registered nurses, nursing assistants, etc.) experience the highest rates of patient handling injuries in our hospital?



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9. Which units (departments, floors, wards) have the highest rates of worker injuries associated with handling patients?
10. Which activities (lifting, repositioning in bed, lateral transfers, etc.) account for the highest number or severity of injuries?

Step C: Explore the effects on patient care.

Explore how your current patient handling policies and procedures might affect patient care. Manual lifting, repositioning, or transfer can increase patients' risk of falls, fractures, bruises, and skin tears (pressure ulcers). Safe patient handling with mechanical equipment has been shown to reduce this risk.

11. What was our rate of hospital-acquired pressure ulcers (Stage III and IV) per 1,000 patients?
12. What was our rate of patient falls with injury per 1,000 patient days?
13. How many patient injuries are known to have occurred during a manual lift, repositioning, or transfer?

To learn more about how to calculate the pressure ulcer incidence rate for your hospital, see http://www.qualityindicators.ahrq.gov/Modules/PSI_TechSpec.aspx.

Step D: Identify existing strengths and opportunities for improvement.

Use the questions below to identify good programs and practices in place in your own hospital and to initiate conversations about opportunities to do better.

14. Do we have a written safe patient handling policy or program? If yes, are all employees aware of this program and its contents?
15. Does our program minimize the use of manual lifting, repositioning, or transfers (e.g., through a "minimal lift" policy)?
16. Do we provide our caregivers with easy access to equipment (e.g., slide sheets, portable or ceiling-mounted lifts) to assist with patient handling tasks?
17. Which units or activities in particular could benefit from an increased emphasis on safe patient handling programs, policies, and equipment? For example, which units and activities stood out in Step B? Does the hospital have special accommodations for bariatric (obese) patients?
18. Are we planning any renovation or new construction projects that could integrate patient handling considerations in the design (e.g., installing or providing storage for patient handling equipment)?
19. How many safe patient handling best practices do we currently have in place?

Take the next step!

Visit OSHA's website at www.osha.gov/dsg/hospitals for best practices, case studies, resources, and tools to help you protect your employees and patients through a safe patient handling program.