



Frequently Asked Questions

Safe Patient Handling and Mobility: Interprofessional National Standards

Why was it important to develop national Safe Patient Handling and Mobility (SPHM) standards at this time?

Every day, nurses and other health care workers suffer debilitating and often career-ending musculoskeletal disorders (MSDs). The most common tasks that lead to injury are manually lifting, transferring, and re-positioning patients. Technology to prevent such injuries exists, but its use and availability is inconsistent. Policies, regulations, and laws also are inconsistent nationwide. A consensus on universal standards is needed as a foundation to prevent injuries and spur expansion of safer work environments.

Aren't nurses and other health care workers taught the proper mechanics for lifting and moving health care recipients? Shouldn't this be enough to prevent injuries?

Health care professionals traditionally have been taught “proper body mechanics” and other techniques for manual patient handling. However, decades of research shows that good body mechanics are not adequate to prevent injuries. Even though health care workers may not immediately feel the effects of manual patient handling, musculoskeletal disorders often are cumulative, developing over time. There is no such thing as safe lifting!



Why did the American Nurses Association (ANA) include professions in addition to nursing in developing the Standards?

The goal of the standards is to establish a uniform, national foundation for SPHM to prevent health care worker and health care recipient injuries, across the care continuum. For SPHM Standards to be effective and widely used, they must be applicable to a variety of professions and health care settings. Occupational and physical therapists, home care and hospice workers, nursing home employees, and other professionals have the same need to protect themselves and

health care recipients from injury. Also, the implementation of SPHM programs involves financial, risk management, ergonomic, technological, architectural, and other considerations.

What factors did the SPHM Working Group consider in developing the Standards?

As guidance, the Working Group focused on ensuring that the Standards would be:

- Useful in health care settings across the continuum of care
- Useful for health care workers, ancillary/support staff and organizational leadership
- Realistic and attainable, while raising the bar
- Evidence-based and outcome-focused
- Flexible in their implementation for a range of purposes

Are there Standards for patient handling in federal and state laws and/or regulations?

Only 10 states have enacted SPHM laws, and they vary considerably. There are no all-encompassing federal laws or regulations that guide the practice of patient handling.

How does ANA envision the Standards being used by health care facilities and organizations?



Most importantly, the Standards provide a framework to help health care facilities and organizations establish a culture of safety. When an organization establishes a culture of safety, safety is emphasized as a high priority. This type of culture change takes time and involves the commitment of every person in an organization.

Health care facilities and organizations can use the Standards as a framework to develop and implement effective and sustainable Safe Patient Handling and Mobility programs.

How do Safe Patient Handling and Mobility programs improve health care worker and health care recipient safety?

SPHM programs can drastically reduce health care worker injuries. Additionally, there are benefits for health care recipients such as improved quality of care, improved mobility outcomes, and a decrease in conditions acquired as a result of hospitalization.

The SPHM Standards are evidence-based; in other words, the principles and guidelines that make up the Standards have been demonstrated through research to be effective in reducing injuries and other negative outcomes.

What are the financial benefits of adopting an SPHM program to a health care facility or organization?

Comprehensive SPHM programs have been shown to reduce costs attributable to workers' injury compensation claims; workers' missed and restricted-duty work days; health care recipient falls, pressure ulcers, and other complications resulting from mobility issues; and staff turnover due to work environment risks.

Are these SPHM Standards binding?

The Standards are voluntary performance standards that may be used to establish policies and procedures and as evidence of the standard of care. It is ANA's intention that the Standards or language within the Standards be adopted as legislative and regulatory language. ANA currently is working with Congressional bill sponsors to update the language of previous bills, in support of national legislation. The hope is that these Standards change the culture, placing similar "universal precautions" around SPHM as was done for blood and body fluids a couple of decades ago.



This aspect of patient care typically has been referred to as "safe patient handling." What is the significance of adding the term "mobility?"

The SPHM Working Group has added the words "and Mobility" to the more common term of "Safe Patient Handling," to include the emerging evidence-based concept of progressive mobility for the patient as an end goal, rather than simply the "handling" of patients.

How do you envision nurses and other health care workers embracing the increased use of technology called for under the Standards?

One of the Standards calls for a system for educating and training health care workers on the use of SPHM technology and maintaining competency over time. As workers increase their knowledge base, they will become more comfortable using technology and following new procedures.