ANA Unveils National Standards for Safe Patient Handling and Mobility To Spur Commitment to Culture of Safety

SILVER SPRING, MD – The American Nurses Association (ANA) today unveiled national standards for safe patient handling and mobility that are designed to infuse a stronger culture of safety in health care work environments and provide a universal foundation for policies, practices, regulations and legislation to protect patients and health care workers from injury.

The ANA publication, Safe Patient Handling and Mobility: Interprofessional National Standards, was developed by an interprofessional group of subject matter experts including nurses, occupational and physical therapists, safety and ergonomics experts, risk management specialists, and others. The Standards apply to multiple health care settings across the care continuum, such as hospitals, long-term care, rehabilitation, and hospice. The Standards provide a framework for establishing a comprehensive program to eliminate the manual handling of patients, tasks that commonly lead to injury for health care workers and patients.

“In what other profession would a worker say, ‘That’s just a little 100-pound pile of boxes, I’ll boost it up or move it,’” said Karen A. Daley, PhD, RN, FAAN, president of ANA, which convened the group of experts from more than 25 professional organizations, businesses and health care systems who identified the overarching priorities for the Standards. “Safe patient handling and mobility requires a culture of safety as the standard way of doing business. This is not optional, especially when our patient population is getting heavier. It is not acceptable to continue unsafe practices that cause worker and patient injuries and diminished quality of care.”

The Standards are based on evidence of effectiveness in improving patient outcomes and reducing workers’ musculoskeletal disorders, and include eight principles: 1) establishing a culture of safety; 2) creating a sustainable program; 3) incorporating ergonomic design

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principles; 4) developing a technology plan; 5) educating and training health care workers; 6) assessing patients to plan care for their individual needs; 7) setting reasonable accommodations for employees’ return to work post-injury; and 8) implementing a comprehensive evaluation system.

“Creating a safe patient care work environment is much more complex than simply providing technology to caregivers and presuming they’ll use it,” said Mary Matz, MSPH, CPE, CSPHP, chair of the SPHM Working Group and national program manager for patient care ergonomics at the Veterans Health Administration. “To address such complexity, we brought together an array of professionals from a variety of settings along with their differing perspectives and expertise to collectively develop standards that work for patients and health care professionals in all patient care settings.”

Virginia Gillispie, CNS, ND, RN-BC, suffered cumulative spinal trauma early in her nursing career, the result of manually lifting and moving patients at a long-term care facility. She had received training only in the body mechanics of physical lifting, and often lacked needed assistance to lift, move, or re-position patients.

“I was lifting and moving these patients by myself, putting both the patients and myself at risk,” said Gillispie, of Colorado, who now works as a collaborative care coordinator for a health care system. “My injuries from that time still impact my life today. I want to ensure that the current health care workers do not suffer the same fate.”

Health care workers continue to get injured from manual patient handling at an alarming rate. The U.S. Bureau of Labor Statistics reported that registered nurses suffered the fifth most injuries and illnesses related to musculoskeletal disorders in 2011 that involved missed work days, behind such jobs as truck drivers and laborers. Nursing assistants topped the list.

In ANA’s most recent Health and Safety Survey, 62 percent of more than 4,600 nurses who responded indicated that suffering a disabling musculoskeletal injury was one of their top three safety concerns. More than half experienced musculoskeletal pain that was caused or made worse by their job in a 12-month period, and of those, 80 percent worked frequently despite experiencing pain. More than 1 in 10 nurses were injured three or more times on the job within a 12-month period.

ANA launched an initiative a decade ago to eliminate manual patient handling. No broadly recognized government or private sector standards for safe patient handling and mobility exist, and regulations adopted in several states with safe patient handling laws are inconsistent.

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