



XTRAwise

a publication for the medical community

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SAFE PATIENT HANDLING & FALLS PROGRAMS:

Keys To Success

Proper preparation, dissemination of knowledge and an experienced interdisciplinary team are key elements in making any program successful. Support is required on all levels within the organization for a program of this nature to succeed. Facilities should have Safe Patient Handling and Falls Programs because they provide a process to guide healthcare staff in more effective patient care, while trying to protect staff from work related injuries. Having these programs in place will greatly reduce the risk of patient and staff injury and should promote more job satisfaction

The program needs to have expanded capacity equipment when dealing with bariatric patients.

through a safer work environment. The importance of these programs is that they maintain the well-being of staff and patients while reducing work related injuries. These programs not only reduce the incidence of adverse events

but also promote ergonomics in safe patient handling

Key program individuals are dependent upon each facility, but some individuals that you may want to include are the peer leader representative, nurse educator representative, Risk Manager, Ergonomist (if you have one), Nurse Safety representative, Union representative, PT/OT, & Safety/Occupational personnel.

The program needs to have expanded capacity equipment when dealing with bariatric patients. There needs to be adequate equipment available to transfer the patient from admission to a patient room. The bariatric patient may require a larger sized room, expanded capacity ceiling

lift, stretchers, etc. Also, staff needs to exercise sensitivity when dealing with the obese patient and they need to be aware of technological options so that they can recommend an appropriately sized assistive device when needed. **xw**

Andrea M. Baptiste, MA, CIE

Ms. Baptiste is Manager of the Biomechanics Laboratory and Research Ergonomist at the Tampa VA Patient Safety Center. She is also an Adjunct Professor in the Department of Biomedical Engineering at the University of South Florida, where she mentors Masters students. Ms. Baptiste is the translation specialist for Bed Safety and her research also expands to include safe patient handling and movement, ergonomics, and product evaluations. Ms. Baptiste has served as Co-Investigator on several funded research projects through VA HSR&D and RR&D services and has authored more than 14 peer-reviewed publications and completed 8 presentations at national conferences. Ms. Baptiste's areas of expertise include: Patient Care Ergonomics, Challenges and Technology Solutions for Bariatric Care, Technologies for Safe Patient Handling and Movement, and Technologies for Bed Safety.



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Dr. Nancy Nivison Menzel is an associate professor of community health in the Department of Psychosocial Nursing at the University of Nevada Las Vegas. Dr. Menzel's research focus is on the health of workers. She has

conducted several studies on the prevention of work-related musculoskeletal disorders in healthcare workers through ergonomic and psychosocial interventions and by revising the curricula of schools of nursing to include safe patient handling principles. She is conducting a funded pilot study on the relationship between cytokines and low back pain in newly injured workers. She is a Certified Clinical Specialist in Community Health Nursing, a Certified Occupational Health Nurse - Specialist, and a Certified Nurse Educator. She has published articles in a variety of journals covering topics such as occupational health nursing, pain management, and nursing education.

Resources for the Safe Patient Handling of Bariatric Patients

Nancy N. Menzel, PhD, APRN,BC
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The Centers for Disease Control and Prevention (2007) defines obesity as a body mass index (BMI) of greater than 30. The BMI is calculated by dividing a person's body weight by the square of their height. To help you assess whether a patient is obese, the National Heart Lung and Blood Institute offers a BMI calculator at <http://www.nhlbisupport.com/bmi/>. Although BMI may fail to take into account muscle mass, it is an easily used screening tool with reliable results that the user can interpret based on observation and experience.

The CDC (2007) has tracked the sharp rise of overweight and obesity in the US over the past 20 years, with the prevalence of obesity now at 33%. As a result, bariatric (obese) patients are more common in hospitals and extended care facilities. Facilities and their direct patient care staff may be unprepared with equipment and procedures for the special movement and handling challenges bariatric patients present. However, there are Internet resources just a few mouse clicks away to assist staff members in providing safe care to patients with a BMI in the obese range. With the use of these readily available resources and some pre-planning, caregivers can prepare themselves to meet the challenges presented in providing optimum care to their bariatric patients, while protecting their own health and safety.

The physical size of obese patients may result in limitations in mobility, positioning, environmental access, hospital clothing, use of medical equipment designed to accommodate those with lower BMIs (including wheelchairs and beds), receiving patient

For Real People

care services, and recovery from procedures. They may feel shame or embarrassment at the difficulties that their physical size presents. In addition, direct patient care staff members face heightened risk of musculoskeletal injuries from manual handling due to the increased force needed to move or reposition them, as well as the awkward postures needed to access body parts to provide care.

Modern equipment designed to lift or transport patients (such as floor-based full body sling lifts) is usually rated to handle loads of 250 -300 pounds. Before using this equipment, make sure a patient's weight does not exceed its capacity. For patients weighing more than 300 pounds, most manufacturers offer specialized equipment. However, some of these specialized lifts may have limitations in functions due to design changes needed to accommodate extra weight. For example, a bariatric full body sling lift may not be capable of picking an obese patient up off the floor. Before renting or purchasing bariatric equipment, be sure to compare functionality with the manufacturer's standard equipment. A technology guide for bariatric medical equipment is available at the Veterans Administration VISN 8 Patient Safety Center "VA Patient Safety Center" website:

http://www.visn8.med.va.gov/patient_safety_center/.

To protect the safety of both the bariatric patient and the caregiver, the VA Patient Safety Center has developed seven safe patient handling and movement bariatric algorithms and a Bariatrics Toolkit. The bariatric algorithms cover the following tasks:

- Transfer to and from: bed and chair, chair and toilet, or chair and chair
- Lateral transfer to and from: bed/stretchers/trolley
- Reposition in bed: side to side, up in bed
- Reposition in chair: wheelchair, chair, or dependency chair
- Patient handling tasks requiring access to body parts (limb, abdominal mass, gluteal area)
- Transporting (stretcher)
- Toileting tasks

The VA Patient Safety Center periodically revises these step by step guides, so users should check the site for updates on a regular basis. The Bariatrics Toolkit contains valuable information to assist caregivers, such as a patient assessment form, an overview of medical conditions that increase handling and movement risks, case scenarios for use of the algorithms, and a policy template. These materials are available at:

http://www.visn8.med.va.gov/patient_safety_center/safePtHandling/default.asp.

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References:

Centers for Disease Control and Prevention. (2007). *Overweight and obesity*.
<http://www.cdc.gov/nccdphp/dnpa/obesity/trend/maps/index.htm>

SIZEWISE Q&A

QUESTION:

How can SIZEWise help me launch a facility-wide Falls Program?

ANSWER:

Contact your SIZEWise representative to find out more about the toolkit *Fall Risk, Prevention, and Protection*. This resource is designed to assist you in implementing, or improving, a Falls Program with the help of your SIZEWise representative!

Have a question for SIZEWise?
Contact us at:
asksize@size.com



BACK INJURED NURSES:

1st Person Account

Anne Hudson, RN, BSN

I always thought of an injured nurse as someone who was put in a difficult situation where an accident occurred and caused the injury. I never realized that injuries are occurring on a daily basis from our basic patient handling tasks. And then the pain went stabbing through my back and the doctor announced “cumulative trauma injury to the lumbar discs”. In my case, this cumulative injury resulted in more than just pain, ultimately nursing as I knew it was taken from me.

Many nurses do not know how the workers’ compensation system operates or what to expect if they get injured while lifting patients. At my hospital, patient handling injury was never discussed at any unit meeting, hospital employee meeting, or nurses’ union meeting. Injury from lifting patients was simply never addressed as an issue among nurses but was left up to the hospital to handle. Sadly, through my experience, I learned that hospitals generally deny workers’ compensation claims, requiring the injured nurse to appeal the denial and appear in court to prove they were injured at work. I also learned that many hospitals do not retain injured nurses in other non-lifting nursing work if they are unable to return to lifting patients.

Nurses need to educate themselves on how and why patient lifting causes spinal injury. It has long been said that for nurses “back injury is part of the job” without clearly defining “back injury”. Nurses need to know that manually lifting patients places them at tremendous risk of permanent spinal disability, not just at risk of muscle strain which would be expected to heal in a matter of days or weeks.

Learning how degenerative disc disease develops from repetitive micro-fractures to spinal structures with lifting

hazardous amounts of weight often creates “champions” for a no lifting policy. Due to the fact that there are no pain receptors in the center of discs and vertebral endplates where injury typically begins, much insidious damage can occur to the spine without pain; knowing this is a powerful motivator for use of lift equipment.

I would tell other nurses to learn about the great variety of lifting, transferring, and turning equipment and friction-reducing devices available, and to then campaign for their hospital to provide the equipment. Hospital administrators need to recognize that preventing injuries with appropriate lift equipment and friction-reducing devices is always less costly than allowing injuries and replacing nurses. Research has shown for many years that there is no safe

way to manually lift patients. Forces are exerted which exceed tolerance limits of the spine, so that injuries from patient lifting cannot rightly be called “accidents.” Injury is the predictable outcome from performing such hazardous lifting. ©WV

Research has shown for many years that there is no safe way to manually lift patients.



Anne Hudson, RN, BSN, of Coos Bay, Oregon, is a Public Health Nurse with the Coos County Public Health Department. Since losing her previous hospital nursing career to a spinal injury from lifting patients, she has become a voice for back-injured nurses and an activist for preventing injuries to nurses and patients related to manual patient lifting. Anne Hudson founded Work Injured Nurses’ Group USA (WING USA) at www.wingusa.org for information, mutual support, and advocacy for back-injured nurses. She has spoken around the country and in Australia on the high cost of avoidable injuries from patient lifting, and endorses “Safe Patient Handling—No Manual Lift” legislation to mandate use of safe lift equipment for dependent persons across all healthcare settings. Anne Hudson has published articles and co-edited with William Charney the book *Back Injury Among Healthcare Workers: Causes, Solutions, and Impacts*.