Patient Lift: Fatality Report



INCIDENT

Tove Schuster raced to help a fellow nurse lift a patient at Crozer-Chester Medical Center near Philadelphia in March 2010.

While working the overnight shift, she heard an all-too-common cry: “Please, I need help. My patient has fallen on the floor.”

The patient was a woman who weighed more than 300 pounds. So, Schuster did what nursing schools and hospitals across the country teach: She gathered a few colleagues, and they lifted the patient as a team.

“I had her legs — a corner of one of the legs, anyway,” says Schuster, who was 43 years old at the time. “And as we swung her up onto the bed, I felt something pop. And I went ‘ooo.’ ”

She finished the shift in pain and drove straight home to bed.

But after Schuster woke up late that afternoon, her husband, Matt, heard her shouting. He says he ran to the bedroom and found her crawling across the floor. “I thought it was a joke at first,” he says. “And she says, ‘I can’t walk.’ ”

NEED TO KNOW

Patient handling is the top cause of injury among care workers. Care workers who move people are at significant risk of sprains and strain injuries. Physically dependent people need to be assessed, taking into account the task being performed and the space in which the work will take place. Controlling the risk involves providing appropriate mechanical equipment, and training workers on safe work procedures and use of equipment.

BUSINESS / REGULATIONS

Schuster had injured her back moving the patient, which the hospital acknowledged. And today, X-rays of her back show how a surgeon repaired a

damaged disk in her spine using a metal cage and four long, sharp screws.

“I can finally walk and sit again without being in excruciating pain,” Schuster says. “But the career I had as a floor nurse is over.”

It’s no secret that America’s healthcare workers are in danger of injuries sustained from improperly lifting and moving the patients they tend to every day in U.S. hospitals. And if workers can’t safely move patients, it places the patients at risk as well.

Despite this, says OSHA, hospitals still are not employing enough assistive devices to help move patients, and that’s a major reason why healthcare workers have one of the highest rates of occupational musculoskeletal injuries in the U.S. A recent study found that such devices can help cut down on these injuries and improve patient care at the same time.

The problem has gotten so bad that OSHA was forced to create an entire website devoted to lifting injuries in hospitals and to solutions that facilities can employ, including training tips and advice. However, OSHA still does not have any published mandate or standards related to reducing patient-handling injuries, just a recommendation that hospitals take steps to reduce them.

STATISTICS

One major source of injury to healthcare workers is musculoskeletal disorders (MSDs). In 2017, nursing assistants had the second highest number of cases of MSDs. There were 18,090 days away from work cases, which equates to an incidence rate (IR) of 166.3 per 10,000 workers, more than five times the average for all industries. This compares to the all-worker days-away from work rate of 30.5 per 10,000 workers.

The consequences of work-related musculoskeletal injuries among nurses are substantial. Along with higher employer costs due to medical expenses, disability compensation, and litigation, nurse injuries also are costly in terms of chronic pain and functional disability, absenteeism, and turnover. As many as 20% of nurses who leave direct patient care positions do so because of risks associated with the work. Direct and indirect costs associated with only back injuries in the healthcare industry are estimated to be $20 billion annually. In addition, healthcare employees, who experience pain and fatigue, may be less productive, less attentive, more susceptible to further injury, and may be more likely to affect the health and safety of others.

In 2011, U.S. hospitals recorded 253,700 work-related injuries and illnesses, a rate of 6.8 work-related injuries and illnesses for every 100 full-time employees. This is almost twice the rate for private industry as a whole.

The National Institute for Occupational Safety and Health reports that there are 75 lifting-related injuries for every 10,000 full-time hospital workers, and 107 injuries for every 10,000 workers at nursing homes and residential facilities. Hospital rates are nearly twice the national average for all industries, and nursing home rates are nearly three times as high.

According to surveys by the Department of Labor’s Bureau of Labor Statistics

(BLS), there are more than 35,000 back and other injuries among nursing employees every year, severe enough that they have to miss work.

Nursing assistants and orderlies each suffer roughly three times the rate of back and other musculoskeletal injuries as construction laborers.

In terms of sheer number of these injuries, BLS data show that nursing assistants are injured more than any other occupation, followed by warehouse workers, truckers, stock clerks and registered nurses.

PREVENTION

An ounce of prevention yields more than a pound of cure.

Transfer, Reposition and Lifting Services

Industries where patient handling tasks are performed include:

- Long-Term Care (includes facilities that provide skilled or non-skilled nursing care);
- Acute Care – (includes hospitals, out-patient surgical centers, and clinics);
- Home Healthcare workers; and
- Others – such as physical therapists, radiologists, sonographers, etc.

Some examples of areas of a facility that may be identified as high-risk include: bathing rooms, extended care wings, and diagnostic units (e.g., radiology, emergency department, spinal unit, orthopedics department).

It is clear the healthcare industry must rely on technology to make patient handling and movement safe. Patient transfer and lifting devices are key components of an effective program to control the risk of injury to patients and staff associated with lifting, transferring, repositioning or movement of patients. Essential elements of such a program include management commitment to implement a safe patient handling program and to provide workers with appropriate measures to avoid manual handling; worker participation in the assessment and implementation processes and the evaluation and selection of patient handling devices; a thorough hazard assessment that addresses high risk units or areas; investment in equipment; care planning for patient handling and movement; training for staff; and program review and evaluation processes. The education and training of healthcare employees should be geared towards assessment of hazards in the healthcare work setting, selection and use of the appropriate patient lifting equipment and devices, and review of research-based practices of safe patient handling.

The use of assistive patient handling equipment and devices is beneficial not only for healthcare staff, but also for patients. Explaining planned lifting procedures to patients prior to lifting and enlisting their cooperation and engagement can increase patient safety and comfort, and enhance their sense of dignity.