

To Boost or NOT: Promoting safe patient handling devices for bed mobility

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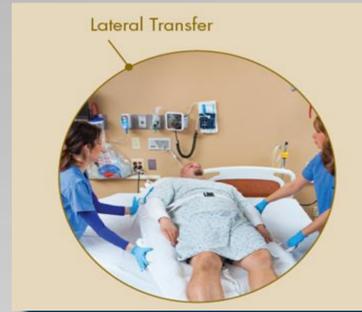
BACKGROUND

Nursing is rated as one of the top ten high-risk occupations in the United States (Nelson, 2008). Rehabilitation nurses place their own health at risk daily because health care workers are frequently injured from performing patient-handling tasks. By implementing a culture of safety for patient handling, our Rehab unit has made great strides using patient handling devices for transfers. Unfortunately, many caregivers revert to manual lifting for boosting and turning patients in bed. Much of the focus of the safe patient handling (SPH) movement is on transferring patients out of bed; however data demonstrates that a significant number of injuries result from assisting patients with bed mobility, mainly repositioning and boosting. This project attempted to change nursing practice for bed repositioning by replacing manual boosting using draw sheets with equipment, such as ceiling lift repositioning slings and HoverMatts.



OVERARCHING GOAL

The goal of this project is to protect the health of both patients and employees by preventing injuries that can occur when assisting patients with bed mobility. One way to improve staff safety is to decrease the incidence and severity of injuries caused by physically assisting patients with repositioning and boosting up in bed. The risk of injury can be reduced when friction is decreased by using safe patient handling equipment, such as the HoverMatt and ceiling lift equipment.



INTERVENTIONS USING KOTTER CHANGE MODEL

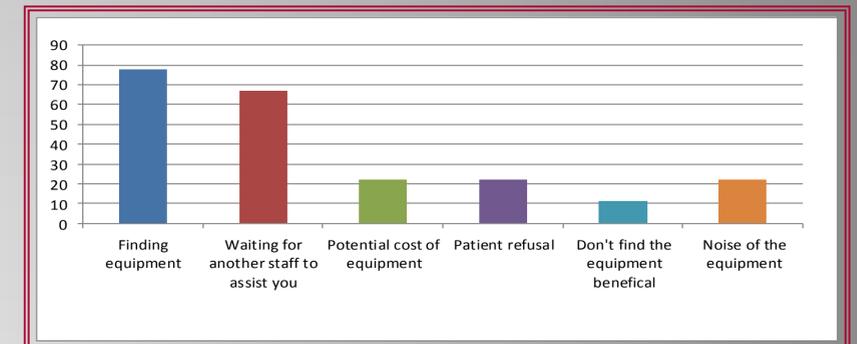
- **Create a sense of urgency** – Set deadline for eliminating draw sheets used for manual bed mobility. Administer pre-implementation surveys, share survey results and unit worker injury data.
- **Create the guiding coalition** – Adopt a champion model of unit leaders. Mobilize commitment from staff.
- **Develop a vision and strategy** – Discuss with entire Rehab team the benefits of SPH devices & potential barriers. Create plan for implementation.
- **Communicate the change vision** – Mandatory educational program for entire Rehab team. Train staff on use SPH devices.
- **Empower broad-based action** – Assess patient's bed mobility to identify need for devices. Create standard practice of placing device on bed with daily linen change. Ensure availability of adequate number of devices.
- **Generate short-term wins** – Complete post-implementation survey to look for gains. Emphasize the positives.
- **Consolidate gains and produce more change** – Continue to champion and reinvigorate the change. One-to-one follow up with staff. Champions to role model practice change. Identify and address barriers to using devices.
- **Anchor new approaches in the culture** – Reinforce with current staff and emphasize in new staff orientation.



BENEFITS TO PATIENT, STAFF & FACILITY

- Increased patient satisfaction
- Ensures proper patient positioning in bed
- Reduced risk of injury to caregiver
- Increased job satisfaction because of fewer injuries
- Less physical fatigue
- Potential to decrease cost of hospitalization and improve patient outcomes by decreasing complications related to immobility
- Reduced worker compensation expenses and missed work days

STAFF PERCEIVED BARRIERS TO USING THE SPH DEVICES



REFLECTIONS AND NEXT STEPS

Comparisons between the pre and post surveys identified a significant decrease in worker discomfort since program implementation. As with any change, sustainability has been challenging. Unit champions continue to play an essential role by actively promoting the use of the SPH devices and supporting continued staff compliance.

BIBLIOGRAPHY

Nelson, A. (2008). Promoting safe patient handling. *Rehabilitation Nursing*, 33(1), p. 2, 43. Additional references available upon request