Safe patient handling solutions
How do we stop nurses from becoming patients?

Nursing professionals incur more musculoskeletal (MSK) injuries/nonfatal injuries on the job than any other occupation.¹

Nurses and nursing assistants are more likely to get injured on the job than any other occupation...more than construction, manufacturing, transportation and warehouse employees.¹

The most common tasks that lead to injury are patient:²

- lifting
- transferring
- repositioning

It's a costly problem...

<table>
<thead>
<tr>
<th>Cost</th>
<th>Description</th>
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<tbody>
<tr>
<td>$15,800</td>
<td>Average compensation claim due to patient handling³</td>
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<tr>
<td>$37,000</td>
<td>Average direct costs associated with an occupational back injury of healthcare provider⁴</td>
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<tr>
<td>$27,000 to $103,000</td>
<td>Cost of nurse turnover⁴</td>
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...that may get worse

<table>
<thead>
<tr>
<th>Cost</th>
<th>Description</th>
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<td>Patient obesity levels are increasing</td>
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<tr>
<td>Average age of nurses continues to rise⁶</td>
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<td>Estimates project 260,000 unfilled nursing jobs by 2025⁶</td>
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Who takes care of patients when healthcare workers are injured on the job?

Many healthcare workers leave the profession early due to debilitating arm, back and shoulder injuries. More nurses are worried about getting a back injury than contracting an infectious disease.⁷ And for good reason:

- 56% of nurses reported shoulder, back, neck, or arm pain at work²
- 80% continued to work despite having MSK pain²
- 13.3 days of work are missed (on average) by healthcare workers due to overexertion in lifting/lowering patient¹

REFERENCES
How is your hospital addressing safe patient handling?

There is no such thing as safe manual lifting of patients, regardless of body mechanics.\(^8\)

- 30+ years of research and experience show this is not an effective way to reduce back and other MSK injuries.\(^8\)
- During an 8 hour shift, nurses can lift a cumulative weight of up to 1.8 tons!\(^9\)
- MSK injuries are often the result of repeated manual patient handling activities, such as transferring and repositioning patients.\(^10\)

Hospitals are investing in equipment… but healthcare workers are still getting injured

82% of healthcare workers who sustained an MSK did not use facility lifting equipment.\(^11\)

Why aren’t nursing staff using lifting equipment?

In most cases, the equipment is not easily accessible… it may be located away from patient care areas, moved to another floor, unavailable while being reprocessed, or worse yet, locked away in a closet.

11 states have already enacted Safe Patient Handling Laws

- Establish a culture of safety.
- Implement and sustain a SPHM program.
- Select, install and maintain SPHM technology.
- Integrate patient-centered SPHM assessment, plan of care, and use of SPHM technology.
- Create a systemized proactive approach that includes prevention considerations in all designs that affect individuals in the occupational environment.
- Provide assistive tools at the point of care to facilitate SPHM.

American Nurses Association (ANA)\(^2\)

Safe Patient Handling and Mobility (SPHM) Interprofessional National Standards Across the Care Continuum

2.1.7 Reduce the physical requirements of high-risk tasks. The organization will focus on reducing the physical requirements of high-risk healthcare recipient transfer, repositioning, and mobilization, and other applicable tasks through engineering, safe work practice, and/or administrative controls.

4.1.5 Provide and strategically place SPHM technology for accessibility. The organization will develop a process for providing SPHM technology that ensures ease in accessibility. The quantity and type of SPHM technology will be sufficient to minimize risk for the healthcare recipient population served and the environment of care.

Principles of the ANA Standards for SPHM, include:

- General lateral transfer
  - Use lateral transfer device and 4 caregivers
  - Destination surface should be slightly lower
- Supine
  - Anesthesiologist supports head and neck
  - Weight < 157 lb
    - Use lateral transfer device and 4 caregivers
  - Weight > 157 lb
    - Use mechanical lift with supine sling, mechanical lateral transfer device, or air-assisted lateral transfer device and 3 to 4 caregivers

AORN\(^12\)

Task Recommendations:

- General lateral transfer
  - Use lateral transfer device and 4 caregivers
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OHSA\(^13\)

Lateral Transfer to and from: Bed to Stretcher, Trolley

For patients who are partially able or unable to assist:

- If patient is <100 pounds: Use a lateral sliding aid and 2 caregivers.
- If patient is 100-200 pounds: Use a lateral sliding aid -or- a friction reducing device and 2 caregivers.
- If patient is >200 pounds: Use a lateral sliding aid and 3 caregivers -or- a friction-reducing device or lateral transfer device and 2 caregivers -or- a mechanical lateral transfer device.
Now is the time to implement a safe patient handling program utilizing equipment with proven results

Sage Products provides a complete line of safe patient handling solutions for the entire continuum of care, from admittance through recovery, with clinically proven results.

Sage’s Prevalon solutions—Liftaem, TAP, and SPS—are designed to stay with the patient at the bedside for convenience and accessibility when needed, further promoting the use of SPHM equipment. Our solutions promote safety for staff and patients, and help reduce associated costs from healthcare workplace injuries.

Prevalon™ Liftaem® Mobile Patient Transfer System
Safely and easily transfer patients
- Helps reduce the risk of staff injury during patient transfers
- Provides a safe and comfortable transfer experience for patients
- Easy to use in a variety of care settings

Prevalon™ Turn and Position System (TAP)
Promotes safe patient handling
- Demonstrated to be compatible with low air loss technology
- Helps staff more easily follow best practice prevention guidelines
- Reduces exertion needed to turn and boost patients
- Decreases strain on staff’s hands, wrists, shoulders, and backs

Prevalon™ Seated Positioning System (SPS)
Glide patients without lifting
- Secures patient to minimize the need for repetitive boosting and repositioning
- Promotes proper ergonomics to improve posture and body mechanics
- Designed to improve compliance to the seated position
PROVEN RESULTS:

77% reduction in healthcare worker injuries¹

58% reduction in employee injury²

= $247,500 savings

Overall standard of care was 246% greater exertion vs. 2 caregivers using SPS³
Simple Interventions. Extraordinary Outcomes.

At Sage Products, we believe that evidence-based interventions lead to improved outcomes. Our market-leading products solve real problems in the healthcare industry and are backed by proven clinical evidence. We develop and manufacture these products to make it easier for you to deliver essential patient care, while helping to prevent infections, skin breakdown and staff injury.

Help reduce SSIs by addressing multi-drug resistant organisms on your patient’s skin prior to surgery with 2% Chlorhexidine Gluconate Cloth

Provide comprehensive oral care with Q•Care® Oral Cleansing and Suctioning Systems

Help reduce the risk of heel pressure ulcers by continuously offloading the heel with Prevalon® Heel Protector

Comfort Bath® Cleansing Washcloths eliminate the contamination risk from bath basins

Help your patients comfortably transition from hospital to home.
The same quality Sage products you trust in your facility are available for family caregivers and patients after they leave your care.

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