

Hospital gets close to zero — in WC claims

With lifts, workers comp drops by 98%

Ceiling lifts save backs. That is what Salina (KS) Regional Medical Center concluded, and the investment paid off.

After installing tracks throughout the hospital, in patient rooms, and some hallways, with 138 lifts, the hospital saw its workers' compensation costs related to patient handling drop from \$213,000 to \$5,279 — a reduction of 98%.

Average lost workdays dropped from 17 in 2001 to zero in 2003. Average restricted workdays declined from 22.3 in 2001 to 7.8 in 2003.

"It certainly has improved the life of our employees," explains **Barb Herrman**, RN, employee health coordinator.

The Salina experience showed "how you can save money by doing the right thing," says **Esther Carlson**, MSN, ARNP, BC, FNP, a cardiovascular advanced practice nurse who was involved in researching and developing the program.

Patient handling incidents were causing one or two life-altering injuries each year, with nurses who could no longer work. For example, one nurse injured a disc, required back surgery, and was permanently disabled.

An ergonomics equipment vendor provided an analysis of ceiling lifts at no charge to the hospital. It reported that nurses performed an average of 14.4 lifts per day at an average weight of 173 pounds.

Research supported the use of ceiling lifts to reduce injuries, Carlson explains. So did the hospital's own experience, where floor lifts often languished unused in storage areas. It was too difficult and time-consuming for nurses to retrieve those lifts, she says. "We weren't going to throw money away on something that wasn't going to work."

Carlson couldn't find an example of a hospital that used ceiling lifts throughout the facility. Salina Regional was convinced that was the only way to make a difference.

"The answer is to put a lift in every room, and then look at changing practice," says **Jane Wahlgren**, RN, MA, vice president of patient care services. "It won't be any good to put them in half the rooms because half the patients won't be in those rooms."

The hospital's board of trustees was willing to make a major investment in lifts to stop the costly and debilitating back injuries. Salina spent \$450,000 on the ceiling-lift system. Getting the right lift was crucial. So was employee buy-in.

Salina developed a multidisciplinary task force, including floor nurses, and the team created a list of criteria for the equipment. ([See Lift Protocol.](#)) The lifts should have an automatic stop to keep the slings from going too high or too low and an emergency stop, the hospital decided. They should have slings that could hold at least 400 pounds and some that would hold at least 800 pounds. The H design for the tracks would allow the lifts to move in multiple directions in the rooms. (Some patient rooms have C-shaped tracks.)

Salina narrowed the choices from six vendors to three, then conducted pilot tests. The vendors installed tracks for the evaluation. The hospital's board of trustees chose Wy'East.

Based on published research on ceiling-mounted lifts in nursing homes, the hospital expected to recoup its investment within 2½ to four years.

The hospital then began a training program with the ultimate goal of creating a no-lift workplace. Wy'East provided 11 days of training, available for all shifts. Salina's challenge was to incorporate the lifts into daily practice.

One nurse had a serious shoulder injury shortly after the lifts were installed. The workers' compensation committee asked her to explain why she hadn't used the lift. "This is to save your life and not just your nursing practice," Wahlgren told the nurses. "That is probably what began to resonate."

Salina wanted the nurses to sign a no-lift commitment, but the nurses wanted more guidance on when to use the lifts. After some additional research, Carlson and her colleagues created a needs assessment and flowchart. It asks simple questions about whether a patient can bear partial or full weight, or how cooperative the patient is.

"You have to change the way people practice," Wahlgren points out. "You have to incorporate it into orientation. You have to have an assessment tool, so nurses assess the need for a lift. If a patient meets the criteria, the nurse has to use the lift. It's not really optional. The goal is to reduce injuries."

Salina continues to look for other interventions to reduce patient-handling injuries. For example, the hospital is purchasing air-based lateral transfer devices, such as the Hover Matt.

The lift system has greater potential, as well. Walking slings allow patients to be hooked to tracks in the hallway in the orthopedic and rehabilitation units, so they can be ambulatory but protected from falling. The hospital also is testing the use of slings to reposition patients in bed — a significant cause of patient-handling injuries nationally. Based on feedback from nurses, the hospital adapted its policy to allow minimal lifts for those patients who can assist.

"We continue to investigate each [injury] as it occurs, to see what we can do to prevent it from happening again," Herrman says.

Criteria for Ceiling Lifts

These are the criteria used by Salina (KS) Regional Medical Center when the hospital evaluated ceiling lift systems:

- ✔Automatic stop if lift is too high or too low
- ✔Emergency stop
- ✔Sling base safety latches
- ✔Quick release capability
- ✔Meets International Organization for Standardizations standards
- ✔400- and 800-pound lift units
- ✔Slings in small to extra large sizes
- ✔Walking slings
- ✔Hours of on-site training
- ✔H design with exposed mounting leg support (offers most flexibility)