Union Hospital, Inc., is comprised of two acute care hospitals and a network of other practice locations in Terre Haute and Clinton, Indiana. With 2,300 employees, Union Hospital is the area’s largest medical center with 380 staffed beds.

At Union Hospital, there is an increased employee awareness of a culture that focuses on the safety of employees and patients. The organization launched several initiatives to decrease employee injuries. As data was reviewed, it became clear that an emphasis should be placed on reducing lifting injuries for employees.

The caregiver injury phenomenon has been documented by extensive evidence-based research, with most caregiver injuries caused during the process of lifting or repositioning patients. Nationally, more than one million work days are lost each year from lifting injuries in the healthcare industry.

Current evidence indicates rising obesity rates in the patient population. According to the Centers for Disease Control and Prevention (CDC), 29.6% of Hoosier adults are obese. Sadly, we are no different and face the same trend here at Union Hospital. A one-day sampling study showed that 80% of patients in the Intensive Care Unit (ICU) fell in the overweight, obese and extremely obese category. Also, a one-year sampling study of hospital inpatient data from August 2007 to July 2008 provided that 71% of inpatients were in the same category.

Traditional ergonomic approaches were designed for industry and do not easily apply to healthcare. With the baby boomers coming of age, coupled with the aging nursing workforce, our organization needed to act in a proactive manner to modify our current safe lifting process.

As staff education was a priority, phase one of our journey began in January 2007 with the creation of the Safe Patient Handling Committee (SPHC). The SPHC completed a data analysis that was used to identify and solicit feedback from staff. Near the end of this phase, a clear recommendation was in place—our organization needed to move towards developing and implementing a comprehensive SPH Program. This included investing in overhead ceiling lifts for the new hospital expansion.

Phase two began in the fall of 2008, with the installation and purchase of overhead ceiling tracks for the ICU and select patient rooms in the medical-surgical units. Nine bariatric rooms were also fully equipped with bariatric-grade toilets, overhead H-type track and overhead ceiling lifts. We purchased 14 portable ceiling lifts as well. This is in addition to the floor-based lifts we already have in our various units.

Extensive hospital-wide staff education and training was performed. Multiple logistical issues and processes were identified and addressed, including storage, tracking, cleaning, maintenance and reallocation.
of existing floor-base lifts to better meet the needs of patients and staff. An assessment tool was also developed and the hospital’s lifting policies were updated.

Since the start of our SPH Program in 2007, the organization has experienced a decline in lifting injuries. The most significant decline that has been noted occurred between 2008 and 2010. This is the period in which the SPH Program was implemented. With the implementation of the ceiling lifts, the lifting injuries at Union Hospital decreased from 72 incidents in 2009 to 49 in 2010 year-to-date. The average cost per lifting injury claim also declined considerably from $1,337 in 2007 to $634 in 2009.

Like any other process or program an employer implements, SPH must be sustained, evaluated and improved to best meet the ever-changing needs of the healthcare industry. The third and current phase of our SPH journey began in March 2010, after the move into the new hospital facility was completed. Activities included process checks, problem-solving, continuous staff education and ensuring the SPH Program sustainability through working with unit-specific peer leaders. This includes changing the leadership to a nurse peer leader, who would be onsite to champion the program.

Continuous process improvement is an essential element in sustaining and improving upon a successful SPH Program. Process improvement efforts included surveys to determine staff perception of the importance of SPH, equipment availability and ease of use. Because of survey recommendations, changes continue to be made in an effort to make utilization of the SPH equipment more easily accessible to all staff.

Other SPH improvement strategies incorporate improved staff education through formal educational opportunities and availability of knowledgeable front line staff as SPH champions. In 2010, a comprehensive SPH training component was added to the staff orientation curriculum. In addition, annual SPH retraining is required of all clinical staff. Utilization of staff-level SPH champions also provides employees a SPH resource at all times on all shifts.

Sustaining a successful SPH Program is in large part dependent upon maintaining lift equipment in good working order. Regular surveillance by the facilities maintenance department and prompt reporting of defective equipment by staff ensures that lift equipment is always available when needed.

In 2011, we continued to make progress with a 19% reduction in SPH injuries. Sustaining and further improving upon our success is an ongoing, ever-evolving process, with the ultimate goal of keeping our employees safe and healthy and having zero patient handling injuries.

Editor’s Note: Union Hospital, Inc., was a recipient of a 2011 Governor’s Workplace Safety Award for their efforts to eliminate and reduce employee exposure to occupational injuries and illnesses. To learn more about Union Hospital, Inc., please visit the organization’s website at www.myunionhospital.org/unionhospital/.