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Lifts Help Workers Handle Patients Safely, Cut Injury Rate

By AL KARR

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Colette Smith, an intensive-care nurse at Kaiser Sunnyside Medical Center in Clackamas, Ore., used to dread one particularly tough task that had nothing to do with the wires and monitors surrounding her very ill patients: Lifting them out of bed. Ms. Smith, 50, hurt her back in 2001 while handling a patient and couldn't do her usual work for four months.



Lifts reduce back injuries for health-care workers.

Then Sunnyside launched a no-manual-lift policy. The center bought 14 portable mechanical lifts, trained 700 nurses and assistants to use them and ordered that no one raise, move or lower a patient without the help of these motorized devices that work with a boom and sling. In two years, Sunnyside cut worker-injury rates by 29%. Kaiser Permanente, the Oakland, Calif.-based health-care provider, has installed hundreds of lifts in its hospitals in recent years and says the programs have more than paid for themselves.

These are the kind of success stories told by some employers, as well as unions and worker-safety groups that are pushing facilities to adopt lift policies and states to encourage them. The first law requiring health-care facilities to adopt a lift policy went into effect in January in Texas. Other states, including California and New Jersey, are considering similar laws, and Ohio is providing interest-free loans to facilities that buy lifts.

The idea is simple: Nursing staffs are aging and spread thinner, while patients are often heavier. Health-care workers suffer back and related injuries at "epidemic" rates, higher than for construction workers, says William Charney, a Seattle-based expert on healthcare worker injuries. The injuries pose high costs to employers, and, according to some studies, discourage workers from doing patient-care jobs, exacerbating a shortage.

All told, the challenge of moving patients has grown. Patients, too, suffer, when workers struggling to lift them end up bruising their skin, wrenching their muscles or even dropping them.

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Still, getting lift programs into place isn't easy. The devices have been around for 25 years, and they often end up gathering dust in storerooms because staffs consider

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them cumbersome and time-consuming. Only 10% to 20% of nursing homes and fewer than 5% of hospitals have lift programs, says Jim Collins, associate director for research at the National Institute of Occupational Safety and Health's safety-research division.

There are institutional barriers. Nursing schools and hospitals have traditionally taught "body mechanics" -- how to transfer patients manually. Nurses often resist changes that mean losing the personal touch with patients. And workers pressed for time may be reluctant to wait for a lift to arrive. For Kaiser, union support was critical to making the program work, says Beverly Hayon, a spokeswoman. But many employers see the injuries sustained in moving patients as a cost of doing business, says Betty Bogue, president of Prevent Inc., a Hickory, N.C. firm that helps install lift programs.

Upfront expenses are also a barrier. Prices start at \$1,800 per machine, depending on design. In vetoing a lift bill last year, California Gov. Arnold Schwarzenegger cited cost as a reason.

Still, if more facilities install lifts, cost will probably be a major inspiration. Genesis Health Care Corp., based in Kennett Square, Pa., launched a lift program in part because of pressure to cut workers' compensation insurance costs. Its Lafayette Center nursing home in Franconia, N.H., spent \$30,558 in 2004 to buy mechanical lifts. In one year, says Mark Santoleri, safety and loss-control director for Genesis, the number of back injuries related to moving patients dropped to zero from six and the workers' comp injury claims to zero from \$97,466.

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