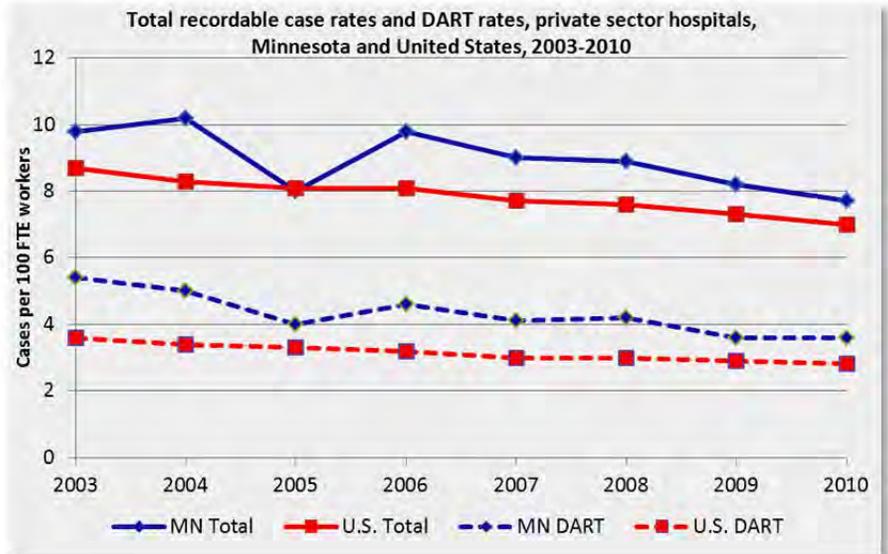


Safe Patient-Handling Update

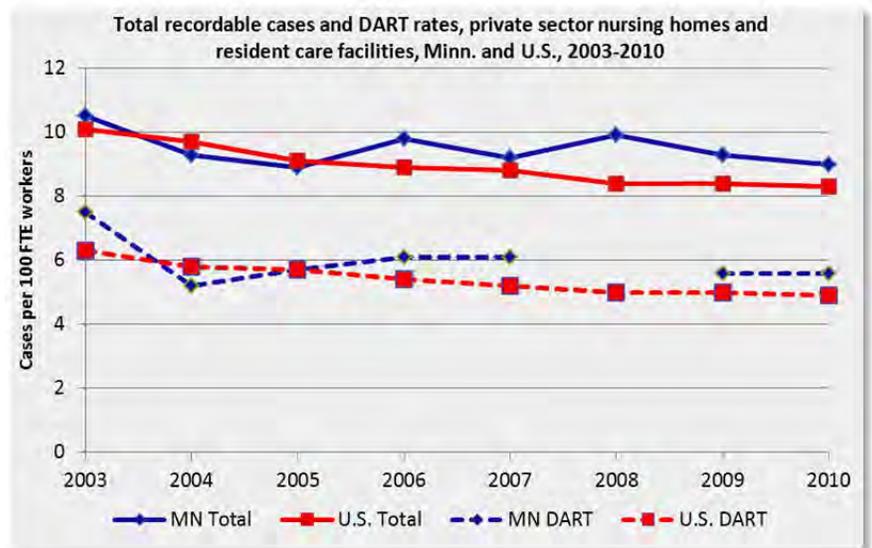
Hospitals

- Indemnity claims involving patient handling accounted for 35% of all indemnity claims closed in 2011 and 41% of the costs of those claims. Average benefits for patient-handling injury claims closed in 2011 were \$28,000 for a total cost of \$13.2 million.
- Analysis of OSHA logs from 2007 to 2011 for a sample of 24 hospitals shows:
 - Decreasing rates for total recordable cases, days-away-from work (DAFW) cases, DAFW days, back DAFW cases, and back DAFW days.
 - Decreasing rates for back cases among RNs, LPNs, and CNAs.
 - Back injuries were 73% of cases in 2007, 60% of cases in 2011.
- A survey of patient handling equipment and program implementation shows:
 - Rate changes were not related to the amount of equipment or to resistance to the use of equipment from staff or patients.
 - Rate decreases were not related to support and participation from administrators, staff and the Safe Patient Handling committee.



Nursing Homes

- Indemnity claims involving patient handling accounted for 47% of all indemnity claims closed in 2011 and 43% of the costs of those claims. Average benefits for patient-handling injury claims closed in 2011 were \$21,600 for a total cost of \$9.5 million.
- Analysis of OSHA logs from 2007 to 2011 for a sample of 82 nursing homes shows:
 - Decreasing rates for total recordable cases, DAFW cases, DAFW days, back DAFW cases and days.
 - Decreasing rates for total cases and back cases among nursing assistants.
 - Back injuries were 67% of cases in 2007, 64% of cases in 2011.
- A survey of patient handling equipment and program implementation shows:
 - Rate decreases were not related to the amount of equipment.
 - Rate increases were related to reported resistance to equipment use by nursing assistants.
 - Rate decreases were related to support and participation from staff and the Safe Patient Handling committee.



(Minnesota and U.S. case rates used in figures are from the annual Survey of Occupational Injuries and Illnesses, U.S. Bureau of Labor Statistics.)

Tools for Effective Safe-Patient Handling Programs

- Network with other facilities. Learn from each other, compare progress and programs, training sessions, how to improve SPH committees, gaining support from administrators. You are not in this alone.
- Train yourself or seek a SPH champion in your facility, someone responsible to make sure the SPH plan is implemented, everything gets done, and won't accept excuses.
- There is a growing body of literature about successful programs to reduce injuries among health care workers. One or more people in your facility need to learn about the effective methods and transfer the research into practice. Your SPH committee can learn about the latest research together.
- Bring in a professional safety consultant/ergonomist/SPH specialist.
- Improve your OSHA recordkeeping skills. An effective, high quality measurement program is essential to evaluate your SPH progress. Learn about your facility's SPH injuries and track the changes.
- Your OSHA log injury descriptions should distinguish between injuries due to patient/resident handling, injuries as a result of patient/resident falls, and injuries due to patient/resident violence.

Contact Workplace Safety Consultation

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