

BENEFITS OF A NO-LIFT PROGRAM



EZ Way, Inc.



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THE NO-LIFT PROGRAM

WHAT IT CAN DO FOR YOUR FACILITY AND HOW EZ WAY WILL HELP

A no-lift program is a comprehensive, on-going program to protect patients, residents, and staff from injuries caused by manually transferring, lifting, and repositioning patients and residents. The goal of a no-lift program is to drastically reduce, if not eliminate, the number of manual lifts and transfers performed in a facility by instituting the use of patient transferring equipment.

The Occupational Safety and Health Administration estimates that back injuries alone cost the healthcare industry \$20 billion annually. It only takes a moment to foresee the dilemma facing the health care industry today, which includes skyrocketing workers' compensation premiums, lost time from employee injuries, hidden costs in replacing staff, and a lifetime of individual suffering due to a back, neck or shoulder injury.

EZ Way Inc. has the solution...A no-lift patient transferring program.

BENEFITS OF THE NO-LIFT PROGRAM

Improvements regarding quality of life for patients and caregivers, improved ambulation rates, bowel and bladder programs, improved skin care, transfer capability, gait-training programs, patient/family security, patient dignity, caregiver morale, and decreased nursing staff turnover rates have been identified as additional benefits of no-lift policies.

The National Institute of Safety and Health (NIOSH) is very specific when addressing the ergonomic stressors related to patient handling. It states in one of its directives that ***“no one should routinely lift a stable object that weighs more than 35 pounds”***. Since patients generally weigh more than 100 lbs. and cannot be considered stable, this shows just how far we need to go in reducing unassisted patient transfers.

By adopting a no-lift policy, your facility can now concentrate on what you do best, caring for patients or residents. By following this policy, your facility can achieve the following, but not limited to:

- Fewer transfer related injuries to staff and patients
- Reduced workers' compensation claims and related expenses/premiums
- Reduced lost work days
- Reduced payroll to fill missed shifts or hire temporary staff
- Greater staff efficiency and increased morale
- Reduced staffing turnover
- Reduced hidden administrative costs
- Smoother, more consistent patient transfers
- Compliance with OSHA guidelines
- Improved ambulation rates

A no-lift program WILL eliminate or drastically reduce injuries due to lifting and transferring of patients. You can be pro-active instead of reactive when addressing the needs of your staff and facility.



INVESTMENT AND RETURN

A LOOK AT THE FACTS

Healthcare workers experience some of the highest rates of nonfatal occupational injuries of any industry sector. More than 30 years of research and experience confirms that relying on proper body mechanics or manual lifting techniques alone is not effective to reduce back and other musculoskeletal injuries. The facts are staggering.

The Bureau of Labor Statistics report on non-fatal workplace injuries reveals that workers in nursing and residential care facilities had the second highest rate of injuries at 11.5 per 100 workers.^[1] The incidence rate for injuries resulting in days off from work was 7.3 days per 100 full-time workers, well over the national average.^[2] Patient handling activities accounted for over 70% of all the reported musculoskeletal injuries by acute care nurses,^[3] and nursing assistants spent 41,450 days off work due to injuries, with a median of six days away per incident, a rate three times greater than the national average.^[4]

Compensation claims from 66 healthcare systems shows that patient handling injury claims had the highest average cost of all worker compensation causes of loss at \$14,100 per claim.^[5] Indirect costs such as employee turnover, training of new staff, overtime, incident investigation time, and loss of productivity add to the cost of a claim which can increase the total cost by two to four times. A number of studies have estimated the cost of replacing a nurse including the costs of separation, recruiting and hiring, productivity loss, and training a new nurse. These studies place those costs in the range of \$27,000 to \$103,000 per nurse depending on the state and organization.^[6]

Investing in a safe patient handling program can help to significantly reduce the number of claims related to patient handling injuries and reduce the costs associated with these injuries. Below are examples from two organizations that have partnered with EZ Way.



[1] Bureau of Labor Statistics. 2019. Summary Tables, Table 1. Incidence Rates of Nonfatal Occupational Injuries and Illnesses by Industry. See https://www.bls.gov/iif/oshsum.htm#19Summary_News_Release

[2] IBID

[3] Schoenfisch, A.L., Lipscomb, H.J., Pompeii, L.A., Myers, D.J., Dement, J.M., 2012. Musculoskeletal injuries among hospital patient care staff before and after implementation of patient lift and transfer equipment. *Scand. J. Work Environ. Health* ePub.

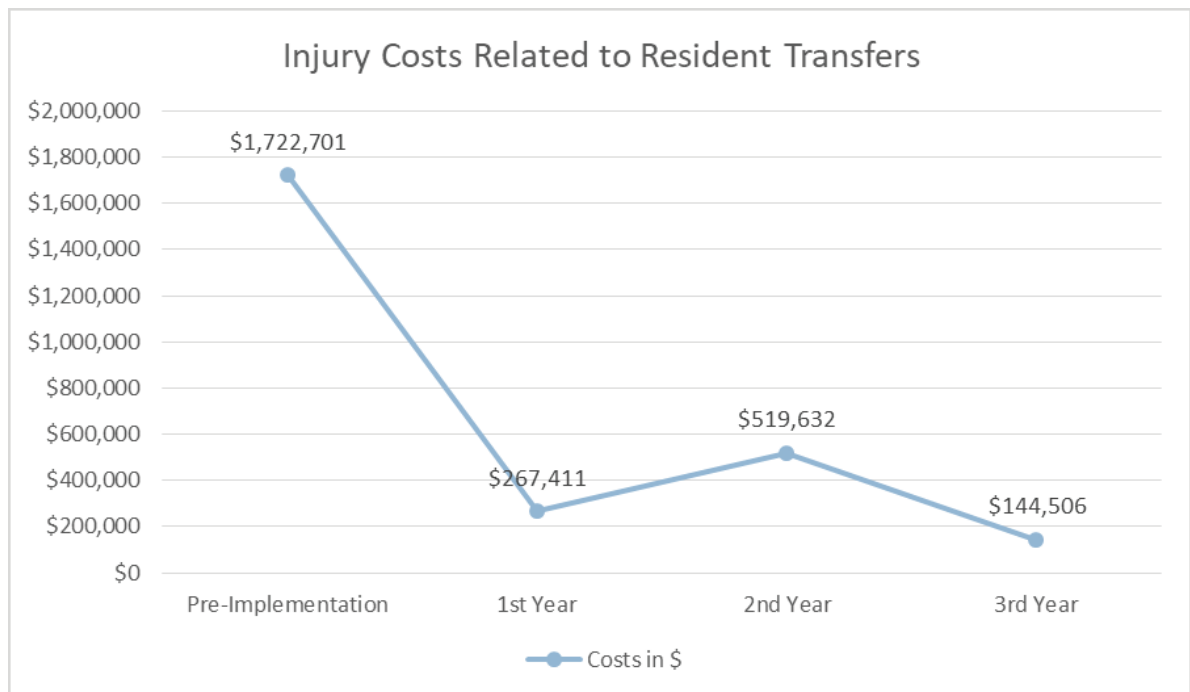
[4] Bureau of Labor Statistics, 2015a. Nonfatal Occupational Injuries and Illnesses Requiring Days Away From Work, 2015. *Industry Injury and Illness Data - 2015*. Bureau of Labor Statistics, US Department of Labor, Washington D.C, pp. 1-28. B. Table SNR02. Highest Incidence Rates of Nonfatal Occupational Injury and Illness Cases with Days Away from Work, Restricted Work Activity, or Job Transfer, 2015. C. Table SNR06. Highest Incidence Rates of Total Nonfatal Occupational Injury Cases, 2015.

[5] Aon Risk Solutions. 2018. *Health Care Workers Compensation Barometer. Actuarial Analysis*, November 2018.

[6] Li, Y., and C.B. Jones. 2012. A literature review of nursing turnover costs. *Journal of Nursing Management*. 21(3): 405-418.

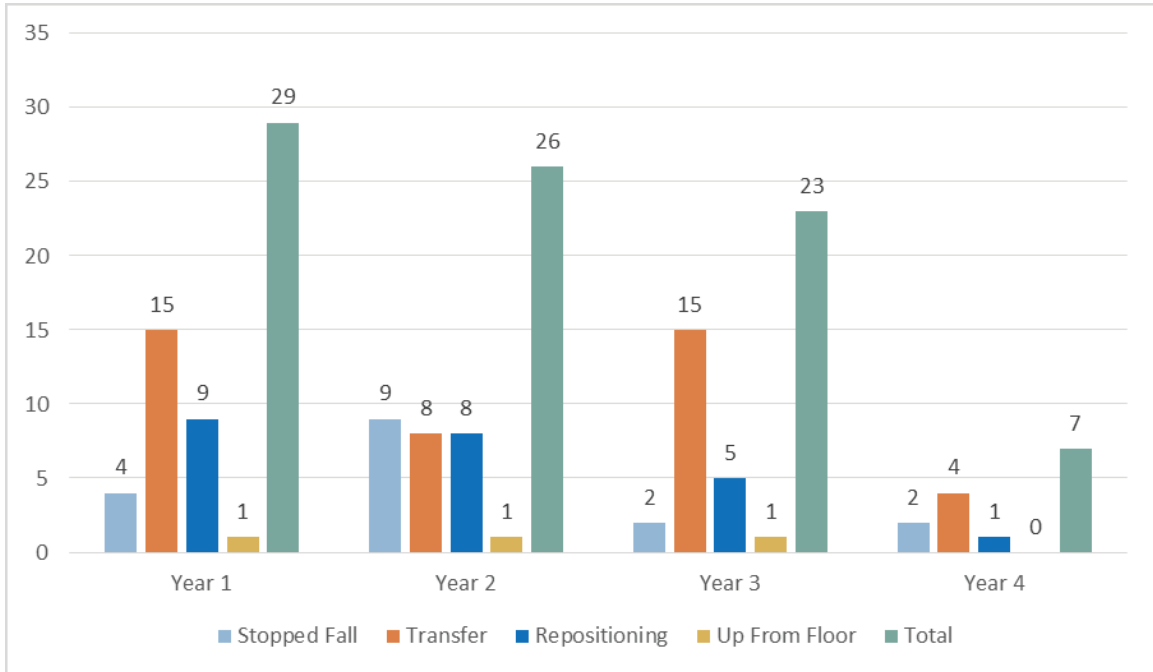
RESULTS OF A THREE YEAR IMPLEMENTATION OF EZ WAY SAFE PATIENT HANDLING SOLUTIONS AND DEVELOPMENT OF A SAFE PATIENT HANDLING PROGRAM IN A LONG-TERM CARE ORGANIZATION

39 Facilities	Pre-Implementation	First Year	Second Year	Third Year
Injuries	161	32	33	21
Costs Related to Injury	\$1,722,701	\$267,411	\$519,632	\$144,506
% Reduction of Injuries		80%	79.5%	87%
% Reduction of Costs Due to Injuries		84.5%	70%	91.5%

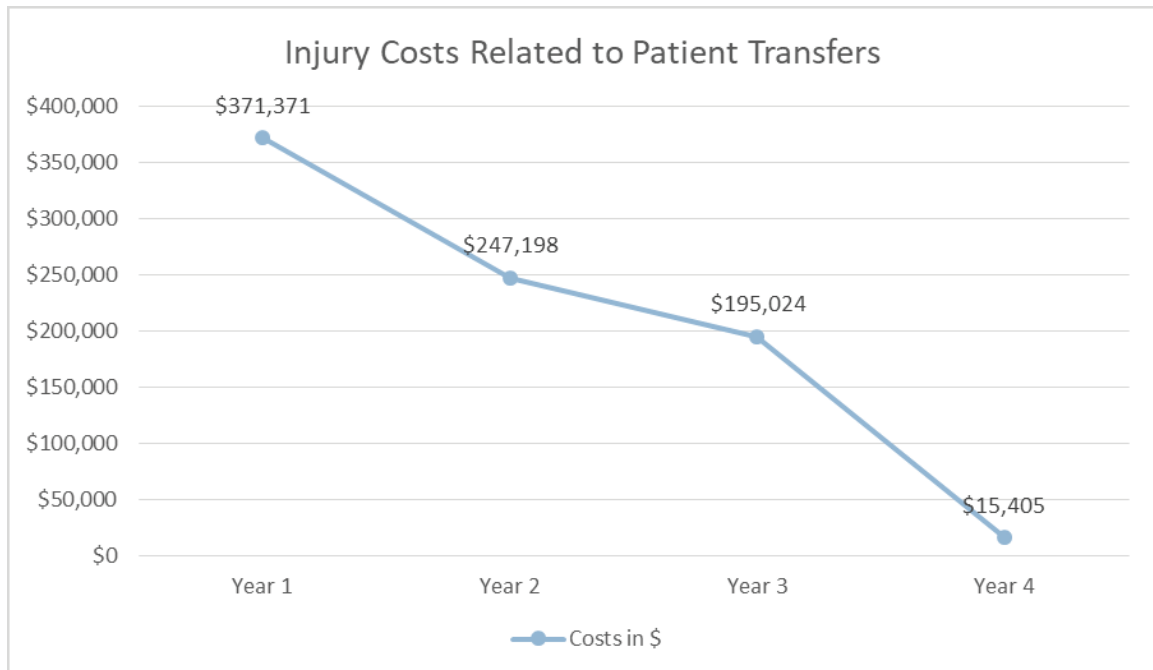


FOUR-YEAR STUDY OF PATIENT TRANSFER INJURIES IN A SKILLED NURSING ORGANIZATION THAT USES EZ WAY EQUIPMENT

Total injuries due to patient transfers were reduced by seventy-six percent (76%) over the four year time period. The graph bellows show the reduction in injuries by type and overall reduction in injuries.



Costs associated with patient transfers were reduced by ninety-six percent (96%) over the same four year time period.



NO-LIFT TEMPLATE

GUIDELINES

The following guidelines provide examples of components you may want to include in your no-lift policy. EZ Way can help you work through all steps of the process and is available as a training resource at all times.

Purpose

- **Example:** “The no-lift program is a comprehensive and continuous program to protect patients/residents and staff from injuries incurred during lifting, patient/resident transfers, and repositioning.”

Policy Statement

- To be truly effective, the policy must be non-negotiable.
- See Attachment 1 for a sample policy agreement that can be completed by each staff member. Deviation from this agreement may result in re-training, disciplinary action, or other action to ensure accountability and success in the policy’s implementation.

Goals

- What is to be accomplished?
- No-lift
- Low-lift
- Timeline for implementation
 - Policy introduction
 - Equipment purchase
 - Training schedule
 - Follow up

Roles/Responsibilities/Assignments

- Management support needs to be secured for policy development, implementation, and equipment approval. Resources need to be allocated for the project.
- Point person(s) need to be identified to implement the policy, monitor for proper usage of equipment, be hands-on to do walk-throughs to monitor usage, modify policy as needed, identify needs for additional equipment, training, etc. These individuals are often coined BIRN nurses, Back Injury Reduction Nurses, ErgoRangers, or Super Users.
- Front-line staff needs to understand policy, what is expected of them, why it is important, and how to complete tasks expected of them.

Accountability

- Include policy signature page, training completion sheets
- Discuss initial training procedures, signature of employee that they have received training, understanding that they are to use equipment, (See Attachment 1).
- Regular checks by point person that equipment is being used and used properly (See Attachment 2).

Resident/Patient Assessment Considerations

- These are considerations to keep in mind when identifying Care Plan suggestions
- Residents/patients must be assessed according to the facility's policies and procedures. This information should be readily available to the caregiver. Keep in mind, patient/resident conditions can change throughout the day, and should be identified if this is the case. A patient's capabilities at 10 AM can be very different than that same patient's capabilities at 10 PM. Patient care assessment forms should identify appropriate equipment needed for the patient, sling/harness/mattress size and number of staff members needed for a transfer.
- Special needs patients should be identified and the appropriate handling of that patient should be outlined.
- Resident/Patient Assessment: The Resident Assessment Instrument published by the Centers for Medicare and Medicaid Services (CMS) provides a structured, standardized approach for assessing resident capabilities and needs that results in a care plan for each resident. This guide may be helpful in the assessment process.

Follow Up

- Project leader should identify any additional training and equipment needs.
- Project leader should delegate responsibilities for the on-going cleaning and maintenance of the equipment. Example: Identify a point person to ensure proper, consistent evaluation and care of the slings. Make sure maintenance follows maintenance checklist guidelines.
- Identify steps to take should a caregiver neglect to follow the policy and suffer an injury due to improper patient handling.
- Consider creative options to help keep the program top-of-mind and promote on-going efforts to ensure people stay on task.

SAMPLE NO-LIFT POLICY STATEMENT

_____ is dedicated to providing quality care to the patients/residents who have entrusted their lives to us, and to provide a work environment that is safe and enjoyable to co-workers.

Our No-Lift Program is designed to meet the following goals:

- Improve working conditions by reducing the incidence of back fatigue and back injuries.
- Maintain a high level of resident dignity and quality care.
- Standardize all lifting procedures and provide tools to lift safely.
- Protect staff and residents from injury.

This program is designed to eliminate as much lifting as possible. Staff commitment is vital in the success of this program and to experience maximum benefits from it. _____ has made a significant investment in modern, safe and easy to use equipment for staff use. Each co-worker is expected to support this program 100%. With this commitment the program will be successful.

A. This plan will consider:

- The resident's needs/rights and ability to participate with the lifts
- The variability in resident behaviors and condition
- Co-worker and resident safety

B. Lifts without using a mechanical lifting device are limited to:

- Assisting residents who are ambulatory and stable into and out of bed, chairs and commodes.
- Other lifts and transfers where the back and knees remain vertical and the lift does not exceed 50 pounds

All other situations require the use of a mechanical lifting device.

Lift assignment and strategy:

Residents are evaluated for the type of lift necessary for their needs and this evaluation is incorporated into their care plan. The lifting strategy may change during the day or shift according to the resident's condition. These instructions are then communicated to staff (flow sheet, etc.)

It is not acceptable to substitute a co-worker physical lift for a full lift and/or standing lift without authorization by the Charge Nurse. When a substitution is made, the Charge Nurse will document it on the flow sheet.

- C. The RN Supervisor or DON may deviate from this policy if it is in the best interest of the resident and the co-worker. Exceptions will be documented on the care plan, indicating that it has been reviewed.
- D. All co-workers required to use the lifting devices would be trained on the proper use. Each co-worker will have first-hand experience on what the lift feels like from a patient/resident's perspective.
- E. The lifting equipment will be stationed conveniently in one location and will be returned to the site when not in use.
- F. To ensure equipment is in proper operating condition, a key operator will be designated to make regular equipment checks.

PATIENT/RESIDENT LIFT SURVEY

Name _____

Department/Unit _____

1. Which equipment do you use regularly? (mark all that apply)

EZ Way Stand _____

EZ Way Lift _____

PPS Air Mattress _____

Stand Aid _____

Other (Please specify) _____

2. Did you receive proper training on the use of the equipment?

Yes _____

No _____

3. Is the equipment available when you need it?

Yes _____

No _____

4. What percentage of the time do you use the equipment when you should?

100% _____

76-99% _____

50-75% _____

Under 50% _____

5. If you have not been using the equipment when you should, why not?

Not available _____

Don't know how to use _____

Other _____

6. What questions do you have about the EZ Way Stand?

7. What questions do you have about the EZ Way Lift?

8. What questions do you have about the PPS Mattress?

9. What questions do you have about the Stand Aid?

10. Does the equipment make your job physically easier?

Yes _____

No _____

COMMENTS OR SUGGESTIONS