

## Investing in Prevention

Senior leadership within healthcare organizations must make decisions on how to allocate and spend dollars available in efforts to operate and improve their healthcare delivery systems. As they consider these decisions it is important that they wisely include making investments in prevention. Many organizations have begun looking at safe patient handling and mobility within their facilities and we must continue to educate and encourage senior leadership on the value of investing in injury prevention.

Nurses and other healthcare workers involved in direct patient care, who dedicate their professional lives to the care of others, are a precious resource within the healthcare industry to be highly valued and preserved. There is a need to continue to raise awareness among senior healthcare leaders about investing in prevention to reduce occupational risks which expose these caregivers to disabling injuries. From a financial perspective investments in prevention make sense. In fact over 60 percent of chief financial officers in a survey done by Liberty Mutual Insurance Company reported that each \$1 invested in injury prevention returns \$2 or more.

In addition to the financial justification, it is unacceptable that caregivers working in healthcare facilities continue to be one of the most at risk professions for experiencing musculoskeletal disorders, which include back injuries and other strains and sprains. Reviewing current available data from the Bureau of Labor Statistics, the rate of nonfatal occupational injury and illness cases, for all occupations, requiring days away from work to recuperate was 118 cases per 10,000 full-time workers in 2010, statistically unchanged from 2009. However, during this time period, the MSD incidence rate for nursing aides, orderlies and attendants increased 10% to 249 days-away-from work per 10,000 full-time workers. This is not acceptable that caregiver injury rates continue to increase when there are solutions available which can reduce exposure to injury and improve quality of work life for caregivers. This improved quality of work life for caregivers should also contribute to quality of care for patients and can reduce expenses created by occupational injuries.

Today there is evidence based technology, including patient lifts, lifting aides and bed systems, available to reduce and eliminate the risk of back injuries to caregivers. Published research demonstrates that the forces generated on the musculoskeletal structure by manual patient lifting and repositioning tasks are greater than the body can tolerate. No matter how biomechanically correct a caregiver performs a manual lift or movement of a patient, in most instances it is scientifically unsafe. Understanding that manual patient handling activities are beyond the physical capability of caregivers clearly demonstrates the need to invest in technology for prevention.

In recent years the concepts of safe patient handling and mobility have been growing and progress has been made. Today we have an annual Safe Patient Handling Conference, an Association of Safe Patient Handling Professionals, integration of safe patient handling and mobility into some nursing educational curriculums, the American Nurses Association, has released a National Standard for Safe Patient Handling and Mobility, many states have issued safe patient handling regulations and federal legislation has been introduced.

It is important that healthcare organizations make the protection of the health and safety of their caregivers a priority, and dedicate the necessary financial resources to provide solutions to this occupational injury problem. Safe patient handling technology is readily available and includes mechanical lifts, a variety of lifting aide devices and bed systems which facilitate bed egress and repositioning. However, when it comes to purchasing this equipment the argument is offered that there are not funds available. This is not an acceptable excuse. Having spent most of my professional career in the healthcare industry I know that each year there are large capital equipment budgets available but there is strong competition for those dollars.

Often times millions of dollars are spent to update a current single piece of equipment which is still adequately providing service or money might be spent for technologies that are not evidence based. Other times new furnishings are purchased to redecorate an area. It is time that some of these capital equipment dollars be invested in prevention to protect caregivers and reduce the risk of occupational injuries. Caregivers need to have a voice on capital equipment committees and the ability to obtain the right type of bed systems and safe patient handling equipment to reduce risk of injury. The outcome from obtaining this equipment will be a wise investment resulting in reduced occupational injuries, improving the quality of work life for caregivers while contributing to quality of care of patients.

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