

Safe Patient Handling at a Major Military Medical Facility



Musculoskeletal disorders exact an unacceptable toll on the health and military readiness of our personnel. Typical nursing tasks include transferring patients from bed to wheelchair, rolling patients in bed and lateral transfers from bed to stretcher. Nursing staff are forced to adopt and maintain extreme postures to perform these tasks, increasing risk of injuries.

In November 2001, the U.S. Army Center for Health Promotion and Preventive Medicine Ergonomics Program performed a 24-hour snapshot survey of all inpatient units at Walter Reed Army Medical Center (WRAMC). The overall goals of this project were to describe the patient handling demands based on patient dependency level and type of ward that occur on inpatient units at a major military medical facility and implement an intervention plan accordingly. This provides a basis for patient handling demand models and equipment recommendations for the Department of Defense.

Using the surveys, descriptions were developed of the patient dependency levels, types of wards, types of transfers and types of equipment on inpatient units at WRAMC. In addition, physiological effects of transfers were assessed. These descriptions and assessments have allowed identification of the most appropriate and cost-effective patient handling equipment required for specific wards and patients.

In January of 2003, five units at WRAMC were selected for an intervention project based on the high number of lateral and repositioning transfers reported during the survey phase. Lateral and repositioning transfers on these units stood out as occurring most frequently, taking the longest amounts of time based on person minutes and requiring the greatest amount of exertion.

In September 2003, lateral transfer and repositioning equipment had been purchased and was placed on each of the five units. The five units included three critical care units, general medicine and general surgery. The staff were trained by the equipment vendors in use of equipment and encouraged to perform "train the trainer" education sessions. Staff was provided with a high-risk lift notification system. This consists of a matrix to determine whether a patient is high risk based on dependency, weight bearing, upper extremity strength and ability to cooperate. Magnets were also used to distinguish these patients on nursing information boards. Posters were provided to display on the unit featuring preferred methods of patient transfer. This intervention phase is currently underway.

RELATED PUBLICATIONS



Safe Patient Handling Newsletters

These two Ergonomics Working Group newsletters provide information on the U.S. Army Center for Health Protection and Preventive Medicine (USACHPPM) Ergonomics Program Patient Handling Study.

[Issue 9](#) is a background resource, offering information on the study goals, process, findings, and results.

[Issue 17](#) underscores the importance of safe patient handling and provides additional details regarding the Walter Reed Army Medical Center pilot program.