**Problem:** Many hazardous jobs exist among different professions, one being nursing (top ten). Health caregivers involved in direct patient care are faced with injury to the musculoskeletal system and the patient. The health caregiver who ineffectively handles a physically dysfunctional patient in a small cluttered room is at the highest risk of injury. Nurses lift approximately 1.8 tons in an eight-hour shift. Today, the paradigm shift involves patient handling equipment, proper lifting ergonomics, no lift policies, and lift teams, enforcing utilization of the right mechanical lift device for the right patient in the right environment to achieve high quality outcomes of safe patient handling and decrease health caregivers’ costly musculoskeletal injuries.

**Evidence:** The American Nurses Association implemented the Handle with Care® Campaign, established in 2003, to motivate the health care industry to take actions that reduce the incidence of musculoskeletal injuries among nurses.

The VHA, in 2005, developed a Patient Care Ergonomics Program to create safer working environments for health care professionals based on facts: 35% of all back injuries result from patient transfers with an associated cost of over $25 million per year, causing early retirement or long-term disability.

On June 17, 2005, Texas Governor Rick Perry signed Senate Bill 1525, the first state requiring hospitals and nursing homes to implement safe patient handling and movement programs.

**Strategy:** This evidence-based SPHM project utilized a non-experimental design. A microsystem analysis was performed creating recommendations based on the VHA’s published Patient Care Ergonomics Program: technological solutions for safe patient handling and movement; patient assessment, care planning, algorithms, develop a no-lift policy, and lift teams; back injury resource nurses; an after action review process, competency program to prevent musculoskeletal injuries in caregivers; and continuous outcome evaluation.

**Practice Change:** This facility has implemented a SHPM pilot program including employee training, patient-centered unit based patient handling equipment, and data collection for analysis.

**Evaluation:** Formative and summative evaluation of the pilot program is ongoing for duration of fiscal year of 2010.

**Results:** The goal of the pilot program is to reduce employee MSD injury rate, average number of modified duty days per injury, lost workdays, associated cost, and improve patient and job satisfaction.

**Recommendations:** Implement Evidence-Based Practice SPHM strategies.
Lesson Learned: Evidence-based practice for SPHM involves patient handling equipment, proper lifting ergonomics, no lift policies, and lift teams.

Bibliography: