For almost two decades, ANA has led the fight to eliminate manual patient handling such as lifting. Conventional practices of manual lifting, repositioning and transferring have contributed to work-related injuries and musculoskeletal disorders (MSDs) in nurses and other health care workers. ANA supports, the Nurse and Health Care Worker Protection Act of 2013 (H.R. 2480), which was introduced by Congressman John Conyers (D-MI) and is designed to decrease the potential for injury to health care personnel and patients, while reducing work-related health care costs and improving the safety of patient care delivery. The nation – now facing a serious nursing shortage – can no longer afford to lose the nurses who leave the profession annually due to musculoskeletal injuries and pain.

Why SPHM Programs are Important for Nurses and Health Care Workers:
- In 2012, nurses ranked fifth among all occupations for highest incidence rates of MSDs resulting in days away from work, with 11,610 total cases. Nursing assistants reported 23,390 cases – the second highest of all occupations.
  

Why SPHM Programs are Important for Patients:
- The National Institute for Occupational Safety and Health (NIOSH) reports that the implementation of a SPHM program is associated with the following outcomes for patients: Improved quality of care…resident safety, comfort, and satisfaction…Reduced risks of falls, being dropped, friction burns, dislocated shoulders, skin tears and bruises.
  

ANA strongly supports the Nurse and Health Care Worker Protection Act of 2013 (H.R. 2480), which requires:
- OSHA to develop and implement a safe patient handling and mobility standard that will eliminate manual lifting of patients by direct-care RNs and healthcare workers no later than two years after legislation enacted.
- Healthcare employers to develop a safe patient handling and mobility program within six months of promulgation of the final standard.
- Employers to obtain input from direct-care registered nurses and health care workers during the process of developing and implementing a safe patient handling and mobility program.
- Employers to purchase, use and maintain equipment no later than two years after establishment of standard. It also requires the employer to train health care workers at least annually.
- Employers to track and evaluate injuries related to the application of the safe patient handling and mobility standard and to make information available to employees and their representatives.
- The Secretary to perform unscheduled audits to ensure compliance with the standard.
- Protection for registered nurses and health care workers through refusal of assignment and whistleblower provisions.
How SPHM Programs Pay for Themselves:
In an increasingly cost-constrained health care environment, ANA understands the need to show a return on investment for any Safe Patient Handling & Mobility program (SPHM). A successful SPHM program has the potential to increase patient safety; and decrease staff injuries, while increasing nurse retention, recruitment and retention. In a recent survey conducted by ANA\(^1\), 62% of nurses reported “developing a disabling musculoskeletal disorder” as a top health and safety concern.

- The Centers for Disease Control and Prevention (CDC) recently released the results of a six-year field study of a safe patient lifting program. This study showed that the investment in equipment and training was recouped in less than three years in lower worker compensation claims.
  

The potential savings\(^2\) are derived from:
- Reduced patient falls and costs associated with them
- Reduced patient ulcers and treatment costs
- Increased patient satisfaction
- Increased referrals from satisfied patients
- Reduced staff injuries
- Reduced costs from workers’ compensation and lost or restricted work days
- Improved worker satisfaction
- Improved worker retention and reduced turnover costs

In a study published in *The Journal of Healthcare Risk Management*\(^3\) vol. 30 no. 4, in a worst-case scenario (all costs at their highest and all benefits at the lowest), a SPHM program will still add $2 million in value at Stanford over a 5 year period. In a best-case scenario, the value added could be as high as $10 or $12 million.

Credit: John Celona, Stanford University Medical Center, and Strategic Decisions Group

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