

# The Symbiotic Relationship Between Lift Teams and Pressure Ulcer Prevention

**What could you accomplish if you had:**  
 More hours in the day?  
 More days in the week?  
 Fewer aches and pains?

More frequent repositions  
 More frequent assessments  
 More time for dressing  
 More effective prevention

Patient immobility has been historically recognized as a key contributing factor to the development of pressure ulcers. The contemporary patient population is increasingly high-acuity, older, and bariatric. This combination of factors means that increasing numbers of dependent patients, relative to staffing levels, presents logistical challenges to nursing staff members responsible for pressure ulcer prevention. Additionally, the strenuous act of repositioning the dependent patient places the burden of workplace musculoskeletal injuries disproportionately on the shoulders of the WOCN.

Progressive facilities nationwide have implemented lift teams to perform regularly scheduled rotations using mechanical lift equipment. This has prevented both HAPUs among patients and MSDs among nursing staff members, leading some experts to question the mutual exclusivity of safe patient handling programs and pressure ulcer prevention programs. The overlapping metrics and mutual benefits of these programs are conducive to their simultaneous implementation. Ultimately, mobilizing patients is hazardous to caregivers, but failing to do so is hazardous to patients. Lift teams reconcile this paradox to ensure that patients enjoy quality care without sacrificing the well-being of nursing staff themselves.

## Lift Team Facts

Lift teams have been proven to save nursing staff members up to 1.5 hours per 8 hour shift. Lift teams have also dramatically reduced turnover rates and lost work days among nursing staff members (see Case Study: Tampa General Hospital and Case Study: Sioux Valley Hospital).<sup>1</sup>

The National Council on Compensation Insurance reports the average cost per work-related back injury claim to be \$24,000. In the event that the injury sustained requires surgery, this figure increases to \$40,000. Lift teams effectively reduce the frequency and severity of back injury among healthcare workers (see Case Study: Tampa General Hospital).<sup>3</sup>

Implementation of a successful lift team program often results in a nominal profit margin, as injury prevention savings offset initial investment in staff and equipment (see Case Study: Sioux Valley Hospital). Additionally, the indirect cost savings (a figure that takes HAPU prevention into account) is generally believed to be 4-7 times the direct cost savings mentioned previously.<sup>5</sup>

## HAPU Prevention Facts

Preventing pressure ulcers can be nursing intensive. The challenge is more difficult when there is nursing staff turnover and shortages. Studies have suggested that pressure ulcer development can be directly affected by the number of registered nurses and time spent at the bedside.<sup>2</sup>

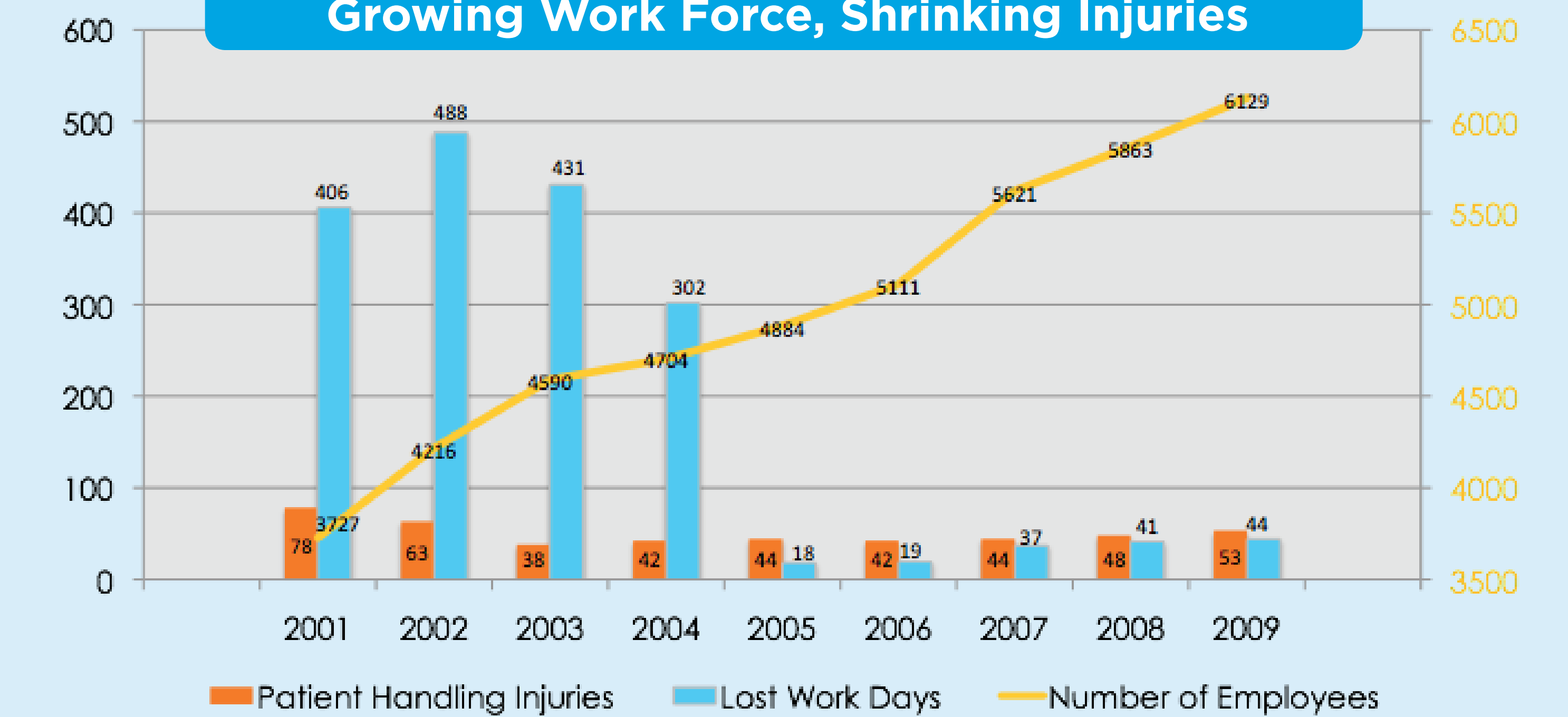
The Agency for Healthcare Research and Quality reports an average treatment cost of \$37,800.20 per Hospital Acquired Pressure Ulcer. Since 2008, HAPUs have not been eligible for CMS reimbursement, relegating these costs to the facility itself.<sup>4</sup>

It is estimated that the cost of treating a pressure ulcer is 2.5 times the cost of preventing this adverse outcome in the first place. While it is not realistic to expect prevention of 100% of HAPUs, this data insists upon the value of prevention.<sup>6</sup>

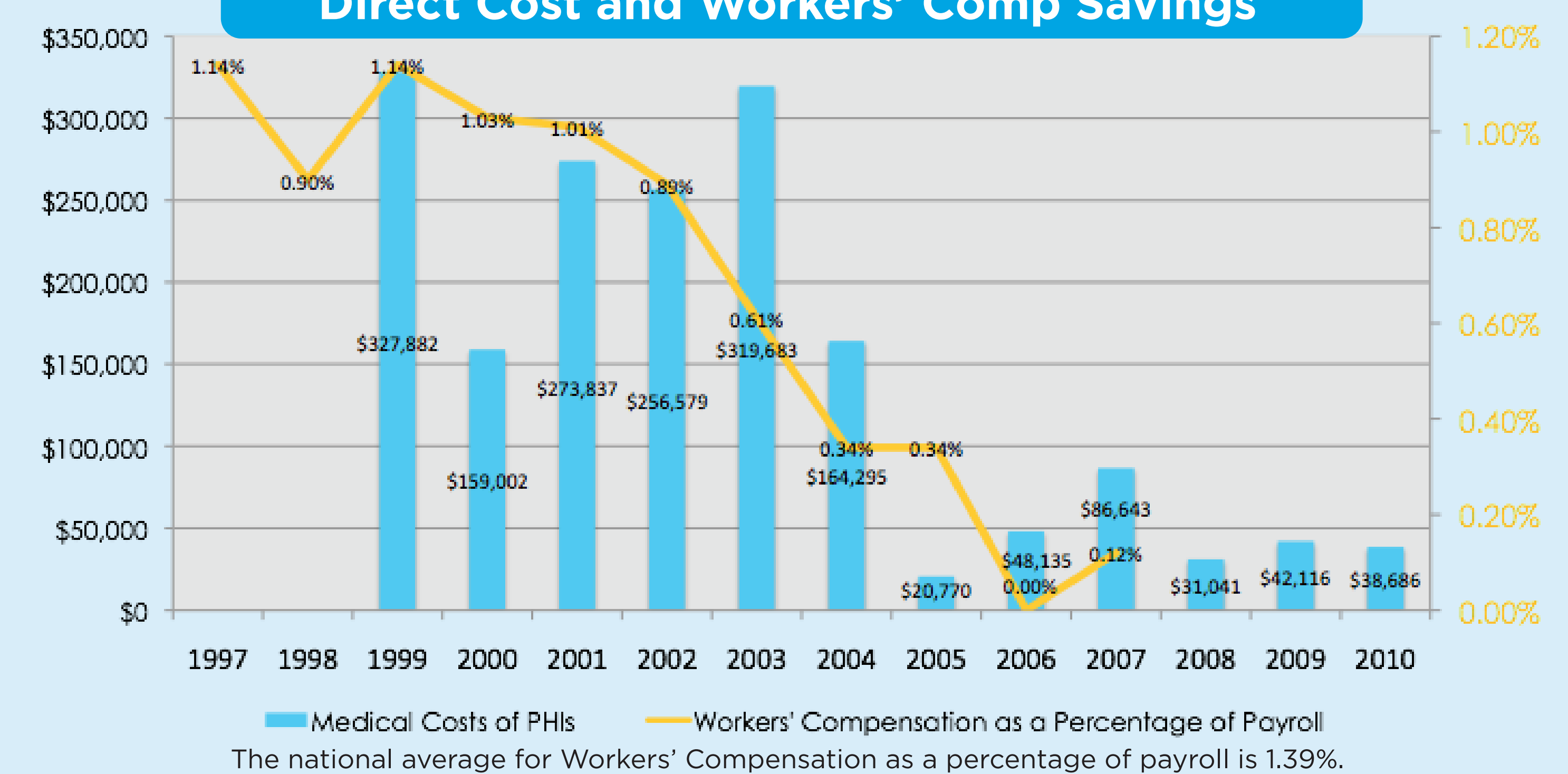
**Bottom line: Lift teams deliver more time for direct patient care, fewer lost work days, and less turnover. This means more time for HAPU prevention.**

## Case Study: Tampa General Hospital

### Growing Work Force, Shrinking Injuries



### Direct Cost and Workers' Comp Savings



## Case Study: Sioux Valley Hospital

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 Sioux Valley Hospital University of South Dakota Medical Center

528 beds- 12 hour lift team coverage-7 days a week.

"Considering all variables, including pre-lift team and post-lift team costs from recordable client handling back injuries and lift team expenses (e.g., benefits and wages), the project still revealed a \$45,817 overall savings for the institution."

25,610 SPHM tasks performed by lift team in the first 18 months

Average response time during that period-2.6 Minutes

	Pre	Post
Average cost per client-handling back injury	\$6,294	\$1,099
Number of reportable injuries	29	9
Direct expenses due to injury	\$182,520	\$9,894

Average national turnover rate for nursing staff members: 15.7%\*

Sioux Valley turnover rate: .68%

\*At the time of case study.