The Use of Lift Teams in Safe Patient Handling Programs – a Summary

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A lift team is typically defined as "two physically fit people, competent in lifting techniques, working together to accomplish high risk client transfers" [1]

Literature related to lifting teams in health care first appeared over two decades ago. [2] From the body of literature published from 1991 through 2004 implementing a Lift Team appeared to be a popular approach that was used in an attempt to reduce health care staff injuries related to manual patient handling and lifting tasks in the US. However, during the past decade a limited number of research studies or case studies related to the effectiveness of using a Lift Team approach to reduce health care worker injuries have been published.

In 2003, Hignett reported that the evidence statement that *interventions using the lifting team approach can be effective* is supported with moderate evidence from three studies and limited evidence level from two studies. [3] Limitations have also been described, including injury to lift team members and the inability of lift teams to meet patient-handling demands. [2]

Review of relevant literature published since 2000 indicates that Lift Teams are used as one *tool* or approach within a multifaceted Safe Patient Handing program in an effort to reduce injuries that result from manual patient handling. Over the 10-12 years published research and case studies indicate that multifaceted interventions are more likely to be effective in reducing patient-handling risks than single-faceted approaches. [4-6] Thus, there is no clear evidence that a Lift Team approach *alone* is effective in addressing patient handling related injuries. In fact a more recent study indicated that implementing a Lift Team had no impact on reducing staff injuries. [7] It is also interesting to note that the use of lift teams is largely confined to the US and is not an approach used in countries where SPH has been commonly practiced and in some cases regulated for 20 plus years. [3]

In general, it is reported that Lift Teams do not perform manual lifting of patients unless in an emergency situation. To be an effective team player and coach Lift Team members are chosen for their ability to communicate well, their effective interpersonal skills together with a health care background such as certified nursing assistant, emergency medical background or a student in a health care education program.
Overall activities of Lift Teams appear to be two-fold:

1. Teams respond to staff calls for assistance as needed and
2. Teams conducted regular rounding on critical care units and in some cases 'step down' units.

The table below summarizes the information related to the advantage and disadvantages of implementing a Lift Team. Information published in peer review journals in the last decade was reviewed and the experience of the author who has worked and guided lift teams in 2 large health care facilities during the past 6 years in included.

Advantages of a Lift Team Approach	Disadvantages of a Lift Team Approach
1. Lift teams can play an important role in relation to changing staff culture toward SPH and sustaining a successful SPH program. Lift team members can provide 'real time' ongoing coaching and training to direct care staff that facilitates the transition to appropriate use of SPH equipment and best work practices when moving and lifting patients [8,9] They can help foster teamwork within and between a unit (s) or department (s).	1. For a SPH to be successful SPH equipment has to be purchased and a multifaceted SPH program implemented regardless of having a lift team. Equipment has to be easily accessible, in sufficient quantity and appropriate for the patient handling task. If this is not the case Lift Team (and other direct care staff) are more likely to manually lift patients) [3,5,6] In addition, some facilities report that using peer champions on individual patient care units was needed in addition to using a lift team to facilitate staff use of SPH equipment etc. [7-9]
2. Lift teams can assist and provide the extra staff help need when dealing with a variety of challenging clinical situations e.g. with moving larger or more clinically challenging patients; emergency assistance after a patient fall; assistance in positioning patients for dressing changes or other procedures, aiding patients into and out of vehicles, during mandatory evacuations of patients and evacuation training, during helicopter offloads, and assistance in outpatient areas.[2]	2. Additional cost of labor – hourly wage and benefits for example: • *UC Irvine Medical Center, CA Lift team 2010 10* Supervisor and 10.75 full time equivalent lift team staff Total Expenses (salary& bene fits) : $452,551 • Miami Valley Hospital, OH $100,000 for 4 team members – salary, benefits and education – first year start up [9]
3. Lift teams may contribute to improvement in nurse and CNA satisfaction and associated retention and with nurse recruitment. Some reports suggest that having a lift team may improve time available to nurse to provide a higher quality of care. However, a review of staffing patterns revealed the presence of the lift team had no impact on unit staffing. [7]	3. High rate of turnover of lift team staff is commonly reported due to lower salaries and in some cases use of students who are in health care related academic programs. Consider cost of recruitment and related administrative time/resources etc. in high turnover occurs. [7-9]
4. May improve patient satisfaction e.g. through regular contact and relationship development with longer stay or repeat stay patients.	4. Extensive SPH training and refresher training is needed. Who will conduct this training and evaluate competency?

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5. Assist staff when working with patients and families and other staff who may be resistant to use of lifting equipment	5. For lift teams to be successful they should be able to i. Respond to a call within 10-15 minutes or staff will go ahead and move the patient themselves etc. Waiting for a team may create interruption within the patient care schedule etc. and ii. Teams should be available 24/7 (reported in multiple published case studies in the 1990s).
6. Can assist with SPH program management activities such as assisting staff to perform equipment inventories, coordination of SPH supplies for specific patient needs e.g. bariatric patients etc., changing and charging equipment batteries, scheduling maintenance ; equipment cleaning as appropriate and ordering and stocking equipment supplies [7-8]	6. If lift team staff are non-registered or non-licensed health care professionals there is the challenge of who is responsible for patient care and associated liability etc. Determine if non-licensed or registered staff should perform SPH tasks (e.g. move acutely ill ICU patient) without the presence of a Registered nurse or in CNA etc? Consider the RNs duty of care and scope of license if a patient is harmed during a lifting task when an RN is no present. Lift team staff may not recognize situations where lift/transfer should not be carried out as previously determined. In addition, RNs may not be able to delegate tasks to non-registered or non-licensed lift team staff. This is dependent on the scope of the nursing practice act within a specific state.
7. To address the issue of added overhead labor cost, consider having lift team members perform other essential duties within a facility when not assisting with SPH activities e.g. Transportation of patients.	7. Lift teams need appropriate supervision, coordination and evaluation– what resources are needed to achieve that? There is some indication that teams are more effective when placed under the supervision of a facility SPH coordinator or manager vs. within a Transportation dept.[8] A Lift Team supervisor who understands clinical care needs of patients and provision of care by nursing and therapy staff and the value of SPH may be more effective in managing and coaching a team.
	8. Nursing may develop a reliance on the lift team to perform a majority patient lift related tasks rather than viewing SPH as part of nursing care or a clinically important activity (also refer '6' to above)

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	9. Clearly defined and communicated roles and responsibilities (and limitations) of the Lift Team are imperative. As lift teams become more integrated on nursing units, nurses' familiarity with lift team members, coupled with lift teams' availability and lower rank, could lead to their performing tasks beyond the scope of their defined duties. Furthermore, for male lift team members, simply being male in a predominantly female work group may increase their likelihood of being asked to perform high-risk tasks [2]
	10. Ongoing, long term tracking of evaluation of lift team injury rates is important to ensure injuries are not shifted or expanded to this group of staff.

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