

Safe Patient Handling and Mobility Toolkit – Tool 4h

To learn more about choosing SPHM program components refer to the Sections 3 & 4 in the Safe Patient Handling and Mobility: A Toolkit for Program Development 2025 at: <https://www.nvha.net/safe-patient-handling-and-mobility-toolkit/>

Lift Teams Pros & Cons -

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

What are Lift Teams?

Between the early 1990s and mid-2000s, Lift Teams were commonly used to help decrease injuries to caregivers caused by manual patient handling (Schoenfisch et al., 2011).

The following are some of the definitions used to describe health care-based Lift Teams:

- A lift team is typically defined as “two physically fit people, competent in lifting techniques, working together to accomplish high risk client transfers” (Miettinen et al., 1999).
- A lift team is “Composed of at least two individuals, determined to be at low risk for musculoskeletal injury and trained in the use of the wide variety of safe-patient-handling equipment and accessories available” (Gallagher et al, 2010).
- California AB 1136, the Hospital Patient and Health Care Worker Injury Protection Act (2012) define the term lift team to mean ‘designated health care workers specifically trained to work together to perform patient handling activities using equipment as appropriate for the specific patient’ (State of California Department of Industrial Relations, 2012).
- In 1997, William Charney a leader in the Lift Team movement in the US stated when describing lift teams that “ . . . lifting patients is considered a specialized skill performed by expert professional patient movers who have been thoroughly trained in the latest techniques, rather than a hazardous random task required by busy nurses” (Springer, 2009).

Are Lift Teams Effective?

Between 1991 and 2011 a handful of case studies indicated that use of lift teams decreased caregiver injuries and associated costs for a period of 1 year post implementation (Hignett, S. 2003; Kutasch et al., 2009; Schoenfisch, et. al., 2011; Shay, & Short, 2011).

Overall, there is no clear evidence that a Lift Team approach *alone* is effective in addressing patient handling related injuries (Springer, 2009).

California AB 1136, known as the Hospital Patient and Health Care Worker Injury Protection Act (2012), requires that acute-care hospitals implement safe patient handling and mobility (SPHM) policies and programs. It is the only state SPHM regulation that explicitly mentions lift teams as an option within a comprehensive SPHM program.

Lee et al. conducted a study to assess the early phase of the California SPHM legislation and found that nurses whose facilities employed lift teams were significantly less likely to report low back pain. However, the study did not indicate if the lift teams performed manual patient handling or used SPHM equipment, or if injuries related to manual patient handling were ‘transferred’ from nursing staff to lift

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team members. Nurses also indicated that the lift team was only available 50% of the time or less when they needed them (Lee et al., 2015).

A 2017 qualitative study examining workers' experiences and perceptions regarding the California SPHM law found a general reduction in the utilization of lift teams within hospitals.

When lift teams were used, it was again observed that they were not always available when required. Additionally, members of the lift team voiced concerns that the risk of injury might be transferred from caregivers to themselves (Lee et al., 2021).

Aside from research focused on California's SPHM regulation, very little has been published over the past decade assessing the effectiveness of lift teams.

One of the most successful lift team programs in the US is at Tampa General Hospital in Florida. Since its formation in 2002, the team's role has evolved considerably and team members are now called Injury Prevention Technicians(Graulich et al., 2018; Tampa Bay28, 2022).

It is reported that the team utilize lift equipment with 90% of the patients and assist with a wide variety of patient handling tasks. They provide education at the bedside to help empower staff to utilize equipment. The hospital has reported significant declines in patient handling related injuries and associated costs. Patients are mobilized sooner because the lift team can assist nursing and therapy to solve mobility challenges of more complex patients. This has led to improvements in patient outcomes associated with early, safe mobility practices (Graulich et al, 2018).

Should You Consider Having a Lift Team in Your SPHM Program?

As described in this toolkit, evidence supports that multifaceted interventions are more likely to be effective in reducing patient-handling risks than single-faceted approach such as relying solely on a lift team or just purchasing SPHM technology.

Extensive research has shown that manual patient handling carries a significant risk of disabling injury for caregivers, regardless of their strength, gender, or use of proper body mechanics. For this reason, it is vital that all caregivers use SPHM technology when assisting or moving patients who are unable to move independently.

However, when SPHM technology is not easily accessible, provided in sufficient numbers, suitable for each patient's needs, or if staff are not properly trained and competent in its use, caregivers are more inclined to manually lift patients instead.

This highlights the importance of designing and managing programs that directly address barriers to adopting SPHM technology and ensuring that *all* caregivers, *including* lift team personnel, consistently use SPHM practices.

Other considerations in deciding whether to implement a Lift Team within your SPHM program include team composition, job duties, policies, dress codes, log sheets, paging criteria/system, competency-based training, and management structure (AOHP, 2020).

In general, it is reported that to be an effective team player and coach, lift team members should demonstrate an ability to communicate well and have effective interpersonal skills. Lift team members may have health care experience e.g., nursing assistant, emergency medical technician or a student in a health care education program.

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The primary functions of Lift Teams include

1. Using SPHM equipment (unless in an emergency) to assist caregivers to perform patient handling tasks
2. Responding to staff calls for assistance as needed facility wide and
3. Conducting regular rounding on critical care units and other units with higher dependency patients e.g., non-mobile patients of size

When considering whether to use a lift team as part of a comprehensive SPHM program, it is worth reviewing other approaches to providing support to caregivers that facilitates program success.

Research indicates that having unit-based SPHM champions or coaches is essential for maintaining effective SPHM programs.

Recently, some facilities have started employing dedicated coaches or technicians to help with early mobility initiatives in critical care units.

As discussed in **Section 9**, integrating SPHM practices into early mobility programs creates a synergy that benefits both patients and staff alike, and may help sustain SPHM efforts even when resources and budgets are tight.

In many industries, it is common to appoint safety champions—individuals who lead and support workplace safety within their departments. While this approach is not widespread in health care, it may be worthwhile to consider establishing a unit-based safety champion program. With proper training and resources, these champions could promote SPHM and early mobility, as well as address other important occupational safety concerns such as violence prevention, employee wellness, and mental health. Refer to **Section 9** for more information.



What's in a Name?

Based on this authors' experiences in recent years, nursing staff, patients and families often view the term 'Lift Team' as referring to "big strong employees" who manually lift patients. This belief can perpetuate the misconception that such workers are immune to injury or that physical selection prevents injuries (AOHP, 2020).

The title of injury prevention technician or SPHM technician may be better suited to reflect the safety focus of patient handling tasks performed by a Lift Team using SPHM technology.

The table below summarizes the information related to the advantage and disadvantages of implementing a Lift Team. This is based on case studies published in peer review journals in the last decade and the author's own experience in working with lift teams in 2 large health care facilities.

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| Advantages of a Lift Team Approach | Disadvantages of a Lift Team Approach |
|--|--|
| <ul style="list-style-type: none"> Lift teams can play an important role in relation to changing staff culture toward SPHM and sustaining a successful SPHM program. <p>Lift team members can provide 'real time' ongoing coaching and training to direct care staff that facilitates the transition to appropriate use of SPHM equipment and best work practices when moving and lifting patients.</p> <p>They can help foster teamwork within and between a unit (s) or department (s).</p> | <ul style="list-style-type: none"> Additional cost of labor – hourly wage and benefits for example: <ul style="list-style-type: none"> UC Irvine Medical Center, CA Lift team- 2010 1 supervisor and 10.75 full time equivalent lift team staff. Total Expenses (salary & benefits) : \$452,551 Miami Valley Hospital, OH - 2006 \$100,000 for 4 team members – salary, benefits and education – first year start up <p>Note: It was not possible to find more cost-related data that reflects current hiring costs etc.</p> |
| <ul style="list-style-type: none"> Lift teams (with appropriate training) can assist and provide the extra staff help need when dealing with a variety of challenging clinical situations e.g. <ul style="list-style-type: none"> 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 Assistance in outpatient areas. | <ul style="list-style-type: none"> 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. Additional, lift team staff may be laid off as "non-essential" staff if budgeting becomes tight. |
| <ul style="list-style-type: none"> Lift teams may contribute to improvement in nurse and CNA satisfaction and associated retention and with nurse recruitment. <p>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.</p> | <ul style="list-style-type: none"> For lift teams to be successful they should be able to 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 Teams should be available 24/7 (reported in multiple published case studies in the 1990s). |
| <ul style="list-style-type: none"> May improve patient satisfaction e.g., through regular contact and relationship development with longer stay or repeat stay patients. <p>May assist to reduce patient's length of stay if frequency of patient mobility increases due to regular lift assistance.</p> | <ul style="list-style-type: none"> Nursing may develop a reliance on the lift team to perform a majority patient lift related tasks rather than viewing SPHM as part of nursing care or a clinically important activity. Having a lift team does not eliminate all patient handling from nursing. |

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| Advantages of a Lift Team Approach | Disadvantages of a Lift Team Approach |
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| | <p>Some facilities report that using peer champions on individual patient care units was needed <i>in addition</i> to using a lift team to facilitate staff use of SPHM equipment etc.</p> |
| <ul style="list-style-type: none"> Assist staff when working with patients and families and other staff who may be resistant to use of lifting equipment | <ul style="list-style-type: none"> Extensive SPHM training and refresher training are needed. Who will conduct this training and evaluate competency? |
| <ul style="list-style-type: none"> Can assist with SPHM program management activities such as assisting staff to perform: <ul style="list-style-type: none"> Equipment inventories Coordination of SPHM supplies for specific patient needs e.g., bariatric patients etc., Changing and charging equipment batteries, scheduling maintenance SPHM equipment cleaning as appropriate and Ordering and stocking equipment supplies | <ul style="list-style-type: none"> 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. <p>Determine if non-licensed or registered staff should perform SPHM 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.</p> <p>Lift team staff may not recognize situations where lift/transfer should not be carried out as previously determined.</p> <p>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.</p> |
| <ul style="list-style-type: none"> 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 SPHM activities e.g., Transportation of patients. | <ul style="list-style-type: none"> Clearly defined and communicated roles and responsibilities (and limitations) of the Lift Team are imperative. <p>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.</p> <p>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.</p> |

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Disadvantages of a Lift Team Approach cont.

- 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 SPHM coordinator or manager vs. within a Transportation dept.

A Lift Team supervisor who understands clinical care needs of patients and provision of care by nursing and therapy staff and the value of SPHM, may be more effective in managing and coaching a lift team.

- Ongoing, long-term tracking of evaluation of lift team injury rates is important to ensure injuries are transferred or extended to this group of staff.

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