INTRODUCTION

Christiana Care Health System (CCHS) requires employees to use proper ergonomics and safe-patient-handling equipment. It mandates gait belt use with patient mobilization. Variation in policy and practice continue to keep patients and staff at risk.

There is no evidence to demonstrate that the use of a gait belt reduces injuries. Research to demonstrate gait belt efficacy is not available because the protection of human research subjects overrides the science of safety. Without evidence, it is difficult to mandate gait belt use and to gain nurse buy-in.

BACKGROUND

Reports show that nurses experience almost twenty percent more lost work time for injuries than all other private industry occupations. Of these injuries, disabling back injuries are the second highest health and safety concern.

The American Nurses Association advocates for safe-patient-handling. Evidence calls for proper assessment and use of equipment to prevent injuries. Unfortunately, nurses still try to move patients in a hurry without the use of assistance or devices.

PURPOSE

The purpose of this study is to determine if gait belt use will increase when the belt is more visible and at the bedside. Belt use will be identified by clicking a manual hand-counter. Unfortunately, there is no base line data to demonstrate the frequency of use prior to this study. A brief survey will be used to ask staff if they are using the belt more due to the modifications. Most importantly, there is an expectation that there will be a decrease in falls and injuries when gait belt use increases.

RESULTS

• Staff used the belts when they were at the point of care.
• Use was even high during periods of lower census.

STAFF PRODUCT EVALUATION SURVEY

• n = 38
• Staff reported the New EZ clean belt was easy to use
• Staff reported that they liked having the belt at the bedside
• Overall, almost everyone thought that the new belt was as good or BETTER!

STUDY LIMITATIONS

• Hawthorne effect – staff knew to ‘pick it and click it’—this may have promoted use
• Hand counters recorded abnormally HIGH counts on three occasions over 15 weeks; these counts were discarded, lowering our actual recorded use
• One gait belt was lost during the study; this may have lowered the count slightly

Bibliography:


