



KEY POINT SUMMARY

OBJECTIVES

This study explored the relationship between ceiling lift coverage rates and measures of patient care quality (e.g., incidence of facility-acquired pressure ulcers, falls, urinary infections, urinary incontinence, and assaults [patient to staff] in acute and long-term care facilities), as well as patient perceptions of satisfaction with care received while using ceiling lifts in a complex care facility.

DESIGN IMPLICATIONS

Because ceiling lifts are not detrimental to care provision, they should either be specified and included or structurally accommodated for retrofit in the design and construction phase of acute care and extended care design.

Evaluation of Ceiling Lifts in Health Care Settings Patient Outcome and Perceptions

Alamgir, H., Li O. W., Yu, S., Gorman, E., Kidd, C.

2009 | *American Association of Occupational Health Nurses Journal*
Volume 57, Issue 9, Pages 374-380

Key Concepts/Context

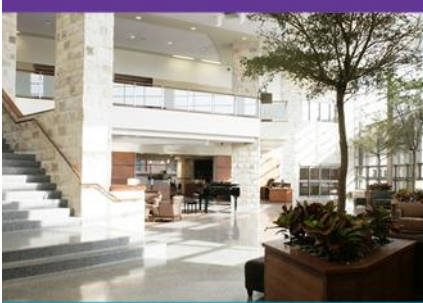
Ceiling lifts have been introduced into healthcare settings to reduce manual patient lifting and thus occupational injuries. Although growing evidence supports the effectiveness of ceiling lifts, a paucity of research exists to link indicators, such as quality of patient care or patient perceptions, to the use of these transfer devices.

Methods

Qualitative methods were used to gain perspective on the patients' experiences of being transferred by floor and ceiling lifts within 12 extended care facilities and seven acute care facilities. Patient outcomes were also compared to ceiling lift coverage rates in extended care facilities using the PointClickCare (WESCOM) database and in acute care facilities using the Vancouver Acute Falls Reporting System (QUIST) database.

Findings

Overall, ceiling lifts did not lead to any harmful effects on patient outcomes in the extended care and acute care facilities examined. The mixed care patients interviewed generally preferred the use of ceiling lifts over floor lifts and manual methods. For extended care facilities, no relationship was found between the majority of patient outcome indicators and the rate of cumulative beds covered by ceiling lifts. The exception was pressure ulcer risk, which was significantly reduced with higher ceiling lift coverage.



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Limitations

Patient outcomes may not be directly related to ceiling lift coverage. Further, lift coverage may not translate directly into lift use. The influence of extraneous factors and injury prevention initiatives was not controlled. A small number of patients were interviewed, which limits the generalizability of the outcomes.