



# A Ceiling Lift Inventory in BC Healthcare Organizations

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One of the key elements of addressing the risk of musculoskeletal injuries (MSIs) related to patient handling includes the availability of assistive devices for use by healthcare workers. Of the various types of assistive devices, ceiling lift equipment has been shown to be an effective control measure for reducing the risk of MSIs.

Its effectiveness is demonstrated by:

- The reduction of injury rates
- Decrease in staff perception of injury risk, and
- Economical gains

Therefore, having adequate access to ceiling lifts in healthcare worksites is paramount for the health and safety of healthcare workers.

## Project Scope

The purpose of this project was to conduct an inventory of ceiling lifts throughout British Columbia (BC), with an emphasis on acute care and long term care facilities. The project, led by OHSAH, specifically identified ceiling lift coverage for high-risk beds in BC healthcare facilities.

## Methods

Data was collected from six health authorities<sup>1</sup>, and Providence Health Care (PHC), as well as affiliate organizations.\* A best estimate of the current status of ceiling lifts was captured from long term care and acute care facilities operated by the health authorities and PHC, as well as from a sample of the 126 long term care affiliate organizations.

For the purposes of this project, all beds in long term care were considered to be high-risk, as the demographic of the residents in long term care facilities is moving towards increased dependency. High-risk beds in acute care were based on the definition of the organization providing the data.

\* Defined by OHSAH as privately or publicly funded healthcare employers that are members of the Health Employers Association of BC, excluding the health authorities with unionized staff.

## Results

The inventory revealed ceiling lift installations from 61 acute care and 161 long term care facilities as of 2008. Thirty-four of these long term care facilities are affiliates. Not all affiliate organizations were included in the inventory, and not all high-risk beds were reported, as there was no consistent definition of high-risk beds. The inventory results are summarized in Table 1 and Figures 1 and 2.

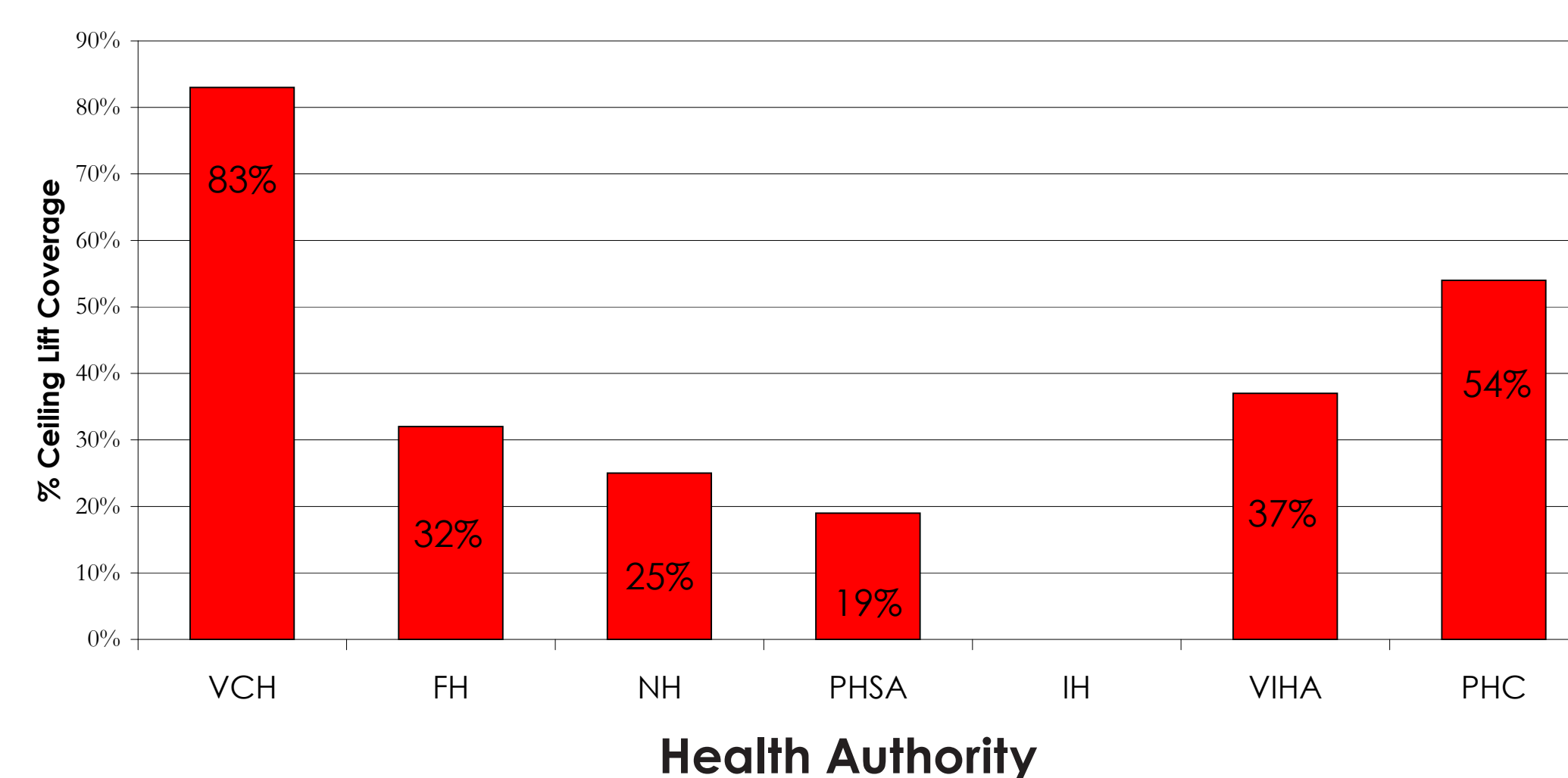
**Table 1: Aggregated total of facility beds, high-risk beds, total number of high-risk beds with ceiling lift coverage, and percent coverage for acute care and long term care sectors.**

Care Setting	Total Beds	High-Risk Beds	Total # of High-Risk Beds Covered	% Coverage *
Acute Care*	7,518	1,832	2,774	37%
Long Term Care	14,244	14,244	6,615	46%
Health Authorities Only	10,830	10,830	5,878	54%
Affiliate Organizations Only	3,414	3,414	737	22%

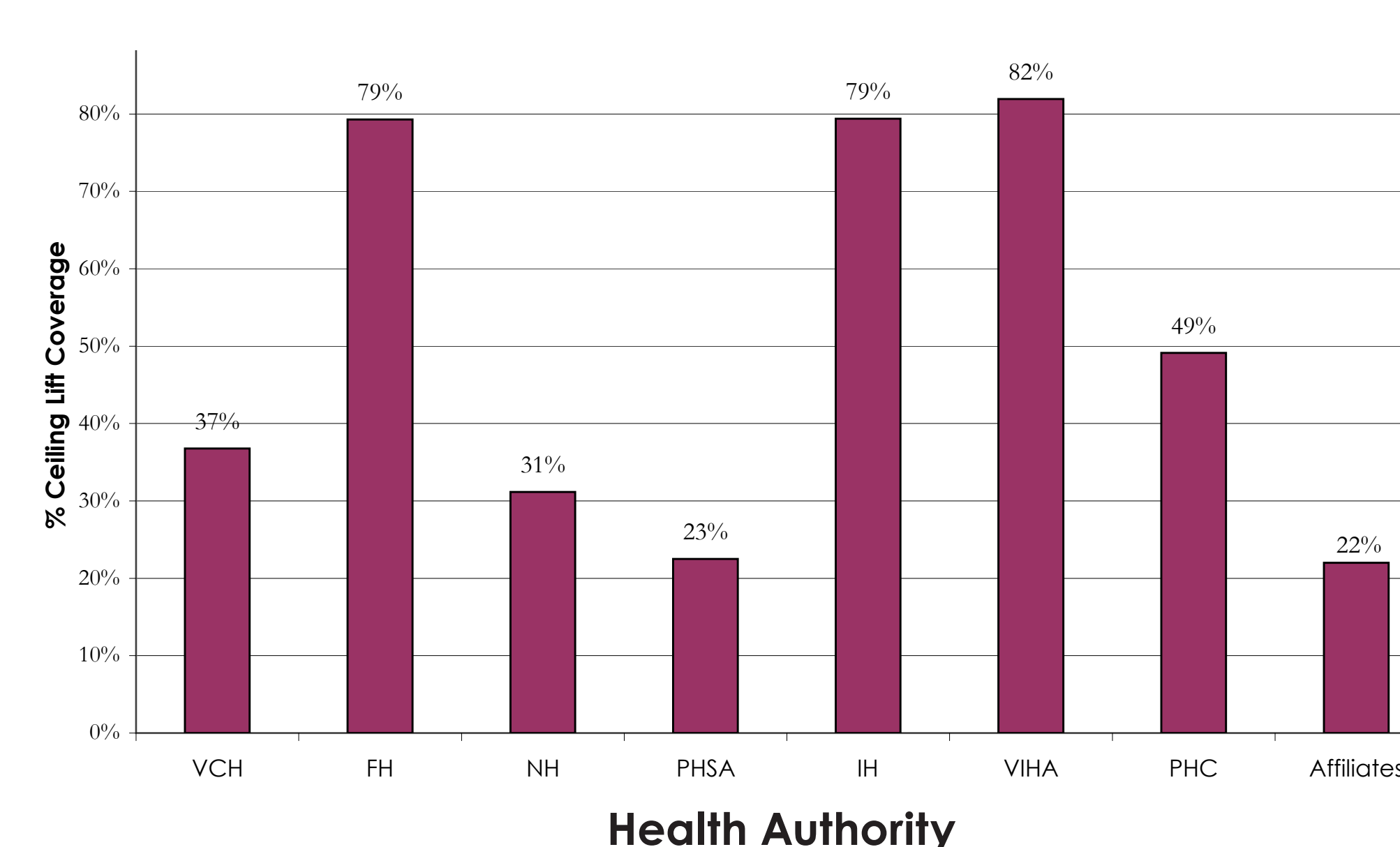
\*Percent coverage was calculated based on the total number of reported beds to account for missing data for high-risk beds.

In Figure 1, ceiling lift coverage for acute care facilities in VCH, PHSA, and PHC was calculated based on high-risk beds. Ceiling lift coverage for the remaining health authorities was calculated based on the total number of beds because no data was available for high-risk beds. The inventory for Interior Health was not available at the time the data was collected.

**Figure 1: Ceiling Lift Coverage in Acute Care Facilities**



**Figure 2: Ceiling lift coverage of high-risk beds in long term care facilities of the health authorities, PHC and a selected sample of affiliates.**



## Limitations

The inventory was a high-level overview of ceiling lift equipment availability in the province. As some of the high-risk bed data was not captured, percent coverage for acute care facilities in some health authorities was calculated based on the total number of beds. This is not an accurate representation, as not all acute care beds require ceiling lift coverage. For long term care, the assumption that all beds are high-risk might be an overestimation that does not accurately reflect the need for ceiling lift coverage.

## Implications

The inventory provided a current snapshot of ceiling lift coverage, throughout the province, to inform decision-makers and allow them to use the information to provide direction on future funding and resources dedicated to ceiling lift initiatives.

Based on the results, there are still a significant number of beds not equipped with ceiling lift equipment. Of the 7,518 acute care beds reported, 2,744 of them were reported to have coverage. For all long term care beds, 46% were reported to have coverage.

Exploring funding opportunities to support ceiling lift coverage needs for the remaining high-risk beds would be a strategic approach to address MSIs associated with patient handling tasks.

## Acknowledgments

OHSAH would like to thank the six health authorities, Providence Health Care, and those affiliate organizations who participated, for their time and effort in providing data for the inventory.

<sup>1</sup> The six health authorities include Vancouver Coastal Health (VCH), Vancouver Island Health Authority (VIHA), Fraser Health (FH), Northern Health (NH), Interior Health (IH) and Provincial Health Services Authority (PHSA)

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