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SAFE PATIENT HANDLING  
SUSPEND RECLINERS



# SAFE PATIENT HANDLING



## MOTORIZED RECLINER WITH VERTICAL LIFT

Featuring a motorized mechanism that can be reclined to any position, including flat and has a vertical lift feature.

Straight Back: #628S-28M  
Overall: 31w x 42/74d x 46h  
Seat: 25"w x 18"h  
Vertical lift: 32h exam height

## SLEEPER RECLINER WITH HYDRAULIC LIFT

Featuring independent foot rest and back reclining motions. The back can be reclined into an infinite number of positions, including flat and locks on each position. A color coded foot pedal elevates the patient to exam height.

Straight Back: #628S-51HL  
Flared Back: #628F-51HL

Overall: 34w x 37/72d x 45h  
Seat: 24"w x 18"h  
Vertical lift: 32h exam height

IOA is committed to designing furniture that improves the patient experience and keeps caregivers safe from injury.



## SLEEPER RECLINER WITH REVERSE RECLINE AND HYDRAULIC LIFT

Featuring independent foot rest and back reclining motions. The back can be reclined into an infinite number of positions, including flat and locks on each position. A color coded foot pedal elevates the patient to exam height. Reverse recline pedals located behind the unit. With a simple press of the foot pedal the recliner may easily be put into reverse recline position.

Straight Back: #628S-52HL  
Flared Back: #628F-52HL

Overall: 32w x 37/72d x 45h  
Seat: 24"w x 18"h  
Vertical lift: 32h exam height

## MOTORIZED BARIATRIC RECLINER WITH PATIENT LIFT ASSIST

The patient lift recliner is designed to enable better, safer interactions between caregivers and patients. With a 750 lb. capacity and motorized movements, the bariatric lift chair fosters a feeling of independence and will assist larger patients to their feet.

Straight Back: #628S-09M-750  
Flared Back: #628F-09M-750

Overall: 36w x 43/69d x 47h  
Seat: 28w x 18h

# NURSES HAVE ONE OF THE MOST DANGEROUS JOBS IN AMERICA

Nursing employees suffer injuries at far higher rates than construction, mining, and manufacturing, with nursing assistants and orderlies most at risk.



## NURSES DO THE HEAVY LIFTING

Nurses often manually move, lift, transfer, and reposition patients repeatedly over the course of an 8- or 12-hour shift. These physically demanding tasks can lead to overexertion, resulting in serious, potentially career-ending injuries such as shoulder sprains and herniated discs.



NURSES ARE 7 TIMES MORE LIKELY TO BE INJURED ON THE JOB AS COMPARED WITH OTHER OCCUPATIONS <sup>(7)</sup>



55% OF THE RN WORKFORCE IS AGE 50 OR OLDER <sup>(3)</sup>

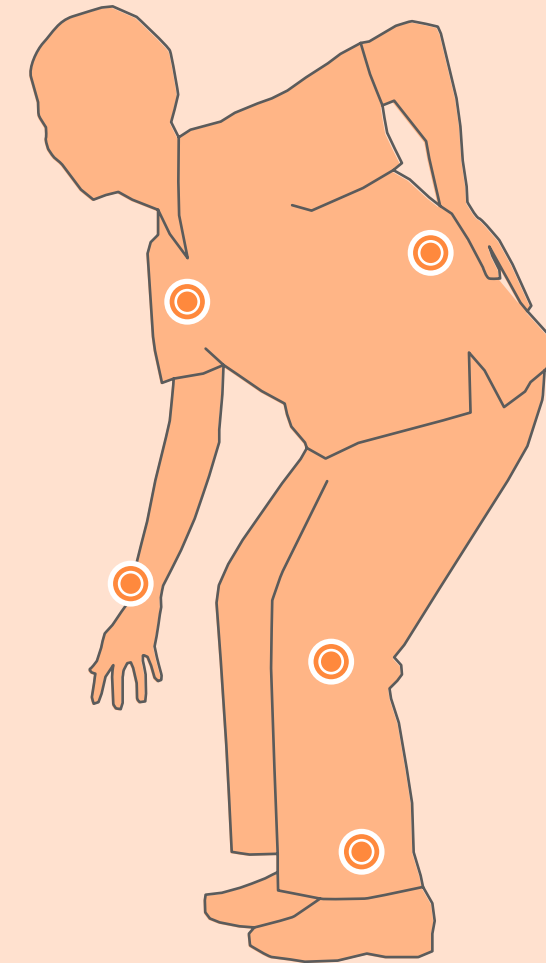


MORE THAN 35,000 INJURIES EACH YEAR CAUSE NURSES TO MISS WORK <sup>(4)</sup>



THE LEG OF A 200-POUND MAN CAN WEIGH AS MUCH AS 45 POUNDS <sup>(5)</sup>

With 70% of all Americans overweight or obese, <sup>(6)</sup> the heavy lifting has only gotten heavier. Nurses care for bariatric patients more frequently and are expected to assist them out of bed early in the recovery process.





### INJURIES RESULTING IN DAYS AWAY FROM WORK

Over half of all injuries that result in days away from work can be classified as sprains and strains, with an additional 10% of missed days attributed to soreness/pain.<sup>(9)</sup>



### COSTLY WORKERS' COMPENSATION CLAIMS

Sprains, strains, and other injuries associated with patient handling account for the largest share of worker's compensation claims. On average a workers' compensation claim related to patient handling costs \$15,600.<sup>(10)</sup>



### EMPLOYEE TURNOVER

Additional costs including overtime, temporary staffing, and replacement increases the total cost of patient handling injuries by two to four times. The cost of replacing a nurse may range from \$27,000 to \$103,000 per nurse.<sup>(11, 12)</sup>

# BACK INJURIES COST THE HEALTHCARE INDUSTRY AN ESTIMATED \$20 BILLION ANNUALLY

The direct and indirect costs of work-related musculoskeletal disorders hurts a healthcare system's bottom line.

Winning the battle against health care worker injuries, musculoskeletal disorders (MSD), related to mobilizing patients can be agonizing. According to the Bureau of Labor Statistics 2014, health care workers are rated amongst the highest number of reported MSD injuries compared to other industries. Bureau of Labor Statistics (BLS) report in 2014, the frequency of overexertion injuries averaged across all industries was 33 per 10,000 full time workers. By comparison, the overexertion injury frequency for hospital workers was twice the average (68 per 10,000) and the frequency for nursing home workers was over three times the average (107 per 10,000).<sup>(13)</sup> The U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) has estimated that nearly one half of all healthcare workers will sustain at least one work-related MSD injury in their career and most will be related to a back injury.<sup>(14)</sup> The cost of these types of injuries is staggering, "the direct and indirect costs associated with back injuries in the healthcare industry are estimated to be

\$20 billion annually."<sup>(15)</sup> To break this down in more relative terms hospitals pay roughly \$0.74 per \$100 for injury claims. For an average healthcare facility this is a loss of \$7,770 per claim with a total approximate cost of \$25,450 - \$38,280 to replace a nurse after an injury.<sup>(16)</sup>

Safe Patient Handling and Mobility has grown in recognition across the U.S. in the past several years. Attention has been attributed to the many methods available to mobilize patients through the use of lift equipment, sit to stand devices, slide sheets, air transfer systems, and now more recently facility guidelines for healthcare renovations and construction. These are all very important components to providing a safer environment for both patients and staff. However, there is yet one more gap that may not be considered in many instances and that is the seating surface the patient is transferred to once they are out of bed. Promotion of early progressive mobility is on the forefront of every healthcare institution, or should be, as this promotes a significant cost savings by

# THERE'S NO SAFE WAY TO LIFT A PATIENT MANUALLY



reducing hospital-acquired conditions (HACs), such as pressure ulcers, pneumonia, urinary tract infections, and deep vein thrombosis to just name a few. Healthcare dollars are very limited and these are challenging times when payer mix is strained and reimbursements for providing care are at an all time low. The cost of pressure ulcers is between \$9.1 -11.6 billion per year in the U.S. this impacts approximately 2.5 million patients each year attributing to about 60,000 deaths per year as a direct result of a pressure ulcer.<sup>(17)</sup>

The primary point to remember is patients need to get out of bed. As healthcare facilities become very concerned over patient satisfaction the trend is to design the healthcare setting to be very aesthetically pleasing and sometimes this comes at a cost of wasted resources. When selecting patient seating surfaces the bedside clinician must be involved along side the architects and interior designers. If a recliner looks appealing to the color scheme and design of the interior, but it does not promote safe patient transfers the healthcare facility has invested a lot of dollars in recliners that will

not be adequately used as it makes it very challenging for patients to egress from low seated chairs; it makes it difficult for healthcare workers to utilize lift equipment and sit to stand devices; and it is ergonomically unfit for the healthcare worker to interact or provide care for the patient when out of bed. Thus resulting in the patient spending more time in bed contributing to the development of HACs. IOA has been very effective as a leader in furniture design identifying safe patient handling needs of both the patient and the healthcare worker. Many healthcare furniture manufacturers have attempted to identify these needs and work them into their designs and have failed, but IOA is the only recliner manufacturer found to have completely addressed the issues aforementioned. IOA has a specific furniture line attributed to safe patient handling.

IOA's Suspend sleeper recliner is designed to accept the arm supports of motorized sit to stand aid between the armrests and castor width to allow the device to achieve a close position to the patient to promote safe transfers. One challenge that was noted with



If transfer is required, the patient can be raised to bed height and risk of injury is reduced.

the standard aesthetically pleasing recliners was the low height and angled seat cushion that made it near impossible to utilize our non-motorized sit to stand aid. The staff love this sit to stand frame and were many times unable to use this due to the constraints of the recliner, not the patient mobility status. This can lead to the patient being manually assisted by staff to stand, which can be extremely unsafe and potentially lead to a patient fall or staff injury, or the staff must use a more dependent device such as the ceiling lift to get the patient returned safely to bed. This was challenging because we want to promote early progressive mobility encouraging the patient to provide as much use of his or her own muscle strength as possible. The recliner has been designed with every aspect of patient care considered from a foley bag hook, to a central locking brake, and

a fold away arm rest to promote safe transfers and sling placement.

The Connect II Hydraulic recliner is another great recliner that has proven to be very effective from an ICU setting to an outpatient infusion setting. This recliner provides a foot pump to lift the recliner to the height of the bed to provide safe lateral transfers utilizing appropriate safe patient handling devices or to raise the patient to make it easier and safer for them to achieve a standing balance from a seated position. This recliner will also provide opportunities for the nurse starting an IV to elevate the patient to a comfortable work height versus stooping and bending over that can lead to an overexertion injury resulting in days away from work.

These recliners have made a great impact on patient care and staff satisfaction. The staff find them not only aesthetically pleasing, easy to clean, but most importantly another device that can be considered a compliment to their safe patient handling tool box of devices and equipment to provide a more safe working environment for them and ease of mobility for their patients they serve.

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#### A FAMILY OWNED COMPANY- MADE IN THE USA

The Delmestri family has manufactured furniture for three generations. The company was founded in Udine, Northern Italy in 1933 and was known as a leading manufacturer of contemporary seating designs. In 1978, Dario Delmestri moved the company to the United States to a new facility in Thomasville, NC. Today, ioA designs and crafts healthcare furniture lines and has received numerous accolades including Neocon's Innovation Award, The Nightingale Award and Healthcare Design's People's Choice Award.

#### IOA HEALTHCARE FURNITURE

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