

# Safe Patient Handling and Movement: Making a Difference

Heather M Monaghan RN MHSc.



**Safe Patient Handling and Movement: Making a Difference**

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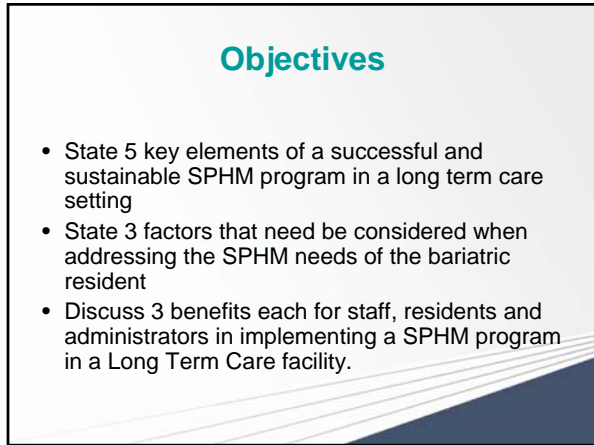
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**Objectives**

- State 5 key elements of a successful and sustainable SPHM program in a long term care setting
- State 3 factors that need be considered when addressing the SPHM needs of the bariatric resident
- Discuss 3 benefits each for staff, residents and administrators in implementing a SPHM program in a Long Term Care facility.

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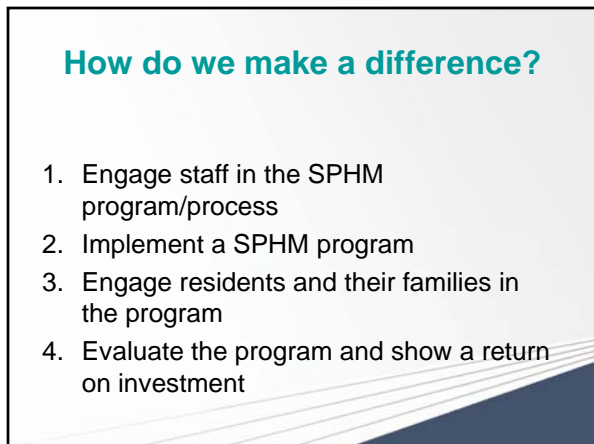
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**How do we make a difference?**

1. Engage staff in the SPHM program/process
2. Implement a SPHM program
3. Engage residents and their families in the program
4. Evaluate the program and show a return on investment

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# Safe Patient Handling and Movement: Making a Difference

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### Implementing SPHM in Long Term Care

1. Plan
2. Assess
3. Purchase
4. Educate
5. Evaluate



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### 1. If you want your program to be successful then spend some time in planning it

**Structure:**

- **Safe Patient Handling Lead:**  
DON, Risk Manager, Educator.
- **Committee:**  
Existing safety committee, or new SPHM committee
- **Education Model:**
- **Enlist Management Support.**

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### Planning means developing a clear action plan and obtaining a realistic budget

**Action Plan:**  
Developed by the Committee.  
Covers all the elements in the program  
Achievable timelines

**Budget:**  
Identify one  
Spread over 2-3 years  
Evaluate and demonstrate ROI



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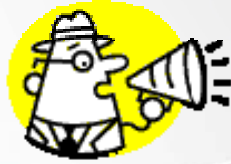
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# Safe Patient Handling and Movement: Making a Difference

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**Planning includes informing the staff about what is to come and seeking their input.**

- Town Hall meetings
- Unit meetings
- Competition
- Unit meetings
- Staff room
- Rest room



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**Planning includes identifying ways to include the staff in the program planning and implementation.**

- Committee
- Risk Assessment
- Equipment selection
- Equipment evaluation
- Resident/relative education
- Program evaluation



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**2. Before you purchase any/more equipment assess what your SPHM risks are.**

**1. Conduct a Thorough Risk Assessment:**

- Structural assessment
- Assessment of unit risks
  - Talking with clinical staff, committee , unit managers and the trainers.
- Evidence Based Practice

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## Assess what your common patient handling tasks are?

- Transferring a patient from Bed to Chair, Chair to toilet, or Chair to Chair
- Lateral transfer to/from Bed to Stretcher/Trolley
- Repositioning in Bed
- Reposition in Chair
- Transferring a Patient who has Fallen  
(Nelson et al 2009)

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## Assess what your specific patient handling tasks are?

- Feeding a resident in bed
- Feeding a resident in a seated position
- Performing hygiene care in a seated position
- Transfer in/out of a geriatric dependency chair
- Repositioning in a geriatric dependency chair  
(Nelson et al 2009)

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## 3. Use your risk assessment to purchase the right equipment for the right task.



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**Purchase equipment for your specific SPHM tasks as well as the more common ones.**



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**4. Be creative in how you educate the clinical staff on the equipment and the process**

- Take the training to the staff
- Accommodate all shift patterns
- Include in staff orientation
- Provide 'drop in' training days
- Utilize opportunistic training opportunities
- Initiate annual 'on-line' and practical competency updates.

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**4. Educate Patients and Relatives Through:**

- Develop a resident information leaflet  
Ask relatives what do they think they need to know  
Ask the residents what do they need to know.
- Make it part of the admission process.
- Identify an approach if a resident does not want to be lifted by equipment



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# Safe Patient Handling and Movement: Making a Difference

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## Preserving the dignity of the bariatric patient/resident



**“We need a  
'big boy bed'  
In here!!”**

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## Toileting

Problem:

Toilets often low,  
wall-mounted,  
Seat not wide enough  
Patient unable  
to walk to bathroom.  
Bathroom door too  
small



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## Beds



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## Limb dressing

Problem:

Holding the leg up for prior to or for:

- Surgery
- Dressing
- Examination



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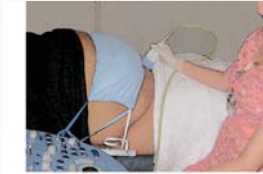
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## Pannus

Problem:

Skin needs holding for:

- hygiene
- procedures
- wound care



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## 5. Evaluate your programs successes and develop solutions to it's challenges.

Quantitative and qualitative evaluation:

- Number of injuries
- Workers compensation
- Staff replacement costs
- Staff on restricted duties
- Resident falls
- Resident skin tears
- Staff satisfaction
- Resident satisfaction
- Recruitment and retention



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# Safe Patient Handling and Movement: Making a Difference

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## SPHM: Benefits to staff

- Increased level of job satisfaction
- Less injury
- Less tiredness
- Increased quality of life



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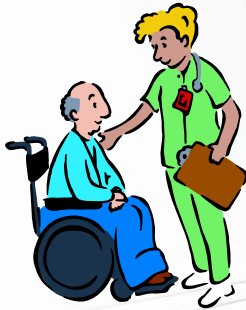
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## SPHM: benefits to patients/relatives



- Increased dignity
- Comfort when being transferred
- Reduction in skin tears
- Reduction in falls
- Reduction in pressure ulcers
- Wanting to be there
- Confidence in the facility

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## SPHM benefits to the Administrators

Have a cost effective way of increasing compliance to required standards, improve staff retention and have the ability to admit bariatric residents



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# Safe Patient Handling and Movement: Making a Difference

Heather M Monaghan RN MHSc.

**Thank you!**



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**Bibliography/Suggested Reading**

- Monaghan H. (2009) 10 Tips to Implementing Safe Patient Handling in Long Term Care. *The Director*. Summer. Vol.17, No. 3 pp 9,11 and 38
- Monaghan H. (2009) Bariatric Considerations in Safe Patient Handling and Movement. *The Director*. Fall. Vol 17, no.4 pp 11-13.
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- NIOSH (DHSS) 2006 Safe Lifting and Movement of Nursing Home Residents. DHSS publication Number 2006-117 [www.cdc.gov/niosh](http://www.cdc.gov/niosh)

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