If using your phone for audio, please dial in through Lync: 855-767-1051 Meeting ID: 393-33-4651#

Thank you for joining, we will begin shortly.

Introducing the Safe Patient Handling App

Dr. Tony Hilton
Acting Associate Chief of Nursing Services Education and Research for the
Office of Public Health

with Dr. Kimberly Falco, Dr. Marie Martin, Randy Hardy and Kurk Rogers

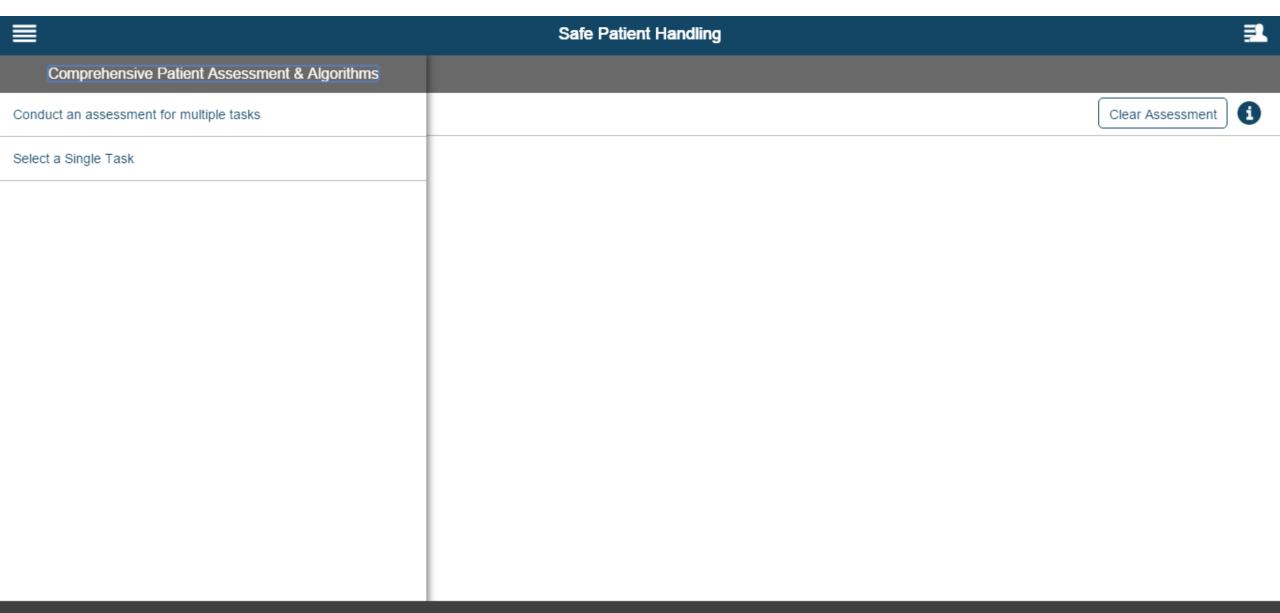


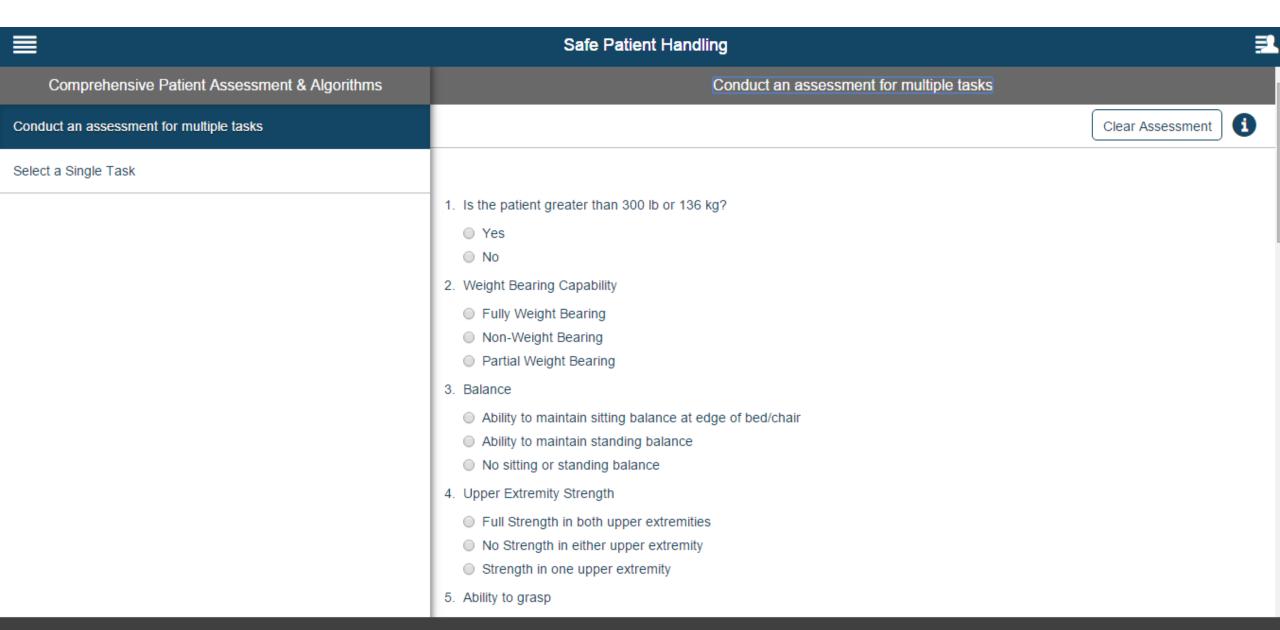


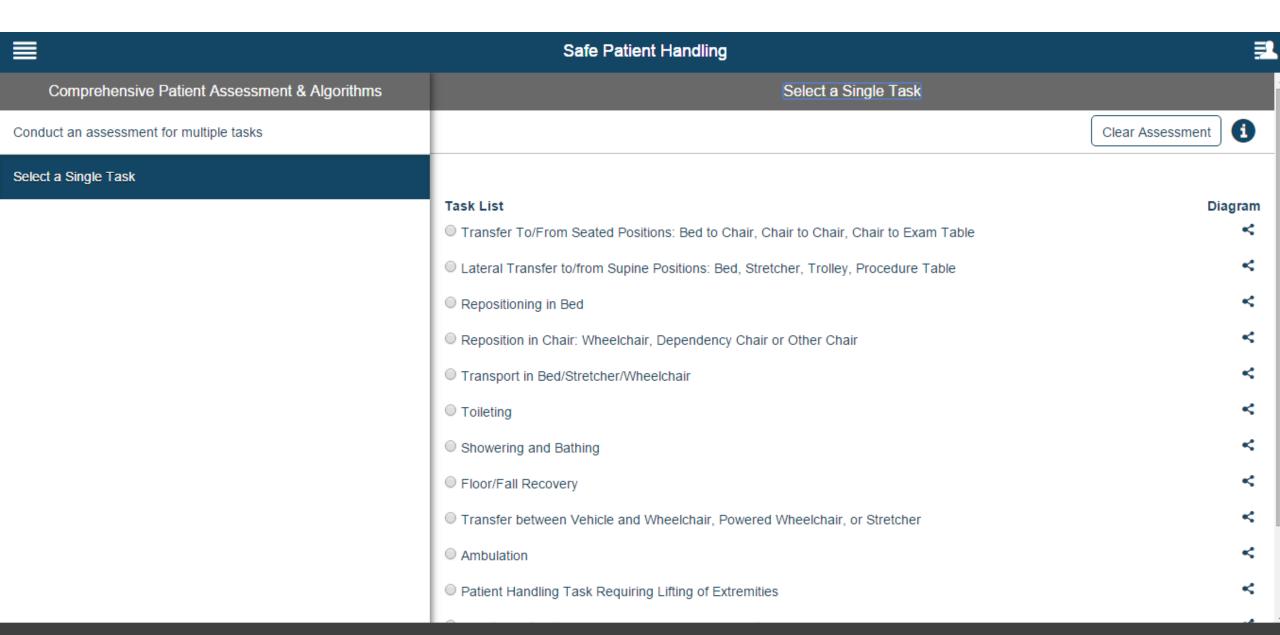


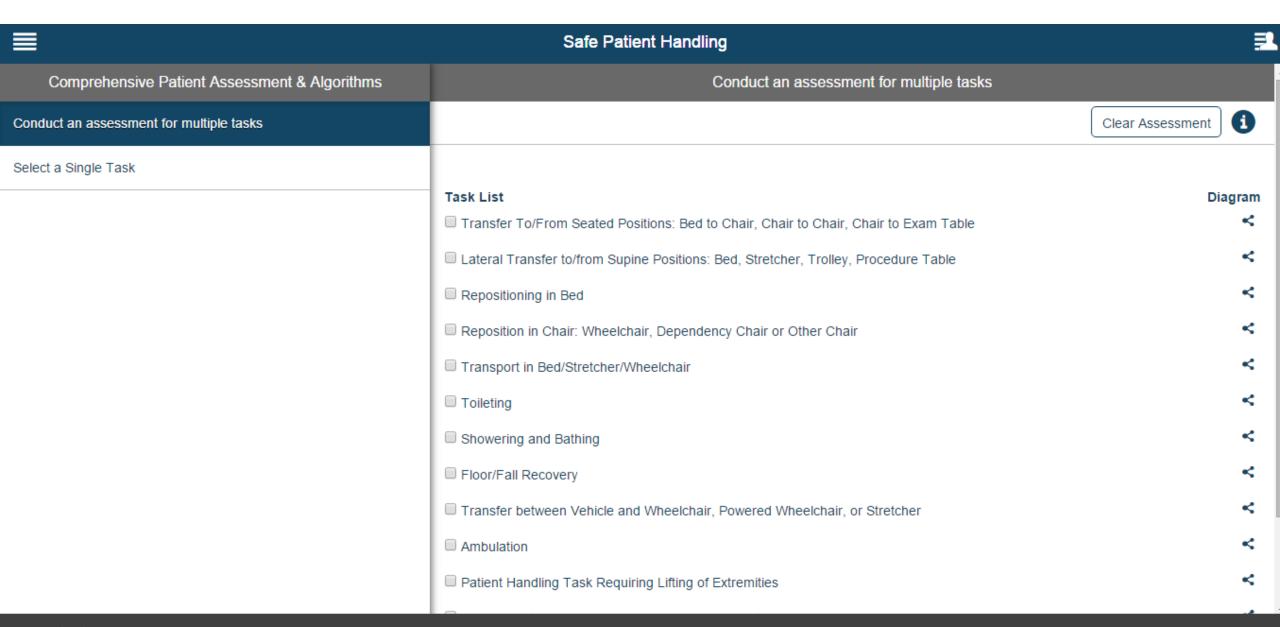
Disclaimer:

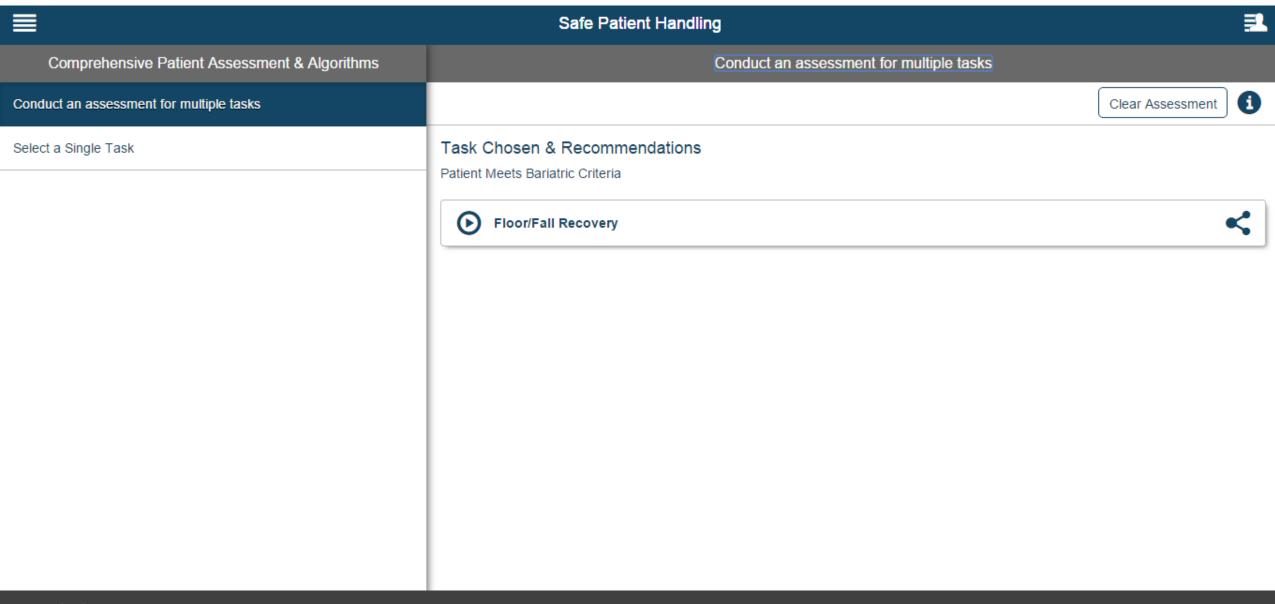
The advice within this app has been compiled by the Department of Veteran Affairs (VA). Others are welcome to use this app based upon their specific governance approval. Use of this tool should be considered as guidance and not substituted for professional clinical judgment. It is the responsibility of the health care professional using this app to make use of the guidance based upon the specific circumstances of the individual patient. It is recommended that the user clear all data between use on different patients.

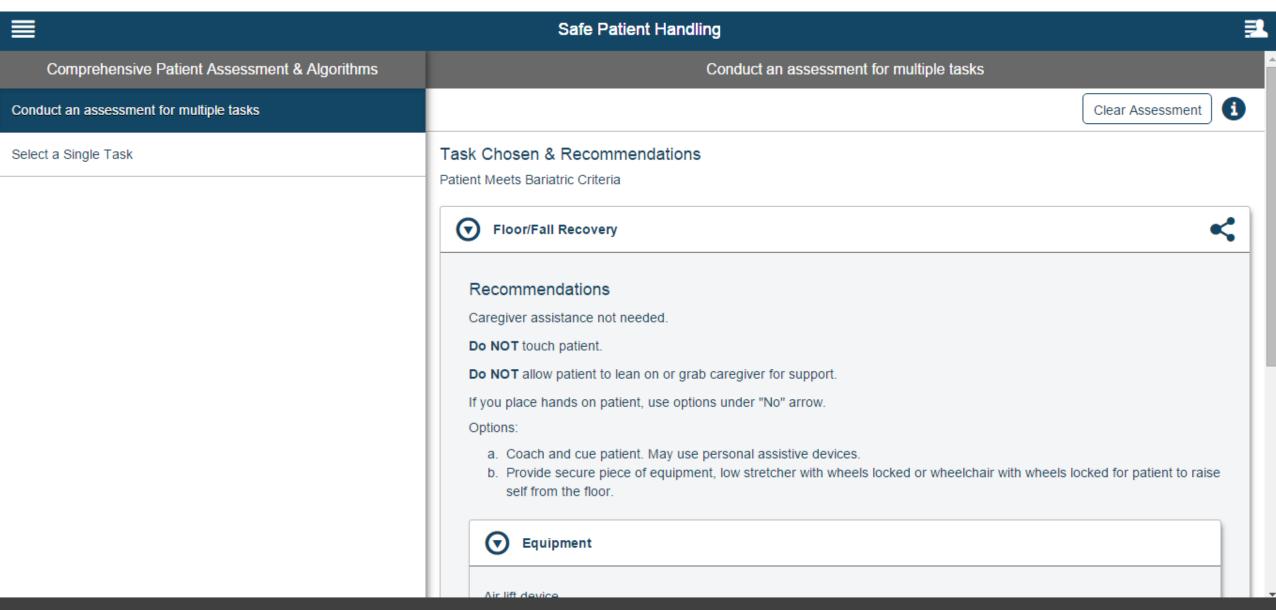












Comprehensive Patient Assessment & Algorithms

Conduct an assessment for multiple tasks

Select a Single Task



Notes/Hints

SPECIFIC

- Do not manually lift a patient from the floor. Use SPHM technology.
- Medical precautions or stabilization do not require manual lifting. A Back Board can be lifted with a repositioning or supine sling or with straps built to connect back board to lift. Some lifts have stretcher attachments to keep a patient flat.
- . Do not allow patient to lean on caregiver for support.
- Lift straps must go low enough to reach sling connections (loops or clips) without pulling patient up manually to attach.
- Friction reducing devices aid in transferring a patient onto lifting devices, back boards or slings.
- If patient falls in a difficult to access area, consider inserting air assisted lifting and/or lateral transfer device or lift sling under patient to facilitate pulling patient out of hard to access area. Sling or air assistive device can then be used to lift the patient.
- Preserve dignity by facilitating privacy for fall rescue when possible.

GENERAL

- · NEVER manually lift patients except under emergency situations such as during an active patient code.
- NEVER catch a falling patient! A caregiver probably cannot stop a patient from falling. Quickly remove obstacles out
 of the way that may injure the patient's head.
- Prior to starting task, CONFIRM patient handling equipment, slings, and destination locations (bed, commode, wheelchair, etc.) meet WEIGHT, WIDTH, AND HEIGHT requirements of patient.
- Do not allow patient to lean or pull/grab on caregiver for support in movements.
- Allow and encourage patients to move on their own as much as it is safe to do so.
- Ask patient what steps can be taken to facilitate ease and comfort in their movement and mobility as they typically
 understand their strengths and weaknesses.
- · Avoid shearing forces especially for patients with delicate skin or pressure ulcers.

Comprehensive Patient Assessment & Algorithms

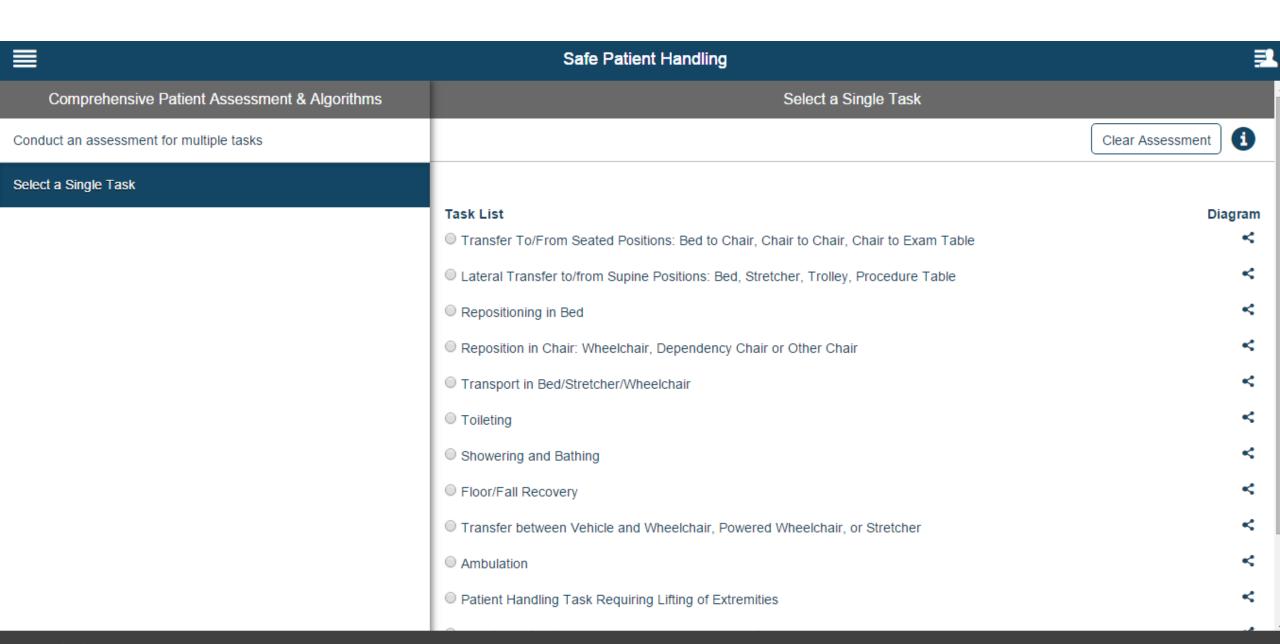
Conduct an assessment for multiple tasks

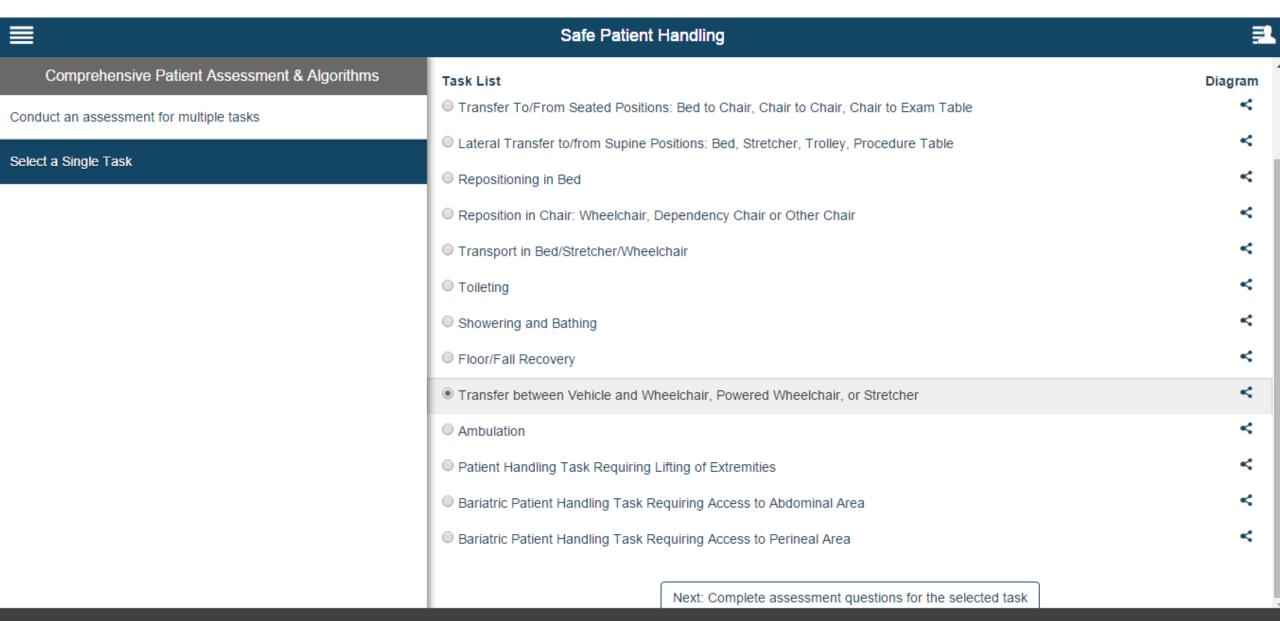
Select a Single Task

- Spiints/Traction
- Paralysis/Paresis
- Amputation
- · Severe Osteoporosis
- Unstable Spine
- Urinary/Fecal Stoma
- Severe Pain/Discomfort
- Severe Edema
- · Contractures/Spasms
- Postural Hypotension
- Very Fragile Skin
- . Tubes (IV, Chest, etc.)

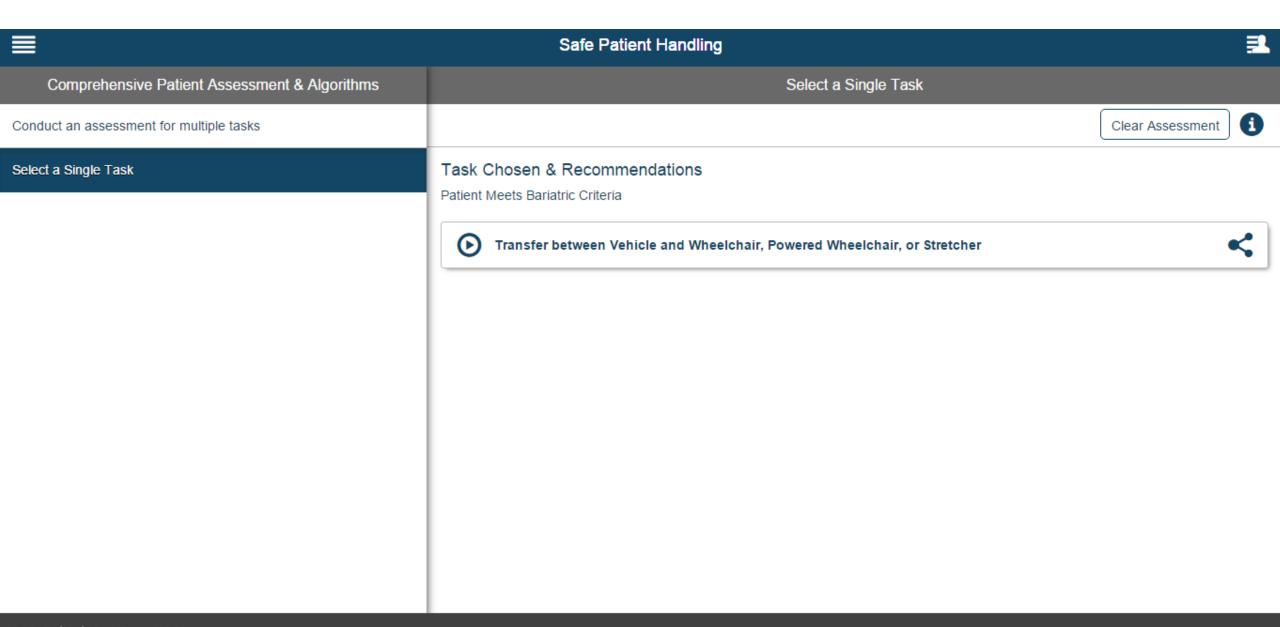
BARIATRIC

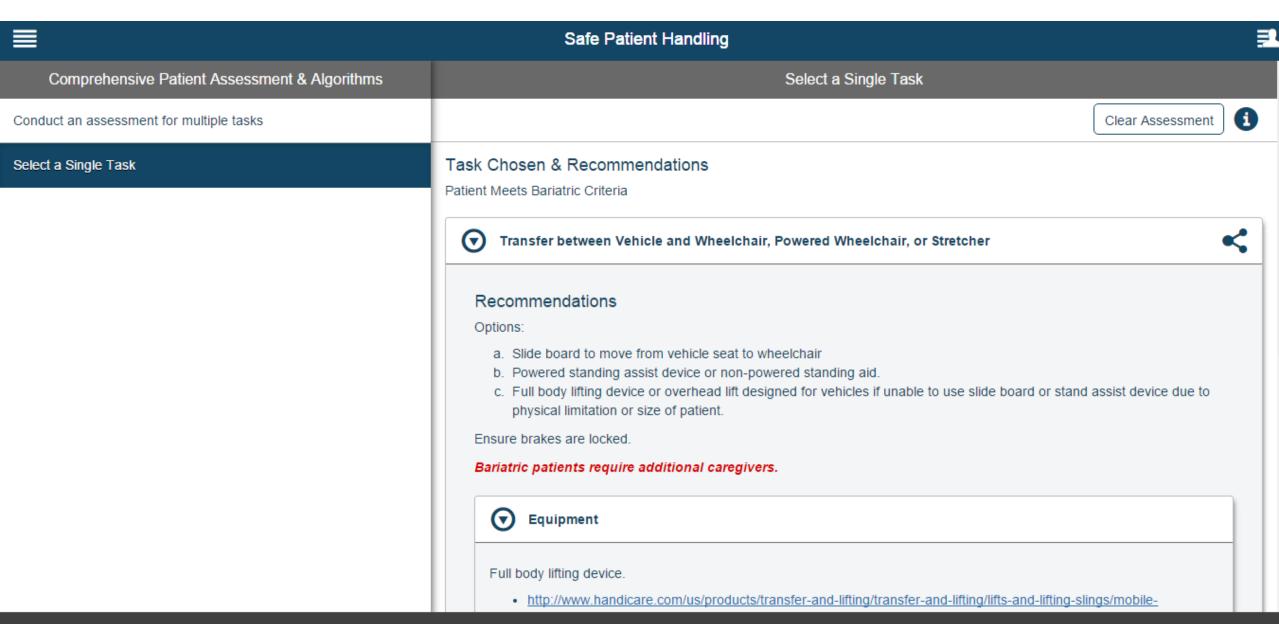
- For patient handling purposes, any patient that weighs more than 300 pounds, or 100 pounds over ideal weight, or
 who has a BMI or over 40 is considered a patient that increases the risk for caregivers while performing patient
 handling. Waist circumference is also used to identify bariatric patients. Weight, height, waist diameter, waist
 circumference should be collected on these patients in order to provide safe care and select appropriate
 equipment, beds, stretchers, wheelchairs, lifts, and other devices.
- Elevate head with pillow prior to moving patient to facilitate patient comfort and ease in breathing.
- If using air assisted lifting and lateral transfer devices, consider placing seated, supine, or repositioning sling on top of air assisted lateral transfer device prior to placement under patient.
- Fall rescue will require three or more caregivers to help pick patient up from the floor using lifting devices. Identify a
 leader when performing tasks with multiple caregivers in order to synchronize efforts and increase safety.
- · A friction reducing device will facilitate insertion and removal of a sling under a bariatric patient.
- Inserting sling from head to toe or toe to head rather than log rolling may make sling placement easier.
- A multidisciplinary team should problem solve these tasks, communicate to all caregivers, refine as needed and perform consistently.





Safe Patient Handling Comprehensive Patient Assessment & Algorithms Select a Single Task Conduct an assessment for multiple tasks Clear Assessment Select a Single Task Transfer between Vehicle and Wheelchair, Powered Wheelchair, or Stretcher ✓ View Diagram 1. Patient's level of cooperation and comprehension © Cooperative, may need prompting, able to follow simple commands/instructions Uncooperative, combative, or unpredictable/unable to follow simple commands/instructions 2. Weight Bearing Capability Fully Weight Bearing Non-Weight Bearing Partial Weight Bearing 3. Upper Extremity Strength Full Strength in both upper extremities No Strength in either upper extremity Strength in one upper extremity 4. Is the patient greater than 300 lb or 136 kg? Yes No 5. Balance

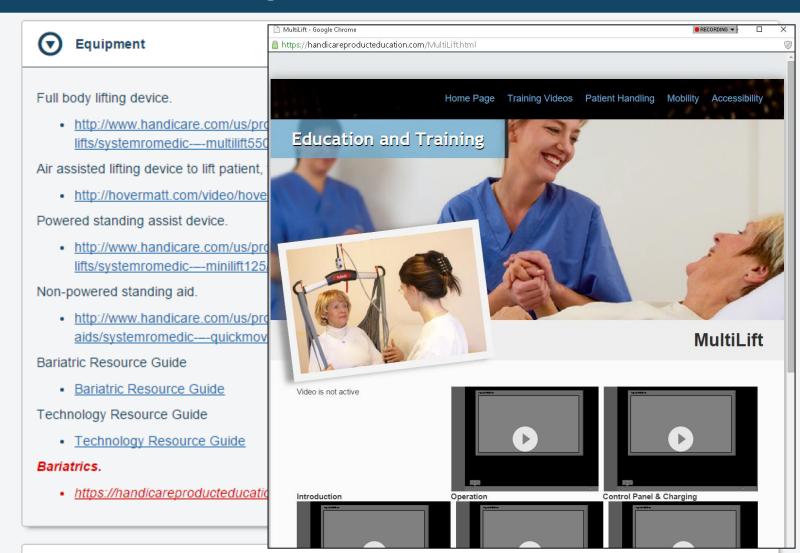




Comprehensive Patient Assessment & Algorithms

Conduct an assessment for multiple tasks

Select a Single Task



Comprehensive Patient Assessment & Algorithms

Conduct an assessment for multiple tasks

Select a Single Task



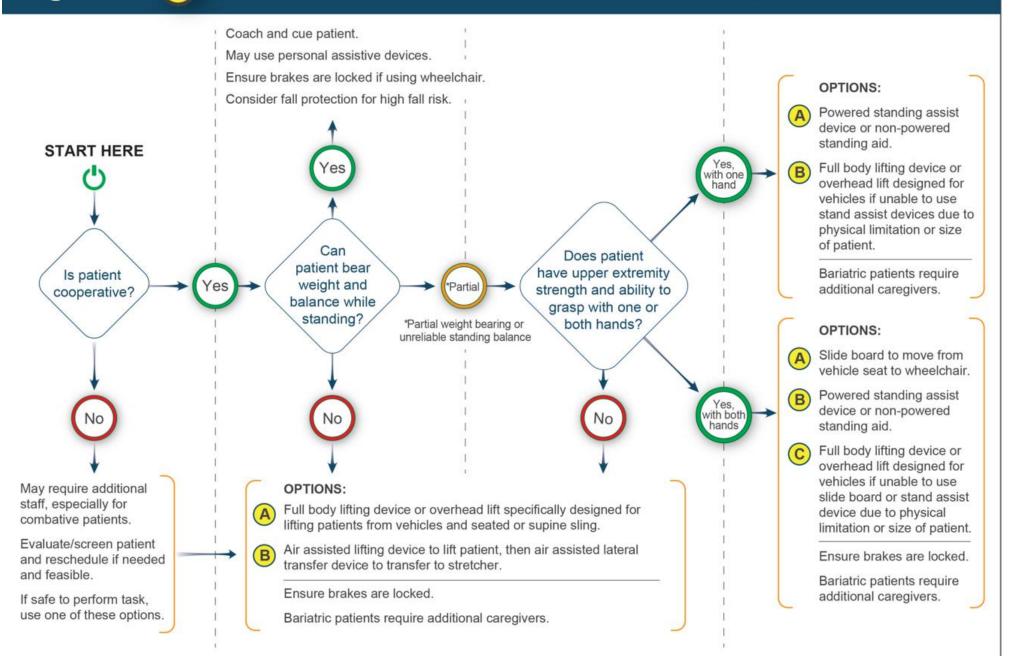
Notes/Hints

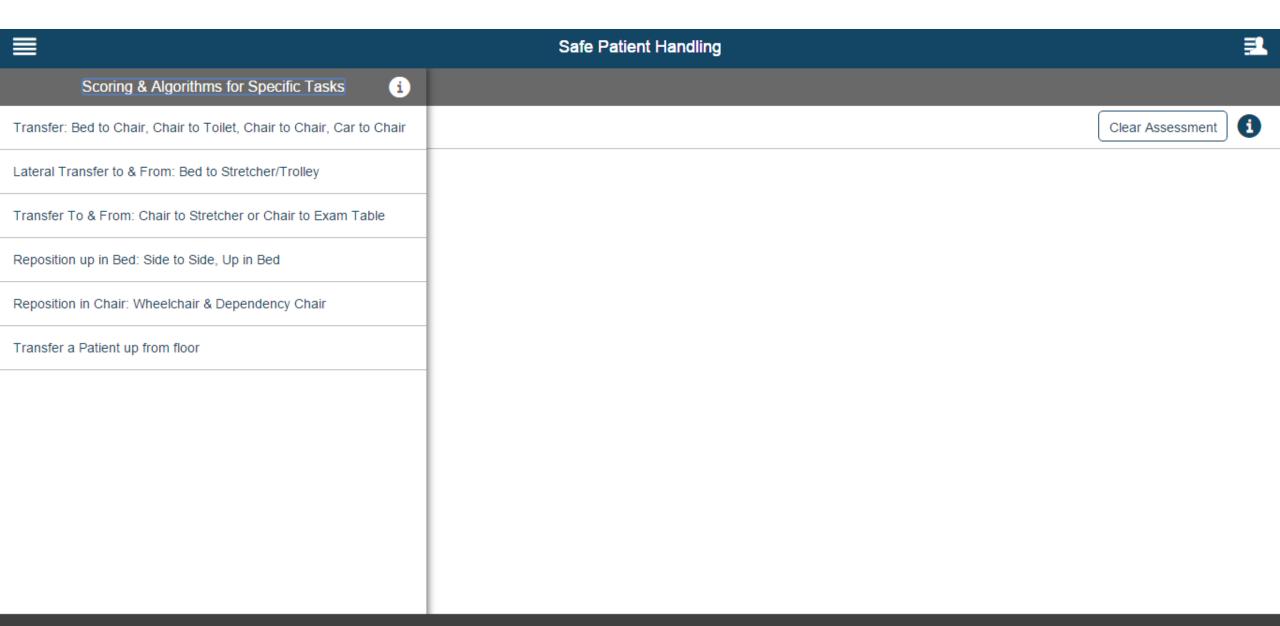
SPECIFIC:

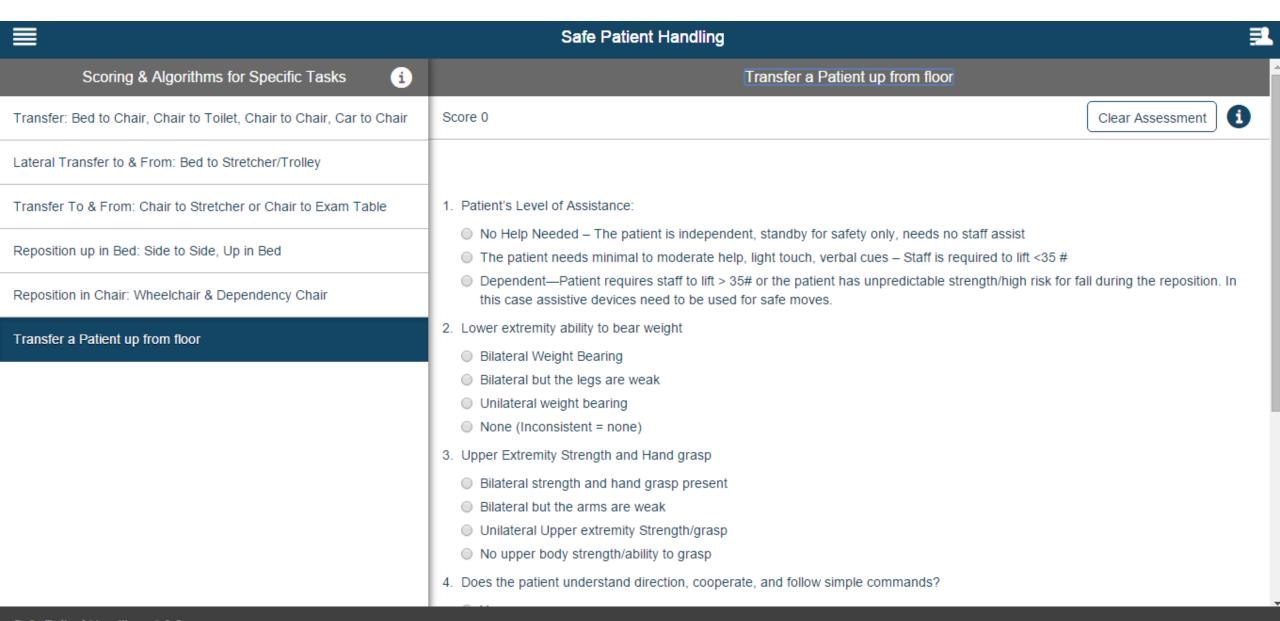
- · Vehicle transfer will be hazardous whenever the patient is combative. Use more staff and minimize contact with the patient.
- NEVER use a gait belt to lift or transfer a patient.
- For seated transfer aid, chair must have arms that recess or are removable.
- Verify equipment is locked prior to transfer/movement.
- Always transfer towards stronger side, if possible.

GENERAL

- NEVER manually lift patients except under emergency situations such as during an active patient code.
- NEVER catch a falling patient! A caregiver probably cannot stop a patient from falling. Quickly remove obstacles out of the way that may injure the patient's head.
- Prior to starting task, CONFIRM patient handling equipment, slings, and destination locations (bed. commode. wheelchair, etc.) meet WEIGHT, WIDTH, AND HEIGHT requirements of patient.
- · Do not allow patient to lean or pull/grab on caregiver for support in movements.
- Allow and encourage patients to move on their own as much as it is safe to do so.
- Ask patient what steps can be taken to facilitate ease and comfort in their movement and mobility as they typically understand their strengths and weaknesses.
- Avoid shearing forces, especially for patients with delicate skin or pressure ulcers.
- Increase ease in inserting slings by using friction reducing device or lateral transfer device. May insert sling from head to toe or toe to head to ease sling placement.
- During any patient task, under the best of circumstances (no lines, tubes, contractures, etc.), a caregiver may lift no more than 35 pounds of a patient's weight (body, head, appendages). If tubes, lines and other patient items or conditions influencing patient handling are present, or staff must bend, twist or reach, the permissible lifting weight is decreased. If weight limit is exceeded, assistive devices must be used if possible.









Transfer: Bed to Chair, Chair to Toilet, Chair to Chair, Car to Chair

Lateral Transfer to & From: Bed to Stretcher/Trolley

Transfer To & From: Chair to Stretcher or Chair to Exam Table

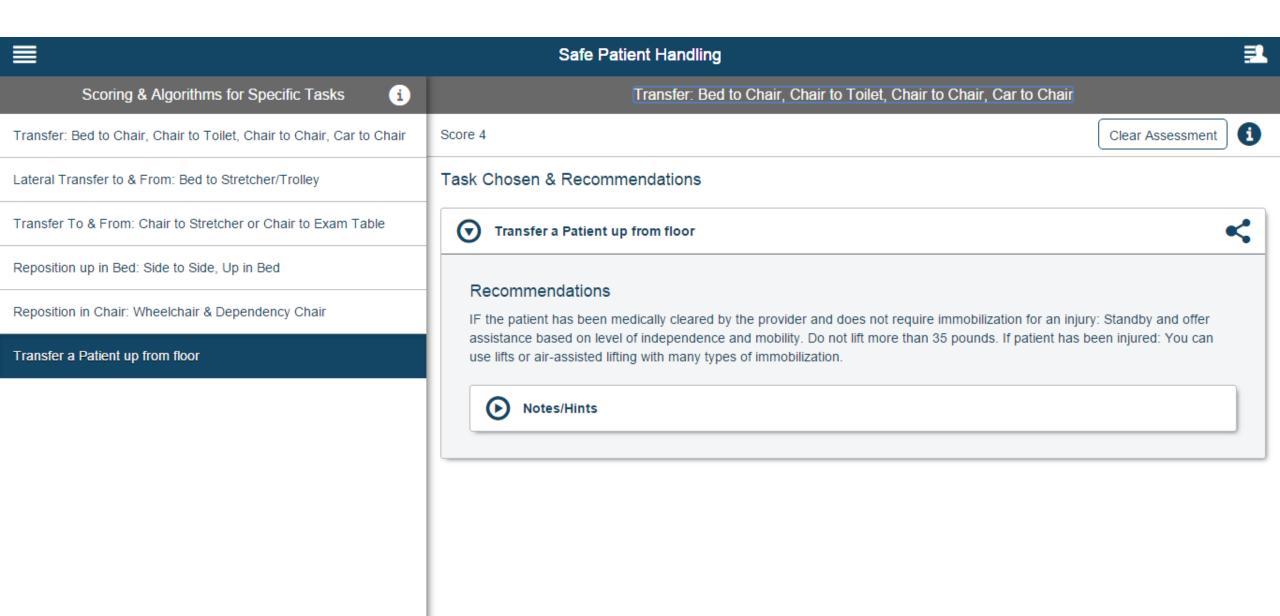
Reposition up in Bed: Side to Side, Up in Bed

Reposition in Chair: Wheelchair & Dependency Chair

Transfer a Patient up from floor

- Bilateral but the legs are weak
- Unilateral weight bearing
- None (Inconsistent = none)
- 3. Upper Extremity Strength and Hand grasp
 - Bilateral strength and hand grasp present
 - Bilateral but the arms are weak
 - Unilateral Upper extremity Strength/grasp
 - No upper body strength/ability to grasp
- 4. Does the patient understand direction, cooperate, and follow simple commands?
 - Yes
 - No (Highly Unpredictable, behavior varies. Obtain new score prior to every move)
 - Ombative during hands on care/transfers
- Height and Weight Score
 - Over 200 pounds or 6 feet tall and currently has mobility issues –(If the patient has a BMI over 50 or weighs over 300 pounds consider using the Comprehensive Patient Assessment & Algorithms)
- Check with front line staff Does the patient have medical or mental conditions that may be likely to affect transfer/repositioning techniques such as medical instability, fractures, recent major surgery, chest pain, pressure ulcers, high risk for falls, or extremely dizzy.
 - If there are no additional factors that complicate patient transfer
 - Add 1 If additional factors that make the movement/transfer more difficult per primary nurse

Calculate Score





Scoring & Algorithms for Specific Tasks



Transfer: Bed to Chair, Chair to Toilet, Chair to Chair, Car to Chair

Lateral Transfer to & From: Bed to Stretcher/Trolley

Transfer To & From: Chair to Stretcher or Chair to Exam Table

Reposition up in Bed: Side to Side, Up in Bed

Reposition in Chair: Wheelchair & Dependency Chair

Transfer a Patient up from floor

Task Chosen & Recommendations



Transfer a Patient up from floor



Recommendations

IF the patient has been medically cleared by the provider and does not require immobilization for an injury: Standby and offer assistance based on level of independence and mobility. Do not lift more than 35 pounds. If patient has been injured: You can use lifts or air-assisted lifting with many types of immobilization.

Notes/Hints

Don't make a quick call without assessing the entire situation. Once a patient starts to fall, you cannot stop the momentum, and trying to intervene can cause injury to your back. In a best case scenario, you can gently guide them to the floor while protecting their head from hitting hard objects. The best intervention is to be proactive, assess fall risk with the Morse Fall Scale, and implement interventions to prevent falls. 23 Don't rush to help the patient up prior to assessing the situation – sometimes it takes a few minutes to determine the extent of injury. 4 Sometimes staff make patient lifting and repositioning decisions based on tradition, personal experience, and "the way the unit does it" instead of scientific evidence.5

Avoid Reaction - Be Proactive to prevent this scenario whenever possible!

Technology Resource Guide

- Technology Resource Guide
- 4, 5, 23 Footnotes found in the Scoring & Algorithms for Safe Patient Handling & Mobility

Scoring & Algorithms for Specific Tasks

Transfer: Bed to Chair, Chair to Toilet, Chair to Chair, Car to Chair

Lateral Transfer to & From: Bed to Stretcher/Trolley

Transfer To & From: Chair to Stretcher or Chair to Exam Table

Reposition up in Bed: Side to Side, Up in Bed

Reposition in Chair: Wheelchair & Dependency Chair

Transfer a Patient up from floor

Task Chosen & Recommendations



Transfer a Patient up from floor

Recommendations

IF the patient has been medically cleared assistance based on level of independer use lifts or air-assisted lifting with many



Notes/Hints

Don't make a quick call without assess momentum, and trying to intervene ca the floor while protecting their head from the Morse Fall Scale, and implement the situation - sometimes it takes a fe and repositioning decisions based on evidence.5

Avoid Reaction - Be Proactive to prev

Technology Resource Guide

Technology Resource Guide

4, 5, 23 Footnotes found in the Scoring & Algorithms for Safe Patient Handling & Mobility



TECHNOLOGY RESOURCE GUIDE

Provided by:

Patient Safety Center of Inquiry 8900 Grand Oak Circle (118M) Tampa, FL 33637 813-558-3900 http://www.visn8.va.gov/patientsafetycenter/

Scoring & Algorithms for Specific Tasks



Transfer: Bed to Chair, Chair to Toilet, Chair to Chair, Car to Chair

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Transfer To & From: Chair to Stretcher or Chair to Exam Table

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Reposition in Chair: Wheelchair & Dependency Chair

Transfer a Patient up from floor

Task Chosen & Recommendations



Transfer a Patient up from floor

Recommendations

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Avoid Reaction - Be Proactive to preve

Technology Resource Guide

Technology Resource Guide

Scoring & Algorithms for Safe Patient Handling & Mobility



Judee Gozzard MSN RN BC - Safe Patient Handling Coordinator Bay Pines

rev. Sept. 08, 2011 JG

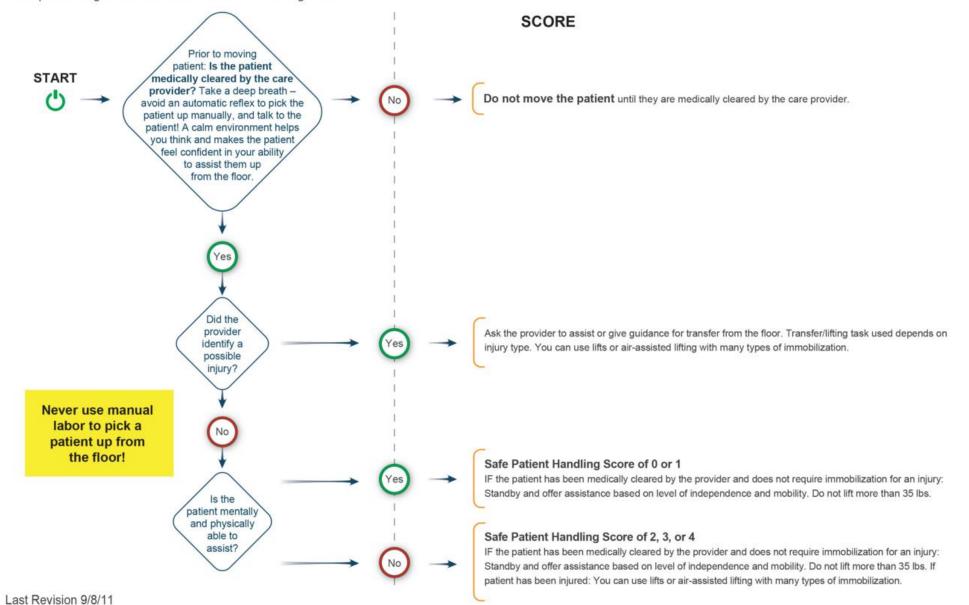
4, 5, 23 Footnotes found in the Scoring & Algorithms for Safe Patient Handling & Mobility

Algorithm 6

Transfer a Patient Up from the Floor

If the patient has a Safe Patient Handling Score of 4 or more - always use maximum assistance.

If the patient weighs over 300 lbs use the VHA SPHM Algorithms.





NAON: National Association of Orthopedic Nurses

Selecting the following link displays additional NAON information:

URL: http://www.orthonurse.org/p/do/sc/catid=37

Available Tools (upon purchase):

Orthopedic Clinical Tools

- i. Orthopedic Clinical Tool 1: Lifting and Holding Legs or Arms in an Orthopedic Setting
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- iii. Vertical Transfer of a Patient with an Extremity Cast/Splint



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- ii. Ergonomic Tool #2: Positioning / Repositioning the Patient on the OR Table to and from the Supine Position
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- iv. Ergonomic Tool #4: Prolonged Standing
- v. Ergonomic Tool #5: Retraction
- vi. Lifting and Carrying Supplies and Equipment
- vii. Pushing, Pulling, and Moving Equipment on Wheels

eri-Operative Room Nurses

nk displays additional AORN information:

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- 1: Lateral Transfer from Stretcher to and from the Operating
- 2: Positioning / Repositioning the Patient on the OR Table to
- 3: Lifting and Holding Legs, Arms and Heads for Prepping in
- 4: Prolonged Standing
- 5: Retraction
- ig Supplies and Equipment
- and Moving Equipment on Wheels

About

Safe Patient Handling v1.0.0

In this application, the inclusion of pictures and video clips of a variety of patient handling and mobility technologies is not an indication of product endorsement but is simply used to illustrate SPHM tasks and associated equipment types. Determine what technology your facility has chosen and follow the manufacturer's directions for use.

This mobile medical application is designed to support nurses and health care professionals in providing the safest care possible using evidence-based Safe Patient Handling and Mobility (SPHM) techniques. The application offers a blend of knowledge and tools to prevent injury of both health care professionals and the patients they care for by incorporating patient assessments, scoring tools, algorithms, equipment guides, videos for training, and peer leader activity checklists. The information shared in this application offers the current best practices in SPHM at the point of care, preventing injury and improving interactions between patients and health care professionals.

1. Comprehensive Patient Assessment and Algorithms

This tab allows the user to complete a comprehensive safe patient handling and mobility patient assessment. The assessment information is used in taskspecific algorithms to generate patient handling equipment recommendations for each individual patient and task. This tab allows you to select single or multiple tasks to assess.

2. Scoring and Algorithms for Specific Patient Handling Tasks This tab allows the user to calculate a patient handling functional score for individual patients and correlate that score with equipment and other recommendations for specified tasks. This section was developed by VA Bay About

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Help

Resources

User Menu

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Safe P

tion of Orthopedic Nurses

nk displays additional NAON information:

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rchase):

I Tool 1: Lifting and Holding Legs or Arms in an Orthopedic § I Tool 2: Alternate method for Determining Safe Lifting & Hole

Assessments

bed (Side to Side)

f a Post-Operative Total Hip Replacement Patient (Bed to Ch

f a Patient with an Extremity Cast/Splint



Acknowledgements

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San Diego, 92161

SPHM Development Team

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Safe Patient Handling and Mobility Coordinator (former)

Veterans Health Administration

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North Las Vegas

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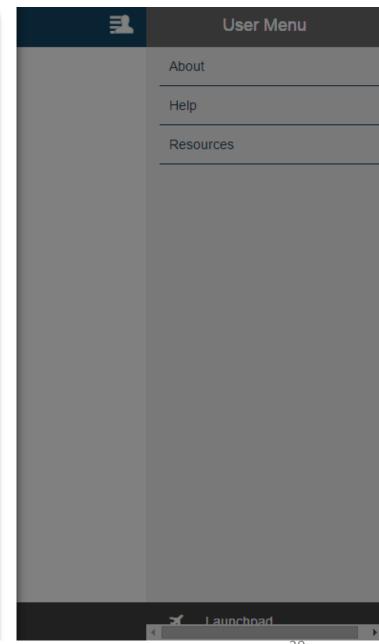
Business Liaison Manager

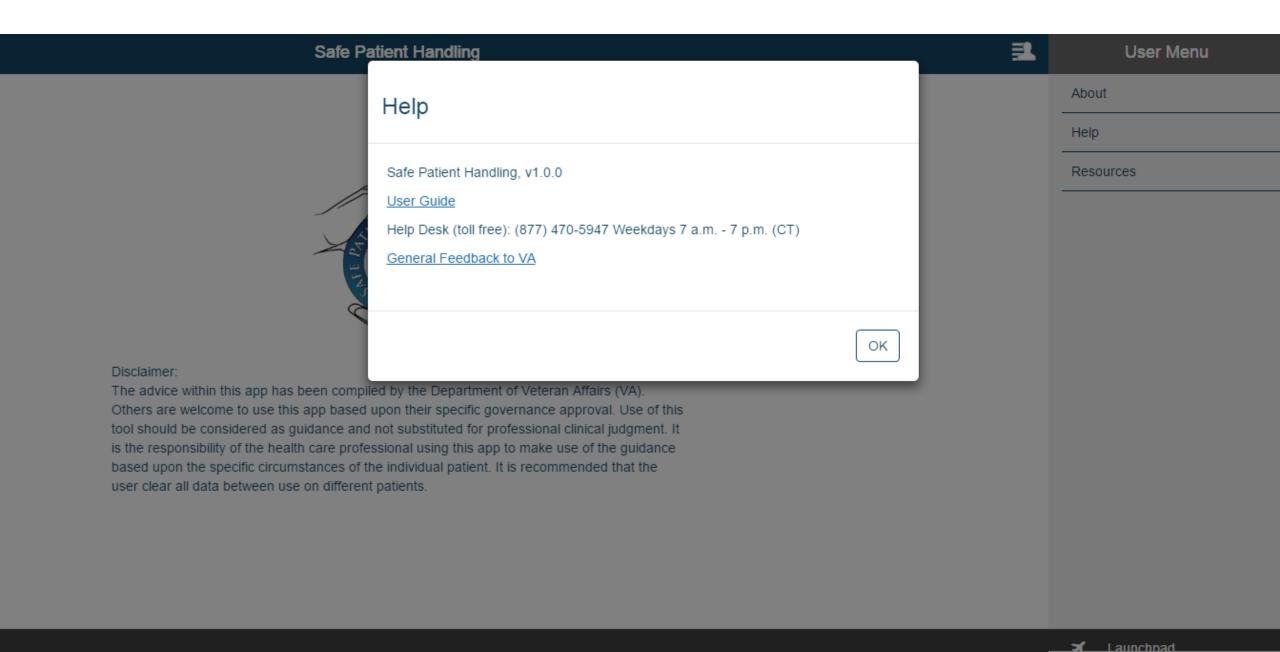
Veterans Health Administration

Connected Health Office

Office of Informatics and Analytics (10P-2D)

Dr. Tony Hilton, RN, CRRN, MSN, FNP, DrPH Safe Patient Handling and Mobility Facility Coordinator





Help

Safe Patient Handling, v1.0.0

User Guide

Help Desk (toll free): (877) 470

General Feedback to VA

Disclaimer:

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User Guide: Safe Patient Handling - Google Chrome

🖺 https://hastaffdemo.agilexhealth.com/safe-patient-handling/src/core/user-guide/user-ç 🔾

Safe Patient Handling User Guide

Contents

- General Use
 - 1 To use this app
 - 2 Navigation
- 2. App Features
 - 1 Home
 - 2 Comprehensive Patient Assessment & Algorithms
 - 3 Scoring & Algorithms for Specific Tasks
 - 4 National Association of Orthopedic Nurses' Algorithms/Clinical Tools
 - 5 <u>Association of PeriOperative Registered Nurses' Algorithms</u>
 - 6 Clear All Data
- 3. <u>User Menu Features</u>
 - 1 About
 - 2 Help
 - 3 Resources
 - 4 Launchpad
- App Abbreviations

1 General Use

1.1 To use this app

All features in this app can be used without a DS Login account. Before you access the app features, however, you must also agree to the End User License Agreement (EULA). All apps

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VA Mobile Health App Feedback | VA Mobile - Google Chrome

https://mobile.va.gov/feedback?appname=Safe%20Patient%20Handling



■ MENU

Mobile » VA Mobile Health App Feedback

VA Mobile Health App Feedback

Safe Patient Handling

VA needs your feedback on this App. Any information you enter here is anonymous and is collected for analysis and improvement of VA applications. This feedback section is not a venue for communication of an urgent medical nature or to obtain immediate technical support.*

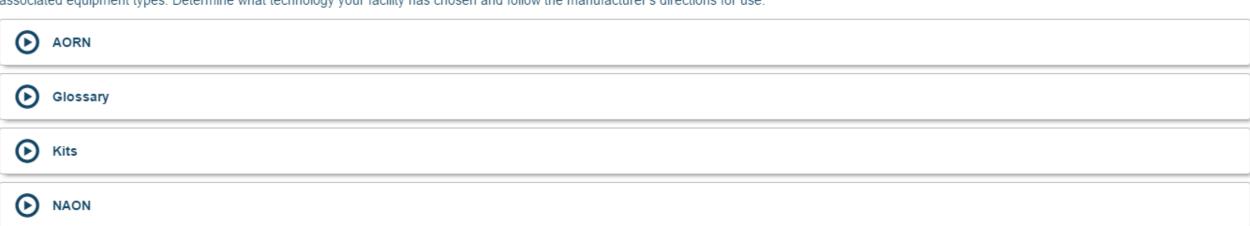
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
This App is easy to understand and use	0	0	0	0	0
This App helps me better manage my VA health services	0	0	0	0	0
I would recommend this App to a friend or family member	0	0	0	0	0
This App provides me with information or capabilities that were previously not available to me	0	0	0	0	0
I use this App frequently	0	0	0	0	0

Additional comments *



Resources

In this application, the inclusion of pictures and video clips of a variety of patient handling and mobility technologies is not an indication of product endorsement but is simply used to illustrate SPHM tasks and associated equipment types. Determine what technology your facility has chosen and follow the manufacturer's directions for use.







- · Patient Handling & Movement Assessments
- · Scoring & Algorithms for Safe Patient Handling & Mobility

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Glossary



Kits



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▶ AORN
♦ Glossary
• Glossary
▶ Kits
▶ NAON
♠ Training Guides

- Patient Handling & Movement Assessments
- · Scoring & Algorithms for Safe Patient Handling & Mobility

Websites

DEFINITIONS AND GLOSSARY OF TERMS

Safe Patient Handling and Mobility (SPHM)
Patient Assessment/Algorithms/Scoring System

Air assisted lateral transfer device: A patient transfer mattress that utilizes the force of air to decrease friction and result in ease in movement of patients (in a supine position) from one flat surface to another. It also decreases shear forces on the skin of patients during these lateral transfers.



Air assisted lifting device: There are a few unique devices in this category. All use the force of air to raise the patient. One has several mattress chambers that are inflated. As each chamber inflates, the patient is finally raised to a level where they can be laterally transferred onto a flat surface such as a stretcher. Another design brings the patient into a seated position, facilitating standing.





Algorithm: A flow chart/decision tree that asks specific questions related to patient medical, physical, and cognitive characteristics that guides the caregiver to determine the technology of choice, number of required caregivers, and level of patient assistance for the proposed patient movement/task.

Ambulate: To walk from place to place with or without assistance.

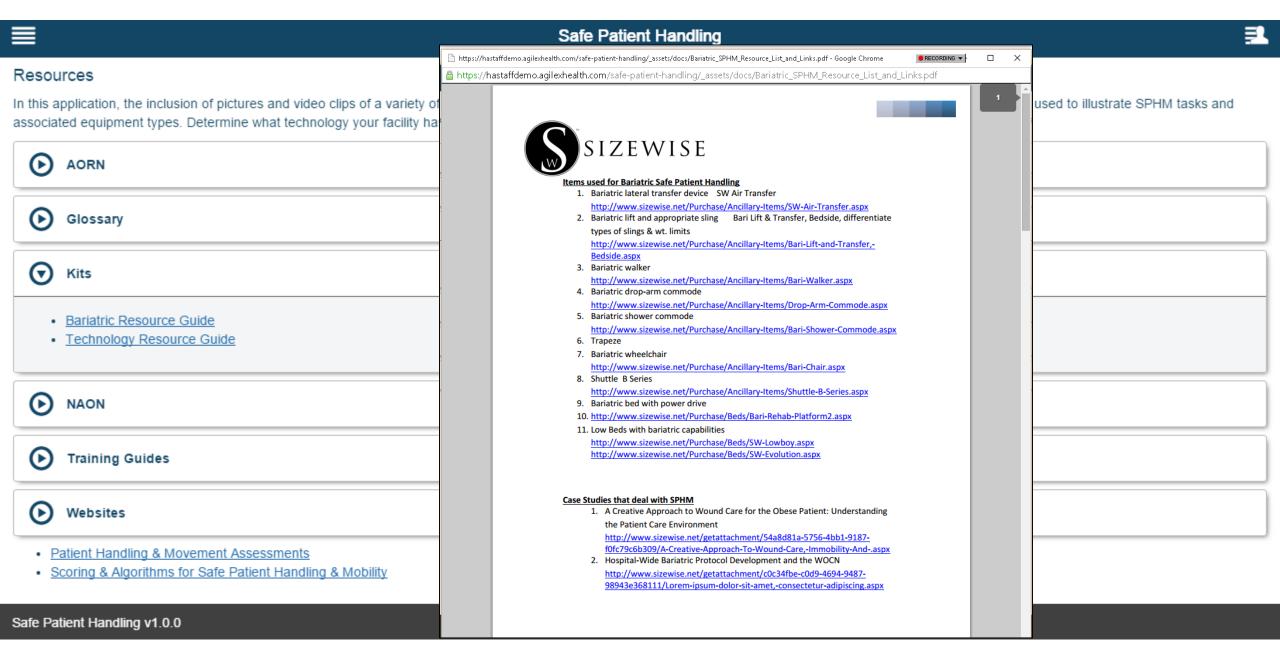


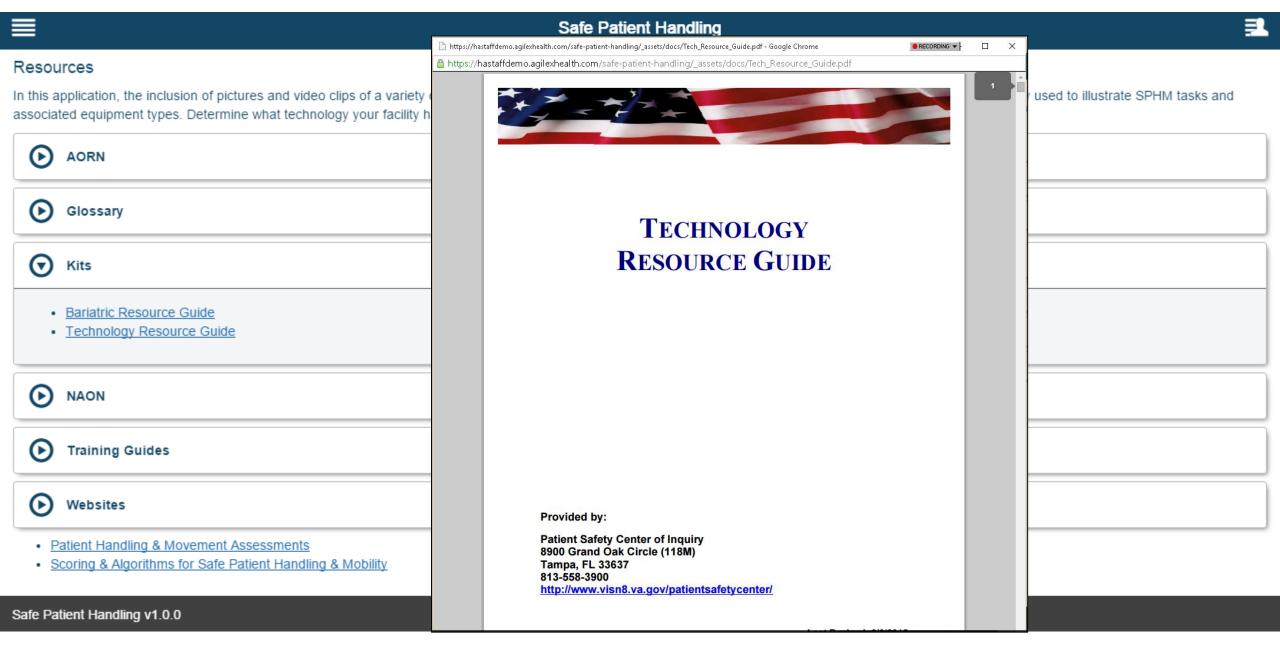


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- AORN
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- \odot Kits
 - · Bariatric Resource Guide
 - · Technology Resource Guide
- NAON
- **Training Guides**
- Websites
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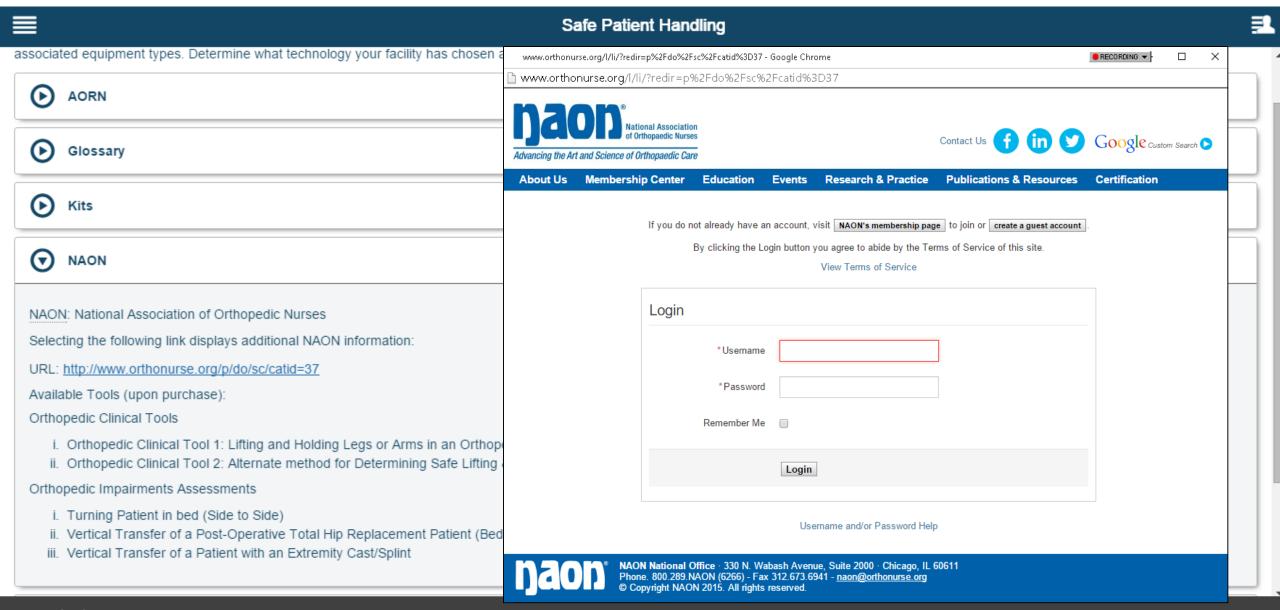
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- AORN
- **▶** Glossary
- **▶** Kits
- NAON
- Training Guides
 - · Hover (Future release)
 - · SPH Guidebook (Future Release)
 - · SPH School of Nursing
- Websites
- · Patient Handling & Movement Assessments
- · Scoring & Algorithms for Safe Patient Handling & Mobility

Patient Handling and Movement Assessments: A White Paper

Prepared by the

2010 Health Guidelines

Revision Committee

Specialty Subcommittee

on Patient Movement

Martin H. Cohen, FAIA, FACHA, Chair Gaius G. Nelson, RA, Vice Chair David A. Green Roger Leib, AIA, ACHA Mary W. Matz, MSPH, CPE Phillip A. Thomas, AIA et al.

Carla M. Borden, editor



Scoring & Algorithms for Safe Patient Handling & Mobility



Judee Gozzard MSN RN BC - Safe Patient Handling Coordinator Bay Pines

Questions?





Thank you!

What future topics would you like to discuss?
Let us know by providing feedback at the link below:

https://www.surveymonkey.com/r/KNW3J2B

