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

November 13, 2015
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.
<table>
<thead>
<tr>
<th>Comprehensive Patient Assessment &amp; Algorithms</th>
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</thead>
<tbody>
<tr>
<td>Conduct an assessment for multiple tasks</td>
</tr>
<tr>
<td>Select a Single Task</td>
</tr>
</tbody>
</table>

Clear Assessment
1. Is the patient greater than 300 lb or 136 kg?
   - Yes
   - No

2. Weight Bearing Capability
   - Fully Weight Bearing
   - Non-Weight Bearing
   - Partial Weight Bearing

3. Balance
   - Ability to maintain sitting balance at edge of bed/chair
   - Ability to maintain standing balance
   - No sitting or standing balance

4. Upper Extremity Strength
   - Full strength in both upper extremities
   - No strength in either upper extremity
   - Strength in one upper extremity

5. Ability to grasp
Safe Patient Handling

Comprehensive Patient Assessment & Algorithms

Conduct an assessment for multiple tasks

Select a Single Task

Select a Single Task

Task List

- Transfer To/From Seated Positions, Bed to Chair, Chair to Chair, Chair to Exam Table
- Lateral Transfer to/from Supine Positions: Bed, Stretcher, Trolley, Procedure Table
- Repositioning in Bed
- Reposition in Chair: Wheelchair, Dependency Chair or Other Chair
- Transport in Bed/Stretcher/Wheelchair
- Toileting
- Showering and Bathing
- Floor/Fall Recovery
- Transfer between Vehicle and Wheelchair, Powered Wheelchair, or Stretcher
- Ambulation
- Patient Handling Task Requiring Lifting of Extremities
**Task List**

- Transfer To/From Seated Positions: Bed to Chair, Chair to Chair, Chair to Exam Table
- Lateral Transfer to/from Supine Positions: Bed, Stretcher, Trolley, Procedure Table
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Task Chosen & Recommendations

Patient Meets Bariatric Criteria

Floor/Fall Recovery
Task Chosen & Recommendations
Patient Meets Bariatric Criteria

Floor/Fall Recovery

Recommendations
Caregiver assistance not needed.

Do NOT touch patient.

Do NOT allow patient to lean on or grab caregiver for support.
If you place hands on patient, use options under “No” arrow.

Options:
b. Provide secure piece of equipment, low stretcher with wheels locked or wheelchair with wheels locked for patient to raise self from the floor.

Equipment
All lift device
Safe Patient Handling

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.
**BARIATRIC**

- For patient handling purposes, any patient that weighs more than 300 pounds, or 100 pounds over ideal weight, or who has a BMI of 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 aedel, supine, or repositioning sling on top of an 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.
Task List

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Comprehensive Patient Assessment & Algorithms

Task List

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- Floor/Fall Recovery
- Transfer between Vehicle and Wheelchair, Powered Wheelchair, or Stretcher

Select a Single Task

Next: Complete assessment questions for the selected task
Transfer between Vehicle and Wheelchair, Powered Wheelchair, or Stretcher

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
Task Chosen & Recommendations
Patient Meets Bariatric Criteria

Transfer between Vehicle and Wheelchair, Powered Wheelchair, or Stretcher
Task Chosen & Recommendations

Patient Meets Bariatric Criteria

**Transfer between Vehicle and Wheelchair, Powered Wheelchair, or Stretcher**

**Recommendations**

Options:
- a. Slide board to move from vehicle seat to wheelchair
- b. Powered standing assist device or non-powered standing aid.
- c. Full body lifting device or overhead lift designed for vehicles if unable to use slide board or stand assist device due to physical limitation or size of patient.

Ensure brakes are locked.

*Bariatric patients require additional caregivers.*

**Equipment**

Full body lifting device.

Safe Patient Handling v1.0.0
Safe Patient Handling

Comprehensive Patient Assessment & Algorithms

Conduct an assessment for multiple tasks

Select a Single Task

Equipment

- Full body lifting device.
- Air assisted lifting device to lift patient.
  - http://hovermatt.com/video/hover
- Powered standing assist device.
- Non-powered standing aid.

Bariatric Resource Guide

- Bariatric Resource Guide
- Technology Resource Guide

Bariatrics.

- https://handicareproducteducation.com

Safe Patient Handling v1.0.0
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.
Algorithm 9  Transfer between Vehicle and Wheelchair, Powered Wheelchair, or Stretcher

START HERE

Is patient cooperative?

Yes

Can patient bear weight and balance while standing?

Yes

Partial weight bearing or unreliable standing balance

Does patient have upper extremity strength and ability to grasp with one or both hands?

Yes, with one hand

Yes, with both hands

May require additional staff, especially for combative patients.
Evaluate/screen patient and reschedule if needed and feasible.
If safe to perform task, use one of these options.

OPTIONS:
A Full body lifting device or overhead lift specifically designed for lifting patients from vehicles and seated or supine sling.
B Air assisted lifting device to lift patient, then air assisted lateral transfer device to transfer to stretcher.
Ensure brakes are locked.
Bariatric patients require additional caregivers.

No

No

No

OPTIONS:
A Powered standing assist device or non-powered standing aid.
B Full body lifting device or overhead lift designed for vehicles if unable to use stand assist devices due to physical limitation or size of patient.
Bariatric patients require additional caregivers.
C Slide board to move from vehicle seat to wheelchair.
Powered standing assist device or non-powered standing aid.
Full body lifting device or overhead lift designed for vehicles if unable to use slide board or stand assist device due to physical limitation or size of patient.
Ensure brakes are locked.
Bariatric patients require additional caregivers.

B

C
<table>
<thead>
<tr>
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<td>Lateral Transfer to &amp; From: Bed to Stretcher/Trolley</td>
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<tr>
<td>Transfer To &amp; From: Chair to Stretcher or Chair to Exam Table</td>
</tr>
<tr>
<td>Reposition in Bed: Side to Side, Up in Bed</td>
</tr>
<tr>
<td>Reposition in Chair: Wheelchair &amp; Dependency Chair</td>
</tr>
<tr>
<td>Transfer a Patient up from floor</td>
</tr>
</tbody>
</table>
Safe Patient Handling

Transfer a Patient up from floor

Score 0

1. Patient’s Level of Assistance:
   - No Help Needed — The patient is independent, standby for safety only, needs no staff assist
   - The patient needs minimal to moderate help, light touch, verbal cues — Staff is required to lift <35#
   - Dependent — Patient requires staff to lift >35# or the patient has unpredictable strength, high risk for fall during the reposition. In this case assistive devices need to be used for safe moves.

2. Lower extremity ability to bear weight
   - Bilateral Weight Bearing
   - 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
Safe Patient Handling

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)
   - Combative during hands on care/transfers

5. Height and Weight Score
   - Over 200 pounds or 5 feet tall and currently has mobility issues – (If the patient has a BMI over 30 or weighs over 300 pounds consider using the Comprehensive Patient Assessment & Algorithms)

6. 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
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, stand-by 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.
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.³ 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

⁴, ⁵, ²² Footnotes found in the Scoring & Algorithms for Safe Patient Handling & Mobility
Task Chosen & Recommendations

Transfer a Patient up from floor

Recommendations

IF the patient has been medically cleared for mobility, consider asking for assistance based on level of independence. If they use lifts or air-assisted lifting with many transfers, ensure the environment is safe and remove clutter.

Notes/Hints

Don’t make a quick call without assessing the patient’s weight and potential for momentum, and try to intervene cautiously. Transfer the patient to a chair while protecting their head from hitting the floor. Remember to use the Morse Fall Scale and implement the transfer - sometimes it takes a few attempts. Make sure to make and repositioning decisions based on the patient’s needs and the current evidence.

Avoid Reaction – Be Proactive to prevent falls.

Technology Resource Guide

Provided by:

Patient Safety Center of Inquiry
8900 Grand Oak Circle (118M)
Tampa, FL 33637
813-588-3000
http://www.visan8.va.gov/patientsafetycenter/

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

Transfer a Patient up from floor

Recommendations

If the patient has been medically cleared, assistance based on level of independence may be needed. Use lifts or air-assisted lifting with many team members to assist.

Notes/Hints

Don’t make a quick call without assessing the patient’s needs, momentum, and trying to intervene caring a few seconds before the patient hits the floor while protecting their head from injury and reading the Morse Fall Scale, and implementing in the situation – sometimes it takes a few moments and repositioning decisions based on the evidence.

Avoid Reaction – Be Proactive to prevent falls.

Technology Resource Guide

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.

START

Prior to moving patient: Is the patient medically cleared by the care provider? Take a deep breath– avoid an automatic reflex to pick the patient up manually, and talk to the patient! A calm environment helps you think and makes the patient feel confident in your ability to assist them up from the floor.

Yes

No

Do not move the patient until they are medically cleared by the care provider.

Did the provider identify a possible injury?

Yes

No

Ask the provider to assist or give guidance for transfer from the floor. Transferring lifting task used depends on injury type. You can use lifts or air-assisted lifting with many types of immobilization.

Is the patient mentally and physically able to assist?

Yes

No

Safe Patient Handling Score of 0 or 1
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 lbs.

Safe Patient Handling Score of 2, 3, or 4
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 lbs. If patient has been injured: You can use lifts or air-assisted lifting with many types of immobilization.

Never use manual labor to pick a patient up from the floor!
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

- Orthopedic Clinical Tool 1: Lifting and Holding Legs or Arms in an Orthopedic Setting
- Orthopedic Clinical Tool 2: Alternate method for Determining Safe Lifting & Holding of Limbs with Casts

Orthopedic Impairments Assessments

- Turning Patient in bed (Side to Side)
- Vertical Transfer of a Post-Operative Total Hip Replacement Patient (Bed to Chair, Chair to Toilet, Chair to Chair, or Car to Chair)
- Vertical Transfer of a Patient with an Extremity Cast/Splint
AORN: Association of Peri-Operative Room Nurses

Selecting the following link displays additional AORN information:

URL: https://www.aorn.org/

Available Tools (upon purchase):

I. Ergonomic Tool #1: Lateral Transfer from Stretcher to and from the Operating Table
II. Ergonomic Tool #2: Positioning / Repositioning the Patient on the OR Table to and from the Supine Position
III. Ergonomic Tool #3: Lifting and Holding Legs, Arms and Heads for Prepping in a Perioperative Setting
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
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 task-specific 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...


**Acknowledgements**

**Authors and Contributors**

**Concept, Design, and Development**
- Kurk Rogers RN, BSN, CNOR, MBA/ITM
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- Sterile Processing Educator
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  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) 470-5947 Weekdays 7 a.m. - 7 p.m. (CT)

General Feedback to VA

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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 are free to use and written by VA.

2. Navigation
   2.1 Home

3. User Menu Features
   3.1 About
   3.2 Help
   3.3 Resources
   3.4 Launchpad

4. App Abbreviations

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   3 Scoring & Algorithms for Specific Tasks
   4 National Association of Orthopedic Nurses' Algorithms/Clinical Tools
   5 Association of PeriOperative Registered Nurses' Algorithms
   6 Clear All Data
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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.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>This App is easy to understand and use</td>
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<tr>
<td>This App helps me better manage my VA health services</td>
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<tr>
<td>I would recommend this App to a friend or family member</td>
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<tr>
<td>This App provides me with information or capabilities that were previously not available to me</td>
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<tr>
<td>I use this App frequently</td>
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Additional comments *
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- Patient Handling & Movement Assessments
- Scoring & Algorithms for Safe Patient Handling & Mobility
Resources

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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.
Resources

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- AORN
- Glossary
- Kits
  - Pediatric Resource Guide
  - Technology Resource Guide
- NAON
- Training Guides
- Websites
  - Patient Handling & Movement Assessments
  - Scoring & Algorithms for Safe Patient Handling & Mobility
Items used for Bariatric Safe Patient Handling

1. Bariatric lateral transfer device - SW Air Transfer
   http://www.sizewise.net/Purchase/Ancillary-items/SW-Air-Transfer.aspx

2. Bariatric lift and appropriate sling - Bari Lift & Transfer, Bedside, differentiate types of slings & wt. limits
   http://www.sizewise.net/Purchase/Ancillary-items/Bari-Lift-and-Transfer-Bedside.aspx

3. Bariatric walker
   http://www.sizewise.net/Purchase/Ancillary-items/Bari-Walker.aspx

4. Bariatric drop-arm commode
   http://www.sizewise.net/Purchase/Ancillary-items/Drop-Arm-Commode.aspx

5. Bariatric shower commode
   http://www.sizewise.net/Purchase/Ancillary-items/Bari-Shower-Commode.aspx

6. Trapeze

7. Bariatric wheelchair
   http://www.sizewise.net/Purchase/Ancillary-items/Bari-Chair.aspx

8. Shuttle & Series
   http://www.sizewise.net/Purchase/Ancillary-items/Shuttle-8-Series.aspx

9. Bariatric bed with power drive
   http://www.sizewise.net/Purchase/Beds/Bari-Rehab-Platform.aspx

10. Low Beds with bariatric capabilities
    http://www.sizewise.net/Purchase/Beds/SW-Lowboy.aspx
    http://www.sizewise.net/Purchase/Beds/SW-Evolution.aspx

Case Studies that deal with SPHM

1. A Creative Approach to Wound Care for the Obese Patient: Understanding the Patient Care Environment
   http://www.sizewise.net/getattachment/54eb9b3a5f756-6db1-1-1984-5141b5626d81/A-Creative-Approach-to-Wound-Care-Immobility-and.aspx

2. Hospital-Wide Bariatric Protocol Development and the WOCN
   http://www.sizewise.net/getattachment/bc-34f8e-b0ef-40f9-9487-9884c5e68111/Case-studies-obesity-consequences-and-placing.aspx
Resources

In this application, the inclusion of pictures and video clips of a variety of patient handling and associated equipment types. Determine what technology your facility has available to aid in the safe patient handling.

- AORN
- Glossary
- Kits
  - Pediatric Resource Guide
  - Technology Resource Guide
- NAON
- Training Guides
- Websites
  - Patient Handling & Movement Assessments
  - Scoring & Algorithms for Safe Patient Handling & Mobility

Safe Patient Handling v1.0.0

Technology Resource Guide

Provided by:
Patient Safety Center of Inquiry
8900 Grand Oak Circle (118M)
Tampa, FL 33637
813-588-3900
http://www.visn8.va.gov/patientsafetycenter/
associated equipment types. Determine what technology your facility has chosen and follow the manufacturer’s directions for use.

AORN

Glossary

Kits

NAON

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

1. Orthopedic Clinical Tool 1: Lifting and Holding Legs or Arms in an Orthopedic Setting
2. Orthopedic Clinical Tool 2: Alternate method for Determining Safe Lifting & Holding of Limbs with Casts

Orthopedic Impairments Assessments

1. Turning Patient in bed (Side to Side)
2. Vertical Transfer of a Post-Operative Total Hip Replacement Patient (Bed to Chair, Chair to Toilet, Chair to Chair, or Car to Chair)
3. Vertical Transfer of a Patient with an Extremity Cast/Splint
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 Cast

Orthopedic Impairments Assessments

i. Turning Patient in bed (Side to Side)

ii. Vertical Transfer of a Post-Operative Total Hip Replacement Patient (Bed to Chair)

iii. Vertical Transfer of a Patient with an Extremity Cast/Splint
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.

- 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

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Scoring & Algorithms for Safe Patient Handling & Mobility

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rev. Sept. 08. 2011 2G
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