

Safe Patient Handling Program – Gap Analysis Checklist 2018

INSTRUCTIONS: This comprehensive Safe Patient Handling Program (SPH) program *Gap Analysis* checklist highlights the important components of a safe patient handling program. You can use the checklist to help identify those components of your safe patient handling program or policy that are well developed, as well as those that need further development.

Completing the gap analysis with SPH committee is a good way to get different perspectives on current practice within your facility and to establish priorities together. Once completed the SPH Committee will be able to prioritize goals and next steps to enhance your SPH program.

This checklist was developed from several resources provided as references. These references can be used to provide additional information for specific SPH program elements or activities listed in this document.

It is recommended that the checklist be completed periodically as a part of an ongoing program evaluation and as a tool to facilitate program sustainability.

Two additional tools are included in the Appendices that can be used to evaluate the quantity and location or SPH equipment/devices at your facility and to survey staff about their perceptions of the SPH program and equipment use. The staff survey is best administered using an online survey tool such as Survey Monkey if feasible.

It is recommended that these are also completed as part of the Gap Analysis process.

Terminology used in this document:

“Manual Patient Handling” refers to lifting, transferring, repositioning, and moving patients using a healthcare employee’s body strength without the use of lifting equipment/aids that reduce forces on the worker’s musculoskeletal structure (FGI, 2010).

“Safe Patient Handling” refers to Safe Patient Handling and Mobility that is, the use of technology such as powered lifts and evidence based work practices and processes that are used to facilitate movement of a patient with the goal of reducing the risk of injury to both the healthcare employee and the patient.

“Patient(s)” refers to patients, clients, residents, and all other terms used to describe the type of individuals cared for in any healthcare setting.

“Clinical Employees” refers to employees or staff that treat patients or directly care for patients (e.g. nursing, physicians, therapists, pharmacists, nursing assistants).

“Non-Clinical Employees” refers to employees or staff that do not provide medical treatment for patients (e.g. transporters, housekeeping, facilities maintenance, volunteers).

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SPH Program Foundation and Management				
A. Management Leadership	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
1. Senior Leadership declares prevention of injuries from manual patient handling is a priority.				
Notes (timelines, responsibilities, etc.)				
2. Senior Leadership has received education and training about SPH and SPH program management and their role and responsibilities within the program				
Notes (timelines, responsibilities, etc.)				
3. A SPH policy has been developed that communicates to employees that worker safety is as important as patient safety.				
Notes (timelines, responsibilities, etc.)				
4. SPH is aligned with the quality and safety plan (e.g., SPH is visible on meeting agendas).				
Notes (timelines, responsibilities, etc.)				
5. Facility leaders consider safe patient handling and the on-going evaluation of the program in strategic planning and resource allocation (e.g., funds and time).				
Notes (timelines, responsibilities, etc.)				
6. The organization provides resources for SPH (e.g., time, materials, funding).				
Notes (timelines, responsibilities, etc.)				
7. Facility leaders assign responsibility and accountability for the implementation and maintenance of the program.				

	Notes (timelines, responsibilities, etc.)			
A. Management Leadership cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
8. Management at all levels support and facilitate employee education related to SPH and attendance at meetings as relevant e.g. for committee members and SPH champions.				
	Notes (timelines, responsibilities, etc.)			
9. Facility leaders set clear safety goals and expectations for the program such as: a. Prompt reporting of employee or patient injuries/incidents related to patient handling b. That all dependent patients over 35 pounds are moved with equipment unless use is prohibited due to clinical concerns or medical emergency c. The consistent and appropriate use of lift equipment and SPH procedures such as patient assessment protocols d. How semi-independent, high fall-risk patients should be handled to balance safe lifting and movement with patient rehabilitation needs (with the goal of reducing caregiver patient handling loads at or below 35 pounds)				
10. Management at all levels support employees in the event of patient, family, provider, or caregiver refusal to use safe patient handling equipment.				
	Notes (timelines, responsibilities, etc.)			
11. The organization uses information from reports and lessons learned to inform employees of what actions are being taken after events to prevent future indents/injuries related to patient handling.				
	Notes (timelines, responsibilities, etc.)			
12. Roles and responsibilities of all employees within the program are clearly communicated				
13. The facility has a clearly defined and communicated process for speaking up if a potential safety issue related to patient handling has been identified by employees.				

	Notes (timelines, responsibilities, etc.)			
14. All employees are supported by leadership in reporting safety issues/concerns related to patient handling.				
A. Management Leadership cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
15. There is a process in place for ongoing communication from leadership to employees about expectations of reporting work related injuries and near misses including those associated with patient handling.				
16. Management at all levels recognizes employee contributions to worker safety and health at the facility.				
17. Management at all levels routinely demonstrates visible commitment to the program through participating in activities such as executive rounding, safety huddles, etc.				
B. Employee Involvement	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
1. Employees from all departments who will use SPH equipment, provide support for or are impacted by the program are involved in the following activities related to their role in the program: a) Identifying patient handling related hazards b) Reporting an injury, hazard, or concern, including near misses c) SPH ergonomics/safety audits d) SPH equipment selection e) Education and training f) SPH in new building or remodeling g) Evaluating and updating the program h) Participating in the SPH committee				
	Notes (timelines, responsibilities, etc.)			

SPH Program Foundation and Management				
C. Written SPH Policy	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
1. A SPH policy that eliminates manual lifting to the extent feasible is in place.				
Notes (timelines, responsibilities, etc.)				
2. If a SPH policy exists it includes (but is not limited to):				
<ul style="list-style-type: none"> • Objectives • Policy Statement about intent of the SPH program and organizations' commitment to support the program etc.(also refer to A9 above) • Scope • Definitions • Non-retaliation policy • Information about SPH in healthcare e.g. the prevalence of injuries, how and why injuries occur related to manual patient handling etc. • Roles and responsibilities of specific groups within the program e.g. executives and management, clinical and non-clinical employees, SPH champions, the SPH committee or team etc. • Patient assessment protocols, use of SPH clinical algorithms etc. • SPH equipment and devices available and related process information e.g. infection control, maintenance etc. • Incident reporting • Post incident review • Record keeping/data analysis • Employees and provider refusal to use safe patient handling equipment • Patient and family refusal to use safe patient handling equipment • Emergency situations such as a cardiac arrest, seizure, etc. and patient handling practices • Employee resources • Education plan • Appendices, checklists, tools such as SPH clinical algorithms etc. 	Notes (timelines, responsibilities, etc.)			

C. Written SPH Policy cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
3. Written procedures are in place to address SPH needs and process in specific clinical areas and for specific patient populations including: <ul style="list-style-type: none"> a. Bariatric patients b. Combative patients c. Orthopedic d. Maternity e. Pediatric f. Long stay patients g. Other specific patient populations, e.g., post cardiac surgery, trauma patients h. Specific clinical areas such as perioperative, imaging, critical care, emergency, rehabilitation 				
Notes (timelines, responsibilities, etc.)				
4. The policy and written procedures are reviewed periodically for relevance and effectiveness and is updated as needed				
Notes (timelines, responsibilities, etc.)				
5. The policy, expectations and roles related to the SPH program are clearly communicated to employees & labor representatives				
Notes (timelines, responsibilities, etc.)				
6. The SPH policy is communicated to patients and visitors.				
Notes (timelines, responsibilities, etc.)				
7. Management at all levels visibly supports and reinforces the policy				
Notes (timelines, responsibilities, etc.)				

SPH Program Foundation and Management				
D. Program Management	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
I. Program Champion				
1. There is a facility SPH program champion who visibly supports the program and associated activities e.g. the chief nurse executive.				
	Notes (timelines, responsibilities, etc.)			
2. The Program Champion has received education and training about evidence based practices in SPH and SPH program management and his/her role and responsibilities within the SPH program				
	Notes (timelines, responsibilities, etc.)			
3. The program has a well-established link to nursing care services as well as the facility employee and patient safety committees e.g. representatives from these groups are members of the SPH committee and the program may be managed through nursing services.				
	Notes (timelines, responsibilities, etc.)			
II. Safe Patient Handling Committee/Team				
1. A safe patient handling committee exists: <ul style="list-style-type: none"> a. That includes employee representatives from all departments that are affected by the SPH program (e.g. nursing, rehab, employee health & safety, imaging, transportation, labor, facilities, EVS, etc.) and includes frontline employees and at least 1 sponsor from upper management who serves on higher level committees and can guide the effectiveness of the SPH committee (e.g. Safety Officer, CNO, Quality Director) b. Has linkage to other leadership structures and committees (e.g. Patient Safety, Employee Safety, EOC Committee, Product Review, Executive Committee, Patient Falls and Wound Care, Infection Control, Bariatric) c. Is empowered by facility leaders for oversight of the program d. Meets on a regular basis e.g. monthly and communicates activity of the SPH committee e. Stays informed about new SPH strategies and technologies available. f. The SPH committee has received education and training about evidence based practice in SPH and SPH program management and their role and responsibilities within the SPH program g. The SPH committee are provided the opportunity for training and continuing education as related to SPH processes, evidence based trends and new SPH technology, etc. 				
	Notes (timelines, responsibilities, etc.)			

D. Program Management cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
III. Safe Patient Handling Program Manager				
1. There is a SPH program manager or coordinator.				
	Notes (timelines, responsibilities, etc.)			
2. The program manager has received education and training about evidence based practice in SPH and SPH program management and his/her role and responsibilities within the SPH program				
	Notes (timelines, responsibilities, etc.)			
3. The program manager has sufficient time and resources to coordinate the program.				
	Notes (timelines, responsibilities, etc.)			
4. The program manager has authority to make decisions to implement the program and ensure it's effectiveness				
	Notes (timelines, responsibilities, etc.)			
IV. Safe Patient Handling Program Plan				
1. There is a SPH Program Plan or roadmap that defines the program goals and activities based on periodic hazard/risk assessment to identify existing or potential hazards for employee injury related to patient handling tasks and review of data to identify the frequency, location, causes and consequences of such injuries.				
	Notes (timelines, responsibilities, etc.)			
2. The program plan contains (but not limited to) the following: <ul style="list-style-type: none"> • Definition of the scope of hazards/injuries related to patient handling and the impact on the organization (what, where & cost) • Program vision, mission, scope • Organization of the program & reporting (e.g. to nursing services) • Linkage to other facility programs, e.g., for SPH - wound care, infection control, bariatric, quality, therapy, etc. • Clearly defined and realistic program goals and measurement systems (employee & patient safety metrics) • Barriers and how to address them (i.e. how to change culture) • Communications to constituents - social marketing (who, what, how, when, etc.) • Budget (financial and personnel) and return on investment (ROI) • Setting program goals: Prioritize high risk depts./units & choose pilot unit(s) if applicable 				
	Notes (timelines, responsibilities, etc.)			

<ul style="list-style-type: none"> Implementation strategies and quantitative evaluation strategies Reporting, project tracking & documentation processes 				
D. Program Management cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
IV. Safe Patient Handling Program Plan cont.				
3. The SPH program plan is maintained, reviewed and updated by the SPH committee on a regular basis.				
Notes (timelines, responsibilities, etc.)				
4. There is process to review the plan and communicate the status of safe patient handling efforts and any factors that may enhance or limit success with facility leaders and pertinent committees e.g. clinical care, employee, patient safety on a periodic basis				
Notes (timelines, responsibilities, etc.)				
5. Senior leadership responds to updates with continued support, resource allocation and assistance with barriers that are encountered.				
Notes (timelines, responsibilities, etc.)				
6. The plan is reviewed and roles and program progress discussed on a periodic basis with: <ul style="list-style-type: none"> a. Directors and unit/department managers b. All frontline employees 				
Notes (timelines, responsibilities, etc.)				
E. SPH Champion program	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
1. A SPH champion program is in place.				
Notes (timelines, responsibilities, etc.)				
2. Sufficient resources are allocated to manage/support the champion group.				
Notes (timelines, responsibilities, etc.)				
3. The SPH champion program has ongoing coordination with other facility champion programs e.g. pressure ulcers, falls and infection prevention champions if present.				
Notes (timelines, responsibilities, etc.)				

SPH Program Foundation and Management				
E. SPH Champion program cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
4. Champion roles and responsibilities are clearly defined and communicated.				
Notes (timelines, responsibilities, etc.)				
5. There are at least 1 SPH champion per shift on each unit where the SPH program is implemented.				
Notes (timelines, responsibilities, etc.)				
6. Sufficient initial and ongoing competence based education is provided for champions to be able to perform their duties.				
Notes (timelines, responsibilities, etc.)				
7. Time is allocated for champion to perform activities such as employee training and program auditing.				
Notes (timelines, responsibilities, etc.)				
8. The champion program evaluated for effectiveness and modified as needed with input from management, employee and champions on a periodic basis.				
Notes (timelines, responsibilities, etc.)				
F. Lift Team Program – if applicable	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
1. The lift team uses SPH equipment to move and lift patients.				
Notes (timelines, responsibilities, etc.)				
2. The lift team is supervised by the SPH program coordinator or manager.				
Notes (timelines, responsibilities, etc.)				

F. Lift Team Program – if applicable cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
3. Roles and responsibilities (and limitations) of the Lift Team are clearly defined for example lift team members who are not licensed or registered healthcare professionals such as CNAs, <i>do not</i> perform tasks beyond the scope of their defined duties.				
Notes (timelines, responsibilities, etc.)				
4. The role of the RN within the lift team program has been determined including consideration of the following and is clearly communicated to nursing employees: <ul style="list-style-type: none"> • Duty of care and scope of license if a patient is harmed during a lifting task performed by a lift team when an RN is no present. • The ability of the RN to delegate tasks to non-registered or non-licensed lift team staff (dependent on the scope of the nursing practice act within a specific state). 				
Notes (timelines, responsibilities, etc.)				
5. Clinical employees <u>do not</u> rely soley on Lift Team to perform a majority patient handling tasks that is; SPH is viewed as part of nursing care or clinically important activity thus clinical employees use SPH equipment.				
Notes (timelines, responsibilities, etc.)				
6. Lift team member receive competency based education and training on hire and on a periodic basis – <i>refer to Education</i>				
Notes (timelines, responsibilities, etc.)				
7. Lift team responds to a call for assistance within 10-15 minutes.				
Notes (timelines, responsibilities, etc.)				
8. Lift team is available 24 hours/day for seven days/week.				
Notes (timelines, responsibilities, etc.)				
9. Ongoing, long term tracking of evaluation of lift team injury rates is conducted to ensure injuries are not shifted or expanded to this group of staff.				
Notes (timelines, responsibilities, etc.)				
10. Effectiveness (including compliance with SPH policy etc.) and cost –benefit of the Lift Team is reviewed periodically.				
Notes (timelines, responsibilities, etc.)				

SPH Program Foundation and Management				
G. Communications/Social Marketing	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
1. There is a communications/marketing plan for the SPH program and related activities.				
Notes (timelines, responsibilities, etc.)				
2. SPH program constituents are identified i.e. all employee groups, volunteers, patients, families, community agencies who may be impacted by the SPH program policies and procedures.				
Notes (timelines, responsibilities, etc.)				
3. The message and methods of communication that are relevant for each constituent groups identified e.g., email; newsletters; employee meetings; specific written communications ; SPH/ergonomics resource intranet page; External marketing (community); patient and family orientation information.				
Notes (timelines, responsibilities, etc.)				
4. The message and methods of communication that are relevant for each constituent groups identified e.g., email; newsletters; employee meetings; specific written communications ; SPH/ergonomics resource intranet page; External marketing (community); patient and family orientation information				
Notes (timelines, responsibilities, etc.)				
5. There is a process and resources for development and dissemination of communications materials to program constituents				
Notes (timelines, responsibilities, etc.)				
6. Communications/marketing efforts reviewed periodically and evaluated for effectiveness				
Notes (timelines, responsibilities, etc.)				
7. If new SPH equipment or processes are implemented is there process in place to notify program constituents				
Notes (timelines, responsibilities, etc.)				

SPH Program Hazard Analysis, Abatement and Evaluation				
H. Ongoing Hazard Identification/Analysis and Program Evaluation	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
I. Data Analysis - Injury & Incident Data				
1. Employee injury and related workers compensation cost data is collected related to patient handling incidents.				
Notes (timelines, responsibilities, etc.)				
2. Near miss events and first aid only (non-recordable) incidents are tracked related to patient handling incidents/issues.				
Notes (timelines, responsibilities, etc.)				
3. Data collected includes (but is not limited to): a. The date, time and facility, dept. and specific location (e.g. patient room number) where the incident occurred b. The name, job title and department or unit assignment of the employee c. The type of patient handling tasks being conducted e.g. lifting a patient from the fall; d. The number of employees performing the task or involved e. A description of the incident including activities taking place immediately prior to the incident f. Relevant information about patient status e.g. falls risk, bariatric g. Patient assessment of dependency or physical and cognitive abilities communicated and conducted prior to moving the patient etc. h. Equipment (including slings) used i. A description of actions taken by the employees and the employer in response to the incident				
Notes (timelines, responsibilities, etc.)				
4. Data is reviewed for consistency of accuracy and coding e.g. a. Consistent use of terminology related to for example type of injury; cause of injury, location where injury occurred, department coding etc. b. Accurate tracking of cases with days away from work; job transfer or restriction or injury only c. Injury rates such as DART rates (injuries per 100 FTEs) are calculated using productive hours				
Notes (timelines, responsibilities, etc.)				

H. Ongoing Hazard Identification/Analysis and Program Evaluation cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
I. Data Analysis cont.				
5. Data review includes (but not limited to) analysis of the : a. The location of patient handling incidents (depts./units and work areas) b. Job titles involved c. Types of and severity of injuries d. Specific activities being performed such as repositioning a patient e. Time of day of occurrence f. Relevant information about patient clinical status at time of the incident g. Equipment/slings used – appropriateness and/or availability h. Approved SPH procedures completed or omitted e.g. lack or incomplete patient assessment and/or employee training i. F/U actions/activities				
	Notes (timelines, responsibilities, etc.)			
6. Data is collected about patient injuries related to patient handling issues.				
	Notes (timelines, responsibilities, etc.)			
7. Data related to patient handling related incidents and injuries is collected in real time.				
	Notes (timelines, responsibilities, etc.)			
8. There is a process to review and analyze near miss, incident and injury data for learning and to identify improvement opportunities <i>on a periodic basis</i> such as, a. Trending of injury rates and severity of injuries to determine effectiveness of SPH interventions b. Identify direct and indirect costs related to injuries and calculate return on investment for the program c. Identification of areas where program gaps occur				
	Notes (timelines, responsibilities, etc.)			

SPH Program Hazard Analysis, Abatement and Evaluation				
H. Ongoing Hazard Identification/Analysis and Program Evaluation cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
I. Data Analysis cont.				
9. Data and trends are shared with senior management on a periodic basis.				
	Notes (timelines, responsibilities, etc.)			
10. Data are shared within units and across units on a regular basis in a way to help employees understand patient handling injury trends, the cause(s) of the injuries, and learnings from the events e.g., include in daily huddles, unit employee meetings, SPH and worker and patient safety committees.				
	Notes (timelines, responsibilities, etc.)			
11. Employees consistently report observed injuries, incidents, near misses hazards, and concerns related to patient handling.				
	Notes (timelines, responsibilities, etc.)			
12. There is a reporting mechanism for all contractors to report injuries, hazards, and concerns*.				
	Notes (timelines, responsibilities, etc.)			
II. Data Analysis – Other Outcome Measures				
1. Metrics related to patient safety and the impact of the SPH program are collected as feasible e.g. pressure ulcers, falls, medical outcomes, etc.				
	Notes (timelines, responsibilities, etc.)			
2. Compliance related to use of SPH equipment and procedures is evaluated on a periodic basis				
	Notes (timelines, responsibilities, etc.)			
3. Other employee related data is collected such as employee perception, experience and overall satisfaction with the SPH program through survey and/or interview and employee turnover on a periodic basis.				
	Notes (timelines, responsibilities, etc.)			

H. Ongoing Hazard Identification/Analysis and Program Evaluation cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
4. Patient satisfaction data is collected on a periodic basis.				
Notes (timelines, responsibilities, etc.)				
III. Program Process Evaluation				
1. Program management and related processes are evaluated and enhanced as needed on a periodic basis e.g. # of SPH audits of equipment used completed; attendance at SPH education; education sessions offered, effectiveness of process such as sling management, functionality and effectiveness of patient assessment and related documentation processes and the SPH champion and education programs etc.				
Notes (timelines, responsibilities, etc.)				

* "Contractor" includes anyone working at a hospital who is not an employee of the hospital (e.g., doctors with privileges to practice at the facility and any services that may be regularly provided by a vendor, including information technology, housekeeping or environmental services, facilities maintenance (OSHA 2012)

SPH Program Hazard Analysis, Abatement and Evaluation				
I. Equipment Selection, Tracking and Maintenance	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
I. Equipment - General				
1. Equipment is chosen based on: <ul style="list-style-type: none"> a. Patient’s physical, cognitive (dependency level/mobility) and clinical needs b. The patient handling and care tasks to be performed prioritized by risk c. The physical design of the work environment and other patient equipment e.g. thresholds, carpet, beds, access to bathrooms, ceiling height, load bearing capability etc. d. Basic ergonomic design principles related to physical and cognitive usability, e.g., force and grip strength required to move or handle equipment, operated brakes and other controls, salience of displays and feedback to operator when a function is activated etc. 				
Notes (timelines, responsibilities, etc.)				
2. Employees who will use or manage equipment are involved in the evaluation, selection and piloting of new products.				
Notes (timelines, responsibilities, etc.)				

I. Equipment Selection, Tracking and Maintenance cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
I. Equipment – General cont.				
3. Potential equipment choices are reviewed by SPH committee members such as infection prevention, wound care, EVS and facilities/maintenance/biomed relevant to their interaction with the equipment and SPH processes.				
	Notes (timelines, responsibilities, etc.)			
4. A process is in place for well-planned equipment trials, product evaluation feedback, and ordering of equipment.				
	Notes (timelines, responsibilities, etc.)			
5. A process is in place when the physical environment is changed to accommodate SPH equipment e.g. ceiling lift installation (room out of service; who to install etc.).				
	Notes (timelines, responsibilities, etc.)			
6. Equipment is convenient, available, accessible and in working order on each unit and facility wide as appropriate.				
	Notes (timelines, responsibilities, etc.)			
7. There is an adequate supply of appropriate safe patient handling equipment in each patient care area				
	Notes (timelines, responsibilities, etc.)			
8. Changes in available SPH technology or by a vendor to existing equipment in a facility are monitored e.g. through discussions and on-site visits with colleagues from other facilities, discussion with vendors etc.				
	Notes (timelines, responsibilities, etc.)			

I. Equipment Selection, Tracking and Maintenance cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
II. Sling Management Process				
1. Slings available are appropriate for the tasks to be performed and patient needs (by function, size, single patient use and/or reusable).				
Notes (timelines, responsibilities, etc.)				
2. There is sufficient quantities of slings in each unit/dept. where patient lift equipment are used.				
Notes (timelines, responsibilities, etc.)				
3. Slings are easily accessed by employees.				
Notes (timelines, responsibilities, etc.)				
4. Sling sizing, function, facility name, manufacturers name, laundering instructions and other relevant inspection/tracking information are included on the sling label				
Notes (timelines, responsibilities, etc.)				
5. There is a process in place for sending slings to be laundered, returned to the facility and specific units.				
Notes (timelines, responsibilities, etc.)				
6. There is a process in place for employees to obtain slings if there are insufficient quantities in their unit.				
Notes (timelines, responsibilities, etc.)				
7. There is a process in place for taking damaged slings out of service and repairing or disposing of them of them per vendor instructions.				
Notes (timelines, responsibilities, etc.)				
8. Cost for replacement of damaged and lost slings is included in annual budget planning.				
Notes (timelines, responsibilities, etc.)				

I. Equipment Selection, Tracking and Maintenance cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
II. Sling Management Process cont.				
9. Sling availability and loss is tracked				
Notes (timelines, responsibilities, etc.)				
10. A process for sling inspection is in place that includes inspection				
a. Upon purchase before being placed into service				
b. On a periodic basis e.g. every 6 months;				
c. By employees <u>before</u> each use				
Notes (timelines, responsibilities, etc.)				
11. Wound care employees has knowledge about current pressure ulcer prevention guidelines and use of SPH equipment (e.g. NAUAP guidelines) and has approved the process for using slings that considers a patient’s pressure ulcer prevention needs and the sling combination with specialty mattresses e.g. leaving a turning sling under a patient on an air mattress.				
Notes (timelines, responsibilities, etc.)				
III. Infection Control Policy Related to Cleaning of SPH Equipment				
1. A cleaning process approved by facility infection control and manufacturer infection control requirements is identified and communicated for each type of SPH equipment and reviewed on a periodic basis for effectiveness.				
Notes (timelines, responsibilities, etc.)				
2. Processes are in place to address use of and cleaning measures for equipment in C.diff/isolation rooms.				
Notes (timelines, responsibilities, etc.)				

I. Equipment Selection, Tracking and Maintenance cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
IV. Maintenance and Inspection				
1. A maintenance system is in place to address nonfunctioning SPH equipment i.e. facilities maintenance employees have received education from the equipment vendor related to repair and replacement of equipment and parts				
Notes (timelines, responsibilities, etc.)				
2. A standard process is in place to notify appropriate department, e.g. facilities maintenance, biomed, and/or facilities management when patient handling equipment problems/incidents arise				
Notes (timelines, responsibilities, etc.)				
3. Preventative and routine maintenance and inspection for SPH equipment (including annual load testing of ceiling lift and floor based lifting devices; maintenance of casters and wheels; battery replacement) per manufacturer instructions and local/state/federal code is conducted				
Notes (timelines, responsibilities, etc.)				
V. Ongoing Equipment Management				
1. An inventory of SPH equipment and slings and their storage location exists and is tracked				
Notes (timelines, responsibilities, etc.)				
2. A unit-level equipment needs evaluation is conducted on a periodic basis e.g.at least annually.				
Notes (timelines, responsibilities, etc.)				
3. A process to evaluate and replace equipment and supplies such as slings and batteries is in place				
Notes (timelines, responsibilities, etc.)				

SPH Program Hazard Analysis, Abatement and Evaluation				
J. Patient Assessment Protocols	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
1. Patient dependency (or mobility) definitions have been determined for SPH.				
Notes (timelines, responsibilities, etc.)				
2. A standardized assessment process is in place to identify each patient’s dependency status and the appropriate patient handling equipment and slings that are needed to meet a specific patient’s needs).				
Notes (timelines, responsibilities, etc.)				
3. Patient dependency (or mobility) definitions are standardized within a facility and do not conflict with terminology used by other disciplines/employee groups such as physical and occupational therapists and physicians.				
Notes (timelines, responsibilities, etc.)				
4. Dependency level criteria and SPH patient assessment processes are approved by nursing and therapy (rehab).				
Notes (timelines, responsibilities, etc.)				
5. The SPH assessment process is integrated with the patient fall prevention program.				
Notes (timelines, responsibilities, etc.)				
6. There is a process in place to assess and communicate a patient’s dependency level between employees:				
a. On admission to a facility and unit				
b. During the shift communications and handoff				
c. <u>Before</u> a patient handling and movement task is performed (e.g. a quick mobility check prior to chair to bed transfer or ambulation of a patient)				
d. Between different disciplines such as nursing and therapy				
e. Between units such as a patient care unit, transportation and imaging e.g. Ticket to Ride				
Notes (timelines, responsibilities, etc.)				

J. Patient Assessment Protocols cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
7. Patient dependency/mobility status and needs are communicated upon admission to a unit from <i>other</i> depts. such as the emergency room or from outpatient clinics, LTC facilities etc.				
Notes (timelines, responsibilities, etc.)				
8. A patient’s dependency level and associated SPH equipment/slings is documented in the patient’s care plan.				
Notes (timelines, responsibilities, etc.)				
9. Communication about patient SPH needs/dependency in included in the discharge process.				
Notes (timelines, responsibilities, etc.)				
10. Patient assessment and related documentation is being completed correctly by employees on a consistent basis.				
Notes (timelines, responsibilities, etc.)				
K. Education	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
1. New employee (including travelers or agency employees) who will use SPH equipment and processes receive competency based training that includes hands-on return demonstration.				
Notes (timelines, responsibilities, etc.)				
All employees who will use SPH equipment and processes receive competency based training that includes hands-on return demonstration: a. On a periodic basis e.g. annually or biannually (can be determined by program evaluation processes) b. When new equipment or processes are implemented c. When employees move to a unit or department where they will use SPH equipment and processes not previously operated d. Following a patient handling related injury (as deemed appropriate)				
Notes (timelines, responsibilities, etc.)				
SPH Program Hazard Analysis, Abatement and Evaluation				

K. Education cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
<p>2. Education for employees who will use SPH equipment includes:</p> <ul style="list-style-type: none"> a. The rationale including the importance, benefits and evidence base for a comprehensive SPH program and the facility’s SPH policy b. Patient assessment protocols and correct choice of equipment and related communications and documentation c. Safe use of equipment and slings including exceptions for use including best ergonomics work practices d. Use of equipment with specific patient populations as applicable e.g. bariatric, orthopedic etc. e. Equipment and sling inspection f. Equipment and sling access, cleaning, failure, breakage/damage g. How to get assistance and access to SPH information and resources 				
	Notes (timelines, responsibilities, etc.)			
<p>3. SPH education is conducted by a person(s) who is qualified and has demonstrated abilities to be able to effectively teach employees how to use SPH equipment with the patient population that employees care for and address clinical questions etc.</p> <p>Note: review qualifications of trainers provided by equipment vendors - not all are qualified to teach employees about the specific clinical and related SPH needs of patients e.g. they are not a licensed healthcare professional.</p>				
	Notes (timelines, responsibilities, etc.)			
<p>4. SPH Champions receive initial and periodic training specific to their role.</p>				
	Notes (timelines, responsibilities, etc.)			
<p>5. A process is place to address the role of students (nurses, therapists, OR/Imaging technicians etc.) and related training needs in the SPH program.</p>				
	Notes (timelines, responsibilities, etc.)			
<p>6. Patients and their families receive education about the SPH program including equipment that may be used to move or lift them.</p>				
	Notes (timelines, responsibilities, etc.)			

K. Education cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
7. All employees are educated on the evidence base and importance of SPH as it relates to their role and responsibilities: <ul style="list-style-type: none"> a. Senior management/Leaders b. Unit/department directors and managers c. All employees who will use SPH equipment and processes d. SPH project coordinator e. SPH committee f. SPH champions g. Lift teams if applicable 				
	Notes (timelines, responsibilities, etc.)			
8. Support service employees receive training on specific SPH processes relevant to their role and responsibilities e.g. Housekeeping, Facilities Maintenance, Biomed, Linen services etc. <ul style="list-style-type: none"> a. When hired and b. On a periodic basis and c. As equipment or processes change 				
	Notes (timelines, responsibilities, etc.)			
9. The SPH committee and program manager are provided the opportunity for training and <i>continuing education</i> as related to SPH processes, evidence based trends and new SPH technology, etc.				
	Notes (timelines, responsibilities, etc.)			
10. Job aids are provided for use of equipment and SPH processes e.g. videos, picture guides, checklists and tip sheets for: <ul style="list-style-type: none"> a. Employees who use SPH equipment and processes b. Support service employees e.g. EVS –SPH cleaning policy and room set-up, maintenance 				
	Notes (timelines, responsibilities, etc.)			
11. There is a process to provide unit based <i>SPH coaching</i> of employees following SPH training on new equipment or processes e.g. conducted by unit champions.				
	Notes (timelines, responsibilities, etc.)			

SPH Program Hazard Analysis, Abatement and Evaluation				
L. Post Incident or Injury Management	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
1. There is a process to conduct an immediate root cause analysis of patient handling incidents to determine system cause of incidents and identify solutions.				
Notes (timelines, responsibilities, etc.)				
2. Unit managers and other employees such as SPH champions are engaged in post-event incident analysis (after action review).				
Notes (timelines, responsibilities, etc.)				
3. There is a process in place (which includes the unit manager) to develop and implement recommendations/actions incident analysis.				
Notes (timelines, responsibilities, etc.)				
4. There is an effective return to work program for employees who are on restricted duty due to a work related injury.				
Notes (timelines, responsibilities, etc.)				
SPH Program Proactive Hazard Prevention				
M. Proactive Design	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
1. There is a process to facilitate development and integration of SPH and ergonomics design principles facility wide through work with facilities planning and other key depts.				
Notes (timelines, responsibilities, etc.)				
2. SPH and ergonomics design principles (e.g. work heights, reach distances, clearance and access, materials flow and storage) is included in all remodeling or reconstruction of patient care areas (e.g. patient rooms, bathrooms, storage areas, work spaces) as recommended by the Safe Patient Handling Committee with input from direct care employees etc.				
Notes (timelines, responsibilities, etc.)				

SPH Program Proactive Hazard Prevention				
M. Proactive Design cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
3. There is a standardize process for selection, purchase and implementation of SPH equipment e.g. equipment and slings used are standardized for a facility as appropriate; the SPH committee reviews requests for purchase of new technology or alternate SPH equipment to ensure they meet facility SPH protocols and needs.				
Notes (timelines, responsibilities, etc.)				
N. Proactive – Hazard Identification and Gap Analysis	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
1. Proactive audits of units/departments are conducted to identify ergonomics/patient handling related risk factors and related gaps in current policies and practices that may contribute to patient handling injuries and address them.				
Notes (timelines, responsibilities, etc.)				
2. Identification of patient handling related issues are included in regular safety and environment of care rounds and a process is in place to address hazards identified and implement recommendations.				
Notes (timelines, responsibilities, etc.)				
3. There is a process for employees to provide real time feedback about equipment and patient handling issues.				
Notes (timelines, responsibilities, etc.)				
4. There is a process in place to conduct a safety huddle after any patient lifting injury, or near miss, occurs and/or on a <i>routine basis</i> to discuss SPH and other safety related concerns or ideas.				
Notes (timelines, responsibilities, etc.)				
5. There is a process in place (which includes the unit manager) to develop and implement recommendations/ actions from safety huddles/employee ideas and suggestions.				
Notes (timelines, responsibilities, etc.)				
6. There is a process in place to recognize employees and disseminate learnings from employee ideas and suggestions				
Notes (timelines, responsibilities, etc.)				

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APPENDIX I
SPH Equipment Inventory Survey

Directions: Answer the following questions for each unit/dept. where patient handling occurs

Department: _____ **Date:** _____

Person completing report: _____
(name and job title)

A. Unit and Patient Characteristics

1. **Totally # of beds** _____ **#Single/private rooms** s _____ **#Double rooms** _____
2. **The patients on the unit (i.e. clinical characteristics); # patient type by diagnosis and variability in this.** _____
2. **Daily census - average** _____ **Typical range** _____
3. **What percentage of patients will be admitted; discharged or transferred to other unit in typical day?** _____
4. **What percentage of the patients in a typical 24 hour period are combative?** _____
5. **How many patients per month weigh 350lbs – 600lbs?** _____ **Over 600lbs?** _____ **If none – how many patients per year fit this category?** _____
6. **Identify typical distribution of patients by physical dependency level according to the definitions below. Note:** Base on **physical limitations** not clinical acuity. The total for the 4 categories should equal your average daily census.
 _____ **# Totally Dependent**- e.g., Cannot or should not help at all with transfers or repositioning. Cannot follow simple directions, cannot get themselves to the side of the bed without extensive assistance from staff; cannot bear weight. Requires full staff assistance at all times. Caregiver lifts more than 35lbs.
 _____ **# Semi-Dependent** – e.g., Has some upper body strength and can get the edge of the bed with minimal assistance; has good trunk control when seated upright; can bear some weight on legs or can bear weight well on one leg. Can follow simple directions. May be able to stand pivot transfer with staff assistance. Caregiver does not lift more than 35lbs
 _____ **# Supervised** – e.g., oversight, encouragement, or cueing required during movement, ambulation, when performing ADLs. Assistive aides e.g. cane, walker, crutches needed when transferring and/or ambulating Limited staff assist required.
 _____ **# Independent** – e.g., Can ambulate, move in bed and perform ADLs etc., without staff assistance.
7. **Any projected plans or upcoming changes in staffing, patient population patient type and/or census change, or bed closures, remodeling over the next two years** _____ **If yes – explain** _____
8. **Is there adequate storage for equipment and slings on the unit?** _____
9. **Describe space constraints for patient care tasks & use of portable equipment;** focus on Patient rooms, bathrooms, shower/bathing areas. *Are typical room doorways narrow or Wide?? Is the threshold uneven?* _____
10. **What is the unit/dept. manager’s perception of SPH and the use of equipment by staff – what’s working well and any barriers** _____

B. Equipment

Patient Handling Device	Is this equipment in the unit/dept.? Yes or No If Yes –Note: Brand and model of equipment (if applicable) e.g. ‘LIKO Golvo lift powered, hovermatt, etc.)	If Yes How many on unit?	What is the weight limit of the equipment? (if applicable)	<u>Slings</u> Describe e.g. seated sling, flat turning/repositioning sling, limb sling, walking harness, etc. Note: Brand e.g. LIKO, ARJO	If Yes How many on unit?	What is the weight limit or range of each sling? (this should be marked on the sling label)	Is the equipment and/or slings in good working order? Y or N Comment (Look for obvious damage – dents, missing parts, torn or fading fabric – missing labels. Note year of purchase/ manufacture is visible)	Other Comments
1. Ceiling Lift								
2. Powered Floor Lift (battery/ electric power/ hydraulic)								
3. Powered Sit to Stand Lift								
4. Non-powered Sit to Stand Aid								
5. Air Mat for lateral supine transfers, e.g. Hovermatt								
6. Slippery sheets for repositioning and lateral transfers								
7. Other type of reposition aid e.g. Prevalon sheets								
8. Roller board								
9. Slider board								

Patient Handling Device	Is this equipment in the unit/dept.? Yes or No If Yes –Note: Brand and model of equipment (if applicable) e.g. ‘LIKO Golvo lift powered, hovermatt, etc.)	If Yes How many on unit?	What is the weight limit of the equipment? (if applicable)	<u>Slings</u> Describe e.g. seated sling, flat turning/repositioning sling, limb sling, walking harness, etc. Note: Brand e.g. LIKO, ARJO	If Yes How many on unit?	What is the weight limit or range of each sling? (this should be marked on the sling label)	Is the equipment and/or slings in good working order? Y or N Comment (Look for obvious damage – dents, missing parts, torn or fading fabric – missing labels. Note year of purchase/ manufacture is visible)	Other Comments
10. Gait or transfer belt <i>Please note if with handles</i>								
11. Powered Wheelchair								
12. Stretcher – note if powered/manual ht adjust and if powered head adjust	List each make and model							
13. Powered tugs or devices to push beds/stretchers								
14. Shower cart or gurney								
15. Shower or toilet chair (commode)								
16. Cardiac/Geri chairs note if powered/manual								
17. Adjustable height beds	List each make and model							

Patient Handling Device	Is this equipment in the unit/dept.? Yes or No If Yes –Note: Brand and model of equipment (if applicable) e.g. ‘LIKO Golvo lift powered, hovermatt, etc.)	If Yes How many on unit?	What is the weight limit of the equipment? (if applicable)	<u>Slings</u> Describe e.g. seated sling, flat turning/repositioning sling, limb sling, walking harness, etc. Note: Brand e.g. LIKO, ARJO	If Yes How many on unit?	What is the weight limit or range of each sling? (this should be marked on the sling label)	Is the equipment and/or slings in good working order? Y or N Comment (Look for obvious damage – dents, missing parts, torn or fading fabric – missing labels. Note year of purchase/ manufacture is visible)	Other Comments
18. Style of trapeze used on beds if any e.g. full bed frame vs. pole at head of bed								
19. Bariatric equipment Note any special equipment e.g. <ul style="list-style-type: none"> • Bariatric sit to stand • Floor lift over 600lb capacity • Commodes • Powered chairs etc. • Scales • Step stools • Trapezes 								
20. Posey or full screen restraint system on beds								
21. Lifts to extract patients from vehicles								

Patient Handling Device	Is this equipment in the unit/dept.? Yes or No If Yes –Note: Brand and model of equipment (if applicable) e.g. ‘LIKO Golvo lift powered, hovermatt, etc.)	If Yes How many on unit?	What is the weight limit of the equipment? (if applicable)	<u>Slings</u> Describe e.g. seated sling, flat turning/repositioning sling, limb sling, walking harness, etc. Note: Brand e.g. LIKO, ARJO	If Yes How many on unit?	What is the weight limit or range of each sling? (this should be marked on the sling label)	Is the equipment and/or slings in good working order? Y or N Comment (Look for obvious damage – dents, missing parts, torn or fading fabric – missing labels. Note year of purchase/ manufacture is visible)	Other Comments
22. Other								

APPENDIX II
ABC hospital Safe Patient Handling Program 2018 – Staff Evaluation

Date ____/____/2018

Unit/Dept ____

Please take a few minutes to answer the following questions about the Safe Patient Handling (SPH) program on _____ unit

Shift _____

Job type: Please check your job category (optional): ____RN ____LPN ____CNA ____Other (*please define*)

1. The use of the equipment such as the Ceiling Lift system or HoverMatt® for patient handling and transfer has: (customize to reflect example of SPH equipment at your facility)

a) Reduced your chance of injury at work	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
b) Reduced physical fatigue and discomfort when lifting, repositioning and transferring patients	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
c) Resulted in improved patient safety and comfort.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

2. How many times in a typical shift would you say you use the following patient lift and transfer equipment? (customize to reflect SPH equipment at your facility)

a) Ceiling Mounted Lifts	0	1-2	3-4	5-6	7-8	9-10	Over 10	N/A
b) Powered Floor Lift e.g. INSERT BRAND NAME	0	1-2	3-4	5-6	7-8	9-10	Over 10	N/A
c) Powered Sit to Stand Assist e.g., INSERT BRAND NAME	0	1-2	3-4	5-6	7-8	9-10	Over 10	N/A
d) A HoverMatt®	0	1-2	3-4	5-6	7-8	9-10	Over 10	N/A
e) A yellow SLIPP®	0	1-2	3-4	5-6	7-8	9-10	Over 10	N/A
f) HoverJack™	0	1-2	3-4	5-6	7-8	9-10	Over 10	N/A

3. The equipment available for patient handling and transfer is:

a) Easy to use	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
b) Is conveniently located	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
c) Usually in good working condition	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
d) Always functions reliably	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
e) Being utilized to maximum capacity	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

4. Clean slings are readily available for use whenever needed

Strongly Agree Agree Neutral Disagree Strongly Disagree

5. Slings are easy to apply and remove

Strongly Agree Agree Neutral Disagree Strongly Disagree

6. There is sufficient equipment to meet the demands of patient handling and transfers on your unit or department

Strongly Agree Agree Neutral Disagree Strongly Disagree

7. I have received sufficient training to feel confident and safe when using the equipment for patient handling and transfers.

Strongly Agree Agree Neutral Disagree Strongly Disagree

8. I perform a patient dependency or mobility check every time before I transfer a patient

Strongly Agree Agree Neutral Disagree Strongly Disagree

9. Using equipment to handling and transfer patients on your unit allows more time for patient care

Strongly Agree Agree Neutral Disagree Strongly Disagree

10. You are satisfied with the current SPM program and procedures at this facility

Strongly Agree Agree Neutral Disagree Strongly Disagree

11. Management supports the use of the equipment for patient handling and transfer

Strongly Agree Agree Neutral Disagree Strongly Disagree

12. Lifting, repositioning and transferring patients are integral to patient care. What additional recommendations do you have that may increase staff and patient safety and comfort during these activities?

13. Please list barriers to using equipment for patient handling and transfers

Additional Comments?