Safe Patient Handling & Early Mobility

This workshop is awarded two (2) contact hours through the New York State Nurses Association Accredited Provider Unit. The New York State Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

The New York State Nurses Association is accredited by the International Association of Continuing Education and Training (IACET) and is authorized to issue the IACET CEU. The New York State Nurses Association is authorized by IACET to offer .2 CEUs for this program.

In order to receive contact hours, you must stay for the entire workshop and fill out and return an evaluation form.

NYSNA wishes to disclose that no commercial support was received.

Presenters disclose no vested interest.

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Objectives

- Identify the hazards to patients and healthcare workers of unsafe patient handling techniques
- Describe the components of an effective safe patient handling program that integrates early patient mobilization
- Recognize the legal requirements of the NYS Safe Patient Handling Law

WHY do you move patients?

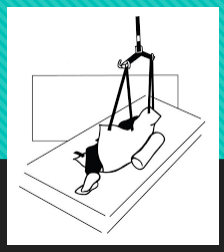
Lateral transfers

- stretcher to bed
- stretcher to OR table or imaging table
- stretcher to radiology table
- floor to bed

Seated transfers

- bed to chair
- wheelchair to chair
- wheelchair to toilet
- wheelchair to shower chair
- car to wheelchair

Turns & Repositioning

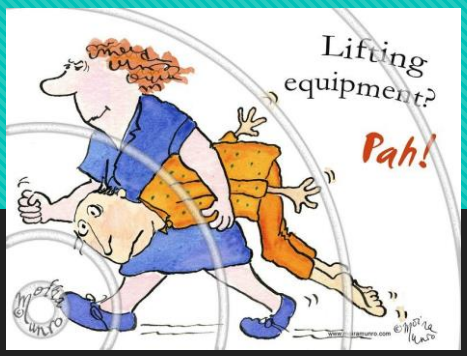


- wound care
- pressure release
- cleaning
- pull up in chair or bed
- limb positioning and holding

Ambulating

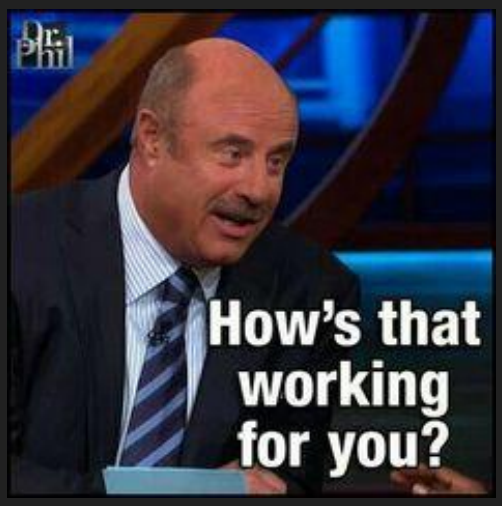
- Getting patients vertical and walking

HOW do you move patients?



Body Mechanics

- Feet apart
- Bend at the knees, not at the waist
- Don't twist
- Hold item close to you



What makes patient handling difficult?

- Awkward postures
- Obesity
- Wounds, tubes, joint angling, etc.
- Cognitive/mental health issues
- **Understaffing**

How much does a nurse lift?

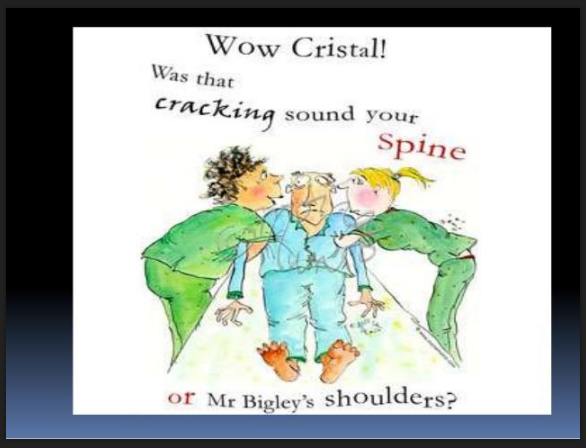
A. 500 lbs. per shift
B. 1000 lbs. per shift
C. 2000 lbs. per shift

35 lb. rule!

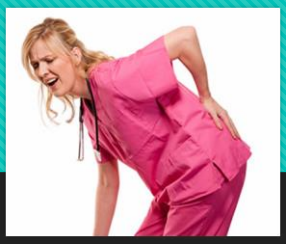
Myths & Dangerous Practices

- Body mechanics will protect your back
- Back belts decrease the risk of injury when lifting
- The "hook and toss" or "pivot transfer" is a safe way to move patients

What toll is this taking on patients and nurses?



The toll on nurses



- Nurses and nursing assistants are 2 of the top 5 professions with the highest rate of back injuries.
- 38% suffer from back pain that is severe enough to require time off from work.
- 12% of nurses leave the profession because of back pain.
- Hospital workers suffer twice the rate of overexertion injuries than any other industry
- Nursing home workers suffer over 3 times the rate of overexertion injuries than any other industry.
- Nursing professions have some of the highest absenteeism rates nationwide due to work-related injuries.

Source: U.S. Bureau of Labor Statistics

The toll on patients

- Patient falls
  - the most frequently reported adverse event among adults in inpatient settings.
- Pressure injuries and skin tears
  - rates have been increasing over time
  - cost approx. $11 billion annually
- Urinary incontinence

Quigley, P., White, S., (May 31, 2013) "Hospital-Based Fall Program Measurement and Improvement in High Reliability Organizations" OJIN: The Online Journal of Issues in Nursing Vol. 18, No. 2, Manuscript 5.

Nelson, A et.al., (January 2, 2008) "Link Between Safe Patient Handling and Patient Outcomes in Long-Term Care" Rehabilitative Nursing Vol. 33, Issue 1, pg. 33-43.

National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline. Emily Haesler (Ed.) Cambridge Media; Osborne Park, Western Australia; 2014.

Early Mobility

- Decreases the risk of respiratory complications
- Limits deterioration of muscle mass
- Improves circulation
- Decreases risk of pressure injuries, skin tears and incontinence

Aids to Early Mobility

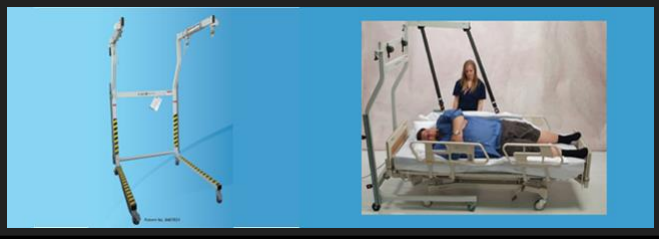
Lateral transfer aids

Seated transfer aids

Ceiling-mounted/scaffold lifts

Floor/Mobil lifts

Turning and repositioning aids



Other cool stuff

Keys to an effective SPH program

- Employee involvement and management commitment
- Selection of appropriate mechanical patient-handling equipment and devices based on a thorough unit-specific assessment
- Sufficient training on proper operation of lifting equipment
- Patient mobility assessment integrated into EMR system
- Safe-lifting policies and procedures
- Unit-based peer leaders

Patient mobility assessment

- Step 1: Assess patient's mobility level
- Step 2: Determine which SPH equipment must be used

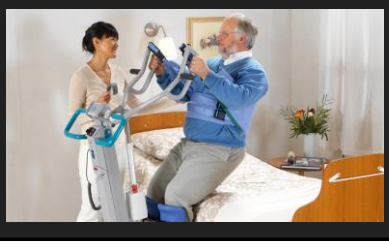
Step 1: Assess patient mobility level

B.M.A.T. - Banner Mobility Assessment Tool for Nurses

Test	Task	Response	Fail = Choose Most Appropriate Equipment/Device(s)	Pass
Assessment Level 1 Assessment of: -Cognition -Trunk strength -Seated balance	**Sit and Shake**: From a semi-reclined position, ask patient to sit upright and rotate* to a seated position at the side of the bed, *may use the bedrail.* Note patient's ability to maintain bedside position. Ask patient to reach out and grab your hand and shake making sure patient reaches across his/her midline. Note: Consider your patients cognitive ability, including orientation and CAM assessment if applicable.	**Sit:** Patient is able to follow commands, has some trunk strength; caregivers may be able to try weight-bearing if patient is able to maintain seated balance greater than two minutes (without caregiver assistance). **Shake:** Patient has significant upper body strength, awareness of body in space, and grasp strength.	**MOBILITY LEVEL 1** - Use total lift with sling and/or repositioning sheet and/or straps. - Use lateral transfer devices such as roll board, friction reducing (slide sheets/tube), or air assisted device. **NOTE:** *If patient has 'strict bed rest' or bilateral 'non-weight bearing' restrictions, do not proceed with the assessment; patient is MOBILITY LEVEL 1.*	Passed Assessment Level 1 = Proceed with Assessment Level 2.
Assessment Level 2 Assessment of : -Lower extremity strength -Stability	**Stretch and Point**: With patient in seated position at the side of the bed, have patient place both feet on the floor (or stool) with knees no higher than hips. Ask patient to stretch one leg and straighten the knee, then bend the ankle/flex and point the toes. If appropriate, repeat with the other leg.	Patient exhibits lower extremity stability, strength and control. **May test only one leg and proceed accordingly (e.g., stroke patient, patient with ankle in cast).**	**MOBILITY LEVEL 2** - Use total lift for patient unable to weight-bear on at least one leg. - Use sit-to-stand lift for patient who can weight-bear on at least one leg.	Passed Assessment Level 2 = Proceed with Assessment Level 3.
Assessment Level 3 Assessment of: -Lower extremity strength for standing	**Stand**: Ask patient to elevate off the bed or chair (seated to standing) using an assistive device (cane, bedrail). Patient should be able to raise buttocks off bed and hold for a count of five. May repeat once. Note: Consider your patients cognitive ability, including orientation and CAM assessment if applicable.	Patient exhibits upper and lower extremity stability and strength. **May test with weight-bearing on only one leg and proceed accordingly (e.g., stroke patient, patient with ankle in cast).** **If any assistive device (cane, walker, crutches) is needed, patient is Mobility Level 3.**	**MOBILITY LEVEL 3** - Use non-powered raising/stand aid; *default to powered sit-to-stand lift if no stand aid available.* - Use total lift with ambulation accessories. - Use assistive device (cane, walker, crutches). NOTE: Patient passes Assessment Level 3 but **requires assistive device** to ambulate or **cognitive assessment** indicates poor safety awareness; *patient is MOBILITY LEVEL 3.*	Passed Assessment Level 3 **AND no assistive device needed** = Proceed with Assessment Level 4. ***Consult with Physical Therapist when needed and appropriate.***
Assessment Level 4 Assessment of: -Standing balance -Gait	**Walk:** Ask patient to march in place at bedside. Then ask patient to advance step and return each foot. Patient should display stability while performing tasks. Assess for stability and safety awareness.	Patient exhibits steady gait and good balance while marching, and when stepping forwards and backwards. Patient can maneuver necessary turns for in-room mobility. Patient exhibits safety awareness.	**MOBILITY LEVEL 3** If patient shows signs of unsteady gait or ***fails* Assessment Level 4,** refer back to **MOBILITY LEVEL 3;** *patient is MOBILITY LEVEL 3.*	**MOBILITY LEVEL 4** MODIFIED INDEPENDENCE **Passed – No assistance needed to ambulate**; use your best clinical judgment to determine need for supervision during ambulation.

Always default to the safest lifting/transfer method (e.g., total lift) if there is any doubt in the patient's ability to perform the task.

Step 2: Choose appropriate equipment



NYS Safe Patient Handling Law

- Passed in 2014
- SPH Policy must be in place by January, 2017
- Covers hospitals, outpatient diagnostic and treatment centers, nursing homes, group homes
- Home care NOT covered

The law requires:

- Labor-management SPH committee
- Facility assessment
- Identification of appropriate equipment
- Patient mobility assessment tool
- Initial an on-going training
- Incident investigation procedures
- Annual performance evaluation
- Right of refusal policy

How's your facility doing?

- What kind of SPH equipment do you have?
- Is the SPH committee meeting?
- Has a unit-by-unit assessment taken place?
- Is an SPH policy in place
- Have you been trained on SPH policy and equipment?

Everybody wins!

- Fewer worker injuries
- Successful return-to-work programs
- Decreased absenteeism and staff turnover
- Decreased workers' compensation costs, litigation costs, unreimbursed patient care costs
- Improved patient outcomes

Health & Safety questions?

Contact your NYSNA representative or

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New York State NURSES ASSOCIATION