



SPMH PROGRAM





SPMH Policy

Purpose: The Lodge at Mallards Landing SPMH program is intended to reduce work-place injuries to employees and ensure safe patient handling outcomes for residents. The intention of this policy is to layout a systematic approach to assessing resident handling and lifting needs, along with tools to identify the equipment needs of residents residing in assisted living settings.

The implementation of a SPMH program requires a team approach to resident handling and safety practices to improve and enhance services to residents and increase positive outcomes for staff, along with the intended reduction in employee injuries and accidents.

Before implementing the SPMH program, the community will need to assess current resident needs surrounding patient handling and lifting. It is the intent of this program to help reduce injuries to both residents and staff, but also to provide a quick and easy guide to implementation and education. The SPMH program requires the following steps for implementation.

1. Identify key staff members who will participate in educating staff, residents, and outside providers on the importance of SPMH. This identified group will also act as the collaborative SPMH committee and will oversee the implementation of the program. For communities without an RN on staff, the Executive Director will act as the Program Champion and be responsible for monitoring and implementing suggestions from the committee.
2. Utilize workers compensation and resident incident report logs to identify the risks associated with each type of injury and negative outcomes.
3. Review current community equipment and determine the changes needed to implement a safe patient and handling program.
4. Utilize outpatient services to help assess residents for current needs in collaboration with the SPMH committee. If unable to utilize outpatient services, a licensed nurse should utilize the Assessment and Careplan tool to identify the residents needs based on residents' abilities.
5. Once residents are assessed, they will be identified as a red, yellow, or green on their service plan. Each color represents the level of need in mobility and transfers. Resident careplans will need to identify the other needs for lifting and transferring and any other specific mobility and transfer considerations and equipment needs.
6. Educate staff and residents on the importance of the SPMH program and policies.
7. Continual quality improvement. For the purposes of this program, it is important to understand that SPMH is a new concept in assisted living settings. This program is intended to be modified to fit different assisted living settings and the resident population they serve.

SPMH PROGRAM ROAD MAP



The Lodge at Mallards Landing—SAFE PATIENT HANDLING PROGRAM

Step	Action	Who is Responsible?	Target Completion Date	Tool to Use
1	» Identify your committee members.	Program Champion (ED or RN)		Committee Tool
2	» Committee training videos	Program Champion (ED or RN)		Resource Guide
3	» Decide who will complete assessments, when, how often they will be updated, and how they will be communicated to staff.			Policy
4	» Determine the type and quantity of equipment needed.			Committee work
5	» Infection control processes identified and communicated			Policy
6	» Environment assessment			Policy
7	» Modify lift policy template as necessary to fit your facility's needs.			Policy
8	» Implement modifications to facility and purchase equipment (lifts, slings).			WHCA group retro equipment guide
9	» Train staff (all shifts), and ask staff to sign a copy of both the Lift Policy and Inservice Checklist; file in their personnel records.			Policy Tool & Inservice Checklist
10	» Educate staff on I.D.E.A. shift report related to SPMH. I: Identify (residents who needs transfer/mobility assistance today D: Determine what equipment is needed E: Evaluate resident need before assisting A: assess for changes, anticipate needs, acheivement			Assessment Tool




The Lodge at Mallards Landing—SAFE PATIENT HANDLING PROGRAM



Road Map for Success

Please follow the step by step guide to implement a SPMH program in your assisted living community.

STEPS

- 1  Identify your Program Champion (ED or RN)
- 2  Assign road map steps to committee members
- 3  Committee meetings: Committee meetings should happen monthly at a minimum. Committee meetings may need to be more frequent while implementing the SPMH program. This is to be determined by Program Champion in each setting.

The Lodge at Mallards Landing—LIFT POLICY

PURPOSE AND SCOPE OF POLICY

SSA's Safe Patient Handling policy is one part of a comprehensive program to reduce musculoskeletal injuries to frontline caregivers: one of our most valuable resources. This policy outlines guidelines for ensuring that the transferring needs of all patients are properly assessed. All healthcare personnel responsible for transferring patients shall be aware and trained on the correct procedures for lifting and moving patients. The purpose of this policy is to ensure that patients are being lifted and transferred safely while encouraging patient mobility and independence.

STAFF RESPONSIBILITIES

The Executive Director is responsible for:

1. Supporting the implementation of this policy.
2. Providing training opportunities for all staff affected by the Safe Patient Handling policy.
3. Furnishing sufficient lifting equipment and repositioning aids.
4. Identifying acceptable storage locations for lifting equipment aids.
5. Evaluation of the Safe Patient Handling Program.

Wellness staff, direct caregivers, and all supplemental staff are responsible to understand the needs of each resident and ensure lifting and transferring is done in collaboration with their assessed needs.

Director of Wellness and Wellness Coordinators are responsible for:

1. Ensuring that all staff affected by the policy complete initial and annual training.
2. Ensuring that the transferring needs of patients are assessed, and all high-risk patient handling tasks are completed safely using mechanical lifting devices or other appropriate equipment or techniques.
3. Ensuring that mechanical lifting devices, slings, and other equipment are available, maintained in proper working order and stored conveniently and safely.
4. Ensuring that patient transfers are being performed as prescribed.
5. Maintaining training records.

The Lodge at Mallards Landing—LIFT POLICY

Nursing staff and frontline caregivers are responsible for:

1. Being knowledgeable of the procedures to follow when transferring patients.
2. Using proper techniques, mechanical lifting devices, and other approved equipment/aids when performing high-risk patient handling tasks.
3. Notifying supervisor if a change has occurred in a patient's condition.
4. Notifying supervisor if you have a need for retraining in the use of mechanical lifting devices, other equipment/aids and lifting/moving techniques.
5. Notifying supervisor if mechanical devices, slings, or equipment aids are damaged or need repair.
6. Notifying supervisor of any injury sustained to staff or patients.

Maintenance personnel are responsible for:

1. Inspecting the patient lifting equipment, slings, and batteries each month.
2. Maintaining lifting devices and other equipment in good working order.
3. Establishing procedures for removing damaged equipment from service.

ASSESSMENT

The transferring needs of each resident needs to be assessed on a pre-admission assessment and on-going assessments as the resident needs change. The role of the caregiver in a daily assessment is also required and important as residents abilities change.

COMMUNITY ASSESSMENT

Resident apartments should be layed out in a manner that is at best interest of safe patient handling and lifting. Residnets should be informed upon move in that the apartment needs to be kept in a manner in which caregiver and resident safety is the top priority. This includes room for needed lift equipment and clear pathways for mobility.

TRAINING REQUIREMENTS

Training should be provided to all staff affected by the Safe Patient Handling Program; this should include administrators, nursing staff, physical and occupational therapists, maintenance staff, and housekeeping and laundry staff. All nursing staff and caregivers who lift and transfer patients should be trained and made competent in the use of patient lifting equipment and procedures to follow while transferring patients. Training should be provided during employee orientation, and whenever there is a change in job assignment, equipment, or procedures. Refresher training should be conducted annually and upon the request of staff.

The Lodge at Mallards Landing—LIFT POLICY

EQUIPMENT REQUIREMENTS

The community will provide general lifting equipment to meet the needs of the staff and resident at each location. It is recommended that each community have a electronic (non-manual) hoist lift at a minimum based on the assessed resident population. Staff members are required to report any and all damages to resident provided and community shared equipment immediately to a committee member or department manager. All community and resident equipment will be visually inspected monthly.

INFECTION CONTROL CONSIDERATIONS

Resident equipment, community equipment and staff equipment should be used in accordance with proper infection control practices. When available, residents should be assigned their own slings to reduce cross-contamination. In situations this is not feasible, staff are to follow disinfection policies for equipment between residents.

FULL-BODY LIFTS

Intended for patients that cannot bear weight during any patient transferring task. If any caregiver is required to lift more than 35 lbs of a patient's weight or the patient is unpredictable or prone to lose balance, that patient should be considered fully dependent and assistive devices should be used for the transfer. Full-body lifts can be equipped with a weighing scale.

- > Should be able to lift patients from bed height as well as pick a patient up from the floor.
- > Should be stored with slings in a convenient location.
- > Batteries should be charged when the lift is not in use.

STAND-ASSIST LIFTS

Intended for patients with partial weight bearing ability that require the caregiver to lift no more than 35 lbs of a patient's weight. The patient should require no more help than stand-by, cueing, or coaxing, and the patient should have the mental capacity to follow simple commands when prompted. The stand-assist lift is useful for toileting residents and for bed to chair transfers.

- > Should be stored with slings in a convenient location.
- > Batteries should be charged when the lift is not in use.

Slings

- > Should be available in a range of sizes.
- > Should be stored in a convenient location, readily accessible to caregivers.

The Lodge at Mallards Landing—LIFT POLICY

SLINGS

- > Should be available in a range of sizes.
- > Should be stored in a convenient location, readily accessible to caregivers.
- > Back-up slings should be available for use when slings are being laundered.
- > If washable, should be laundered on site if possible, laundering off site can result in lost slings.

REPOSITIONING AIDS

- > Should be available to assist with repositioning patients in bed.

SURFACE FRICTION-REDUCING DEVICES, SLIDE SHEETS, AND LATERAL-TRANSFERRING DEVICES

- > Should be made of durable quality
- > Should be capable of adjusting patients in bed regardless of patient size.

SAFETY COMMITTEE AND WORKERS COMPENSATION

Employee injuries should be immediately reported and investigated per workers compensation policies in your community. If at any time a worker is injured while providing resident assistance with mobility or transferring, the safety committee of the community and the SPMH committee will review the incident and determine any further actions to increase safety in each scenario.

SPMH COMMITTEE POLICY

Per SSA policy, this committee will be directed by a Registered nurse, or in communities without a registered nurse, the community will utilize the Executive Director as the Program Champion

Considering Assisted Living communities are not required to have on-site or on staff PT/OT services, committees will need to identify outside providers who can participate in the SPMH program. The committee at a minimum should consist of: committee lead (ED or RN), supplemental department representation: housekeeping, maintenance, along with wellness team members. It is also recommended that ALF's identify a resident participant on the committee to help with transparency of the program.

Committee Education: Committee members will utilize the two short videos in the resource section to get an understanding of the importance of a SPMH program.

The resource tab also includes approved information links and publications for employee training.

ASSESSMENT AND CAREPLAN TOOL

General Information

Resident _____

Assessment Date _____

1. Patient's Level of Assistance

Independent _____ Patient performs task safely, without staff assistance, without assistive devices.

Patial Assist _____ Patient requires no more help than stand-by, cueing, or coaxing, or caregiver is required to lift no more than 35 lbs of a patient's weight.

Dependent _____ Patient requires nurse to lift more than 35 lbs. of the patient's weight, or is unpredictable in the amount of assistance offered. In this case, assistive devices should be used.

NOTE: An assessment should be made prior to each task if the patient has varying level of ability to assist due to medical reasons, fatigue, medications, etc. When in doubt, assume the patient cannot assist with the transfer/repositioning.

2. Weight Bearing Capability (check one)

Full _____

Partial _____

None _____

3. Bi-Lateral Upper Extremity Strength (check one)

Yes _____

No _____

4. Patient's Level of Cooperation and Comprehension (check one)

Cooperative _____ May need prompting; able to follow simple commands

Unpredictable or varies _____ (Patient whose behavior changes frequently should be considered as "unpredictable"), not cooperative, or unable to follow simple commands

5. Weight, Height, BMI

Weight (lbs) _____

Height (inches) _____

6. Conditions likely to affect the transfer/repositioning techniques (check all that apply)

Hip/Knee/Shoulder Replacements _____	Respiratory / Cardiac Compromise _____	Fractures _____
History of Falls _____	Wounds Affecting Transfer / Positioning _____	Splints / Traction _____
Paralysis/Paresis _____	Amputation _____	Severe Osteoporosis _____
Unstable Spine _____	Urinary / Fecal Stoma _____	Severe Pain / Discomfort _____
Severe Edema _____	Contractures / Spasms _____	Postural Hypotension _____
Very Fragile Skin _____	Tubes (IV, Chest, etc.) _____	

NOTE: The presence of the above conditions are likely to affect the transfer/repositioning process and should be considered when identifying equipment and techniques needed to move the patient.

Other Comments: _____

7. Care Plan (determine the equipment and # of staff needed for each of the following)

Task	Equipment/ Assistive Device and Sling	# Staff
Transfer to and from: Bed > Chair, Chair > Toilet, Chair > Chair, Car > Chair		
Lateral transfer to and from: Bed > Stretcher > Trolley		
Transfer to and from: Chair > Stretcher, Chair > Exam Table		
Reposition in bed: Side-to-Side, Up in Bed		
Reposition in chair: Wheelchair and Dependency Chair		
Transfer patient up from the floor		

Nelson, Audrey. Safe Patient Handling and Movement: A Guide for Nurses and Other Health Care Providers. New York: Springer Pub., 2006.

Assessment & Care Plan Guide

Staff responsible for pre-admission assessments and on-going resident assessments will be required to identify the level of assistance for resident needs with mobility and transferring. This information will be located in the service plan for staff. The use of interim service plans will be used for rapid or short term changes in condition (change of condition policy).

Pre-admission and on-going assessments are just one component of SPMH programs. The on-going identification of resident abilities on a day to day, shift to shift basis need to be identified by the care staff. Changes in ability requires adjustments to services. Carestaff should utilize an observation approach to resident needs before performing any care.

Staff may use the attached Assessment and careplan tool to aid in the assessment as needed. Assessors will identify the resident by a color of green, yellow, or red. Residents identified as independent will not be identified by a color. Independent residents requesting assistance, will need to be assessed before care is performed. Notify your supervisor of changes to independent residents.

Initial Inservice Checklist for SPHM

TRAINEE

Name

Signature

Date

TRAINER

Name

Signature

Date

TASKS SUCCESSFULLY PERFORMED

- Charge the lift
- Perform daily maintenance checks
- Attach sling to lift
- Perform each of the following basic moves:
 - Bed to chair move
 - Chair to commode move
 - Lifting fallen patient
 - Using emergency lift mechanism (if batteries become discharged)
- Detach sling from lift
- Plug lift into charging station

RESOURCE GUIDE

Please utilize the Committee Education videos before attempting to implement the rest of the SPMH program. The other resources can be used to train and teach staff the importance of SPMH and equipment needs and types for different settings.

Committee Education: Video 1 <https://vimeo.com/132744617>

Safe Patient Handling and Mobility Basics - Bing video

American Association for Safe Patient Handling. Healthcare Recipient Sling and Lift Hanger Bar Compatibility Guidelines (2016). Retrieved from <http://aasphm.org/wp-content/uploads/AASPHM-Sling-Hanger-Bar-Guidelines-2016.pdf>

Hignett, S. and McAtamney, L., (2000). The Rapid Entire Body Assessment (REBA Applied Ergonomics, 2000, 31: 201-205.

Occupational Safety and Health Administration. Safe Patient Handling Patient Needs Assessments and Algorithms. Retrieved from https://www.osha.gov/dsg/hospitals/needs_assessment.html

Occupational Safety and Health Administration. "Caring for Our Caregivers: Facts About Hospital Worker Safety." September 2013. www.osha.gov

Washington State Department of Labor and Industries. Ergonomics. Retrieved April 12, 2014 from <http://www.lni.wa.gov/Safety/Research/SafePatient/Default.asp>

SPMH PROGRAM TOOLS



IDEA CAREGIVER DAILY REPORT



IDENTIFY RESIDENTS YOU ARE ASSIGNED WHO
NEED TRANSFER/MOBILITY ASSISTANCE TODAY



DETERMINE WHAT EQUIPMENT IS NEEDED



EVALUATE RESIDENT NEED BEFORE ASSISTING.
EVALUATE WHAT THE RESIDENT "CAN" DO FOR THEMSELVES



ASSESS FOR CHANGES, ANTICIPATE NEEDS, ACHEIVEMENT!



NEED A LIFT? Just ask!



Safe Lifting/Handling Environment



SPMH PROGRAM PROVIDER EDUCATION





Premier Retirement, Assisted Living & Memory Care Community

7083 Wagner Way, Gig Harbor, WA 98335 | Phone (253) 858-4990 | Fax (253) 858-4993

www.thelodge-gigharbor.com

The Lodge at Mallards Landing is dedicated to providing a safe work environment for staff and a safe living environment for residents. A part of this dedication is to provide a safe patient mobility and handling program to reduce the risk to workers during lifts, transfers, and providing ADL assistance to residents in our community.

This type of program requires collaboration from the resident's entire care team of caregivers, nurses, supplemental and support staff, and all outside providers. To ensure the best outcomes for the residents and staff, we ask for our outside providers to be willing to understand our SPMH program, the types of equipment residents need based on the assessment for SPMH, along with a collaboration of providers willing to work together for the ultimate outcomes.

As part of our SPMH program, we ask providers to follow these few steps when assessing, ordering, and providing equipment and services. We want to work with you to keep your patients safe as possible.

1. Help educate your patients on the SPMH program and how you support it.
 - Ask community staff for feedback on levels of care and assistance your patient needs.
 - Understand the environment and the limitations on the ALF to require therapies, resident participation, financial considerations, and family involvement.
2. Communicate all changes on our outside provider forms so we can make needed changes after your visits. We want the most up to date information available to staff to prevent injuries and accidents when dealing with mobility and transfer situations.
3. Remember that our residents typically provide (insurance, Medicaid, etc) their own equipment. If a resident has a new need for equipment, please notify the community before ordering so we can work to collaborate on the safest products for both our staff and residents.
4. Hospice providers or uninsured residents may not have access to the approved equipment for our staff use. If this happens, our community staff will work to ensure that the equipment provided or chosen by the resident/provider, is in serviced on for the best possible use. The facility reserves the right to request different equipment if we feel it is unsafe.

We sincerely appreciate your efforts to collaborate with us and the implementation of our SPMH program. If you have any questions or concerns regarding our program, or for a copy, please notify a member of the management team or the Program Champion.

Kindly,
The Staff of The Lodge at Mallard's Landing