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# IMPROVING THE QUALITY OF LIFE & OUTCOMES FOR RESIDENTS

#### **CUTTING EDGE PRACTICE**

#### SAFE PATIENT/RESIDENT HANDLING AND MOBILITY CREATES A CULTURE OF SAFETY

A comprehensive Safe Patient Handling & Mobility (SPHM) program is essential in providing person-centered and person-directed care. SPHM establishes a foundation upon which caregivers can build caring relationships with residents. The program provides caregivers with a unique understanding of the resident's world. Through the SPHM mobility assessment caregivers are provided with knowledge about each individual's, mobility needs, likes, and dislikes. *A sample Resident Mobility Assessment Tool is below.* A resident that is able to function at his or her highest functional level has an improved quality of life. The culture of safety created by a comprehensive SPHM program ensures that adverse outcomes from immobility are minimized. Ultimately the resident, their families, and the caregiver benefit from the positive outcomes of the culture of safety created by the SPHM program.

## ture of safety created by the SPHM program. PERSON CENTERED/PERSON DIRECTED CARE AT ITS BEST



"The lift makes it easy for me and for them. I'm totally dependent so the lift has helped me a lot. I'm just thankful that it is here to accommodate me."

The American Physical Therapy Association endorses SPHM and has a written position titled, "The Role of Physical Therapy in Safe Patient Handling." APTA endorses the following concepts: PTs and PTAs should be 1) involved and should be leaders throughout development, implementation, refinement and maintenance of SPHM programs; 2) shall lead by example the concepts of SPHM during patient care; and 3) should be leaders in multidisciplinary **SPHM** training programming to expand SPHM knowledge and resources of the multidisciplinary health care team

Pictures & Testimonials courtesy of Hebrew Senior Life Circle of Fitness

"I couldn't live without it. I thank God for it. That's really how it is. Thank goodness this is an easy thing and it puts no strain on the worker and no strain on me. There's no question about it, it is fantastic."

Resident Mobility		Corresponding Equipment	
Nursing Mobility Assessment			
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	□ ~	Enor go to number it.
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4. Sr your resident unresponsive?	□ ≈	Eno go to number 5.
1. How your resident been eating peeals?	D 7m	FRO and at least 2 save given required for all bed multilly.
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	□ ~	You go To Number T.
7. Repositioning Way Used only with the Celling SRI Weight does not exceed 600 Use	D 1m	May be left under the patient /insident Requires assistance of at least 2 staff
	□ *=	Six to number 3.
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Resident Mobility		Corresponding Equipment		
Bariatric Resident/ Patient: Weight Exceeds the Maximum for the Full Body Lif Equipment (Maximove, Ceiling Lift)				
7. Bedrest	☐ Yes	Ensure bed width is adequate Use Hovermat for repositioning Number of Staff required: 2 3 4 5 6 7 8		
	□ No	Go to number 8.		
8. Out of Bed Patient is dependent	☐ <sub>Yes</sub>	Ensure bed width is adequate Use Hovermat for lateral transfer to stretcher chair Number of Staff required: 2		
	□ No	Go to number 9.		
9. Out of bed Patient Resident able to ambulate	Yes	Ensure bed width is adequate Bariatric Commode Ensure required number of staff present Number of Staff required: 2 3 4 5 6 7 8		
	□ No	Hovermat transfer to Stretcher chair Number of Staff required: 2 3 4 5 6 7 8		

**Resident Mobility Assessment Tool** 

Hebrew SeniorLife 2015



"It helps me a lot since I can't walk. The (stand aid) helps me get around a bit better and I use it to get to the bathroom with assistance."

#### **RESIDENT OUTCOMES 1-4**

#### Improved:

- quality of care
- safety & comfort
- o resident satisfaction
- mood and sense of well being

#### Reduced:

- risk of falls and controlled descent to the floor
- friction burns
- dislocated shoulders
- pressure ulcers
- skin tears & bruises
- complications from immobility: UTIs, pneumonia, DVTs, contractures

### **2013 ANA SPHM Interprofessional National Standards**

Standard 6: Integrate Patient Centered Assessment, Care Planning, and Use of SPHM Technology



#### References

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- Nelson, A., Collins, J., Siddharthan, K., Matz, M., & Waters, T. Link between safe patient handling and patient outcomes in long-term care. Rehabilitation Nursing 33 (1): 33-43, 2008.
- Ronald, L., Yassi, A., Spiegel, J., Tate, R., Tait, D., & Mozel, M. Effectiveness of installing overhead ceiling lifts: Reducing musculoskeletal injuries in an extended care hospital unit. AAOHN Journal 50, 120-127, 2002.

The ASPHP encourages the use of all appropriate assistive devices and consultative expertise. However, the ASPHP does not endorse one particular manufacturer, device or company.