

# IMPROVING THE QUALITY OF LIFE & OUTCOMES FOR RESIDENTS

## CUTTING EDGE PRACTICE

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

## RESIDENT OUTCOMES <sup>1-4</sup>



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.

### Improved:

- quality of care
- safety & comfort
- 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

## PERSON CENTERED/PERSON DIRECTED CARE AT ITS BEST



Resident Mobility	Corresponding Equipment
<b>Nursing Mobility Assessment</b>	
1. Independent mobility: Can staff assistance, may use cane or walker	<input type="checkbox"/> Yes <input type="checkbox"/> No Add a gait belt, monitor resident while ambulating. May use cane or walker. Go to number 2.
2. Supervision needed for independent mobility	<input type="checkbox"/> Yes <input type="checkbox"/> No Add a gait belt, monitor resident while ambulating. May use cane or walker. Go to number 3.
3. Contact Device: Can ambulate but needs staff with the resident/bedside	<input type="checkbox"/> Yes <input type="checkbox"/> No Add a gait belt, monitor resident while ambulating. May use cane or walker. Staff should ambulate with the resident. Go to number 4.
4. Unstable but can pull self to standing and reach hand rail	<input type="checkbox"/> Yes <input type="checkbox"/> No Add a gait belt. Stand Assist device such as the Service/Cherry. Go to number 5.
5. Cannot rise to standing independently. Can bear 25% of weight on at least one leg. Can hold on with at least one hand.	<input type="checkbox"/> Yes <input type="checkbox"/> No Use a lift or Stand device such as the Service/Cherry. Restraints assistance of at least 2 staff. If unable to stand any one or all of the requirements, answer is NO. Go to number 6.
6. Cannot rise to standing independently. Can bear 25% of weight on at least one leg. Can hold on with at least one hand. Can use the edge of the bed and balance without staff assistance. There is no medical reason the lift cannot be used. Weight is less than 300 lbs.	<input type="checkbox"/> Yes <input type="checkbox"/> No Use a lift or Stand device such as the Service/Cherry. Restraints assistance of at least 2 staff. If unable to stand any one or all of the requirements, answer is NO. Go to number 6.
7. Cannot rise to standing independently. Can bear 25% of weight on at least one leg. Can hold on with at least one hand. Can use the edge of the bed and balance without staff assistance. There is no medical reason the lift cannot be used. Weight is less than 300 lbs.	<input type="checkbox"/> Yes <input type="checkbox"/> No Use a lift or Stand device such as the Service/Cherry. Restraints assistance of at least 2 staff. If unable to stand any one or all of the requirements, answer is NO. Go to number 6.
8. Cannot rise to standing independently. Can bear 25% of weight on at least one leg. Can hold on with at least one hand. Can use the edge of the bed and balance without staff assistance. There is no medical reason the lift cannot be used. Weight is less than 300 lbs.	<input type="checkbox"/> Yes <input type="checkbox"/> No Use a lift or Stand device such as the Service/Cherry. Restraints assistance of at least 2 staff. If unable to stand any one or all of the requirements, answer is NO. Go to number 6.
9. Cannot rise to standing independently. Can bear 25% of weight on at least one leg. Can hold on with at least one hand. Can use the edge of the bed and balance without staff assistance. There is no medical reason the lift cannot be used. Weight is less than 300 lbs.	<input type="checkbox"/> Yes <input type="checkbox"/> No Use a lift or Stand device such as the Service/Cherry. Restraints assistance of at least 2 staff. If unable to stand any one or all of the requirements, answer is NO. Go to number 6.



*"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 Mobility Assessment Tool**  
 Hebrew SeniorLife 2015

Resident Mobility	Corresponding Equipment
<b>Bariatric Resident/ Patient: Weight Exceeds the Maximum for the Full Body Lift Equipment (Maximove, Ceiling Lift)</b>	
7. Bedrest	<input type="checkbox"/> Yes Ensure bed width is adequate. Use Hovermat for repositioning. Number of Staff required: 2 3 4 5 6 7 8 <input type="checkbox"/> No Go to number 8.
8. Out of Bed Patient is dependent	<input type="checkbox"/> Yes Ensure bed width is adequate. Use Hovermat for lateral transfer to stretcher chair. Number of Staff required: 2 3 4 5 6 7 8 <input type="checkbox"/> No Go to number 9.
9. Out of bed Patient Resident able to ambulate	<input type="checkbox"/> 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 <input type="checkbox"/> No Hovermat transfer to Stretcher chair. Number of Staff required: 2 3 4 5 6 7 8

## 2013 ANA SPHM Interprofessional National Standards

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



## References

1. Alamgir, H., Li, O., Gorman, E., Fast, C., Yu, S. & Kidd, C. Evaluation of ceiling lifts in health care settings: patient outcome and perceptions. *AAOHN Journal* 57 (9): 374-380, 2009.
2. de Castro, A., Hagan, P., & Nelson, A. Prioritizing safe patient handling: The American Nurses Association's handle with care campaign. *Journal of Nursing Administration* 36, 363-369, 2006.
3. 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.
4. Ronald, L., Yassi, A., Spiegel, J., Tate, R., Tait, D., & Mozell, M. Effectiveness of installing overhead ceiling lifts: Reducing musculoskeletal injuries in an extended care hospital unit. *AAOHN Journal* 50, 120-127, 2002.