

2009 GOSH Conference
March 10, 2009

Therapists, Rehabilitation and Safe Patient
Handling: *Equipment Selection and Process
Overview.*

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Washington State Safe Patient Handling Law: 2006

- Requirements of the Washington State SPH Law:



February 1, 2007
• SPH committee formation
• 50% front line direct care 50% managerial / other staff



December 1, 2007
• SPH Program which includes policy for all shifts / units
• Patient handling hazard assessment
• Develop process for SPH policy
• Annual performance evaluation
• Consider feasibility of incorporating SPH equipment into new construction



January 30, 2010
• One lift per acute care unit on the same floor unless committee determines that a lift is unnecessary
• OR one lift per every 10 acute care inpatient beds
• OR equipment for use by lift teams



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Getting Started

- Risk assessment outcome
 - Patient specific needs
 - Unit specific needs – long term vs. short term
 - System solutions
 - End user needs and acceptance
- Budget
- Architectural constraints



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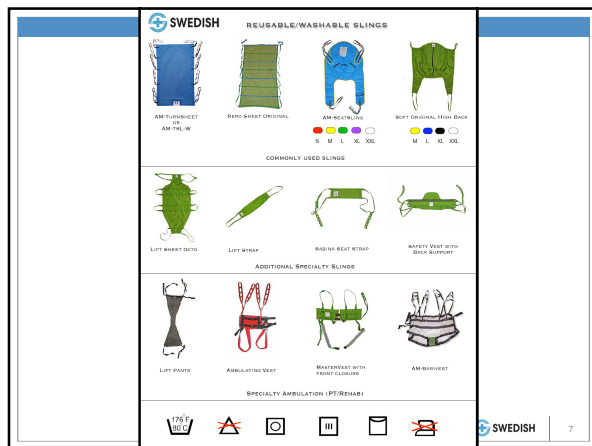
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Storage areas / Fire Code

- Must provide adequate storage areas for equipment
- Creative solutions to get rid old equipment



6



Infection Prevention and Control

ALL Devices:

- Wipe down after each use with **Super Sani-cloth**
- Pay particular attention to handles and grips

Sit to Stand Safety Vest:

- Leave safety vest with the device
- Wipe down after each use with **Super Sani-cloth**
- Place in white laundry bag when soiled

Slings:

- Use on one patient until soiled or patient no longer needs lift equipment

Washable slings:

- Place in white laundry bag when soiled

Disposable slings: discard in trash

HoverMatt:

- Wipe down after each use with **Super Sani-cloth**
- Place in white laundry bag when soiled

Lost and Lonely Pile

Traditional Acute Care Therapy Equipment

- Time limited treatment: 30-45 minutes
- Hospitals with limited storage / PT equipment options on the units
- Not much change over time: "traditional tools of the trade"

New - improved tools for our toolkit!

HoverMatt

Sit-to-Stand

Total Body Lift

Single Ceiling Mounted Lift

Double Ceiling Mounted Lift

All Electric Cardiac Chair

Equipment Categories

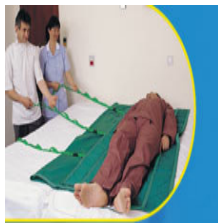
EQUIPMENT	DESCRIPTION
<u>Gait / transfer belt</u>	Used to facilitate forward weight shift and balance.
<u>Friction reducing devices</u>	Transfer board; sliding sheet; roller; HoverMatt
<u>Sit-to-stand</u>	Transfers from seated position to seated position (chair / commode)

Equipment Categories

EQUIPMENT	DESCRIPTION
<u>Total body lift</u>	Mobile lift for dependant patients transferring seated or supine; car extraction; gait train; limb holding.
<u>Ceiling lift</u>	Total body lift installed into the framework of the room.
<u>Cardiac Chair</u>	Lateral transfers from bed to stretcher position and converts to upright sitting.
<u>Specialized stretchers</u>	Motorized for ramps / distance.

Friction Reducing Device: Slider Sheets

- Can be used for lateral slides, bed or chair repositioning and turning.
- Washable or single use disposable.
- Need sufficient supply; can be issues with skin if left too long.
- Handles helpful.



Friction Reducing Device: Air Assisted

- For lateral transfers or bed repositioning
- Two pieces: Air vacuum pump and mat.
- Wipe down or washable.
- Needs electric plug in.
- Can be left under patient (deflated) for up to 24 hours.



Sit-To-Stand



Total Body Lifts



Viking S



Viking SX



Viking M



Viking X



Viking XL



Uno



Golvo



Caroli
SWEDISH 18

Ceiling Lifts



SWEDISH 19

Ceiling Lifts: Rails



SWEDISH 20

Ceiling Lifts: Architectural Barriers



SWEDISH 21

Smart Moves: Acronym for Safe Movement




- S** Stop and assess the movement classification
- M** Monitor for available equipment
- A** Ask for assistance if needed
- R** Ready the patient, team and environment
- T** Transfer with care



SWEDISH 22

Patient Movement Classifications (PMC)



	Factors	PMC
Total Assist Max Assist	PATIENT PERFORMS 0-50% OF LESS OF TASK AND DEMONSTRATES ONE OR MORE OF THE FOLLOWING <ul style="list-style-type: none">• Partial to non-weight bearing with UE / LE or in the presence of any medical precaution / restriction which would limit their use• Poor sitting balance at edge of bed• Behavior uncooperative / aggressive• Cognitive / Motor planning deficits; impulsive; poor safety awareness.• Serious gait impairment.	
Mod Assist Min Assist Contact Guard Assist	PATIENT PERFORMS 50-75% OF THE TASK BUT MAY BE UNPREDICTABLE AND DEMONSTRATES ONE OR MORE OF THE FOLLOWING <ul style="list-style-type: none">• Partial to non-weight bearing with UE / LE or in the presence of any medical precaution / restriction which would limit their use• Patient may be uncooperative or aggressive• Cognitive or motor planning deficit• Patient has moderately impaired balance or unsteady gait• May need help with assistive device or medical equipment (i.e. LV, pole, etc.)• Inconsistent due to pain	
Supervision Modified Independent	PATIENT PERFORMS 100% OF TASK BUT REQUIRES ASSISTANCE SETTING UP / USING EQUIPMENT: <ul style="list-style-type: none">• Patient typically performs 100% of task but requires assistance setting up / using equipment• Patient cooperative on all movement• May walk with or without equipment unassisted physically; may need verbal cues.• Needs an assistive device or is slow but does not require physical assist	

SWEDISH 23

What are the goals?



- Increase upright tolerance?
- Sitting balance?
- Initiate seated transfers?



- Commode vs. catheter?
- Return to bed after therapy?
- Caregiver training?

SWEDISH 24

Red classification: Commode during therapy; minimal trunk control



Total body lift

Yellow classification: Commode during therapy; has trunk control but other limitations.

Sit-to-stand



Red classification: Sitting balance at edge of bed



Red classification: Edge of bed scoot



Wound Care

Wound Care

Wound Care



Yellow classification: Gait training



Portable lift



Ceiling Lift



Portable lift



Special Considerations: Orthopedics

Log Rolling



Special Considerations: Orthopedics

Chair Transfers - THR



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