



19th Annual Safe Patient Handling and Mobility Conference—

Realizing your Passions in Research, Education, Innovation, and Technology

PRE-CONFERENCES: MARCH 4, 2019 | MAIN CONFERENCE: MARCH 5-7, 2019
EXHIBITS: MARCH 5-7, 2019 | POST-CONFERENCES: MARCH 8, 2019
Rosen Centre, Orlando, FL

Outstanding Faculty ~ “Hands-On” Sessions ~ Case-Based Learning
Exhibit Hall with New and Emerging Technology

Program Director:
Gail Powell-Cope, PhD, ARNP, FAAN
VISN 8—James A. Haley Veterans Hospital, Tampa, FL



For More Information Contact
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Click here for: [Conference Registration](#) | [Hotel Registration](#) | [Super Shuttle](#)

Course Description

This conference will provide participants with cutting edge research, best practices, and lessons learned in safe patient handling and patient fall and fall injury prevention. This conference includes diverse learning opportunities, including plenary sessions, concurrent sessions, workshops, “hands on” practice sessions, and a large exhibit hall with new and emerging technologies. Innovations will be presented addressing such topics as safety legislation, practice tips, technology solutions, effective training techniques, successful organizational strategies, and building a business case.

Target Audience

This conference is designed to meet the needs of direct health care providers, managers, administrators, risk managers, educators, industrial hygienists/safety professionals, and researchers of any discipline who are interested in advancing safety for patients and caregivers.

Conference Objectives

Upon completion of this program, the participant should be able to:

1. Evaluate technological solutions for safe patient handling and falls management
2. Differentiate ergonomic hazards across patient care settings
3. Apply best practices for reducing patient handling risks to caregivers
4. Incorporate best practice for the use of SPHM technologies into rehabilitation strategies to improve function and reduce patient adverse events associated with immobility
5. Differentiate fall prevention from fall protection
6. Examine the state of science related to patient falls
7. Segment vulnerable populations at greatest risk for injury.

Accommodations for Disabilities

Please notify Valerie Kelleher at Valerie.Kelleher@va.gov or 813-558-3948 a minimum of ten working days in advance of the event if a reasonable accommodation for a disability is needed. Events, activities and facilities of the Tampa Research and Education Foundation, Inc. are available without regard to race, color, sex, national origin, disability, age, or Vietnam veteran status as provided by law and in accordance with our respect for personal dignity.

Accreditation

We have applied for accreditation through the Tampa VAMC for ANCC Credits, APTA for PT Credits and AOTA for OT credits. Once we have received those accreditations we will list the course numbers and credits granted here. You will receive a certificate once you complete the course survey with the credits listed.

Contact Hours for Nursing/General Attendees/OTs and PTs

To Come/Contact Valerie.Kelleher@va.gov for more information

Conflict of Interest Disclosures

To Come/Contact Valerie.Kelleher@va.gov for more information

Cancellation Policy

Registration Cancellation and Refund

Do not book your travel until you have received confirmation of your registration and travel approval. The Tampa VA Research and Education Foundation Inc. is not responsible for any cancellation or change fees assessed by airlines, hotels, or travel agencies. There is a cancellation fee of \$200, please do register without prior approval of your organization. No-shows will not be refunded conference fees. Send cancellations to Valerie.Kelleher@va.gov.

Program Cancellation and Refund

- Occasionally conferences fill to capacity before the registration deadline date, so we encourage you to register early.
- The Tampa VA Research and Education Foundation Inc. reserves the right to cancel any program, in that case registration fees paid will be refunded at 100%.
- Do not book your travel arrangements until you have received confirmation.
- The Tampa VA Research and Education Foundation, Inc. is not responsible for any cancellation or change fees assessed by airlines, hotels, or travel agents.

Course Levels

① Beginner

- For individuals with limited or no prior knowledge or experience of the subject area
- Helps individuals learn about the subject area
- For individuals new to the field, just learning, or starting out
- For young or inexperienced professionals
- For individuals seeking to learn the fundamentals about a subject area.

② Intermediate

- For individuals who have some knowledge of the subject area
- For individuals with experience in the subject area
- For individuals who have some application of the subject area
- For individuals who are mid-level in the field with some degree of competence
- For individuals seeking to build on, apply or enhance knowledge in a subject area.

③ Advanced

- For individuals with experience and knowledge in the subject area
- For individuals well beyond the beginning and mid-level
- For individuals with greatly developed knowledge and seeking to heighten their knowledge
- For knowledgeable individuals seeking to move ahead in the subject area
- For individuals seeking formation to aid in the growth or progress of knowledge
- For individuals seeking the most up-to-date knowledge in the subject area
- For individuals who could be deemed an expert in the field.

④ Multilevel (If session is not marked as 1, 2, or 3, it is Multilevel)

- Can apply to individuals with any knowledge/experience level.

Course Levels/Descriptions: ① ② ③ ④

Rather than having "tracks" we are offer various sessions in various rooms at various times that will allow you the most flexibility to see presentations in as many areas as possible. Your main conference registration covers entry to any of the concurrent sessions on Tuesday-Thursday.

Monday March 4, 2019 Pre Conference

(Includes Continental Breakfast 8-9am, Break at 11am, Lunch at 1pm [lunch is for full day sessions only])

8am-9am	Continental Breakfast Junior Ballroom FG
9am to 12	Preconference: Safe Patient Handling 101 Signature 1 Gallagher, Fragala (note: lunch not included) ④
9am to 3pm	Pre-Conference: It Takes a Village Novice Training Sponsored by the Association of Safe Patient Handling Professionals (ASPHP). Kielich, Boynton, Gallagher, Helfen-Lardent, Squires, Wilson Signature Room 1 ①
9am to 3pm	Pre-Conference: Wheelchair Skills Assessment and Training: A Practical Workshop for Clinicians Kirby, Betz Signature Room 2 ④
9am to 3pm	Hands On With the Newest Equipment Pre-Conference Steadman, Harrison, Rich, Mechan, Martin, Buchanan, Dugan, Wright Ballroom AB ④

Tuesday, March 5, 2019 Main Conference

(Includes Continental Breakfast 8-9 am, Break at 11am, Lunch at 12:30pm)

EXHIBIT HALL OPEN 12:30PM TO 5:00PM

8am-9am	Continental Breakfast Junior Ballroom FG			
9-9:30	Welcome/Sponsor Introductions Powell-Cope, Sponsors Jr. Ballrooms FG			
9:30-10:20	Keynote: The STRIDE Program and Program Implementation Hastings Jr. Ballrooms FG ④			
10:30-11	BREAK			
11-11:50	Updated 2018 AHA HRET Falls and Injury Change Package Quigley Jr. Ballrooms FG ④			
12:00-1:00	Lunch Ballrooms CDE / Exhibits Open			
1:10-5:00	Exhibit Hall Open Grand Ballrooms CDE			
1:10-2:00	Ensuring Success for your Safe Patient Handling and Mobility Program from the C-Suite to the Business Case to Program Tracking and Validation: Key Methods and Insights Celona Ballroom A ④	Wheelchair Skills Assessment and Training: Moving from Research Evidence to Clinical Practice Kirby, Betz Jr. Ballroom G ④	Thinking Outside the Safe Patient Mobility Box: Protecting Our Patients by Mobilizing Them Earlier and Often Dugan, Squires, Helfen-Lardent Jr. Ballroom F ② ③	Outcomes of Patient Engaged Video Surveillance on Falls, Other Adverse Events, and Workforce Safety Quigley, Votruba Jr. Ballroom G ④
2:00-2:50	Safe Resident Handling in Long Term Care: One for All and All for One Katz, Fleming Ballroom A ④	Training and Development Methods for SPHM Facility Coordinators Martin Ballroom B ④	Is the Sliding Sheet Good Enough? Guidelines for Practice Based on Biomechanical Evaluation of Repositioning Technology Wiggermann, McGann, Zhou Jr. Ballroom F ②	Linking SQuARES through MOBILITY Arnold Jr. Ballroom G ④
3-3:50	Practical Applications of SPHM in Ambulatory Settings Fragala, Yeung, Kubicek, Wawzyniecki Jr. Ballrooms FG ④			
4:00-5:00	EXHIBITS			

Wednesday, March 6, 2019

(Includes Continental Breakfast 8-9 am, Break at 10:30am, Lunch at 12:00pm)

EXHIBIT HALL OPEN 8AM to 2:50PM—THEN OPEN 5PM to 8AM—SHOW CLOSES AT 8PM FOR THE WEEK

8-9am Continental Breakfast Jr. Ballrooms FG				
	CASE-BASED LEARNING			CONCURRENT SESSIONS
	REHABILITATION BALLROOM A	ASSESSMENT AND IMPLEMENTATION BALLROOM B	BARIATRIC/EMT JR. BALLROOM G	JR. BALLROOM F
9-10:30	Integration of SPH, Fall Prevention and Early Mobility Principles to Maximize Your Rehabilitation Goals <i>McKinney, Hart-Hughes, Arnold</i> ④	Successfully Manage Concerning Behavior During Mobility Tasks <i>McGann</i> ④	Long Term Care Opportunities in SPHM: An Interactive, Case-Based, Interview-Style Presentation <i>Gallagher, Dunganani</i> Ballroom A ②	Automated Patient Repositioning Improves Quality, Safety and Satisfaction for Both Patients and Caregivers in Two States <i>Becker</i> ②
10:30-12:00	Promoting Highest Level of SAFE Mobility in All Care Environments Using SPHM; Hands-On Session <i>Arnold</i> ④	Implementing BMAT: Practical Techniques and Solutions from Four Health Systems <i>Perez, McGann, McIlvaine, Wyatt</i> ④	EMS Case-Based Learning <i>MacDonald</i> ④	How High Reliability Organizations (HRO) Benefit from an Interdisciplinary Team Perspective for Safe Patient Handling and Mobility <i>Grubb, Foreman, Fritz, Murphy, Noguchi, Terpstra, Tsanopoulos</i> ④
12-1pm	Lunch			
1-1:50pm	Rehab and Safe Patient Handling: Avoid Injury in the Workplace <i>Bendinelli, Fisher, Hursh, Martin, Salsbury</i> ①	SPHM and Fall Prevention in the Outpatient and Ambulatory Care Setting <i>Boynton</i> ①	How ERAS Has Improved SPH Utilization and Decreased Staff Injury and Improved Bariatric Surgery Outcomes <i>Brennan, Young</i> ②	The GateWay to Safe Patient Handling in Higher Education: Creating Safe Patient Handling Champions for the Future <i>Berdahl, Voit</i> ②
2:00-2:50	Safe Patient Handling and Mobility (SPHM) Implications--How One Health System's Ambulatory Clinics Accommodate Patients with Mobility Disabilities <i>James, Pharr, Yeung</i> ②	The Hygiene/Access Sling Assessment Tool (HASAT): Consensus Approach to Promote Safe Prescription <i>Webb, Harrison</i> ④	Patient Repositioning Challenges Resolved by Patient Care Staff Innovation <i>Martin</i> ④	Understanding the Basic Structure Required to Develop and Implement a Successful Safe Patient Handling and Mobility Program <i>Fragala</i> ④
3-3:50	Exploring Care for the Individual Weighing Greater than 650 Pounds <i>Gallagher</i> ②	Passport to Competency: Brave Steps to Increasing Safety and Skills in Safe Patient Handling <i>Webb, Harrison</i> ④	Updates in Fall Risk and Injury Reduction at the Ann Arbor VA and the University of Michigan: Hospital, Post-Acute and Community Settings <i>Alexander</i> ④	VISN 8 Patient Safety Center of Inquiry: Current Research on Helmets, Wheelchairs and Other Stuff <i>Barrett, Bulat, Cowen, Phillips</i> ②
5-7pm	Party Nite—Hot and Cold Hors D'oeuvres, Games, Dancing, Vendor/Speaker/Attendee mixer events <i>Exhibit Hall</i>			

Thursday, March 7, 2019 Main Conference

(Includes Continental Breakfast 8-9 am, Break at 11am, Lunch at 12:30pm)

8am-9	Continental Breakfast Jr. Ballrooms FG			
9-9:50am	Patient Repositioning from Hospital to Laboratory: The Story of the Nurse and the Patient <i>Davis, Kotowski, Latha, Wilson Jr.</i> Ballrooms FG (Kermit Davis and Susan Kotowski were the 2018 Safe Patient Handling and Mobility Conference Research Award Winners). ④			
10:00-11	2019 Award Presentations Jr. Ballrooms FG			
11-11:20	BREAK			
11:30-12:20pm	Defeating that “Drive-Thru” Mentality When it Comes to Injury Prevention and Patient Safety <i>Wimmer, Turner, Turner</i> Ballroom A ④	Bridging Concepts and Practice Across Academic Programs: Safe Patient Handling and Early Mobility Across Nursing Programs <i>Phillips</i> Ballroom B ②	SPHM Education in PT School: A Case Report <i>Arnold Jr.</i> Ballroom F ④	Clean Up your Laundry Process Using a High Reliability Framework <i>McGann Jr.</i> Ballroom G ④
12:30-1:20	Lunch Service Grand Ballrooms CDE			
1:30-2:20pm	Changing the Paradigm: Building the Mobility Team of the Future <i>Gabele, Barone, Manwell Jr.</i> Ballroom G ④	Addressing the Challenges of SPHM and Home Health Care Workers <i>Coulter</i> Ballroom B ①	The Power of the Tu Tu: Together We Can Change Healthcare <i>Bone, Neidhardt Jr.</i> Ballroom F ④	Preventing Falls and Fall-Related Injuries <i>Neily Jr.</i> Ballroom G ④
2:30-3:20pm	Preventing Injury--The Journey from Retroactive to Proactive Solutions <i>Hollon, Colleran</i> Ballroom A ④	Why Mobilizing Patients is Important: Latest Research on Complications of Immobility <i>Boynton, Kielich</i> Ballroom B ④	Partnering with the Patient to Prevent Falls in the Medical Surgical Area <i>Rochon, Salazar Jr.</i> Ballroom G ①	One Million Encounters: Trends Linking Worker and Patient Safety <i>Hall, Gallagher</i> Ballroom A ② ③
3:30-4:20pm	Advocacy and SPHM: What Does it Mean to You? <i>Salsbury</i> Ballroom A ①	BMAT Bingo: Patient Scenarios Linking Assessment and SPHM Practice--Interactive and Fun! <i>Boynton, Turner</i> Ballroom B ①	Do You Have an Idea for a Poster Presentation? Let's Make It Happen! <i>Neidhardt Jr.</i> Ballroom F ④	Mobility is Medicine <i>Perez, Rich, Gabele Jr</i> Ballroom F ①
4:30-5:00	Closing Remarks Jr. Ballroom FG			

Friday, March 8, 2019--Post Conferences

(Includes Continental Breakfast 8-9 am, Break at 11am, Lunch at 1:00pm)

8am to 12	WIIFM! How to Apply Your INFLUENCE to Lead SPHM <i>Dick</i> Ballroom B (Note: Lunch not included) ④
8am-2pm	It Takes a Village Novice Training <i>Kielich, Arnold, Matz, Wawzyniecki</i> Signature 1 ①
	Approaching and Mastering the Competency Process <i>Steadman, Buchanan</i> Ballroom A ④

SESSION DESCRIPTIONS

Addressing the Challenges of SPHM and Home Health Care Workers

COULTER

The one-to-one model of home health care exposes home based workers at a more significant risk of MSD injuries. The home caregiver is often an underserved recipient of SPHM devices and education. It is time to address the barriers, misconceptions and challenges in the home health setting, especially given the resurgence of the aging-in-place and medically complex populations. Assessing the environment and patient-specific needs are imperative in providing the appropriate SPHM solutions for long-term success in the home.

Advocacy and SPHM, What Does it Mean to You?

SALSURY

This session will focus on lessons learned during a 15-year journey for the promotion of safe patient handling and mobility in a multi hospital healthcare system. Stories will be shared, both positive and challenging. Barriers and obstacles will be described with strategies that were successful, and continued opportunities for improvement. We will learn how to maintain resiliency, enthusiasm and a passion for change while moving the needle to advocate for SPHM.

Approaching and Mastering the Competency Process

STEADMAN, BUCHANAN

This training program is targeted at persons interested in developing and advancing competencies in SPHM programs with regards to technology selection and use. Participants use a model competency, learn how to foster a culture of safety leadership, receive tips to train and coach coworkers to assure peer competency in the use of safe patient handling equipment.

Automated Patient Repositioning Improves Quality, Safety and Satisfaction for Both Patients and Caregivers in Two States

BECKER

Healthcare workers have one of the highest injury rates of any profession and a high percentage are caused by boosting patients up-in-bed multiple times per day. This session will present the results of a multi-site study to evaluate nurse and patient perceptions of traditional repositioning methods compared to automated patient repositioning was completed at Bon Secours St. Francis Hospital (BSSF) in Charleston, SC, and The Christ Hospital (TCH) in Cincinnati, OH.

BMAT Bingo: Patient Scenarios Linking Assessment and SPHM Practice--Interactive and Fun!

BOYNTON, TURNER

This session will use a BINGO game format, patient scenarios and skits to link patient assessments and SPHM practices. It will build on the 2016 "Effective Communication" presentation that included a BMAT skit that was educational and fun.

Bridging Concepts and Practice Across Academic Programs: Safe Patient Handling and Early Mobility Across Nursing Programs

PHILLIPS

Faculty members from one school of nursing present strategies on teaching SPHM concepts, using spaced and interleaved simulated practice throughout an entry-level nursing program, and subsequently transfer over these concepts into graduate-level, online coursework for at-risk populations, including the bariatric population. Each speaker will provide an example of how SPHM concepts were integrated into coursework and evaluation.

Changing the Paradigm: Building the Mobility Team of the Future

GABELE, BARONE, MANWELL

This presentation will discuss the advancement of a new approach to safe patient handling in the inpatient setting. Our facility created a new role called the Safe Patient Handling and Mobility (SPHM) Specialist to support bedside clinical staff. The staff in this role are trained in advanced SPHM techniques and equipment. The specialists develop, coordinate and train bedside clinical staff in both formal and informal settings to implement a culture of safe patient handling.

Clean Up Your Laundry Process Using a High Reliability Framework

MCGANN

Slings are an essential component of any successful SPHM program and reusable slings are better for the environment, provide more sling options and significantly reduce the ongoing costs of SPHM programs when managed properly. However, slings get lost, parts are often low and improper laundering can cause damage to slings and pose significant safety risks to our patients. Learn how utilizing a high reliability framework we collaborated with our laundry provider and other healthcare institutions to create and later implement a process improvement strategy. The benefits, outcomes and lessons learned from this journey will be shared.

Defeating that "Drive Thru" Mentality" When it comes to Injury Prevention and Patient Safety

WIMMER, TURNER, TURNER

In this world where technological advances have made everything move at a rapid pace, it is time to remind our peers and colleges that patient and staff safety must not be compromised. We must meet the staff at every level, from c-suite to bedside seeking ways to infiltrate the natural work-flow helping to balance all competing priorities. Utilizing effective change is what will support a positive

shift in culture reminding all to “pause for safety” throughout the continuum of care. **Bring your cellphones for an interactive learning experience.**

Do You Have an Idea for a Poster Presentation? Let’s Make it Happen!

KIELICH

Poster presentations are essential tools for communicating program backgrounds/objectives, methods/approach, results and conclusions. This presentation will describe how to construct and deliver an effective poster presentation. The presentation will be interactive and include the required elements, construction and communication of the message.

EMS Presentation

MACDONALD

This session will be a real-life picture of current practice and potential mitigation devices/procedures that could be introduced into the EMS standard practices. An impactful junction point for patient handling injuries, the cross-over point for patient hand-off at the pre-hospital/hospital (ED) connection will be covered.

Ensuring Success for your SPHM Program from the C-Suite to the Business Case to Program

Tracking and Validation: Key Methods and Insights

CELONA

A successful SPHM program must meet a number of critical challenges in addition to a high level of proficiency in selecting equipment, training staff, and program rollout. In this talk, participants will learn key methods and insights for meeting three other critical challenges: (1) successfully engaging and retaining c-suite support; (2) making the business case; and (3) tracking and validating program value.

Exploring Care for the Individual Weighing Greater than 650 Pounds

GALLAGHER

This course explores SPHM challenges associated with care for the super-obese person or the person who weighs 650 - 1000 pounds, of which the population is increasing at an alarming rate and we are ill prepared to address. Science, literature, protocols and technology are largely unavailable. Etiologies of this rapidly emerging population, worker safety strategies, and methods for collaborative practice are presented.

The GateWay to Safe Patient Handling in Higher Education:

Creating Safe Patient Handling Champions for the Future

BERDAHL, VOIT

The key to sustainable change in Healthcare is ensuring that students learn the value and techniques of SPHM so that they become the change agents for the future. Establishing this value at the forefront of their learning empowers students to become SPHM champions. Presenters will share their experiences in creating and implementing an interdisciplinary SPHM program for Allied Health and Nursing students.

How ERAS Has Improved SPH Utilization and Decreased Staff Injury and Improved Bariatric Surgery Outcomes

BRENNAN, YOUNG

Early mobility after bariatric surgery through a Safe Patient Handling (SPH) program to include unit dedicated and empowered SPH specialists, mobility parameters, annual competencies, specialized lift equipment, bariatric furniture, SPH committee review of adverse events, interdisciplinary collaboration, SPH policy and interdisciplinary collaboration. Also, Enhanced Recovery After Surgery (ERAS) has improved the safety of our staff and patients and improved patient outcomes. ERAS’s early ambulation premise and shift from opioids to a multimodal pain relief protocol of gabapentin, IV Tylenol, intra-operative Exparel and patient expectation through pre-operative education has decreased opioid use and improved patient outcomes.

Hands On with the Newest Equipment (PRE-CONFERENCE)

STEADMAN, HARRISON, RICH, MECHAN, MARTIN, BUCHANAN, DUGAN, WEBB, WRIGHT

This preconference provides tutorial and opportunities to assist the participant in the competency process with the newest patient handling equipment and techniques as it related to the patient independence and functioning. Participants will rotate through 4 unique stations

How High Reliability Organizations (HRO) Benefit from an Interdisciplinary Team

Perspective for Safe Patient Handling and Mobility

GRUBB, FOREMAN, FRITZ, MURPHY, NOGUCHI, TERPSTRA, TSANOPOULOS

Providence St. Josephs Health system is responsible for the safety of over 119,000 caregivers across six states. Utilizing High Reliability Organizational tools, combined with a strong and committed interdisciplinary team, we are impactful in synchronizing our policies and practices for safe patient handling and mobility with a strong voice of safety for all caregivers. The objective is to demonstrate how Providence St. Joseph’s Health (PSJH) utilizes a strengths-based approach through an interdisciplinary safe patient handling and mobility (SPHM) team to achieve excellent outcomes.

The Hygiene/Access Sling Assessment Tool (HASAT): Consensus Approach to Promote Safe Prescription **WEBB, HARRISON**

This session will present the findings of a collaborative research study carried out by The University of Salford and A1 Risk Solutions Ltd to explore the evidence base surrounding assessment criteria involved in the assessment and prescription of access/hygiene slings, with the purpose of developing an evidence-based master assessment tool. The final master tool (HASAT) will be presented with delegates contributing practically by using the tool with a range of scenarios as part of an interactive stakeholder group to evaluate and feedback an International perspective, to aid the guideline development and final publication of the HASAT.

Implementing BMAT: Practical Techniques and Solutions from Four Health Systems **PEREZ, MCGANN, McILVAINE, WYATT**

Beside Mobility Assessment Tool will be presented. We will begin with the Basics of 'how-to' perform the assessment followed by steps for implementation, tips and tricks from experienced clinicians and successful implementation strategies. This session will end with a Q&A with the panel.

Integration of SPH, Fall Prevention and Early Mobility Principles of Maximize Your Rehabilitation Goals **MCKINNEY, HART-HUGHES, ARNOLD**

Education and practical training in safe patient mobility/fall prevention techniques is essential to maximize patient functional potential while minimizing staff injury risk. Despite efforts and improvements in safe patient handling technology; resistance, hesitance and lack of standardized training programs continue to lead to gaps in adoption of safe patient handling philosophies into clinical practice. This proposed workshop session aims to educate nurses, rehabilitative professionals and other healthcare workers in expanding their competence and building their confidence in using mobility assessments, understanding risk of falls and knowing when to manually mobilize versus use technology to promote function movement. Emphasis will be placed on communicating key patient mobility principals via the use of a standardized, systematic, evidence-based approach to all patient interactions. This innovative, interactive session will differ from other rehabilitation classes as it will link safe patient handling, fall prevention, early/progressive mobility and technology together in order to maximize clinical outcomes.

Is the Sliding Sheet Good Enough? Guidelines for Practice Based on Biomechanical Evaluation of Repositioning Technology **WIGGERMANN, MCGANN, ZHOU**

This session will present the results of a biomechanical study of safe patient handling technologies used when repositioning patients in bed and then apply the results to create clinical practice guidelines. Although numerous studies have investigated repositioning aids, none have compared a large number of devices for different patient weights with a full biomechanical model. Ten nurses were studied repositioning patients weighing 50, 77, and 141 kg when turning, laterally transferring, and repositioning patients up in bed. Devices and methods compared included sliding sheets, a turn and position system, an air assisted lateral transfer device, a traditional draw sheet, and assist functions in the bed (turn assist, Trendelenburg, and mattress max inflate). Motion capture and force data were used to model forces on the low back and shoulders using a musculoskeletal simulation software. Results from the current study will be combined with previous research findings to present guidelines for under what circumstances repositioning aids or lift equipment are necessary for caregiver safety when repositioning patients.

It Takes a Village Novice Training (PRE-CONFERENCE) **KIELICH ET AL.**

This 2-day/14-hour workshop provides SPHM novices working in the acute care, long term care and/or community setting with the basic knowledge and skills required to implement a SPHM program at his/her facility. Day 1 is an six-hour Pre-Conference. Day 2 is a five-hour Post Conference. A 3-hour equipment session will be incorporated into the week. A workbook will be provided to each participant.

Linking SQuARES through MOBILITY **ARNOLD**

This presentation links how mobility closes the loop between **Safety, Quality, Action, Results** and **Economics**. The evidence for impact of mobility performed safely with SPH technology initiatives, length of stay will be reviewed and presented, including impact on falls, skin, length of stay and healthcare economics. Practical tips and strategies will be provided to integrate Safety, mobility and quality actions that get results.

Long-Term Care Opportunities in SPHM: An Interactive, Case-Based, Interview-Style Presentation **GALLAGHER, DUNGARANI**

Healthcare providers, policy makers and other health planners are seeking ways to safely care for increasing numbers of older Americans, many of whom are living in long term care facilities. Further, worker safety advocates are seeking ways to protect workers from injury associated with lifting, turning and mobilizing physically compromised older adults. This presentation explores a real-life, practical journey toward SPHM in a large urban LTC center using an interactive, case-based, interview-style approach.

Mobility is Medicine

PEREZ, RICH, GABELE

Research reveals one of the most effective forms of modern medicine is not a pharmaceutical breakthrough, but rather a collaborative approach to patient care through patient centered mobility practices. Recent trends in healthcare demonstrate that a model of mobility protocol and increased nursing-therapy cooperation results in a mobility-focused care plan. Research has proven benefits of mobility, including pressure ulcer prevention, DVT prevention, falls prevention, decreased length of stay, and more. Implementing these programs is a shift in typical and traditional care and requires resources, education, planning, and support. Mobility programs alone risk increasing exposure of patient handling injuries to caregivers. MiM or Mobility is Medicine is an emerging platform for improving free open source sharing of information and resources to promote safe improved mobility in healthcare. All disciplines, including vendors, nurses, physical and occupational therapists and ergonomists are invited to participate.

One Million Encounters: Trends Linking Worker and Patient Safety

HALL, GALLAGHER

Data collected for nearly ten years suggest that a relationship between worker and patient safety exists. This course outlines a specific strategy to measure, report and manage outcomes associated with worker and patient safety.

Outcomes of Patient Engaged Video Surveillance on Falls, Other Adverse Events, and Workforce Safety

QUIGLEY, VOTRUBA

Healthcare organizations have been frustrating slow to integrate technology strategies to improve patient and staff safety. The evidence will be summarized related to staff response to traditional patient surveillance technology, then contrasted to the efficiency and effectiveness of innovative Patient Engaged Video Surveillance (PEVS). Participants will apply the rapid success of this technology after learning about the results of implementation in hospitals over one year, which revealed low rates in assisted and unassisted falls; room elopement; and line, tube, or drain dislodgement per 1,000 days of surveillance. The number of monitor technicians' interactions per day with patients who fell and initiated alarms for urgent unit staff response per day will be presented, along with the effect of interactions of monitor technicians and rapid unit staff response account for the low fall rate in an adult population below all published benchmarks. Additional data on adverse events and the timeliness of nursing workforce response to actual urgent and emergent patient conditions provides evidence of the rapid contribution of PEVS to patient safety. National data on the associations between patient conditions, monitor technician observations and workforce safety captured the attention of professional nursing organizations.

Passport to Competency: Brave Steps to Increasing Safety and Skills in Safe Patient Handling

WEBB, HARRISON

Safe patient handling is intrinsic to many health care professions, with the provision of training in the moving and handling of people often inconsistently delivered. Competency assessment is a model currently used within Scotland, following traditional face to face training. Competency is described as a person who has the knowledge, experience and skills and can apply them to perform a task safely. A significant evidence base supports the use of an online training system whilst reducing the risks for the handler and the patients. Results demonstrate significant improvements in levels of skill, safety and confidence across all tasks in all year groups with reduced hands on training, informing an evidence base around the ability to reduce training without impacting the level of risk. This presentation will summarize the findings from the longitudinal study and introduce the concept of a Passport for safe patient handling skill development as part of the competency framework and lifelong learning.

Partnering with the Patient to Prevent Falls in the Medical Surgical Area

ROCHON, SALAZAR

This program session will discuss the Partnering with the Patient Program to decrease falls. The program was based on methodology from TeamSTEPPS aimed at including the patient in their plan of care to improve communication and promote safety. TeamSTEPPS helps to build highly effective teams and discusses the role of the patient as a team member in their care plan. The Partnering with the patient program has four components aimed at patient incorporation and partnership with nursing staff to prevent falls. The four components include engaging the patient, communicating with them, inquiring about their concerns, and rewarding patients for not falling.

Patient Repositioning Challenges Resolved by Patient Care Staff Innovation

MARTIN

Patient repositioning for the purpose of sling application, bathing, and wound care are some of the most common ways staff are injured in environments where lifts and slings are already available. Innovation by direct patient care staff has helped to resolve certain patient care difficulties. Examples will be shown.

Patient Repositioning from Hospital to Laboratory: The Story of the Nurse and the Patient

DAVIS, KOTOWSKI, LATHA, WILSON

As hospitals continue to struggle with injuries to their nurses, safe patient handling professionals are looking for answers as to why. A deep dive into data from surveys of over 1300 nurses at 50 hospitals will give insight into where and how nurses are injured. Repositioning of patients by registered nurses was found to be the riskiest task performed. Patients naturally move down the bed as the head of the bed is elevated during active patient migration, resulting in the need for the nurse to reposition them. Air assisted handling devices have been found to reduce the low back stress during repositioning.

The Power of the Tu Tu: Together we can Change Healthcare**BONE, NEIDHARDT**

This session will show the attendee how to recognize opportunities to change healthcare through effective communication.

Practical Applications of SPHM in Ambulatory Settings: A Panel Discussion**FRAGALA, YEUNG, KUBICEK, WAWZYNIECKI**

Many health organizations have implemented SPHM programs to address safety and the need to reduce injuries among healthcare workers related to handling and moving patients in their in-patient settings. However, these patients also receive healthcare services in ambulatory settings. Unfortunately, research has shown that patients with mobility disabilities are not receiving equal healthcare services in primary and subspecialty care clinics as patients without mobility disabilities. This panel session will address topics related to enhancing equal access to healthcare services for people with mobility disabilities, safety, quality care, and satisfaction including: real case scenarios where SPHM equipment was part of the solutions; SPHM practices can have positive impact on compliance to current laws and guidelines; compliance to Facility Guidelines Institutes (FGI) Guidelines and Safety Risk Assessments (SRA) during facility design and renovation process; and strategies used to build a business case to implement and sustain a SPHM program in ambulatory clinics.

Preventing Falls and Fall-Related Injuries in the VHA**NEILY**

This session will describe current fall and fall-related injury rates in the VHA as well as a year's worth of fall foot cause analyses summary data.

Preventing Injury--The Journey from Retroactive to Proactive Solutions**HOLLON, COLLERAN**

Most injuries to patients and staff are preventable, yet they continue occurring in hospitals and health systems around the country. What can be done to shift the focus from "what should we have done to prevent this" to "I anticipate an adverse safety event and I have a process to prevent it"?

Promoting Highest Level of SAFE Mobility in ALL Care Environments Using SPHM: Hands-On Session**ARNOLD**

Early and Progressive Mobility is gaining attention due to the impact on patient outcomes. Evidence supports highest level of mobility and functional reconciliation for all patients in all care environments. SPHM technologies can help overcome barriers to progressive mobility but uses may vary from traditional uses of SPHM equipment for more passive patient transfers. Nurses, therapists, patients and families need to work together to promote mobility as a vital component of recovery at all stages. This session will build upon the prior Linking SQuARES through Mobility session to perform hands-on with equipment.

Rehab and Safe Patient Handling: Avoid Injury in the Workplace**BENDINELLI, FISHER, HURSH, MARTIN, SALSBURY**

Patient handling injuries (PHI) as a result of patient handling tasks occur at high rates for Rehab staff and other patient care providers. Physical and Occupational Therapists perform handling tasks that offer a high risk of injuries including transfers, repositioning, and ambulating patients. Body mechanics and proper technique can limit injuries but repeated patient mobility can place a care provider at risk for development of a PHI. Information was gathered from several articles and compared to that of our healthcare system. The purpose of this presentation was to not only study the impact of the proper use of safe patient handling equipment but to review how it's use can enhance the outcomes of the patient.

Safe Patient Handling and Mobility 101 (PRE-CONFERENCE)**GALLAGHER, FRAGALA**

Appropriate for newcomers and attendees who have a rudimentary understanding of safe patient handling and mobility and want to develop their skills and understanding in this area in more depth. Basic concepts of ergonomics and program development and implementation will be discussed including how primary risk factors such as exertion, frequency, and posture contribute to occupational risks to health care workers. Safe patient handling problems will be defined from an ergonomic perspective and solution strategies suggested. Participants will learn the basics to begin a safe patient handling and mobility program including risk identification and assessment, risk analysis, formulation of recommendations, implementation strategies and measurement. An overview of current solutions available will be presented demonstrating how ergonomics is applied to reduce risk. This workshop will prepare attendees to investigate solutions and program development in more depth at the main conference.

Safe Patient Handling and Mobility (SPHM) Implications--How One Health System's Ambulatory Clinics Accommodate Patients with Mobility Disabilities**JAMES, PHARR, YEUNG**

Although the Americans with Disabilities Act (ADA) mandates people with disabilities to have equal access to healthcare services, research shows that persons with mobility disabilities do not receive equal healthcare services as people without mobility disabilities due to various barriers. One health system conducted a survey of its ambulatory clinics including, hospital-based, primary care, specialty, and urgent care, to benchmark its current state of accommodations for people with mobility disabilities. The preliminary

findings indicated that implementation of a SPHM program and equipment can be a solution to further enhance equal access to healthcare services, ADA compliance, and safety for people with mobility disabilities as well as safety for healthcare providers.

Safe Resident Handling in Long Term Care: One for All and All for One

KATZ, FLEMING

SRH in long term care is different than SPH in other care settings. This presentation will discuss the difference and the similarities between LTC and other Health Care environments and examine the special considerations for Geriatrics. We will also presents how with over 400 individual setting we have built a SRH framework and not just a one size per scripted program. Information will be shared with the attendees about our over 14-year journey and lessons learned, mistakes made and course corrections. We will share hand on experience as well as steps to increase Family support of “lifting a Love one”. We will present Genesis HealthCare inter disciplinary approach and how our SRH program is truly an all for one model.

SPHM Education in PT School: A Case Report

ARNOLD

SPHM education is desperately needed in schools of PT, OT and Nursing. This presentation will describe one model used in a Doctorate of PT program with student self-report on their experiences. This session will then invite discussion from attendees about specific recommendations to build on this model and move it to an interprofessional model.

SPHM and Fall Prevention in the Outpatient and Ambulatory Care Setting

BOYNTON

The need for SPHM and fall prevention programs in outpatient and ambulatory care clinics is becoming more critical. This session is based on my experience with setting up SPHM programs for OP/AC clinics, including the addition of registration/scheduling questions to assist with preparing for the client’s arrival, writing a policy that addresses the American with Disability Act (ADA) “Access to Medical Care for Individuals With Mobility Disabilities” and the “Barrier-Free Health Care Initiative,” client’s/patient’s “right of refusal,” employee’s “right of refusal,” and providing initial and ongoing SPHM education and competency checks. Screening for transfer and mobility needs during the clinic visit and screening for medical record tracking focused on fall prevention will be addressed, as well as giving an overview of CDC STEADI resources.

The STRIDE Program and Program Implementation (KEYNOTE)

HASTINGS

STRIDE is a clinical program that assists hospitalized, older Veterans with improving their mobility. It is designed to provide physical activity, improve energy levels, speed recovery, and reduce the length of the hospital stay for veterans. The findings from the program's clinical demonstration project at the Durham VA will be discussed.

Successfully Manage Concerning Behavior During Mobility Tasks

MCGANN

Healthcare workers are frequently injured when mobilizing patients with behavioral troubles. Concerning behavior varies from fear and anxiety, to aggression and violence. SCL Health developed a behavioral continuum to guide caregivers on how to safely provide care for this complex patient/client/resident population. In addition to understanding this tool, caregivers need to simulate how to use safe patient handling devices differently with population. This session will begin by learning how to understand and use the SCL Behavioral Continuum and then flow into a hands-on practical session that will use clinical scenarios from acute care and long term with SPHM equipment.

Thinking Outside the Safe Patient Mobility Box: Protecting our Patients by Mobilizing them Earlier and Often

DUGAN, SQUIRES, HELFEN-LARDENT

Evidence supports the need for early and frequent mobilization of our acute care patients. Often healthcare workers (HCWs) are confronted with limited skill and time barriers to perform effective early patient mobilization practices. Furthermore, HCWs are confronted with unique and challenging patient circumstances and must not only rely on critical thinking skills, but also must be creative with safe mobility applications in non-traditional methods. This presentation will allow participants exposure and unique hands-on experience that will provide alternative solutions and SPHM applications for safe delivery of care in order to achieve necessary and desired clinical outcomes.

Training and Development Methods for SPHM Facility Coordinators

MARTIN

VHA now requires a full time equivalent SPHM facility coordinator for each health care system, and this position has had significant turnover. The process of training new facility coordinators has evolved over time and now includes mentorship, hands-on training and evaluation, and guidance documents for beginning and developing over time.

Understanding the Basic Structure Required to Develop and Implement a Successful Safe Patient Handling and Mobility Program

FRAGALA

A successful safe patient handling program requires a well-thought-out method to integrate current safe patient handling technology into the process of delivering care. This session will present a five step process which can provide a basic structure to develop and implement an effective safe patient handling program. With an understanding of this basic structure participants will be able to develop a program framework and customize it for application within their own facility.

NEW! Updated 2018 AHA HRET Falls and Injury Change Package

QUIGLEY

The American Hospital Association (AHA) Hospital Research and Educational Trust's (HRET) resources are plentiful to help organizations continued efforts to improve patient safety. Many resource toolkits are available, and this includes the AHA HRET Preventing Harm from Injuries from Falls and Immobility, updated and released August 2018. The original 2017 change package included strategies, change concepts and actionable items that hospitals can implement to improve patients' quality of life and care, reducing falls, fall-related injuries and immobility. The updated 2018 change package has greater emphasis on safe mobilization, repurposes roles and teams to support safe mobility, and aligns mobility with delirium prevention.

Updates in Fall Risk and Injury Reduction at the Ann Arbor VA and the University of Michigan: Hospital, Post-Acute and Community Settings

ALEXANDER

New approaches into assessing and reducing the risk of falls and fall injury in older adults continue to be developed and implemented. This presentation will focus on updates involving patients in the VA Ann Arbor Health Care System and the University of Michigan Hospitals, from acute care to post-acute care community milieu: 1) implementation of a Morse-scale adapted "cross-walk" for falls risk care planning and an in-room icon paradigm to guide safe mobility and fall risk ascertainment (UMHS); 2) evaluation of recurrent fallers and their care as well as head CT policy on unwitnessed falls (VA Community Living Center, CLC); 3) implementation of an injurious fall risk reduction program in primary care clinics (NIA-PCORI funded STRIDE program at UMHS); 4) emerging technology to monitor real world losses of balance and falls using inertial measurement units (IMUs).

Overview of VISN 8 Patient Safety Center of Inquiry Projects: Risk Factors for Wheelchair Falls; Evaluation of Medical Helmets, Stanbar Use in Power Wheelchairs

BARRETT, BULAT, COWEN, PHILLIPS

This session will give a brief summary of three recently completed projects from the VA VISN 8 Patient Safety Center of Inquiry related to reducing falls and fall-related injuries in the VA. The session will highlight findings on: Risk Factors for Wheelchair Falls, results of an Evaluation of Medical Helmets, and Standbar Use in Power Wheelchairs.

Wheelchair Skills Assessment and Training: A Practical Workshop for Clinicians (PRE-CONFERENCE)

KIRBY, BETZ

Wheelchair skills assessment and training have become increasingly well understood as two important steps in the 8-step wheelchair service-delivery process advocated by the World Health Organization (WHO) (<http://www.who.int/disabilities/publications/technology/wheelchairguidelines/en/>). The low-tech, high-impact Wheelchair Skills Program (WSP) is a set of evidence-based protocols for the assessment and training of wheelchair users and their caregivers.

Wheelchair Skills Assessment and Training: Moving from Research Evidence to Clinical Practice

KIRBY, BETZ

The low-tech, high-impact Wheelchair Skills Program (WSP) is a set of evidence-based protocols for the assessment and training of wheelchair users and their caregivers. The case will be made that clinicians should use a more consistent and formal approach to the assessment and training of wheelchair skills than has traditionally been the case.

Why Mobilizing Patients is Important: Latest Research on Complications of Immobility

BOYNTON, KIELICH

This session will cover the latest research on the effects of bedrest and complications of immobility with a focus on the cardiovascular, respiratory, hematological and musculoskeletal systems. Orthostatic/Postural hypotension is one of the first problems to be seen in bedridden patients and often becomes apparent when the patient first starts to move about. An innovative approach to using a patient assessment and nurse-driven exercise program, as well as how these link to mobility and safe patient handling practices will be covered. Dependency level of patients, decreasing the risk of complications of immobility, and effective assessment (including mobility and fall risk screening) linked to SPHM practices will be addressed.

WIIFM! How to Apply Your INFLUENCE to Lead SPHM (POST-CONFERENCE)

DICK

Leadership is Influence; nothing more, nothing less according to John C Maxwell, the #1 leadership expert in the world. Many organizations lead SPHM through policies and procedures. Don't get me wrong, they are extremely important to create structure and set expectations for safe behaviors. But if you lead by policy and procedure you build a culture of compliance. This workshop will outline 5 principles that will increase your influence as a leader and help caregivers believe in the value of your program becoming more likely to WANT to engage in SPHM rather than resist it.