



Phelps Hospital
Northwell Health®



Safe Patient Handling (SPH) Analysis April 28, 2020

By

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OVERVIEW

The Safe Patient Handling (SPH) Committee created a survey with the following questions:

1. Job Title
2. Shift
3. Work Status
4. Which of the tasks/movement do you routinely perform?
5. Other tasks?
6. Which of the tasks/activities do you find most challenging?
7. Explanation why you find challenging
8. Average weight
9. In the past year, how often did you use the pink slip?
10. In the past year, how often did you use the Maxislide?
11. In the past year, how often did you use the Air Tap?
12. In the past year, how often did you use the Steady?
13. In the past year, how often did you use the Standing & Rehabilitation Aid?
14. In the past year, how often did you use the Golvo?
15. In the past year, how often did you use the Maximove?
16. Select the top 3 SPH equipment/devices need more practice or help to operate
17. In the past year, tell us a situation where you could have been more prepared

The survey was distributed to Phelps Hospital employees via HealthStream

ANALYSIS

The following pages represent hospital wide analysis along with detailed unit level analysis for questions 4-7; 9-17.

To better manage the file size the analysis is broken in 3 files:

- Inpatient units
- Ambulatory units
- Support services

NEXT STEPS

Review the detailed analysis and create Hospital Wide and Unit Level education based on the findings.

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Survey Summary:

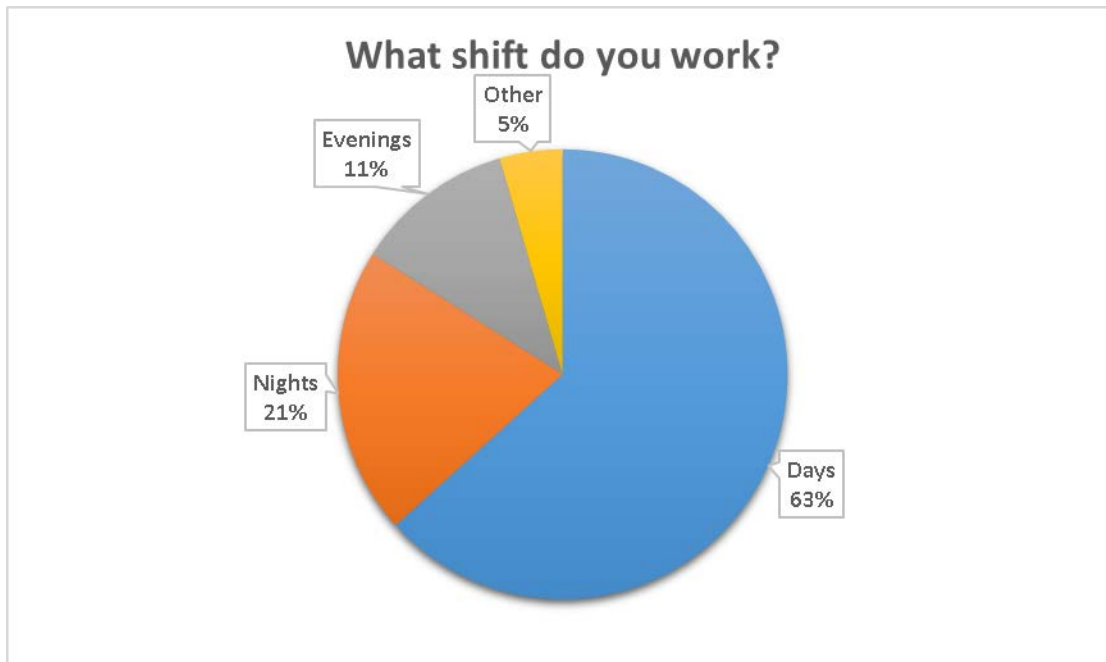
HOSPITAL WIDE STATISTICS

Overall Responses = 499; Response Rate = 67.80%

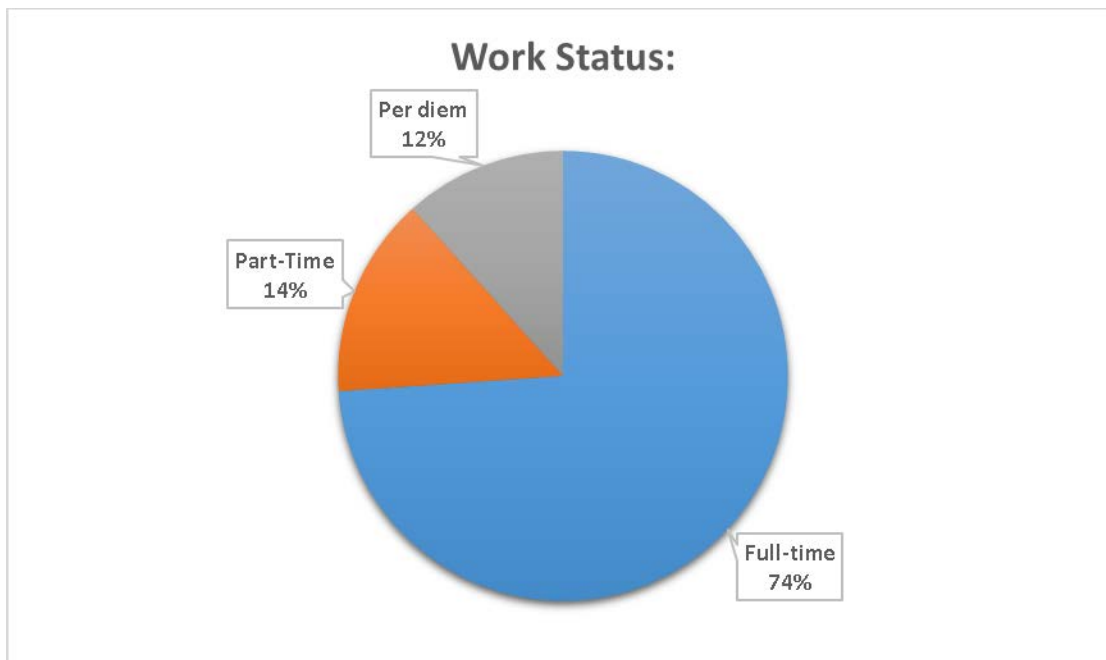
Top Job Title Participants:

Count of RESPONSES Row Labels	Column Labels What is your Job Title?
RN	43.89%
med surg tech	6.64%
mental health worker	2.62%
Physical Therapist	1.75%
tech	1.40%
Occupational Therapist	1.22%
Specialty Tech	1.05%
RESPIRATORY THERAPIST	0.87%
lpn	0.87%
Hospitality Rep	0.87%
...	

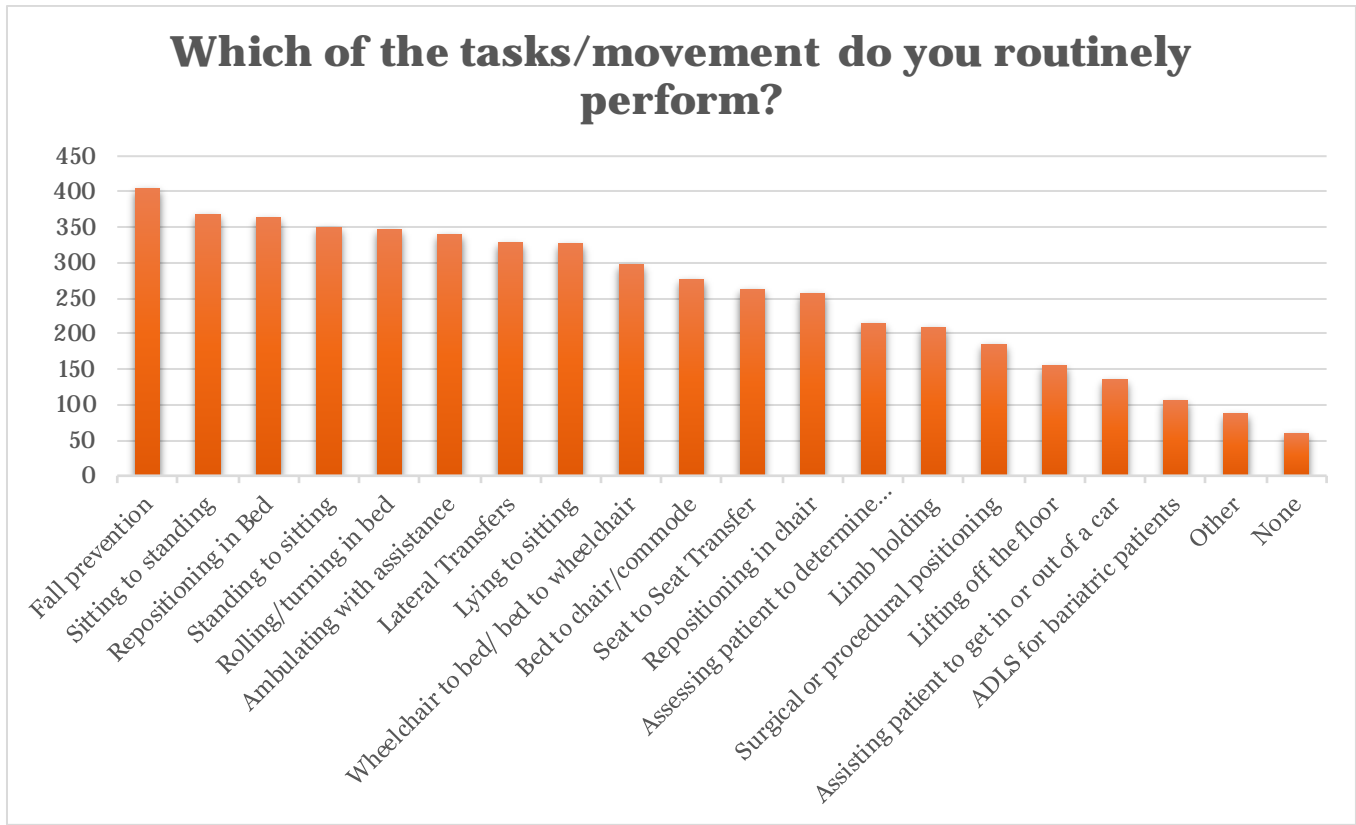
Shift



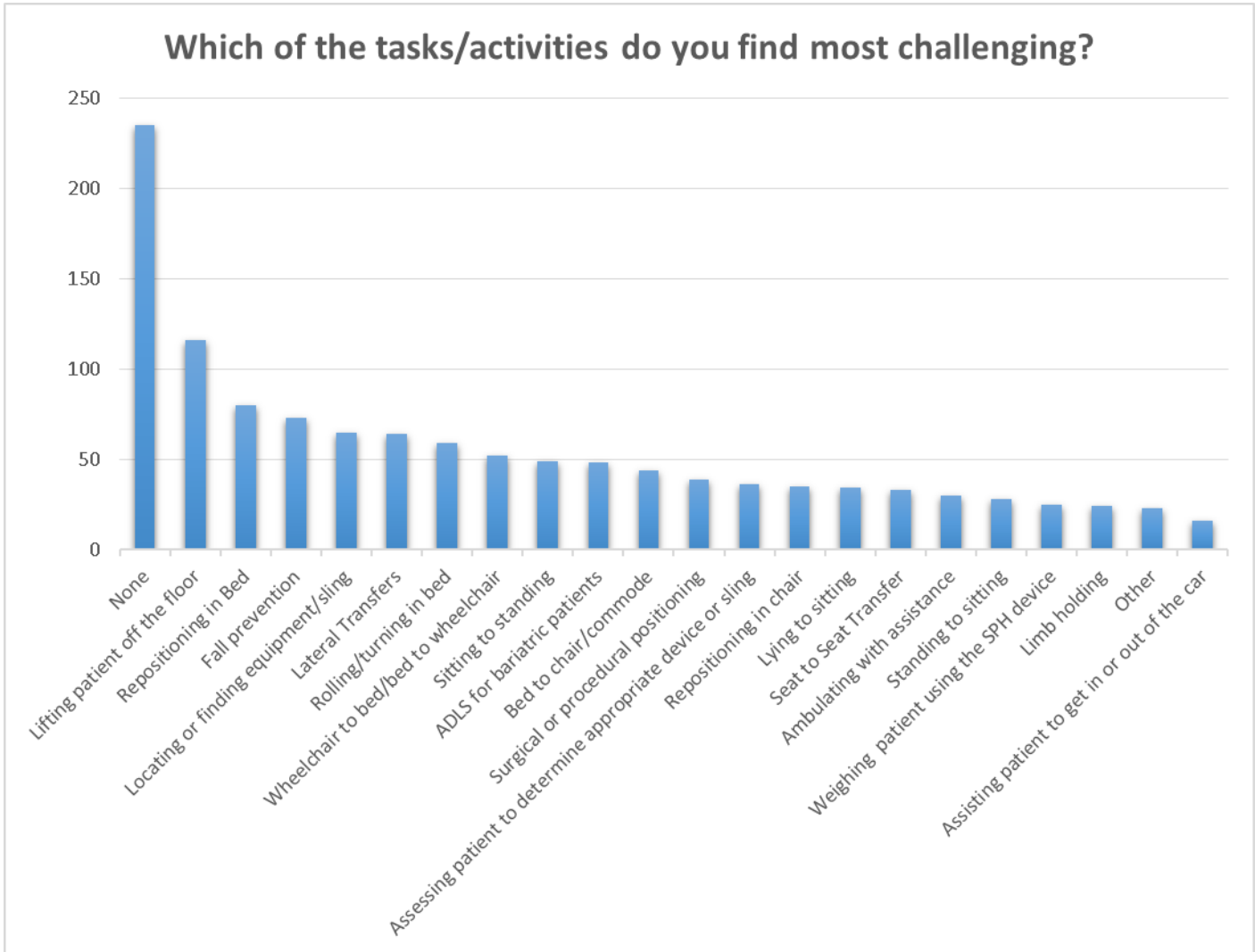
Work status



Tasks Routinely Performed



Tasks/Activities Most Challenging

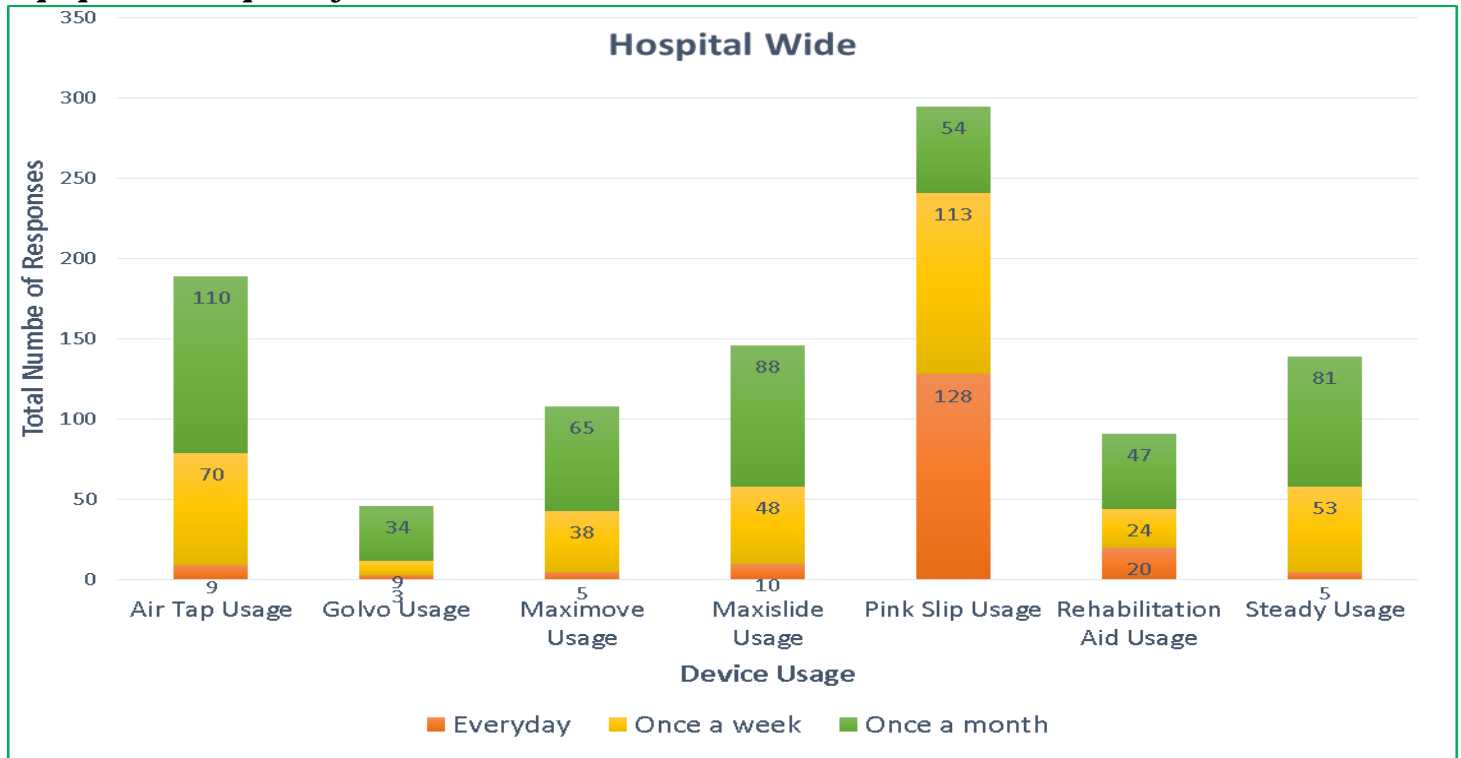


TOP 5:

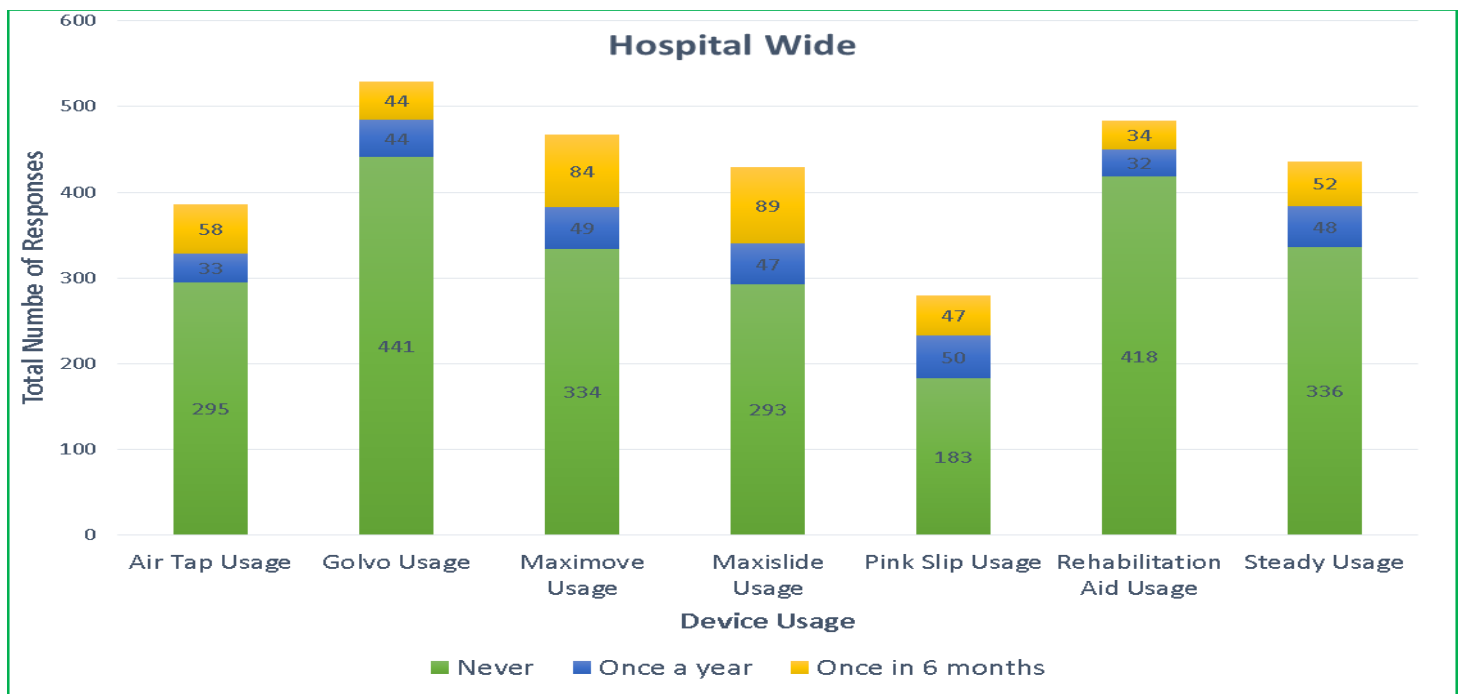
1. Lifting patient off the floor
2. Repositioning in Bed
3. Fall prevention
4. Locating or finding equipment/sling
5. Lateral Transfers

Equipment Frequency

Equipment Frequently Used:

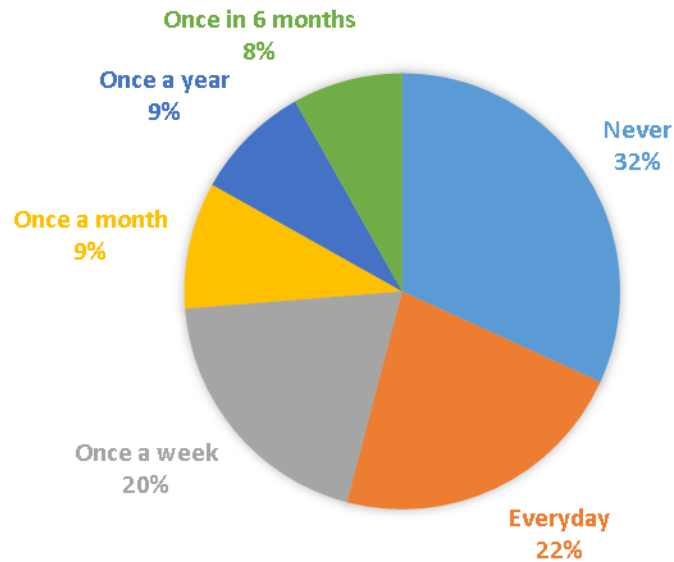


Equipment Less Frequently Used:

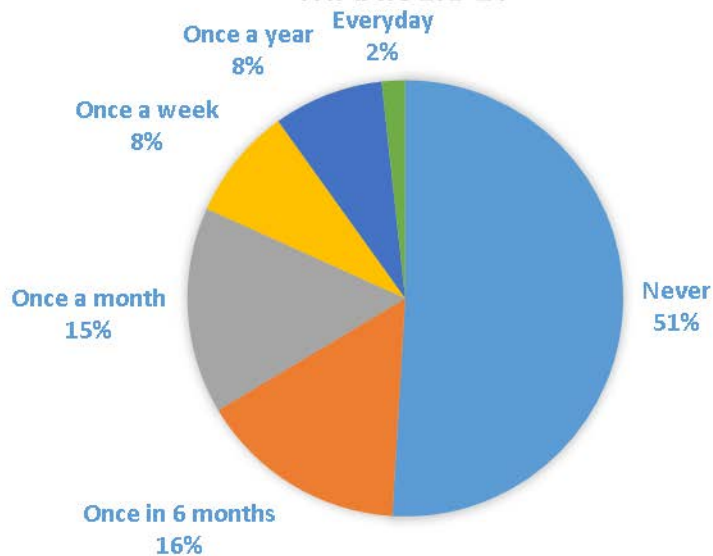


Equipment Frequency Breakdown by Device

IN THE PAST YEAR, HOW OFTEN DID YOU USE THE PINK SLIP?

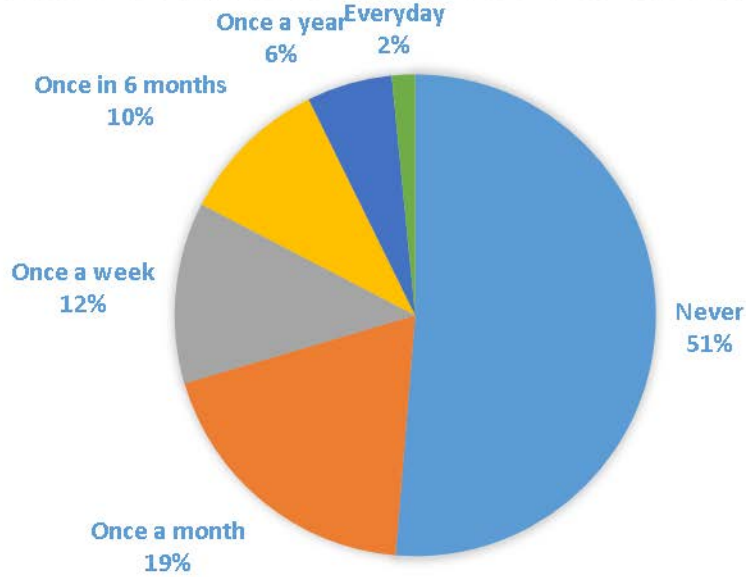


IN THE PAST YEAR, HOW OFTEN DID YOU USE THE MAXISLIDE?



Equipment Frequency Breakdown by Device - continued

IN THE PAST YEAR, HOW OFTEN DID YOU USE THE AIR TAP?

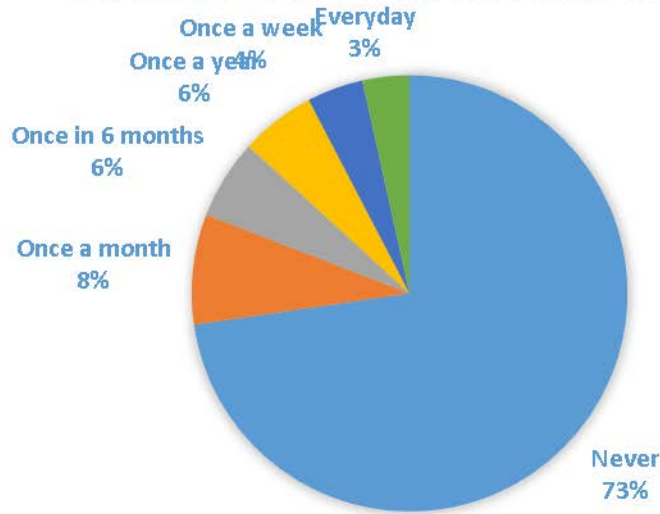


IN THE PAST YEAR, HOW OFTEN DID YOU USE STEDY?

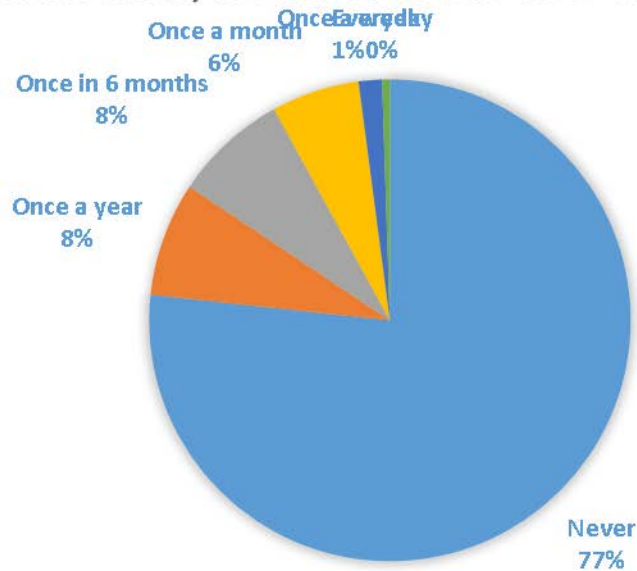


Equipment Frequency Breakdown by Device - continued

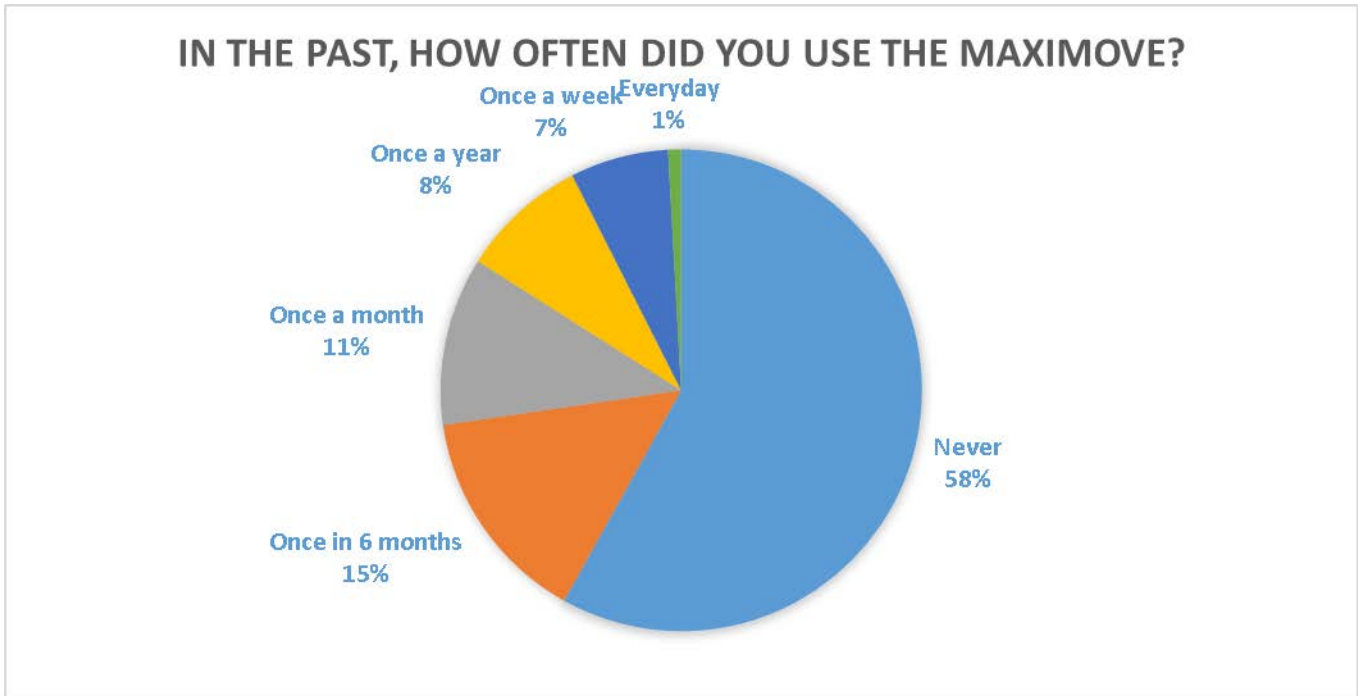
IN THE PAST YEAR, HOW OFTEN DID YOU USE THE STANDING AND REHABILITATION AID?



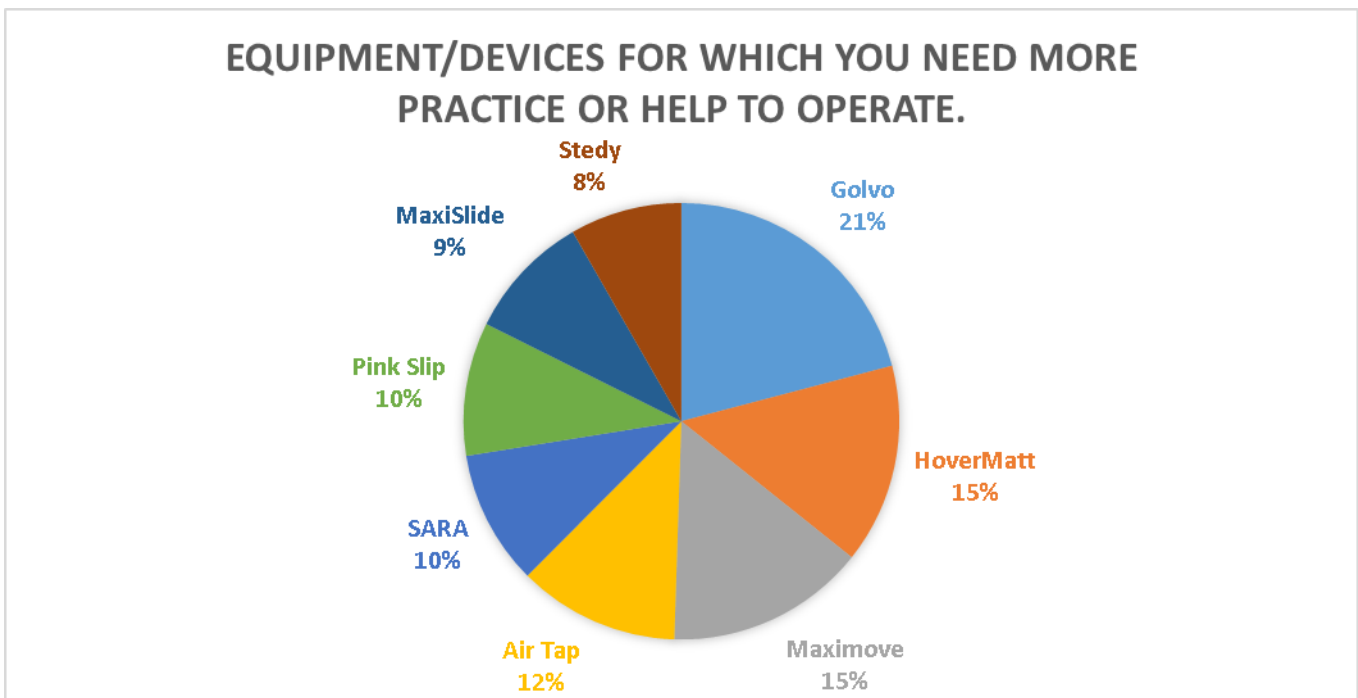
IN THE PAST YEAR, HOW OFTEN DID YOU USE THE GOLVO?



Equipment Frequency Breakdown by Device - continued



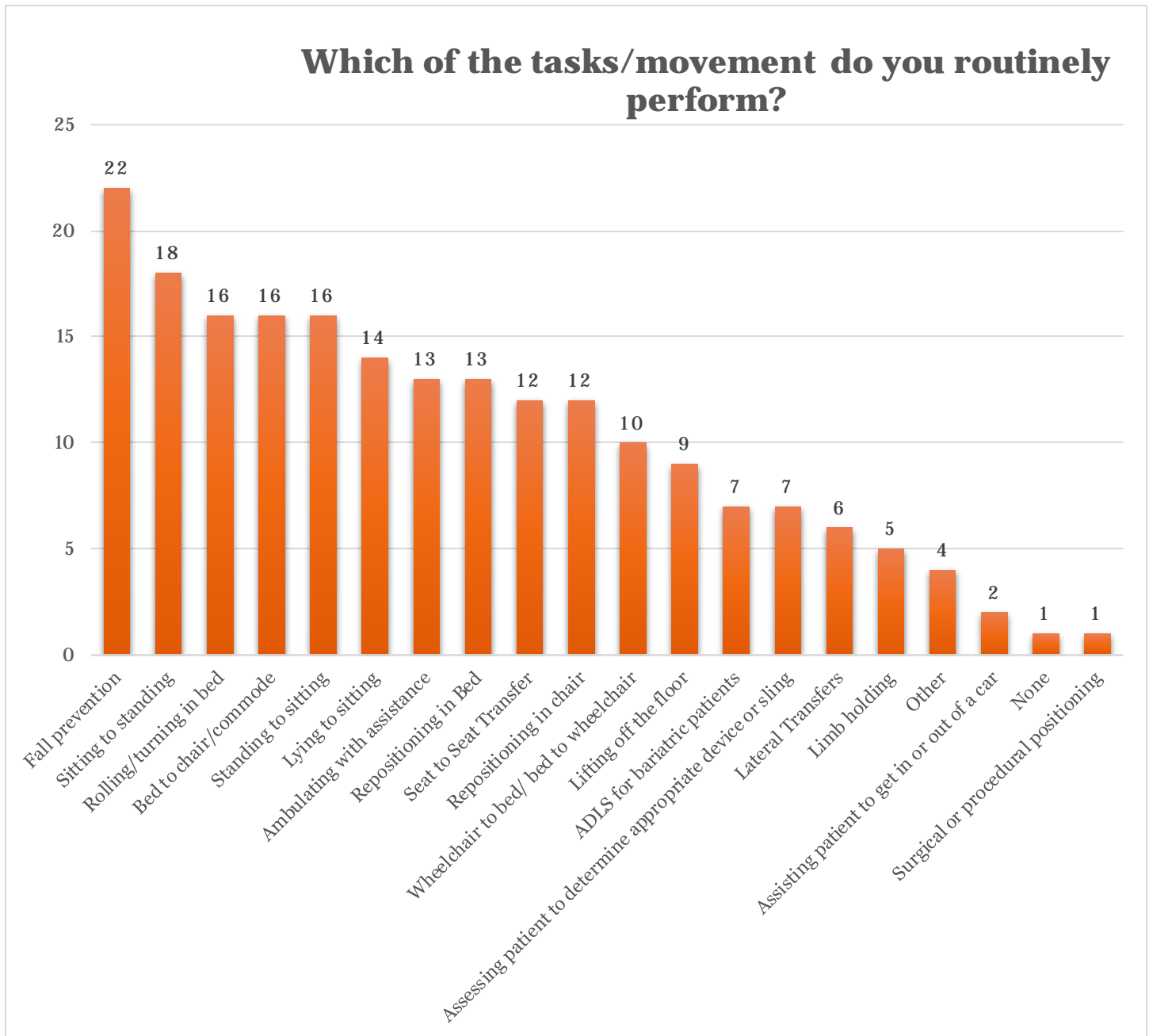
Equipment/Devices Need More Practice or Help



1 SOUTH

Response Count = 26; Response Rate = 60.47%,

1 South Tasks Routinely Performed

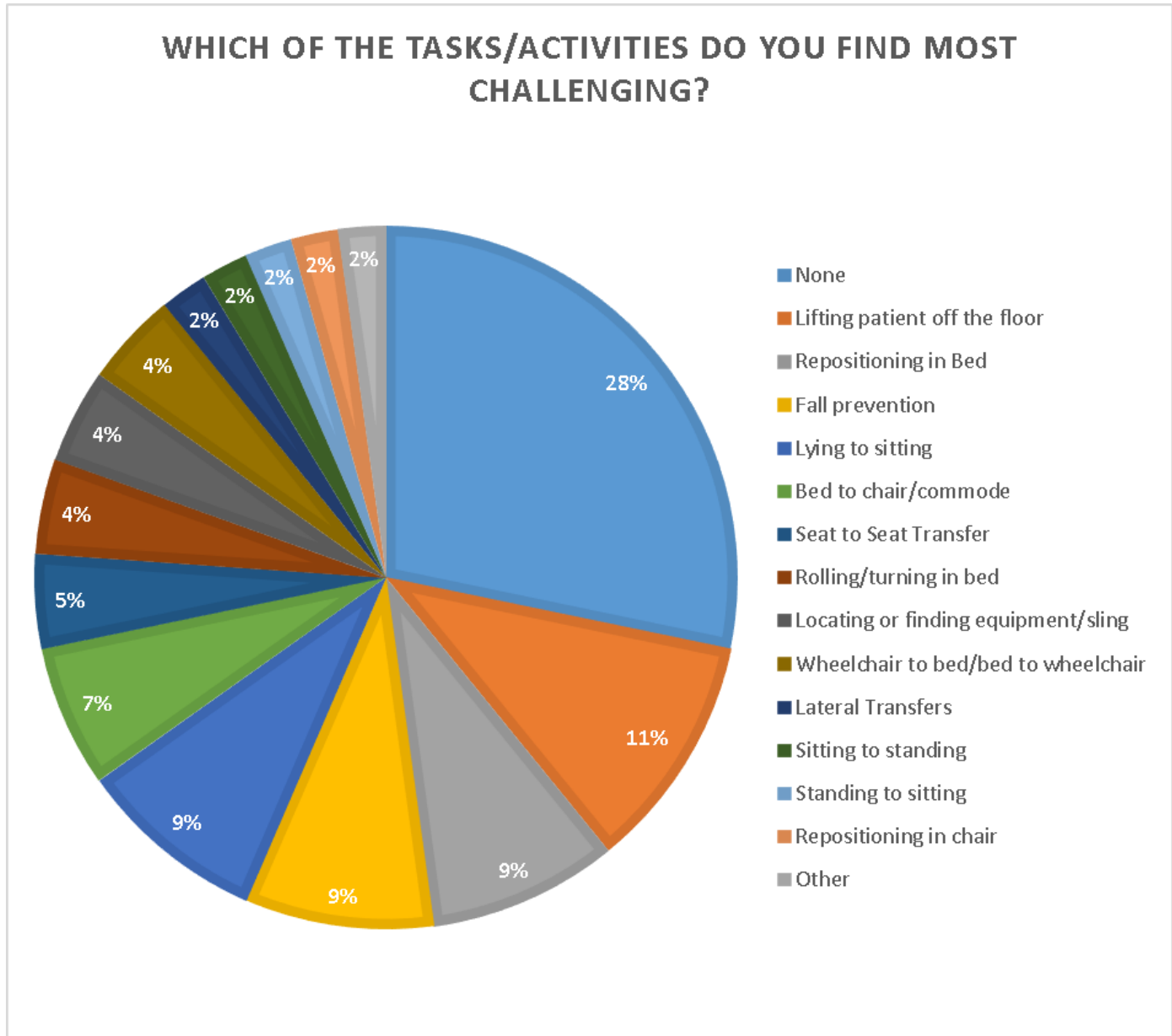


Tasks Routinely Performed - Continued

UNIT	1 South
ITEM NUMBER	5

Row Labels
Are there other tasks that you routinely perform not listed above?
Assist patients with ADL as needed. Monitor patients for safety, assist with meals as needed.
Constant observation
environmental safety check, consent observation, one to one observation
I'm a licensed art therapist working per diem. Usually I conduct art therapy groups focusing on the creative process and greater insight.
Leading groups to help mental health and wellness
N/A
na
NO
None
nope
Perform rounds around the unit
respding to crisis
Vital signs, EKG's
Vitals
vitals headcount es co finger sticks
yes

1 South Tasks/Activities Most Challenging



Tasks/Activities Most Challenging - Continued

UNIT	1 South
ITEM NUMBER	7

Row Labels

Explain why you find those tasks challenging.

1 South beds are bolted into the ground

Beds on 1S are low and when a pt. presents with ambulation difficulty, standing from sitting on side of bed, this requires two. Also, this requires low squat and concentration so as not to hurt the back. Pt. is also difficult to put into a sitting position from laying down, especially when the pt. is heavy. Could have used the Maxi Move to transfer as pt. from a bed to the stretcher.

difficulty using body mechanics

I am new to the hospital field and vitals were a bit challenging but with practice I should be ok.

I currently don't find any of the tasks at hand challenging. if I am in need of assistance or help of others i have no problem with asking for the help of my co-workers.

i didn't find any challenging task at work

I do not find the task challenging. I enjoy leading the groups

its hard to prevent

Low frequency

N/A

Need to get help and use proper technique in order not to injure your back

None

not challenging

our beds are not adjustable

Our patients are expected to be ambulatory but have multiple fall risk factors

patient fighting or refusing to cooperate dead weight

Patients are not always comfortable with what they can do to try to get on a better track. It is my job to try to get them to understand there are more positive options and it's ok to look a bit deeper at their thoughts and behavior.

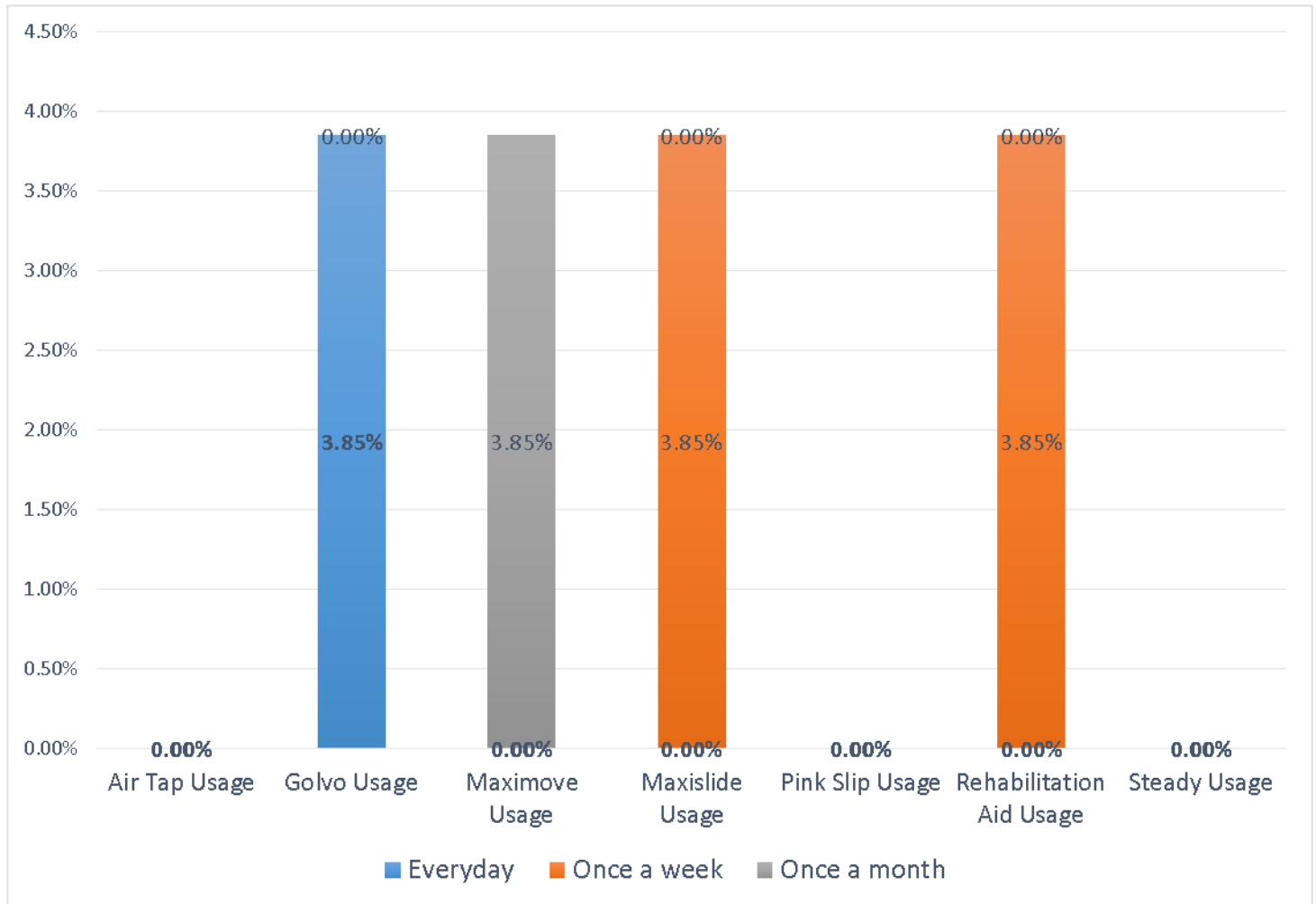
The beds here on 1South are low to ground and bolted to the floor, they don't raise up. This is a recipe for back injuries.

WE don't have hospital bed which can be adjusted

Equipment Frequently Used

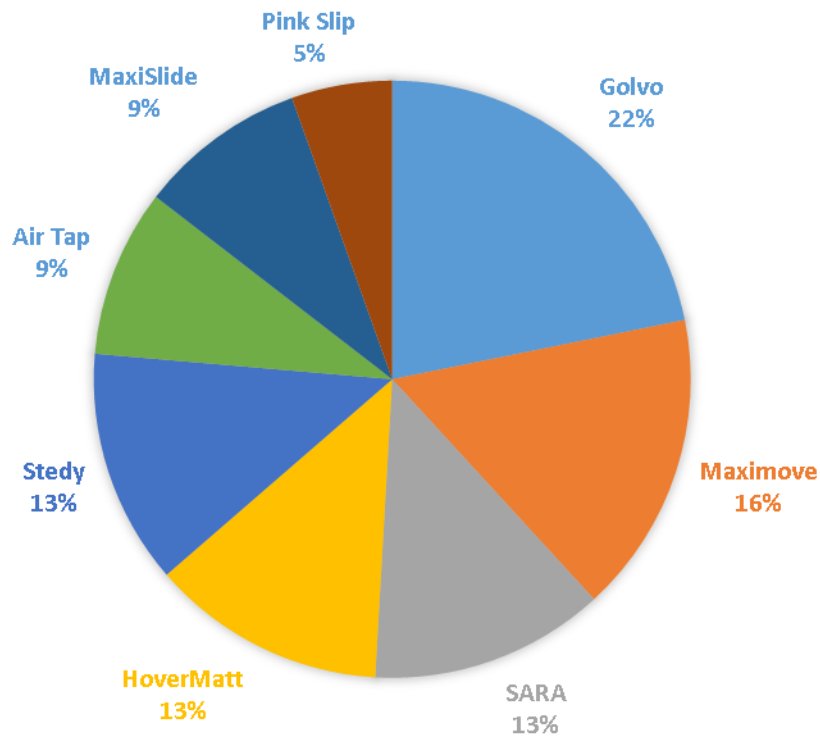
Q) IN THE PAST YEAR, HOW OFTEN DID YOU USE THE FOLLOWING PRODUCTS?

1 South



1 South Equipment/Devices Need More Practice or Help

SELECT THE TOP 3 SPH EQUIPMENT/DEVICES FOR WHICH YOU NEED MORE PRACTICE OR HELP TO OPERATE.



Situations Where You Could Have Been Better Prepared

UNIT

1 South

ITEM NUMBER

17

Row Labels

In the past year, tell us a situation where you could have been better prepared in terms of patient handling? Describe the key points.

1 south patient a mostly does not need this equipments

Ask more help when assisting a catatonic patient from lying position to sitting.

can't think of one

catatonic male 6ft 250lbs nonadjustable bed

I cannot think of any situation.

I had a patient that had trouble swallowing but wanted to eat badly. He was an NPO patient that could barely speak but he was trying to eat any snack he could get his hands on. I would've liked to be better prepared as far as knowing which patient is NPO before I did my CO. That way I'm more mentally prepared on how to deal with the patient

I have not been in my position for a year yet. So far I think I have done a good job staying on top of patients, making sure they do not fall if they are a fall risk.

I just started working on the unit and I find that with time I will be better prepared to handle every patient.

I learned how to speak to patients about loss where they are very relieved and happy to finally speak about the emotions that they have been thinking about for a long time.

I was handling both the rounds and visiting when I should've been focusing on one task

Most of our patients are ambulatory or with minimal assist

N/A

Patient needed to be lifted from the floor. We helped the patient up because we didn't have the proper equipment on the unit.

Pt. is floridly psychotic and can not hold onto the SARA or Maximove to assist staff. She also can not have HoverMatt as she may slide off it as she is not immobile. Pt. has a walker but has used it as a weapon so this was taken away.

unsure

was no situation

We had a catatonic pt but had to have him in a regular bed which was to low to the floor and we had difficulty positioning him.

we had one patient that was catatonic on the unit and I had somewhat of a hard time repositioning the patient due to the current beds that are on the unit being very low. I felt that the unit was somewhat unprepared to give this patient the best service that we could simply because of the low level of the beds that are placed on the unit. I believe if we continue to have catatonic patients on the unit, we should be more prepared with medical beds to prevent staff from hurting ourselves.

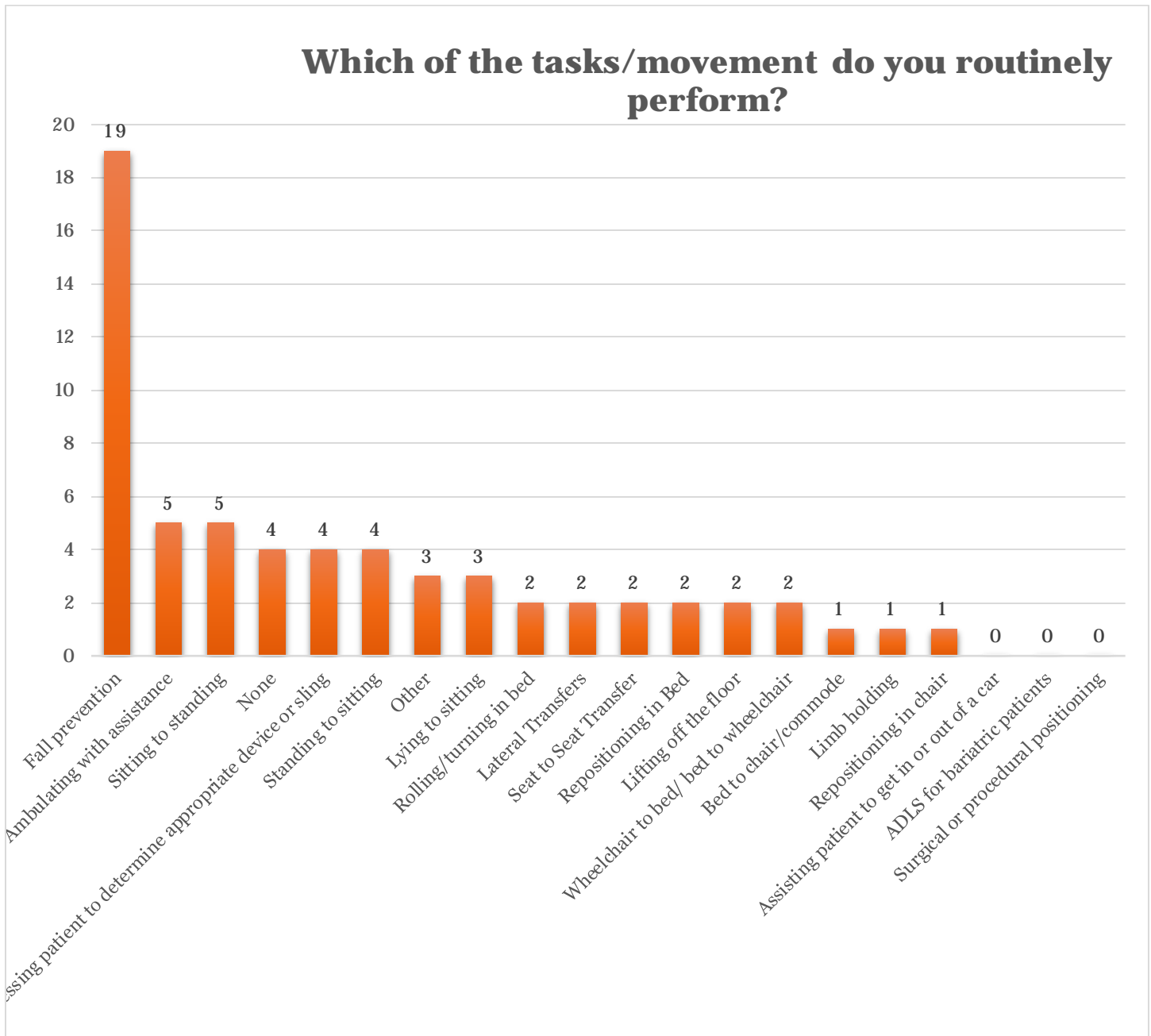
when a patient got agitated and became out of control

working wth pt who needed assistance and psychiatric pt with crisis

BEHAVIORAL REHAB UNIT (BRU)

Response Count = 23; Response Rate = 57.50%

BRU Tasks Routinely Performed

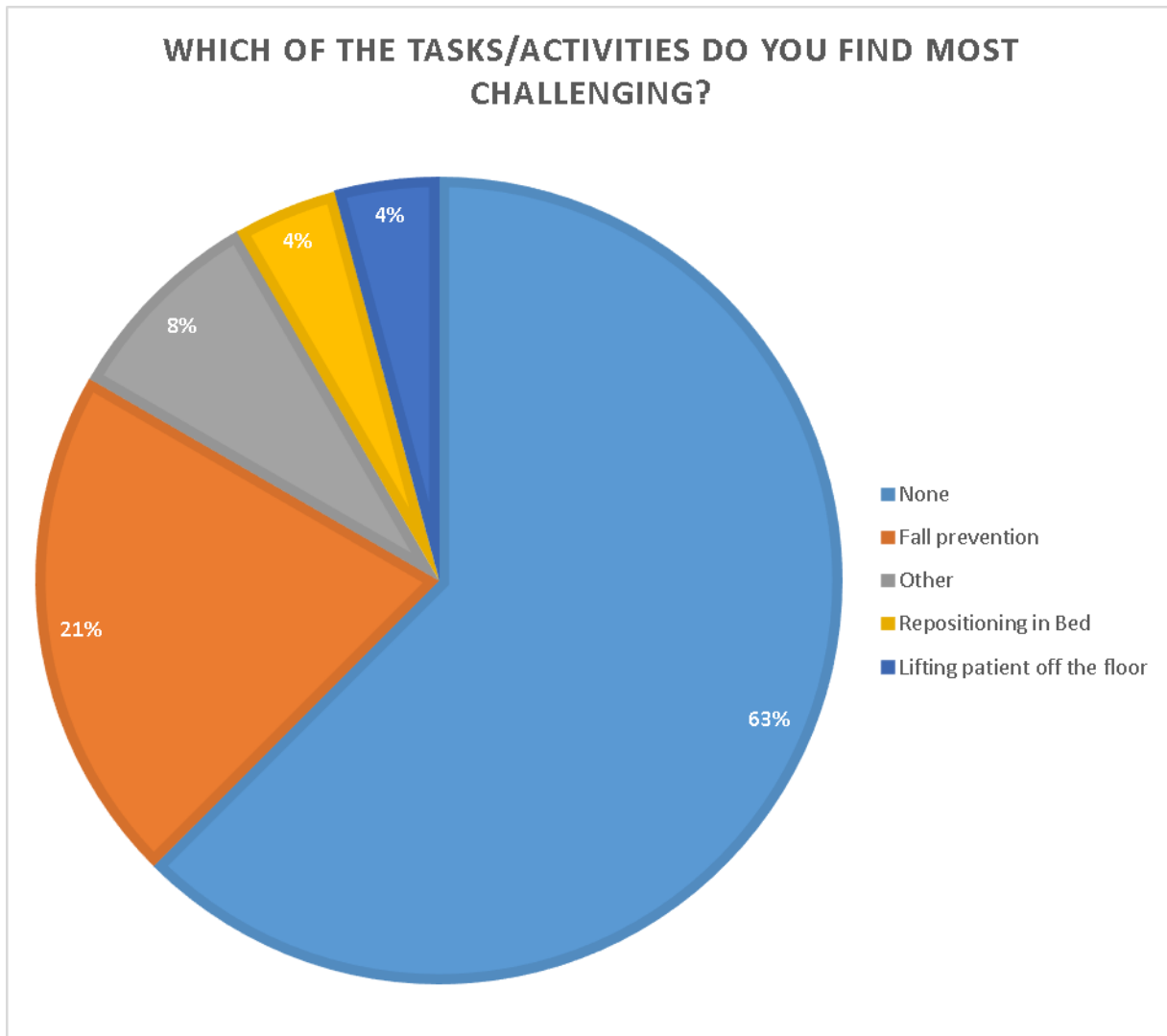


Tasks Routinely Performed - Continued

UNIT	BRU
ITEM NUMBER	5

Row Labels
Are there other tasks that you routinely perform not listed above?
ADLs
Facilitate groups, monitor patient behaviors for safety
Managing pts to follow unit policies
minimal
N/A
NO
None
Patient care
room check ,giving out sharps,
Safety Enviornmentals

BRU Tasks/Activities Most Challenging



Tasks/Activities Most Challenging - Continued

UNIT	BRU
ITEM NUMBER	7

Row Labels

Explain why you find those tasks challenging.

Almost all of our patients are ambulatory and do not require assistance, so it is very hard preventing slips or falls

BRU patients are ambulatory and some are on psychotropic medications therefore they are at higher risk for falls.

Challenging to monitor fall risks on a BRU unit.

do not use equipment

Don't find any of the tasks challenging

It is challenging when we get patients who have issues with authority and trust. We ask the patient to establish trust in our staff in a short amount of time so we can help them. That can be very difficult for the population we service.

iTS HARD TO ANTICIPATE ALL PATIENT NEEDS AND PREVENT FALLS

N/A

no proper equipment to lift the patient up in BRU if patient is on the floor

None

not applicable

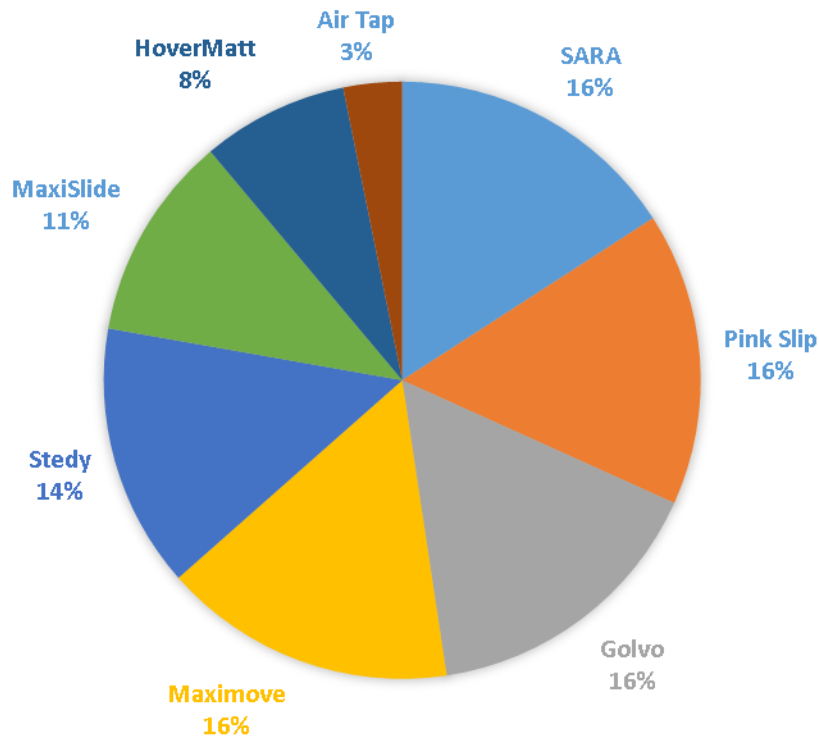
some patients don't adhere to safety fall precautions.

This does not apply.

Equipment Frequently Used - NA

BRU Equipment/Devices Need More Practice or Help

SELECT THE TOP 3 SPH EQUIPMENT/DEVICES FOR WHICH YOU NEED MORE PRACTICE OR HELP TO OPERATE.



Situations Where You Could Have Been Better Prepared

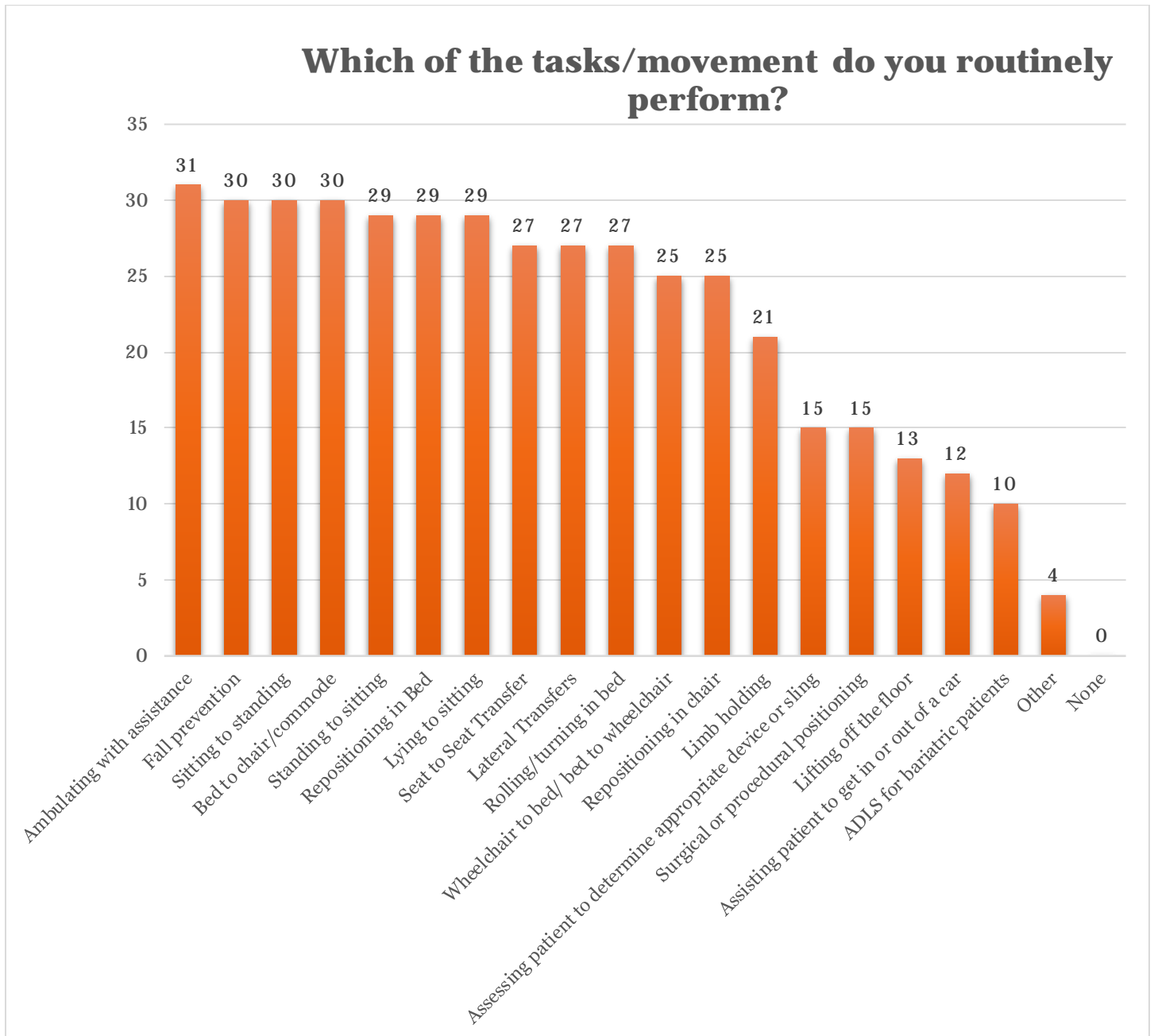
UNIT	BRU
ITEM NUMBER	17

Row Labels
In the past year, tell us a situation where you could have been better prepared in terms of patient handling? Describe the key points.
A paraplegic patient was admitted to BRU. The typical patient is ambulatory and independent. No pink slips or maxislides available on unit to assist with bed mobility.
Did not have a situation where I felt I could have been better prepared.
did not use equipment
HAVING THE EQUIPMENT ON THE FLOOR AND WITH ALL PARTS
I am only here 9mths, and I worked on the BRU , units. Don't used much of these equipment, most of our patients ambulates.
I cannot recall as all our pts are expected to be ambulatory (did have a wheelchair bound pt, he self transferred)
I do not use any of these devices but I am willing to be trained.
minimal transfer equipment use in BRU.
N/A
N/A bru unit
n/o
None
On the BRU unit, often times we do not have patients that use or require a wheelchair, however, when we do, transferring the patient from bed to wheelchair, and wheelchair to bed, can be challenging, when the patient themselves is not able to assist with their transfer.
This does not apply.

2 CENTER

Response Count = 32; Response Rate = 71.11%

2 Center Tasks Routinely Performed

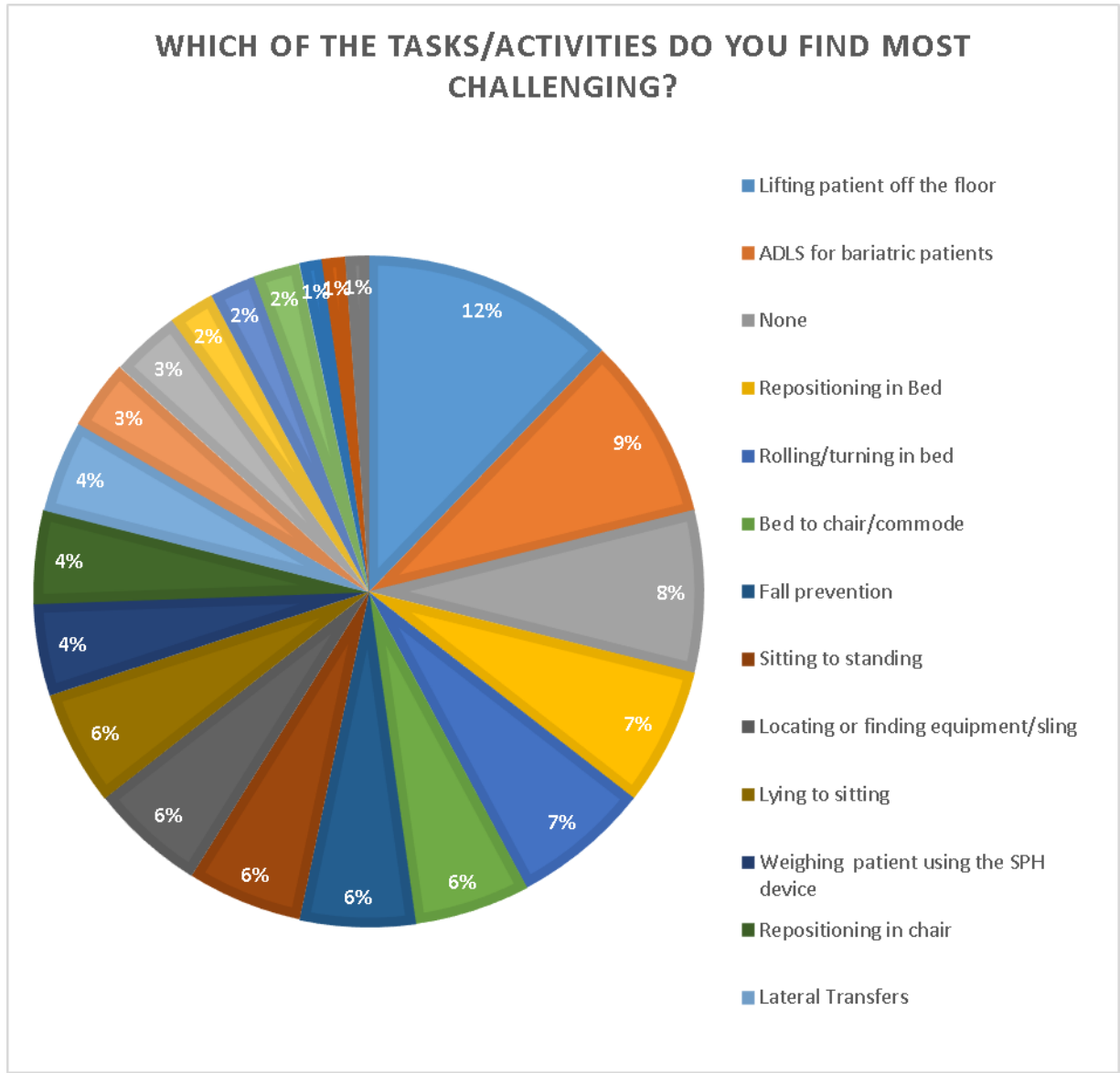


Tasks Routinely Performed - Continued

UNIT	2 Center
ITEM NUMBER	5

Row Labels
Are there other tasks that you routinely perform not listed above?
all covered I guess
Bladder scan; Taking patients' vitals; and other duties as assigned on shift by nurse
check Bood sugar and EKG
Cleen patient area.
feeding, taking vitals, accuchecks, EKG etc
MEDICATION ADMINISTRATION, EDUCATION, WOUND CARE
N/A
na
NO
None
Stand and pivot to transfer

2 Center Tasks/Activities Most Challenging



Tasks/Activities Most Challenging - Continued

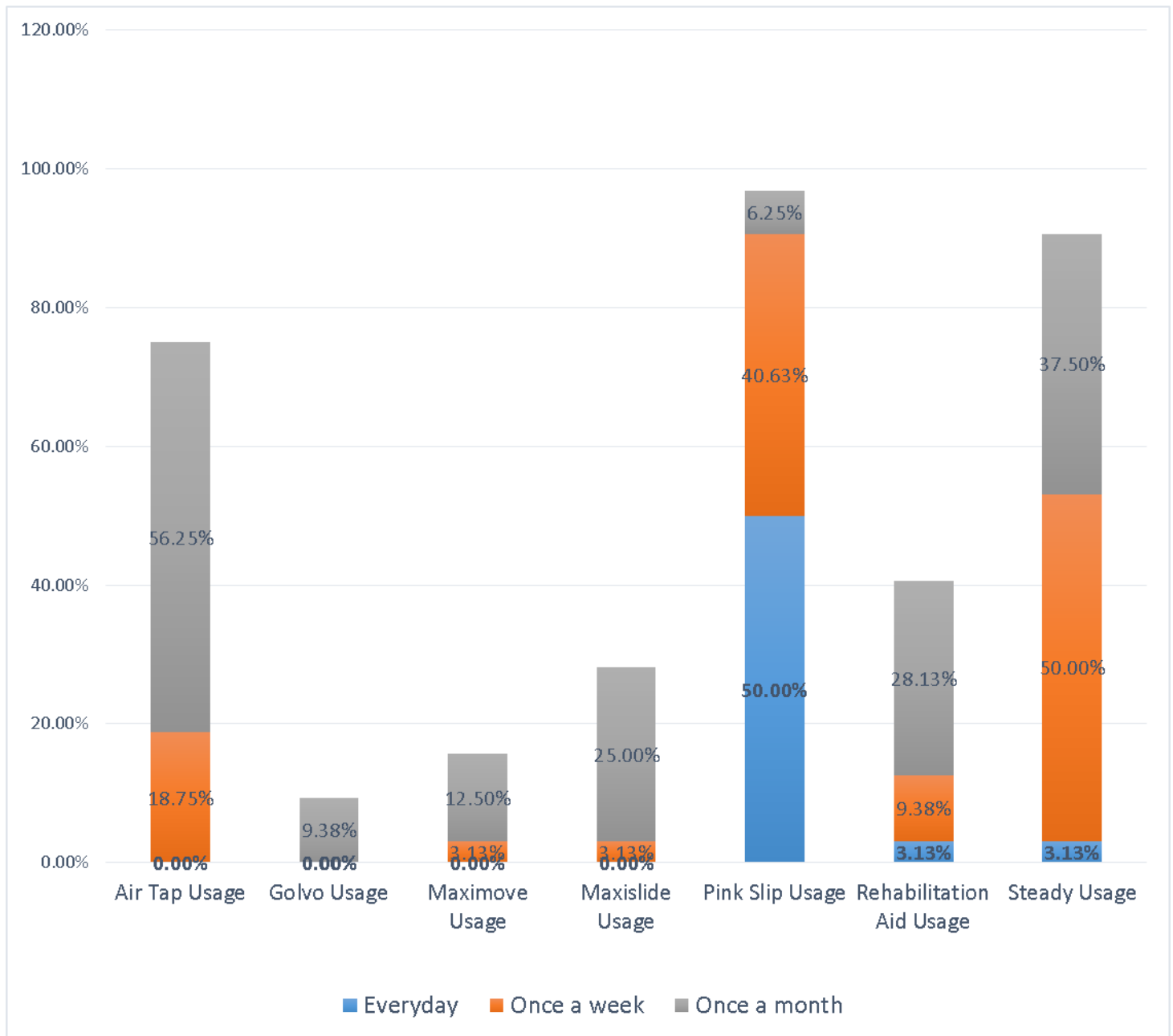
UNIT	2
ITEM NUMBER	Center 7

Row Labels
Explain why you find those tasks challenging.
A second staff member is not always readily available when a patient requires such assistance for turning/repositioning.
ALL TASKS ARE FINE IF STAFFING IS APPROPRIATE
Because the patient requires more time and assistance.
Being new on the Unit, to increase confidence.
Depend where patient fall.
difficult to Mannuer
equipment not returned to supply room, obese pts taking multiply staff to lift them
feel like its hard to find the slings etc. that you need for the device
finding the equipment takes time
Heavy Patients
it is difficult to perform without the correct equipment
It is more difficult finding at times to find help to do these tasks when the patients are MOD/total assists
Its not always easy to try and maneuver a patient off the floor.
locating equipment is frustrating and time consuming
N/A
na
None
not done routinely
not enough staff
not every pt is on the air tap and we have not perfected how to turn a pt without much effort
Patients and the environment are dynamic. You can never know exactly how a situation can go and the fear of being hurt or hurting someone is high
providing patient assistance is challenging especially when they require heavy assistance
stressful, oftentimes not enough time to utilize proper equipment
the assist of 2 staff makes these tasks more manageable. a second staff member is not always available
There are many times patients cannot go from lying to sitting and request they pull your hand to help them get up, which is not recommended for my own safety.

Equipment Frequently Used

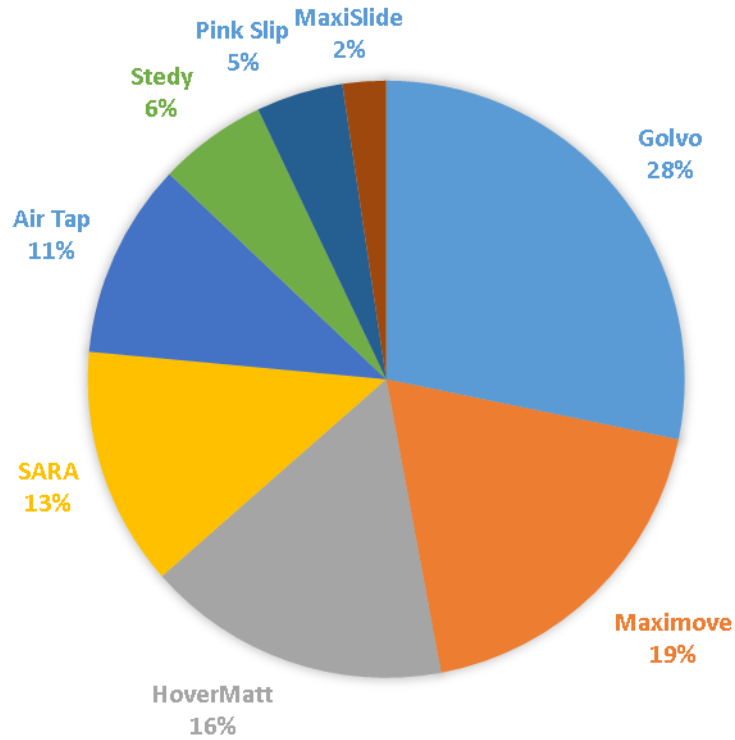
Q) IN THE PAST YEAR, HOW OFTEN DID YOU USE THE FOLLOWING PRODUCTS?

2 center



2 Center Equipment/Devices Need More Practice or Help

SELECT THE TOP 3 SPH EQUIPMENT/DEVICES FOR WHICH YOU NEED MORE PRACTICE OR HELP TO OPERATE.



Situations Where You Could Have Been Better Prepared

2
Center

UNIT
ITEM NUMBER

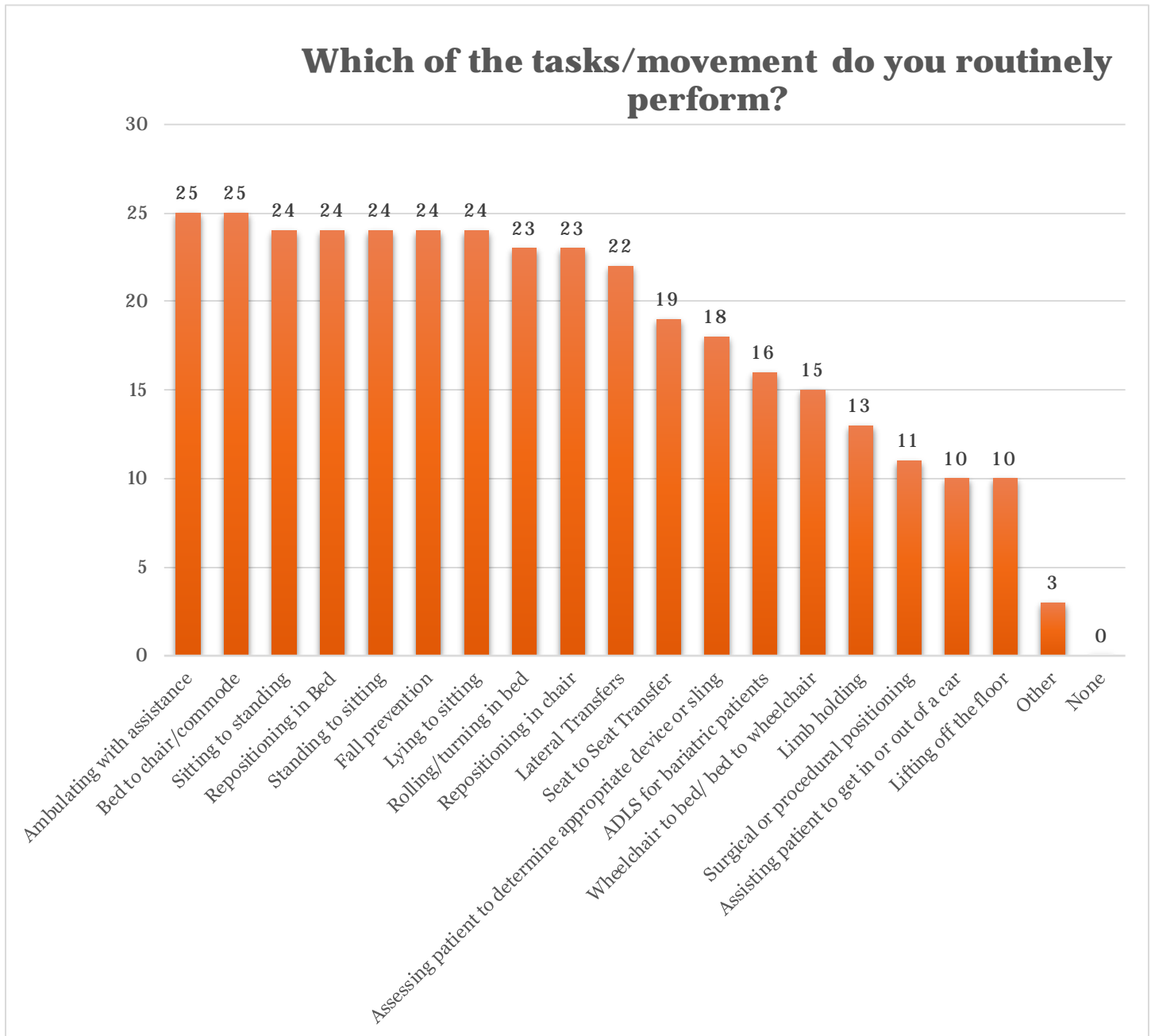
17

Row Labels
In the past year, tell us a situation where you could have been better prepared in terms of patient handling? Describe the key points.
a fall in the bathroom and no stretcher from security to slide pt onto always prepared
Assessing movement of patients in unique postions such as bathrooms and know which sling/lift equipment would accommodate them quickest
Caring for a non-ambulatory bariatrics patient requiring 6 staff members to assist with turning/repositioning. Education on type of assistive devices and mechanisms to use when working with this patient population would be helpful.
Each day at work provides opportunity for growth. The assistance from my peers help me to quickly assess and determine the best practice in patient handling.
getting a max assist patient off the floor handling bariatric pt
Having more air taps for our obese patients.
in the past year we had a bariatric patient in room 289 with lymphedema. It was very difficult to position and provide care to patient due to his weight and staff's limited knowledge of how to move patient.
N/A
None
NONE WE ARE PREPARED, JUST LIMITED STAFFING AT TIMES
pt. fell in bathroom - unassisted fall
REPOSITIONING A BARIATRIC PATIENT WHO ASSISTED MINIMALLY WITH TURNING - BARIATRIC BED W/ BUILT IN TOOLS AND AIRTAP USED BUT REPOSITIONING STILL REQUIRED 4-6 STAFF MEMBERS
we had a bariatric patient that was in a special rented bed and it was difficult to operate the the weighing part
We have concern every time we use equipment/devices like Golvo and maximove because we don't use those equipment as much in our unit.
When going to clean a patient you sometime forget to bring in all of your supplies, its a good idea to just look in the hall and if you see one of your co-worker in the hall you can ask the to assist.
When handling a bariatric patient it would take 6 employees and an air tap to turn him, when there wasn't enough employees to do this it potentially was unsafe for us as employees to do without all the help.
while ambulating heavy pt with total knee replacement, pt lost balance was unable to support weight and lowered pt to floor. with assist from other staff used Golvo to lift pt and return her to bed.

3 NORTH

Response Count = 25; Response Rate = 69.44%

3 North Tasks Routinely Performed



Tasks Routinely Performed - Continued

UNIT	3 North
ITEM NUMBER	5

Row Labels

Are there other tasks that you routinely perform not listed above?

assisting with meals feeding and preparation, pericare, provide comfort, listen and talk with family members and patients, bath patients

Assisting transfer with deceased patient.

N/A

na

NO

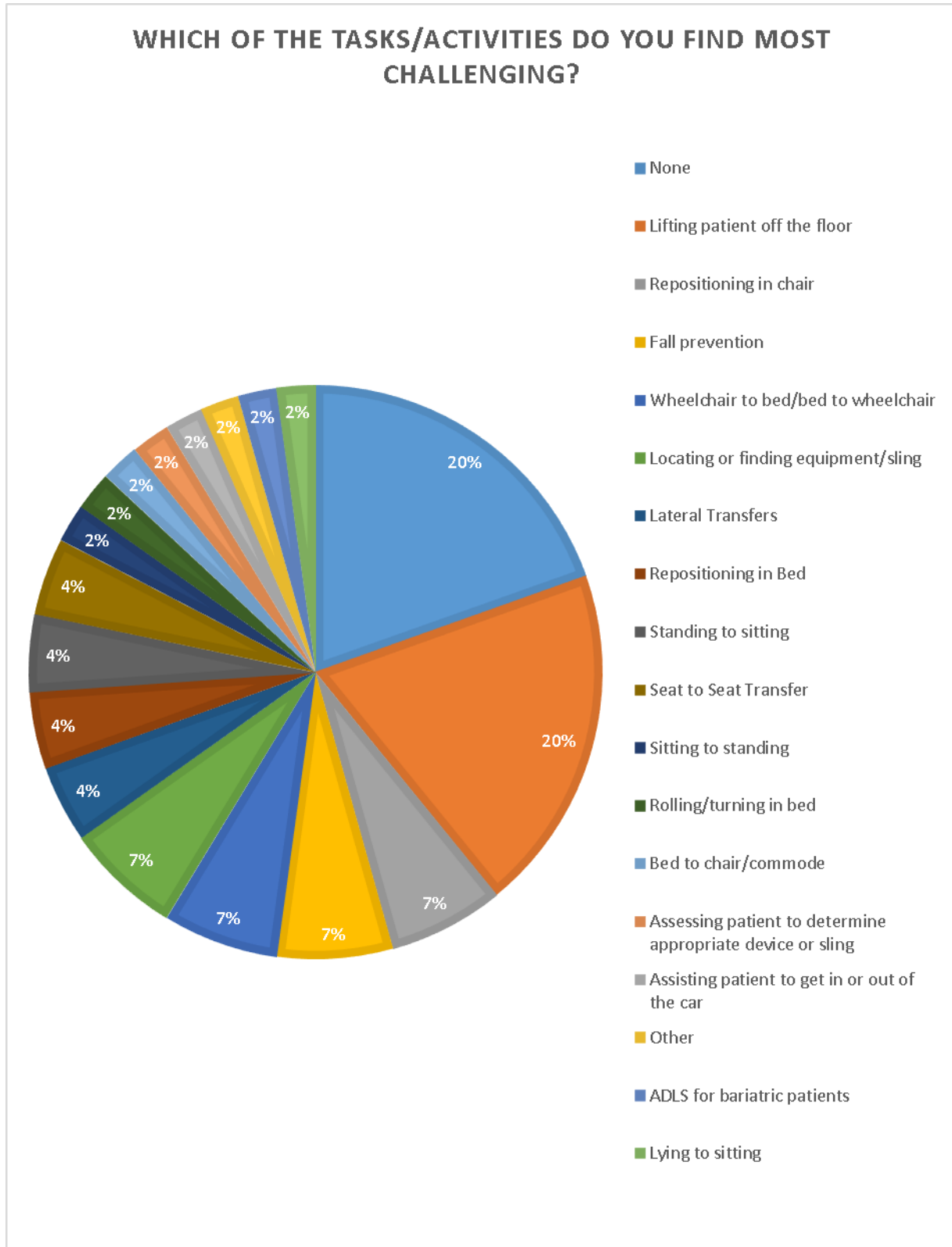
None

removing food trays

sometimes feeding routinely perform

thats what i remember at this moment

3 North Tasks/Activities Most Challenging



Tasks/Activities Most Challenging - Continued

UNIT

3 North

ITEM NUMBER

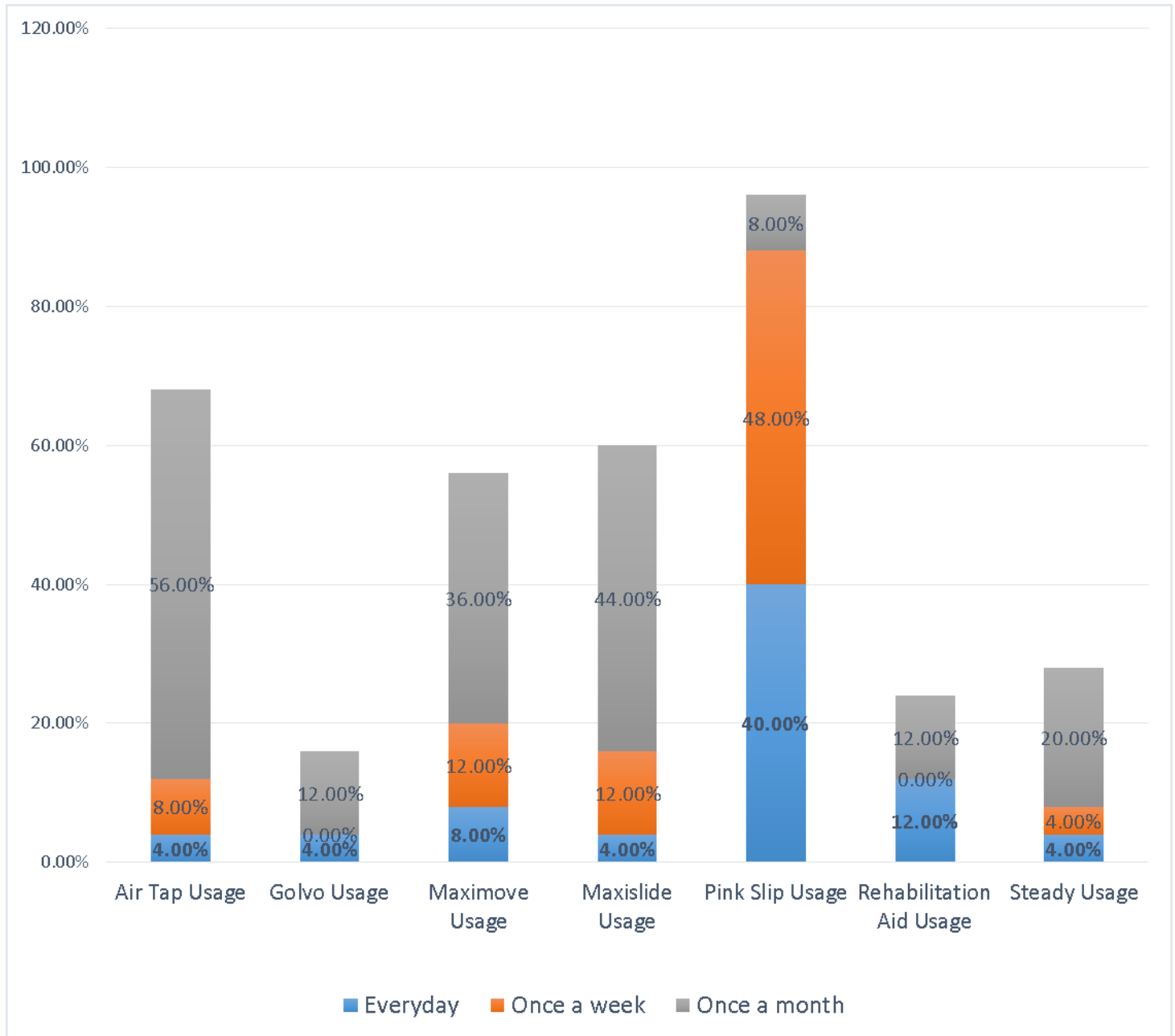
7

Row Labels
Explain why you find those tasks challenging.
BECAUSE OF THE OTHER OBSTACLES LIKED INCONTINENCE,CONFUSION,PAIN & MANEUVERING.
because sometimes we can find the equipment or, is not charge ..
Changing position post-op is challenging due to pain and pt connected to IV poles, SCDs, etc.
due to patients being heavier in weight than I am. I tend to ask for assistance
finding equipment is hard, missing. patients with transferring from wheelchair do not follow directions and can cause physical harm to the staff
finding the equipment and sometimes if you don't have enough personal it can be challenging.
i am short with short arms
i dont
I don't find these task challenging as I get assistance from my nursing team
Lack of experience
Lack of experience in using a pre-installed lifting equipment in a bariatric room
Lifting obese patients off the floor is the most challenging tasks that requires more than one individual
may need more than one person and be familiar to use the right equipment
N/A
na
None
not much room
Some patients refuse to use to devices selected.
too much bending involved in picking a put up off the floor
weight of the pt

Equipment Frequently Used

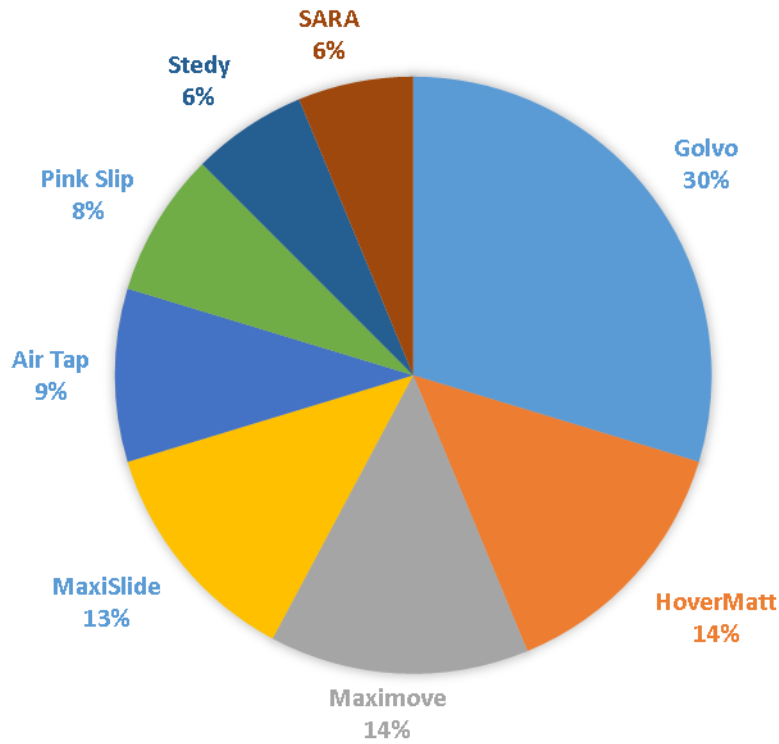
Q) IN THE PAST YEAR, HOW OFTEN DID YOU USE THE FOLLOWING PRODUCTS?

3 North



3 North Equipment/Devices Need More Practice or Help

SELECT THE TOP 3 SPH EQUIPMENT/DEVICES FOR WHICH YOU NEED MORE PRACTICE OR HELP TO OPERATE.



Situations Where You Could Have Been Better Prepared

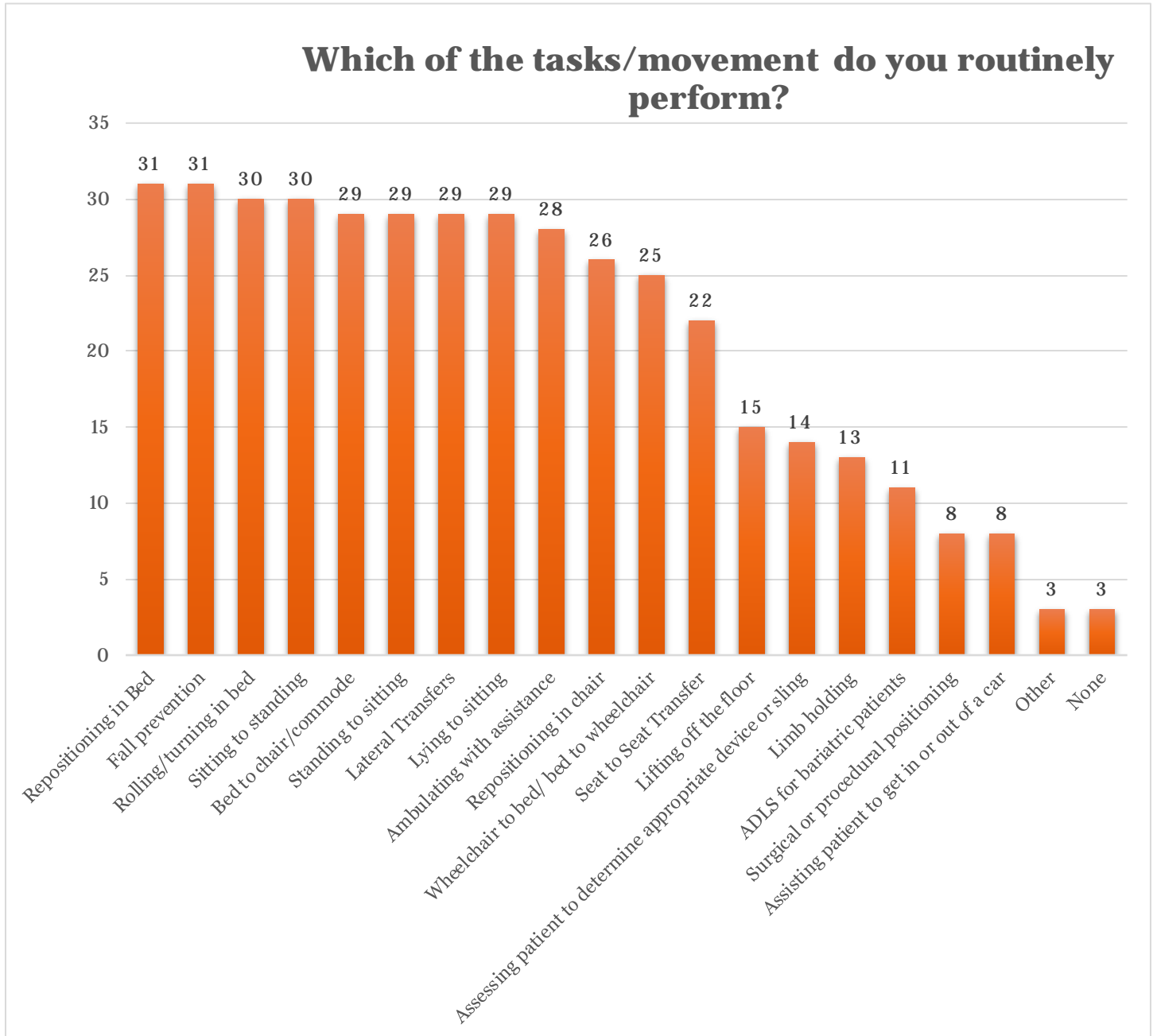
UNIT	3 North
ITEM NUMBER	17

Row Labels
In the past year, tell us a situation where you could have been better prepared in terms of patient handling? Describe the key points.
230lb patient slipped on the floor. Proper SPH to used, weight is prioritized
always make sure activity orders are up to date
been short staff in the unit.
easily finding equipment when needed
getting out of the pt. to use toilet ,did not had SARA
Golvo
I am currently in orientation at the start of my second week. I would suggest starting the training in proper patient handling and transporting prior to being placed on the unit for the first time.
I mostly used the pink slip for post-op patients as needed.
Lack of practice in using the lifting equipment installed in the bariatric room
LIFTING A 379 LB PATIENT WHO FEEL OFF THE BED AND UNABLE TO USE HIS LOWER EXTREMITIES TO HELP GET BACK TO BED. BARIATRIC LIFT WAS USED WITH SUCCESS.
Most patient never certifies with their cares. instead, showing empathy and listening to their concerns could reduce inner frustrations.
N/A
None
none yet as I have only been on the floor for a month plus
patient fell; only golvo was available- maxmove was the device most familiar with since it is used most frequently; could have been more prepared with use of golvo
pinks slip use and patient cooperative too
sometimes on lateral transfer, pink slip is needed to ease movement
Walked a post op patient to the bathroom who passed out in the bathroom and I had to carry her back to bed,
We received a post op bariatric patient on a different air tap pad, did not know how to use it because it did not include the pump.

5 NORTH

Response Count = 31; Response Rate = 48.44%

5 North Tasks Routinely Performed

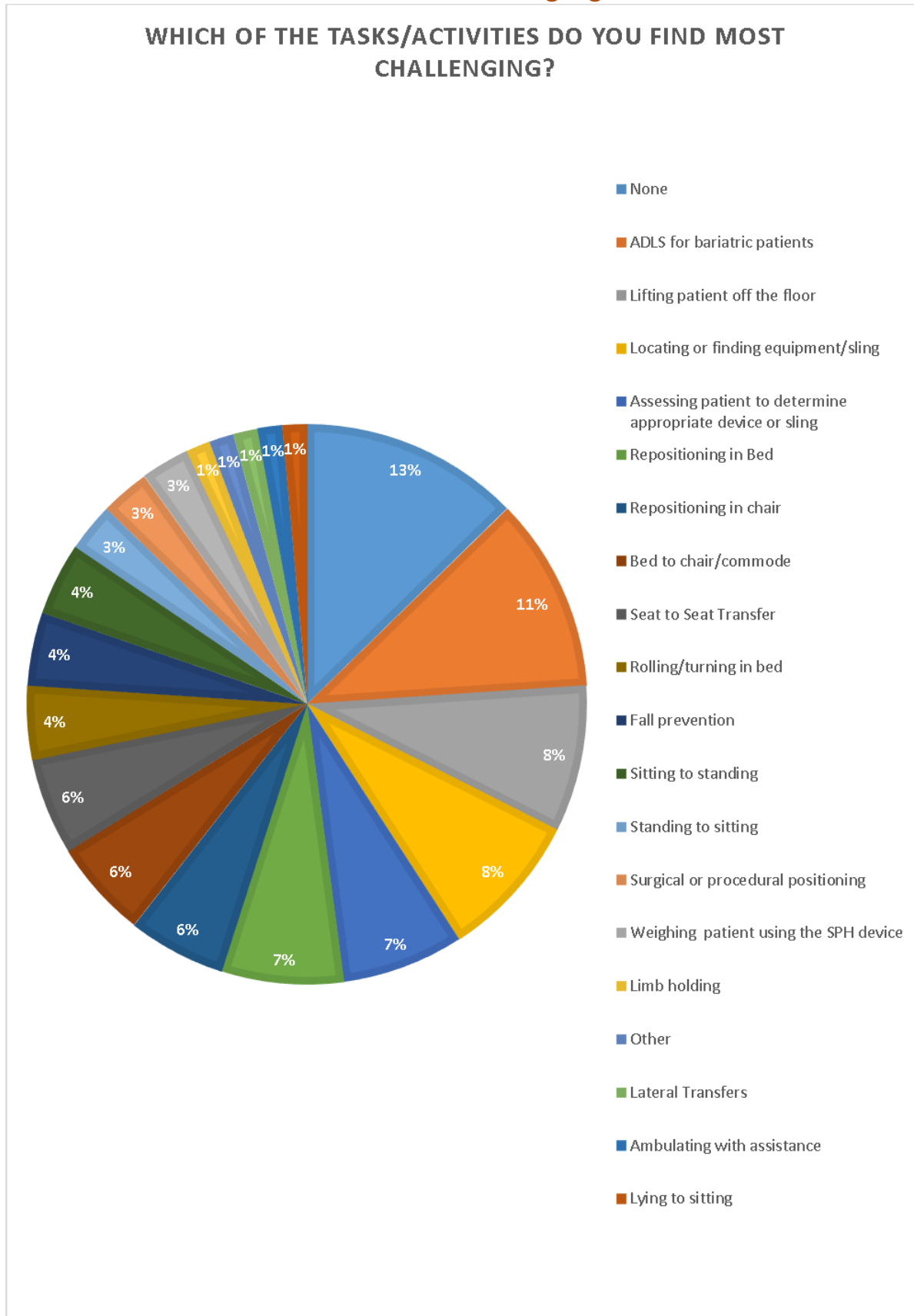


Tasks Routinely Performed - Continued

UNIT	5 North
ITEM NUMBER	5

Row Labels
Are there other tasks that you routinely perform not listed above?
?
adl cares, vital signs, accu checks
ADLs
ADLS for typical patients ,not bariatric
Changing Patients
N/A
na
NO
None
patients assessments

5 North Tasks/Activities Most Challenging



Tasks/Activities Most Challenging - Continued

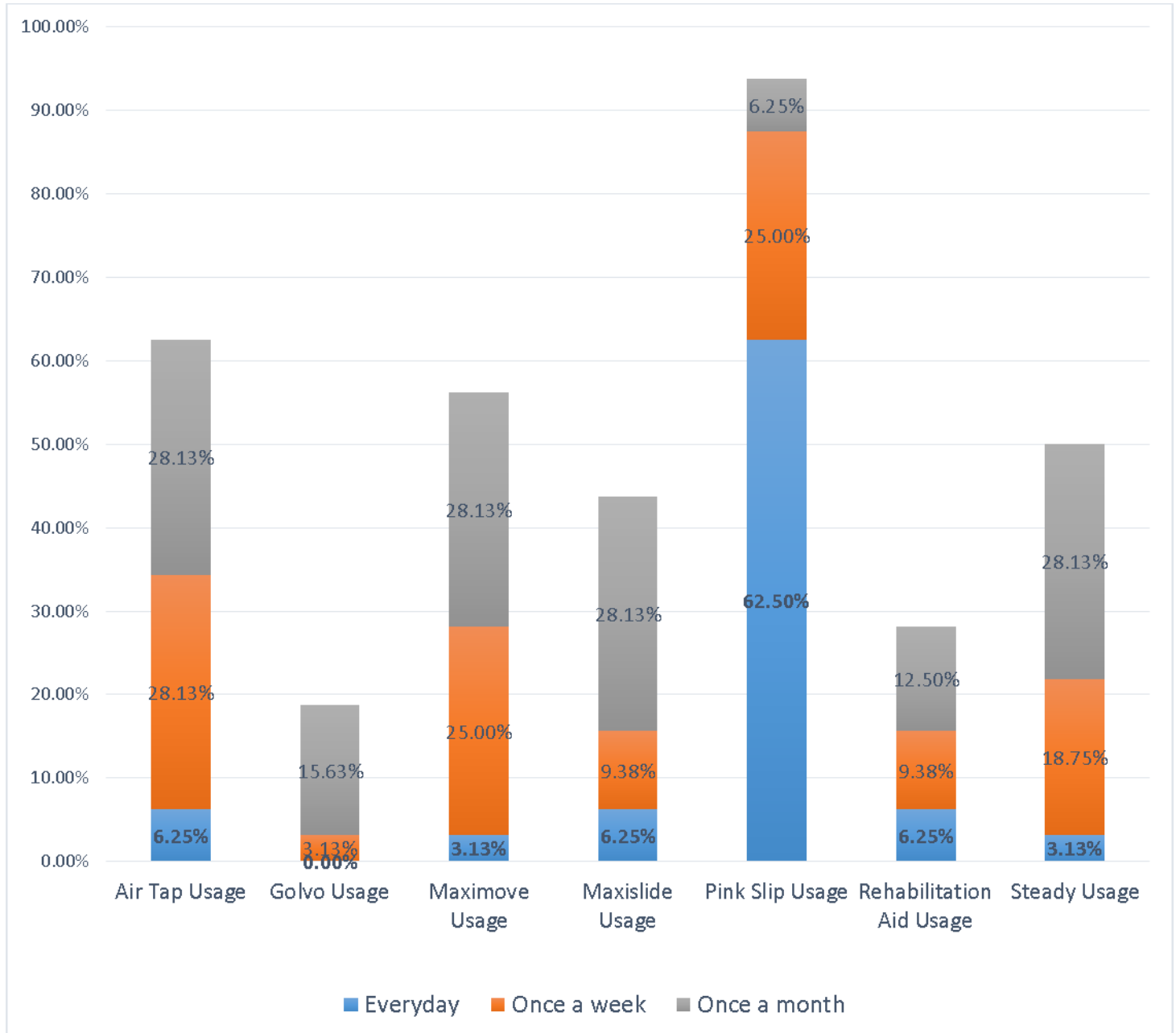
UNIT	5 North
ITEM NUMBER	7

Row Labels
Explain why you find those tasks challenging.
All of those tasks can be challenging when your patient is heavy and limited in movement which we do see often. Being a geriatric floor it can be challenging mobilizing patients in or out of bed.
because even with the Air Tap it is hard to roll or reposition the patient
because it is not part of mu nursing scope of practice
because of lac of space to maneuver
because some times the patients are so heavy and can't move .
Because this activities need assistance
Difficult with heavy and tall patients.
DON'T SEE A LOT OF POST- PROCEDURAL POSITIONING.
I don't feel very confident in my skills/technique.
I find these challenging because the patient may be uncomfortable during the process.
lack of knowledge
may be patient is confused and unsteady
N/A
na
Need more knowledge, experience and practice
None
Not necessarily more challenging , we just don't do usually deal with some of those situations .
Patients are often heavy and challenging to help them move safely. Sometimes, they are not in the right bed and request for equipment are delayed
Pt's are heavy. Equipment is not always available or there is no other staff person free to assist.
Sometime patients are non complaint to education of fall prevention
Sometimes with heavier patients who are not balanced on their feet, it is harder to get them up
the equipment are often not in their specified location
the equipment is not in the designated storage area at times
this task is challenging because it is not easy to keep turning the patient from side to side to give care.
when you are not use to working with these devices, it makes it hard

Equipment Frequently Used

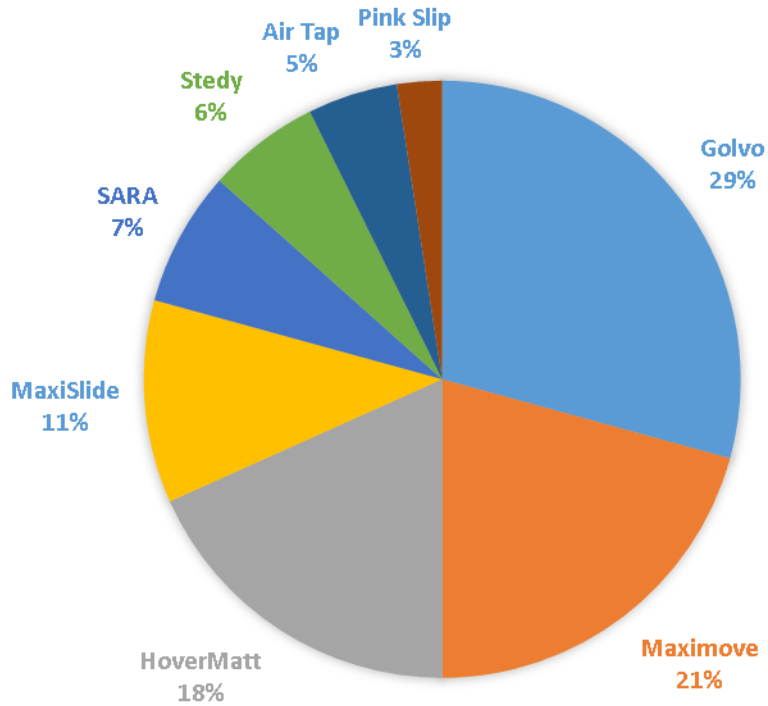
Q) IN THE PAST YEAR, HOW OFTEN DID YOU USE THE FOLLOWING PRODUCTS?

5 North



5 North Equipment/Devices Need More Practice or Help

SELECT THE TOP 3 SPH EQUIPMENT/DEVICES FOR WHICH YOU NEED MORE PRACTICE OR HELP TO OPERATE.



Situations Where You Could Have Been Better Prepared

UNIT

5 North

ITEM NUMBER

17

Row Labels

In the past year, tell us a situation where you could have been better prepared in terms of patient handling? Describe the key points.

CHALLENGING TO GET PATIENTS OFF THE FLOORS/P FALL. NOT FREQUENT SITUATIONS, BUT IT TAKES SO LONG FOR SECURITY TO RESPOND WITH STRAIGHT BOARD OR GET LIFT EQUIPMENT/APPROPRIATE SLING IN A TIMELY FASHION.

Difficulty identifying the appropriate device for each patient.

during a patient fall we lifted a patient from the floor without equipment devices.

I feel like there is always improvement to better ourselves

I have always been prepared

I have had patients who are max-assist, and I have found that I tend to hold back and not encourage the pt to get OOB to chair because I am not confident in my ability to use the assistive/transfer devices

I have never been in a situation.

I haven't had any bad experience with patient's handling last year

I will be honest there are times when a patient who qualifies for the sara or steady, is moved by just a tech and I are time purposes. I can be better at taking the time to get the equipment rather than just doing it ourselves without the equipment.

It has been very helpful transferring patients lately with pink slip . If we have more staff help while transferring will be more comfortable .

N/A

None

report stating that patient is one assist but patient was a two assist

Team Work

The equipment that we have, work for patients and for me too.

The lift equipment is usually not on the unit when needed.

The proper use of maximove

The Pt that is supposedly a one assist and then can't even stand up from a chair.

There have been no situation that I can recall

There was a heavier patient who was unable to stand up on their own. The nurses were also struggling to get them up, even with the machine to lift them up.

There was a patient who we used the pink slip but the Maximove would have been better

Using Air tap for overweight patient make easy to ADLs

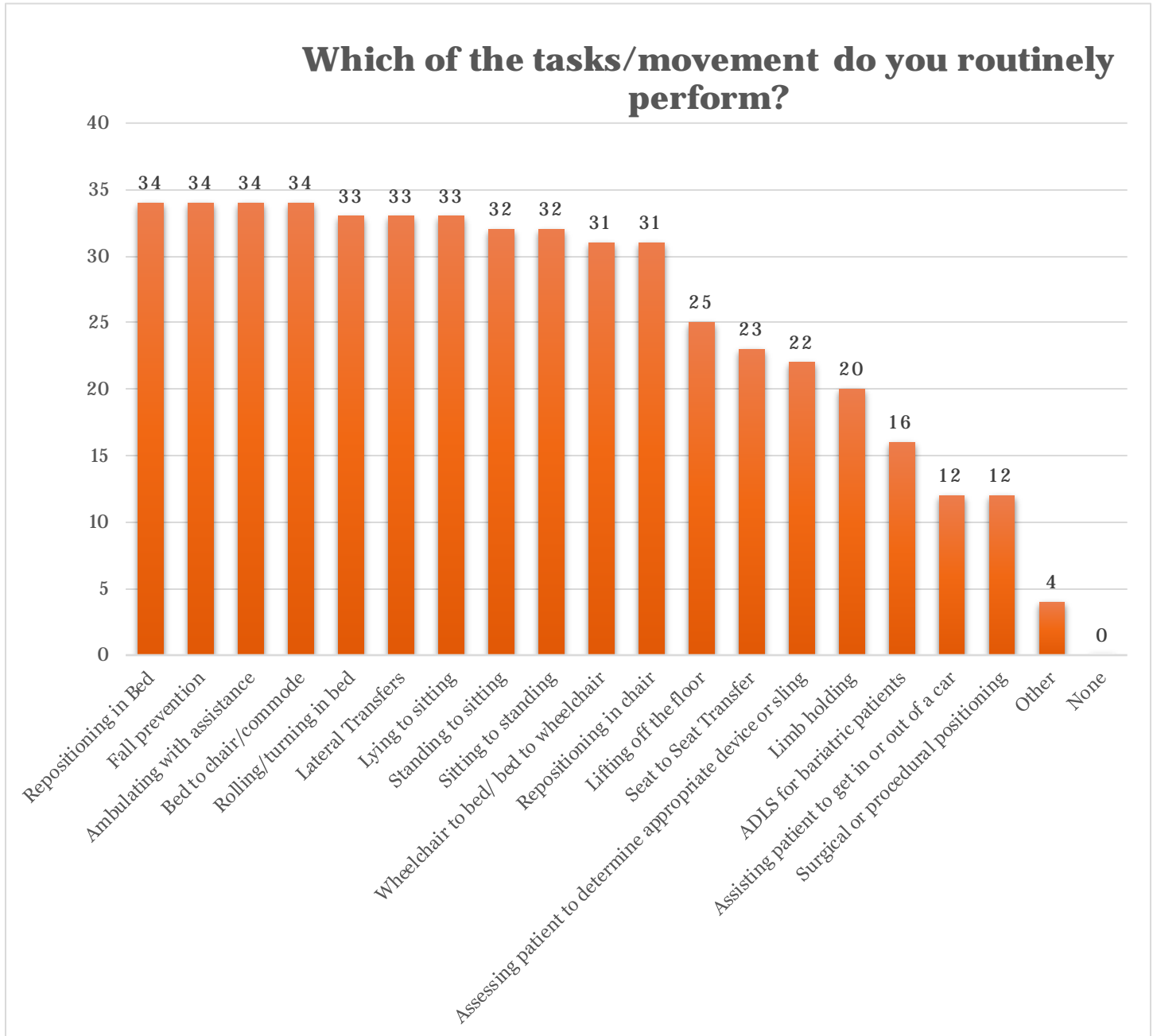
using the air tap

when transferring a patient from stretcher to bed sometimes I realize I m not prepared with my pink slip and have to run out to get one.

5 SOUTH

Response Count = 32; Response Rate = 71.11%

5 South Tasks Routinely Performed

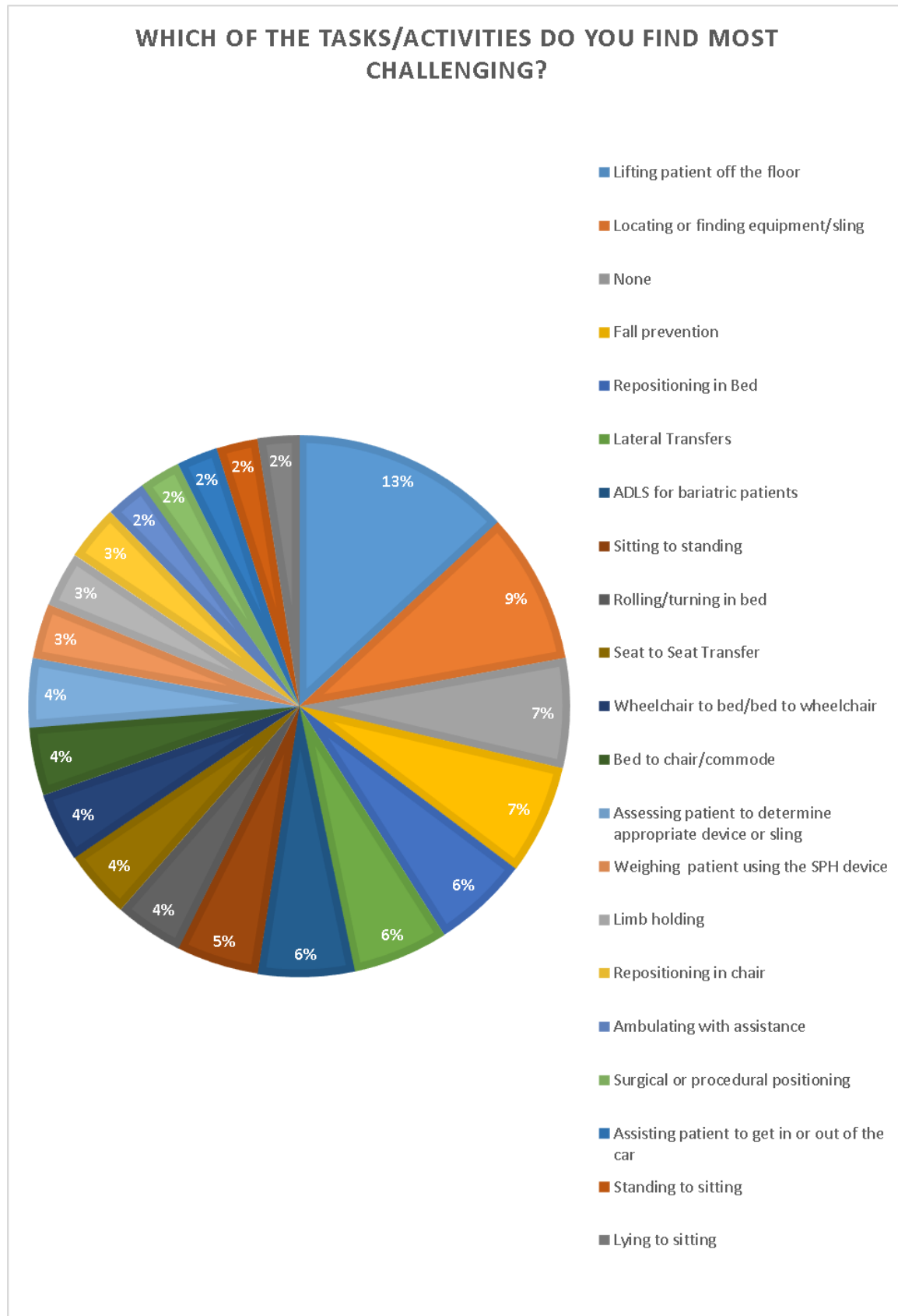


Tasks Routinely Performed - Continued

UNIT	5 South
ITEM NUMBER	5

Row Labels
Are there other tasks that you routinely perform not listed above?
Administer medications
AID IN STANDING FROM SITTING ON TOILET
I work at the monitor too.
Monitor patients ECG reports to identify abnormal heart rhythms and report to nurse
N/A
na
NO
None
PHLOBATOMY
Placing the monitor on the patient when they come on the unit.
rounding on the patients
walking Pt to the bathroom with RW and cannot enter in because RW cannot pass the door of bathroom.
yes

5 South Tasks/Activities Most Challenging



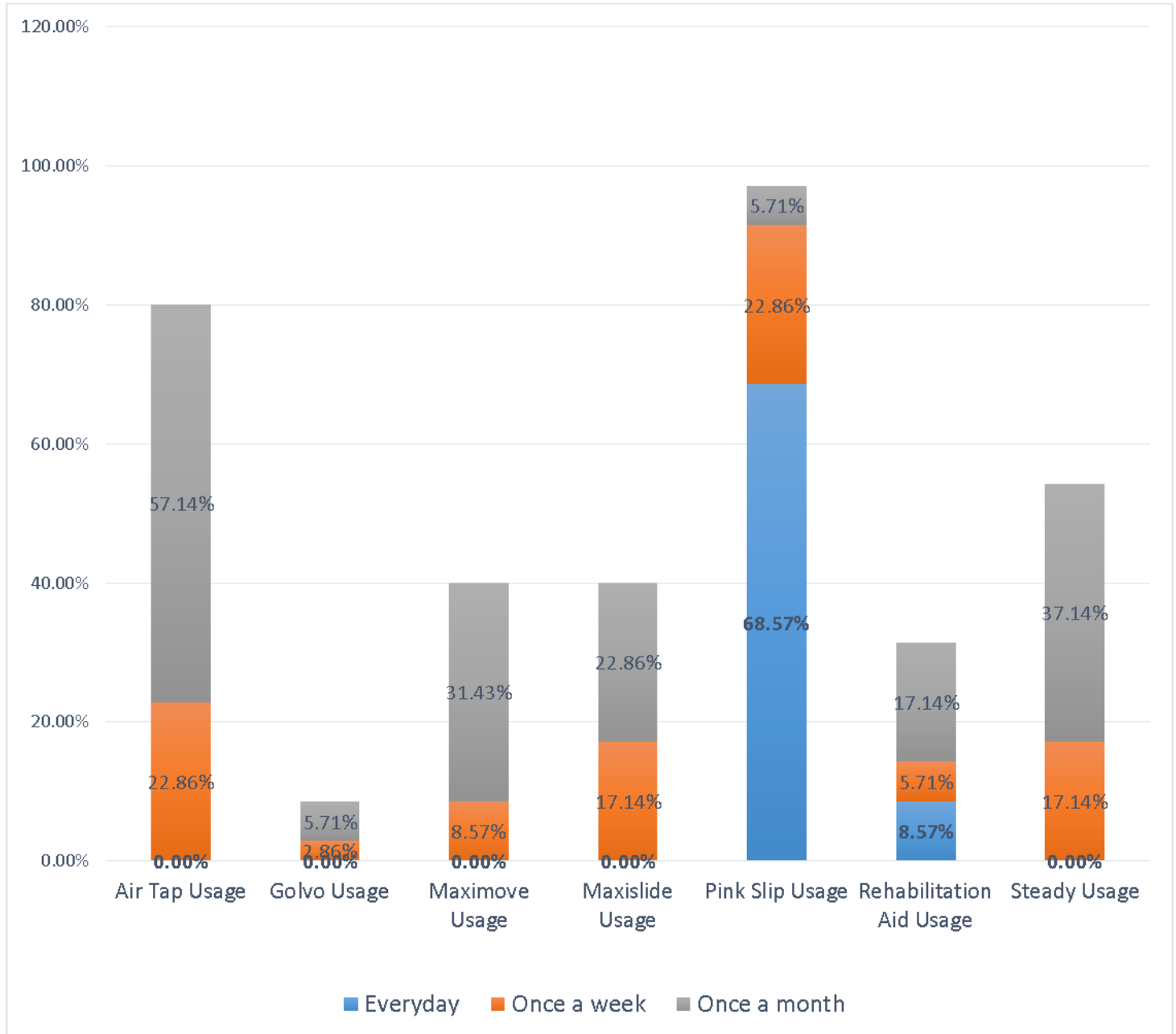
Tasks/Activities Most Challenging - Continued

UNIT	5 South
ITEM NUMBER	7
Row Labels	
Explain why you find those tasks challenging.	
Always concerned about safety for the patient and staff.	
because finding the equipment	
Because we do not do them often/ these were not using frequently.	
Can be difficult if patient's are heavy./Very large person.	
Equipment borrowed by other units and not returned.	
I believed that with a good training and using and knowing how to use the equipment all work would be very easy.	
I FIND THE TASK MORE CHALLENGING BECAUSE THE PATIENET COULD BE 300 LBS	
I find this challenging especially when patient become unresponsive on the bathroom. Our bathrooms are small and its hard to get them out of there and transfer them back to the bed	
IF PATIENT RATIO & HIGH ACUITY	
If there is not enough staffing and the patient is a total care and unable to assist, then reposition is challenging	
It becomes challenging when the unit is under-staffed	
it is difficult to maneuver a patient who is on the floor, but with proper equipment and help it can be achieved	
It takes more time and more staff which are not always available.	
It takes three or more people to help with an obese patient because they think they are going to fall and the nurse would have to convince them they will not fall.	
lack of staff to assist	
LACK OF SUPPORT AND LACK OF EQUIPMENT. MANY TIMES WE HAVE TO CALL AROUND FOR A LIFTING DEVICE OR CALL FOR SLINGS DELAYING THE PROCESS	
limited staff	
MORE PHYSICAL EXERTION	
Most times my size does not match that of the patients in height or weight and it is difficult to be the support for patients that are taller or heavier than me	
Patient will be spontaneous and independent even though you try your best to prevent falls and utilize alarms and preventive measures Patients will try to get up and oob or out of the chair	
Patients are heavy and the appropriate equipment is needed to lift patients, so that we do not get injured.	
Require good lifting mechanisms especially if the patient has no strength to support their body, require more time and staff	
requires appropriate staffing, and adequate time to allow for safe patient handling	
the equipment is not always available	
There is a lack of staff on the floor to prevent falls, beds not working correctly for bed alarms, lack of equipment to use- only one of each type of equipment for the entire 5th floor	

Equipment Frequently Used

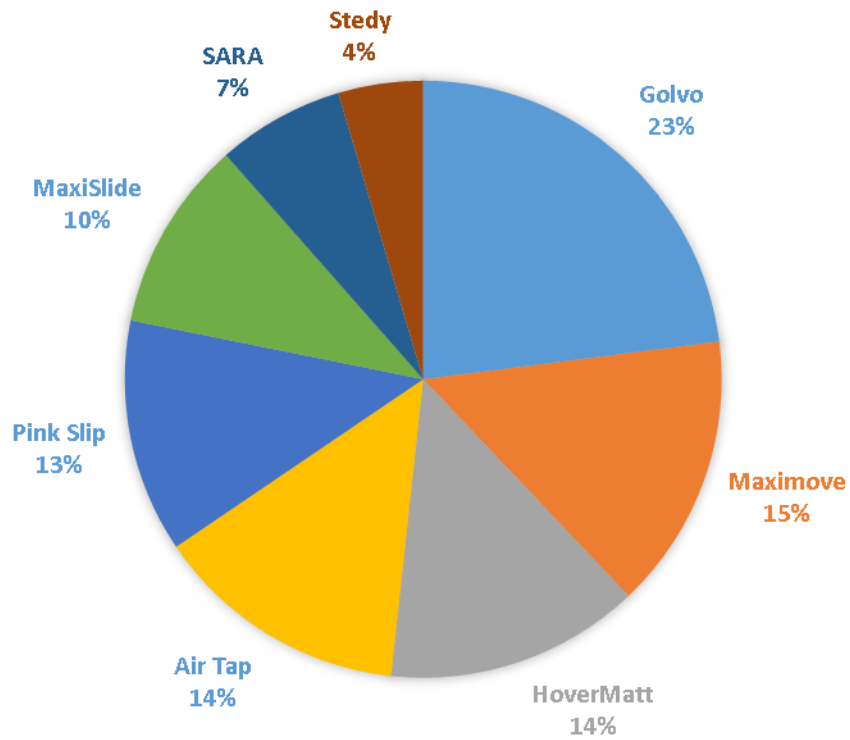
Q) IN THE PAST YEAR, HOW OFTEN DID YOU USE THE FOLLOWING PRODUCTS?

5 South



5 South Equipment/Devices Need More Practice or Help

SELECT THE TOP 3 SPH EQUIPMENT/DEVICES FOR WHICH YOU NEED MORE PRACTICE OR HELP TO OPERATE.



Situations Where You Could Have Been Better Prepared

UNIT

5 South

ITEM NUMBER

17

Row Labels

In the past year, tell us a situation where you could have been better prepared in terms of patient handling? Describe the key points.

A few months back, a patient lost his balance and fell on the floor. It took us over 20 minutes to find where the right equipment was located in the hospital. Once the machine was located, it took another 10 minutes to get the slings that we needed from general service. It was just very unorganized. We were unprepared.

bariatric patient without a bariatric bed

BECAUSE I NEVER HAD THE CHANCE TO USE THE GOLVO BEFORE

Better communication to ensure time to arrange for the safest way to transfer the patient

During the weekend on two consecutive days we cannot find SARA Lift's slings in entire hospital: General Serv, 5S, 5N, ICU, 2N, 2C, PT

having the equipment available when we need it

I always feel prepared and ready with my 5s team.

I am one of the PMC and I helped to train the new employees. So I always try my best to be prepared if any employee needs my help.

Knowing the patient's mobility abilities prior to helping the patient. Especially when walking past a room and helping without knowing the patient. Activity is written in the board but not always the patient's abilities.

N/A

NO COMMENTS

na

Need more equipment for the floor and access to more slings

None

none at this time

Patient fell in bathroom had a hard time getting equipment into room Stood patient up by use of two RN;s

Patients who have a hard time moving their legs can be difficult. They often have a hard time standing and pivoting from bed to chair and chair to bed. It can be hard to obtain a SARA or a STEDY during those times because the patient may not appear weak when you stand them up. We could have been better prepared if there was equipment on each unit.

pt weighing almost 400lbs being brought up in a bariatric bed that was not zeroed

repositioning a large person on a hovermatt

Take GOOD care of the patient

Trying to encourage a patient with the Maximove without the nurse coming into his/her room. The patient was very reluctant to even try so we had call the nurse for her assistance. It wasn't an easy task because the patient thinks he/she would fall it took about half an hour.

Using the STEDY in addition to 2 person assist. However the incident became a learning experience and my skill was strengthened as a result. Patient safety was key. I identified using an additional aid would likely be best practice for quality patient care.

we had bariatric patients on the floor where we have 3 tech and required all staff on the units to help reposition and turn patients while trying to monitor their oxygen levels

when a patient needed to be lifted from the floor and we were unsure as to where the equipment was stored

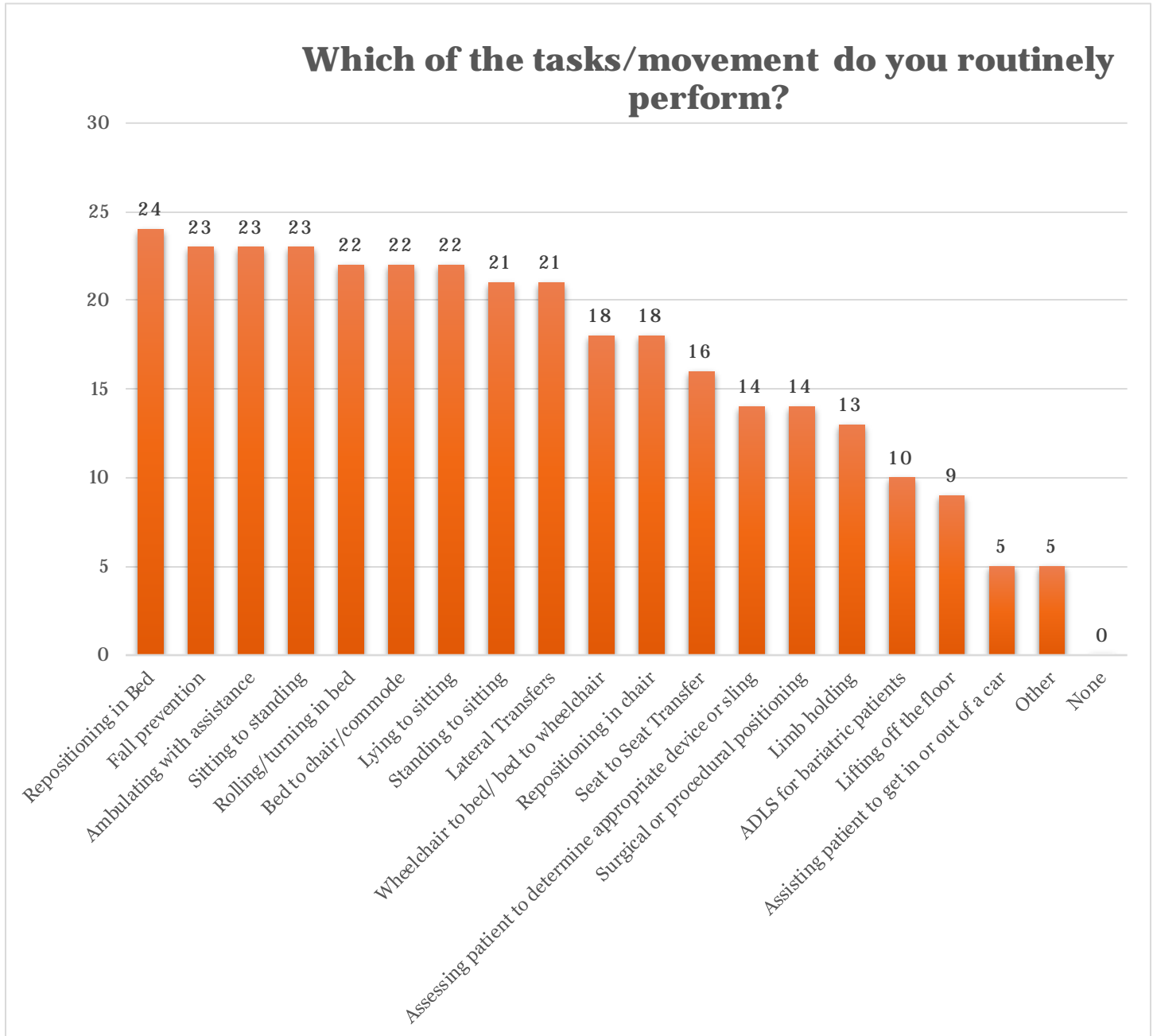
When I get busy and a patient from ER comes to our floor unexpectedly or during the time the floor is busy, there is less help for lateral transfers and even with a pink slip, there are very heavy patients that needs 2 person on each side and there is less help so you end up transferring patient with insufficient staff helping esp when we are understaffed.

WHEN PATIENT FELL ON THE FLOOR WE COULD NOT FIND THE GOLVO HAD TO CALL AROUND TO FIND IT. PATIENT LAYED ON THE FLOOR UNTIL WE FOUND THE LIFTING DEVICE.

ICU

Response Count = 25; Response Rate = 60.98%

ICU Tasks Routinely Performed

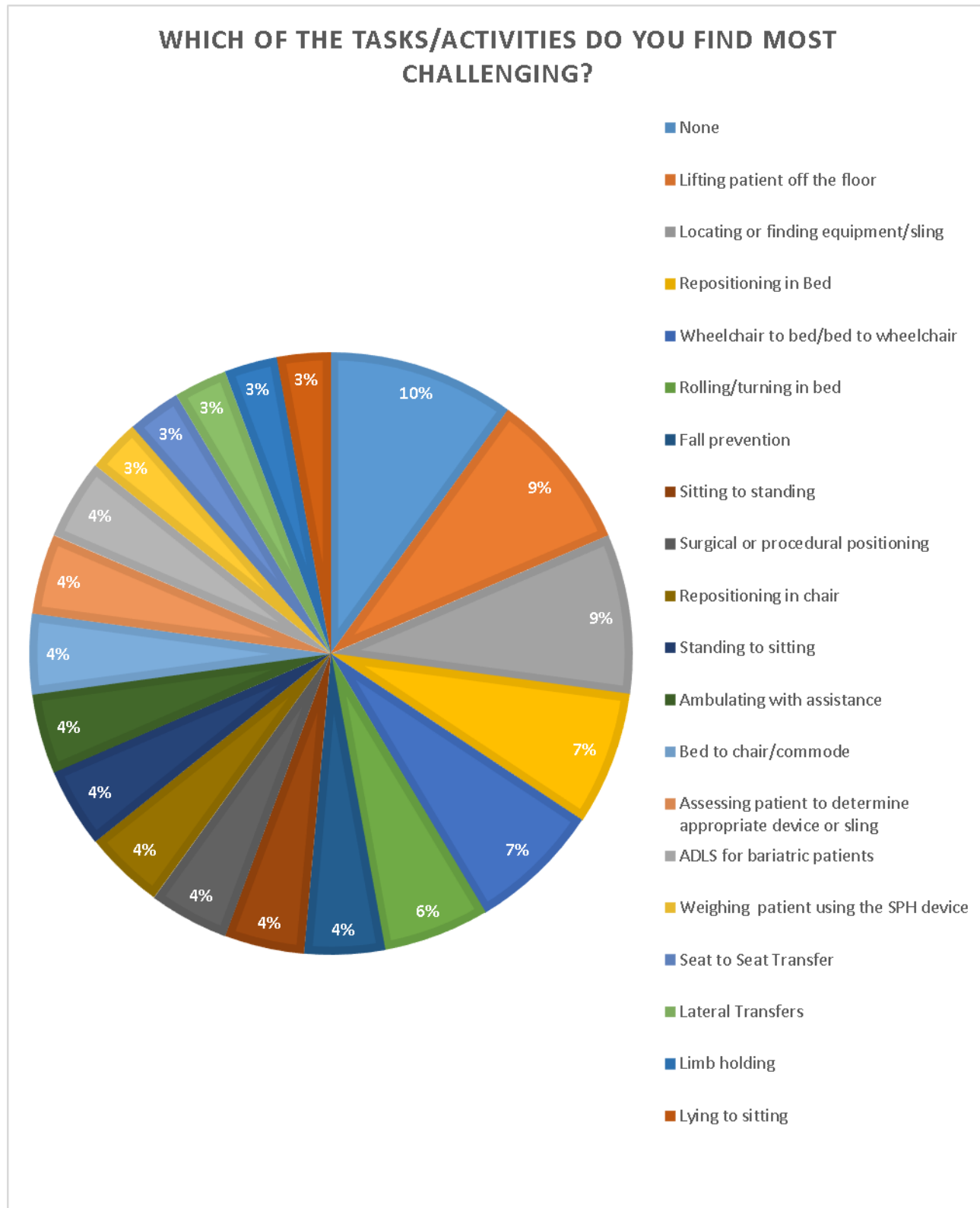


Tasks Routinely Performed - Continued

UNIT	ICU
ITEM NUMBER	5

Row Labels
Are there other tasks that you routinely perform not listed above?
.
ADLs, assisting nurses in transport, taking vitals
Bath patient and feeding and clean
i am not aware of any
many
N/A
na
NO
patient care, documenting vital signs
Surgical site care, high risk medical drips, neck flaps, breast flaps, vent care
yes

ICU Tasks/Activities Most Challenging



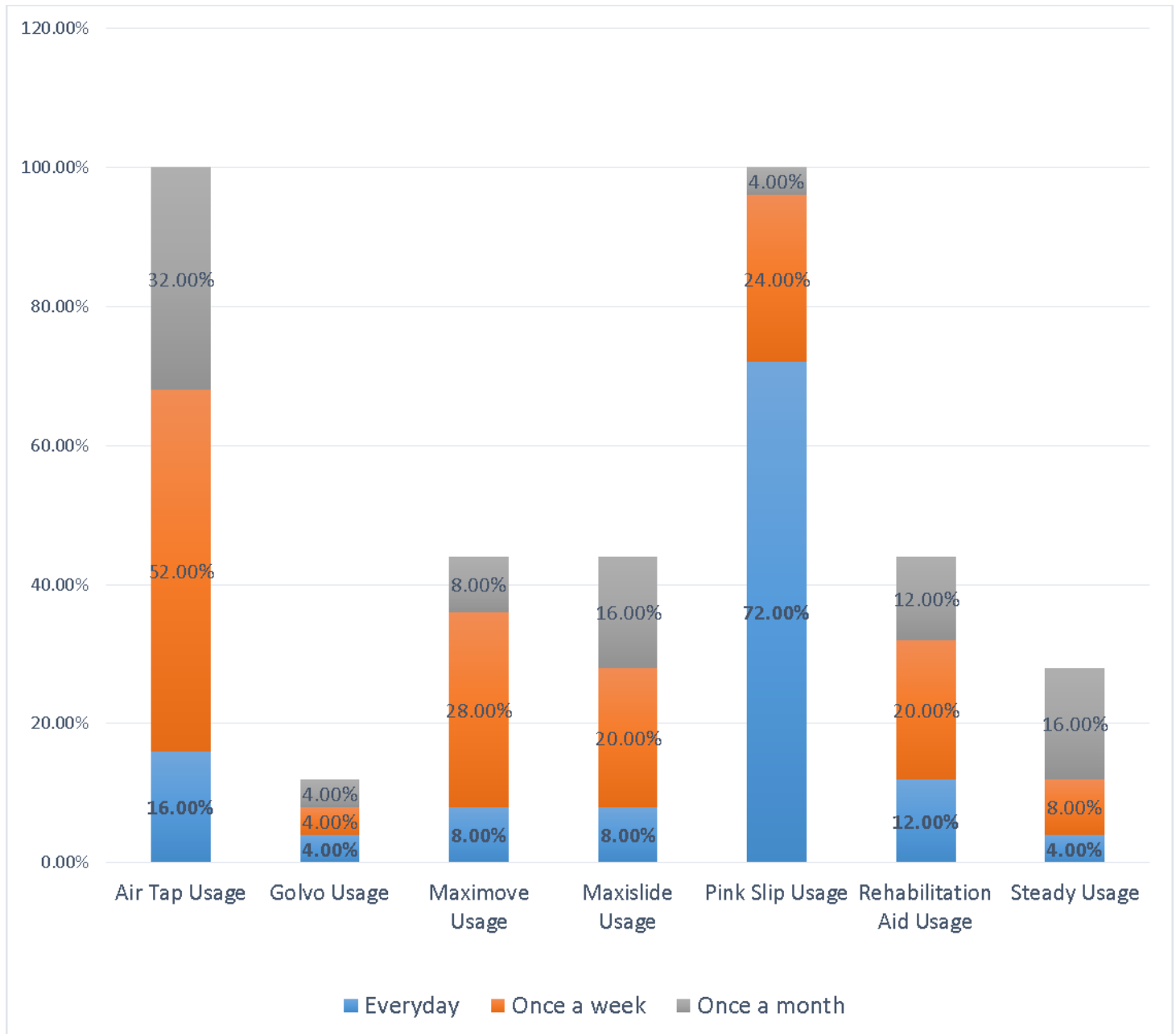
Tasks/Activities Most Challenging - Continued

UNIT	ICU
ITEM NUMBER	7
Row Labels	
Explain why you find those tasks challenging.	
.	
1	
After surgery patient are in pain which make it difficult for them to cope with turning.	
As a small person, sometimes I am not able to perform these tasks by myself.	
Because Some nurse avoid to use machine Sara or Maxi Lift. then Nurse complaint with back problems. really refuse and I told then air tap is good for heavy patients. if possible they need to fill out any paper how transfers the patients and sign with machine or not	
Certain tasks are challenging depending on patient weight	
challenging because the pt was a bariatric pt	
Depending on the patient those can be very challenging	
I'm not sure if I have found the right sling for the device I would like to use	
its hard taking care of bariatric pts and getting pts up from wheelchair to bed	
N/A	
na	
None	
NOT ENOUGH HELP SOME TIMES	
Patients' weight and mobility may vary, also some patients' with chronic comorbidities can be unmotivated/resistant to getting out of bed making the transfers sometimes more difficult.	
Sometimes the patient are very heavy and stiff, therefore difficult to reposition.	
staff not always available to assist	
Staff, equipment	
There isn't usually a willing tech available to help with positioning, we often must wait for another nurse to assist	
WOUND CARE	

Equipment Frequently Used

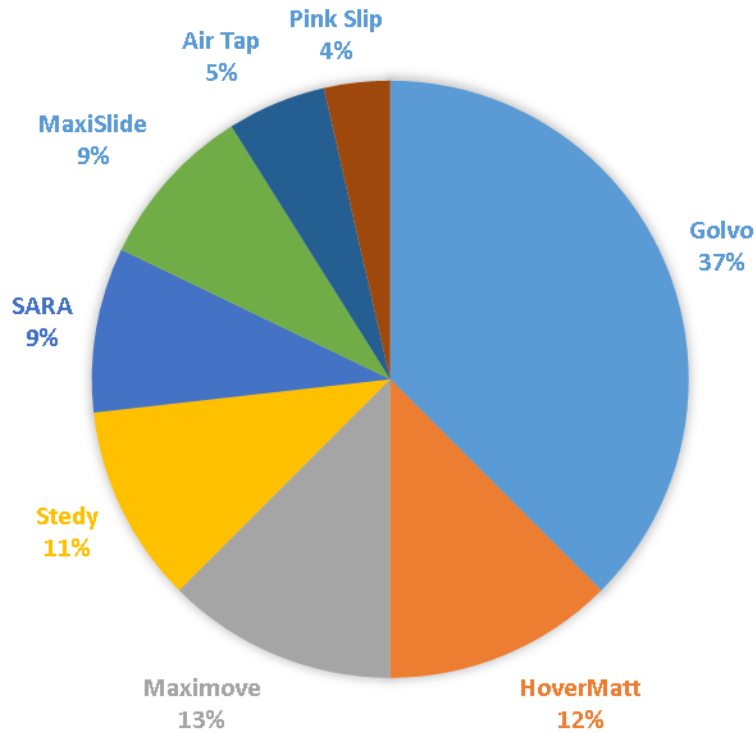
Q) IN THE PAST YEAR, HOW OFTEN DID YOU USE THE FOLLOWING PRODUCTS?

ICU



ICU Equipment/Devices Need More Practice or Help

SELECT THE TOP 3 SPH EQUIPMENT/DEVICES FOR WHICH YOU NEED MORE PRACTICE OR HELP TO OPERATE.



Situations Where You Could Have Been Better Prepared

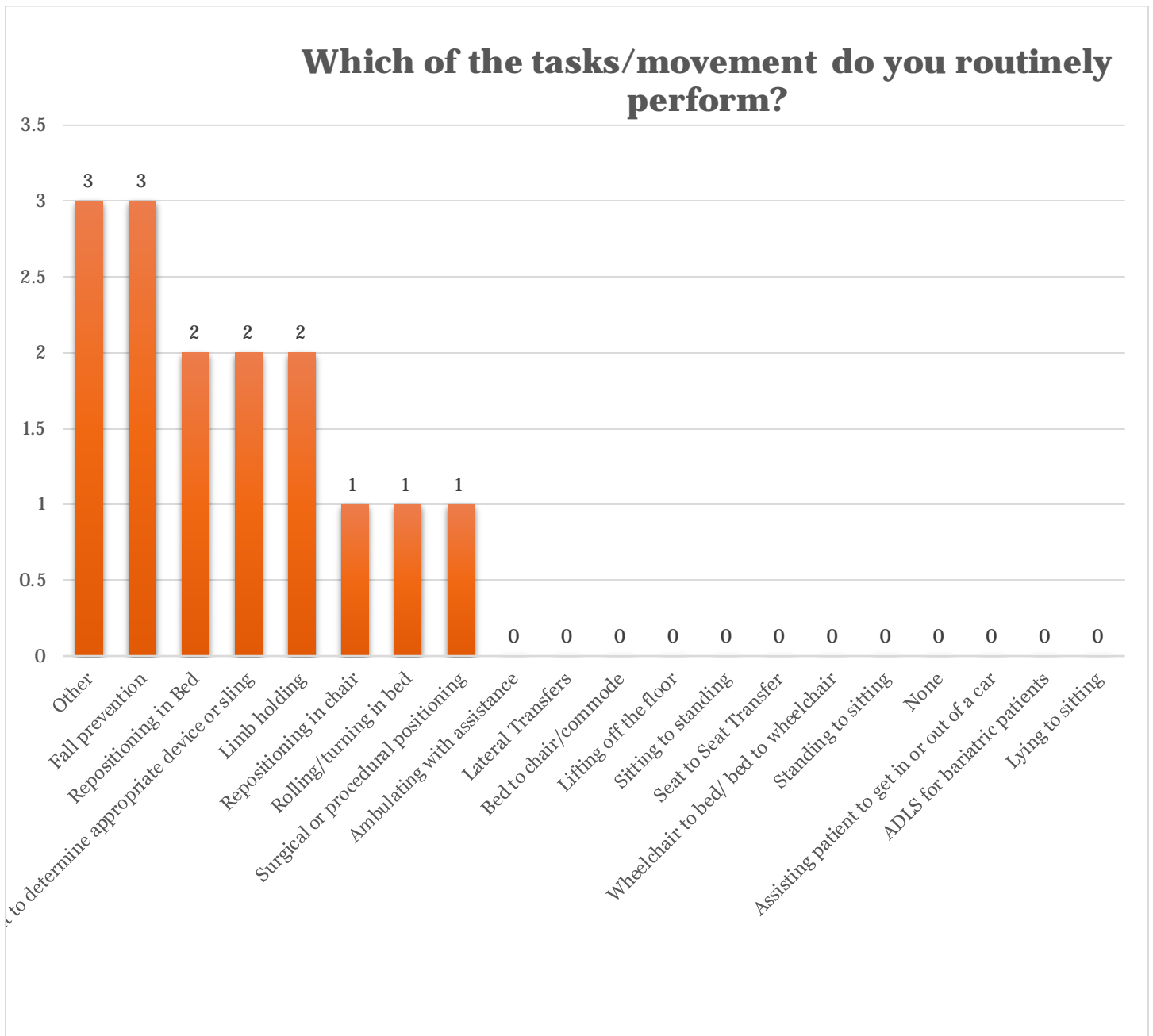
UNIT	ICU
ITEM NUMBER	17

Row Labels
In the past year, tell us a situation where you could have been better prepared in terms of patient handling? Describe the key points.
.
1
Any bariatric patient- one patient was 350kg we were short staffed. Hovermat was utilized but we needed staff to help turn patient
code white
I have never been in a situation where I did not have help. My team rock.
I have only been here for 3 months, haven't experienced any such situations yet
I would just like to review the sara, golvo and maximove to feel more comfortable in using them
I'm always prepared
In general, more hands/more people assisting with heavier patients can make patient handling experiences more succesful
mobidly obese pts (200 kg) with not enough staffing to help
N/A
Never had a situation, I'm always well prepared I'm a mobility coach.
None
none to recall
Not applicable.
not aware of any.
Patient weight was 137kg. used Air tap for repositioning but patient was still heavy, with 2 people pt repositioning was very difficult.
Positioning of the Hoyer lift sling
The must to be mandatory use Golvo machine and sara machine pink some nurse refuse to use. I don't know why in the future we can have problem back.
Willing and able techs to assist would be greatly appreciated

VASCULAR ACCESS TEAM

Response Count = 6; Response Rate = 75.00%

VAT Tasks Routinely Performed



Tasks Routinely Performed - Continued

UNIT	VAT
ITEM NUMBER	5

Row Labels

Are there other tasks that you routinely perform not listed above?

1. Care and maintenance of intravenous access (regular angiocaths, piccs, ports and midlines). 2. Midline insertion

iv starts

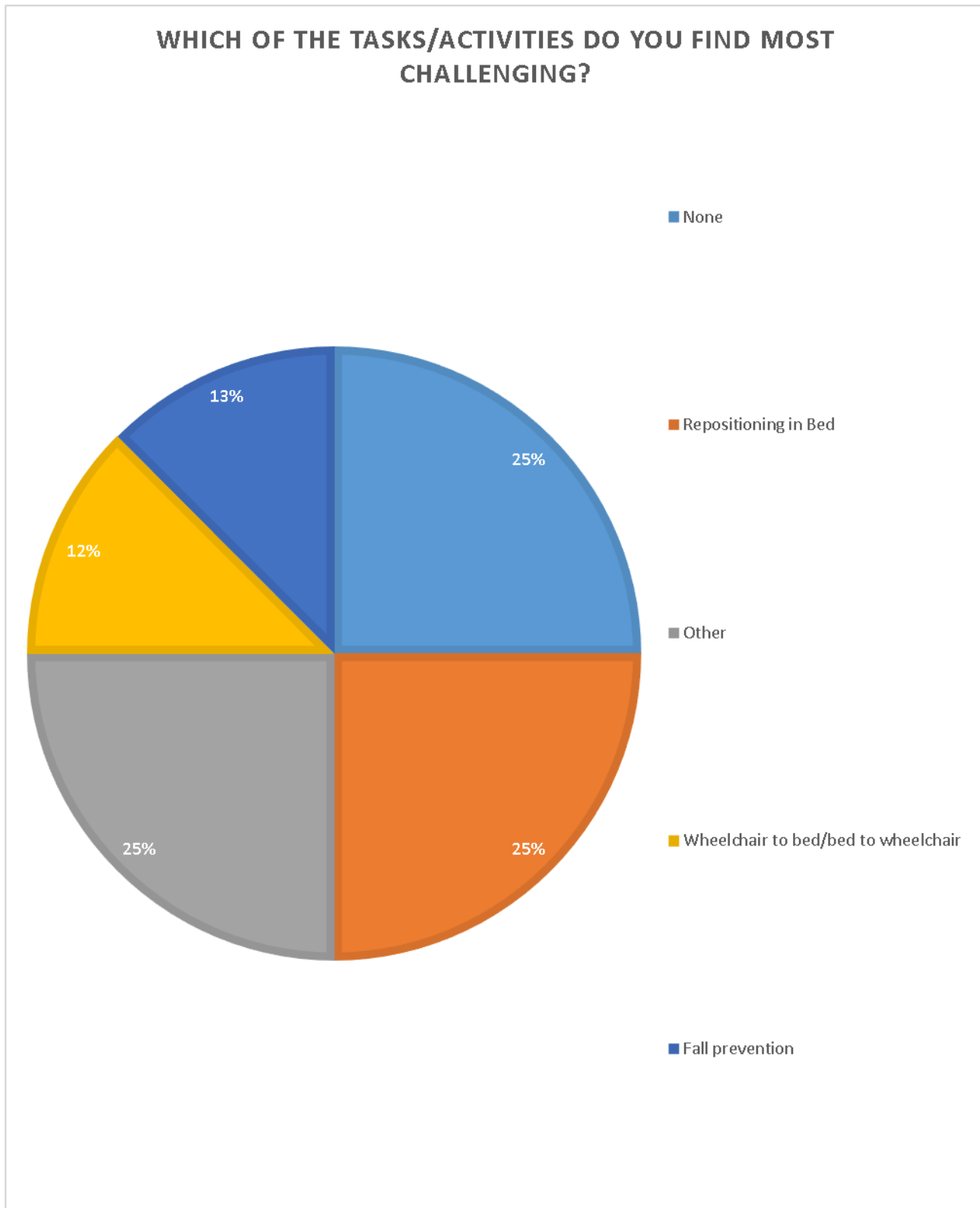
iv therapy

NO

None

teaching

VAT Tasks/Activities Most Challenging



Tasks/Activities Most Challenging - Continued

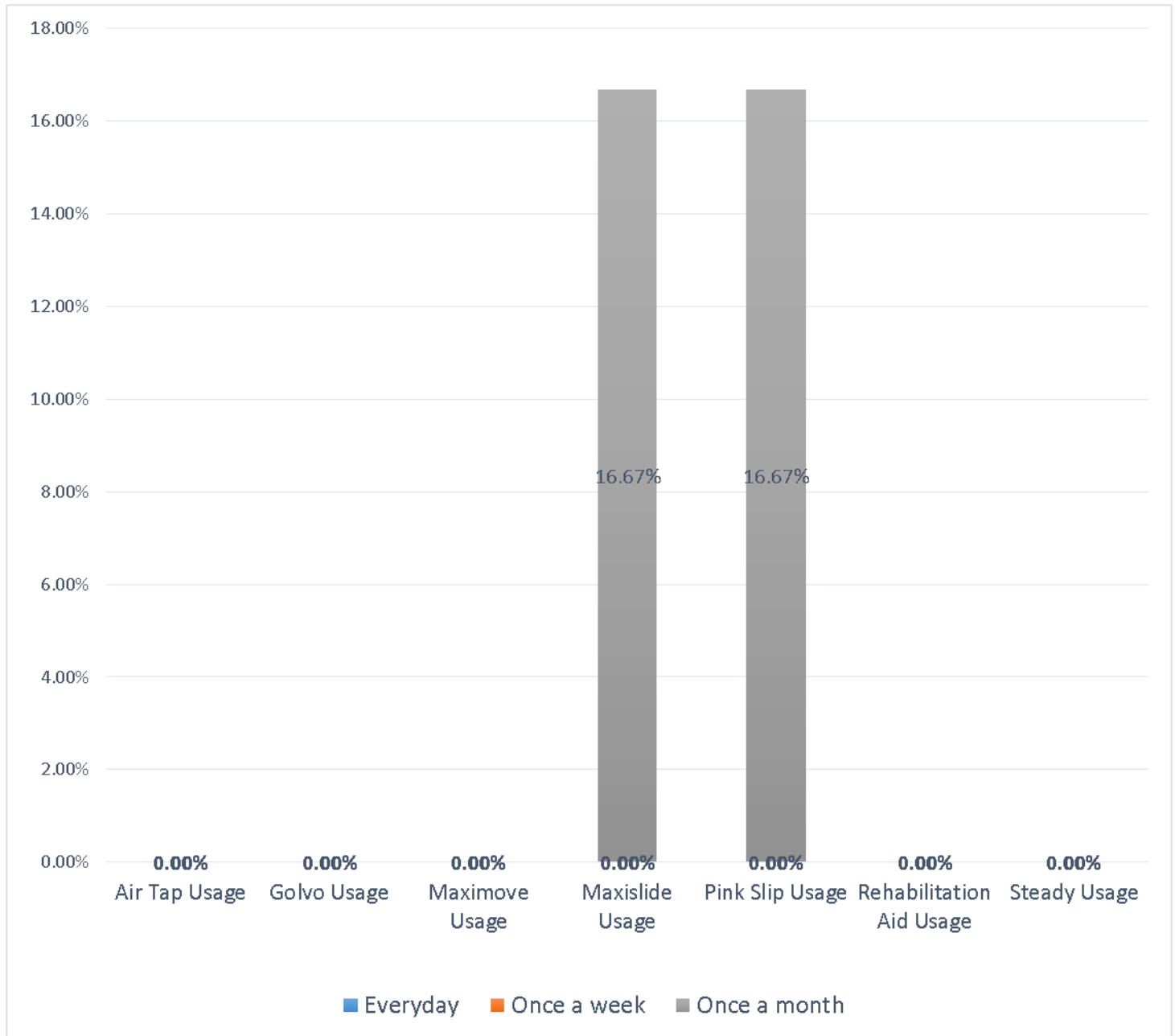
UNIT	VAT
ITEM NUMBER	7

Row Labels
Explain why you find those tasks challenging.
keeping Pt safe during access
Midline has been popular as an alternative intravenous access and less risk of infection compared to central lines, the increase number of midline orders can be a challenge for the team due to the shortage of staff. We are unable to get to our other calls from other units immediately when we are needed.
N/A
na
Our department does not usually use these devices.
pt can be in pain they don t like to move sometimes

Equipment Frequently Used

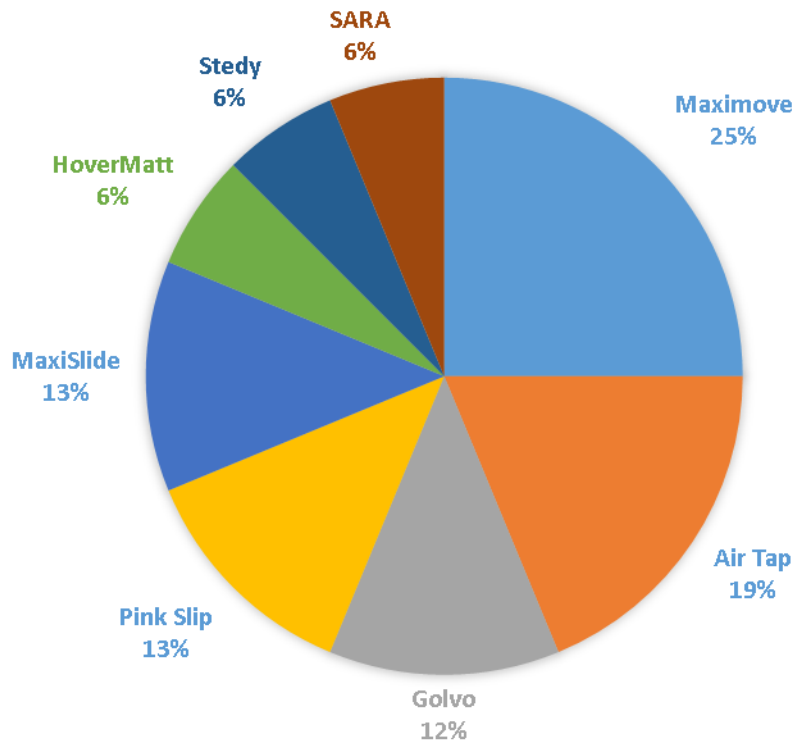
Q) IN THE PAST YEAR, HOW OFTEN DID YOU USE THE FOLLOWING PRODUCTS?

Vascular Access Team



VAT Equipment/Devices Need More Practice or Help

SELECT THE TOP 3 SPH EQUIPMENT/DEVICES FOR WHICH YOU NEED MORE PRACTICE OR HELP TO OPERATE.



Situations Where You Could Have Been Better Prepared

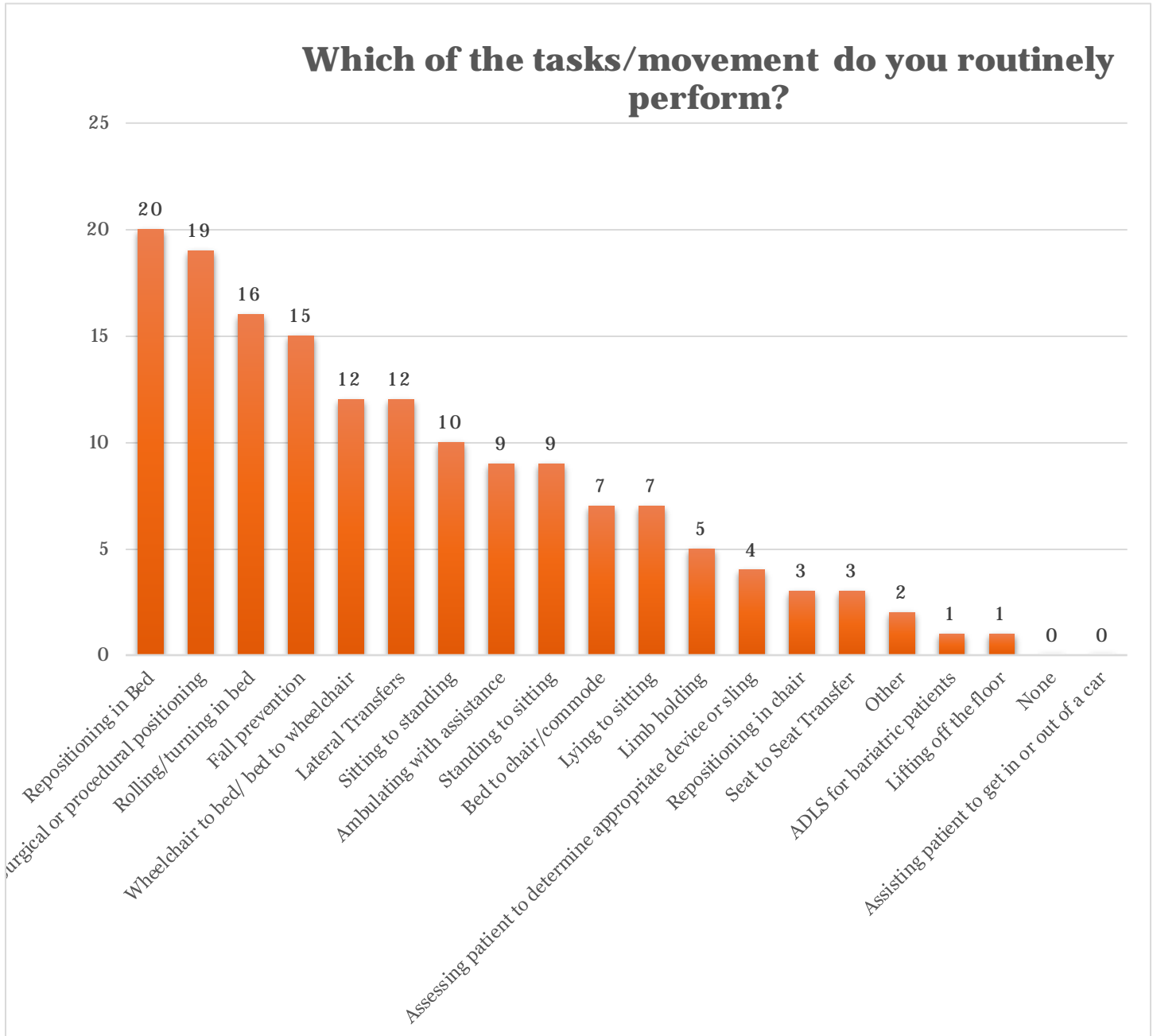
UNIT	VAT
ITEM NUMBER	17

Row Labels
<p>In the past year, tell us a situation where you could have been better prepared in terms of patient handling? Describe the key points.</p>
<p>always ask co-workers for help before accessing the veins</p>
<p>Because of the nature of job as a Vascular access nurse and as far as i can remember, i dont/ never have i ever encountered any incident where i had a problem in handling or taking care of a pt. But will definitely share if i will ever come across with some difficulty in the future in terms of patient handling.</p>
<p>just with a morbidly obese pt that didn t want to move-it was exhausting for the pt</p>
<p>N/A</p>
<p>na</p>
<p>Our department does not use them.</p>

LABOR & DELIVERY

Response Count = 23; Response Rate = 88.46%

L&D Tasks Routinely Performed

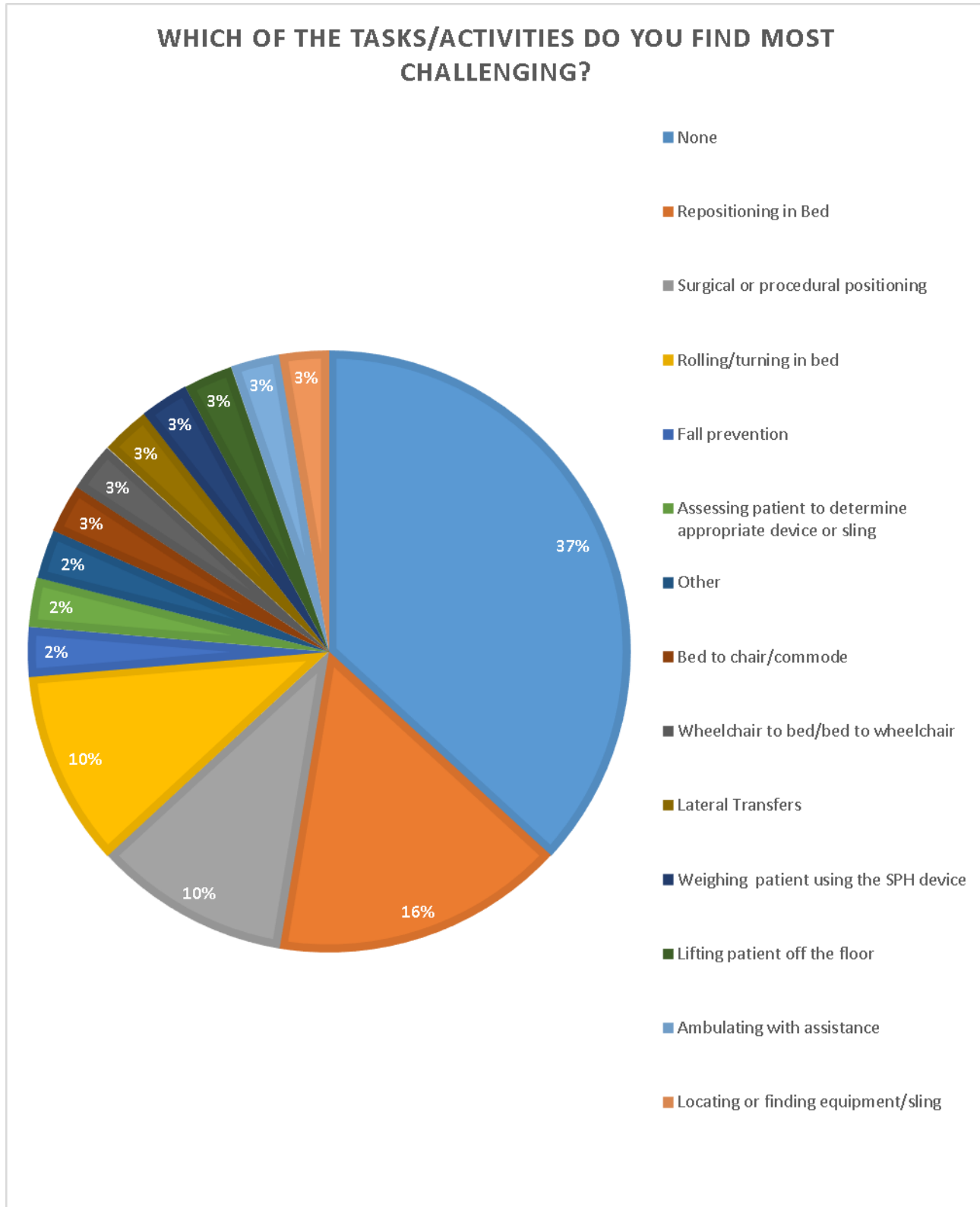


Tasks Routinely Performed - Continued

UNIT	L&D
ITEM NUMBER	5

Row Labels
Are there other tasks that you routinely perform not listed above?
assisting with positioning during active pushing-childbirth
many
N/A
na
NO
OR procedures
pushing with patients
scrub

L&D Tasks/Activities Most Challenging



Tasks/Activities Most Challenging - Continued

UNIT	L&D
ITEM NUMBER	7

Row Labels

Explain why you find those tasks challenging.

assisting a patient to maintain the position for pushing and vaginal delivery can be challenging

because patients has epidural anesthesia

Because those tasks are doing in my job daily. (Labor and Delivery).

Havent used the SPH device to weigh anyone

maintain safety for patient

Many of our pts have had epidural medication and feel that they are unable to move ANY parts of their bodies.

Most of these patients are of increased size and frequently have an epidural for labor pain management. With an epidural sometimes patients are unable to move their lower extremities. They usually have no upper body strength and due to their body mass they are unable to assist with side to side turning. Thus having to turn this patient with another staff member can be a challenge for the lower back and knees

N/A

na

None

PATIENTS ARE SOMETIMES TOO HEAVY AND NUMB TO MOVE

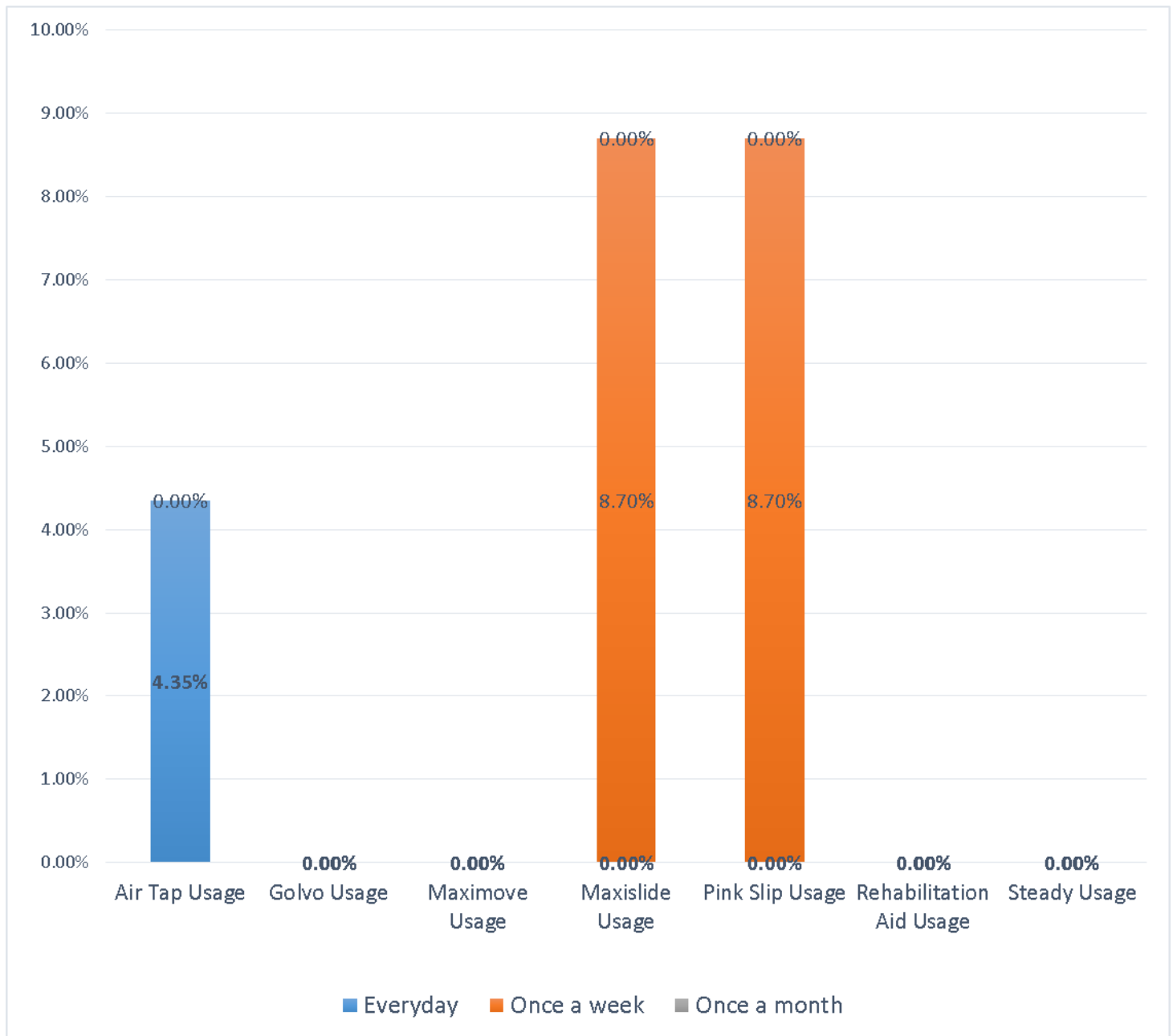
people do not return equipment same place

sometimes pts weight

Equipment Frequently Used

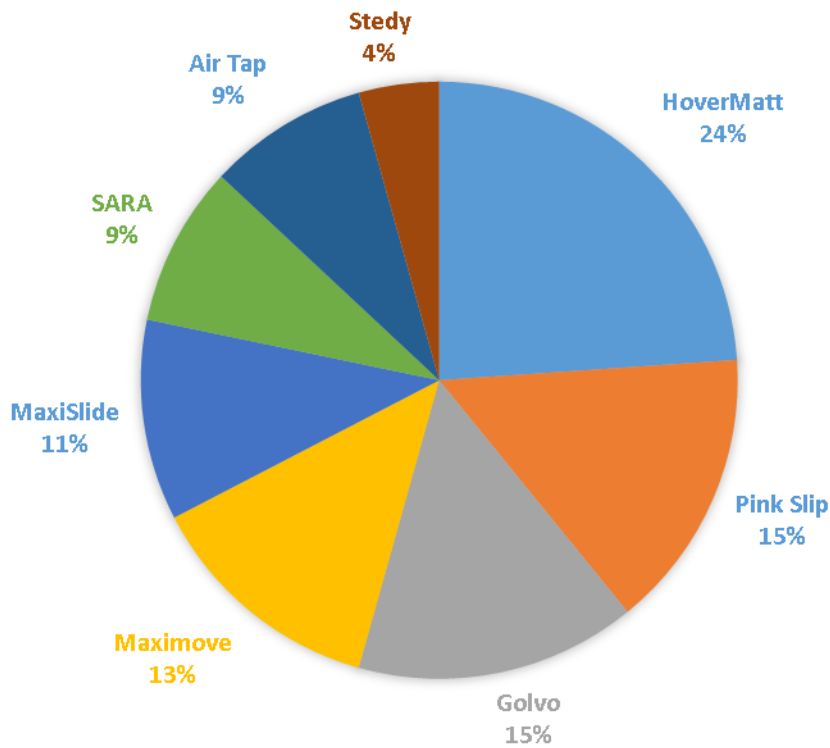
Q) IN THE PAST YEAR, HOW OFTEN DID YOU USE THE FOLLOWING PRODUCTS?

L & D



L&D Equipment/Devices Need More Practice or Help

SELECT THE TOP 3 SPH EQUIPMENT/DEVICES FOR WHICH YOU NEED MORE PRACTICE OR HELP TO OPERATE.



Situations Where You Could Have Been Better Prepared

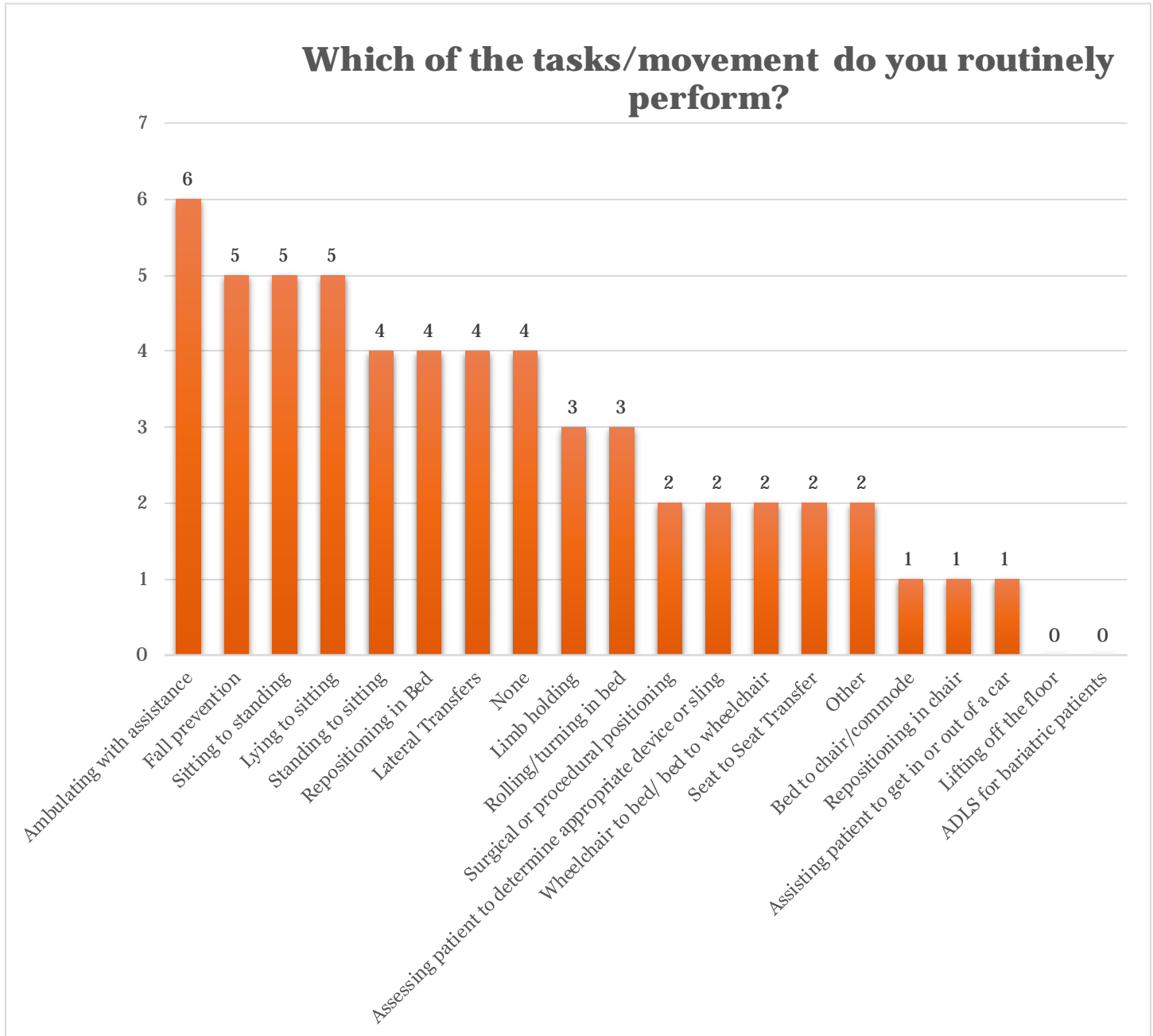
UNIT	L&D
ITEM NUMBER	17

Row Labels
<p>In the past year, tell us a situation where you could have been better prepared in terms of patient handling? Describe the key points.</p>
<p>I feel having Pink slips on the unit now is very helpful. When the FHR tracings indicate that intrauterine resuscitation is necessary one has to move very quickly.</p>
<p>I think all patients who might want an epidural needs to have a pink slip</p>
<p>In my floor only we use Hover Matt.</p>
<p>In the last year I have not had a patient handling situation that I was not prepared for as an L&D Nurse. make sure equipment put same place.</p>
<p>N/A</p>
<p>None</p>
<p>safety using devices</p>

PEDIATRICS

Response Count = 5; Response Rate = 83.33%

PEDS Tasks Routinely Performed

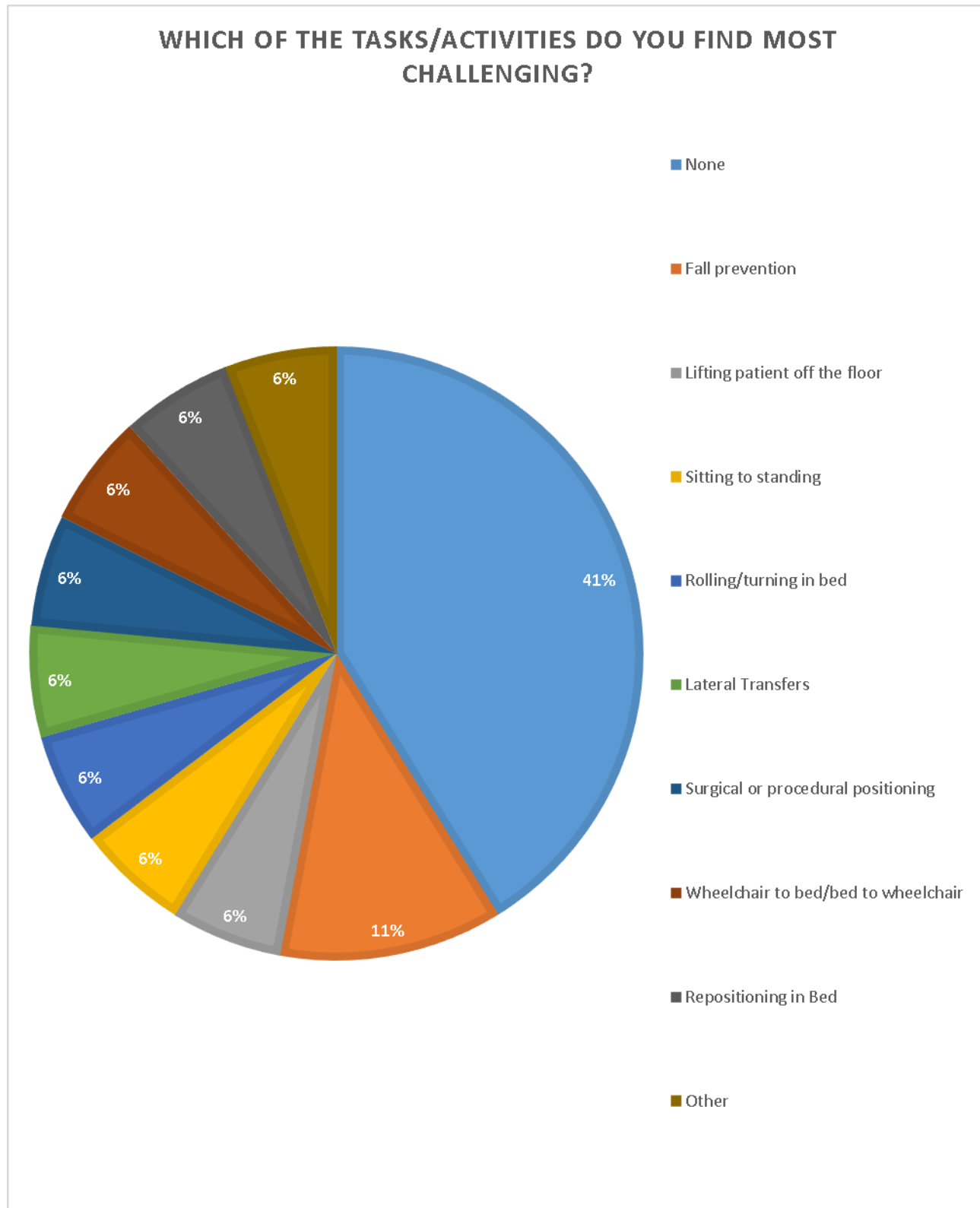


Tasks Routinely Performed - Continued

UNIT	Pediatrics
ITEM NUMBER	5

Row Labels
Are there other tasks that you routinely perform not listed above?
Hold babies
N/A
NO
None
Sitting to standing, standing to sitting, and ambulating with assistance are done once when patient is getting OOB for the first time on postpartum.

PEDS Tasks/Activities Most Challenging



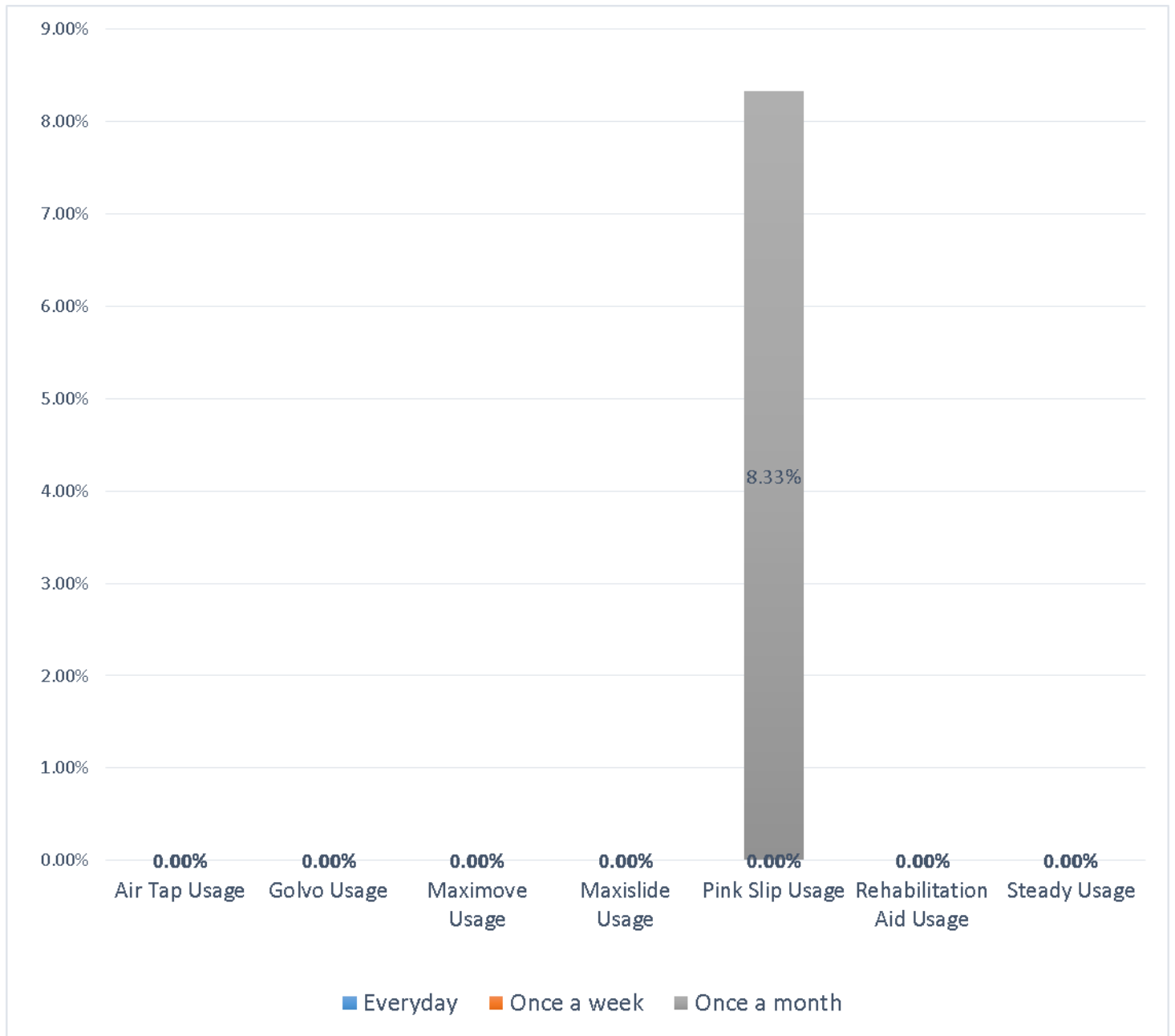
Tasks/Activities Most Challenging - Continued

UNIT	Pediatrics
ITEM NUMBER	7

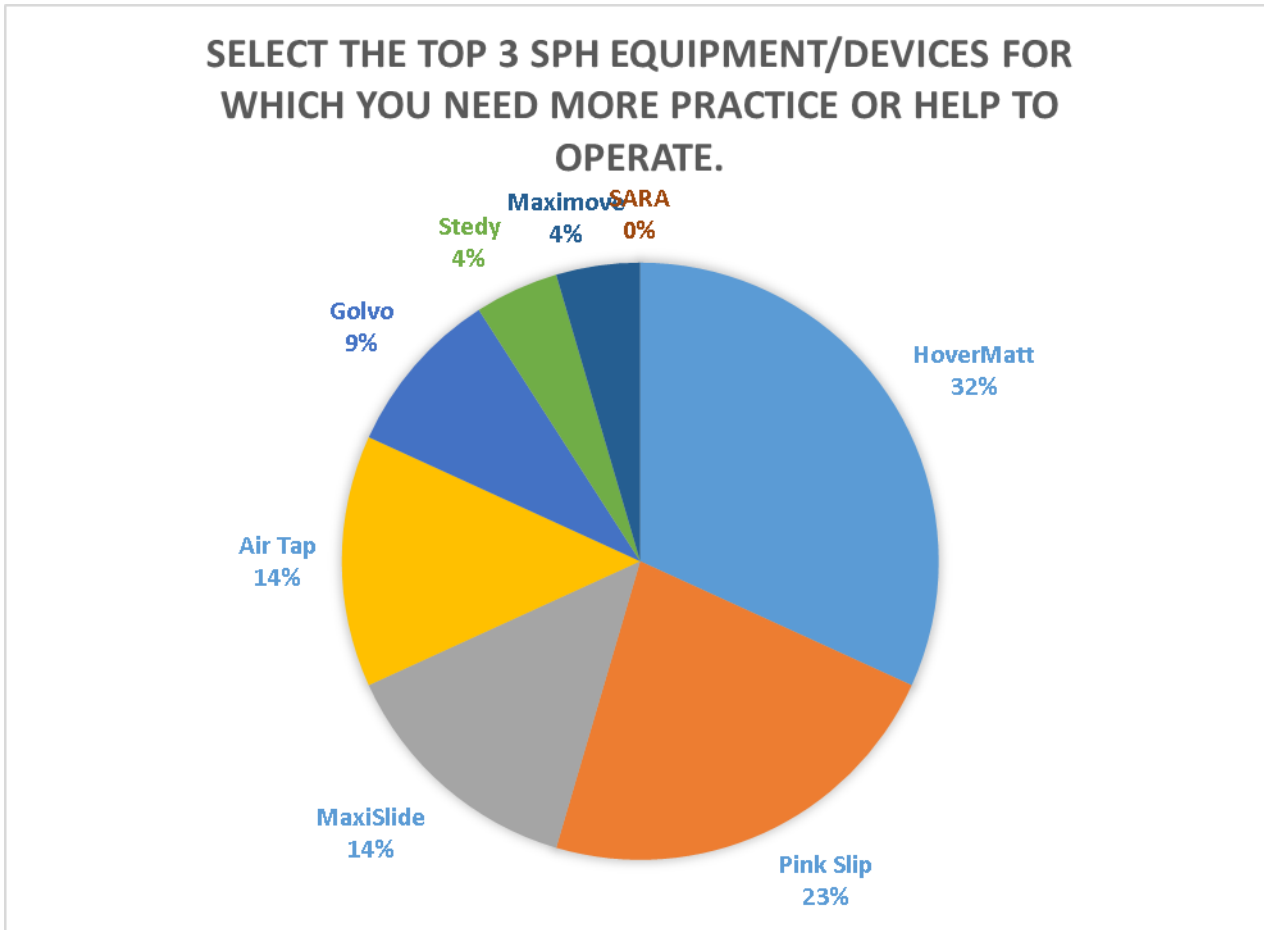
Row Labels
Explain why you find those tasks challenging.
challenging when patient is heavy and post op
<p>Much of the time, my patients are sore from having had either a normal delivery earlier that day or from having had a c-section the day before. Sometimes I don't feel that the bed puts them into enough of a seated position to facilitate an easier time standing, and for the c-sections, being able to guard their incision at the same time.</p>
N/A
na
NEED HELP TO TRANSFER
None
Pain related to incision after c-section
We use appropriate equipment
YOU NEED RIGHT ASSESSMENT AND EQUIPPMENTS

Equipment Frequently Used

Pediatrics



PEDS Equipment/Devices Need More Practice or Help



Situations Where You Could Have Been Better Prepared

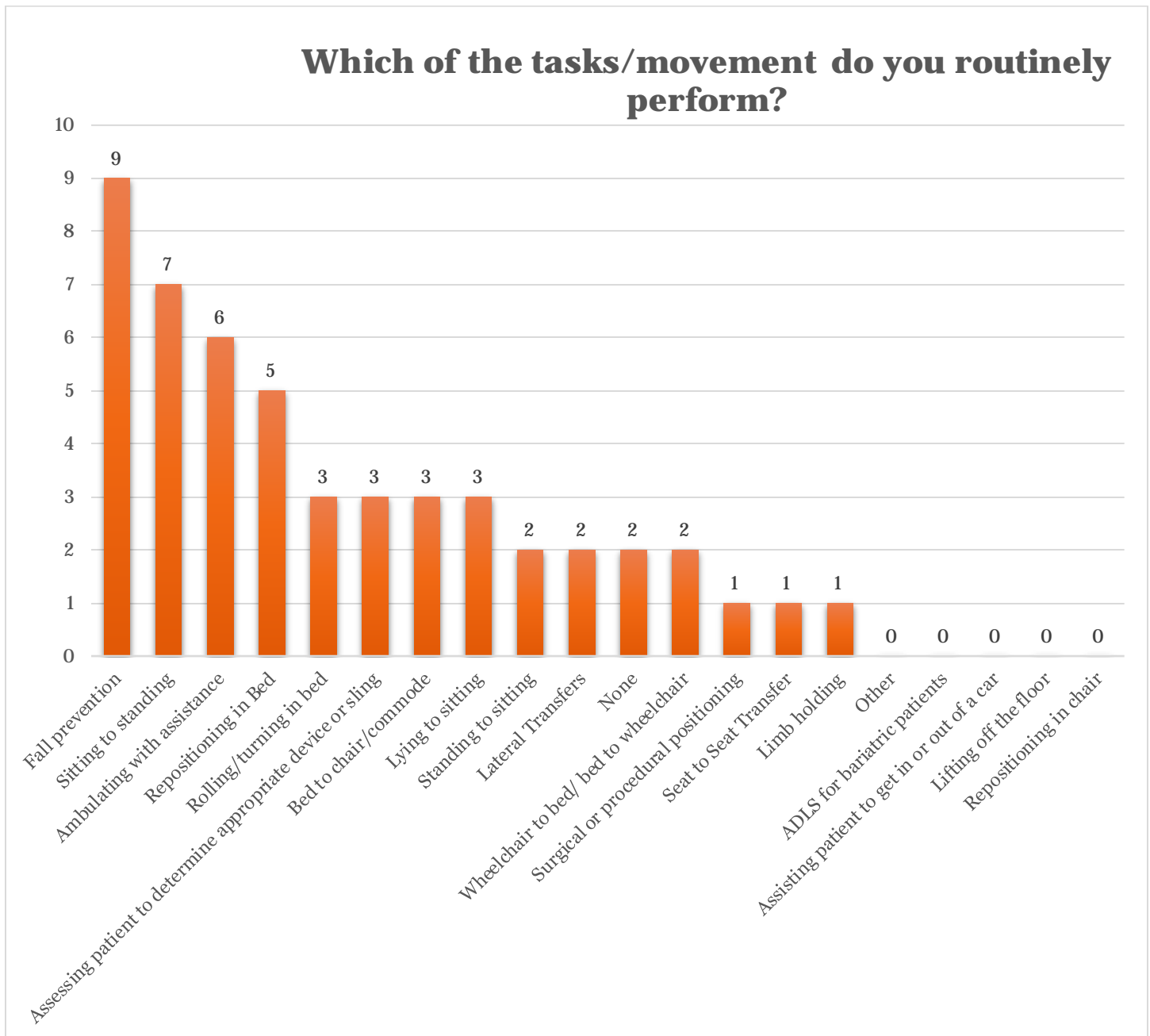
UNIT	Pediatrics
ITEM NUMBER	17

Row Labels
In the past year, tell us a situation where you could have been better prepared in terms of patient handling? Describe the key points.
No situations arose on Peds/MCH
None
NONE, USE THE HOVERMATT IN OB.
NONE, PATIENTS ARE ALL WALKING
On postpartum, we don't use any of the patient handling devices, so the annual competency is a good refresher.
using the pink slip

POST PARTUM

Response Count = 12; Response Rate = 80%

Post Partum Tasks Routinely Performed

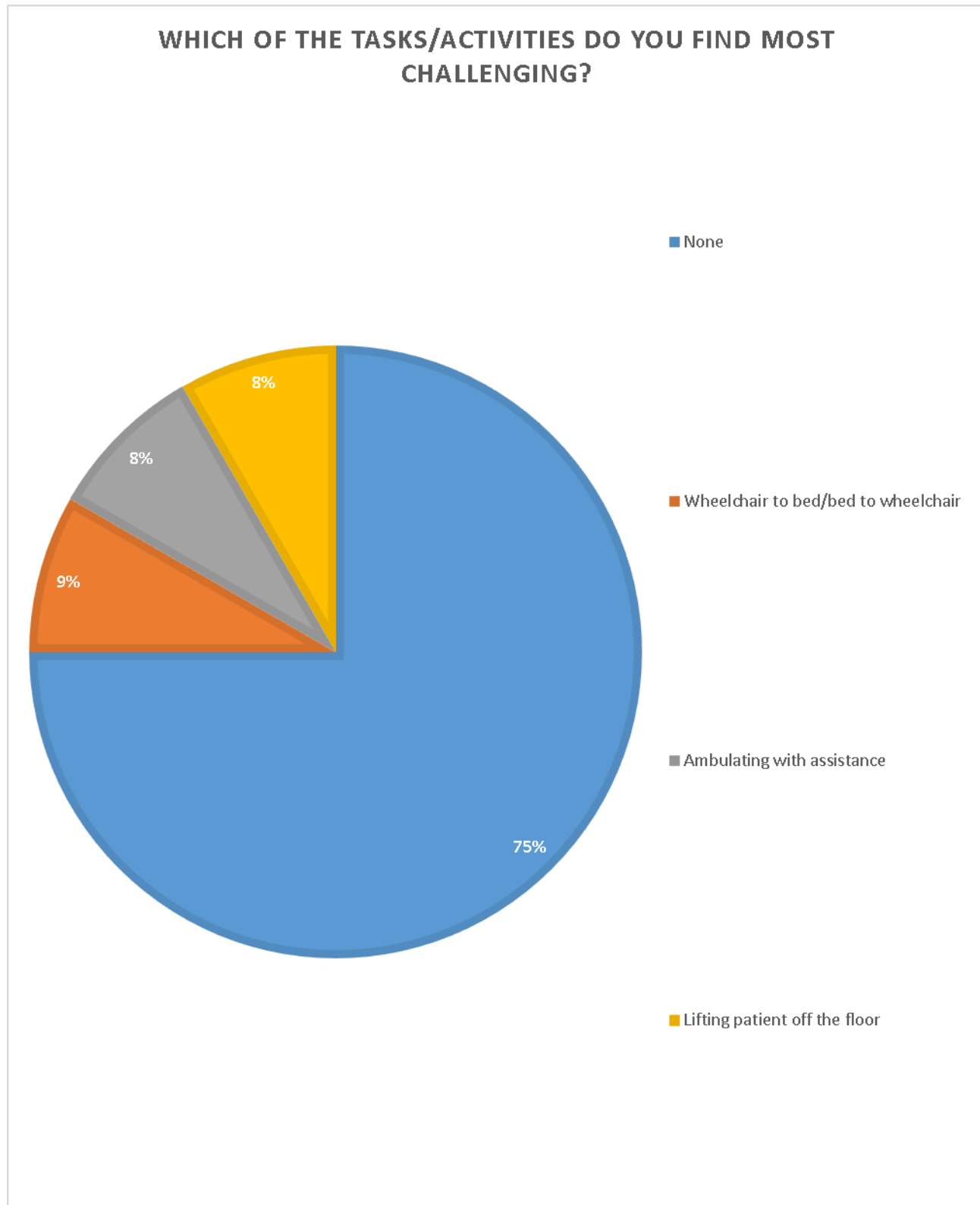


Tasks Routinely Performed - Continued

UNIT	Post Partum
ITEM NUMBER	5

Row Labels
Are there other tasks that you routinely perform not listed above?
Assisting with breastfeeding and care of newborn
N/A

Post-Partum Tasks/Activities Most Challenging



Tasks/Activities Most Challenging - Continued

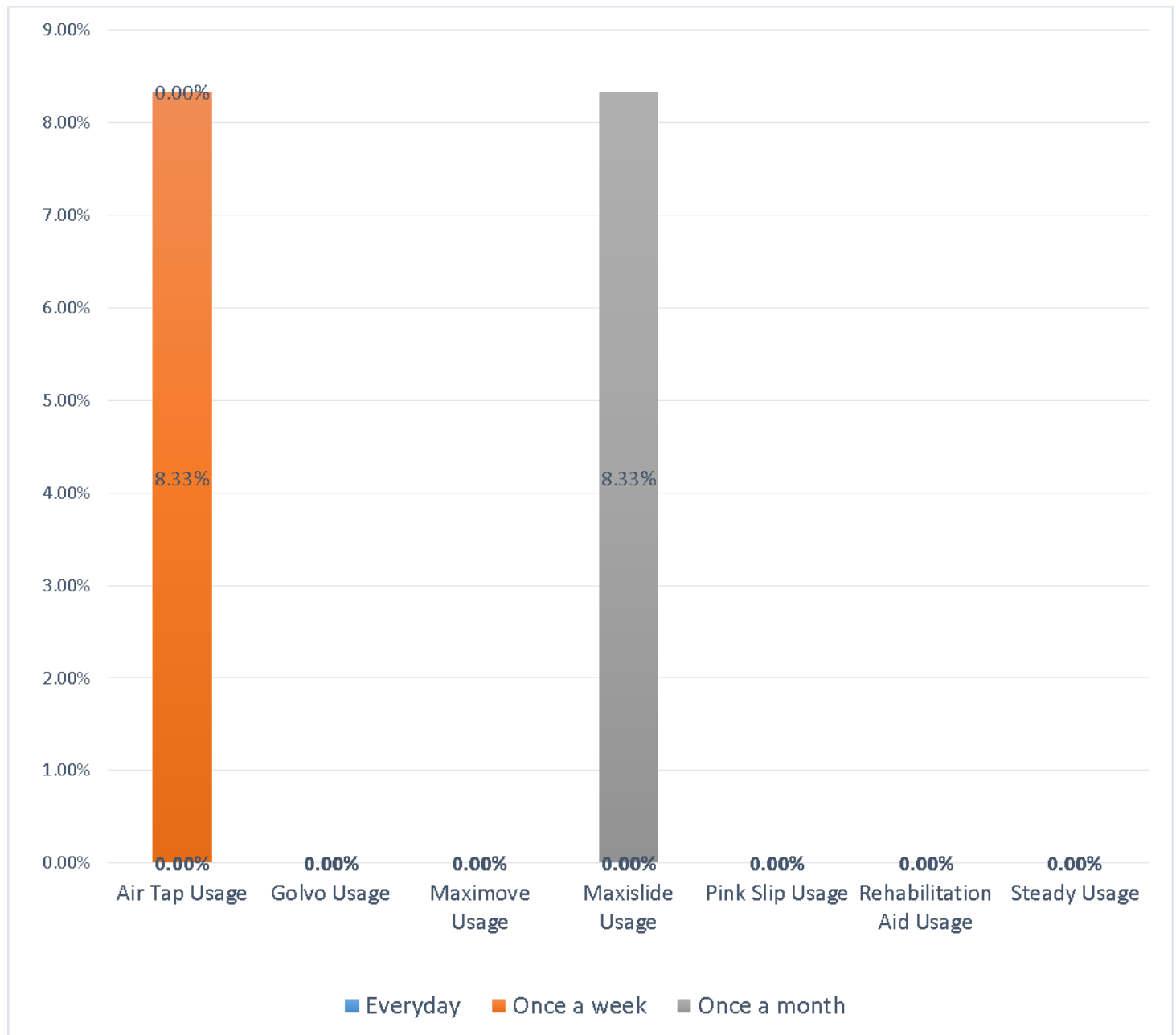
UNIT	Post
ITEM NUMBER	Partum
	7

Row Labels
Explain why you find those tasks challenging.
N/A
Working around the wheelchair to give the patient proper support.

Equipment Frequently Used

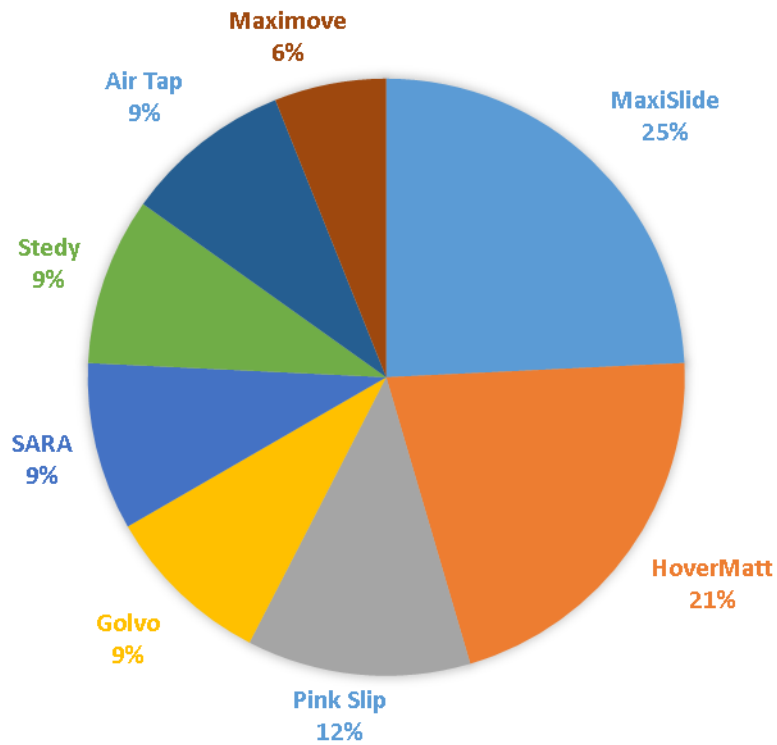
Q) IN THE PAST YEAR, HOW OFTEN DID YOU USE THE FOLLOWING PRODUCTS?

Post-Partum



Post-Partum Equipment/Devices Need More Practice or Help

SELECT THE TOP 3 SPH EQUIPMENT/DEVICES FOR WHICH YOU NEED MORE PRACTICE OR HELP TO OPERATE.



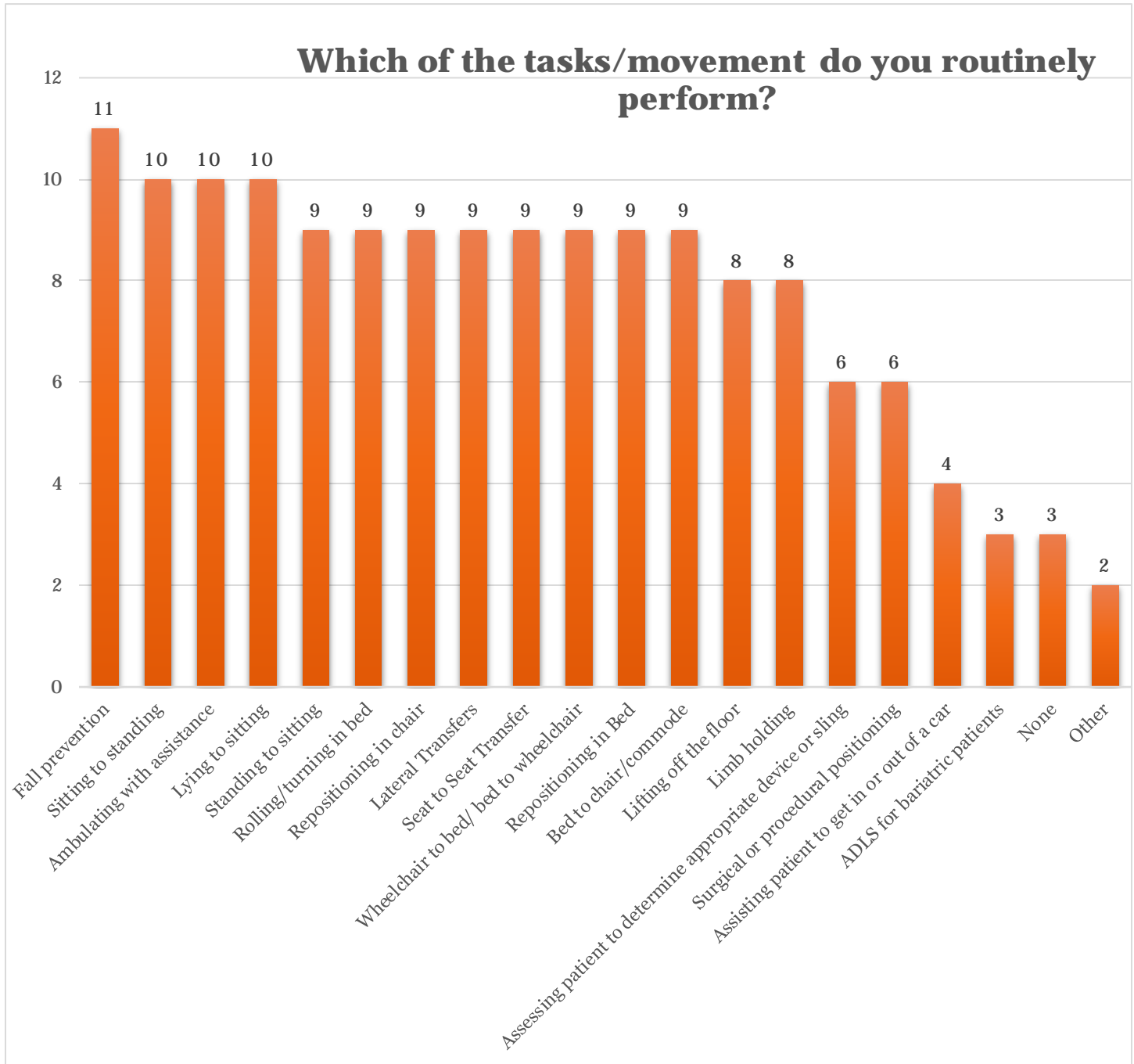
Situations Where You Could Have Been Better Prepared

UNIT	Post Partum
ITEM NUMBER	17
Row Labels	
In the past year, tell us a situation where you could have been better prepared in terms of patient handling? Describe the key points.	
Almost all of our patients are ambulatory.	
<p>I was caring for a postpartum patient who'd had an epidural and needed to void. I asked the patient how her legs were feeling, if they were numb, and tested for leg strength. She described some numbness in one leg, and it strength tested slightly weaker than the other side. I suggested she use the bedpan, however, the patient insisted that she felt strong enough to ambulate and was strongly against using the bedpan. I helped her stand, which she did without problem. We began ambulating together, but after a few steps one of her legs buckled, and I had to call for assistance to get her back in bed. From this episode I learned that in the future, I should be more firm about the use of a bedpan if I do not feel the patient can ambulate, and that if I do attempt to help a patient ambulate I should make sure assistance is nearby.</p>	
<p>Larger patient admitted to postpartum, should have been mentioned prior in order to get the appropriate sized equipment e,i larger hospital bed. In case of cesarean section, size of patient would definitely require need of equipment if unable to move self during routine cleaning and assessment.</p>	
N/A	

NURSING LEADERSHIP

Response Count = 17; Response Rate = 68%

Leadership Tasks Routinely Performed

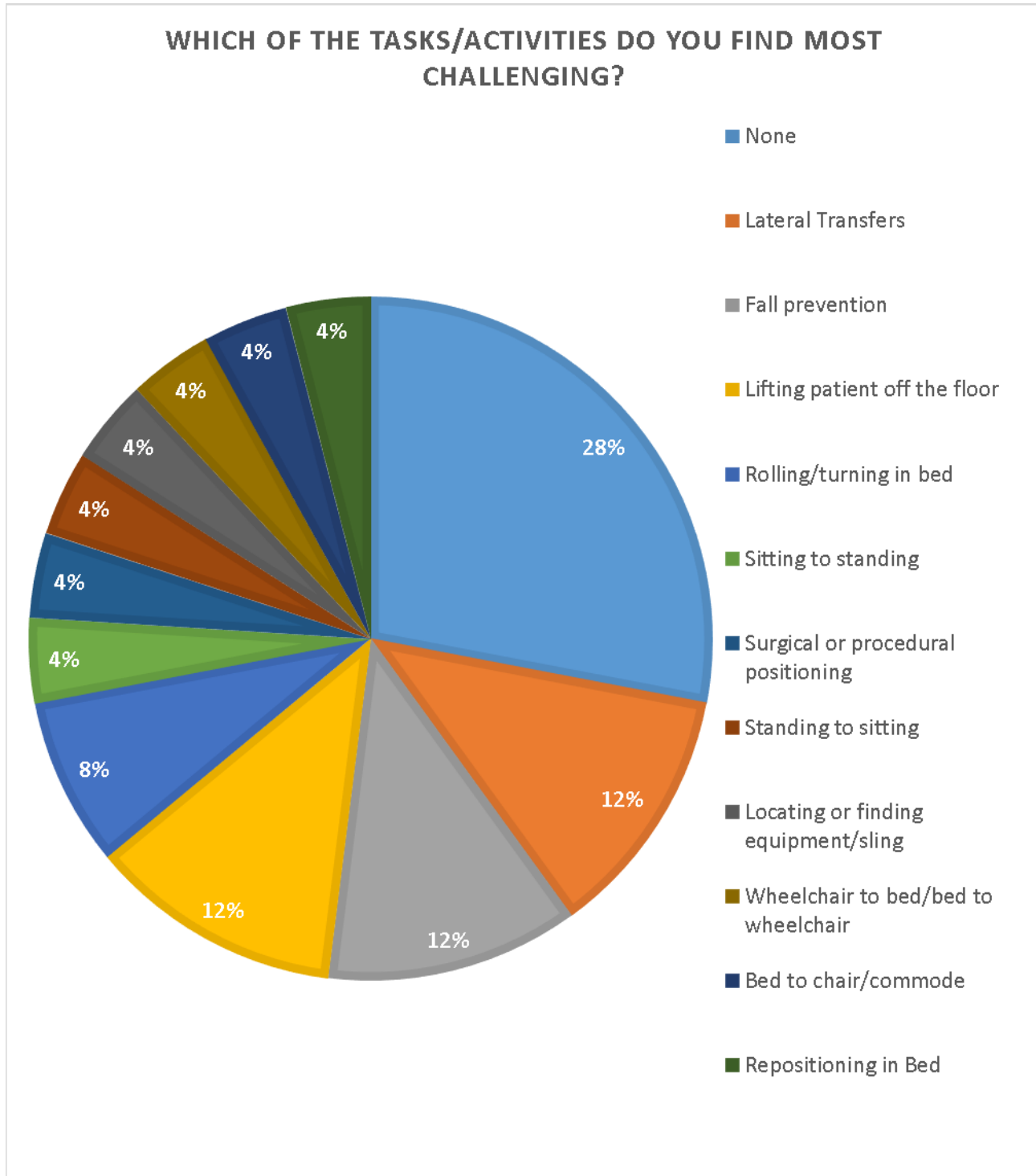


Tasks Routinely Performed - Continued

UNIT	Leadership
ITEM NUMBER	5

Row Labels
Are there other tasks that you routinely perform not listed above?
Admiistrative
assessing under devices
changing in bed
Feeding, Bladder scanning, Checking surgar level in the blood (acu chek), EKG , Range of motion exercises.
Full care of patients
N/A
NO
None
Occasionally push patient in stretcher from ER to an in patient unit
Positioning patients with the use of an air tap.
Rapid response to patient falls
Transferring from stretcher to OR bed

Nursing Leadership Tasks/Activities Most Challenging



Tasks/Activities Most Challenging - Continued

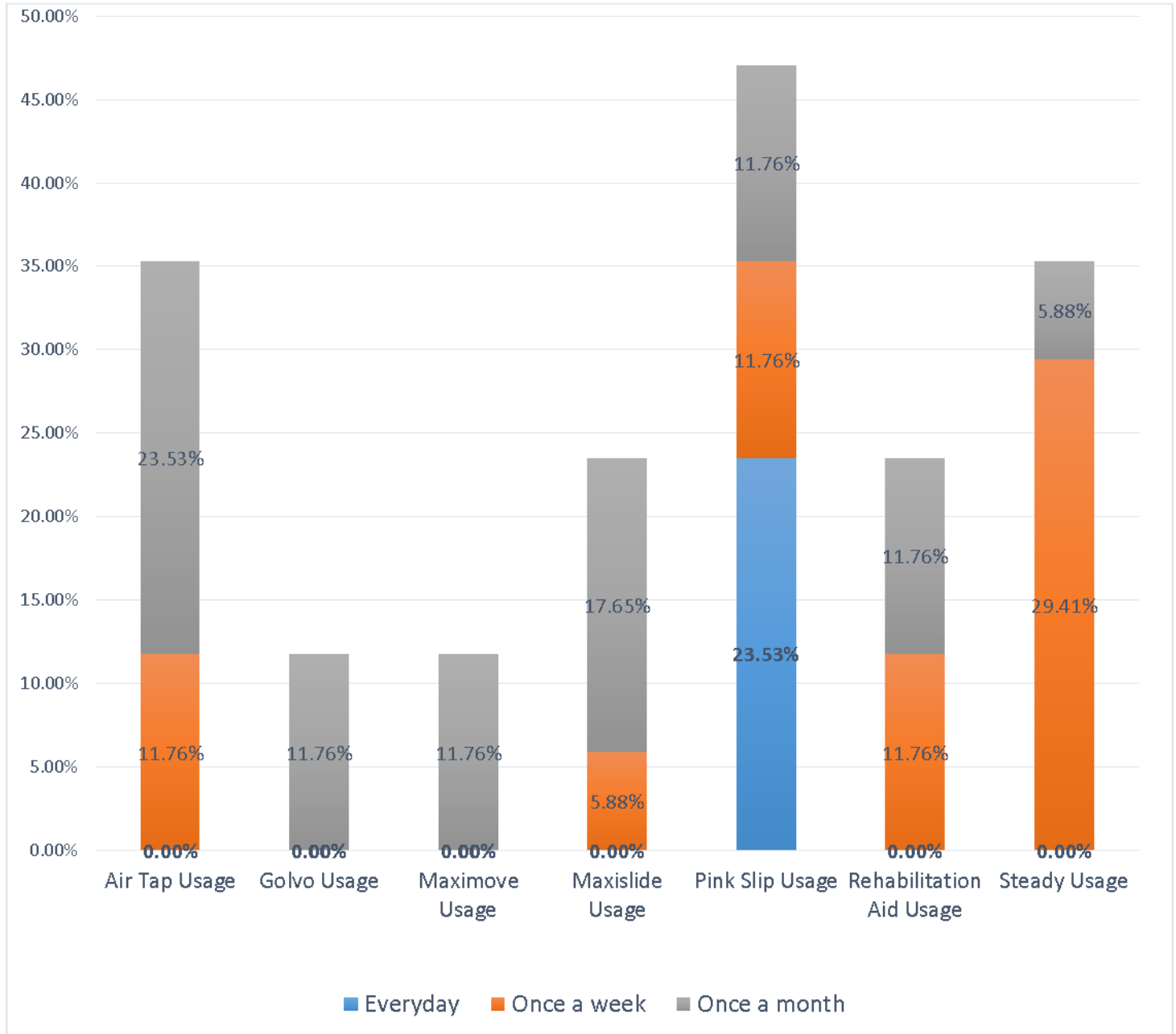
UNIT	Leadership
ITEM NUMBER	7

Row Labels
Explain why you find those tasks challenging.
Appears to be lack of accountability
Can easily hurt back
did not use any equipment
difficult to move
Equipment is not always available and/or can be found.
For surgical or procedural positioning, I have not been introduced to that yet.
I do not use these equipment
I find in the mist of a lateral transfer that I wish we ad used a pink slip.
N/A
None
Not challenging, just part of my work day
Patients can often be really heavy when trying to position them
Requires assessment of patient while on floor before moving to a chair, bed or stretcher.
Sometimes the assessment has not been completed before the patient is moved.
These tasks become difficult if the patient does not follow directives or has some dementia.

Equipment Frequently Used

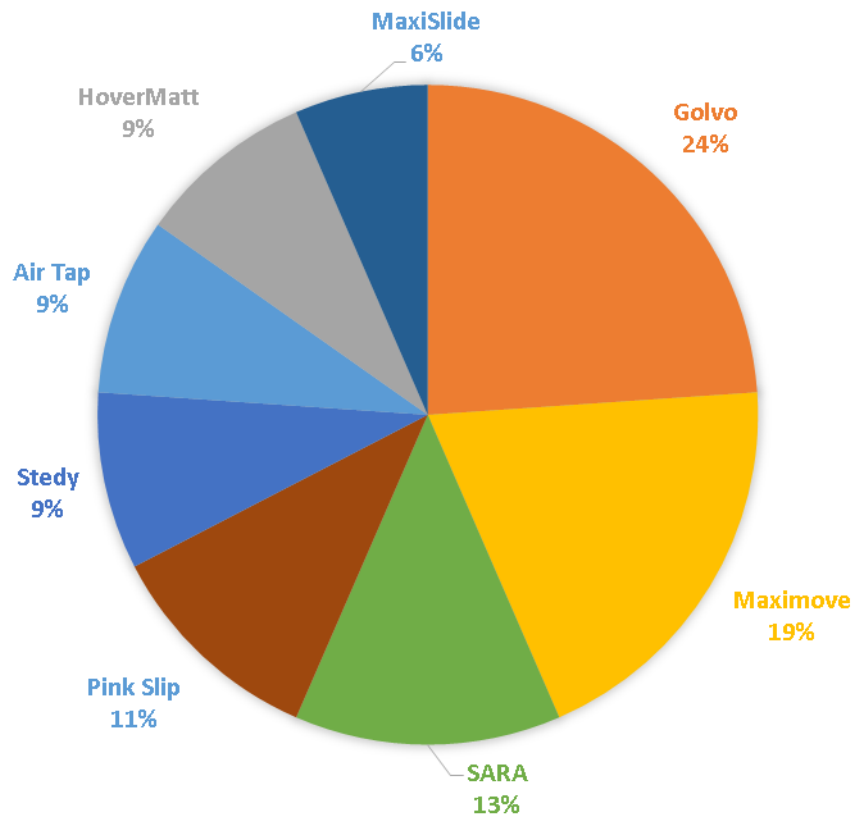
Q) IN THE PAST YEAR, HOW OFTEN DID YOU USE THE FOLLOWING PRODUCTS?

Nursing Leadership



Nursing Leadership Equipment/Devices Need More Practice or Help

SELECT THE TOP 3 SPH EQUIPMENT/DEVICES FOR WHICH YOU NEED MORE PRACTICE OR HELP TO OPERATE.



Situations Where You Could Have Been Better Prepared

UNIT	Leadership
ITEM NUMBER	17

Row Labels
<p>In the past year, tell us a situation where you could have been better prepared in terms of patient handling? Describe the key points.</p>
<p>At the point where I was transferring a new admitted patient to his unit bed assigned to him. It was a two or three assisting situation to be able to transfer a patient with a pink slip to the bed. We instructed the patient to roll over on his side for the pink slip to be put underneath him. So it was being placed and the patient was transferred safely and smoothly.</p>
<p>did not use any of he equipment</p>
<p>Have proper bariatric set up when dealing with positioning obese pt</p>
<p>I could have been more prepared with a pink slip ready. A patient thought they were able to move without assistance and was wrong. We needed to do a lateral transfer.</p>
<p>I could have used hover mat to move heavier patients</p>
<p>I do not work as a staff nurse on the unit</p>
<p>More staffing to help with maneuvering patients.</p>
<p>N/A</p>
<p>New nurse</p>
<p>No examples/situations - rarely am I ever involved with patient handling. Although I have assisted with patient transfer on/off stretcher in a code stroke in radiology.</p>
<p>No situation to report</p>
<p>None</p>
<p>None that I can think of</p>
<p>Patient fell out on the sidewalk and could not get up. It was difficult to get the maxi move in position on grass and side walk, to get pt lifted onto the stretcher.</p>
<p>So far there has been no incidents/situations.</p>