

# Reaching for Excellence in Safe Patient Handling and Mobility— Implementing Culture Change *with Special Emphasis on* Falls, Pressure Ulcers and Mobility



PRE-CONFERENCES: APRIL 10, 2017  
MAIN CONFERENCE: April 11-13, 2017  
POST-CONFERENCE: April 14, 2017  
Renaissance Hotel, Glendale, AZ

Outstanding Faculty  
“Hands-On” Sessions | Exhibit Hall with New and  
Emerging Technology | Novice Track

Program Director:  
Gail Powell-Cope, PhD, ARNP, FAAN, Co-Director,  
Center of Innovation on Disability & Rehabilitation Research, VISN 8  
James A. Haley Veterans Hospital, Tampa, FL



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To Register Online: [Click here for online registration link](#)

For hotel reservations: Call 888-236-2427--Ask for Tampa VA Research and Education Block

[Link for non-VA employees](#)

[Link for VA employees](#)



## 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. To meet the needs of a diverse audience, focused tracks have been established for:

**Focus Area A:** Special Topics in SPHM

**Focus Area B:** SPHM in Special Settings/Populations

**Focus Area C:** Program Implementation and Sustainability

**Focus Area D:** Falls, Pressure Ulcers, Mobility

**Focus Area E:** Novice Track “It Takes a Village”

## 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 the our respect for personal dignity.

## Accreditation

**The James A. Haley Veterans Hospital in Tampa, FL is accredited as a Provider of Continuing Nursing Education by the American Nurses Credentialing Center’s Commission on Accreditation. CE Broker Florida Board of Nursing Provider #50-3735.**

Program Successful Completion Criteria: (a) Participants must be at the program on time, (b) Participants must remain for the entire program to receive contact hours, (c) No partial contact hours will be provided.

### Contact Hours for Nursing/General Attendees and PTs

- **Check in at the registration desk for nursing and PT contact hours**

### Contact Hours for OTs

The Tampa VA Research and Education Foundation, Inc. is authorized to assign 2-3 AOTA CEUs for Safe Patient Handling and Mobility— Implementing Culture Change featuring a Specialty Track on Fall and Fall Injury Prevention from April 10-14, 2017. The assignment of AOTA CEUs does not imply endorsement of specific course content, products, or clinical procedures AOTA. **Please be sure to check with your local board sure that they accept these credits before you register.**



## Conflict of Interest Disclosures

The American Nurses Credentialing Center (ANCC) has mandated that all planners, speaker and content experts must disclose any affiliation with a commercial organization whose products, research or services and must be addressed verbally to the audience at the time of the presentation.

Speaker	Name of Corporate Organization(s)
Margaret Arnold	Consultant: Inspire Outcomes, LLC
Teresa Boynton	Director of Education, Hill-Rom, Inc.
Steve Castle	Dr. Castle is the founder and CEO of www.DrBalance.com. DrBalance, a website that provides info on mobility and balance
Lena Deter	My business provides SPHM clinical consulting services to healthcare facilities and organizations.
Jillian Einck	FTE at Atlas Lift Tech (exhibitor)
Lynda Enos	Consultant
Susan Gallagher	Consultant
Kristina Hallström	The research being presented was independently performed by QEH in Birmingham, UK with an unrestricted T grant from Arjo Huntleigh who has no direct input into the design, conduct, or analysis of results. She is presenting on behalf of the PI who is unavailable to present.
Deborah Harrison	A1 Risk Solutions, UK
Renée Kielich	Employed by the Hill-Rom Company
Charlotte Lynch	Association of Safe Patient Handling Professionals
Mary Matz	Patient Care Ergonomic Solutions LLC
Nancy McGann	Hill-Rom Ergonomics Panel Member
Patti Mechan	Employed by Guldman, Inc.
Heather Monaghan	Owner, Visioning HealthCare, Inc.; Visioning Publisher LLC
Amber Perez	Paid as director of Clinical Services for Handicare a SPHM Equipment company.
Susan Salsbury	Speakers Bureau, Sage Products LLC
Ron Shorr	Legal consulting re: hospital falls
Håkan Skenhede	Salary from Handicare (exhibitor)
Patricia Wawzyniecki	Employed by HoverTech
Kent Wilson	HoverTech International (exhibitor)

## Cancellation Policy

### Registration Cancellation and Refund

You must contact us no later than 5:00 PM EST on April 1, 2017 to cancel your registration for the 2017 Safe Patient Handling and Falls Conference. Cancellations after February 1, 2017 will be charged 50% of their registration fee. No-shows will not be refunded conference fees. After April 1, 2017 there is no refund of fees paid. Send cancellation requests to [Valerie.Kelleher@va.gov](mailto: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. 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.

**KEY TO TRACK COLOR-CODING (See Course Levels Above: ① ② ③ ④)**

<b>PRE- PLENARY or POST- CONFERENCE</b>	<b>TRACK A Special Topics</b>	<b>TRACK B Special Settings/ Populations</b>	<b>TRACK C Program Implementation and Sustainability</b>	<b>TRACK D Falls, Pressure Ulcers and Mobility</b>	<b>HANDS ON</b>
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**Monday April 10, 2017–Pre-Conferences**

<b>8-12noon</b>	<b>Safe Patient Handling and Mobility/Falls 101</b> ① <i>Fragala, Gallagher</i> (Includes Continental Breakfast 7-8am, Coffee Break at 10am). Remember that the exhibit hall opening is from 4-6pm with hot and cold hors d'oeuvres! <b>Solana F/G</b>
<b>8-3pm</b>	<b>Hands On Experience with the Latest Safe Patient Handling Equipment</b> Steadman (Moderator), Arnold, Buchanan, Harrison, Martin, McGann, Mechan, Perez, Webb, Wright. (Includes Continental Breakfast 7-8 am, Coffee Break at 10am, Lunch at 12noon). Remember that the exhibit hall opening is from 4-6pm with hot and cold hors d'oeuvres! <b>Cira A/B/C</b>
<b>8am-3pm</b>	<b>It Takes a Village Novice Training</b> ① 4/10 8am to 3pm, 4/11 3:30-5:30pm, 4/12 3:30-5:30pm, 4/14 8am-3pm. (Includes Continental Breakfast 7-8 am, Coffee Break at 10am, Lunch at 12noon). Remember that the exhibit hall opening is on Monday from 4-6pm with hot and cold hors d'oeuvres! During the week the faculty will be: <i>Arnold, Boynton, Coughlin, Gallagher, Helfen-Lardent, Kielich, Lynch, Matz, Price, Swan, Wawzyniecki and Wilson</i> <b>Solana H/I</b>
<b>3-3:30pm</b>	<b>How to Get the Most out of your Week at this Conference, Powell-Cope</b> ① 4/10 3-3:30pm. Remember that the exhibit hall opening is from 4-6pm with hot and cold hors d'oeuvres! <b>Solana H/I</b>
<b>4pm-6pm</b>	<b>Exhibit Hall Grand Opening Media Center</b>

**Tuesday, April 11, 2017–Main Conference Day One**

<b>7-8am</b>	<b>Continental Breakfast Aurora A-B-C-D</b>
<b>8-8:50am</b>	<b>Welcome/The Essentials of Safe Patient Handling and Mobility</b> <i>Powell-Cope</i> <b>Solana E</b>
<b>9-9:50am</b>	<b>Keynote: Safe Patient Handling and Mobility: Key to Quality</b> <i>Cipriano</i> <b>Solana E</b>
<b>10-10:50am</b>	<b>Break and Exhibits Media Center</b>
<b>11am-11:50</b>	<b>A Unified Approach to Safe Patient Mobilization and Falls Prevention</b> <i>Williamson, Celona</i> <b>Solana E</b>
<b>12-1:30</b>	<b>Lunch Media Center</b>
<b>1:30-2:20</b>	<b>SPHM: The New York Experience</b> <i>Moed, Baum, Cook, Foley, Pless</i> <b>Solana E</b>
<b>2:30-3:20</b>	<b>Break and Exhibits, Media Center</b>
<b>3:30-4:20</b>	<b>TRACK A</b> An Integrated Approach to Mobilizing Patients with Combative Behaviors: Merging Best Practices of Behavioral Health and Safe Patient Handling--Combining Strategies from Behavioral Health, Pharmacy and Safe Patient Handling to Prevent Harm when Manipulating, Moving and Transferring Patients with Violent or Combative Behaviors ② ③ <i>McGann, Deplazes</i> <b>Solana A/B</b>
	<b>TRACK C</b> A Multidisciplinary Approach to Solid Engagement--Moving the Heart of the Frontline ② <i>Turner/Turner, Rodgers, Boynton</i> <b>Solana F/G</b>
	<b>TRACK D</b> Falls in Acute Care <i>Shorr</i> ① <b>Solana H/I</b>
<b>3:30-5:30</b>	<b>TRACK B</b> SPHM, the Skin and Patient of Size <i>Gallagher</i> <b>Solana C/D</b>
	<b>HANDS ON</b> Ambulatory Care Hands On Training <i>Wawzyniecki, Yeung, McIlvane</i> <b>Cira A-B-C</b>
<b>4:30-5:30</b>	<b>TRACK A</b> From Marathon to Sprint--One Program's Resurrection <i>Young, McGettigan</i> <b>Solana A/B</b>
	<b>TRACK C</b> Benchmarking: Are You in the Ballpark? ① <i>James</i> <b>Solana F/G</b>
	<b>TRACK D</b> Using the National Database of Nursing Quality Indicators (NDNQI) for Fall Reduction Programs and Research ② <i>Cramer</i> <b>Solana H/I</b>

**Wednesday, April 12, 2017–Main Conference Day Two**

<b>7-8am</b>	<b>Continental Breakfast, Aurora A-B-C-D</b>
<b>8-8:50am</b>	<b>The Relationship Between SPHM Practices and Patient Falls,</b> <i>Cramer</i> <b>Solana E</b>
<b>9-9:50am</b>	<b>Intersecting Bariatrics, Patient Handling and Progressive Mobility</b> <i>Gallagher</i> <b>Solana E</b>
<b>10-10:50am</b>	<b>Break and Exhibits Media Center</b>
<b>11-11:50am</b>	<b>TRACK A</b> Rocking Rehab! Turn Therapists from Greatest Resisters to Strongest Advocates, <i>Arnold</i> <b>Solana A/B</b>

### Wednesday, April 12, 2017–Main Conference Day Two

	<b>TRACK B</b> Let's Get Connected: All You Ever Need to Know About Healthcare Recipient Sling and Lift Hanger Bar Compatibility, <i>Enos, Deter Solana C/D</i>
	<b>TRACK C</b> Go Online: Using a Website to Implement and Sustain your SPHM Program ① <i>James, Yeung, McIlvaine Solana F/G</i>
	<b>TRACK D</b> Before the Assist, Resist Assumption: Enlist the Bedside Mobility Assessment Tool (BMAT) and Lift Technology for Assisted Fall Prevention ①, <i>Salsbury, Mosman, Sprouse Solana H/I</i>
12-1:20pm	Lunch, Media Center
1:30-2:20pm	<b>TRACK A</b> History and Update on OSHA Related to Safe Patient Handling and Mobility, <i>Fragala, Orr Solana A/B</i>
	<b>TRACK B</b> The SPHM Self-Assessment: Step One on the Road to Patient and Caregiver Safety, <i>Francis, Einck Solana C/D</i>
	<b>TRACK C</b> The Business Case for SPHM/Falls, <i>Celona Solana F/G</i>
	<b>TRACK D</b> Getting Your MBA for Quality Falls Prevention in LTC: What Works, What Doesn't and Understanding Mobility and Balance Awareness, <i>Castle Solana H/I</i>
2:30-3:20	Break and Exhibits Media Center
3:30-4:20	<b>TRACK A</b> Critical Thinking and Simulation for Complex Patients: We Need to Move Them...BUT HOW!!! Solutions to Moving Complex Patients (Spinal, Sternal, Hip Precautions, Barriers Related to Patient Anxiety, ICU Patients with Multiple Lines) ② ③ <i>McGann, Arnold Solana A/B</i>
	<b>TRACK C</b> Changing The Perception of Safety of Your Unit, <i>Fragala Solana F/G</i>
	<b>TRACK D</b> The Use of Patient Sitters to Reduce Falls: Best Practices, <i>Wallace Solana H/I</i>
3:30-5:30	<b>TRACK B</b> International SPHM Symposium (IPPHÉ): <i>Matz, Wright, Tasso, Knibbe, Frey, et al.</i> , Presentations and papers Including: International Issues and Building a Business Case on an International Scale <b>Solana C/D</b>
4:30-5:30	<b>TRACK A</b> Principles of Safe Patient Handling and Mobility: Patient-Centered Patient Handling Concepts, <i>Trudgen Solana A/B</i>
	<b>TRACK C</b> Soft Skills, The Foundation for Effective SPHM Program Leadership, <i>Monaghan, Falco Solana C/D</i>
	<b>TRACK D</b> The STEADI Toolkit <i>Ferguson Solana F/G</i>

### Thursday, April 13, 2017–Main Conference Day Three

7-8am	Continental Breakfast, Aurora A-B-C-D
8-8:50am	The Health Care Barometer, <i>Missar Solana E</i>
9-9:50am	Evaluation of a "Best Practices" Safe Patient Handling and Movement Program in an Acute Care Hospital <i>Collins Solana E</i>
10-10:50am	Break and Exhibits, Media Center
11-11:50am	<b>TRACK A</b> Safe Patient Handling Program Implementation: Challenges and Successes ②, <i>McCoskey, Solana A/B</i>
	<b>TRACK B</b> Is Your Boat Gonna Float? Applying the ANA Standards--Successes, Cautionary Tales, and Lessons Learned Over 15+ Years of Experience with SPHM Programs, <i>Boynton, Turner, Turner, Solana4 C/D</i>
	<b>TRACK C</b> Implementing the Bedside Mobility Assessment Tool for Nurses ② ③ <i>Perez, McGann, Trudgen, Solana F/G</i>
	<b>TRACK D</b> Virtual Breakthrough Series for Fall Prevention, <i>Neily Solana H/I</i>
12-1:20pm	Lunch Media Center
1:30-2:20	Solving SPHM Problems Across the Continuum of Care, <i>Fragala, Wilson, Slack, Missar, Wawzyniecki Solana E</i>
2:30-3:20	Thinking Big to Finish the Race to Universal SPHM / Presentation of the Bernice Owen Award / Presentation of the Poster Awards <i>Powell-Cope (H) Solana E</i>
3:30pm	Adjourn

### Friday, April 14, 2017–Post Conferences

7am-3pm	Lessons from Sadie--Developing the Leader Within <i>Steadman, Dick</i> (Includes Continental Breakfast 7-8 am, Coffee Break at 10am, Lunch at 12noon). <b>Solana C/D</b>
7am-3pm	It Takes a Village Novice Training <i>Lynch et al.</i> (Includes Continental Breakfast 7-8 am, Coffee Break at 10am, Lunch at 12noon). <b>Solana A/B</b>



## FOLLOWING IS A SCHEDULE WITH SESSION DESCRIPTIONS

### Schedule with Session Descriptions

#### MONDAY, APRIL 10, 2017 PRE CONFERENCE SESSIONS

7:00am Registration Desk Open Daily

8:00am Continental Breakfast

**8:00am-12:00pm Ergonomics 101 for Safe Patient Handling and Mobility** ① *Fragala, Gallagher* Appropriate for newcomers and attendees who have a rudimentary understanding of ergonomics and want to develop their skills and understanding in this area in more depth. Basic concepts of ergonomics will be discussed including how primary risk factors such as force, repetition 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 an ergonomic risk assessment. 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 in more depth at the main conference. **Continental Breakfast will be served from 7-8am, session will begin at 8am. Solana F-G**

**8:00am-3:00pm Hands On Experience with the Latest SPHM Equipment** ④ *Steadman, et al. Cira A/B/C.* This pre-conference provides a tutorial and opportunities to gain competencies in the newest patient handling equipment as it relates to the patient's level of independence. This program will be most helpful for direct care providers as well as educators and safety peer leaders responsible for assessments of staff. Participants will rotate through 3 unique stations over the course of this workshop including high-risk patients. Continental breakfast will be served 7-8 am, coffee break at 10 and lunch at 12 noon will be served. The session will start promptly at 8am. **Remember the Exhibit Hall Grand Opening from 4-6pm with hot and cold hors d'oeuvres and beverages.**

**8:00am-3:00pm It Takes a Village: Novice Training** ① *[4/10-4am-3pm; 4/11-3:30-5:30pm; 4/12 3:30-5:30pm; 4/14 8am-3pm.* Includes continental breakfast 7-8am, coffee break at 10am, and lunch at noon). **Remember the Exhibit Hall Grand Opening from 4-6pm with hot and cold hors d'oeuvres and beverages.** This is the first of four sessions for SPHM novices that will include equipment overviews, demonstrations and hands-on practice with current patient handling equipment and accessories. Equipment will include ceiling lifts, floor lifts, sit/stand lifts, air-assist devices and friction-reducing devices for common handling tasks and patient dependency categories. Challenging situations will be covered including bariatric patient handling and lifting from the floor. Brief discussions on learner competency vs. training, equipment maintenance and repair, and vendor relations will also be included.

**3:00pm-3:30pm How to Get the Most out of your Week at this Conference** ① *Powell-Cope.* Newcomers, stop in and get some tips on the best way to use your time at the conference! **Remember that the exhibit hall opening is from 4-6pm with hot and cold hors d'oeuvres! Solana H/I**

**4:00pm-6:00pm Exhibit Hall Grand Opening in the Media Center** Hot hors d'oeuvres, cold hors d'oeuvres and beverages will be served.

#### TUESDAY, APRIL 12, 2016

7:00am-4:00pm Registration Desk Open

7:00am-8:00am Continental Breakfast Aurora A-B-C-D

**8:00am-8:50am Welcome Remarks/Essentials of Safe Patient Handling and Mobility** ④ *Program Director: Powell-Cope* Solana E

**9:00am-9:50am Safe Patient Handling and Mobility: The Key to Quality.** ④ *Program Director: Powell-Cope* Solana E  
Created in response to the ANA's 2015 environmental scan, the SPHM Self-Assessment tool provides assistance to facilities looking to evaluate and implement a SPHM program in alignment with the American Nurses Association Safe Patient Handling and Mobility Interprofessional National Standards.

10:00am-11:00am Break and Exhibits Media Center

**11:00am-12:00noon A Unified Approach to Safe Patient Mobilization and Falls Prevention** ④ *Williamson, Celona* Solana E. Safe patient mobilization and falls prevention are typically targeted by separate programs. However, potentially the same patient mobility assessment is required for both (e.g., able to move independently, partial assist, extensive assist, total mobilization). Further, the same equipment and

algorithms can both mobilize patients and prevent falls. This talk presents how a unified approach is being implemented in the SmartMoves program at Ascension Health.

#### 12:00noon-1:30pm Lunch Media Center

1:30pm-2:30pm SPHM: The New York Experience (Panel) ④ *Moed (moderator), Baum, Solana E*

#### 2:30pm-3:30pm Break and Exhibits Media Center

3:30pm-4:30pm **TRACK A** **An Integrated Approach to Mobilizing Patients with Combative Behavior: Merging Best Practices of Behavioral Health and Safe Patient Handling--Combining Strategies from Behavioral Health, Pharmacy and Safe Patient Handling to Prevent Harm when Manipulating, Moving and Transferring Patients with Violent or Combative Behaviors** ② ③ *McGann, Deplazes Solana A/B* Caregivers struggle to provide adequate care while preventing harm to patients with combative behaviors with or without mobility limitations. Many patient handling injuries occur when moving this complex patient group. Prevention requires the combination of behavioral, pharmaceutical, restraint, and ergonomic interventions. A true melding of strategies must occur to best protect our patients and caregivers during these complex and emotionally charged situations.

3:30pm-4:30pm **TRACK C** **A Multidisciplinary Approach to Solid Engagement--Moving the Heart of the Frontline** ② *Turner/Turner, Rodgers, Boynton Solana F/G* There is a direct need to reach the frontline through innovative measures in order to build sustainability of best practice in regards to SPHM and Fall prevention. Creating success takes a solid multidisciplinary approach at every level while implementing SPHM and fall prevention programs following through with ongoing educational strategies. We will dive into the victories that we have had with gaining administrative support to empowering leaders to step out of the sidelines from the bedside.

3:30pm-4:30pm **TRACK D** **Falls in Acute Care** ① *Shorr Solana H/I* This talk will review fall and fall prevention in hospitals. It will review evidence supporting fall evaluation and common fall prevention strategies (e.g., alarms, sitters, and restraints).

3:30pm-5:30pm **TRACK B** **SPHM, the Skin and Patient of Size** ④ *Gallagher Solana C/D* This course is back by popular demand. SPHM is discussed as an integral part of pressure ulcer prevention, assessment and treatment. An all-new addition to this classic presentation is an examination into the relationship between the SPHM expert and the wound care clinician. Role play activities and a case study approach are used to identify ways to strengthen this collaborative relationship.

3:30pm-5:30pm **HANDS ON Ambulatory Care Hands On Training** ④ *Wawzyniecki, Yeung, McIlvane Cira A-B-C* Many acute care settings and long-term care facilities have implemented SPHM programs to enhance safety for healthcare workers (HCW) and patients. Ambulatory settings, however, have unique administrative and operational structures which impact implementation of a SPHM program. This workshop will provide practical tools and ideas tailored for ambulatory SPHM program from the perspectives of SPHM coordinators/ergonomists and a nursing leader. These will include development of a business plan, policy and protocols, non-traditional ideas to obtain equipment, key elements required for continued training and supply needs, lessons learned, and equipment applications via videos and hands-on demonstration.

4:30pm-5:30pm **TRACK A** **From Marathon to Sprint--One Program's Resurrection** ④ *Young, McGettigan Solana A/B* It has been said that the path to culture change necessary for a good SPHM program to flourish is a marathon, not a sprint. Given all of the "moving parts" of a program that need to work together, it is often a long process, with a lot of steps, often requiring a great deal of perseverance. It has also been speculated that maybe as SPHM professionals we should reconsider this. This lecture session will discuss the efforts of a large, metropolitan Magnet teaching hospital in New Jersey, and how the program was "resurrected" from dormant, to a "state of the art" trajectory in under one year. The efforts resemble more of a sprint, than a marathon. Discussion will focus on systems thinking in general; how transformational leadership empowered this systems approach; revitalizing the program quickly according to NJ Department of Health and ANA SPHM standards; how to leverage the "What's In It For Me" (WIFM) principle." to empower the nursing ranks to take ownership of the program and enlist the upper management on board with the effort. The session will present the leading indicators used to proactively chart progress, and lagging data such as injury claims, fall rates, and pressure ulcer rates to date.

4:30pm-5:30pm **TRACK C** **Benchmarking: Are You in the Ballpark?** ① *Avent, James Solana F/G* In 2015 Duke University Health System (DUHS) enhanced its SPHM program to incorporate Fall Prevention and Early Mobility programs. Before embarking on these changes they launched an online benchmarking survey to determine what other health care organizations were doing with SPHM and how they were doing it. The survey was created using an online surveying tool and was distributed via an online professional network platform. Over 170 organizations responded to the survey and the results were shared with all participants. This podium presentation will discuss how to create an online survey, review the results of the survey, provide results of an updated ceiling lift survey launched in 2016, and will discuss program recommendations for the future based on these results.

4:30pm-5:30pm **TRACK D** **Using the National Database of Nursing Quality Indicators (NDNQI) for Fall Reduction Programs and Research** ② *Cramer Solana H/I* The NDNQI is the largest repository of nursing-sensitive data in the United States, and one of the only sources of data to pair clinical and administrative data on nursing structures, processes, and outcomes with RN survey data about the nursing work environment and RN characteristics at the nursing unit level. This clinically rich and unique dataset allows health systems to identify trends and issues within their organizations, at the nursing-unit level, and conduct targeted quality improvement projects to increase patient safety and quality outcomes.



NDNQI currently tracks and reports patient falls and falls with injury, as well as assisted falls, allowing hospitals to identify successful interventions, as well as areas that still need improvement. NDNQI data has also provided researchers with the ability to take a broad look at national trends in fall rates and link organizational structures and clinical process measures to patient fall rates to enhance our understanding of underlying factors of adverse events and how to prevent them. During this session, we will discuss the background and significance of NDNQI, examine case studies of successful quality improvement using NDNQI, and highlight some of the most significant findings on patient falls from NDNQI researchers.

## WEDNESDAY, APRIL 13, 2016

**7:00am-4:25pm Registration Desk Open**

**7:00am-8:00am Continental Breakfast Aurora A-B-C-D**

**8:00am-9:00am The Relationship Between SPHM Practices and Patient Falls, Cramer Solana E** The National Database of Nursing Quality Indicators (NDNQI) is the largest repository of nursing-sensitive data in the United States, and one of the only sources of data to pair clinical and administrative data on nursing structures, processes, and outcomes with RN survey data about the nursing work environment and RN characteristics at the nursing unit level. In 2013, NDNQI added a Safe Patient Handling and Mobility (SPHM) scale to the annual NDNQI RN Survey. The scale was designed to gather RN perceptions of SPHM practices which directly reflect the American Nurses Association (ANA) Interprofessional National Standards for Safe Patient Handling and Mobility (SPHM). Along with the annual RN survey, NDNQI has nursing unit-level data on patient outcomes, including patient falls. During this session, trends in SPHM implementation since 2013 will be examined, along with the relationship between implementation of SPHM standards and patient fall rates on units.

**9:00am-10:00am Intersecting Bariatrics, Patient Handling and Progressive Mobility Gallagher Solana E** Early, progressive mobility is a widely accepted strategy to control the immobility consequences of clinical care. Safe patient handling and mobility (SPHM) is an emerging process designed to improve patient safety while preventing patient handling injuries associated with early, progressive patient mobility. This presentation explores the patient and worker safety challenges associated with mobilizing the patient of size.

**10:00am-11:00am Break and Exhibits Media Center**

**11:00am-12:00noon TRACK A Rocking Rehab! Turn Therapists from Greatest Resisters to Strongest Advocates, Arnold Solana A/B** A one hour session aligning the PT and OT practice guidelines with SPHM. Videos will be used to compare and contrast use of equipment versus manual assistance for a variety of therapeutic interventions from early mobility in the ICU to orthopedic conditions in Med/Surg/Ortho units, to neuro rehabilitation, long term care and outpatient facilities.

**11:00am-12:00noon TRACK B Let's Get Connected: All You Ever Need to Know About Healthcare Recipient Sling and Lift Hanger Bar Compatibility, Enos, Deter Solana C/D** The goal of this session is to explore compatibility and safe use of healthcare recipient slings with lifts. Content will be based upon the 2016 Healthcare Recipient Sling and Lift Hanger Bar Compatibility published by the American Association for Safe Patient Handling and Movement (AASPHM).

**11:00am-12:00noon TRACK C Go Online: Using a Website to Implement and Sustain your SPHM Program ① James, Yeung, McIlvaine Solana F/G** Standard 5 of the ANA SPHM Interprofessional Standards addresses the need to "Establish a system for education, training, and maintaining competence." This requires continuous and diligent planning and organization. It is therefore vital to have a means to effectively and efficiently communicate with staff on program standards and updates. Websites are a platform that are always accessible and can reach staff regardless of location. This podium presentation will demonstrate how one large university health system has created a website for their revitalized SPHM program. The SPHM website serves to inform staff on: Background for SPMH, Program Information, Training Toolkit, and Equipment Resources. The presentation will guide participants through the process of developing a SPMH website with emphasis on recommended components as well as review documents, forms, and training videos used for education, training, and maintenance.

**11:00am-12:00noon TRACK D Before the Assist, Resist Assumption: Enlist the Bedside Mobility Assessment Tool (BMAT) and Lift Technology for Assisted Fall Prevention ②, Salisbury, Mosman, Sprouse Solana H/I** Assisted falls are significant because they represent a potential missed opportunity for preventing harm. Hospital data indicated that assisted falls (where staff members were present, but the patient fell) represented 14% of all falls, which is slightly higher than the 12.4% national rate. This presentation will discuss how an interprofessional task force developed falls prevention education incorporating safe patient handling (SPH) principles to reduce assisted falls. The team proposed two specific interventions: 1) Assess patient mobility using the Bedside Mobility Assessment Tool (BMAT), and 2) Use a gait belt, assistive device, or SPH technology as needed. The team presented a 1.5 hour educational program for nursing staff incorporating SPH principles on a medical cardiology unit. Projected outcomes include a reduction in the assisted fall rate, as well as overall fall rate on the pilot unit.

**12:00noon-1:30pm Lunch Media Center**

**1:30pm-2:30pm TRACK A History and Update on OSHA Related to Safe Patient Handling and Mobility, Fragala, Orr Solana A/B** OSHA has recognized that manually lifting and moving patients within healthcare institutions exposes caregivers to the risk of occupational injuries. As a result OSHA began issuing general duty clause citations in the early 1990s. These citations generated some of the longest conflicts between OSHA and the affected facilities. General duty clause citations continue today. OSHA recognizing the safe patient handling risk in healthcare has issued guidelines and in fact a standard which was revoked. OSHA has also had many special emphasis programs related to safe patient handling, the

most recent being a notice issued in June of 2015. This session will review OSHA activities over the years related to safe patient handling and mobility and what OSHA is currently doing and planning in order to address occupational risks to health care workers.

**1:30pm-2:30pm TRACK B The SPHM Self-Assessment: Step One on the Road to Patient and Caregiver Safety**, Francis, *Einck Solana C/D* Created in response to the ANA's 2015 environmental scan, the SPHM Self-Assessment tool provides assistance to facilities looking to evaluate and implement a SPHM program in alignment with the American Nurses Association Safe Patient Handling and Mobility Interprofessional National Standards.

**1:30pm-2:30pm TRACK C The Business Case for SPHM/Falls**, *Celona Solana F/G* Getting an SPHM program funded often requires a financial justification, which many nurses have difficulty doing. This talk presents four methods of doing so, ranging from super-easy to advanced. Attendees will be able to complete methods 1 and 2 after attending this talk.

**1:30pm-2:30pm TRACK D Getting Your MBA for Quality Falls Prevention in LTC: What Works, What Doesn't and Understanding Mobility and Balance Awareness**, *Castle Solana H/I* Injuries from falls remain the major source of liability for Long Term Care Facilities. The Aging Services 2014 Claims Report states that nearly half of falls-related injury claims are associated with 'a failure to monitor'. Two-thirds occur in the resident's room or bathroom and 40% of the claims resulted in death. 'Embedded' behaviors and responses are commonly initiated but tend to be proven ineffective and detract from effective behavior change by staff. This presentation will clarify what has NOT worked in reducing injuries from falls, will provide practical suggestions of how to drill down when someone is identified at risk for falls, as well as provide practical approaches that have proven to reduce injuries from falls. Finally, the crucial conversations that a facility must have to effectively implement any quality improvement approach will be reviewed.

**2:30pm-3:30pm Break and Exhibits Media Center**

**3:30pm-4:30pm TRACK A Critical Thinking and Simulation for Complex Patients: We Need to Move Them...BUT HOW!!! Solutions to Moving Complex Patients (Spinal, Sternal, Hip Precautions, Barriers Related to Patient Anxiety, ICU Patients with Multiple Lines)** ② ③ *McGann, Arnold Solana A/B* Caregivers often have concerns about how to use mechanical lift devices and slings for various precautions. Additional barriers exist in mobility in the ICU, and in certain patient scenarios across the care continuum. These can be common reasons for lack of compliance with the use of safe patient handling equipment and policies. This interactive session will share a simulation tool used to problem solve various barriers and precautions. Training on how to develop tip sheets for end user education will be provided. (If we can have 3 hours on a day with access to equipment, we would love to make this 3 hours and do an hour of actual simulation).

**3:30pm-4:30pm TRACK C Changing The Perception of Safety of Your Unit**, *Fragala Solana F/G* This educational session is led by thought leaders who come from the front lines to lead you in creating the new culture of safety in your health care facility. Together, we will explore the interconnections of patient safety, progressive mobility, falls, pressure ulcer prevention and health care worker safety. By tackling these challenges, we can make safety a priority for both our patients and our staff.

**3:30pm-4:30pm TRACK D The Use of Patient Sitters to Reduce Falls: Best Practices**, *Wallace Solana H/I* Using patient sitters to directly observe patients at high risk for falls is a practice suggested as part of several evidence-based falls prevention guidelines. However, the clinical and cost-effectiveness of sitter programs has been questioned. Analysis of data from 75 hospitals participating in the Hospital and Healthsystem Association of Pennsylvania Hospital Engagement Network Falls Reduction and Prevention Collaboration revealed a statistically significant correlation ( $p < 0.05$ ) between low rates of falls with harm and the use of sitter programs. A statistically significant correlation ( $p < 0.05$ ) was also identified between low rates of falls with harm and specific sitter program design elements. Analysis of falls reported to the Pennsylvania Patient Safety Authority by hospitals from across the commonwealth in which sitters were identified as being present at the time of the fall suggests that the use of sitters may be associated with a higher percentage of assisted falls and a lower rate of falls with harm.

**3:30pm-5:30pm TRACK B International SPHM Symposium (IPPHE): Matz, Wright, Tasso, Knibbe, Frey, et al., 4/12, 3:30-5:30pm** Presentations and Papers Including: International Issues and Building a Business Case on an International Scale *Solana C/D* This symposium will relay new and innovative research results and best practices from research and SPHM program implementations carried out in countries other than the US. The presentations will provide insight into SPHM foci and research outcomes in countries that may include: The Netherlands, Sweden, Finland, the UK and others. A call for international papers will be used to select presenters and topics.

**4:30pm-5:30pm TRACK A Principles of Safe Patient Handling and Mobility: Patient-Centered Patient Handling Concepts**, *Trudgen Solana A/B* In the United States we often jump straight to equipment based solutions in our champion training. We often forget the principles of safe patient handling and the concepts of patient specific technique. In this presentation we will discuss internationally recognized principles of patient-centered techniques and concepts.

**4:30pm-5:30pm TRACK C Soft Skills, The Foundation for Effective SPHM Program Leadership**, *Monaghan, Falco Solana C/D* For many years the success and failure of a SPHM program has been determined by the amount of equipment available to staff, the willingness of a culture to change, financial support, and the support of managers and senior leaders. This presentation reports on a study that examines the skills of the leader of a SPHM program as a factor in influencing its success or failure.

**4:30pm-5:30pm TRACK D The STEADI Toolkit** Ferguson *Solana F/G* The CDC STEADI (Stopping Elderly Accidents, Deaths & Injuries) was designed to help providers incorporate fall risk assessment and interventions into practice. The Patient Safety Center of Inquiry

modified it to create the VA/CDC STEADI for the VA PACT (Patient Aligned Care Team)

## THURSDAY, APRIL 14, 2016

**7:00am-4:45pm Registration Desk Open**

**7:00am-8:00am Continental Breakfast Aurora A-B-C-D**

**8:00am-9:00am The Health Care Barometer** *Missar Solana E* If you are seeking to understand the national pulse of workers' compensation claims specific to health care then this session is for you. Aon's Health Care Barometer Report will give you the "state of the union" as it represents \$2.4 billion dollars of casualty claims covering 50 states. This report is an actuarial based study of 1,600 facilities and is designed with health care risk managers and practitioners in mind, to enable you to measure, maintain and reduce your workers compensation exposure. "Measure" your program against your peers, "maintain" standards of practice and safety levels, and "reduce" your overall cost of risk. In this session, participants will be provided data demonstrating that the ANA guidelines for SPHM and SPHM certifications result in lower workers compensation costs. Looking for hard data to validate your program? Looking for data to prove a return on investment for SPHM programs and certifications? Looking to benchmark your own program? If you answered yes to any of these questions then this is the program for you.

**9:00am-10:00am Evaluation of a "Best Practices" Safe Patient Handling and Movement Program in an Acute Care Hospital** *Collins Solana E* This session will discuss the methods used and results found from an intervention trial of a "best practices" safe patient handling and movement program in an acute care hospital.

**10:00am-11:00am Break and Exhibits Media Center**

**11:00am-12:00noon TRACK A Safe Patient Handling Program Implementation: Challenges and Successes**, *McCoskey, Solana A/B* The Ergonomics Program under the United States Army Public Health Center (APHC) has the mission of protecting our military and civilian healthcare providers from musculoskeletal injuries associated with the patient care they provide. APHC assists the Army Medical Command's (MEDCOM) facilities, both new and existing, in implementing safe patient-handling programs. This presentation provides an overview of SPHM and the critical thinking necessary to successfully and effectively implement safe patient handling programs and the Army experience.

**11:00am-12:00noon TRACK B Is Your Boat Gonna Float? Applying the ANA Standards--Successes, Cautionary Tales, and Lessons Learned Over 15+ Years of Experience with SPHM Programs**, *Boynton, Turner, Turner, Solana C/D* The eight ANA Interprofessional National Standards support the elimination of manual handling and a shift to safety for both healthcare workers and healthcare recipients. Roles and responsibilities associated with each of the standards for both employers and for healthcare workers are outlined and defined. Using the standards as a foundation, this presentation will cover successes, lessons learned and cautionary tales based on implementing SPHM programs over 15+ years for a large hospital system.

**11:00am-12:00noon TRACK C Implementing the Bedside Mobility Assessment Tool for Nurses** ② ③ *Perez, McGann, Trudgen, Solana F/G* Assisted falls are significant because they represent a potential missed opportunity for preventing harm. Hospital data indicated that assisted falls (where staff members were present, but the patient fell) represented 14% of all falls, which is slightly higher than the 12.4% national rate. This presentation will discuss how an interprofessional task force developed falls prevention education incorporating safe patient handling (SPH) principles to reduce assisted falls. The team proposed two specific interventions: 1) Assess patient mobility using the Bedside Mobility Assessment Tool (BMAT), and 2) Use a gait belt, assistive device, or SPH technology as needed. The team presented a 1.5 hour educational program for nursing staff incorporating SPH principles on a medical cardiology unit. Projected outcomes include a reduction in the assisted fall rate, as well as overall fall rate on the pilot unit.

**11:00am-12:00noon TRACK D Virtual Breakthrough Series for Fall Prevention**, *Neily Solana H/I* This presentation will describe how a virtual breakthrough series (VBTS) was used to help sites implement evidence based/best practices to prevent falls and fall related injuries.

**12:00noon-1:30pm Lunch Media Center**

**1:30pm-2:30pm Solving SPHM Problems Across the Continuum of Care**, *Fragala, Wilson, Slack, Missar, Wawzyniecki Solana E* Safe patient handling and mobility issues and obstacles are ever present across the continuum of care. Common and specific problems occur in acute care, long term care, ambulatory care and home care. Although there might be common solutions across the continuum of care there are also specific differences which must be addressed when doing assessments and determining appropriate solutions. This session will present a panel of experts with specific knowledge in each of the areas of care. Common areas of risk will be considered and risk specific to each area of care will be discussed. Methods for assessment and appropriate solutions for each area of care will be explored.

**2:30pm-3:30pm Thinking Big to Finish the Race to Universal Safe Patient Handling and Mobility--Drawing for the Click Game Grand Prize** *Powell-Cope (H) Solana E* The goal of this presentation is to use a model of public health, the social-ecological model, to pave a way for universal SPHM in all healthcare settings for all persons who need mobility assistance, and for all healthcare workers who provide mobility assistance. This model will be used to lay out a path for moving forward by building on interpersonal relationships, forging new partnerships within communities and engaging in public policy activities.

## FRIDAY, APRIL 14, 2017 POST CONFERENCE SESSIONS

7:00am-3:00pm Registration Desk Open

7:00am-8:00am Continental Breakfast

**8:00am-3:00pm Lessons from Sadie--Developing the Leader Within** *Dick, Steadman* Take a unique look at leadership through the lessons I have learned from my sweet, well-trained 2 year old Labrador named Sadie. Join us for a FUN and highly engaging workshop exploring the parallels of these lessons to Keeping it Real Leadership. You may even get a special visit from Sadie herself. **Solana C-D**

**8:00am-3:00pm It Takes a Village to Implement a Safe Patient Handling and Mobility Program** *Lynch, et al.* This final day of a 4-day series will serve as a bridge and cover mobility assessment/hand-off tools, development of a new hire SPHM orientation program, challenges in the areas of SPHM and bariatrics and architecture and then how to track outcomes. This session is only available to those who attended the sessions on Monday, Tuesday and Wednesday of this week. **Solana A-B**

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