Educational Design (Pre Conferences) Safe Patient Handling and Mobility Conference, Glendale Arizona, April 10-14, 2017

Title	Safe Patient Handling and Mobility: Hands On with the Newest SPHM Technologies
Presenters name and credentials	Kay Steadman, et al.
Description (1 paragraph)	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.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	1. To incorporate best practices for the use of SPHM technologies in to clinical use strategies to reduce adverse events. 2. To evaluate technological solutions for safe patient handling and falls management. 3. To incorporate a competency model for participants. 4. To identify basic biomechanical principles which assist the participant in the identification of ergonomic hazards across patient care settings covered in the session. 5. Apply best practices for reducing patient handling risks to caregivers.
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	1. To more effectively identify SPHM, SPHM technologies and adverse events to target and reduce at-risk behaviors in caregivers: a. Will create lists of at risk behaviors b. Will carry on table and panel discussions on key elements of risk. 2. To evaluate technological solutions for safe patient handling and falls management. a. Will identify 7 categories of SPHM technologies. b. Will engage in group station participation and discussion about each technology category to improve use, competency methods and identify gaps for safe use and application. c. Identify technology role in falls management in stations, technology choice and panel discussion. 3. To incorporate a competency model for participants. a. Will cover a competency model in presentation for participants to follow in station experiential. b. Panel discussion covers competency and training for facility implementation. 4. To identify basic biomechanical principles which assist the participant in the identification of ergonomic hazards across patient care settings covered in the session. a. Presentation of anatomy and biomechanical limitations as it relates to the injury and disease process. b. Coaching on technique in stations during technology use. 5. Apply best practices for reducing patient handling risks to caregivers. a. Technology station participation with clinical leaders on practices. b. Individual identification of at least one best practice the participant will implement and discuss impact the participant is anticipating from that implementation. c. Update on SPHM regulation in panel presentation.
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Multilevel
Method of Presentation	Interactive group in technology stations, highly participatory activities , PPT and panel discussions.
References (3-5 evidence-based publications)	1. Nelson, A., Motacki, K., & Menzel, N. (2009). The Illustrated Guide to Safe Patient Handling and Movement. New York: Springer Publishing. 2. The Working Back: A Systems Review by William Marras. 3. W. S. Marras, G. G. Knapik, & S. Ferguson, "Lumbar spine forces during maneuvering of ceiling-based and floor-based patient transfer devices." Ergonomics 52, no. 3 (2009): 384-97. 2. 4. VISN 8 Patient Safety Center Technology Resource Guide. http://www.visn8.va.gov/VISN8/PatientSafetyCenter/default.asp. 5. J. Lloyd & A Baptiste, "Friction-reducing devices for lateral patient transfers: a biomechanical evaluation," American Association of Occupational Health Nurses 54, no. 3 (March 2006): 113-19. 6. Waters, T. R. (2006). Using the NIOSH lifting equation to determine the maximum recommended weight limits for manual patient handling tasks. Presentation at the 2006 Safe Patient Handling and Movement Conference, march 2006, St. Pete Beach, FL. 7. Institute of Medicine (US). 2001. Crossing the quality chasm: a new health care system for the 21st century. Committee on Quality of Health Care in America, Washington DC. National Academies Press.
Title	Ergonomics and Biomechanics/Falls 101
Presenters name and credentials	Guy Fragala Ph.D., PE, CSP, CSPHP, Susan Gallagher, PhD, PE, CSP, CSPHP
Description (1 paragraph)	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.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	1. Explain how basic concepts of ergonomics are applied to better match job demands to worker capabilities. 2. Describe how to begin a basic ergonomic risk assessment related to safe patient handling and mobility in a healthcare facility. 3. Discuss application all of basic safe patient handling and mobility technology to address problems identified related to occupational risk from patient handling activities. 4. Identify steps to reduce exposure to ergonomic risk factors force, repetition and posture for caregivers and healthcare.
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	1. What is the science or discipline of ergonomics, 2. Understanding the job demands related to patient handling activities, 3. Does application of ergonomics make sense in healthcare, 4. Risk identification and assessment in the environment of care, 5. Risk analysis in the environment of care, 6. Formulating recommendations applying appropriate safe patient handling and mobility technology, 7. Understanding risk factors and minimizing occupational risk.
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Multilevel
Method of Presentation	Lecture, Discussion and Interactive Activities
References (3-5 evidence-based publications)	1. Fragala, G. “Creating Safer Environments for Long-Term Care Staff and Patients”, Annals of Long-Term Care, February 2012 pp. 2-6. 2. Fragala, G. “Facilitating Repositioning in Bed”, American Association Occupational Health Nurses Journal (AAOHN),February 2011, Vol. 59, pp. 63-68. 3. Nelson, A., Fragala, G. “Development and Evaluation of a Multifaceted Ergonomics Program to Prevent Injuries Associated with Patient Handling Tasks”, International Journal of Nursing Studies, 2005. 4. Fragala, G. Ergonomics: How to Contain on-the-Job Injury, Joint Commission on Accreditation of Healthcare Organizations, Chicago, IL, 1996
Title	It Takes a Village to Implement a SPHM Program Part I
Presenters name and credentials	Carys Price, Char Lynch, Teresa Boynton, Mary Matz, Margaret Arnold, Renee Kielich, Debbie Coughlin
Description (1 paragraph)	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.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	1. Describe the equipment available today for each of the major patient/resident handling tasks and the major functions of each device. 2. Explain the intended application(s) of the equipment and best-practices to ensure the most appropriate equipment is used based on dependency levels of patients/residents. 3. Experience hands-on practice/use of the equipment and accessories. 4. Establish learner competency requirements & checklists. 5. Establish an equipment management process.
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	SPHM Equipment: Equipment and accessory functions and capacities, Intended uses and applications for devices and accessories, Ensuring safety when choosing a device across range of patient/resident dependency and mobility levels, Ceiling lifts, floor lifts, sit-stand lifts, air-assist devices. 2. Hands-on practice with equipment and accessories in clinical scenarios: Seated transfer, repositioning and turning, lateral transfers, ambulation; 3. Establishing competency: Elements for learner checklist, policy requirement for responsibility for educating and training learners, Other necessary program requirements for success: time, equipment, space. 4. Equipment maintenance program: Policy requirements for responsibility for equipment repair and maintenance, Equipment inventory and inspection checklists.
Participant Level (Beginner, Intermediate, Advanced or	Novice

Multilevel)	
Method of Presentation	PowerPoint presentations, Interactive learner activities, learner workbook.
References (3-5 evidence-based publications)	1. American Nurses Association. (2013). Safe patient handling and mobility: interprofessional national standards. Silver Spring, MD: NursesBooks.org. 2. Occupational Safety and Health Administration. (2009). Guidelines for Nursing Homes, Ergonomics for the Prevention of Musculoskeletal Disorders (OSHA 3193 2003; rev. 3/09). US Department of Labor, Occupational Safety and Health Administration. 3. Matz, M. (2010). Facilitating Acceptance of a PHAMP and PHAM Technology. C Borden (Ed.), Patient Handling and Movement Assessments: A White Paper. Dallas, TX: The Facilities Guidelines Institute. 4. Matz, M. (2013). Safe Patient Handling Unit Binder: peer leader. Retrieved 1/21/15 froM: http://www.tampavaref.org/safe-patient-handling/UPLUnitSPHBinder.pdf. 5. Nelson, A. (2006). Safe patient handling and movement. New York: Springer Publishing, Inc. 6. Nelson, A., Motacki, K., & Menzel, N. (2009). Patient Safety Center of Inquiry. (2006). Patient care ergonomics resource guide: safe patient handling and movement. Tampa, FL: VISN 8 Patient Safety Center of Inquiry.

Educational Design (Day One) Safe Patient Handling and Mobility Conference, Glendale Arizona, April 10-14, 2017

Title	Keynote: Safe Patient Handling and Mobility/Falls and the ANA Standards
Presenters name and credentials	Cipriano (ANA President--Description of Keynote to come)
Description (1 paragraph)	According to the Bureau of Labor Statistics, registered nurses have the fourth highest rate of injuries and illnesses that result in days away from work when compared to all other occupations. ANA, as the premier organization for all registered nurses, has a long-standing commitment to ensuring the health and wellness of nurses in all settings. Safe patient handling and mobility is inextricably linked to the delivery of safe, high-quality and ethical care—for nurses as well as patients—and is a major focus of the American Nurses Association.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	1. Define and identify key elements of a "culture of safety" in health care. 2. Identify at least three action steps registered nurses can take to contribute to a culture of safety in their practice environments
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	1. Culture of Safety. 1a. SPH&M Standards 1b. SPH&M Implementation guide, 1c. Link between provider and patient safety 2. ANA Resources 2a SPH&M self-assessment 2b ANA Health Risk Appraisal 2c Healthy Nurse, Healthy Nation Grand Challenge
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Multilevel
Method of Presentation	Lecture, Slides, Q&A
References (3-5 evidence-based publications)	1. American Nurses Association (2013). Implementation Guide to the Safe Patient Handling and Mobility Interprofessional National Standards. 2. American Nurses Association (2013). Safe Patient Handling and Mobility: Interprofessional National Standards. 3. Berwick DM, Nolan TW, Whittington J. The triple aim: Care, health, and cost. Health Aff. 2008;27(3):759–769. 4. Bodenheimer T, Sinsky C. From triple to quadruple aim: Care of the patient requires care of the provider. Ann Fam Med. 2014; 12(6): 573-576. 5. James JT. A new, evidence-based estimate of patient harms associated with hospital care. J Patient Saf. 2013; 9(3): 122-128.
Title	A Unified Approach to Safe Patient Mobilization and Falls Prevention
Presenters name and credentials	Williamson, Celona
Description (1 paragraph)	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.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	1. Complete a unified assessment of both patient mobilization and fall prevention needs. 2. Describe how to assure both patient and caregiver safety when mobilizing patients by preventing falls and caregiver injuries.
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	1. Elements of a unified assessment for both safe patient mobilization and fall prevention. How to create and implement a unified program. 2. Use of equipment and algorithms to safely mobilize patients and prevent falls. Alternative approaches to providing the necessary equipment.
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Multilevel

Method of Presentation	PowerPoint presentation plus discussion, question and answer.
References (3-5 evidence-based publications)	1. Celona, John N., Winning at Litigation through Decision Analysis. New York, New York: Springer, 2016. 2.Celona, John N., Elements of a Successful Safe Patient Handling and Mobility Program. American Nurse Today Vol. 9 No. 9 The American Nursing Association, September, 2014. 3. Celona, John N., Making the Business Case for a Safe Patient Handling and Mobility Program. American Nurse Today Vol. 9 No. 9 The American Nursing Association, September, 2014. 4. Celona, John N., Jeffrey Driver and Edward Hall. Value-Driven ERM: Making ERM an Engine for Simultaneous Value Creation and Value Protection. The Journal of Healthcare Risk Management. Vol. 30 No. 4, San Francisco, California: Jossey-Bass, 2011 5. Celona, John N. 2010 Guidelines for the Design and Construction of Health Care Facilities. Contributing author. Dallas, Texas: The Facilities Guidelines Institute, 2010.
Title	Safe Patient Handling and Mobility: The New York Experience
Presenters name and credentials	Meaningful Safe Environment: Individual, Facility and Legislative Approaches
Description (1 paragraph)	Moed, Baum, Cook, Foley, Pless
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	This course seeks to provide evidence to drive the SPHM change along with practical ideas to sustain the change over time. It will explore the influences of individual and family values along with safety mandates and legislative actions. The panel will discuss the work they did in creating and implementing a program as well as making that program a legislative requirement for all facilities in New York State.
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	1. Identify evidence associated with existing safety mandates. 2. Recognize the threat a culture of sacrifice poses to patient and worker safety. 3. Describe practical approaches to facilitate sustained change. 4. Affecting Legislation.
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Multilevel
Method of Presentation	Lecture, hands-on, group discussion
References (3-5 evidence-based publications)	1. American Nurses Association. (2013). Safe patient handling and mobility: interprofessional national standards. Silver Spring, MD: Nursebooks.org. 2. Nelson, A. L., Matz, M., Chen, F., Siddharthan, K., Lloyd, J., & Fragala, G. (2006). Development and evaluation of a multifaceted ergonomics program to prevent injuries associated with patient handling tasks. International Journal of Nursing Studies, 43(6), 717-733. 3. Patient Care Ergonomics Resource Guide: Safe Patient Handling and Movement. (2006). VISN 8 Patient Safety Center of Inquiry, Tampa, FL. 4. AORN. www.aorn.org/toolkits/safehandling
Title	TRACK A: An Integration 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
Presenters name and credentials	McGann, Deplazes
Description (1 paragraph)	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.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	1. Upon completion learner will be able to explain the basic principles of a High Reliable Organization and how specific tactics support this philosophy. 2. Upon completion, learner will be able to effectively learn about patient handling events in a non-punitive manner to uncover the gaps in your program and determine training, education and equipment needs. 3. Upon completion, learner will be able to describe the three types of learning styles and how to link the proper style to lessons learned from event analysis. 4. Upon completion, learner will be able to summarize the lessons learned from patient handling events to create effective shared

	lessons that will benefit both the employee and patient safety worlds.
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	I. HRO basics a. Obsession with Failure, b. Strong Reaction to Weak Signals, c. Integrating lessons learned into practice. II. Patient Handling Event Follow Up a. Obtaining early information of event whether it is a near miss or an event of harm, b. Effective communication strategies to gain meaningful knowledge in a positive way. C. Closing the loop with employees to promote further reporting. III. Performance Types and Strategy Development a. Explain Skill, Rule and Knowledge based performance, b. How to determine performance needs of specific events, c. Developing an injury prevention strategy based on performance indicators. IV. Shared Learnings a. How to determine the larger messages from patient handling event analysis, b. Effectively share lessons learned with employee and patient safety colleagues, c. Global lessons learned link to all areas of healthcare including readmissions, best patient experience, fall prevention and patient satisfaction.
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Intermediate/Advanced
Method of Presentation	PowerPoint with Event Case Studies, Learning Tools and Examples of Implementation of These Tactics.
References (3-5 evidence-based publications)	1. Mark R. Chassin, M.D., FACP, M.P.P., M.P.H. President and Chief Executive Officer, "Zero patients harmed: The promising future of healthcare: Commitment to zero patient harm and preventable death is the first step towards achieving it." http://www.patientsafetyupdates.com/industry-news/getting-healthcare-to-zero-patients-harmed#.U04KqSlOWdH. 2. High Reliability Organization Learning Network Operational Advice From the Exempla Healthcare Site Visit: Becoming a High Reliability Organization: Operational Advice for Hospital Leaders. April 2008. Agency for Healthcare Research and Quality, Rockville,MD.http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/hroadvice/hroadviceapb.html. 3. Bilbrey, B and Jones, B; Ordinary Greatness: It's Where You Least Expect It ... Everywhere,July 7, 2009. 4. Dekker, S; The Field Guide to Understanding Human Error, June 30, 2006. 5. Flin, Rhona H., Paul O'Connor, and Margaret Crichton. Safety at the Sharp End: A Guide to Non-technical Skills. Aldershot, England: Ashgate, 2008. Print.
Title	TRACK B: SPHM, the Skin, and Patient of Size
Presenters name and credentials	Susan Gallagher, PhD, MSN, RN, CSPHP
Description (1 paragraph)	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.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	Upon completion the learner will be able to: 1. Identify risks of pressure ulcers among the obese individual. 2. Identify the stages of pressure ulcers. 3. Present low cost, easily stored SPHM technology useful in the prevention, assessment and treatment of pressure ulcers. 4. Explore the collaborative relationship between the SPHM expert and the wound care clinician. 5. Identify specific methods to enhance the SPHM and wound care service through relationship building activities.
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	1.Introduction. 2. Identify risks of pressure ulcers among the obese individual – a) immobility, b) skin folds, c) proinflammatory response. 2.Identify the stages of pressure ulcers – a) Stage I – IV, b) Suspected deep tissue injury, c) Unstageable. 3.Present low cost, easily stored SPHM technology useful in the prevention, assessment and treatment of pressure ulcers – a) Turning, b) Standing, c) Repositioning, d) Limb care. 4.Explore the collaborative relationship between the SPHM expert and the wound care clinician – a) Role clarification, b) Goals of SPHM, c) Goals of WC, d) Patient care goals. 5.Identify specific methods to enhance the SPHM and wound care service through relationship building activities – a) Simulation activities, b) Case stud(ies)
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Intermediate

Method of Presentation	Lecture, Discussion, Simulation
References (3-5 evidence-based publications)	1. Gallagher SM Skin care needs of the obese patient. In Bryant R & Nix D. Acute and Chronic Wounds. Elsevier Health Sciences. 2016. 2. Gallagher SM. A Practical Guide to Bariatric Safe Patient Handling and Mobility: Improving Safety and Quality for the Patient of Size. Visioning Publications. 2015. 3. Gardner LA, Pagano M. Skin integrity, immobility, and pressure ulcers in class III obese patients. Pa Patient Saf Advis. 2103;10(4):156-172.
Title	HANDS ON: SPHM in Ambulatory Care: Hands-On Practical Applications for Outpatient Handling Tasks
Presenters name and credentials	Patti Wawzyniecki, MS, CSPHP; Yeu-Li Yeung, MS, OT/L, CPE, CSPHP; Jennifer McIlavine, PT, MSPT, CSPHA
Description (1 paragraph)	This pre-conference workshop will provide hands-on opportunities with patient handling equipment for common and challenging tasks in ambulatory areas. The target participants are administrators and SPHM program coordinators as well as peer leaders, educators, and direct care providers. Participants will rotate through three ambulatory case scenarios. Patient handling challenges and solutions will be discussed and demonstrated. Discussions will include evaluation and selection of appropriate equipment as well as the impacts on safety, quality of care, and accessibility.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	1. Describe three SPHM challenging patient handling tasks and solutions in ambulatory settings. 2. Identify essential factors in evaluating and selecting appropriate equipment for ambulatory settings. 3. Describe three benefits of having SPHM equipment for safety, quality of care, and accessibility.
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	1a. Common SPHM tasks in ambulatory settings, 1b. Equipment solutions. 2a. Selecting SPHM equipment based on patient's mobility level and patient handling tasks. 2b. Compatibility of SPHM equipment with existing clinical equipment, furniture, and unique physical environment, 2c. Maintenance and training requirements, 2d. Trial, compare and contrast different equipment; collecting feedback via simple survey. 3a. Increase safety for HCW by reducing injury risk and for patients via fall prevention, 3b. Enhance quality of care with improved access to patients for examination and treatment. 3c. Increase access to medical care services for patients with mobility disabilities as required by the Americans with Disabilities Act (ADA).
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Beginner and Intermediate
Method of Presentation	Interactive discussions, hands-on with equipment
References (3-5 evidence-based publications)	1. Nelson, A., Motacki, K., & Menzel, N. (2009). The Illustrated Guide to Safe Patient Handling and Movement. New York: Springer Publishing. 2. VISN 8 Patient Safety Center Technology Resource Guide. http://www.visn8.va.gov/VISN8/PatientSafetyCenter/default.asp. 3. Gallagher, S. (2013). Implementation Guide to the Safe Patient Handling and Mobility Interprofessional National Standards. American Nurses Association. Nursebooks.org. Silver Spring, MD4. 4. Access to medical care for individuals with mobility disabilities. United States Department of Justice, Civil Rights Division web site. http://www.ada.gov/medcare_ta.htm
Title	TRACK C: A Multidisciplinary Approach to Solid Engagement--Moving the Heart of the Frontline
Presenters name and credentials	Rhonda Turner, RN, BSN, CSPHA; Ronnie Turner, CNA, Brandi Rogers, COTA, Teresa Boynton, MS, OTR, CSPHP
Description (1 paragraph)	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.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	1. Participants will be able to explain the importance of making sustainable transitions to evidenced based practice from a solid multidisciplinary approach. 2. Participants will gain knowledge of how to reach the heart of the frontline so they move with connected purpose supporting SPHM programs, Self - Safety, Peer - Safety, Fall Prevention, and all that is encompassed by that umbrella of the culture of safety. 3. Participants will begin to visualize ways to move within their scope of practice and organization through demonstrations of successful pilot programs to yearly peer to peer teaching of hands - on skills fairs and educational opportunities.
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	1. Introductions a. Who we are, b. Why we do what we do. 2. Importance of connecting with the heart of the frontline for positive transitions a. Empowering your peers within their scope to step up to the plate, b. Engagement across the board at every level to build sustainability, c. Removing the "task" out of the job creating purposeful actions while raising the standards. 3. What has happened. a. "Passion Ignited" – Yearly mandatory region wide CNA/Tech Skills fair with greater involvement, peer to peer teaching, vision to reality, b. Multidisciplinary region wide SPHM and Fall Prevention Program – moving from the ground up creating interactive participation at every level, c. Pilot unit based programs moving into region wide best practice: "Pre-fall" huddle, SPHM Champion training, creating case studies, innovative roaming education, family/ patient engagement, intradepartmental communication, and "repurposing" current tools , d. Lifting up the CNA and Tech Profession building respectful multidisciplinary relationships and intertwined teamwork 4. In Summary a. Moving forward – Boldly take the lessons learned from this conference home with you, b. Streamline your visions and passion within your scope in the right direction and how you know you are making progress, c. Remove the barriers – i.e. inconsistent engagement, cost of programs, and leadership support. 5. Open panel questions and follow through
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Multilevel
Method of Presentation	Podium Presentation
References (3-5 evidence-based publications)	1. Darragh, A. R., Shiyko, M., Margulis, H., & Campo, M. (2014). Effects of a safe patient handling and mobility program on patient self-care outcomes. The American Journal of Occupational Therapy: Official Publication of the American Occupational Therapy Association, 68(5), 589-596. 2. Free from Harm: Accelerating Patient Safety Improvement Fifteen Years after to Err Is Human - National Patient Safety Foundation. (2015). Retrieved May 11, 2016, from http://www.npsf.org/?page=freefromharm. 3. Nurse and Healthcare Worker Protection Act of 2015, H.R.4266, 114th Cong. (2015). 4. Powell-Cope, G., Toyinbo, P., Patel, N., Rugs, D., Elnitsky, C., Hahm, B., & Hodgson, M. (2014). Effects of a National Safe Patient Handling Program on Nursing Injury Incidence Rates. Journal of Nursing Administration, 44(10), 525-534. 5. Work in Progress: Turner, Rhonda. (2016), A multidisciplinary approach to solid engagement; Moving the heart of the frontline. (TBA)
Title	TRACK D: Falls in Acute Care
Presenters name and credentials	Ronald I Shorr, MD, MS
Description (1 paragraph)	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, restraints).
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	1. Describe the burden of fall risk in hospitals. 2. Evaluate the evidence (or lack thereof supporting common strategies. 3. Explain the general structures required to develop an evidence base for fall prevention.
Subject Matter (Topic Outline &	1a. Burden of fall risk. 1b. Epidemiology of falls/injuries. 1c. Trends and variation. 2a. Fall risk assessment/prevention. 2b. Review

Content—As It Corresponds to the Objectives—2-3 examples for each objective)	sensitivity/specificity of commonly used fall risk tools and evidence-based recommendations supporting (or not supporting) their use. 3a. Challenges of research. 3b. Review controlled trials of fall prevention.
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Beginner
Method of Presentation	Powerpoint, lecture, Q&A
References (3-5 evidence-based publications)	1. Coussement, J., De Paepe, L., Schwendimann, R., Denhaerynck, K., Dejaeger, E., Milisen, K. (2008). Interventions for preventing falls in acute and chronic care hospitals: a systematic review and meta-analysis. *J Am Geriatr Soc, 56,* 29-36. 2. Currie, L. (2008). Fall and injury prevention. In: R. G. Hughes (Ed.), *Patient safety and quality, an evidence-based handbook for nurses.* Rockville, MD: Agency for Healthcare Research and Quality. Prepared with support from the Robert Wood Johnson Foundation. .AHRQ Publication NO08-0043. 3. Ganz, D. A., Huang, C., Saliba, D., & Shier, V. (2013). Preventing falls in hospitals: A toolkit for improving quality of care. Rockville, MD: Agency for Healthcare Research and Quality. Prepared by RAND Corporation, Boston University School of Public Health, and ECRI Institute under Contract No. HHSA2902010000171 TO #1). 4. Miake-Lye, I. M., Hempel, S., Ganz, D. A., & Shekelle, P. G. (2013). Inpatient fall prevention programs as a patient safety strategy: a systematic review. *Ann Intern Med, 158*, 390-396. 5. Oliver, D., Healey, F., & Haines, T. P. (2010). Preventing falls and fall-related injuries in hospitals. *Clin Geriatr Med, 26,* 645-692.
Title	From Marathon to Sprint--One Program's Resurrection
Presenters name and credentials	Myrna Young, MSN, RN, CNOR; Joe McGettigan, MEd, SPE
Description (1 paragraph)	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.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	Explain what system's thinking is and how it is an effective means for the culture change necessary for a SPH program to flourish. 2. Discuss how to capitalize on the "What's In It For Me" (WIFM) principle in getting committed volunteers. 3. Discuss application of best practices for reducing patient handling risks to caregivers. 4. Explain the basic steps of how one program used a Systems Approach to "resurrect" a SPH program that went from dormant to on its way to state of the art in one year.
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	1. Systems Thinking 101: 1a. What is system's thinking? 1b. Why is it the best (only?) lever for culture change? 1c, How does it basically work? 2. "WIFM" Principle: 2a. What exactly is the "What's In It For Me" (WIFM) principle? 2b. Using the clinical ladder system to create easy incentive for committed volunteers. 2c. Upper management also looks through the lens of WIFM. 3. Best practices for reducing risks to caregivers. 3a.All organizations (ANA, OSHA, NJ DOH, ANCC magnet re-designation accreditation process.) apply systems thinking with a SPHM Committee as the "flagship". 3b. Equipment

	(supply and use), training, hazard recognition, etc. all stem from this being set up properly. 4. How the Robert Wood Johnson University Hospital program used a Systems Approach to "resurrect" a SPH program that went from dormant to on its way to state of the art in one year. 4a. Committee (Importance, nature of it, charter); 4b. Upper management: Recruitment and informing; 4c. SPHHM Specialist: Recruitment, Incentive (i.e. professional advancement system/Clinical ladder);
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Intermediate/Advanced
Method of Presentation	Podium Presentation
References (3-5 evidence-based publications)	1. Swanson, J., Tidwell, C. (2011). Improving the culture of patient safety through the Magnet® journey. *OJIN: The Online Journal of Issues in Nursing*, 16(3), 1. 2. Nelson, A., & Baptiste, A. (2016). Evidence-based practives for safe patient handling and movement. www.nursingworld.org/main menucategories/ANAmarketplace/ANAperiodicals/OJ. 3. Daily, M., (2014). Evaluation of a continued safe patient handling program doctor of nursing practice capstone projects. Paper 35. http://scholarworks.umass.edu/nursing_dnp_capstone25. 4. Fitzpatrick, M.,, (2015). Safe patient handling and mobility: A call to action. www.AmericanNurse today.com. 4. Vollman, K., & Bassett, R. (2014). Transforming the culture: The key to hardwiring early mobility and safe patient handling. www.americannursetoday.com. 5. Garcia, A. (2014). Standards to protect nurses from handling and mobility injuries. www.americannursestoday.com
Title	TRACK C: Benchmarking: Art you in the Ballpark?
Presenters name and credentials	Susan Avent, MSN, MBA, MHA, RN, NEA-BC; Tamara James, MA, CPE, CSPHP
Description (1 paragraph)	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.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	1. Describe how to create an online survey. 2. Explain the application of SPHM benchmarking survey results. 3. Identify SPHM program gaps based on survey results and determine an action plan to enhance your program.
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	1. Describe how to create an online survey. 1a. Free or low-cost survey tools available. 1b. How to develop a survey. 1c. How to distribute the survey for maximizing participation now and for future surveys. 2. Explain SPHM benchmarking survey results. 2a. Types of mobility tools being used. 2b. The role of patient falls in SPHM programs. 2c. Methods of measuring program success. 3. Identify results of a 2016 ceiling lift survey. 3a. Percentage of ICU rooms and other inpatient rooms with ceiling lifts. 3b. Percentage of health care organizations with plans to install ceiling lifts in new construction. 4. Identify SPHM program gaps based on survey results and determine an action plan to enhance your

	program. 4a. How to identify gaps based on survey results. 4b. How to develop an action plan for improving programs. 4c. Open-ended question and answer is planned at the end of this session so the group can discuss how programs can be improved based on the survey results
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Multilevel
Method of Presentation	Lecture, group discussion
References (3-5 evidence-based publications)	1. Safe Patient Handling and Mobility: Interprofessional National Standards. Silver Springs, MD: American Nurses Association; 2013. 2. Arnold, M., Wilson, C., McIlvaine, J., et al. (2015) Integrating mobility and safe patient handling: Practical considerations for interdisciplinary care. Am J SPHM. 5(2):S1-S21. 3. Boynton, T., Kelly, L., Perez, A., et al. (2014) Banner Mobility Assessment Tool: Instrument Validation. Am J SPHM. 4(3):86-94.
Title	A Unified Approach to Safe Patient Mobilization and Falls Prevention
Presenters name and credentials	Emily Cramer, PhD
Description (1 paragraph)	Safe patient mobilization and falls prevention are typically targeted by separate programs. However, proper mobility assessment is required for both (e.g., able to move independently, partial assist, extensive assist). Further, the same equipment and algorithms can both mobilize patients and prevent falls. This talk
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	1. Describe the benefits of large-scale databases and national benchmarking for tracking and reducing patient fall rates. 2. Identify the key components of effective quality improvement strategies, including the role of benchmarked data. 3. Describe current research related to fall rate trends, and the role of national data sources in improving patient safety.
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	1a. Discuss the use NDNQI data for identifying “problem” areas for targeted quality improvement. 1b. Examine case studies of successful fall reduction strategies using NDNQI data. 2a. Identify keys to successful quality improvement. 3a. Discuss current NDNQI research on falls. 3b. Highlight linkages between organizational structure, clinical process, and patient fall rates. 3c. Demonstrate how NDNQI can help clinicians identify structure or process failures that lead to higher fall rates.
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Intermediate
Method of Presentation	PowerPoint, Lecture, Discussion
References (3-5 evidence-based publications)	1. Duncan, J., Montalvo, I., & Dunton, N. (2011). NDNQI Case Studies in Nursing Quality Improvement. Silver Spring, MD: American Nurses Association. 2. Dunton, N., Gajewski, B., Taunton, R.L., & Moore, J. (2004). Nurse staffing and patient falls on acute care hospital units. Nursing Outlook, 52, 53-59. 3. He, J., Dunton, N., & Staggs, V. (2012). Unit-level Time Trends in Inpatient Fall Rates in US Hospitals. Medical Care, 50(9), 801-807. 4. Staggs VS, Dunton N. (2014) Associations between rates of unassisted inpatient falls and levels of registered and non-registered nurse staffing. International Journal for Quality in Health Care, 26, 87-92.

Educational Design (Day Two) Safe Patient Handling and Mobility Conference, Glendale Arizona, April 10-14, 2017

Title	The Relationship Between SPHM Practices and Patient Falls
Presenters name and credentials	Emily Cramer, PhD
Description (1 paragraph)	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.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	1. Describe NDNQI data related to nursing unit-level implementation of ANA SPHM Interprofessional standards. 2. Evaluate implementation of SPHM standards in practice.
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	1a. Review the ANA SPHM Standards 1b. Introduce the NDNQI RN Survey SPHM Scale 2a. Present NDNQI data from 2013-2016 on SPHM standards implementation. 2b. Examine differences in implementation by unit type, state legislations and practice regulations, nursing practice environment. 3a. Present models exploring the relationship between SPHM data and NDNQI falls. 3b. Discuss the implications of SPHM for reducing falls.
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Multilevel
Method of Presentation	PowerPoint, Lecture, Discussion
References (3-5 evidence-based publications)	1. American Nurses Association. Safe Patient Handling and Mobility: Interprofessional National Standards. Silver Springs, MD: American Nurses Association; 2013. 2. Nelson, A., Collins, J., Siddharthan, K, Matz, M. & Waters, T. (2008). Link between safe patient handling and patient outcomes in long-term care. Rehabilitation Nursing, 33(1), 33-43.
Title	Intersecting Bariatrics, Patient Handling and Progressive Mobility
Presenters name and credentials	Susan Gallagher, PhD, MSN, RN, CSPHP; Ronda Fritz, MA, BSN, BA, RN
Description (1 paragraph)	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.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	Upon completion the learner will be able to: 1. Name three immobility-related consequences of bariatric care. 2. Describe safety threats associated with manual patient handling. 3. Apply the principles of SPHM to design and implement and meaningful approach to early, progressive mobility and the obese individual. 4. Describe preliminary outcomes associated

	with an early progressive mobility program.
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	1.Introduction – a) Demographics, b) Prevalence in the ICU, c) Cost of intensive care. 2. Immobility-related consequences of bariatric care – a) Systems review, b) Hesitation in mobility. 3. 3.Describe safety threats associated with manual patient handling – a) Worker injury, b) Patient safety. 4. 4.Apply the principles of SPHM to design and implement a meaningful approach to early, progressive mobility and the obese individual – a) AACN-style approach, b) CASE study. 5. 5.Decribe preliminary outcomes associated with an early progressive mobility program – a) HAPU, b) LOS c) readmission in 30 days, d) fall-related injury e) satisfaction. 6. Conclusion
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Intermediate
Method of Presentation	Lecture, Case Study
References (3-5 evidence-based publications)	1. Arnold M, et al. Integrating mobility and safe patient handling: practical considerations for interdisciplinary care. *American Journal of Safe Patient Handling and Mobility.* 2015;5(2): S1-S21. 2. Gallagher SM. *A Practical Guide to Bariatric Safe Patient Handling and Mobility: Improving Safety and Quality for the Patient of Size.* Visioning Publications. 2015. 3. Winkelman C. Bed rest in health and critical illness: a body systems approach. *AACN Advanced Critical Care* 2009;20(3):254-266.
Title	TRACK A: Rocking Rehab! Turn Therapists from Greatest Resistors to Strongest Advocates
Presenters name and credentials	Margaret Arnold
Description (1 paragraph)	A 1-2 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.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	1. Identify risks to therapist and patient through manual assistance during rehab interventions. 2. Discuss the impact of injured therapists on therapists and patients. 3. Describe three SPHM technologies that can effectively assist with therapeutic interventions. 4. Compare and contrast manual versus mechanically-assisted techniques in regard to patient participation, safety, ability to perform multiple repetitions of movement and therapist-perceived exertion and therapist safety.
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	1. Strains, sprains, breaks, repetitive action injuries, development of fear of moving patient for caregiver and development of fear of being moved for patient. 2. Injuries cause staff shortages putting others at greater rick of injury, may be career-ending for a caregiver or life-ending for a patient. 3. Utilization of gait belt with overhead lift; Utilization of sit-to-stand lifts; Utilization of leg slings to assist in muscle training. 4. Mechanically-assisted techniques allow greater patient participation, safety for both the patient and caregiver, as well as allowing the patient to perform multiple retptitions of movement.
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Multilevel

Method of Presentation	Lecture, Multi-Media and Video, Q&A
References (3-5 evidence-based publications)	1. Arnold, M., Campo, M., Radawiec, S., & Wright, L. 2011. Changes in functional indendence ratings associated with a safe patient handling program. *Rehabilitation Nursing, 36*(4), 138-144. 2. Arnold, M., Combs, J., Gach, R., & Labreche, M. (2015). Overcoming barriers to mobilizing bariatric patients: three case studies. AmJSPH, 5(2), 47-54. 3. Arya, K. N., Verma, R., Garg, R.. K., Sharma, V. P., Agarwal, M., Aggarwal, G. G. (2012). Meaningtul task-specific training (MTST) for stroke rehabilitation: a randomized controlled trial. *Top Stroke Rehabil, 19*(3), 193-211. doi: 10.1310/tsr1903-193.
Title	TRACK B: Let's Get Connected: All You Ever Need to Know About Healthcare Recipient Sling and Lift Hanger Bar Compatibility
Presenters name and credentials	Lynda Enos, RN, MS, COHN-S, CPE, Certified Professional Ergonomist, Ergonomics/Human Factors Consultant, HumanFit, LLC; Lena L. Deter, MPH, RN, CSPHP, LTC- SSC, Clinical Specialist Patient Safety DELHEC, Educational Services & Consulting
Description (1 paragraph)	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).
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	1. Define why health care recipients sling must be compatible with lift hanger bars? 2. Identify the primary responsibilities of Sling and lift manufacturers and of health care organizations/facilities to facilitate sling and hanger bar compatibility. 3. Describe the processes that can be used within a SPH program to facilitate safe use of slings and lifts
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	The Healthcare Recipient Sling and Lift Hanger Bar Compatibility Guidelines were published by the AASPHM in 2016 (and unveiled at the 2016 SPHM conference) with the goal of providing information and recommendations about the compatibility of healthcare recipient slings and lift hanger bars to reduce the risk of incorrect use of these items by healthcare workers. The guidelines were developed by the AASPHM 12-member inter-organizational Sling Safety committee over a period of 3 years and are the first of their kind developed in the United States from an independent nonprofit organization. 1. Why must health care recipients sling must be compatible with lift hanger bars? 1a. Rationale for development of the guidelines i.e. incidents of unintended misapplication of lifts and slings by health care workers of sling/lift that lead to patient falls and other injuries as supported by the FDA MAUDE reporting system; lack of and confusing information in the public domain about standards for use. 1b. Slings and hanger bars: various designs, functions and demonstration of compatibility and incompatibility. 2. The primary responsibilities of sling and lift manufacturers and of health care organizations/facilities to facilitate sling and hanger bar compatibility. 2a. Current design standards for lifts e.g. ISO 10535 (2006) and FDA design of medical product standards. 2b. Intuitive design and labeling identification system for slings. 2c. Key safety features and processes that health care organizations should be knowledgeable about when purchasing, using and maintaining sling and hanger bars. 3. The processes that can be used within a SPH program to facilitate safe use of slings and lifts. 3a. Sling Design and Testing. 3b. Laundering Slings. 3c. Sling and Hanger Bar Inspection Process. 3d. Hanger Bar – Design. 3e. Maintenance – Slings & Hanger Bar only. 3f. Education and Training. 3g. Healthcare Recipient Assessment for SPHM
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Multilevel

Method of Presentation	Lecture, PowerPoint, Video, Discussion and Interactive Demonstration
References (3-5 evidence-based publications)	1. American Association for Safe Patient Handling (2016). Healthcare Recipient Sling and Lift Hanger Bar Compatibility Guidelines. Retrieved from http://aasphm.org/wp-content/uploads/AASPHM-Sling-Hanger-Bar-Guidelines-2016.pdf. 2. Enos, L.A.(2013) Safe Patient Handling Equipment Purchasing Checklist. American Journal of Safe Patient Handling and Movement, 3, (1): S1-16. 3. International Organization for Standardization. (2006) ISO 10535:2006 (en) Hoists for the transfer of disabled persons — Requirements and test methods. Geneva, Switzerland. 4. American Nurses Association. (2013). Safe Patient Handling and Mobility: Interprofessional National Standards. Nursebooks.org. Silver Spring, MD. 5. Association for the Advancement of Medical Instrumentation. (2009). ANSI/AAMI HE75:2009/(R) 2013. Human factors engineering – Design of medical devices. Approved 21 October 2009 and reaffirmed 26 November 2013 by American National Standards Institute Inc. Arlington, VA.
Title	TRACK C: Go Online: Using a Website to Implement and Sustain your SPHM Program
Presenters name and credentials	Tamara James, MA, CPE, CSPHP, Yeu-Li Yeung, OT/L, CPE, CSPHP, Jennifer McIlvaine, PT, MSPT, CSPHA
Description (1 paragraph)	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.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	1. Discuss the components of creating and organizing a SPHM program website. 2. Identify 3 solutions to organize SPHM documents and forms on a website based on ANA Standard 5. 3. Describe the value of creating training videos on clinical applications of patient handling equipment for healthcare workers.
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	SPHM program website: Program information, Training resources, Champion toolkit, Equipment resources, Contacts. 2. Identify 3 solutions to organize SPHM documents and forms on a website based on ANA Standard 5. 2a. Education: staff contracts, competency validation forms, program education. 2b. Training: equipment resources, inventory forms, equipment and supply ordering information, clinical applications, and training rosters. 2c. Maintaining competence: audit forms, injury investigations, patient room and storage signs. 2d. Describe the value of creating training videos on clinical applications of patient handling equipment for healthcare workers. (Initial training, annual training, just-in-time training, promotion, marketing and education)
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Multilevel
Method of Presentation	Lecture, Live review of Website

References (3-5 evidence-based publications)	1. Nelson, A. Top ten reasons why programs fail…and what to do about it. http://www.visn8.va.gov/PatientSafetyCenter/safePtHandling/Top Ten_Nelson.pdf. 2. Dawson, J., Harrington, S. (2012) Embracing safe patient handling. *Nurs Manage*. 15-17. 3. Nelson, A. Safe patient handling and movement: A practical guide for health care professionals. New York, NY: Springer Publishing Company, Inc.; 2006:36. 4. Safe Patient Handling and Mobility: Interprofessional National Standards. Silver Springs, MD: American Nurses Association; 2013.
Title	TRACK D: Before the Assist, Resist Assumption: Enlist the Bedside Mobility Assessment Tool (BMAT) and Lift Technology for Assisted Fall Prevention
Presenters name and credentials	Susan L. Salsbury BS, OTR/L, CDMS; Christin Gordon, BSN, RN; Joni Sprouse, BSN, RN; Inga Zadvinskis, Ph.D., RN
Description (1 paragraph)	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.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	1. Assess a patient's mobility score using the Bedside Mobility Assessment Tool (BMAT) in two case studies. 2. Describe two interventions to address assisted falls.
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	1. Case Studies to Assess a Patient's Mobility Score. 1a. Case Study #1, 1b. 2. Interventions to reduce assisted falls. 2a. Assess patient mobility using Bedside Mobility Assessment Tool (BMAT). 2b. SPH Technology Interventions: Gait belt, Assistive device, Stand assist device
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Multilevel
Method of Presentation	Lecture and Case Study Analysis
References (3-5 evidence-based publications)	1. Boynton, T., Kelly, L., & Perez, A. (2014). Implementing a mobility assessment tool for nurses. *American Nurse Today, 9*(9), 13-16. 2. Cameron, I.D., Gillespie, L.D., Robertson, M.C., Murray, G.R., Hill, K.D., Cumming, R.G., Kerse, N. (2012). Interventions for preventing falls in older people in care facilities and hospitals. *Cochrane Database Systematic Reviews, 12.* doi: 10.1002/14651858. CD005465.pub3, UK. 4. Hempel et al. (2013). Hospital fall prevention: A systematic review of implementation, components, adherence, and effectiveness. *JAGS, 61*(4), 483-494. doi: 10.1111/jgs.12169. 5. Staggs, V. S., Mion, L. C., & Shorr, R. I. (2014). Assisted and unassisted falls: Different events, different outcomes, different implications

	for quality of hospital care. The Joint Commission Journal on Quality and Patient Safety, 40(8), 358-367.
Title	TRACK A: History and Update on OSHA Related to SPHM
Presenters name and credentials	Fragala, Orr
Description (1 paragraph)	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.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	1. Describe general duty clause citations related to safe patient handling. 2. Discuss, current OSHA guidelines and the revoked ergonomics standard. 3. Explain OSHA's current compliance alert related to safe patient 4. Discuss OSHA's future related to safe patient handling standards and related compliance visits
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	1. What is a general duty clause citation. 2. Review examples of general duty clause citations related to safe patient handling. 3. What guidelines does OSHA have related to safe patient handling. 4. What was the ergonomics standard and what did it mean? 5. Can any good be salvaged from the revoked ergonomics standard. 6. What is an OSHA special emphasis program. 7. What has happened with special emphasis programs related to nursing homes. 8. How does OSHA's current compliance alert differ from a special emphasis program. 9. What else is OSHA doing related to safe patient handling> 10. Are there any hopes for a future federal safe patient handling law.
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Multilevel
Method of Presentation	Lecture and Discussion
References (3-5 evidence-based publications)	1. Bureau of Labor Statistics (2015). Nonfatal Occupational Injuries and Illnesses Requiring Days Away From Work, 2014. News Release USDL 15-2205. 2. Collins, J., Nelson, A., Sublet, V. (2006). Safe lifting and movement of nursing home residents. DHHS (NIOSH) Publication Number 2006-117. 3. American Nurses Association. (2013). Safe Patient Handling and Mobility Interprofessional National Standards Across the Care Continuum. Silver Spring, MD. American Nurses Association. 4. Fragala, G., Fragala, M. (2014). Improving the Safety of Patient Turning and Repositioning Tasks for Caregivers, Workplace Health & Safety, 62(7), 268-273. 5. Nelson A, Matz M, Chen F, Siddharthan K, Lloyd J, Fragala G. (2006). Development and evaluation of a multifaceted ergonomics program to prevent injuries associated with patient handling tasks. International Journal of Nursing Studies. 43(6), 717-33.
Title	TRACK B: The SPHM Self-Assessment: Step One on the Road to Patient and Caregiver Safety
Presenters name and credentials	Ruth Francis, MPH, NCHES; Jillian Einck

Description (1 paragraph)	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.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	1. Describe the rationale and methodology used to develop and test the SPHM Self-Assessment Tool. 2. Explain the 'objective' reasoning behind reducing emotional responses from multiple facility participants. 3. Explain the illustrated survey results. 4. Describe the successful Self-Assessment Tool launch and lessons learned. 5. Explain the value of the additional tools within the library and work kit resource sections.
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	1a. Overview from the 2015 Environmental Scan-37% of subjects surveyed recognized the desire for a gap analysis tool. 1b. Feedback gleaned from the environmental scan participants and standards workgroup. 2. Rationale for obtaining feedback from multiple users from the same facility. 3a. Illustrate the survey results. 3b. Describe how the results were used to refine the tool. 4a. Describe the successful launch at the Magnet Conference--the largest ANA nursing conference. 4b. Define how lessons learned led to additional tools for professionals to use. 5a. Describe the value of the resources in the Library section. 5b. Illustrate the resources in the work kit and their value in enhancing programming.
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Multilevel
Method of Presentation	Lecture
References (3-5 evidence-based publications)	1. American Nurses Association (ANA). (2013). Safe patient handling and mobility: Interprofessional national standards. Silver Spring, MD: Nursesbooks.org. 2. Gallagher, S. M., & Dawson, J. M. (2016). Charting a path forward: Results and recommendations from ANA's SPHM environmental scan. American Nurse Today, 11(3). 3. Gallagher, S. M. (2013). Implementation guide to the safe patient handling and mobility: Interprofessional national standards. Silver Spring, MD: Nursesbooks.org. 4. Einck, Jillian. (2016, Spring). Safe patient handling: Building an exploration of industry best practices. DFWHC Interlocutor. 5. Gallagher, S., Dawson, J., Kumpar, D., & Race, E. (April, 2016). ANA environmental scan: Next steps: creating an evidence-based gap analysis tool. SPHM/Falls Prevention West National Conference, Glendale, AZ.
Title	TRACK C: Making the Business Case for SPHM: Four Methods from Super-Easy to Advanced
Presenters name and credentials	Celona
Description (1 paragraph)	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.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	1. List 4 methods for creating a financial justification for an SPHM program. 2. Complete methods 1 and 2.
Subject Matter (Topic Outline	1. Description of each of the four methods of creating a financial justification for an SPHM program. 2. Hos to complete

& Content—As It Corresponds to the Objectives—2-3 examples for each objective)	methods 1 and 2. 3. Where to go and what to look for in undertaking methods 3 and 4. 4. When you need a more advanced method.
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Multilevel
Method of Presentation	PowerPoint slides with discussion and Q&A
References (3-5 evidence-based publications)	1. Celona, John N., *Winning at Litigation through Decision Analysis.* New York, New York: Springer, 2016. 2.Celona, John N., *Elements of a Successful Safe Patient Handling and Mobility Program*. American Nurse Today Vol. 9 No. 9 The American Nursing Association, September, 2014. 3. Celona, John N., *Making the Business Case for a Safe Patient Handling and Mobility Program*. American Nurse Today Vol. 9 No. 9 The American Nursing Association, September, 2014. 4. Celona, John N., Jeffrey Driver and Edward Hall. *Value-Driven ERM: Making ERM an Engine for Simultaneous Value Creation and Value Protection.* The Journal of Healthcare Risk Management. Vol. 30 No. 4, San Francisco, California: Jossey-Bass, 2011 5. Celona, John N. *2010 Guidelines for the Design and Construction of Health Care Facilities*. Contributing author. Dallas, Texas: The Facilities Guidelines Institute, 2010.
Title	TRACK D: Getting Your MBA for Quality Falls Prevention in LTC: What Works, What Doesn't and Understanding Mobility and Balance Awareness
Presenters name and credentials	Steven C. Castle, MD
Description (1 paragraph)	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 fall-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, 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.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	1. Review imbedded culture that actually does NOT reduce fall events/injuries 2. Provide simple tools to better understand why a person falls/is at risk of falling. 3. Review interventions that do work-improving physical activity, better bladder management, dealing with dementia, dealing with risky meds. 4. Crucial conversations-improving post fall huddles and ongoing communication of falls risk.
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	1a. Risk Assessment without a drill down to the causes. 1b. Folklore: wrist bands, falling leaf signs, non-skid socks and bed alarms. 1c. The nurse champion who is not a champion. 2a. Start with your A-B-C-Ds. 2a1. **A**sk what is the cause-Drilling down from a(+) falls risk tool, 2a2. **B**eware of risky medications. 2a3. **C**ommon sense steps. 2a4. **D**o your exercise. 2b. Understanding the causes "turn on DI LIGHTS, We BB Poor' 2b1. Dizzy, light headed, weak, bad balance, poor awareness.

	3a. Physical activity. 3a1. Assessing fitness to provide the appropriate exercise. 3a2. Toileting. 3a3. Risky medications: PH3DOC. 3a4. Behavior management of dementia. 4a. Post fall huddle. 4b. Shift change. 4c. Residents and families. 4d. Adverse events. 5. Measuring improvement: If you can't measure it you can't improve it--Lord Kelvin
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Multilevel
Method of Presentation	PowerPoint, videos, some audience response questions.
References (3-5 evidence-based publications)	1a1. Koepsel RD JAGS 2004, 1a2. Menz HB Gerontology 2006, 1a3. Menant JC JRRD 2008; 1a4. Horgan HF Age Ageing 2009. 1b1. Oliver D Age Ageing 2002, Nursing Times 2009. 1b2. Talerico KA Am J Nurs 2001. 1b3. Shorr RI Ann Int Med 2012, 1b5. Bressler K Curr Topics in Care 2001 (Falls down when alarms removed). 2a1. Team Process Apold J Nurs Care Qual 2012, 2a2. Oliver D Clinics GeriMed 2010. 2b1 Rose DJ FallPROOF(tm) A comprehensive Balance Program, Human Kinetics 2010. 2b2. Lindsey PL J Gerontol Nurs 2009. 2b3. Blake T Nursing 2007.com. 2b4. Jordan S Int Nurs Rev 2004.
Title	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) Practice Tip Sheet Creation and Simulation Strategies
Presenters name and credentials	Nancy McGann PT, CSPHP, Manager of Ergonomics and Safe Patient Handling, SCL Health; Margaret Arnold, PT, CEES, CSPHP, Owner and consultant for Inspire Outcomes LLC
Description (1 paragraph)	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)
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	Upon completion learner will be able to show how to use lift sling with various precautions including spinal, sternal and hip precautions. 2. Upon completion, learner will be able to implement simulation training to determine best practices with their equipment for complex mobility situations. 3. Upon completion, learner will be able to create tip sheets for end user training. 4. Upon completion, learner will have tools to work with caregivers who are not using mechanical devices due to various barriers such as, fear of movement, precautions and other complex situations. 5. Upon completion, learner will have experience with actual simulation strategies and techniques to determine ideal solutions.
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	I. Precaution Concerns a. Patient positioning in slings b. Using pillows, towels, blankets, wedges to provide ideal positioning as needed. c. Spotters for safety during movement process. II. Simulation Training a. Obtaining expertise of end users, clinical educators, leaders and safe patient handling team members to create best practice. b. Trial various sling types, sizes, hanger bars and tools to create best positioning for complex patient populations. c. Vendor input for the simulation process. III. Tip Sheet Creation a. Sample Tip Sheets from SCL organization, b. How to adapt tip sheets specific to the tools in your organization. C. Examples of end user education with tip sheets. IV. End User Barriers a. Real barriers to use of slings for many end users are pain, combative behaviors and movement precautions. b. Creating tip sheets to educate and

	overcome barriers will improve both patient and caregiver safety. V. Simulation Strategies Hands On a. Hands-on simulation set up and practice for chosen complex patient issue. b. Observation of various simulations for complex patient problem solving and discussion of techniques, strategies and prioritizing recommendations.
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Intermediate/Advanced
Method of Presentation	PowerPoint with concrete examples, tip sheets, workbook and hands-on simulation.
References (3-5 evidence-based publications)	1. Durable Medical Equipment (DME) Coverage. http://www.medicare.gov/coverage/durable-medical-equipment-coverage.html. 2. Matz M. Patient Handling (Lifting) Equipment Coverage & Space Recommendations. 2007. http://www.visn8.va.gov/patientsafetycenter/safepthandling/coveragespacerecs.doc. 3. Campo M., Shiyko M. P., Margulis H., & Darragh A. R. (2013). Effect of a safe patient handling programs on rehabilitation outcomes. Archives of Physical Medicine and Rehabilitation, 94, 17-22. 4. Darragh A.R., Campo M. A., Frost L., Miller M., Pentico M., & Margulis H. (2013). Safe-patient-handling equipment in therapy practice: Implications for Rehabilitation. American Journal of Occupational Therapy, 67, 45-53. 5. Arnold M, Combs J, Gach R, and Labreche M. Overcoming Barriers to Mobilizing Bariatric Patients: Three case studies. Am JSPHM 2015; 5(2): 47-54.
Title	TRACK B: International SPHM Symposium (IPPHE)
Presenters name and credentials	Matz, Wright, Tasso, Knibbe, Knibbe, Fray, et al.
Description (1 paragraph)	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.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	1. Repay at least one research outcome from an international research study. 2. Describe at least one best practice used in organization/s within another country than the US.
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	This will be decided based upon the papers chosen for presentation.
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Multilevel
Method of Presentation	PowerPoint Presentation, Video Interactive
References (3-5 evidence-based publications)	1. International Organization for Standardization (ISO). (2012). “Ergonomics: Manual Handling of People in the Healthcare Sector”. 2. Hignett, S., Otter, M., Keen, C. (2016). Safety risks associated with physical interactions between patients and

	caregivers during treatment and care in home care settings: a systematic review. *International Journal of Nursing Studies, 59*(2016), 1-14. 3. Boerma, W., & Kroneman, M. (2015). Home care in Europe: Structure and challenges. NIVEL, *Netherlands Institute for Health Services Research.* 4. Hignett, S., Crumpton, E., Ruszala, S, Alexander, P., Fray, M., & Fletcher, M. (2003). Evidence-based patient handling: Task, equipment and interventions. London: Routledge. 5. Iakovou, G. T. (2008). Implementation of an evidence-based safe patient handling and movement mobility curriculum in an associate degree nursing program. Teaching and Learning in Nursing, 3, 48-52.
Title	TRACK C: Changing The Perception of Safety on Your Unit
Presenters name and credentials	Fragala
Description (1 paragraph)	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.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	1. Describe the benefits of safety for patients from early mobility and clinical data the supports the need for frequent patient handling. 2. Identify the inherent risk to healthcare workers from patient handling that leads to risk of injury. 3. Describe guidelines, assessments, programs and products within a tool kit to provide safety for both patients and healthcare workers.
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	1. Review of literature regarding patient benefits from early mobility. 2. Review patient complications from immobility. 3. Identify ergonomic risk factors for healthcare workers. 4. Identify solutions to decrease risk from patient handling tasks. 5. Identify components of a multifaceted safe patient handling program. 6. Identify best practices from a multi hospital health care system with their safe patient handling journey
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Multilevel
Method of Presentation	PowerPoint and speaker panel, audience participation.
References (3-5 evidence-based publications)	1. Castro, G., (2015, March). How does SPHM Fit in to the patient safety agenda? *American Journal of Safe Patient Handling and Mobility,* 5(1), 34-35. 2. Lee, S., Faucett, J., Gillen, M., Krause, N., Landry, L. (2010, April). Factors Associated with Safe Patient Handling Behaviors Among Critical Care Nurses. *American Journal of Industrial Medicine,* 53: 886-897. 3. Fragala, G., Boynton, T., Conti, M., Cyr, L., Enos, L., Kelly, D., McGann, N., Mullen, K., Salsbury, S., Vollman, K. (2016, May). Patient-handling injuries: Risk factors and risk-reduction strategies. *American Nurse Today,* 11 (5), 40-44.
Title	TRACK D: The Use of Patient Sitters to Reduce Falls: Best Pactices
Presenters name and credentials	Wallace

Description (1 paragraph)	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 stter 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 corelation ($p < 0.05$) 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.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	1. Distinguish between characteristics of falls with sitters present and not present, as identified in reports submiteed to the PA Patient Safety Authority. 2. Describe why and where a patient fall can occur with a patient sitter present. 3. Identify specific sitter program design elements identified with low rates of falls with harm. 4. Discuss risk reduction strategies used to reduce patient falls with a patient sitter present and improve safety for patients.
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	1. The following are characteristics of events reported to the PA Patient Safety Authority for falls with and without sitters present: 1a. More falls with sitters present are reported as incidents not resulting in harm to patients, as opposed to serious events resulting in patient harm. 1b. More falls with sitters present are reported as assisted, as opposed to unassisted. 2. The following descriptions of where and when falls are occurring with sitters present have been identified in reports to the Authority: 2a. The highest number of falls with sitters present were reported as assisted falls, followed by falls while ambulating, and toileting-related falls. 2b. Failure modes for falls with sitters present include reasons such as: b1: The sitter was not within reach of the patient when the patient fell off a chair, wheelchair, or side of the bed. bii. The sitter left the patient's room with no designated backup staff, and the patient was later found on the floor. 3. Low rates of falls with harm have been identified with the following specific sitter program design elements: 3a. Defining criteria for sitter qualifications. b. Providing a training program for sitters. 3c. Establishing a pool of sitters.
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	MultiLevel
Method of Presentation	PowerPoint
References (3-5 evidence-based publications)	1. Feil, M., Wallace, S. (2015). The use of patient sitter to reduce falls: Best practices. PA Patient Saf Advis, 11(1), 8-14. 2. Morse, J. M. (1996). Preventing Patient Falls. Thousand Oaks, VA: Sage Publications. 3. Torkelson, D. J., & Dobal, M. T. (1999). Constant observation in medical-surgical settings: a multihospital study. Nurs Econ, 17(3), 149-155. 4. Shever, L. L., Titler, M. G., Mackin, M. L., et al. (2011). Fall prevention practices in adult medical-surgical nursing units described by nurse managers. West J Nrs Res, 33(3), 385-397. 5. Greer, N., Mosser G., Logan, G., et al. (2000). A practical approach to evidence grading. Jt Com J Qual Improv, 26(12), 700-712. 6. Atkins, D., Best, D, & Briss, P. A. (2004). Grading quality of evidence and strength of recommendations. BMJ, 328(7454), 1490. 7. Harding, A. D. (2010). Observation assistant: Sitter effectiveness and industry measures. Nurs Econ, 28(5), 330-336.

Title	TRACK A: Principles of Safe Patient Handling and Mobility: Patient-Centered Patient Handling Concepts
Presenters name and credentials	Trudgen, Skenheden
Description (1 paragraph)	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.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	1) Describe the principles of natural pattern of movement and various compensatory patterns related to patient condition and diagnosis. 2) Apply the concepts of positive active, negative active, and passive patients and learn techniques to incorporate various SPHM equipment to accommodate different patient dispositions and avoid combative behavior. 3) Describe techniques and solutions to integrate into existing SPHM program to maximize effectiveness of tools and equipment.
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	PowerPoint slides, video, and lecture will: 1) Describe the concepts of Natural Pattern of Movement as it applies to various patient dispositions. 2) Define the concepts of Positive Active, Negative Active, and Passive, and combative patient dispositions, including techniques, tools, and solutions for each patient type. 3) Present techniques for integrating patient handling principles into existing SPHM programs and champion education and training. Describe integration of mobility assessment (BMAT) with patient handling principles described. 4) Share best practices from countries all over the globe including Africa, Australia and New Zealand, Japan, Germany, Sweden, U.K., Finland and Denmark.
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Multilevel
Method of Presentation	Podium Presentation
References (3-5 evidence-based publications)	1. Tamminen-Peter 1, V. Fagerström 1 and A. Moilanen 2, 1 Finnish Institute of Occupational Health, Turku, Finland, 2 ARvire Ky, Lappeenranta, Finland 2008. Comparison of risk assessment tools of patient handling L. Movement and Assistance of Hospital Patients, (MAPO) (Battevi et al 2006), Care Thermometer (Knibbe and Friele 1999), Patient Transfer Assessment instrument (PTAI) (Karhula et al 2007). 2. Tamminen-Peter L. The physical strain when assisting a patient to move - An ergonomic evaluation of three transfer methods. Academic Dissertation (in Finnish) University of Turku, Faculty of Medicine, Occupational Health. Ser. C 228. Scripta lingua Fennica edita 0082-6995. Turku 2005 3. Boynton, T., Kelly, L., Perez, A., Miller, M., An, Y., & Trudgen, C. (2014). Banner Mobility Assessment Tool for Nurses: Instrument Validation. Am. J. SPHM, 4(3), 86-92.
Title	TRACK C: Soft Skills, The Foundation for Effective SPHM Program Leadership
Presenters name and credentials	Heather M. Monaghan, MHSc, RN, & Dr. Kimberly Falco, DNP, RN
Description (1 paragraph)	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.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	Upon completion the learner will be able to: 1. Identify the skills required to be an effective SPHM program leader. 2. Discuss how SPHM program leaders identify what they need to know. 3. Recognize the leadership role and how that can influence the change to a SPHM culture
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	1) Background to the study; 1a. Process of the study. 1b. Leadership/program manager survey tool. 2 Results of the survey. 2a. Gap analysis, 2b. Identifying what you "don't know". 3. Positive leadership behaviors. 3a. Negative leadership actions. 3b. Impact of leadership skills on a SPHM program
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Multilevel
Method of Presentation	PowerPoint presentation, Q&A
References (3-5 evidence-based publications)	1) Cohen M. (2011) Time to Lead- the Ultimate Guide to Employee Engagement. Creative HealthCare Management. 2) Gallagher S. (2013) Implementation Guide to the Safe Patient Handling and Mobility Inter-professional National Standards. American Nurses Association. 3) Covey, S. (2004) The 7 Habits of Highly Effective People. Free Press.
Title	TRACK D: Nina Ferguson Presentation
Presenters name and credentials	Nina Ferguson, MD
Description (1 paragraph)	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 to create the VA/CDC STEADI for the VA PACT (Patient Aligned Care Team).
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	1. Review the results of "Implementing CDC STEADI (Stopping Elderly Accidents, Deaths, and Injuries) Toolkit into the VA PACT" 2. Discuss the barriers and facilitators of creating a fall risk assessment action plan.
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	1. CDC STEADI Algorithm (for both old and new forms). 2. Share PSCI translational project data.
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Multilevel
Method of Presentation	PowerPoint Program, Discussion
References (3-5 evidence-based publications)	1. Centers for Disease Control and Prevention (CDC). (2016). STEADI: Older Adult Fall Prevention. Atlanta, GA: Author.

	Available at: http://www.cdc.gov/steadi. 2. Casey, C. M., Parker, E. M., Winkler, G., Liu, X., Lambert, G. H., & Eckstrom, E. (2016). Lessons learned from implementing CDC's STEADI Falls Prevention Algorithm in Primary Care. doi:10.1093/geront/gnw074

Educational Design (Day Three) Safe Patient Handling and Mobility Conference, Glendale Arizona, April 10-14, 2017

Title	The Health Care Barometer
Presenters name and credentials	Missar
Description (1 paragraph)	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 Heath 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.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	At the end of this session participants will gain insight into important workers compensation trends in health care and be able to benchmark their own programs around: 1. Safe patient handling program and certification return on investment, 2. Demographics of the workforce, 3. Security and workplace violence, and 4. Insurance buying and claims handling
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	National data analytics as it related to health care programs, specifically validating the power of the ANA SPHM guidelines and SPHM certifications to lower claim costs.
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	MultiLevel
Method of Presentation	PowerPoint
References (3-5 evidence-based publications)	AON Global Risk. (2016). HealthCare Barometrics Report. Chicago, IL: Author.
Title	Evaluation of a "Best Practices" Safe Patient Handling and Movement Program in an Acute Care Hospital
Presenters name and credentials	James Collins, PhD, MSME
Description (1 paragraph)	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.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	1. Elements of the intervention 2. Evaluating Program Effectiveness 3. Reviewing and Replicating the results
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	1a. Equipment including ceiling-mounted patient lifts, and repositioning devices. 1b. New Injury prevention specialist staff position. 1c. Team Champions. 1d. Safe Lifting policy. 2. Training on equipment usage, monthly rounds and training to promote culture change. 3a. Awareness of the results of the study 3b. Applying in your organization. 3c. Defining a

	culture of safety.
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Multilevel
Method of Presentation	PowerPoint
References (3-5 evidence-based publications)	1. American Nurses Association. (2013). Safe patient handling and mobility: Interprofessional national standards across the care continuum. Silver Spring, MD: NursesBooks.org. Available at www.nursebooks.org. 2. Yates, K.M., & Tart, R.C. (2010). Acute care patient falls: Evaluation of a revised fall prevention program following comparative analysis of psychiatric and medical patient falls. Applied Nursing Research, 25(2), 68–74. 3. United States Department of Labor, Occupational Safety and Health Administration. (2013). Hospital eTool: Healthcare wide hazards--ergonomics. Available at www.osha.gov/SLTC/etools/hospital/hazards/ergo/ergo.html
Title	TRACK A: Safe Patient Handling Program Implementation: Challenges and Successes
Presenters name and credentials	Kelsey L. McCoskey, MS OTR/L, CPE, CSPHP
Description (1 paragraph)	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-handlig programs. This presentation provides an overview of SPHM and the critical thinking necessary to successfully and effectively implement safe patient handling programs for the Army.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	1. At the end of the presentation participants will be able to identify 3 issues that drive the need for standards in SPHM in medical facilities. 2.The participants will be able to identify 3 types of patient handling devices which can be incorporated in future projects. 3. At the end of the presentation participants will be able to identify elements associated with implementation of a comprehensive safe patient handling and mobility program.
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	1. An introduction to safe patient-handling and mobility nationwide; past and present. 2. Development of the Army's Safe Patient-Handling and Mobility program (SPHM). 3. Partnering with nationally recognized organizations to develop industry standards and policy. 4. Implementing SPHM in the Army and medical facility designs: Thinking it through. 5. Analysis of critical thinking applied to SPHM in healthcare and medical facility design.
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Intermediate/Multilevel
Method of Presentation	Podium Presentation
References (3-5 evidence-based publications)	1. Cohen M, Green D, Nelson G, Leib R, Matz M, Thomas P. (2010). Patient Handling and Movement Assessments: A White Paper. Dallas, TX, The Facility Guidelines Institute. http://www.fgiguidelines.org/pdfs/FGI_PHAMA_whitepaper_042810.pdf 2. Safe Patient Handling and Mobility: Interprofessional National Standards. 2013. American Nurses Association. 3. Occupational Safety and Health Administration. (2015) Inspection Guidance for Inpatient Healthcare Settings. Retrieved May 3, 2016, from

	https://www.osha.gov/dep/enforcement/inpatient_insp_06252015.html.
Title	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
Presenters name and credentials	Lynda Enos, RN, MS, COHN-S, CPE, Certified Professional Ergonomist, Ergonomics/Human Factors Consultant, HumanFit, LLC; Teresa Boynton, MS, OTR, CSPHP, Safe Patient Handling Director, Hill-Rom; Lena L. Deter, MPH, RN, CSPHP, LTC- SSC, Clinical Specialist Patient Safety DELHEC, Educational Services & Consulting; Carys Price, PT, MS, CEASII, CSPHP, Association of Safe Patient Handling Professionals (ASPHP)Multile
Description (1 paragraph)	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.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	Upon completion the learner will: 1) Explain the standards and how each is necessary to have an effective and sustainable SPHM program. 2) Be able to describe how eliminating or not supporting one or more standards can impact the entire SPHM program. 3) Be able to apply scenarios that illustrate each standard and what is needed to not only “float your SPHM boat” but allow it to sail under “fair winds and following seas.”
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	PowerPoint slides, lecture and interactive exercises will: 1) Describe each standard, including employer and healthcare workers’ roles and responsibilities. 2) Use cautionary tales, lessons learned and successes associated with each standard, which illustrate the importance of each for a sustainable program. 3) Lead attendees through participatory exercises so they gain a better understanding of the standards and the “holes that need to be plugged” in order for their SPHM boats to float.
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Multilevel
Method of Presentation	Podium Presentation
References (3-5 evidence-based publications)	1. ANA Safe Patient Handling and Mobility: interprofessional national standards across the care continuum. Silver Spring, MD: American Nurses Association; 2013. 2. Gallagher, S. Implementation Guide to the Safe Patient Handling and Mobility Interprofessional National Standards. Silver Spring, MD: American Nurses Association, 2013. 3. Nelson AL. Safe patient handling and movement: A guide for nurses and other health care providers. New York, NY: Springer Publishing Company, Inc.; 2006. 4. Youngberg, B. Patient Safety Handbook, Second Edition. Chicago, IL: Jones & Bartlett Learning.; 2012
Title	TRACK C: Implementing the Bedside Mobility Assessment Tool for Nurses
Presenters name and credentials	Amber Perez ADN, BSB, CSPHP Director of Clinical Services Handicare; Nancy McGann PT, CSPHP Manager of Ergonomics and Safe Patient Handling SCL Health; Teresa Boynton MS, OT/R, CSPHP Director of Education Hill-Rom; Chris Trudgen RN, BSN, CRRN-Professional Practice System Specialist Banner Baywood Medical Center, SPHM Lead Banner Health
Description (1 paragraph)	We will describe the BMAT overview and purpose. We will teach practical tips for implementation, including components of champion training, e-learning samples, pocket cards, FAQ’s, Implementation Checklist, essential elements for success, and strategies for success. We will describe examples of various implementations and integrations into electronic health

	record, operational and organizational impact and project planning. Finally we will perform simulation training and return demonstration to prepare learners to teach and implement the tool.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	1. Discuss the importance of making sustainable transitions to evidence-based practice from a solid multidisciplinary approach. 2. Explain how to reach the heart of the frontline so they move with connected SPHM programs, self-safety, peer-safety, fall prevention, and all that is encompassed by that umbrella. 3. Visualize and apply ways to move within their scope of practice nad organization through demonstration programs to yearly peer to peer teaching of hands-on skills fairs and educational opportunities.
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	1. Introductions a. Who we are, b. Why we do what we do. 2. Importance of connecting with the heart of the frontline for positive transitions a. Empowering your peers within their scope to step up to the plate, b. Engagement across the board at every level to build sustainability, c. Removing the "task" out of the job creating purposeful actions while raising the standards. 3. What has happened. a. "Passion Ignited" – Yearly mandatory region wide CNA/Tech Skills fair with greater involvement, peer to peer teaching, vision to reality, b. Multidisciplinary region wide SPHM and Fall Prevention Program – moving from the ground up creating interactive participation at every level, c. Pilot unit based programs moving into region wide best practice: "Pre-fall" huddle, SPHM Champion training, creating case studies, innovative roaming education, family/ patient engagement, intradepartmental communication, and "repurposing" current tools , d. Lifting up the CNA and Tech Profession building respectful multidisciplinary relationships and intertwined teamwork 4. In Summary a. Moving forward – Boldly take the lessons learned from this conference home with you, b. Streamline your visions and passion within your scope in the right direction and how you know you are making progress, c. Remove the barriers – i.e. inconsistent engagement, cost of programs, and leadership support. 5. Open panel questions and follow through
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Multilevel
Method of Presentation	Podium Presentation
References (3-5 evidence-based publications)	1. Darragh, A. R., Shiyko, M., Margulis, H., & Campo, M. (2014). Effects of a safe patient handling and mobility program on patient self-care outcomes. The American Journal of Occupational Therapy: Official Publication of the American Occupational Therapy Association, 68(5), 589-596. 2. Free from Harm: Accelerating Patient Safety Improvement Fifteen Years after to Err Is Human - National Patient Safety Foundation. (2015). Retrieved May 11, 2016, from http://www.npsf.org/?page=freefromharm. 3. Nurse and Healthcare Worker Protection Act of 2015, H.R.4266, 114th Cong. (2015). 4. Powell-Cope, G., Toyinbo, P., Patel, N., Rugs, D., Elnitsky, C., Hahm, B., & Hodgson, M. (2014). Effects of a National Safe Patient Handling Program on Nursing Injury Incidence Rates. Journal of Nursing Administration, 44(10), 525-534. 5. Work in Progress: Turner, Rhonda. (2016), A multidisciplinary approach to solid engagement; Moving the heart of the frontline. (TBA)
Title	Track D: The Falls Collaborative
Presenters name and credentials	Julia Neily
Description (1 paragraph)	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.

Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	At the completion of this presentation participants will be able to: 1. Describe how the VBTS process works. 2. List the process changes that sites implemented. 3. Describe the outcomes that participants achieved. 4. Discuss the model for improvement for implementing change.
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	1. Will describe the VBTS process (choosing a topic, expert panel, change package, pre-work, action phase, coaching and continuous improvement). 2. Will describe the change package and what sites implemented such as post-fall huddles, environmental changes, modifiable fall risk factors, injury mitigation. 3. Will discuss reductions in fall and fall related injury rates. 4. Will discuss how to apply the model for improvement and small cycles of change to implementing fall changes
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Multi Level
Method of Presentation	Lecture and Discussion
References (3-5 evidence-based publications)	
Title	Solving SPHM Problems Across the Continuum of Care
Presenters name and credentials	Presenters: Kent Wilson, CIE; Debra Slack Katz, RN; Vicki Missar, MS, CPE, SSBB, CSPHP, CHSP, Patricia Wawzyniecki, MS, CSPHP. Moderator: Guy Fragala, PhD, PE, CSP, CSPHP
Description (1 paragraph)	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.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	1. Discuss the common safe patient handling risks across the continuum of care. 2. Explain the different safe patient handling problems specific to each area of care. 3. Gain knowledge of solutions for safe patient handling problems specific to each area of care
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	1. Common risks across the continuum of care. 2. Explaining the different populations encountered in different healthcare sectors. 3. What are the differences in patient handling risks encountered among the different healthcare sectors. 4. How do you do proper patient assessments when considering different healthcare environments. 5. Evaluating proper solutions for the different types of risks encountered and what solutions are feasible. 6. How to prepare for unexpected situations which might arise. 7. How to integrate your program activities across the organization. 8. How do you measure success
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Multilevel
Method of Presentation	Panel Presentation/Discussion
References (3-5 evidence-based publications)	1. Fragala, G. “Creating Safer Environments for Long-Term Care Staff and Patients”, Annals of Long-Term Care, February 2012 pp. 2-6. 2. Fragala, G. “Facilitating Repositioning in Bed”, American Association Occupational Health Nurses Journal (AAOHN), February 2011,

	Vol. 59, pp. 63-68. 3. Nelson, A., Fragala, G. "Development and Evaluation of a Multifaceted Ergonomics Program to Prevent Injuries Associated with Patient Handling Tasks", International Journal of Nursing Studies, 2005. 4. Fragala, G. Ergonomics: How to Contain on-the-Job Injury, Joint Commission on Accreditation of Healthcare Organizations, Chicago, IL, 1996
Title	Thinking Big to Finish the Race to Universal Safe Patient Handling and Mobility
Presenters name and credentials	Gail Powell-Cope, PhD, ARNP, FAAN
Description (1 paragraph)	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 relatinships, forging new partnerships within communities and engaging in public policy activities.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	1. Apply the social ecological model to preventing musculoskeletal injuries in healthcare workers. 2. Discuss multiple strategies for engaging with community partners for universal SPHM.
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	1a. Components of the social ecological model 1b Linking levels of the model to SPHM implementation. 1c. Strategies for moving beyond micro level intervention. 2a. Types and lelves of community engagement. 2b. Strategies for identifying potential partners and establishing partnerships.
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Multilevel
Method of Presentation	PowerPoint, Lecture, Discussion
References (3-5 evidence-based publications)	1. Principles of community engagement (2nd ed). NIH Publication No. 11-7782, June 2001. Available at: https://www.atsdr.cdc.gov/communityengagement/index.html. 2. Framing the issue: Social ecologocal model. Available at: http://www.cdc.gov/nccdphp/dnpao/state-local-programs/health-equity/framing-the-issue.html. 3. Forst, L. I., Friedman, L., Chin, B., Madigan, D. (2015). Spacial clustering of occupational injuries in communities. Am J PPublic Health, 105(Supp 3), S526-S533. doi: 10.2105/AJPH.2015.302595. Epub 2015 Apr 23.

Educational Design (PostConference) Safe Patient Handling and Mobility Conference, Glendale Arizona, April 10-14, 2017

Title	POST CONFERENCE: Developing the Leadership Skills You Never Knew You Had
Presenters name and credentials	Steadman, Dick
Description (1 paragraph)	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.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	1. Describe the difference between managers and leaders. 2. Identify 4 types of feedback and the impact of each. 3. Discuss the difference between communicating and connecting. 4. Identify the 4 basic human behavioral tendencies and their characters.
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	1. Will engage in flipchart exercise depicting the difference between managers and leaders. 2. Will engage in feedback exercise that demonstrates the impact of the 4 types of reinforcement. 3. Will engage in partner exercise to demonstrate the difference between communicating and connecting. 4. Will take a simple behavioral profile and engage in a flipchart exercise outlining the differences and application of each style.
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Multilevel
Method of Presentation	Interactive, PowerPoint, Experiential
References (3-5 evidence-based publications)	Becoming a Person of Influence, John Maxwell; Everyone Communicates, Few Connect, John Maxwell; Crucial Conversations, Kerry Patterson, Joseph Grenny, Ron McMillan, Al Switzler; Principle-Centered Leadership, Dr. Stephen Covey.
Title	POST CONFERENCE: It Takes a Village Novice Training
Presenters name and credentials	Carys Price, Char Lynch, Teresa Boynton, Mary Matz, Margaret Arnold, Renee Kielich, Debbie Coughlin
Description (1 paragraph)	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.
Objectives (Learner Outcomes in Behavioral Terms). Upon completion learner will be able to:	1. Describe the equipment available today for each of the major patient/resident handling tasks and the major functions of each device. 2. Explain the intended application(s) of the equipment and best-practices to ensure the most appropriate equipment is used based on dependency levels of patients/residents. 3. Experience hands-on practice/use of the equipment and accessories. 4. Establish learner competency requirements & checklists. 5. Establish an equipment management process.
Subject Matter (Topic Outline & Content—As It Corresponds to the Objectives—2-3 examples for each objective)	SPHM Equipment: Equipment and accessory functions and capacities, Intended uses and applications for devices and accessories, Ensuring safety when choosing a device across range of patient/resident dependency and mobility levels, Ceiling lifts, floor lifts, sit-stand lifts, air-assist devices. 2. Hands-on practice with equipment and accessories in clinical scenarios: Seated transfer, repositioning and turning, lateral transfers, ambulation; 3. Establishing competency: Elements for learner checklist, policy requirement for responsibility for educating and training learners, Other necessary program requirements for success: time, equipment, space. 4. Equipment maintenance program: Policy requirements for responsibility for equipment

	repair and maintenance, Equipment inventory and inspection checklists.
Participant Level (Beginner, Intermediate, Advanced or Multilevel)	Novice
Method of Presentation	PowerPoint presentations, Interactive learner activities, learner workbook.
References (3-5 evidence-based publications)	1. American Nurses Association. (2013). Safe patient handling and mobility: interprofessional national standards. Silver Spring, MD: NursesBooks.org. 2. Occupational Safety and Health Administration. (2009). Guidelines for Nursing Homes, Ergonomics for the Prevention of Musculoskeletal Disorders (OSHA 3193 2003; rev. 3/09). US Department of Labor, Occupational Safety and Health Administration. 3. Matz, M. (2010). Facilitating Acceptance of a PHAMP and PHAM Technology. C Borden (Ed.), Patient Handling and Movement Assessments: A White Paper. Dallas, TX: The Facilities Guidelines Institute. 4. Matz, M. (2013). Safe Patient Handling Unit Binder: peer leader. Retrieved 1/21/15 from: http://www.tampavaref.org/safe-patient-handling/UPLUnitSPHBinder.pdf. 5. Nelson, A. (2006). Safe patient handling and movement. New York: Springer Publishing, Inc. 6. Nelson, A., Motacki, K., & Menzel, N. (2009). Patient Safety Center of Inquiry. (2006). Patient care ergonomics resource guide: safe patient handling and movement. Tampa, FL: VISN 8 Patient Safety Center of Inquiry.