Educational Design (Pre Conferences) Safe Patient Handling and Mobility Conference, Orlando, FL, April 16-20, 2018

Title	Safe Patient Handling and Mobility: Hands On with the Newest SPHM Technologies
Presenters name and credentials	Steadman, Arnold, Buchanan, Dugan, Harrison, Martin, Wright
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. Understand how basic concepts of ergonomics are applied to better match job demands to worker capabilities. 2. Understand 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. Understand how 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	Arnold, Boynton, Coughlin, Gallagher, Kielich, Helfen-Lardent, Matz, Swan, Wawzyniecki, Wilson
Description (1 paragraph)	This is the first of two 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. Understand 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.