



# Reaching for Excellence in Safe Patient Handling and Mobility— Innovations, Partnerships and Coalitions to Make the Needle Jump

*featuring strategies to achieve culture change for staff and patient safety*

PRE-CONFERENCES: APRIL 16, 2018 | MAIN CONFERENCE: April 17-19, 2018  
EXHIBITS: APRIL 16-18, 2018 | POST-CONFERENCES: April 20, 2018  
Rosen Centre, Orlando, FL

Outstanding Faculty & Hands-On” Sessions  
Exhibit Hall with New and Emerging Technology

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



For More Information Contact: Valerie Kelleher at 813-558-3948 or Valerie.Kelleher@va.gov

## Online registration:

<http://www.cvent.com/d/s5qd07/4W>

## Hotel reservations:

Non-Government Employees:

<https://www.phgsecure.com/IBE/bookingRedirect.ashx?propertyCode=ORLRH&group=grptvref&arrivalDate=04-10-2018&departureDate=04-24-2018>

Government Employees Only (must have ID at time of registration):

<https://www.phgsecure.com/IBE/bookingRedirect.ashx?propertyCode=ORLRH&group=grptvrefgovt&arrivalDate=04-14-2018>

## Course Description

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

## Target Audience

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

## Conference Objectives

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

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

## Accommodations for Disabilities

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

## Accreditation

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

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

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

➤ TBD

## Conflict of Interest Disclosures

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

Name	Category	Description
Boynton, Theresa	Consultant	Consultant-SPHP and Service Director, Hill-Rom/Liko
Condie, Elise	Consultant	I am an environmental, health and safety consultant.
Deplazes, Lorri	Faculty	Employed by SCL Health
Deter, Lena	Consultant	My business provides SPHM Clinical Consulting services to healthcare facilities and organizations.

Dugan, Brad	Salary	Salaried employee of Hill-Rom
Edwards, Jeff	Consultants	Works for Hospital Cooperative Laundry Cooperative where he consults with clients on how best to meet their laundry needs.
Enos, Lynda	Consultant	Making presentation where equipment manufactured by an exhibitor at this conference will be shown. I have no financial or contractual agreement with this vendor who is an exhibitor at this conference.
Hirschuber, Bill	Salary	Employed by HealthEast
Kielich, Renée	Salary	Salaried employee of Hill-Rom
Kumpar, Dee	Salary	Supporting SPHM Market Development at Hill-Rom
Matz, Mary	Consultant	As a consultant, attendees may perceive that I am marketing my services.
McGann, Nancy	Consultant	Hill-Rom Ergonomics and SPHM Advisory Board Member
Moed, Kari	Consultant	I have worked as an educator, trainer and presenter for various clients including union and government grants.
Mozell, Kari	Other	I am currently a Mobility Specialist providing facilities with recommendations and guidance in identifying solutions to support their SPHM goals and objectives. Represent a manufacturer in SPHM products (Liko).
Perez, Amber	Salary	Salaried employee of Wy'East Medical
Powers, Jan	Speaker's Bureau/Other	Speaker's bureau for Abbott Nutrition and Sage Products. Received research funding from Sage Products.
Race, Eric	Salary	Atlas Lift Tech – President/Founder
Wawsyniecki, Patricia	Salary	Salaried employee of HoverTech
Wiggermann, Neal	Salary	Salaried employee of Hill-Rom
Wilson, Kent	Salary	I am paid by HoverTech International but will be presenting anything related to products they sell. Also, I am presenting on behalf of the Association of Safe Patient Handling Professions, a non-profit entity.

## Cancellation Policy

### Registration Cancellation and Refund

You must contact us no later than 5:00 PM EST on April 1, 2018 to cancel your registration for the 2018 Safe Patient Handling and Falls Conference. Cancellations after February 1, 2018 will be charged 50% of their registration fee. No-shows will not be refunded conference fees. After April 1, 2018 there is no refund of fees paid. Send cancellation requests to [Valerie.Kelleher@va.gov](mailto:Valerie.Kelleher@va.gov)

### Program Cancellation and Refund

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

## Course Levels

### ① Beginner

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

### ② Intermediate

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

### ③ Advanced

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

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

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

**Course Levels/Descriptions Above: ① ② ③ ④**

Rather than having “tracks” this year we are offering various sessions in various rooms at various times that will allow you the most flexibility to see presentations in as many areas of Safe Patient Handling and Mobility (SPHM) as possible. Your main conference registration covers entry to any of the Tuesday, Wednesday and Thursday sessions (other than “It Takes a Village” which you would register for as two separate sessions, Monday and Friday).

**Monday April 16, 2018—Pre-Conferences**

<b>8-12noon</b>	<p><b>Safe Patient Handling and Mobility 101</b> ① <i>Fragala, Gallagher</i> (Includes Continental Breakfast 7-8am, Coffee Break at 10am). Remember that the exhibit hall opening is from 4-6pm with hot and cold hors d’oeuvres! Appropriate for newcomers and attendees who have a rudimentary understanding of safe patient handling and mobility and want to develop their skills and understanding in this area in more depth. Basic concepts of ergonomics and program development and implementation will be discussed including how primary risk factors such as exertion, frequency, and posture contribute to occupational risks to health care workers. Safe patient handling problems will be defined from an ergonomic perspective and solution strategies suggested. Participants will learn the basics to begin a safe patient handling and mobility program including risk identification and assessment, risk analysis, formulation of recommendations, implementation strategies and measurement. An overview of current solutions available will be presented demonstrating how ergonomics is applied to reduce risk. This workshop will prepare attendees to investigate solutions and program development in more depth at the main conference. <b>Signature 1</b></p>
<b>8-3pm</b>	<p><b>Hands On Experience with the Latest Safe Patient Handling Equipment</b> <i>Steadman</i> (Moderator), <i>Arnold, Buchanan, Dugan, Harrison, Martin, Wright</i> This Pre-Conference provides a tutorial and opportunities to gain experience in the newest patient handling technologies as it related to the patient’s independence level. This program will be most helpful for direct care providers as well as educators, safety staff safety peer leaders. Participants will rotate through 4 unique stations over the course of this workshop. Following the station rotation there will be scenario based group activity for debriefing and a panel question and answer session. Wear attire and footwear that lets you actively participate! (Includes Continental Breakfast 7-8 am, Coffee Break at 10am, Lunch at 12noon). Remember that the exhibit hall opening is from 4-6pm with hot and cold hors d’oeuvres! <b>Grand Ballroom AB</b></p>
<b>8am-3pm</b>	<p><b>It Takes a Village Novice Training</b> ① 4/16 8am to 3pm, 4/20 8am-3pm. (Includes Continental Breakfast 7-8 am, (2) 15 minute Coffee Breaks, and Lunch at 12noon on Monday and Friday). Remember that the exhibit hall opening is on Monday from 4-6pm with hot and cold hors d’oeuvres! <b>Sponsored by the Association of Safe Patient Handling Professionals (ASPHP)</b>. During the week the faculty will be: <i>Arnold, Boynton, Coughlin, Gallagher, Kielich, Helfen-Lardent, Matz, Swan, Wawzyniecki, Wilson</i> <b>Signature Room 1</b></p>
<b>4pm-6pm</b>	<p><b>Exhibit Hall Grand Opening</b> <b>Grand Ballroom CDE</b></p>

Tuesday, April 17, 2018–Main Conference Day One	
7-8am	Continental Breakfast <i>Junior Ballroom FG</i>
8-8:50	Welcome/The Essentials of Safe Patient Handling and Mobility <i>Powell-Cope, Francis Junior Ballrooms FG</i>
9-9:50	Keynote: Cognitive Impairment and Falls: Evidence, Assumptions, and Therapeutic Options to Reduce Falls Risk <i>Montero-Odasso Junior Ballrooms FG</i>
10-11:20	<p style="text-align: center;"><b>Jeffersonian Dinner</b> (no repast included, just conversation)</p> <p><i>Host: Heather M. Young, Dignity Health Dean's Chair for Nursing Leadership Associate Vice Chancellor for Nursing, Dean and Professor, Betty Irene Moore School of Nursing</i></p> <p><i>Dinner Guests: Powell-Cope, Kumpar, Race, Others TBA</i></p> <p><i>Caterer: James A Haley VA Research and Education Foundation, Inc.</i></p> <p><i>Location: Junior Ballrooms FG</i></p> <p>The Jeffersonian dinner, based on a concept used by Thomas Jefferson to bring together people of various interests to share and debate varied ideas. There will be an initial question posed by the Host to the guests before the dinner, so they will arrive prepared to answer that question with personal thoughts, stories and experiences relevant to the theme. The Host will then guide the conversation through follow-up questions. Before the end of the session the guests are generally asked what they plan on doing following up on the evening's discussion.</p>
11:30-12:20	Lunch <i>Ballrooms CDE</i>
12:30-1:20	Exhibits <i>Grand Ballrooms CDE</i>
1:30-2:30	Making Safe Patient Handling and Mobility Universal in Healthcare: Changing the Hearts and Minds of the Healthcare C-Suites of the Nation <i>Celona, Driver Junior Ballrooms FG</i>
2:30-3:50	Pathways for Achieving Universal Safe Patient Handling in Healthcare <i>Powell-Cope, Gallagher, Moed, Monaghan, Race, Turner Junior Ballrooms FG</i>
4:00-4:50	<b>Concurrent Session 1:</b> Ambulating Patients: Nursing Focused Program <i>Larson, Boynton Ballroom A</i>
	<b>Concurrent Session 2:</b> Thinking Outside of the SPHM Box: Creative Solutions for Complex Patients <i>Dugan, Squires, Coughlin, Helfen-Lardent Salon 13/14</i>
	<b>Concurrent Session 3:</b> How to Decrease Ergonomic Stress while Bathing a Patient in Bed <i>Knibbe, Matz Salon 19</i>
	<b>Concurrent Session 4:</b> Evaluating Usability of Safe Patient Solutions <i>Fragala, Powers Ballroom B</i>

Wednesday, April 18, 2018—Main Conference Day Two	
7-8am	Continental Breakfast Junior Ballrooms FG
8-8:50am	Safe Patient Handling and Mobility: Where we have been, Where we are and Where we are going <i>Guy Fragala, Winner of the 2017 Award for Safe Patient Handling and Mobility Junior Ballrooms FG</i>
9:00-9:20	Award Presentations <i>Powell-Cope Junior Ballrooms FG</i>
9:30-10:20	Emergency Technology Solutions <i>Wawzyniecki, Buchanan Junior Ballrooms FG</i>
10:30-11:20	<b>Concurrent Session 1:</b> What Equipment Does my Facility Really Need? Ergonomic Hazard Assessments Provide Answers! <i>Matz Ballroom A</i>
	<b>Concurrent Session 2:</b> Establishing SPHM Roots: Nurturing Facility- to System-Wide Growth <i>Turner, Turner, Benson Salon 13/14</i>
	<b>Concurrent Session 3:</b> Safe Patient Handling and Mobility is Contagious: How 'Infecting' One Nurse at a Time Led to a Change in Practice <i>Manwell, Mozell Ballroom B</i>
	<b>Concurrent Session 4:</b> An Online Training Resource to Engage the Heart and Mind in Dignified and Safe Patient Handling Practice <i>Harrison, Webb Salon 19</i>
	<b>Concurrent Session 5 Winkler (to come)</b>
11:30-12:20	Lunch Service Grand Ballrooms CDE
12:30-1:20	Exhibits Grand Ballrooms CDE
1:30-2:20	<b>Concurrent Session 1:</b> Creating a Meaningful Safe Environment: the Why and How to Sustain SPHM Programs for Caregivers and Patients <i>Gallagher, Kielich Ballroom A</i>
	<b>Concurrent Session 2:</b> Measuring Effectiveness of SPHM Training Programs <i>Enos Salon 13/14</i>
	<b>Concurrent Session 3:</b> A NIOSH/VA Study of Bariatric Patient Handling: Study Methods and Preliminary Findings <i>Galinsky, Deter, Hudock, Feng Ballroom B</i>
1:30-3:20	<b>Concurrent Session 4:</b> SPHM in Rehabilitation: Where is the Evidence? <i>Harwood, Campo, Darragh, Rockefeller Signature 2</i>
2:30-3:00	Break—Jr. Ballroom FG Hallway
3:00-3:50	<b>Concurrent Session 1:</b> Safe Early & Progressive Mobility in Healthcare <i>Fragala, Tribus Ballroom A</i>
	<b>Concurrent Session 2:</b> Implementation of the BMAT Process: Pre and Post Comparison <i>Squires, Helfen-Lardent, Coughlin Salon 13/14</i>
3:00-5:00	<b>Concurrent Session 3:</b> SPHM for Ambulatory Settings: Practical Tools for Program Implementation and Equipment including Hands-On Workshop <i>McIlvaine, Wawzyniecki, Yeung Ballroom B</i>
	<b>Concurrent Session 4:</b> Single-Handed Care: Practical Solutions to Reduce the Number of Caregivers for Complex Tasks <i>Harrison, Webb Salon 19</i>



## Thursday, April 19, 2018–Main Conference Day Three

7-7:50am	Continental Breakfast Junior <i>Ballrooms FG</i>
8-8:50am	When Over 1,200 RNs Talk--Why We Should Listen! Field Results and Lessons Learned from SPHM Audits of 50 Hospitals Representing Over 12,000 Beds and Over 1,200 Nurses <i>Wilson, Wawzyniecki, Fragala Junior Ballrooms FG</i>
9:00-9:50	<b>Concurrent Session 1:</b> Call Don't Fall: Implement a Culture of Safety and Cost Benefit Savings In Your Fall Reduction Initiatives <i>Haupt, Salazar Ballroom A</i>
	<b>Concurrent Session 2:</b> Innovative Strategies in Developing a Cutting Edge SPHM Program Part 1 <i>Young, McGettigan, Szymczak, House Salon 13/14</i>
	<b>Concurrent Session 3:</b> Thorough Integration of the Bedside Mobility Assessment Tool (BMAT) Through Case Studies ② ③ <i>Perez, McGann Salon 19</i>
	<b>Concurrent Session 4:</b> IPPE Forum <i>Matz, Fray Ballroom B</i>
10:00-10:50	<b>Concurrent Session 1:</b> Repositioning: The Last Frontier in Safe Resident Handling in Long Term Care <i>Katz, Fragala Ballroom A</i>
	<b>Concurrent Session 2:</b> Innovative Strategies in Developing a Cutting Edge SPHM Program Part 2 <i>Young, Kraft, Chandler, Rodrigue Salon 13/14</i>
	<b>Concurrent Session 3:</b> Bariatric Modeling: Implications for Planning and Executing Care and Mobility <i>Gallagher, Wiggermann Salon 19</i>
	<b>Concurrent Session 4:</b> IPPE Forum Continues <i>Matz Ballroom B</i>
11:00-11:50	Lunch Service Junior <i>Ballroom F</i>
12:00-1:20	ANA's 360 Degree View of Safe Patient Handling (Panel Discussion) <i>Francis, Kumpar, Neidhardt, Berry, Turner, Ross Junior Ballrooms FG</i>
1:30-2:20	Safe Patient Handling and Mobility Technologies in Rehabilitation to Improve Patient Mobility and Function <i>Rugs, Powell-Cope, Bulat, Campo, Darragh, Harwood, Kuhn, Rockefeller Junior Ballrooms FG</i>
2:30-3:20	Closing Remarks <i>Powell-Cope Junior FG</i>
3:30pm	Adjourn Main Conference



## Friday, April 20, 2018–Post Conferences

7am-3pm

**Success in Competencies** *Steadman, Buchanan* Ongoing competency and verification processes will be presented with a hands-on approach in a group setting using technology and interactive leadership skills. Upon completion, the learner will be able to: 1. Identify leadership skills needed to communicate effectively in the competency process. 2. Identify personal competency level and needs. 3. Identify gaps in competency with regard to technology. (Includes Continental Breakfast 7-8 am, Coffee Break at 10am, Lunch at 12noon). **Salon 13/14**

**Challenges and Solutions for the Home Health Setting** *Murray* The Home Health setting represents one of the most difficult settings in which to promote safe patient handling. The projections for the next 5 years predict dramatic growth in the numbers of home health patients. While hospitals are discharging patients sooner, they are sicker. The patient at home is cared for by home health staff but family members are also at risk. This session will present the hazardous patient handling tasks, a home health assessment and tools for promoting safety. These tools can benefit both family members and home health staff, keeping everyone safe. The objectives of this session would be to: 1. Identify need and challenge for SPH programs in Home Health settings; 2. Review hazards in the physical environment; 3. Review hazardous patient handling tasks; 4. Discuss methods for safety discussions to facilitate safety for everyone; 5. Develop an action plan for use on returning to facility (Includes Continental Breakfast 7-8 am, Coffee Break at 10am, Lunch at 12noon). **Salon 19**

**It Takes a Village Novice Training** (Only open to those who have taken the Monday session) **Signature 1**

*For a schedule including all session descriptions please go to: [www.tvaref.org/](http://www.tvaref.org/)*

**Conference Manager**

**Gail Powell-Cope, PhD, ARNP, FAAN**

Tampa Site Co-Director, HSR&D Center of Innovation on Disability and Rehabilitation Research (CINDRR), Tampa, FL

**Conference Coordinator**

**Valerie Kelleher**

HSR&D CINDRR, Tampa VA Research and Education Foundation, Inc., Tampa, FL

## SPEAKERS

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**Margaret Arnold, PT, CEES, CSPHP**

Inspire Outcomes  
Bay City, MI

**Lana Benson, MHA, MS, CCC-SLIP**

Director of Rehabilitation  
Banner Thunderbird Medical Center  
Glendale, AZ

**Jennifer Berry, MSN, RN, CNRN**

Unit Based Educator  
Mayo Clinic  
Phoenix, AZ

**Teresa Boynton, MS, OTR/L, CSPHP**

Director of Education  
Hill-Rom, Inc.

**Timothy Buchanan, MSN, RN-BC**

Safe Patient Handling and Mobility Facility Coordinator  
VA VISN 15 SPM POC  
VA Saint Louis Health Care  
Saint Louis, MO

**Marc Campo, PT, PhD, OCS**

Professor  
School of Health and Natural Sciences  
Mercy College  
Dobbs Ferry, NY

**John Celona**

President, Decision Analysis Associates, LLC  
San Carlos, CA

**Margaret Chandler, MSN, RN, CEN, CCRN, CTRN, CFRN, ACNP-BC, NRP**

Manager, Specialty Care Transport Unit  
Robert Wood Johnson University Hospital  
New Brunswick, NJ

**Debbie Coughlin, PT, CSPHP**

Ergonomics Coordinator  
Dignity Health  
Sacramento, CA

**Amy R. Darragh, PhD, OTR/L, FAOTA**

Division Director, Associate Professor  
The Ohio State University  
Columbus, OH

**Lena L. Deter, RN, MPH, CSPHP, LTC-SSC**

Clinical Specialist in Patient Safety  
DELHEC Educational Services & Consulting  
Hendersonville, TN

**Jeffrey Frank Driver, MD, ARM, DFASHRM, MBA**

CEO  
The Risk Authority  
Stanford University  
Palo Alto, CA

**Brad Dugan, PT, CSPHP**

Director of Safe Patient Handling Programs and Services  
Hill-Rom, Inc.

**Lynda Enos, RN, BSN, MS, COHN-S, CPE**

Ergonomist/Human Factors Consultant  
HumanFit, LLC  
Oregon City, OR

**Guy Fragala, PhD, PE, CSP, CSPHP**

Senior Advisor for Ergonomics  
Patient Safety Center of Inquiry  
Tampa, FL

**Ruth Francis, MPH, MCHES**

Senior Policy Advisor  
American Nurses Association (ANA)  
Silver Spring, MD

**Susan Gallagher, PhD, RN, WOCN, CBN, HCRM, CSPHP**

Celebration Institute, Inc.  
Houston, TX

**Traci Galinsky, PhD**

Captain, US Public Health Service  
National Institute for Occupational Safety and Health  
(NIOSH)  
Cincinnati, OH

**Bonnie Haupt, DNP, RN, CNL, CHSE**

Clinical Nurse Leader  
South Texas VA Healthcare System  
San Antonio, TX

**Deborah Harrison, RGN, PGCVR, PGDip. PMH, PG  
Dip.Stress Management**

A1 Risk Solutions  
Cheshire, UK

**Kenneth Harwood, PhD**

Director of Health Care Quality Initiatives—Program of  
Clinical Research and Leadership  
Director of Research—Program in Physical Therapy  
The George Washington University  
Washington, DC

**Laurel Helfen-Lardent, OTR/L, MHA, CEAS, CSPHP**

Manager  
Injury Prevention, Worker's Compensation and Wellness  
Dignity Health | St. Rose Dominican Hospitals  
Henderson, NV

**Debbie Slack Katz RN**

Corporate Director Safe Resident Handling  
Genesis HealthCare

**Renée Kielich, RN, CSPHP**

Safe Patient Handling and Mobility Program Services  
Director  
Hill-Rom Inc.  
Batesville, IN

**Andreas (Andy) Kraft, RN, C, BSN**

Safe Patient Handling Specialist  
Robert Wood Johnson Hospital  
RWJ Barnabas Health System  
New Brunswick, NJ

**Dee Kumpar, RN, BSN, MBA, CSPHP**

SPHM Market Development  
Hill-Rom, Inc.

**Rebecca Larson**

Patient Care Manager  
Altru Health System  
Grand Forks, ND

**Judi Manwell, RN, MSN, BC**

Education Program Coordinator  
Cedars Sinai Medical Center  
Los Angeles, CA

**Marie Martin, PhD**

Safe Patient Handling and Mobility Coordinator  
VA North Texas Health Care System  
Dallas, TX

**Mary W. Matz, MSPH, CPE, CSPHP**

President  
Patient Care Ergonomic Solutions, LLC  
Tampa, FL

**Nancy McGann, PT, CSPHP**

System Manager of Ergonomics  
SCL Health Colorado and Montana Health System  
Denver, CO

**Joe McGettigan, MEd, CPE**

JA Montgomery Risk Control  
Marlton, NJ

**Jennifer McIlvaine, PT, MSPT, CSPHA**

Safe Patient Handling Specialist and Senior Physical  
Therapist, Duke Health  
Durham, NC

**Kelly Moed, MSN, RN-BC, CSPHP**

SPH Education and Training  
Staten Island University Hospital  
Northwell Health Care System  
Staten Island, NY

**Heather M. Monaghan, MHSc, RN**

Editor-in-Chief  
International Journal of Safe Patient Handling &  
Movement  
President/CEO Visioning Healthcare Inc.  
Sarasota, FL

**Manuel Montero-Odasso, MD, PhD, AGSF, FRCPC**

Gait and Brain Lab  
Division of Geriatric Medicine  
University of Western Ontario  
London, Canada

**Kari A. Mozell, CWCMS**

Mobility Specialist  
Liko/Hill-Rom  
Torrance, CA

**Esther Murray, RN, MSN, COHNs, CSPHP**

Safety Management Consultant  
The MEMIC Group  
Weehawken, NJ

**Renee Neidhardt, MSN, RN-BC**

SPHM Coordinator/Clinical Nurse Educator  
Charlie Norwood VAMC  
Augusta, GA

**Amber Perez, MHA, ADN, CSPHP**

Director of Clinical Services  
Wy'East Medical  
Clackamas, OR

**Gail Powell-Cope, PhD, ARNP, FAAN**

Tampa Site Director  
HSR&D Center of Innovation for Rehabilitation Research  
and Development  
Tampa, FL

**Jan Powers, PhD, RN, CCRN, CCNS, NE-BC, FCCM**

Director of Nursing Research and Professional Practice  
Parkview Health  
Fort Wayne, IN

**Eric L. Race**

President and Founder  
Atlas Lift Tech  
San Ramon, CA

**Kathleen Rockefeller, PT, SCD, MPH**

Professor Physical Therapy  
Research Coordinator, Physical Therapy  
Nova Southeastern University  
Tampa, FL

**Patricia Rodrigue, RRT-NPS/AS Respiratory Care**

Respiratory Educator  
Robert Wood Johnson University Hospital  
New Brunswick, NJ

**Seun Ross, DNP, MSN, CRNP-F, NP-C, NEA-BC**

Director, Nursing Practice & Work Environment  
American Nurses Association  
Silver Spring, MD

**Deborah Rugs, PhD**

Research Health Science Specialist  
Center of Innovation for Rehabilitation Research and  
Development, Tampa, FL

**Lynn Salazar, MSN, RN**

Fall Program Coordinator  
South Texas VA Healthcare System  
San Antonio, TX

**Christina Squires, MSN, RN, PHN, CSPHP**

Safe Patient Handling and Mobility Program Coordinator  
Dignity Health  
Nippomo, CA

**Anna "Kay" Steadman, MA, OTR, CHSP**

President  
Essential Ergonomics and Safety Specialists  
Austin, TX

**Sandy Swan, RN, BSN, MS, COHN-S/CM, CEAS, CSPHP**

Program Manager  
Occupational Health and Ergonomics  
BJC Healthcare/BJC Learning Institute  
St. Louis, MO

**Laura Szymczak, BS**

Supervisor, Patient Care Equipment Department  
Robert Wood Johnson University Hospital  
New Brunswick, NH

**Luann Tammany Tribus, PT, MBA**

SVP Clinical Strategy & Innovation  
Remedy Partners  
Bradenton, FL

**Rhonda Turner, RN, BSN, CSPHA**

Banner Health  
North Colorado Medical Center  
Greeley, CO

**Ronnie Turner, CNA, CSPHA**

Banner Health  
North Colorado Medical Center  
Greeley, CO

**Patricia Wawzyniecki, MS, CSPHP**

Safety Programs Manager  
HoverTech International  
Allentown, PA

**Jo-anne Webb, MSc, PGCAP, Dip COT, ROT, FHEA**

Directorate of Occupational Therapy  
University of Salford  
Salford, UK

**Neal E. Wiggermann, PhD**

Special Research Scientist  
Human Factors and Ergonomics  
Hill-Rom  
Batesville, IN

**Kent Wilson BS, CIE, CSPHP**

Safety Programs Manager  
HoverTech International  
Rochester, MN

**Sandra L. Winkler, PhD, OTR/L**

Center of Innovation for Disability and  
Rehabilitation Research  
Supervisory Health Science Specialist  
Tampa, FL

**Laurette R. Wright, RN, BSN, MPH, COHN-S, CSPHP**

Safety Management Consultant  
The MEMIC Group  
Tysons Corner, VA

**Yeu-Li Yeung, OT/L, CPE, CSPHP**

Patient Safe Ergonomics Coordinator, Ergonomics Division  
Occupational & Environmental Safety Office  
Duke University/Duke Health  
Durham, NC

**Heather M. Young, PhD, RN, FAAN**

Dignity Health Dean's Chair for Nursing Leadership  
Associate Vice Chancellor for Nursing  
Dean and Professor Betty Irene Moore School of Nursing  
University of California  
Davis, CA

**Myrna Young, MSN, RN, CNOR**

Nursing Education Specialist  
Robert Wood Johnson University Hospital  
New Brunswick, NJ

## Session Descriptions (In Alphabetical Order)

**ANA's 360 Degree View of Safe Patient Handling (Panel Discussion):** The ANA has developed and maintained the Safe Patient Handling and Mobility National Interprofessional Standards that are designed to infuse a stronger culture of safety in healthcare work environments and provide a universal foundation for policies, practices, regulation and legislation to protect patients and healthcare workers from injury. Due to the current healthcare climate, there is an opportunity to integrate patient safety initiatives. Healthcare workers often face multiple, concurrent initiatives aimed at improving care and safety of patients. Combining SPHM, Early Mobility and Fall Prevention initiatives into one comprehensive program can help remove the apathy, indifference and poor compliance for the benefit of the patient, healthcare workers and the hospital/organization.

**Ambulating Patients—Nursing Focused Program:** This presentation will cover the progress the Ambulation Workgroup at Altru Health System in Grand Forks, ND has made during the past year. The Ambulation Workgroup is focused on identifying barriers and coming up with solutions to improve patient ambulation, including having nursing take greater ownership of ambulating patients throughout the day. Staff involved in the workgroup are inpatient nurses and aides working in partnership with inpatient rehab. We understand how important ambulation is for better patient outcomes, including decreased risk of falls and length of stay, and are determined to make safe ambulation a priority for our patients. We are also focused on using the tools we have, and working smarter not harder. We want to improve quality patient care, as well as decrease employee injuries.

**Bariatric Modeling: Implications for Planning and Executing Care and Mobility:** This course explores the meaning of bariatric modeling in relation to space and design needs for the patient of size. This form of predictive modeling serves to guide healthcare professionals in methods to better plan and execute safe, quality bariatric care and mobility. ②

**Call Don't Fall: Implement a Culture of Safety and Cost Benefit Savings in your Fall Reduction Initiatives:** Falls and related injury continue to be a challenge for healthcare teams. Annually in the United States there are over 800,000 hospital falls. The monetary cost of falls estimated for Medicare alone totaled over 31 billion dollars. A single fall with a related injury is estimated to cost a facility over \$30,000 dollars. It is important to identify gaps and conduct root cause analysis and system re-improvements related to trends occurring in the units or with individual patients. Interprofessional teams are focusing not only on the cost savings but the many physiological and psychological effects on patients and families associated with the fall.

**Creating a Meaningful Safe Environment: The Why and How to Sustain SPHM Programs for Caregivers and Patients:** This course seeks to provide evidence to sustain SPHM initiatives. It will explore how facilities view individual and facility safety mandates for both patients and caregivers to influence their decision making for SPHM programming. ④

**Challenges and Solutions for Home Health Setting (POST-CONFERENCE):** The Home Health setting represents one of the most difficult settings in which to promote safe patient handling. The projections for the next 5 years predict dramatic growth in the numbers of home health patients. While hospitals are discharging patients sooner, they are sicker. The patient at home is cared for by home health staff but family members are also at risk. This session will present the hazardous patient handling tasks, a home health assessment and tools for promoting safety. These tools can benefit both family members and home health staff, keeping everyone safe. The objectives of this session would be to: 1. Identify need and challenge for SPH programs in Home Health settings; 2. Review hazards in the physical environment; 3. Review hazardous patient handling tasks; 4. Discuss methods for safety discussions to facilitate safety for everyone; 5. Develop an action plan for use on returning to facility. ④

**Emergency Technology Solutions** Responders and caregivers in emergency medical situations face unique situations and challenges during patient handling and treatment. This presentation will include a brief overview of these hazards and the ergonomic risks, injuries and costs experienced by emergency department personnel and first-responders in pre-hospital and hospital environments. The evolution and development of current technology to eliminate manual handling during emergency evacuation, transport and care will be explored. A case study will be reviewed and questions from attendees will be addressed. ④

**Establishing SPHM Roots: Nurturing Facility to System-Wide Growth:** Empowering participants to move within your scope to promote the 8 ANA SPHM standards from facility to system wide. Taking a bedside vision of an engaged culture of

safety and a comprehensive SPHM program to sustainable implementation across the continuum of care. The time is now to get those roots planted and growing across the nation one facility at a time. ④

**Evaluating Usability of Safe Patient Solutions/Early Mobility:** Progress in the implementation of safe patient handling technology has been hindered by a number of obstacles and barriers. One of the primary barriers identified has been the perceived and real difficulty encountered when applying this technology in the patient care environment. This session will present a method of how the usability of a safe patient handling solution can be evaluated and how this method was applied in an actual clinical research study to compare two current approaches to patient repositioning to achieve early mobility of ICU patients. ④

**Hands on Experience with the Latest Safe Patient Handling Equipment (PRE-CONFERENCE):** This Pre-Conference provides a tutorial and opportunities to gain experience in the newest patient handling technologies as it related to the patient's independence level. This program will be most helpful for direct care providers as well as educators, safety staff safety peer leaders. Participants will rotate through 4 unique stations over the course of this workshop. Following the station rotation there will be scenario based group activity for debriefing and a panel question and answer session. Wear attire and footwear that lets you actively participate! ④

**How to Decrease Ergonomic Stress while Bathing a Patient in Bed:** The effects of cleansing healthcare recipients using a new bathing technique were studied in The Netherlands using a pre-post study design. This cleansing method provides a full body wash with pre-heated bathing gloves impregnated with a special cleansing liquid and skin softening lotion. The research questions of this study explored the efficiency of their use and the effects on and experience of healthcare recipients and caregivers. Ergonomically, outcomes related to dynamic loads (repositioning tasks) and static loads (postural) were obtained. This bathing technique may provide additional preventive routes for reducing occupational exposure in nursing practice without compromising the quality of care. ④

**Implementation of the BMAT Process: Pre and Post Comparison:** In today's healthcare there are many variations in the delivery of patient care. There is a need to standardize care delivery to reduce complications and to improve patient outcomes. In order to promote enhanced standard mobility assessment practice, several hospitals within an integrated delivery network analyzed the effect of compliance once a mobility assessment tool was implemented as a required field in the EMR. ④

**Innovative Strategies in Developing a Cutting Edge SPHM Program Part 1:** This presentation will explore unique and innovative strategies that will propel SPHM initiatives to the forefront and create a cutting edge SPHM program. Useful, realistic, efficient and cost effective approaches which include: system wide inclusion and interdisciplinary collaboration from clinical and non-clinical staff, incentive programs, staff empowerment, conceptual framework used as roadmaps (which include the American Nurses Association's (ANA) magnet program and SPHM standards, New Jersey Department of Health regulations, Maslow's Theory on Human Hierarchy of Needs, Professional Advancement System, Empowerment Theory, etc.), alternative funding for SPHM equipment via grant application and donations, and practical tools used to achieve the program's objectives will be discussed at length. This session will also present years of statistical data that will demonstrate a reduction in employee injury and cost for the organization through the implementation of various innovative strategies. ④

**Innovative Strategies in Developing a Cutting Edge SPHM Program Part 2:** This presentation will explore unique and innovative strategies that will propel SPHM initiatives to the forefront and create a cutting edge SPHM program. Useful, realistic, efficient and cost effective approaches which include: system wide inclusion and interdisciplinary collaboration from clinical and non-clinical staff, incentive programs, staff empowerment, conceptual framework used as roadmaps (which include the American Nurses Association's (ANA) magnet program and SPHM standards, New Jersey Department of Health regulations, Maslow's Theory on Human Hierarchy of Needs, Professional Advancement System, Empowerment Theory, etc.), alternative funding for SPHM equipment via grant application and donations, and practical tools used to achieve the program's objectives will be discussed at length. This session will also present years of statistical data that will demonstrate a reduction in employee injury and cost for the organization through the implementation of various innovative strategies. ④

**International SPHM Symposium (IPPE FORUM): Selected Topics:** 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 U.S. The presentations will provide insight into SPHM foci and research outcomes in countries that may include The



Netherlands, Sweden, Finland, the UK, and others. A call for international papers will be used to select presenters and topics. ④

**It Takes a Village (PRE- and POST-CONFERENCE):** This 2-day/14-hour workshop provides SPHM novices working in the acute care, long term care and/or community setting with the basic knowledge and skills required to implement a SPHM program at his/her facility. Day 1 is an eight-hour Pre-Conference. Day 2 is a six-hour Post Conference. A workbook will be provided to each participant. Sponsored by the Association of Safe Patient Handling Professionals (ASPHP) ①

**Making Safe Patient Handling and Mobility Universal in Healthcare: Changing the Hearts and Minds of the Healthcare C-Suites of the Nation:** The importance of your program to executive leadership is a critical factor in successfully launching implementing, and sustaining it. We discuss how to think about and ensure that your SPHM program is regarded and seen by leadership as strategically important, drawing on lessons and learnings from SPHM programs at Stanford, the VA, and Ascension Health. ④

**Measuring Effectiveness of SPHM Training Programs:** This session will explore the development and evaluation of the SPHM training program implemented in an academic medical center over the past 8 years. The various strategies and tools used to design, implement and measure transfer of training and lessons learned will be shared. How training was customized to suit staff from various disciplines and working in adult and pediatric care units, support service departments and outpatient settings will also be discussed. ②

**NIOSH/VA Study of Bariatric Patient Handling: Study Methods and Preliminary Findings:** This presentation will describe research conducted at five Veterans Administration (VA) hospitals to study patient handling, with added focus on the handling of bariatric patients, i.e., “patients of size.” The study was conducted collaboratively by researchers from the National Institute for Occupational Safety and Health (NIOSH) and the VA. The presenters will provide a basic description of the methods used to collect information from hospital records and worker surveys, noting some challenges along the way. Extraordinary collaborative efforts were made to provide standardized data across multiple units at different hospitals. This approach enabled quantitative analyses of several factors related to hazards and safety interventions in handling patients of all sizes. This presentation provides the first opportunity for the researchers to begin disseminating results from this study. They will present preliminary findings on a small number of factors (e.g., patient weights, worker injury rates, etc.). Some notation and details regarding statistical analyses will be provided, however the methods and results will be described and presented graphically in a manner that should be understandable to non-researchers. ③

**Online Training Resource to Engage the Heart and Mind in Dignified and Safe Patient Handling Practice:** Safe patient handling is intrinsic to many health care professions as part of assessment and intervention. The provision of education and training in safe patient handling is inconsistently delivered negatively impacting patient and carer safety. In contrast, effective transformation of practice can be expensive to deliver and maintain skill levels, with the additional difficulties associated with transforming thinking to accept safer practices. An ongoing study at The University of Salford, UK provides an evidence base supporting the effectiveness of competency assessment alongside a web based learning system to increase skills, reduce errors and increase safety in a range of safe patient handling tasks. The results offer an innovative and cost effective solution to engaging health care practitioners and caregivers in developing safe patient handling skills and promoting this philosophy throughout a range of health and social care provision. In addition to discussing the significant findings, delegates will be able to consider how this unique system could impact the future of safe patient handling when using a competency assessment framework to facilitate change in both the hearts and minds of caregivers. ④

**Pathways for Achieving Universal Safe Patient Handling in Healthcare:** This session will provide a historical perspective on the progress made to date in changing the healthcare industry from one that assumes manual patient handling to a vision of one where SPHM (including technology, system of education, and supports) is accepted practice. Barriers will be discussed for a culture change in healthcare that fully support SPHM including but not limited to financial considerations of prevention and cost of healthcare worker injuries, the silo effect of patient safety and worker safety, and lack of attention to ethical arguments. A public health perspective will be used to light the way forward for achieving universal SPHM including attention to patient mobility, forming partnerships with stakeholders, and collaboration and cooperation among healthcare workers, administrators and leaders, equipment manufacturers,

professional organizations, government agencies, educators, consumers and others. Finally, a coalition strategy for working toward universal SPHM will be described and progress made in the first year during preformation and formation stages. ④

**Repositioning: The Last Frontier in Safe Resident Handling in Long Term Care:** Research has shown the patient/resident repositioning task as one of the highest risk activities related to musculoskeletal injuries in all occupations. Yet many of our patients/residents require frequent repositioning due in part to the increased severity and complex medical conditions and care that is required. This is the story of how an organization over a span of 10 years has matured from the use of draw sheets to the creation of a six product plus guideline for moving their patients/residents. ④

**Safe Patient Handling and Mobility (SPHM) is Contagious: How 'Infecting' One Nurse at a Time Led to a Change in Practice:** This session will describe the methods used for the implementation and sustainability of a large academic medical center's SPHM program. Discusses successes and failures, from establishing nursing oversight over a lift team and changing culture around nurse-directed SPHM, and a facility goal to empower nursing staff to use equipment rather than manually move patients. ④

**Safe Patient Handling and Mobility 101 (PRE-CONFERENCE):** Appropriate for newcomers and attendees who have a rudimentary understanding of safe patient handling and mobility and want to develop their skills and understanding in this area in more depth. Basic concepts of ergonomics and program development and implementation will be discussed including how primary risk factors such as exertion, frequency, and posture contribute to occupational risks to health care workers. Safe patient handling problems will be defined from an ergonomic perspective and solution strategies suggested. Participants will learn the basics to begin a safe patient handling and mobility program including risk identification and assessment, risk analysis, formulation of recommendations, implementation strategies and measurement. An overview of current solutions available will be presented demonstrating how ergonomics is applied to reduce risk. This workshop will prepare attendees to investigate solutions and program development in more depth at the main conference. ④

**Safe Patient Handling and Mobility Technologies in Rehabilitation to Improve Patient Mobility and Function:** This presentation reports on a Quality Improvement project conducted in the VA healthcare system determining the common and innovative practices for the use of Safe Patient Handling and Mobility (SPHM) technologies in rehabilitation. The overarching goal is to identify the scope of practice using technology in therapeutic rehabilitation. The project uses a photo-narrative methodology and an advisory board. ④

**Safe Patient Handling and Mobility: Where we have been, Where we are and Where are we going:** This session will present the history of safe patient handling and mobility in the United States and discuss the research which has contributed to building the evidence base. Dr. Guy Fragala who received the 2017 Bernice Owen Safe Patient Handling and Mobility Research Award and who has been one of the pioneers in this area will share his experiences and tell of his work with others who have been important in building the foundation. Thoughts about the status of Safe Patient Handling and Mobility will be discussed along with what directions might be taken in the future to help make best practices in safe patient handling and mobility universal in healthcare. ④

**Single-Handed Care: Practical Solutions to Reduce the Number of Caregivers for Complex Tasks:** This practical workshop will give the delegates confidence and an experience of some techniques and equipment used in single - handed care. Will we have enough caregivers to care for our ever-increasing ageing, ill and elderly population? Can we afford not to find a solution to the looming crisis? A different strategy has been adopted across the UK and Europe to avert this crisis, referred to as "single-handed care". Providing care in a variety of settings is expensive and difficult to coordinate. Research is available to show that this strategy has made significant monetary savings and solved problems associated with increased demand and limited availability of caregivers. There are several barriers and key strategies that work. With the right knowledge, skills and experience of the different techniques used in conjunction with the correct equipment, the workforce can work safely and effectively. Therefore, often reducing the requirement for two carers. ④

**SPHM for Ambulatory Settings: Practical Tools for Program Implementation and Equipment Application:** Many acute care settings and long-term care facilities have implemented SPHM programs to enhance safety for healthcare workers (HCW) and patients. Ambulatory settings, however, have unique administrative and operational structures which

impact implementation of a SPHM program. This workshop will provide practical tools and ideas tailored for ambulatory SPHM program from the perspectives of SPHM coordinators/ergonomists and a nursing leader. These will include development of a business plan, policy and protocols, non-traditional ideas to obtain equipment, key elements required for continued training and supply needs, lessons learned, and equipment applications via videos and hands-on demonstration. ④

**Success in Competencies: (POST-CONFERENCE)** Ongoing competency and verification progresses will be presented with a hands-on approach in a group setting using technology and interactive leadership skills. Upon completion, the learner will be able to: 1. Identify leadership skill needed to communicate effectively in the competency process. 2. Identify personal competency level and needs. 3. Identify gaps in competency with regard to technology. ④

**SPHM in Rehabilitation: Where is the Evidence?** Rehabilitation professionals have experienced high rates of musculoskeletal injuries while performing therapy tasks. There has been, however, a reluctance for widespread adoption of SPHM programs within occupational and physical therapy. A major reason for the lack of SPHM program implementation in rehabilitation is the absence of evidence. The purposes of this session are to 1) report on two recently completed systematic reviews of the evidence investigating the effect of SPHM programs on patient outcomes and therapist injury prevention, 2) discuss plans for establishing a research agenda focusing on the priority areas of research; and 3) engage the audience in a brainstorming session to generate research needs and ideas. ④

**Thinking Outside of the SPHM Box: Creative Solutions for Complex Patients:** Often healthcare workers are confronted with unique and challenging patient circumstances and must not only rely on critical thinking skills, but also require creative thinking skills of SPHM applications in non-traditional methods. This presentation will allow the attendee exposure to alternative solutions for safe delivery of care in order to achieve the necessary and desired clinical outcomes. This session will also allow the attendees hands-on experience and encourage creative thinking with SPHM applications. ②

**Thorough Integration of the Bedside Mobility Assessment Tool (BMAT) through Case Studies:** This session will begin with a live demonstration of the bedside mobility assessment tool and then present and demonstrate several case studies to allow the audience to better understand the critical thinking skills needed when performing this clinical assessment. Examples of this will include that BMAT with patients who have limb amputations, stroke, cognitive or behavioral concerns, weight bearing limitations and other considerations that require adaptation of the tool while maintaining its reliability and validity. Education on the complex integration of several risk tools including skin, fall and mobility will be performed due to the common confusion often seen after roll out of the BMAT. ④

**What Equipment Does My Facility Really Need? Ergonomic Hazard Assessments Provide Answers?** Selecting the appropriate type and number of patient handling equipment is crucial to patient safety, mobility, and quality of care; caregivers' safety and morale; and ensuring organizational purchase decisions are cost-effective. However, many purchases are not well thought-out or use any standardized or reliable method to make equipment selection decisions. This presentation relays a tried and true Patient Care Ergonomic Evaluation that will assist you and your organization in making good business decisions when purchasing patient handling equipment as well as provide recommendations for programmatic changes to support SPHM equipment use and programs. ④

**When Over 1,200 RNs Talk--Why We Should Listen! Field Results and Lessons Learned from SPHM Audits of 50 Hospitals Representing Over 12,000 Beds and Over 1,200 Nurses:** Insights from over 1200 RNs in 50 hospitals along with other SPHM assessment data will be presented in the first half of this session. Practical recommendations for attendees to consider implementing based on evidence from these audits will then be presented. Other summary data will include findings about the work environment, equipment levels and accessibility, injury data and W/C costs as well as tasks that contribute to the most injuries and where these injuries are occurring most often. Methods to prioritize and implement solutions to close program gaps, based on the audit findings will be presented, as well as the value, necessity and required elements of program audits. ③