

Soteria Strains

Safe Patient Handling and Mobility Program Guide

Section 2 – Identifying Hazards and Assessing Risk

Section 2.2 – Unit Assessment

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STRAINS

A provincial strategy for healthcare workplace musculoskeletal injury prevention.

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Section 2.2 – Unit Assessment

Introduction

Unit assessments are critical to ensure appropriate control measures are in place to reduce the risk of patient handling and mobility related injuries. Unit assessments are completed to identify hazards and assess the risk associated with those hazards. The unit assessment includes identifying organizational factors that influence injury risk as well as prioritizing all patient handling and mobilization tasks done on the unit according to the risk associated with those tasks. When hazards have been identified and prioritized, controls to mitigate the risk of those hazards are identified and implemented. Please refer to program guide “Section 3 – Controls” for additional information on how to identify and implement controls.

Units should be assessed in order of priority. Please refer to program guide “Section 2.1 - Identifying Priority Areas” for further information on prioritizing units.

Completing the Unit Assessments

The unit assessment is best done with a combination of people: some who have ergonomic expertise and some with direct knowledge of the tasks, equipment, and environments being evaluated. The size of the assessment team will vary depending on the environment, the resources available, and the schedules of the people involved. Typically, team members will come from nursing, physical / occupational therapy, diagnostic imaging and occupational health and safety; however, other support workers such as porters, maintenance staff, and environmental services personnel often provide valuable insights/solutions and should be considered when selecting the team.

It is critical that the assessment team work closely with both managers and health care workers of the affected units to give context to their observations. Maximizing input and participation from individuals engaged in the work on a day-to-day basis is essential in identifying hazards and effectively implementing controls.

Frequency

Regular reviews of facilities and identification of hazards are critical components of the risk assessment process and should be done at least once a year. In addition, unit assessments should be conducted in any of the following situations:

- **New Equipment Purchase**
Unit assessments should be completed / reviewed prior to any new equipment purchase that could change physical demands or have an impact on patient handling and mobility tasks.
- **Facility Design Modifications**
Unit assessments should be integrated into the design-modification process and should be completed / reviewed after any change that may impact the physical demands of work including patient handling and mobility tasks.

Refer to program guide “Section 3.5 – Key Design and Installation Specifications” for further information when planning new facilities or renovations.

- **Change in Job Tasks**

Unit assessments should be completed any time there is a significant change in how the work of the unit is carried out. For example, unit assessments should be completed when new treatments or protocols that may affect patient handling and mobility tasks are being planned / implemented, or significant administrative changes are made such as work flow/load.

- **After Controls are Implemented**

Actions taken as a result of a unit assessment require a follow-up review to ensure identified hazards are appropriately controlled and no new hazards have been introduced. This should be considered part of the continuous improvement cycle. For information on evaluation and continuous improvement refer to the program guide, Section 1.3 – Evaluation.

Completing a Unit Assessment

Step/Activity	Tools
1) Pre-site visit activities <ul style="list-style-type: none"> a. Gather information prior to site visit (characteristics and injury/incident data) b. Send materials to unit (introductory memo, surveys, schedule for visit) 	Appendix 2.2.1 – Unit Hazard identification, Risk Assessment, and Control Template Form Appendix 2.2.2 – Workplace Risk Questionnaire
2) Site visit activities <ul style="list-style-type: none"> a. Unit tour b. Opening conference c. Observations d. Review data and Select Controls e. Closing conference 	Appendix 2.2.3 – Sample Unit Assessment / Site Visit Activities Checklist Appendix 2.2.4 – Sample Unit Visit Schedule Appendix 2.2.5 – Common controls recommended to control high risk tasks
3) Post-site visit <ul style="list-style-type: none"> a. Gather further information (if required) b. Further research (if required) c. Generate, distribute for feedback and finalize report d. Follow-up on implementation of recommendations 	Appendix 2.2.6 - Patient Handling and Movement Task Inventory Appendix 2.2.7 – Task Observation Checklist

Step 1 – Pre Site Visit Activities

1a - Gather information prior to site visit

Once priority units are identified (see program guide “Section 2.1 – Identifying Priority Areas”), the risk assessment team can obtain data to identify high-risk tasks. Gathering information prior to the site visit will allow the team to be more effective and efficient. This data should include:

- unit characteristics:
 - typical patient profile
 - staffing complement/scheduling data
 - safe patient handling and mobility equipment inventory
- detailed injury data
- known space and workplace layout issues
- equipment maintenance and repair information

This data should be used for prioritization of activities during the site visit. Much of the information may be generated during the identification of priority units, review of documentation, and phone interviews with managers and/or senior staff familiar with the unit. This can be documented in sections 1-5 of the Template Unit Assessment Form in Appendix 2.2.1.

1b - Send materials to unit

To improve participation and effectiveness for the unit assessment it is helpful to provide information to prepare the unit for the visit. Using existing communication methods that are known to be effective for the unit is important and the unit manager and/or team lead will be the best resource in deciding the best approach for disseminating information. Unit managers should be provided with materials such as an introductory memo, a schedule of activities for the site visit, and survey questions should be forwarded to the unit manager or representative for distribution prior to the visit. See appendix 2.2.3-4 for samples.

Step 2 – Site Visit

2a – Unit Tour

Introducing the assessment team to the unit with a brief tour is very valuable. It will allow them to become familiar with the physical space as well as gain a better idea of the design, flow, and overall goals/activities of the unit. It should be led by a senior, knowledgeable member of the unit and/or the unit manager. This tour does not need to be extensive at this point; however, it can provide an initial opportunity to begin confirming patient handling and mobility equipment inventory, location, accessibility, and more.

2b - Opening Conference

The unit participating in the assessment should be made aware of the schedule in advance of the site visit. The opening meeting should involve participation from as many team members as feasible and should include the following:

1. Introduction of the assessment team members.
2. Review of the role of the assessment team and engagement of the unit team members in the process.
3. Review of the site visit schedule.
4. Review of the assessment goals.
5. Identification of organizational processes and factors that influence risk of musculoskeletal injury (refer to section 6 [Workplace-Risk Questionnaire] of the hazard identification and control form in appendix 2.2.1).
6. Completion of the Patient Handling and Mobilization Task Inventory in Appendix 2.2.6) including:
 - a. Identification of patient handling and mobilization tasks performed on the unit
 - b. Assessment of the relative risk of the patient handling and mobilization tasks
 - c. Initial prioritization of the handling and mobilization tasks based on risk.
 - d. Capturing ideas from health care workers that may potentially be viable controls to minimize the risks¹

As with many group activities it is important during completion of the high risk task inventory that the environment is conducive to participation and all health care workers present are encouraged to share their thoughts and participate in the discussion. During the observation step these topics can be revisited in one-to-one conversations with individual health care workers to help elicit more information and/or perspectives on the risks and potential controls.

2c – Observations

Direct observation of patient handling and mobility tasks is important to ensure the assessment team has an understanding of the hazards associated with those tasks. Particular attention should be paid to the list in patient handling and mobilization task inventory as well as tasks identified during the opening conference. A checklist such as the Task Observation Checklist in Appendix 2.2.7 is helpful when observing patient handling and mobility tasks.

¹ While the primary intent of the site visit is to identify high-risk tasks and assess the risks related to these tasks as part of identifying priorities, often viable solutions to issues are suggested by health care workers during the interviews and observations. These should be documented and later reviewed during the identifying controls step (see “Section 3 – Identifying and Implementing Controls”). Organizations may choose to schedule more time to discuss controls during the site visit; however, many sites will require further investigation to identify viable controls anyway.

Potential controls may also become apparent at this stage and should be documented. Often non-clinical observers provide especially helpful observations and/or solutions at this stage due to their different perspectives and backgrounds.

Confirmation of the inventory including patient handling and mobilization equipment and its location, accessibility, and condition can be completed at this time if not done during the initial tour.

2d – Review Data and Select Controls

The assessment team should take an opportunity to review information collected prior to the visit (survey information, injury and incident data), during the opening conference (patient handling and mobility tasks inventory), and during observations (task observation checklist, other notes). Identified issues/high risk tasks should be prioritized based on risk and logical implementation order. A plan of action should be documented to share with the participating unit taking into consideration what controls may be implemented in the short, medium, and long term.

2e - Closing Conference

The closing conference is an opportunity for the assessment team to review the information gathered during and prior to the visit as well as the tentative plan they have documented with the participating unit. It is an important step in ensuring that all relevant information has been collected and interpreted correctly. As well it is important at this stage to ensure that expectations are properly managed so that the unit does not anticipate immediate action and activities that may not be feasible for the organization to complete at that time.

3 - Post-site visit

3a - Gather further information (if required)

Occasionally assessment teams will need to follow up and gather further information (overtime data, patient safety outcome, etc). This should be collected as soon as possible after the visit. The nature of this information will come directly from the assessment results.

3b - Further research (if required)

Occasionally assessment teams will need to follow up and research solutions to issues/hazards that may not have readily available solutions/controls. This research should be completed as soon as possible after the visit. The nature of the research questions will come directly from the assessment results. Research into some issues may take considerable time. If a solution is not readily available it should not delay reporting on and implementation of controls/solutions for other hazards/issues.

3c - Generate, distribute for feedback and finalize report

A draft report should be distributed to the unit manager and health care workers for any further input. Implementation of simple, straight forward solutions does not need to wait on reports. A final report should be generated after an appropriate time frame to allow for further input.

3d - Follow-up on implementation of recommendations

Recommendations must be followed up to ensure adequate implementation and evaluation. The time line for follow-up will be determined based on the expected timelines for each recommendation (short, medium, or long term).

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Appendix 2.2.1 –Template Unit Assessment Report

Executive Summary:

A Unit Assessment to identify Hazards and evaluate risk associated with patient handling tasks was completed on [Assessment date]. The assessment team included [Assessment team]. The assessment reviewed processes (inventory control, training, communication, etc), environment (equipment availability and accessibility, room size etc), clinical context (typical patient care activities, challenges and successes) as well as patient handling and movement activities. Approximately [# of participants] of the unit's [# of staff] health care workers participated in the assessment representing [professions/positions represented]. Hazards were identified and prioritized by these healthcare workers. High risk tasks were observed by the assessment team when possible. Incident and injury data was reviewed as part of the assessment process.

Overview of Recommendations

[brief description of recommendations]

Training for health care workers and other administrative controls were also recommended and detailed in the following report

Summary of Equipment Recommended

[#] Ceiling Lifts

[#] Mobile Lifts (Sling)

[#] Mobile Lifts (Sit-Stand)

[#] Air-assisted lateral transfer devices

Friction reducing devices:

[#]breeze sheets

[#]transfer boards

[#]SAGE system

Unit Description:

General Information:					
Assessment date:		Assessment Team:			
Completed by:					
Facility/Location:					
Organization/Zone:					
Unit:		Phone:		Manager:	
				Phone:	

Patient Population:				
Patient Population Served:				
Patient Age Range:	<input type="checkbox"/> Neonates	<input type="checkbox"/> Pediatric	<input type="checkbox"/> Adult (16-64 years)	<input type="checkbox"/> Geriatric (65+)
Type of Care:	<input type="checkbox"/> Acute	<input type="checkbox"/> Long-Term	<input type="checkbox"/> Residential	<input type="checkbox"/> Community
Range of Patient Mobility:	Other Notes:			

Staffing:			
# of Staff Assigned to Unit (include casual):	# of Staff participated in assessment:		
	Day	Evenings	Nights
RN			
LPN			
PCW/CCA			
PT			
OT			
Other			

Administrative Controls

Recommended for specific tasks:

Control	High Risk Task/Hazard Addressed	Priority Rank	Additional Information/Rationale

Training Recommended:

Other Administrative Controls Recommended:

Tasks not addressed or requiring further study

Task	Exposure score	Priority Rank	Additional Information/Rationale

Signature page

Unit Manager

Lead Assessor

Assessment Team Member

Assessment Team Member

Assessment Team Member

Date of Report

Appendix 2.2.2 – Workplace Risk Questionnaire

Workplace risk questionnaire results:		Score:				
The questions below help rate your current position and identify issues and priorities for action. Please score each question on a sliding scale with 1 being the lowest risk (almost always done or action completed) and 5 the highest risk almost never done or no action taken).						
Process	Almost Always - Almost Never					
	1	2	3	4	5	
Do admission procedures include addressing patient handling and movement issues?						
Are patient risk profiles and safe handling and movement plans completed?						
Are copies of patient risk profiles/handling and movement plans available to all required health care workers?						
Do patient risk profiles accompany patients when transferred?						
Are safe patient handling and movement performance measures included in appraisals?						
Are there procedures for staff that are non-compliant with safe patient handling and movement procedures?						
Are there patient handling and movement procedures for emergency situations?						
Is staff input sought before and after making changes?						
Total Process Score:						
Staffing	Almost Always - Almost Never					
	1	2	3	4	5	
Is there always a full complement of staff?						
Do employees have a comprehensive level of clinical experience?						
Do health care workers take regular breaks?						
Are workloads manageable and the pace of work reasonable?						
Is there access to a safe patient handling and movement adviser (peer champion and/or program coordinator)?						
Do all healthcare workers know where to get advice on complex handling and movement situations?						
Are health care workers involved in planning and feedback for safe patient handling and movement?						
Are staff encouraged to report conditions that may limit their ability to handle and move patients?						

Is modified work provided for health care workers with limiting conditions?					
Total Staffing Score:					
Training	Almost Always - Almost Never				
	1	2	3	4	5
Have all health care workers completed basic safe patient handling and movement training?					
Is additional training provided for handling and moving patients with specialized needs?					
Do new health care workers receive basic safe patient handling and movement training during induction?					
Do healthcare workers attend annual refresher training?					
Total Training Score:					
Communications	Almost Always - Almost Never				
	1	2	3	4	5
Do patients (and families) receive information on safe patient handling and movement?					
Is your safe patient handling and movement policy displayed in the ward or unit?					
Do staff know the policy and follow the defined procedures?					
Total Communication Score:					
Tasks and Equipment	Almost Always - Almost Never				
	1	2	3	4	5
Do health care workers consider patient profiles before starting handling and movement tasks?					
Are only approved safe patient handling and movement techniques used for tasks?					
Are there enough health care workers to carry out handling and movement tasks?					
Are handling and movement tasks staggered (e.g. bathing patients over different shifts)?					
Are handling and movement tasks rotated between health care workers?					
Is sufficient time allowed to carry out handling and movement tasks?					
Are patient self-help techniques used to reduce handling and movement requirements?					
Do all health care workers know how to check and use the equipment properly?					
Are equipment needs regularly reassessed?					

Is there sufficient equipment for the staff and tasks?					
Are equipment and components regularly checked, repaired, and replaced?					
Are there sufficient resources to buy or rent new items as required?					
Average Task and Equipment Score:					
Facility	Almost Always - Almost Never				
	1	2	3	4	5
Is there sufficient space to perform tasks and manoeuvre equipment around beds?					
Are there good lighting and clear visibility for tasks?					
Are special lighting provisions made for night staff?					
Are floors non-slip, stable, and even?					
Are floor surfaces in good order?					
Are noise levels controlled so clear communication isn't hindered?					
Are walkways clear and free of clutter?					
Are facilities equipped to encourage patient independence?					
Is furniture stable, suitable, and adjustable to meet the needs of different patients?					
Do furniture surfaces and coverings facilitate safe patient handling and movement?					
If changes are needed, is there a plan and timetable to make the changes?					
Is expert design and ergonomics advice sought on changes?					
Is staff input sought before and after making changes to the facility?					
Have sufficient resources been allocated to make changes?					
Are procedures in place for safe patient handling and movement in specialized conditions (e.g. outdoors in varied climates or in high-traffic and pedestrian areas)?					
Total Facility Score:					

Scoring:

- A ranking of 1 - 2.9 indicates a lower level of risk.
- A ranking of 3 - 3.9 indicates a medium and possibly important risk.
- A ranking of 4 - 5 indicates a higher and possibly substantial risk and should be addressed immediately.
- The score can be totaled and tracked for a measure of progress as assessments are repeated at least once a year.

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Appendix 2.2.3 – Sample Unit Assessment / Site Visit Activities Checklist

Task		Complete	
Pre-Visit	Manager interview	Confirm date	<input type="checkbox"/>
		Record unit characteristics & contact information	<input type="checkbox"/>
		Provide schedule	<input type="checkbox"/>
		Confirm WiFi	<input type="checkbox"/>
		Request ancillary department attendance	<input type="checkbox"/>
		Share survey (Workplace Risk Questionnaire)	<input type="checkbox"/>
	Prepare materials	Print Sign in sheet	<input type="checkbox"/>
		Print Notes pages	<input type="checkbox"/>
		Tablet if available	<input type="checkbox"/>
Site Visit	Arrival	Unit Tour	<input type="checkbox"/>
	Staff Meeting	Introductions including backgrounds	<input type="checkbox"/>
		Setting expectations (why we are here & what we can do)	<input type="checkbox"/>
		Review Schedule	<input type="checkbox"/>
		Complete Patient Handling & Movement Task Inventory	<input type="checkbox"/>
		Request they complete the Workplace Risk Questionnaire	<input type="checkbox"/>
	Assessment	Room Measurements	<input type="checkbox"/>
		Observe High Risk Tasks	<input type="checkbox"/>
		Room/Equipment Inventory	<input type="checkbox"/>
		Review Data	<input type="checkbox"/>
		Make Recommendations	<input type="checkbox"/>
Present Information To Manager & Staff		<input type="checkbox"/>	
Post Visit	Report	Compile Data	<input type="checkbox"/>
		Complete research (if needed)	<input type="checkbox"/>
		Provide Draft Report to unit Manager for feedback	<input type="checkbox"/>
		Deliver final report	<input type="checkbox"/>

Appendix 2.2.4 – Sample Unit Visit Schedule

Schedule		Participants
9:00-9:10	Arrival	
9:10-9:20	Meet with Manager	Yellow = Manager/Charge Nurse
9:20-9:30	Brief tour of unit	
9:30-10:00	Meet with staff	Green = all available staff
10:00-11:00	Measurements, observations, inventory on unit	
11:00-11:20	Regroup - identify tasks to be observed, etc.	Blue = Assessment team
11:20-12:00	Additional measurement, observations, inventory	
12:00-1:00	Lunch	
1:00-2:00	Review collected data; Make recommendations	
2:00-2:30	Present information to manager and staff	
2:30-3:00	Closing discussions	
3:00	Depart	

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Appendix 2.2.5 – Common controls recommended to control high risk tasks

Engineering Controls

Recommended Control	High Risk Task/Hazard Addressed	Notes/questions to consider:
Ceiling Lifts and Accessories <ul style="list-style-type: none"> • Repositioning slings (designed to be left under patients without increasing risk of skin complications) • Hygiene slings • universal slings • hammock slings • limb slings • turning slings 	Repositioning Patient in Bed (to head of bed, side to side, roll)	<i>What is the percentage of beds covered with ceiling lifts? what is the recommendation?</i>
	Repositioning Patient in Chair	
	Transfer (Chair<-->Chair) (wheelchair/toilet/commode)	
	Transfers (Bed<-->Chair) (commode/wheelchair)	
	Transfers, Lateral (Bed<-->Stretcher)	
	Lift patient from floor	
	Care activities with patient in bed (Bath, change absorbent pad, change bedding, dress/undress)	
Mobile Sit-Stand Lift	For patients able to weightbear	<i>What is the weight capacity of this lift?</i>
	Transfer (Chair<-->Chair) (wheelchair/toilet/commode)	
	Transfers (Bed<-->Chair) (commode/wheelchair)	
Air-Assisted lateral transfer device (ie Air-Pal)	Transfers, Lateral (Bed<-->Stretcher)	
	Transferring patients on/off unit	
Friction reducing devices (eg maxi slide, "Breeze Sheets", etc)	Repositioning Patient in Bed (to head of bed, side to side, roll)	
Turn and Reposition System (ie SAGE)	Repositioning Patient in Bed (to head of bed, side to side, roll)	<i>How is this assigned to patients if it is available?</i>
	Care activities with patient in bed (Bath, change absorbent pad, change bedding, dress/undress)	

Administrative controls:

Control	Additional Information/Rationale	Notes:
Care Provider Training: <ul style="list-style-type: none"> • How to complete a patient risk profile and establish a safe patient handling and movement plan • How to complete a pre-mobility check to ensure the plan still matches the patients current mobility status • How to select and use equipment to maximum benefit including • Sling selection (size and type) and use • Using bed functions (Trendelenburg) • Integrating equipment use into regular care practice 		Refer to engineering and other administrative controls. Training is an integral and essential component of implementing engineering controls.
Performance Appraisals	Use of equipment and assessments should be included in regular formal and informal performance appraisals.	Refer to engineering and other administrative controls. These administrative controls are essential components of implementing engineering and administrative controls.
Peer Champions	Peer Champions have been shown to positively influence outcomes and improve uptake of practice changes as they pertain to SPHM.	
Patient and Family Communication Aides	Pamphlets and posters describing the rationale and benefits to patients and health care workers will be helpful to reduce barriers to use of equipment that may occur. A sample is in development by the Soteria Strains working group and will be made available when ready.	
Accessibility Plan and Inventory for Equipment should be Developed	Will help to ensure equipment is accessible and read for use and should include items such as the process for using and borrowing equipment shared by other units (such as bariatric beds), sling inventory and laundry plan.	
Air- assisted lateral transfer devices (Air-Pal) usage	Air-assisted lateral transfer devices, such as the AirPal, are often underutilized. They are designed to assist with lateral transfers for more than bariatric patient populations and significantly reduce the strain associated with lateral transfers. Rather than saving the AirPal for bariatric patients only, they are best utilized by Porter services when doing lateral patient transfers (ie bed to stretcher). Appropriate training should be provided.	

Appendix 2.2.6 – Patient Handling and Mobilization Task Inventory

Patient Handling and Mobilization Task Inventory				
Task	Strain of task	Frequency of task	Exposure	Priority Ranking
<i>This information is transferred directly from the Inventory completed during staff discussions.</i>	High=5 Moderate=3 Low=1	High=5 Moderate=3 Low=1	Strain x Frequency	(Greater Exposure = Higher Priority)
Repositioning Patient in Bed (to head of bed, side to side, roll)				
Repositioning Patient in Chair				
Transfer (Chair<-->Chair) (wheelchair/toilet/commode)				
Transfers (Bed<-->Chair) (commode/wheelchair)				
Transfers (Bathtub<-->Chair)				
Transfers, Lateral (Bed<-->Stretcher)				
Lift patient from floor				
Care activities with patient in bed (Bath, change absorbent pad, change bedding, dress/undress)				
Weighing patient				
Applying anti-embolism stockings				
Transporting patients on/off unit				
Undressing/dressing a patient				
Applying anti-embolism stockings				
Feeding bed-ridden patient				
Other Task:				
Other Task:				
Other Task:				

Appendix 2.2.7 – Task Observation Checklist

Specific Task Observed: Date:			
Task	General Observations	Observations Specific to this Task	Notes
Repositioning Patient	<ul style="list-style-type: none"> <input type="checkbox"/> Pre-task Mobility Check (PACE) completed? <input type="checkbox"/> Was optimal equipment available? <ul style="list-style-type: none"> <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Was best available equipment chosen? <ul style="list-style-type: none"> <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Enough staff available? <input type="checkbox"/> Arranged environment to reduce hazards (ie catheter, IV pole, furniture) <input type="checkbox"/> Communicated with: <ul style="list-style-type: none"> <input type="checkbox"/> Patient <input type="checkbox"/> Health Care Workers (HCW) <input type="checkbox"/> Task was well coordinated <input type="checkbox"/> HWC not rushing <input type="checkbox"/> Body mechanics <ul style="list-style-type: none"> <input type="checkbox"/> Limited forward bending (0°, >45°, >90°) _____ <input type="checkbox"/> Keeping back straight (no twisting) <input type="checkbox"/> Wide base of support <input type="checkbox"/> Limited high/low reaching <input type="checkbox"/> Task completed using largest muscles possible (ie legs not shoulders) 	<p>Equipment selection and use:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ceiling lift (<i>Optimal choice</i>) <ul style="list-style-type: none"> <input type="checkbox"/> Repositioning sling <p style="text-align: center;">Or</p> <ul style="list-style-type: none"> <input type="checkbox"/> Slider sheet <ul style="list-style-type: none"> <input type="checkbox"/> Bed at waist height of shortest employee <input type="checkbox"/> Bed in Trendelenburg (head lower than feet) <input type="checkbox"/> Lead toe facing direction of reposition <input type="checkbox"/> Knee gatch set to reduce sliding down (when completed) <p>-----</p> <ul style="list-style-type: none"> <input type="checkbox"/> Getting patient(pt) to assist as much as possible: <ul style="list-style-type: none"> <input type="checkbox"/> request pt to assist prior to placing hands on pt. <input type="checkbox"/> having pt pull themselves towards desired placement (bed rail) <input type="checkbox"/> bridging/ pt pushing off from legs 	

Specific Task Observed:			
Date:			
Lateral Transfer (eg bed to stretcher)	<input type="checkbox"/> Pre-task Mobility Check (PACE) completed <input type="checkbox"/> Was optimal equipment available? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Was best available equipment chosen? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Enough staff available? <input type="checkbox"/> Arranged environment to reduce hazards (ie catheter, IV pole, furniture) <input type="checkbox"/> Communicated with: <input type="checkbox"/> Patient <input type="checkbox"/> Health Care Workers (HCW) <input type="checkbox"/> Task was well coordinated <input type="checkbox"/> HWC not rushing <input type="checkbox"/> Body mechanics <input type="checkbox"/> Limited forward bending (0° , $>45^{\circ}$, $>90^{\circ}$) <input type="checkbox"/> Keeping back straight (no twisting) <input type="checkbox"/> Wide base of support <input type="checkbox"/> Limited high/low reaching <input type="checkbox"/> Task completed using largest muscles possible (ie legs not	Equipment selection and use: <input type="checkbox"/> Slider sheets <input type="checkbox"/> Slider Board <input type="checkbox"/> Slider board used as bridge between bed and stretcher <input type="checkbox"/> Destination surface is slightly lower <input type="checkbox"/> Sufficient space to shift weight from front leg to back leg <input type="checkbox"/> Bed rails down <input type="checkbox"/> Air assisted lateral transfer system (AirPal or Hovermat) (<i>Optimal choice</i>) <input type="checkbox"/> Destination surface is slightly lower <input type="checkbox"/> Sufficient space to shift weight from front leg to back leg <input type="checkbox"/> Outside rail on destination surface is up (to avoid pulling patient off completely)	

	shoulders)		
Specific Task Observed:			
Date:			
Transfer (eg bed to chair)	<input type="checkbox"/> Pre-task Mobility Check (PACE) completed <input type="checkbox"/> Was optimal equipment available? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Was best available equipment chosen? <input type="radio"/> yes <input type="radio"/> no <input type="checkbox"/> Enough staff available? <input type="checkbox"/> Arranged environment to reduce hazards (ie catheter, IV pole, furniture) <input type="checkbox"/> Communicated with: <input type="radio"/> Patient <input type="radio"/> Health Care Workers (HCW) <input type="checkbox"/> Task was well coordinated <input type="checkbox"/> HWC not rushing <input type="checkbox"/> Body mechanics <input type="radio"/> Limited forward bending (0° , $>45^{\circ}$, $>90^{\circ}$) _____ <input type="radio"/> Keeping back straight (no twisting) <input type="radio"/> Wide base of support <input type="radio"/> Limited high/low reaching <input type="radio"/> Task completed using largest muscles possible (ie legs not shoulders)	Equipment selection and use: <input type="checkbox"/> Ceiling lift <input type="checkbox"/> Portable sling lift (Hoyer) <input type="checkbox"/> Sit-stand lift <input type="checkbox"/> Mobility aids <input type="radio"/> Walker (type: _____) <input type="radio"/> Gait Belt <input type="radio"/> Crutches/Cane (_____) <input type="radio"/> Other _____ <input type="checkbox"/> Getting patient(pt) to assist as much as possible <input type="radio"/> request pt to assist prior to placing hands on pt., <input type="radio"/> scoot forward on seated surface, <input type="radio"/> position feet behind knees, <input type="radio"/> push off with hands, <input type="radio"/> lean forward <input type="radio"/> Bed height suitable for patient	

Specific Task Observed: Date:			
Care Activities and ADLs with Patient in Bed	<input type="checkbox"/> Pre-task Mobility Check (PACE) completed <input type="checkbox"/> Was optimal equipment available? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Was best available equipment chosen? <input type="radio"/> yes <input type="radio"/> no <input type="checkbox"/> Enough staff available? <input type="checkbox"/> Arranged environment to reduce hazards (ie catheter, IV pole, furniture) <input type="checkbox"/> Communicated with: <input type="radio"/> Patient <input type="radio"/> Health Care Workers (HCW) <input type="checkbox"/> Task was well coordinated <input type="checkbox"/> HWC not rushing <input type="checkbox"/> Body mechanics <input type="radio"/> Limited forward bending (0° , $>45^{\circ}$, $>90^{\circ}$) _____ <input type="radio"/> Keeping back straight (no twisting) <input type="radio"/> Wide base of support <input type="radio"/> Limited high/low reaching <input type="radio"/> Task completed using largest muscles possible (ie legs not shoulders)	<input type="checkbox"/> Bed at appropriate height <input type="checkbox"/> Getting the patient to assist as much as possible	

Specific Task Observed: Date:			
Other	<input type="checkbox"/> Pre-task Mobility Check (PACE) completed <input type="checkbox"/> Was optimal equipment available? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Was best available equipment chosen? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Enough staff available? <input type="checkbox"/> Arranged environment to reduce hazards (ie catheter, IV pole, furniture) <input type="checkbox"/> Communicated with: <input type="checkbox"/> Patient <input type="checkbox"/> Health Care Workers (HCW) <input type="checkbox"/> Task was well coordinated <input type="checkbox"/> HWC not rushing <input type="checkbox"/> Body mechanics <input type="checkbox"/> Limited forward bending (0°, >45°, >90°) <input type="checkbox"/> Keeping back straight (no twisting) <input type="checkbox"/> Wide base of support <input type="checkbox"/> Limited high/low reaching <input type="checkbox"/> Task completed using largest muscles possible (ie legs not shoulders)	<input type="checkbox"/> Bed at appropriate height <input type="checkbox"/> Getting the patient to assist as much as possible	