

**Association of Safe Patient Handling Professionals  
2020 National Educational Event  
San Diego, March 3-5 2020  
Rehab Track for PT and OT attendees**

**Total time 225 minutes (3.75 Hrs)**

**Wednesday March 4<sup>th</sup>, 2020. 9:50-10:35 (45 minutes)**

**2002-3 Thinking Outside of the SPHM Box: Protecting Our Patients by Mobilizing Earlier and Often**

**Presented by Christina Squires, MSN, RN, PHN, CSPHP and Brad Dugan, PT, CSPHP and Laurel Helfen-Lardent, OTR/L, MHA, CSPHP, CEAS**

Evidence supports the need for early and frequent mobilization of acute care patients. Often healthcare workers (HCWs) are confronted with limited skill and time barriers to perform effective, early patient mobilization practices. Furthermore, HCWs are confronted with unique and challenging patient circumstances and must not only rely on critical thinking skills, but also must be creative with safe mobility applications in non-traditional methods. This presentation will allow participants exposure and unique hands-on experience that will provide alternative solutions and SPHM applications for safe delivery of care in order to achieve necessary and desired clinical outcomes.

Objectives. By the end of the presentation, attendees will be able to:

1. Articulate three patient complications that can arise from immobility.
2. Understand two solutions for efficient application of SPHM technology to enhance safe, early mobilization.
3. Demonstrate and practice SPHM with hands-on applications.

**Christina Squires** has been an RN for twenty-four years, as a Critical Care Nurse and nurse educator. She is currently the SPHM Program Coordinator for five hospitals in the Dignity Health organization. Christina oversees program and policy management, education programs, infrastructure issues and strives for program sustainability. Christina participates in Dignity Health Corporate SPHM advisory committee. She is a member of the Association of Safe Patient Handling Professionals and sits on their certification exam committee. She is a Certified Safe Patient Handling Professional.

**Brad Dugan** is the Mobility Specialist and Sales Executive for Hill-Rom. He has over twenty-five years of clinical leadership and expertise as a practitioner of physical therapy and has over twelve years of dedicated SPHM experience with an emphasis to providing early and progressive mobility. Brad is a Certified Safe Patient Handling Professional and is currently serving as the chairman for the ASHPHP Examination Committee. He previously served on the ASHPHP Board of Directors and chaired the Certification Executive Committee.

**Laurel Helfen-Lardent:** Laurel is the Manager of Employee Health and Wellness at Dignity Health. She has over forty years of experience including acute care, rehab, home health, mental health, and outpatient settings. Laurel has overseen the SPHM Program since 2008 and has been able to reduce Worker's Compensation costs. She co-leads the Dignity Health Tri-State SPHM Steering Committee. She is a Certified Safe Patient Handling Professional.

## **Relevance to Rehab Professionals and Normative Model Professional Practice Expectations**

### *Clinical Reasoning*

- *8.1 Use Clinical Judgment and reflection to identify, monitor, and enhance clinical reasoning to minimize errors and enhance patient/client outcomes*
- *8.2 Consistently apply current knowledge, theory and professional judgment while considering the patient/client perspective in patient/client management*
- *16.2 Establish a physical therapy plan of care that is SAFE, Effective, and patient/client centered*
- *16.4 Deliver and manage a plan of care that is consistent with legal, ethical and professional obligations and administrative policies and procedures of the practice environment*
- *17.1 Provide physical therapy interventions to achieve patient/client goals and outcomes.*
- *17.4 Practice using the principles of risk Management*

## **Relevance to Occupational Therapy**

- *Domain 2, Task 03 - Manage the intervention plan by using clinical reasoning, therapeutic use of self, and cultural sensitivity to identify, monitor, and modify the intervention approach, context, or goals based on client needs, priorities, response to intervention, changes in condition, reevaluation results, and targeted outcomes.*
- *Domain 4, Task 02 Incorporate risk management techniques at an individual and servicesetting level to protect clients, self, staff, and others from injury or harm during interventions.*
- *Principle 4 of Code of Professional Conduct: Certificants shall comply with state and/or federal laws, regulations, and statutes governing the practice of occupational therapy.*
- *Principle 6 of Code of Professional Conduct: Certificants shall not engage in behavior or conduct, lawful or otherwise that causes them to be, or reasonably perceived to be, a threat or potential threat to the health, well-being, or safety of recipients or potential recipients of occupational therapy services.*
- *Domain 4, Task 03 Manage occupational therapy service provision in accordance with laws, regulations, state occupational therapy practice acts, and accreditation guidelines in order to protect consumers and meet applicable reimbursement requirements in relation to the service delivery setting.*

*This session will integrate use of SPHM with early mobility principles, including hands-on practice with selected techniques. This helps to build the skill and competence of therapists who*

are responsible for teaching and leading early mobility programs using SPHM technologies to protect staff at the same time as they are mobilizing patients.

**Wednesday March 4, 2020 10:40 AM - 11:25 AM PT/OT Track (45 minutes)**

**2003-6 A Guide to Functional Assessment for Bariatric Patients**

**Presented by Sara Thomas, DipCOT, PGD**

The session will provide information on a functional mobility classification tool and the development of a bariatric mobility gallery. We will look at the aspects of function and body shape of the bariatric person that influence the choice of assistive equipment, as well as environmental considerations related to providing assistance and using different types of patient handling equipment.

Objectives. By the end of the presentation, attendees will be able to:

1. Review background evidence to the development of the Bariatric Mobility Gallery.
2. Understand the influence of body shape related to the choice of assistive and handling equipment.
3. Recognize the requirements of an environment to enable use of assistive equipment.

**Sara Thomas** began working for Arjo in 2002 as a Clinical Trainer for patient handling, and is now the Global Clinical Manager for patient handling, hygiene and disinfection. Her background includes starting her own company in 1998 as a private Occupational Therapist and back care advisor, inpatient OT experience, and working for local government in the UK as a Back Care Advisor. Sara is the author of the UK College of Occupational Therapy Guidelines in 2006 and author of 2 chapters in the Guide to the Handling of People.

#### **Relevance to Rehab Professionals and Normative Model Professional Practice Expectations**

- *8.1 Use Clinical Judgment and reflection to identify, monitor, and enhance clinical reasoning to minimize errors and enhance patient/client outcomes*
- *8.2 Consistently apply current knowledge, theory and professional judgment while considering the patient/client perspective in patient/client management*
- *16.2 Establish a physical therapy plan of care that is SAFE, Effective, and patient/client centered*
- *16.4 Deliver and manage a plan of care that is consistent with legal, ethical and professional obligations and administrative policies and procedures of the practice environment*
- *17.1 Provide physical therapy interventions to achieve patient/client goals and outcomes.*

#### **Relevance to Occupational Therapy**

- *B.3.7. Accreditation Council for Occupational Therapy Education (ACOTE®)- Demonstrate sound judgment in regard to safety of self and others and adhere to safety regulations*

*throughout the occupational therapy process as appropriate to the setting and scope of practice. This must include the ability to assess and monitor vital signs (e.g., blood pressure, heart rate, respiratory status, and temperature) to ensure that the client is stable for intervention.*

- *Domain 2, Task 03 - Manage the intervention plan by using clinical reasoning, therapeutic use of self, and cultural sensitivity to identify, monitor, and modify the intervention approach, context, or goals based on client needs, priorities, response to intervention, changes in condition, reevaluation results, and targeted outcomes.*
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- *Domain 4, Task 03 Manage occupational therapy service provision in accordance with laws, regulations, state occupational therapy practice acts, and accreditation guidelines in order to protect consumers and meet applicable reimbursement requirements in relation to the service delivery setting.*

*Working with Bariatric patients is particularly challenging and puts therapists at very high risk for injury. Additionally, these patients often are under-treated because of the physical difficulty of lifting and moving them. This session will review assessment and appropriate equipment to treat patients of size to maximize therapy goals in ways that are safe for the therapists and the patients.*

**Wednesday March 4, 2020 12:25 PM - 1:10 PM PT/OT Track (45 minutes)**

**2004-2 Launching an Enterprise Wide Safe Patient Handling and Mobility Department led by Occupational and Physical Therapists**

**Presented by William Finley, OTR/L, CHT, MBA and Angela Stolfi, PT, DPT**

Rehabilitation professionals are in an ideal position to design and lead SPHM programs, due to their ability to evaluate and make mobility recommendations based on biomechanics, client factors, and function-based approaches. The SPHM Department at New York University will present the creation of a SPHM Program from justification of funding, through launch and implementation, and into return-on-investment analysis.

Objectives. By the end of the presentation, attendees will be able to:

1. Identify key pillars to the creation of an SPHM program.
2. Identify strategies to gain development support and ensure success of an SPHM program.
3. Outline the training and consultation requirements of an SPHM department.

**William Finley** is the Program Manager of Safe Patient Handling & Mobility at New York University-Langone Health. He has over a decade of experience as an Occupational Therapist in acute care and outpatient orthopedics, and he has provided continuing education on a variety of topics throughout the country for the past 5 years.

**Dr. Angela Stolfi** is the Director of Physical Therapy at New York University-Langone Health and the site coordinator of Physical Therapy Clinical Education for Rusk Rehabilitation at NYU Langone Health. She has been practicing for over 20 years in a variety of settings across the continuum of care at Rusk Rehabilitation. The focus of Dr. Stolfi's current research relates to mentoring and education of physical therapists.

### **Relevance to Rehab professionals and Normative Model Professional Practice Expectations**

- *8.2 Consistently apply current knowledge, theory and professional judgment while considering the patient/client perspective in patient/client management*
- *16.2 Establish a Rehab Professionals plan of care that is SAFE, Effective, and patient/client centered*
- *16.4 Deliver and manage a plan of care that is consistent with legal, ethical and professional obligations and administrative policies and procedures of the practice environment*
- *17.1 Provide Rehab Professionals interventions to achieve patient/client goals and outcomes.*

### **Relevance to Occupational Therapy**

- *B.3.7. Accreditation Council for Occupational Therapy Education (ACOTE®)- Demonstrate sound judgment in regard to safety of self and others and adhere to safety regulations throughout the occupational therapy process as appropriate to the setting and scope of practice. This must include the ability to assess and monitor vital signs (e.g., blood pressure, heart rate, respiratory status, and temperature) to ensure that the client is stable for intervention.*
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- *Domain 2, Task 03 - Manage the intervention plan by using clinical reasoning, therapeutic use of self, and cultural sensitivity to identify, monitor, and modify the intervention approach, context, or goals based on client needs, priorities, response to intervention, changes in condition, reevaluation results, and targeted outcomes.*
- *Domain 4, Task 02 Incorporate risk management techniques at an individual and servicesetting level to protect clients, self, staff, and others from injury or harm during interventions.*

*This presentation by a PT and OT will show how the unique skillset of therapists are helpful when managing a SPHM program. Often therapists feel these programs are for nursing staff, but the principles of body mechanics, limitations of extent to which body mechanics can prevent injury and the appropriate way to mobilize patients are the specialty of rehab professionals. This program will help therapists to see the connection and apply therapy principles of injury prevention in therapy language to their SPHM programs.*

**Wednesday March 4, 2020 1:15 PM - 2:00 PM PT/OT Track (45 minutes)**

**2005-5 Tell Me and I Forget, Teach Me and I May Remember, Involve Me and I Learn  
Presented by Asha Roy, OTD, OTR/L, CSPHP, Cherry Lyn Fuentes, MS-C, RN-BC, Marilyn Maniscalco, BSN, RN, CNML , Yvonne Joseph and Ruth Neuman, PT, MBA/HA, CEAS**

This presentation will discuss the integration of an evidence-based, structured training approach for newly hired staff in order to increase staff retention. Increased turnover has a significant effect on personnel and patient outcomes thereby affecting the quality of the services rendered. The team will discuss a novel methodology of using an “involve me” approach. Utilizing a learning needs assessment, the team improved multidisciplinary communication, achieved better clinical outcomes and financial benefits. Expected outcomes for new hire staff include staff empowerment through increased levels of confidence in mobilizing patients; a reduction in Musculoskeletal injuries, lost work days and incurred costs; and increased new-hire retention.

Objectives. By the end of the presentation, attendees will be able to:

1. Learn how to use a learning needs assessment to develop SPHM training sessions.
2. Review how to engage staff to promote an SPHM program by increased effortless incorporation of SPHM practices.
3. Explore ways to effectively integrate a multidisciplinary, evidence-based practice to help increase exposure to SPHM practices.

**Asha Roy** is the Program Manager for Safe Patient Handling and Mobility, at Northwell Health System in New York. She began her career as an Occupational Therapist. At Northwell, Asha works closely with risk management to analyze injuries, helps to develop the curriculum for the safe patient handling training programs, and established a ‘train the trainer’ model at each site. Asha is a Certified Safe Patient Handling Professional, a Certified Ergonomics Assessment Specialist, and holds several other ergonomic certifications. She is a member of the Education committee of the ASPHP.

**Cherry Lyn Fuentes** is an Education Specialist responsible for Safe Patient Handling Education. Member of SPH committee since 2016. Cherry is one of the key team members who developed learning needs assessment to understand gaps within the knowledge base of all patient handling employees. Cherry has also worked on developing training curriculum for annual training for all patient handling staff and champion training curriculum for peer leaders. She

was also a Poster presenter at the 2019 Northwell Health SPH Conference-A Passport to Workforce Safety.

**Marilyn Maniscalco** has been specializing in acute rehabilitation for 20 years and orthopedic patient care for 30+ years. -Nurse Manager of orthopedic and acute rehabilitation unit since 1999. Marilyn was instrumental in developing transfer mobility coaches to serve as peer leaders and role models for all patient handling departments. She also assisted with developing didactic training sessions to equip peer leaders with evidence-based safe patient handling knowledge. She has been Chair of Safe Patient Handling Committee since 2014 and Poster presenter at the 2019 Northwell Health SPH Conference-A Passport to Workforce Safety.

**Yvonne Joseph** is a Nurse Educator at Northwell Health System. She has been a nurse for over thirty-four year; fifteen of those as a Nurse Educator. Yvonne was instrumental in collaborating with the SPH team to create a training program for the incoming staff for the health system and is a member of the Safe Patient Handling committee.

**Ruth Neuman** is a Senior Ergonomist at Northwell Health System. She has been a practicing Physical Therapist for over 36 years, as well as an educator on mobility, ergonomics, and kinesiology topics. She is a member of the original team that developed a Safe Patient Handling program for Northwell. Recently, Ruth has written and directed numerous ergonomic education videos. She is a member of the Marketing and Education Committees of the ASPHP, and is a Certified Ergonomic Assessment Specialist.

#### **Relevance to Rehab professionals and Normative Model Professional Practice Expectations**

- *19.1 Provide culturally competent physical therapy services for prevention, health promotion, fitness, and wellness to individuals, groups, and communities*
- *19.2 Promote health and quality of life by providing information on health promotion, fitness, wellness, disease, impairment, functional limitation, disability, and health risks related to age, gender, culture, and lifestyle within the scope of physical therapy practice*
- *19.3 Apply principles of prevention to defined population groups*
- *P32 5.5 - Participate in efforts that support the role of the PT to further the health and well-being of the public*

#### **Relevance to Occupational Therapy**

- *Domain 1, Task 02 Acquire information specific to a client's functional skills, roles, culture, performance context, and prioritized needs through the use of standardized and non-standardized assessments and other available resources in order to develop and update the occupational profile.*
- *Domain 2, Task 03 Manage the intervention plan by using clinical reasoning, therapeutic use of self, and cultural sensitivity to identify, monitor, and modify the intervention approach, context, or goals based on client needs, priorities, response to intervention, changes in condition, reevaluation results, and targeted outcomes.*

- *B.3.7. Accreditation Council for Occupational Therapy Education (ACOTE®)- Demonstrate sound judgment in regard to safety of self and others and adhere to safety regulations throughout the occupational therapy process as appropriate to the setting and scope of practice. This must include the ability to assess and monitor vital signs (e.g., blood pressure, heart rate, respiratory status, and temperature) to ensure that the client is stable for intervention.*
- *Principle 4 of Code of Professional Conduct: Certificants shall comply with state and/or federal laws, regulations, and statutes governing the practice of occupational therapy.*
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*Therapists are instrumental when it comes to education about body mechanics, safety and injury prevention. They can play a key role in successful SPHM programs by assisting with education. Achieving competence through education is key to achieving a change in culture.*

**Wednesday March 4, 2020 2:05 PM - 2:50 PM PT/OT Track (45 minutes)**

**2006-6 Connecting the Dots between Caregiver and Patient Outcomes through Safe Patient Handling and Mobility**

**Presented by Ruth Francis, MPH, MCHES and Lynda Enos, RN, BSN, MS, COHN-S, CPE and Margaret Arnold, PT, CEES, CSPHP**

This session will summarize the current evidence base that links SPHM and patient outcomes with a focus on promoting early and safe mobilization, falls prevention, improved skin and wound care, and mitigation of missed nursing care. Participants with the knowledge of these links can evaluate and communicate the impact of SPHM on patient outcomes, promote continued organizational support for SPHM, and facilitate staff use of SPHM equipment and best work practices.

Objectives. By the end of the presentation, attendees will be able to:

1. Define the current evidence base that supports how SPHM can enhance patient safety and satisfaction, and clinical outcomes.
2. Define at least three SPHM practices that prevent skin breakdown and tears, and patient falls, during mobilization and transfer tasks.
3. Identify at least two methods to collect and effectively communicate patient outcome data related to SPHM activities.

**Ruth Francis** is a Senior Policy Advisor in the Nursing Practice & Work Environment Department of the American Nurses Association (ANA). Ruth currently leads ANA's Occupational Health Initiatives, including Safe Patient Handling and Mobility, and is leading the team re-writing the ANA Safe Patient Handling and Mobility Interprofessional National Standards. She has over 25 years of health education and promotion experience in various organizations and is certified



as a Master Health Education Specialist. She is on the Board of Directors of the Association of Safe Patient Handling Professionals and EarlyMobility.com and has authored numerous articles.

**Lynda Enos** is the founder of HumanFit, LLC, an ergonomic consulting company. She is an Occupational Health nurse and Certified Professional Ergonomist with over twenty-five years experience in industrial and health care ergonomics. For the past ten years, Lynda has also assisted Oregon Health Science University (OHSU) to implement and manage their SPHM program. She co-authored the Federal OSHA Guidelines for Nursing Homes. Lynda is the recipient of the 2017 Advocacy Award for SPHM awarded by the Tampa VA Foundation and the ASPHP.

**Margaret Arnold** is the CEO of EarlyMobility.com, with over twenty-five years of experience as a Physical Therapist and expert in early mobility. She initiated and managed a successful SPHM program; reducing injuries, merging SPHM and early mobility, and bringing research on patient outcomes to the field. Margaret has published extensively, presented at conferences, and is a pioneer in integrating early mobility programs with safe patient handling programs. She also presented a TED talk on early mobility and safe patient handling. Margaret sits on the Board of Directors of the ASPHP and is a Certified Safe Patient Handling Professional.

#### **Relevance to Rehab professionals and Normative Model Professional Practice Expectations**

- *1.1 Professional Practice - Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care.*
- *17.4 Practice using the principles of risk Management*
- *19.1 Provide culturally competent physical therapy services for prevention, health promotion, fitness, and wellness to individuals, groups, and communities*
- *19.2 Promote health and quality of life by providing information on health promotion, fitness, wellness, disease, impairment, functional limitation, disability, and health risks related to age, gender, culture, and lifestyle within the scope of physical therapy practice*
- *19.3 Apply principles of prevention to defined population groups*
- *P32 5.5 - Participate in efforts that support the role of the PT to further the health and well-being of the public*

#### **Relevance to Occupational Therapy**

- *Domain 1, Task 02 Acquire information specific to a client's functional skills, roles, culture, performance context, and prioritized needs through the use of standardized and non-standardized assessments and other available resources in order to develop and update the occupational profile.*
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- *B.3.7. Accreditation Council for Occupational Therapy Education (ACOTE®)- Demonstrate sound judgment in regard to safety of self and others and adhere to safety regulations*

throughout the occupational therapy process as appropriate to the setting and scope of practice. This must include the ability to assess and monitor vital signs (e.g., blood pressure, heart rate, respiratory status, and temperature) to ensure that the client is stable for intervention.

- Principle 4 of Code of Professional Conduct: Certificants shall comply with state and/or federal laws, regulations, and statutes governing the practice of occupational therapy.
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This session will help therapists bridge the gap between patient safety, mobility and safe patient handling. Many of the initiatives to prevent adverse effects of immobility are hampered by the challenges and risks of mobilizing patients who are weak and at high risk for falling. This presentation will give therapists the information they need to help them secure resources and support for safety programs that help both patient and caregiver.

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