

Lead with Purpose where you stand! (001)

Question	Answer
very nice, makes so much sense.	Thank you for your feedback.
Is your partnership at Baywood or is this something standard across the Banner System?	This is a systemwide partnership and focus.
For these teams, how many members in the team?	It varies – depending on the size of the facility. The goal would be to have every discipline represented.
Do you have any other licensed staff (ie: PTs) performing BMAT? Or is it strictly nurse driven?	It is only designed as a RN driven assessment. There is consideration for the LPN to perform the assessment as we are introducing that mid-level role into the hospital setting.
Mobility dashboard, can you share what your are reviewing	We have it divided into process measurers and outcome measures. For Process: BMAT ¾ and 100ft or more, BMAT ¾ any documented ambulation, Up in chair, BMAT compliance, and ROM completed. For Outcome: Pulling from EHR Documentation – Indwelling foley catheter days, falls, falls with injuries, pressure injuries, length of stay and PT consults. We have set targets for the process measures and will trend the outcomes.
How do the nursing staff and therapy services collaborate in this area at Banner Health?	We start with the steering committee and set that expectation throughout. The more partnership and collaboration throughout the team, the more successful you will be.
What you will do if the whole surrounding area does not support you from top leaders to your colleagues, culture, and the environment means you are working alone with no support?????????????	“No means not yet” It is important to dive into what the barriers are, complete a gap assessment, collaborate with the full team .I have found that if I can empower the “naysayers” and have them help with the solution, they are more vested in the process. It is very important to build education around the human factor, when you connect to the heart of the caregivers, then you will see more sustainable practices. Just don’t give up. Begin where you are, lead with purpose, and go with energy. It does work. Finding the way to connect to the audience is key. I have seen adamant “NO that isn’t going to Happen” slowly change”ok, I might can do it this way” or “we can start with one unit and see how it goes” ...always plant seeds where you go.

National Engagement and SPHM (002)

Question	Answer
Is this SPHM 2nd Ed book different from the one by Susan Gallagher	Yes. The SPHM Interprofessional Standards and now the 2 nd Edition is a separate publication developed through the American Nurses Association. Here are links to purchase the book: https://www.nursingworld.org/nurses-books/safe-patient-handling-and-mobility-2nd-edition2// or the e-book: https://www.barnesandnoble.com/w/safe-patient-handling-and-mobility-american-nurses-association/1140779021?ean=9781953985224 . Susan Gallagher wrote the SPHM Implementation Guide and that has not been revised.

SPHM and Emergency Management (003)

Question	Answer
I think a list of citations would be really helpful. Is it possible to send out a master list of all articles cited/used?	Citations are included on our last PPT slide

Making Virtual "Hands-ON" Work for You (004)

Question	Answer
I am interested in learning more about the design of the Mental Health simulation environment mentioned in Marie's presentation. How is the ceiling lift installed? How is it accessed? What ligature prevention design is incorporated into this equipment?	The Mental Health conference was done in 2 different rooms. The Mental Health simulation area had no ceiling lift and had a box-style bed; some differences between this room and an actual mental health area were that the bed could be moved relatively easily and the outlets were exposed. The other room we used in the simulation center, which had a ceiling lift, was meant to simulate other environments such as community living centers that may be used for populations with dementia, where ceiling lifts are allowed.
In the prior slide there was a sheet on the floor that the patient was ambulating with a walker. What is the purpose of the sheet on the floor? Just curious..	(The sheet was to keep the mock patient from having to fall on the actual floor.)

<p>We are having these exact conversations in our organization (sph in the OR). I would so appreciate contact information if the presenter is willing to share. Thank you.</p>	<p>Those who are interested in talking about any of these topics are welcome to contact me at (marie.martin2 at va.gov); I am happy to talk with you about the perioperative environment or any of what we've done.</p>
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Resources for Healthcare Design Across the Continuum of Care (005)

Question	Answer
<p>can you make some concrete suggestions on getting Architects to incorporate provider's / patients needs</p>	<p>My suggestion would be to have the architect spend a day with a provider (or at least a few hours) at the facility to observe what really happens and ask questions. Volunteer to be that person that gets shadowed. The person observing doesn't need to be part of the patient conversation, so the privacy concerns can be maintained. Example 1: Why isn't anyone using this open team space? The new smart board for sharing patient information is actually in the conference room, so we've just ended up using that space instead. Example 2: Wow – there's a lot of staff here, are you busier than usual? No, we like using this space because of the daylight. We're moths to the flame. Example 3: Why don't people use these overhead lifts? We never have enough slings and by the time we track them down, it's just faster if I deal with it another way. Those are all real-world examples, and you also start to learn about the people, the organization, the environment, and other issues that ultimately might influence your design approach and/or transition planning activities. Every work-around is a design opportunity. Having user feedback during mockups is also helpful when it's centered on setting up scenarios to test how tasks get done in a proposed room, not just "I like it/don't like it". You may also want to look at some published papers. Some citations can be found here, and you can click the source link, see if there are key point summaries, and do your own search(es). https://www.healthdesign.org/knowledge-repository?search_api_views_fulltext_op=AND&search_api_views_fulltext=%22Staff+participation%22</p>

what is the website link for the safety risk assessment tool	the safety risk assessment tool can be accessed via https://www.healthdesign.org/ , The tool is right on that page.
Is there an emphasis on bariatrics somewhere in the paradigms in the program at healthdesign.org	We've not had a focus on design for bariatrics. Perhaps that's something we can pursue for a future interactive diagram! Until then, here are some articles you might want to consider. The citations are in the Knowledge Repository and you can click on the source to go to the publisher, but there are sometimes key point summaries, as well. You can also create your own searches. Some in this link are about the staff injury issues. https://www.healthdesign.org/knowledge-repository?search_api_views_fulltext_op=AND&search_api_views_fulltext=bariatric https://www.healthdesign.org/knowledge-repository?search_api_views_fulltext_op=AND&search_api_views_fulltext=obesity

SPHM Simulation Challenge (006)

Question	Answer
How many staff are included in the competition? Is it voluntary?	Anywhere from 4-6 is what we encourage and depending on the demands of the task at hand that's part of the competition the appropriate amount may enter to the room to carry out the tasks i.e. a floor recovery might demand more people while a seat to seat transfer can be carried out with just 2 or 1 if it is done with a non-powered sit to stand device. The competition is not mandatory, participation is voluntary and usually seats are always filled within seconds of announcement due to the sheer excitement of being part of the event.
are there handicap scores per person or a team based on "green-ness"?	Please define "handicap scores" and what you mean by "green-ness". If you are asking about partial scores no we do not provide partial scores we try to keep it as observed YES/NO
Id like the info for getting a team together for this event please	1. We will send out information prior to the next national education event in Arizona so that you can register a team. Looking forward to meeting your SPHM champions to compete at our national event!

Does this presenter have in writing how to do this? I am very interested!!! Can the presenter share the design model?	We cannot share the design model because it is Northwell's intellectual property but feel free to join us at our next in-person National Education Event in Arizona to participate and learn!
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"How To" Perform the Top Three Challenging Tasks (007)

Question	Answer
	Link to view the video: https://youtu.be/FvARnHtLmcY
	1. Wyatt S, Meacci K, and Arnold M. Combining Quality Initiatives: Integrating Safe Patient Handling and Early Mobility in a Veterans Affairs Medical Center. In Press. <i>Journal of Nursing Care Quality</i> , Print date: April 2020 (Volume 35, Issue 2). Electronic release will be by August 2019.
	2. Blasco P et al. A Progressive Physical and Occupational Therapy Plan of Care for a 970-lb patient in the Acute Care Setting: A case report. <i>IJSPHM</i> 2017;7(3):110-115
	3. Teeple E, Collins JE, Shrestha S, Dennerlein JT, Losina E, Katz JN. Outcomes of safe patient handling and mobilization programs: A meta-analysis. <i>Work</i> . 2017;58(2):173-184. doi:10.3233/WOR-172608

A Day in a Life! (008)

Questions	Answers
can these referrences she is referring to get sent out? Can links please be provided to the aforementioned SPH manuscripts?	 https://asphp.org/wp-content/uploads/2022/03/WHS-Round-Table.pdf
	https://asphp.org/wp-content/uploads/2022/03/AOHP-21-Summer-Journal-Creating-a-Culture-of-Worker-Safety.pdf

Shifting from Silo'd Harm Perspectives to an Activity and Mobility Promotion Culture (009)

Question	Answer
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What tools you suggest to measure SPHM success	It depends how you define SPHM success from our perspective we are interested in Safe Patient Mobility which includes mobility goal achievement. Other process metrics to consider are falls with injury and clinician injury attributed to mobility. Also pressure injury and delirium.
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