

# **CULTIVATE SAFETY**

## **WITH A SAFE RESIDENT TRANSFER & MOBILITY PROGRAM**

**READINESS CONSIDERATIONS**

By Liz Jensen, RN MSN, RN-BC  
Clinical Director, Direct Supply<sup>®</sup>, Inc.



## Introduction

Creating safe, welcoming environments for your residents starts with investing in safety programs for your community. Now more than ever, research supports the implementation of safe resident handling and movement programs to help you reduce caregiver and resident injuries. Hospitals, Skilled Nursing communities and other care settings have already adopted comprehensive programs, and several states have passed regulations driving further implementation. With resident acuity levels increasing, Assisted Living communities are also finding value in implementing safe resident transfer and mobility programs to help residents age in place.

The Centers for Disease Control, the National Institute for Occupational Safety and Health (NIOSH), the American Nurses Association (ANA) as well as numerous state-sponsored organizations have developed evidence-based processes and programs to support safe resident handling, including, but not limited to:

- American Nurses Association: “Safe Patient Handling and Mobility: Interprofessional National Standards Across the Care Continuum”
- Department of Health and Human Services, Centers for Disease Control and Prevention, and National Institute for Occupational Safety and Health: “Safe Lifting and Movement of Nursing Home Residents”
- Veterans Affairs: “Safe Patient Handling and Mobility Guidebook”
- American Physical Therapy Association: “The Role of Physical Therapy in Safe Patient Handling”

In addition, many insurance carriers, brokers and risk management organizations offer recommendations and guidance on how to implement strategies to help reduce risks associated with resident handling.

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There are many excellent tools available to help implement safe resident handling practices. Standards established by the American Nurses Association and guidance from the CDC and OSHA offer evidence-based information and implementation strategies in the following areas:

- Establishing a culture of safety
- Implementing and sustaining an effective safe resident handling program
- Integrating ergonomic design principles into the environment of care
- Selecting, installing and maintaining equipment and technology to support safe resident handling
- Establishing competency-based education and a management system
- Using person-centered assessments to implement safe resident handling practices into care plan development
- Integrating safe resident handling strategies in reasonable accommodation and post-injury return to work
- Establishing a comprehensive system for ongoing monitoring and evaluation of staff performance

This guide offers Assisted Living providers insight and information that may be helpful when implementing or enhancing safe resident transfer and mobility programs. You'll find industry trends as well as ideas and information on how you may leverage environmental design and product selection, develop staff competency, and educate residents and families to support effective program development and implementation.

## SECTION ONE: What's at Stake

Research and resources on safe resident transfer and mobility programs have historically been focused on the hospital and Skilled Nursing market. Assisted Living is neither of these – it includes unique, diverse communities that offer a wide variety of social, cultural, emotional and physical support to older adults. Many providers operate on a social model that emphasizes the wellness benefits of living in a community as a person ages. However, more and more Assisted Living communities provide care and, in some cases, are changing their models to prioritize care with a social focus.

Assisted Living providers must take note that acuity is on the rise. Today, the average resident in Assisted Living is 85 years or older, likely female and needs help with at least three ADLs, including transfer and mobility assistance (Centers for Disease Control, 2015). In part due to changes in regulations and reimbursement, plus an evolving consumer desire to move into and stay in Assisted Living, many residents and their families prefer to remain in these communities as they age in place. As age and support needs change and acuity rises, the need to lift and move residents increases, as does the risk for resulting employee and resident injuries.

Between 26% - 39% of residents in residential care facilities need help with transfers, and between 25% - 40% need assistance with mobility (Centers for Disease Control, 2015). In addition to the added risks with increased aging and comorbidities, increased obesity in the United States adds risk to resident handling and movement. According to the CDC, more than one third of adults 65 and older are obese.

## SEE IT IN ACTION:

Follow along as our example storyline puts the ideas and insights from this document into context. Look for **MARY**, a personal care assistant, and **JAMES**, an executive director, throughout the document.

**MARY**



*Hi, I'm Mary. I'm a personal care assistant at Silver Lights Assisted Living. I started working here two years ago – a few months after I graduated from high school. My residents are great; we are like family and I love my job. I just wish I wasn't so tired when I go home every day.*

*Lately I've been having some pains in my back when I go to bed. My best friend works at a nursing home, and she said I'm probably using my back too much at work when I'm helping my residents, and I should be using equipment to lift them. I told her my residents mostly need help to get out of bed or help going to the bathroom – it's not like they can't walk or need a big lift to help them like the residents at her nursing home. Besides, we don't have that equipment. I hear my administrator tell new residents and their families all the time that "we are not a nursing home," so I don't know if we could even get that equipment. It wasn't like this when I first started here, but it seems like just in the last year my residents need more help.*

Nationwide, providers report difficulty attracting and retaining care-providing staff. As workforce shortages increase, programs that effectively prevent injuries are critical to retaining nurses, nursing assistants and other care providers.

### Ongoing Caregiver Staff Shortage

**1 MILLION+  
DIRECT CARE  
WORKERS ARE  
NEEDED BY 2024**

**20.8%** of the healthcare workforce is direct care workers



**91.5%** female

**54.7%** age 35 - 64

Source: U.S. Government Accountability Office, 2016

### Rising Injury Rates for Healthcare Workers



Source: U.S. Occupational Safety and Health Administration

Data on how Assisted Living communities have adopted safe resident transfer and mobility programs is limited. However, trends in demographics and changing resident profiles identified in the paper "Ramping Up for Rising Acuity in Assisted Living" support the need for Assisted Living providers to look closely at this issue.

### State Regulations

Before implementing a safe resident transfer and mobility program, providers should review necessary regulations and requirements. Assisted Living regulations are state specific, which can be challenging for providers who operate in multiple states or for providers who operate in states that restrict the use of mechanical lifts.

As of June 2017, the states listed below have safe patient handling regulations. Generally these states are designated as “No Lift” states, meaning healthcare providers must implement a safe resident handling program, which may include policies and procedures as well as proper equipment usage and continued improvement.

**States with Safe Patient Handling Regulations (as of June 2017):** California, Hawaii, Illinois, Maryland, Minnesota, Missouri, New Jersey, New York, Ohio, Rhode Island, Texas and Washington.

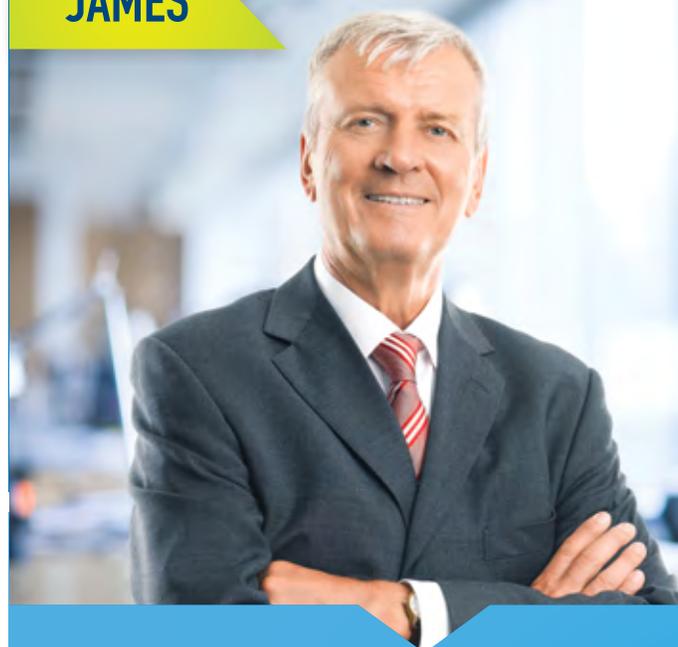
State licensure requirements for resident admission and maintaining ongoing residency in Assisted Living may limit the amount of transfer assistance a resident may receive. Some states may not allow a resident who cannot transfer without assistance to live in an Assisted Living community. Even if residents were mobile when they originally moved into the community, they may need to move to a higher acuity setting if their ability to transfer decreases.

Assisted Living providers should also consider the resident’s ability to safely evacuate the building in an emergency. Some states require that each resident be able to evacuate the building without assistance, while others permit assisted evacuation.

Each state has slightly different regulations governing the licensure of Assisted Living communities and the required capabilities of residents within the communities. We encourage you to consult your organization’s attorney for additional guidance and assistance interpreting your state licensure requirements.

Not only will implementing a safe resident handling program help you meet residents’ desires to remain in an Assisted Living setting, but it may also help you maintain higher occupancy rates. Read on to start evaluating whether your community could benefit from a safe resident handling program.

**JAMES**



*Hi, I’m James. I’m the new executive director at Silver Lights Assisted Living. I joined the community about a month ago. It’s a great community – we have 30 apartments here, and our owners have two other Assisted Living communities in neighboring towns.*

*In my previous position, I was part of a committee that worked on improving the culture of safety in Assisted Living. My bosses would like me to help improve the culture here too. They’ve seen an increase in staff injuries and workers’ compensation claims, and they are concerned about residents getting injured. I’ve been addressing immediate safety issues, like clutter in the hallways, and getting to know the residents, families and staff.*

*I recently spoke with Mary, who shared her perspective with me. I’ve asked her to be a part of our new safety committee to see what we can do to make our workplace safer, starting with safer resident handling and mobility.*

# SECTION TWO: EVALUATE YOUR COMMUNITY

By expanding your offering and promoting safe resident transfer and mobility, your community could help residents more easily age in place, which is attractive to prospective residents and their families. Plus, investing in equipment and training that boosts workplace safety is appealing to potential staff members.

Ask yourself a few key questions to see how your community stacks up:

1

Do I have an established process for routinely evaluating a resident's abilities for moving and transferring?

- Yes.** Keep up the great work. Make sure to routinely reevaluate your process for any changes.
- No.** A safe resident transfer and mobility program may be helpful for you.

2

Do I have residents living in my community that need help getting out of bed, out of a chair or on/off the toilet?

- Yes.** A safe resident transfer and mobility program is likely for you.
- No.** Continue to evaluate resident needs closely for additional support needed.

3

Do I have resident or staff injuries related to resident transfers in my community?

- Yes.** You may need a better plan to help reduce injuries. This tool can help you implement a safe resident transfer and mobility program.
- No.** That's great news, but carefully monitor the changing needs of your residents. Many providers are discovering their risks are increasing.

4

Is my staff currently using products to reduce the risk of injury when they assist residents?

- Yes.** Excellent! Consider evaluating the environment and existing products to ensure they are meeting the specific needs of your residents.
- No.** Refer to this guide for additional information and resources to help support your implementation of a safe resident transfer and mobility program.

5

Are residents with reduced mobility and a higher need for transfers moving out?

- Yes.** It might be time to evaluate your state regulations and licensure requirements to determine if you can consider a higher level of care and provide transferring and mobility support.
- No.** That's great news. Keep an eye on the data and trends in your community that may signal a time to reassess your admission and discharge criteria.

6

Are you concerned your community might be less attractive to potential residents if they see lifting equipment in the hallways?

- Yes.** You are not alone as many providers share this concern. Fortunately, innovative products that are easier to store and look less like traditional lifts are available.
- No.** Whether you are comfortable with your existing equipment or have minimal equipment in your community, it's good to keep up with what's new.

From increased staff retention to fewer injuries, implementing a safe resident handling program is a great way to become more operationally efficient and marketable in your local area. If you think your community could benefit from implementing or enhancing a safe resident handling program, read on for ideas and insights on ways you can get started.

## SEE IT IN ACTION:

James and Mary start promoting safety by establishing a committee and evaluating their community

### JAMES

*I've been getting into the swing of things at Silver Lights and safety is a top priority. Here's what I've been working on:*

- *Got a committee together. I've included Carrie, our nursing director; Carl, one of our residents; Norm, the owner and attorney; Bill, one of our maintenance guys; Mickey, a part-time contracted physical therapist, and Mary.*
- *Distributed copies of the Readiness Assessment tool by Direct Supply to the committee members to review. I also printed off materials from the ANA and OSHA/NIOSH for them.*
- *Asked Carrie, Mickey and Mary to help finish up an evaluation of the residents and update their transfer and mobility assessment needs. I've also asked them to think about the needs that might change over the next 6 - 12 months.*
- *Asked Norm to review regulations and licenses to make sure we understand any limitations to equipment use or resident needs.*
- *Collected the data we have on resident outcomes and staff injuries and reviewed as a baseline with the committee.*

### MARY

*I like our new executive director. He actually asked me about my work and whether I could think of ways to improve helping residents. I'm a part of the new safety committee, and I'm working with Carrie, our nursing director, to document how much help with transfers and mobility our residents need.*

*James took a few pictures of our community and had them enlarged for the breakroom wall. He asked the whole staff to put a sticky note on a picture with an explanation of what could be changed to make the space a better environment for our residents and us. He told us to focus on the things that would make it safer and reduce the risk for injuries. There were some good ideas, including:*

- *Rearranging the furniture in common areas so residents with walkers, wheelchairs or scooters could get closer to the window and watch the deer and birds in the backyard.*
- *Creating resting areas throughout the community by adding more chairs with good arm support.*
- *Changing the time when housekeeping mops the floors so it's not right before a busy time of the day, like when we have a shift change.*

## SEE IT IN ACTION:

Staff and resident injuries convince the committee to select a new sit-to-stand lift.

### MARY

*At our last committee meeting, James had some numbers for us to look at. We have had a lot more resident injuries than I knew about. James didn't share any names, but he did tell us how our workers' compensation rate is increasing because of staff getting hurt.*

*I know one PCA who was injured a few months ago when she was trying to help one of our residents, Joe, transfer by herself. Joe fell and she tried to help him get up until she realized she needed more help. She said she didn't feel hurt right away, but when she went home that night she could hardly move. She just came back to work last week, but I get the feeling she's looking for another job.*

### JAMES

*It was hard to hear about our PCA who was injured caring for a resident, especially since it could have been prevented. Our committee was quickly able to identify that we needed a sit-to-stand lift, not only for Joe, but for at least five other residents. Carrie believes we'll have at least two current residents who will need additional support within the next few months, and we have an open apartment with a pending move-in who will likely need assistance as well.*

## SECTION THREE: Outcomes, Outcomes, Outcomes

As Assisted Living providers assume a larger role in the post-acute care continuum, insurance companies, ACOs, hospitals and home health agencies will become critical partners with expectations for customer satisfaction, resident outcomes – including injury avoidance and reductions in hospitalizations – and reductions in workers' compensation claims.

Safe resident transfer and mobility programs may positively impact outcomes in direct and indirect ways. Based on industry trends in the post-acute care continuum, providers might consider measuring the following:

### Resident Outcomes

- Customer satisfaction with safety programs
- Customer satisfaction with how their individual choices are recognized
- Rates of resident falls and injuries
- Hospitalization and rehospitalization rates
- Changes in resident functional status

### Staff Outcomes

- Staff engagement with safety programs
- Accident and injury rates related to resident handling
- Workers' compensation claims
- Missed days of work
- Retention and turnover
- Competency and skill checks

## SECTION FOUR: Ready, Check, Go!

The following ideas, questions and prompts are not all inclusive. Rather, they are meant to provide your teams with ideas for building or enhancing a safe resident handling and mobility program in Assisted Living. Refer to the Resource section for additional information.

### Introduce or enhance a safe resident transfer and mobility program to help reduce injuries

By focusing on the following steps, you can help ensure a successful program in your community:

#### Get started:

- Establish a committee** to oversee implementation and provide ongoing monitoring of the program. Consider including the administrator, a nurse, front-line caregivers, maintenance staff and a resident representative.
- Review existing policies and procedures** related to transferring and mobility, including the amount and type of assistance, frequency of assessment and reassessment, and emergency response procedures for evacuating residents who need assistance with transfer and ambulating.
- Develop a business case**, as needed, to communicate the need for implementing or enhancing a safe resident transfer and mobility program. Explore opportunities for funding support. Some states may offer funding through grants or state-funding programs.
- Review any company-sponsored programs** available to your community from existing business partners (e.g., insurance company-sponsored programs related to safe resident handling).

#### Review regulations and recommendations:

- Confirm state licensure requirements** for admission and review ongoing residency requirements, which involve the resident's ability to transfer and ambulate as well as the amount and type of assistance needed. (Refer to References for more information.)
- Review any state-specific regulatory requirements** for implementing a safe resident handling and mobility program.
- Review federal and state regulatory requirements** related to Life Safety/Environmental Safety for equipment installation and storage.
- Review OSHA/NIOSH recommendations** for implementing safe resident handling programs. (See Resources.)

#### Engage your staff, assess your residents and evaluate your environment:

- Conduct a community assessment** to understand how many residents need assistance and at what level. This is helpful in determining the overall acuity of the resident population, staffing needs and the type and amount of equipment needed. The CDC recommends:
  - One sit-to-stand lift for every 8 - 10 partially weight-bearing residents
  - One full-floor lift for every 8 - 10 non-weight-bearing residents (Collins, Nelson & Sublet, 2006)

## SEE IT IN ACTION:

Mary and James help the staff and residents get used to the new lift.

### MARY

*The new lift we got is pretty cool. I got to help pick it out. We were originally going to get a regular sit-to-stand lift, but the nursing director recommended a multifunctional lift that would be more useful for different residents. It can also help people walk, function as a chair lift and weigh a resident. It doesn't look like a regular lift that you see in a nursing home.*

*We had to move some stuff out of one of the storage rooms to store it, and we have to keep the battery charged at night, but I really like it. We did some training with it, and we also invited the residents to come and see how it's used. I've been using it all the time, but some of the other PCAs are not. James asked me to keep encouraging them and to set a good example. I know that the PCA who got hurt is using it. I'm sure she gets it.*

### JAMES

*We decided to purchase one mechanical lift and one lifting cushion for the community. The staff seemed pretty pleased with them, although we still have a few PCAs who haven't been using the lift consistently. In my last community, it took us almost a year to get everyone on board with our new culture. I've been here three months now, and I meet with staff about every two weeks.*

*Here's what I've learned so far: keep talking about the changes and the impact they're having until it just becomes a normal part of how we all think. There is one resident who doesn't like the lift and doesn't want to use it. Carl, our resident member of the safety committee, is going to invite her to have coffee with him soon to see if he can learn more about her reluctance and what we can do to help her adjust.*

- ❑ **Develop a glossary, consistent classification system and definition** for your residents' ability to move and transfer.
- ❑ **Establish a policy** regarding resident-provided and third-party provider-supplied equipment. Consider the training needs of your staff who may be asked to use multiple brands of equipment.
- ❑ **Engage the team and community** in activities that promote a culture of safety. These may include:
  - › Open communication using daily in-house huddles
  - › Presenting safety messages or topics at the start of all meetings
  - › Visible safety boards and messaging
  - › Community rounds by senior leadership
  - › Coaching programs
  - › Promoting the message that errors provide opportunities to learn and reporting concerns will not result in staff reprimands (Fragala et al., 2016)
- ❑ **Consider how environmental modifications can support** a safer environment and reduce the risk for resident and staff injury. The Facility Guidelines Institute offers insight and ideas in the "Guidelines for Design and Construction of Residential Health, Care and Support Facilities." Recommendations to consider include, but are not limited to:
  - › Evaluating modifications that support safer mobility and transfers in resident rooms, bathrooms, living and community spaces, wellness centers and outdoor spaces.
  - › Assessing and reassessing resident mobility and transfer tasks where risk can be minimized using equipment, furnishings or other measures. Tasks include, but are not limited to:
    - Transfers, both vertical and lateral
    - Positioning/repositioning in bed and chair
    - Bathing

- Lifting limbs
  - Transportation of residents
  - Weighing
  - Exiting furniture or beds
  - Supported ambulation
- › Identifying unique resident needs – like bariatric and dementia care – within the community, and recognizing the types of equipment and weight capacities needed to minimize risk.
  - › Determining the amount of equipment needed based on resident need.
  - › Storing equipment in an area with easy access for care providers and accommodations for charging batteries.
  - › Evaluating the clearances needed in rooms, bathrooms, doorways, hallways and common spaces to accommodate lifting equipment and resident mobility devices.
  - › Considering environmental design ideas that have shown to be effective in reducing fall risk in certain environments. Examples include, but are not limited to:
    - Spaces that encourage engagement and active lifestyles to help maintain balance and strength (e.g., fitness centers, walking spaces, counters to stand at)
    - Improving sleep by minimizing noise and adjusting lighting for day and night
    - Lighting strategies to adapt for low vision
    - Floor finishes and transitions between rooms
    - Indoor and outdoor walking spaces with easily identified places to stop and rest
    - Installation of grab bars in bathroom
    - Multifunction beds
    - Furniture to support easier sitting and rising

## Evaluate your team processes to streamline your program

As a team, consider how the following suggestions already exist in your safe resident transfer and mobility program, or discuss how they might be incorporated. Suggestions from the ANA's Safe Patient Handling and Mobility: Interprofessional National Standards Across the Care Continuum include, but are not limited to:

- Develop a written procedure** on when and how to conduct resident assessments and plans of care/service.
- Select an assessment tool** for determining resident needs when transferring and ambulating. A resident assessment should include physical, cognitive, clinical and rehabilitative needs that impact transfer and mobility. Include the outcomes of the assessment in a plan of service. A variety of tools exist – consult with your organization, nursing, therapy and risk management to identify the tool that best fits your community's needs. Ideas are provided in the Resource section, including:
  - › AHRQ Mobility & Transfer Assessment
  - › Banner Mobility Assessment Tool for Nurses (BMAT)
  - › Timed Up and Go Test (TUG)
  - › Katz ADL Index
  - › MDS 3.0 Section G Activities of Daily Living Assistance and Section GG Functional Mobility
- Evaluate the lift assistance needs** of all residents in the community.

- ❑ **Establish processes for assessing and communicating resident transfer and mobility needs** at the time of move in, during shift reports, with a change in resident condition or ability, if transferred to another care setting and during the discharge process. Reevaluate at regular intervals, or if the resident experiences an illness or change in condition.
- ❑ **Engage residents.** Encourage participation in the transfer every time, recognizing that each time the ability could change. Develop a system to address issues, like when a resident refuses staff use of equipment and/or is cognitively unable to participate.
- ❑ **Incorporate safe resident transfer and mobility** in the care plan for all aspects of care delivery, including, but not limited to:
  - › Activities of daily living (transfers, mobility, toileting and bathing/grooming)
  - › Ambulation
  - › Therapy

### **Educate your staff to ensure success**

Competency has three parts: knowledge, skill and attitude. Assess current staff competencies and consider opportunities to enhance knowledge, skills and attitudes for safe resident handling and mobility. Suggestions from NIOSH and ANA's Safe Patient Handling and Mobility: Interprofessional National Standards Across the Care Continuum include, but are not limited to:

- ❑ **Identify program champion trainers** who, with increasing levels of responsibility, are able to provide education, training and support of the ongoing program.
- ❑ **Use a system for delivering and documenting education and training** upon orientation, annually and with the introduction of new products or technology.

- **Check availability of training programs** from equipment manufacturers and distributors.
- **Consider training methods that meet the needs of the learner.** A combination of online learning and live practice sessions with equipment can be effective. Encourage live practice sessions that incorporate step-by-step checklists to evaluate skills and assess for knowledge gaps.
- **Tailor education and training** to the specific role and setting of the care provider. For example, a caregiver who uses equipment to assist with transfers will require different training than a therapist who uses products during a therapy session.
  - › Provide education on high-risk factors for injuries when handling residents. Fragala et al. (2016) recommends paying particular attention to the following four risks:
    - **Exertion** – more exertion is required for residents who are:
      - Overweight
      - Cognitively impaired
      - More dependent
      - Unable or unwilling to actively participate and promote their own movement
    - **Frequency** – the number of times a caregiver performs a resident-handling task. Repeated activities, such as turning, repositioning or lateral transfers, increase risk for injury
    - **Posture** – reaching, bending, twisting and other awkward positions increase risk for injury
    - **Duration of exposure** – cumulative exposure to frequent exertion, posture and load can increase risk for injuries
- **Use the same equipment and technology in education and training** sessions that will be used with actual residents.
- **Teach caregivers how to perform a resident transfer with assistive devices.** Teaching should include, but is not limited to:
  - › Determining the resident’s ability to self-help with the transfer each time
  - › Checking the service plan to determine the type of transfer and equipment needed
  - › Properly communicating when they need to conduct a lift they haven’t received training on
  - › How to select the equipment that will best meet the resident’s needs. If a device with a sling is chosen, focus on selecting the right size and how to inspect the sling before each use
  - › Determining the number of people required to assist. Caregivers should never attempt to transfer alone if the transfer requires more than one person
  - › Communicating the process to the resident before, during and after the lift
  - › Responding if a resident or family member has their own equipment or equipment is supplied by another provider
  - › Evaluating the environment for opportunities to reduce risks with transfers and mobility
- **Document competence**, including understanding and use of technologies and methods for transfer, repositioning, ambulation and other care tasks.

## SEE IT IN ACTION:

Two years later, the safety program is thriving, and the committee is looking ahead to support a new Memory Care wing.

### MARY

*It's been almost two years since James came here and helped us start a safety program. I'm still part of the safety committee – they gave me extra responsibilities and a raise! I'm the first safety captain at Silver Light. I still take care of residents, but not as many. I am responsible for training all of our staff on ways to make our community safer and teaching everyone how to use the equipment the right way. I'm also in charge of running the safety committee once a month. Silver Light is getting bigger – we opened a new wing last year for people with memory problems.*

### JAMES

*I'm so proud of the team at Silver Light. They've really embraced a culture of safety, and we've reduced our staff injuries and workers' compensation claims by 40% in the last two years!*

*Norm and the other owners felt the time was right to expand and meet a community need for more Memory Care beds. We recently opened a 20-bed Memory Care space and are 80% full so far, with two more move-ins scheduled for this month.*

*Maintaining a safe resident transfer and mobility program is a challenge in Memory Care. My old community didn't provide Memory Care, so this is new to me. The nursing director and I have been going to conferences and trying to learn as much as we can about caring for people with dementia. Our next steps are ensuring we provide safe care for our new residents and maintaining a safe workplace for our staff – I think the committee is up to the task!*

### Educate residents to help them maintain good health

Residents who actively participate in their healthcare are more likely to adapt behaviors that promote and maintain health. The following recommendations can help your team educate residents and their families on safe resident transfer and mobility:

- Share resident assessment results** with the resident and resident representative, explaining the level of support needed for transfer and ambulation.
- Review areas of strength** that the resident should continue to work on.
- Review the strategies and plan** for helping the resident improve strength, balance and independence in transfer and ambulation.
- Provide information on how to reduce the risk for falls** and fall-related injuries, such as head injuries, fractures, skin injuries, etc. Talk about what to expect if a fall occurs and how a resident will be cared for.
- Explain how furniture choices can help** promote a safer transfer from lying to sitting to standing and back again.
- Invite residents and their families to be fully engaged** in the culture of safety in your community. Providing the “why” can support educating about the “what.”
- Introduce the safe resident transfer and mobility program.** Explain the equipment used in your program, including the purpose of the equipment and how it works.
- Provide examples of when the equipment would be used** and what a resident can expect before, during and after the use of a mechanical lift. Review if a mechanical lift will be used in case of a fall.
- Discuss how the resident can help ensure a safe transfer**, and encourage them to provide feedback on their experience with the mechanical lift.

- **Talk about the assessment and reassessment process.** Explain why it's important to continue to evaluate whether the resident is ready to reduce the need for a mechanical lift or will need more assistance.

- **Offer opportunities to answer questions,** and stay open to providing ongoing education.

## SECTION FIVE: Investing for Success

Promoting a culture of safety starts with recognizing the need for one. The following examples reflect common situations where transfer and mobility support should be considered in order to help reduce the risks for resident and caregiver injury.

Identify situations that regularly occur in your community, and consider selecting at least one solution to help support a comprehensive approach to resident transfers and mobility. Remember that not all considerations will be appropriate for all residents; a medical professional should assess each resident based on his or her individual capabilities and medical history.

Common Transfer & Mobility Situations	Solutions for Consideration
<b>Assisting a resident into and out of bed</b>	<ul style="list-style-type: none"> <li>• Bed enablers</li> <li>• Multifunction bed with positioning device</li> </ul>
<b>Assisting a resident with positioning in bed</b>	<ul style="list-style-type: none"> <li>• Slide sheets</li> <li>• Positioning device or enablers</li> <li>• Multifunctional bed</li> </ul>
<b>Assisting a resident from a seated-to-seated or seated-to-standing position</b>	<ul style="list-style-type: none"> <li>• Transfer board</li> <li>• Stand assist</li> <li>• Sit-to-stand lift</li> <li>• People mover</li> <li>• Lift chairs (non-powered and powered)</li> </ul>
<b>Assisting with chair positioning</b>	<ul style="list-style-type: none"> <li>• Boosting devices</li> </ul>
<b>Assisting a resident off of the floor</b>	<ul style="list-style-type: none"> <li>• Stand assist</li> <li>• Emergency lifting cushion</li> <li>• Floor lift</li> </ul>
<b>Assisting a resident with being weighed</b>	<ul style="list-style-type: none"> <li>• Standing scale with support arms</li> <li>• Chair scale with arm rests</li> <li>• Wheelchair scale</li> <li>• Scale integrated into lifting equipment</li> </ul>
<b>Assisting a resident with bathing and toileting</b>	<ul style="list-style-type: none"> <li>• Stand assist</li> <li>• Raised toilet seats</li> <li>• Grab bars in bathroom</li> <li>• Transfer bench</li> <li>• Shower chair</li> </ul>
<b>Assisting residents with community events</b>	<ul style="list-style-type: none"> <li>• Non-powered and powered lift chairs in common spaces</li> <li>• Furniture designed for seniors in common spaces</li> <li>• Extra wheelchair(s) for transportation across campus</li> </ul>

## Summary

This assessment guide was designed to help Assisted Living providers think about how they can introduce, implement and maintain a culture of safety with a focus on safer resident transfers and mobility. Assessing individual resident needs can help providers collect necessary information as they strive to effectively develop a comprehensive and individualized service plan and provide safe and effective care. Several excellent tools are available at little to no cost to providers who want to find ways to improve safety and reduce the risks of resident and staff injuries.

As you begin or continue your journey, remember to collect and track your data! Outcomes are the new currency and will provide you with powerful information to tell your story to prospective residents, potential new staff, owners, hospitals, insurance companies and others.

We hope this assessment serves as a valuable tool to help generate a conversation about overall readiness for cultivating a culture of safety in your community.

## Resources to Consider

The following resources are provided as a sampling of potential resources that you may want to review as you develop your internal policies and procedures. Direct Supply does not endorse any particular resource, nor are these resources necessarily representative of Direct Supply's opinion.

### **Program Development**

ECRI Institute

Continuing Care Risk Management

[https://www.alnursing.org/wp-content/uploads/2015/2015-AALNA/2015-Conference\\_Safe-Resident-Handling-and-Movement.pdf](https://www.alnursing.org/wp-content/uploads/2015/2015-AALNA/2015-Conference_Safe-Resident-Handling-and-Movement.pdf)

Veterans Health Administration Center for Engineering and Occupational Safety and Health (CEOSH)  
Safe Patient Handling and Mobility Guidebook  
<http://www.tampavaref.org/safe-patient-handling.htm>

Veterans Health Administration Center for Engineering and Occupational Safety and Health (CEOSH)  
Bariatric Safe Patient Handling and Mobility Guidebook:  
A Resource Guide for Care of Persons of Size  
<http://www.tampavaref.org/safe-patient-handling.htm>

### **Assessment Tools for Transfer & Mobility**

Agency for Healthcare Research and Quality (AHRQ)  
The Falls Management Program: A Quality Improvement Initiative for Nursing Facilities. Appendix B6: Mobility and Transfer Assessment  
<http://ahrq-test-web-1310354753.us-east-1.elb.amazonaws.com/professionals/systems/long-term-care/resources/injuries/fallspfx/fallspfxmobility.html>

American Nurses Association  
Implementing a Mobility Assessment Tool for Nurses: A Nurse-Driven Assessment Tool Reveals the Patient's Mobility Level and Guides SPHM Technology Choices  
[https://www.americannursetoday.com/wp-content/uploads/2014/09/ant9-Patient-Handling-Supplement-821a\\_Implementing.pdf](https://www.americannursetoday.com/wp-content/uploads/2014/09/ant9-Patient-Handling-Supplement-821a_Implementing.pdf)

Centers for Disease Prevention & Control and STEADI  
Timed Up and Go Test  
[https://www.ons.org/sites/default/files/TUG\\_Test-a.pdf](https://www.ons.org/sites/default/files/TUG_Test-a.pdf)

For additional resources, go to:  
[www.cdc.gov/injury/STEADI](http://www.cdc.gov/injury/STEADI)

Centers for Medicare and Medicaid Services. MDS 3.0. Section G and GG; Activities of Daily Living Assistance and Functional Mobility. Accessed January 29, 2017.  
Section G:

[https://www.ahcancal.org/facility\\_operations/Documents/UpdatedFilesOct2010/Chapter%203%20-%20Section%20G%20V1.04%20Sept%202010.pdf](https://www.ahcancal.org/facility_operations/Documents/UpdatedFilesOct2010/Chapter%203%20-%20Section%20G%20V1.04%20Sept%202010.pdf) Section GG: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-SECTIONS-A-AND-GG-DOCUMENT.pdf>

Hartford Institute for Geriatric Nursing  
Katz ADL Index  
[https://clas.uiowa.edu/socialwork/sites/clas.uiowa.edu/socialwork/files/NursingHomeResource/documents/Katz%20ADL\\_LawtonIADL.pdf](https://clas.uiowa.edu/socialwork/sites/clas.uiowa.edu/socialwork/files/NursingHomeResource/documents/Katz%20ADL_LawtonIADL.pdf)

### **Educational Resources**

Direct Supply "Lift Safe" Educational Program

### **Product Resources**

Safe Resident Transfer & Mobility Product Guide

### **Environmental Design**

Facilities Guidelines Institute  
Guidelines for Design and Construction of Residential Health, Care and Support Facilities  
[https://www.fgiguilines.org/#product\\_modal\\_1](https://www.fgiguilines.org/#product_modal_1)

### **Services**

Direct Supply® TELS®  
<https://www.tels.net>

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