

# The Value of Safe Patient Handling

Connecting the Dots to Quality Indicators & Injury Reduction

2013 American Nurses Quality  
Conference Atlanta, GA

## SAFE PATIENT HANDLING PRESENTATION OBJECTIVES

- The Value of Safe Patient Handling
- Address complications related to immobility and opportunities to improve patient outcomes
  - We face challenges related to patient falls, facility-acquired pressure ulcers, and complications associated with patient immobility
- Explore cause and prevention of caregiver injury
  - Caregiver injury due to unsafe manual handling of patients is occurring at a high rate and has a significant financial impact
- Participate in safe lifting and moving tasks using lift equipment
  - Rotate through four lifting stations and discuss safe lifting techniques with the station expert.

Implementing a safe patient handling program can significantly impact operations:

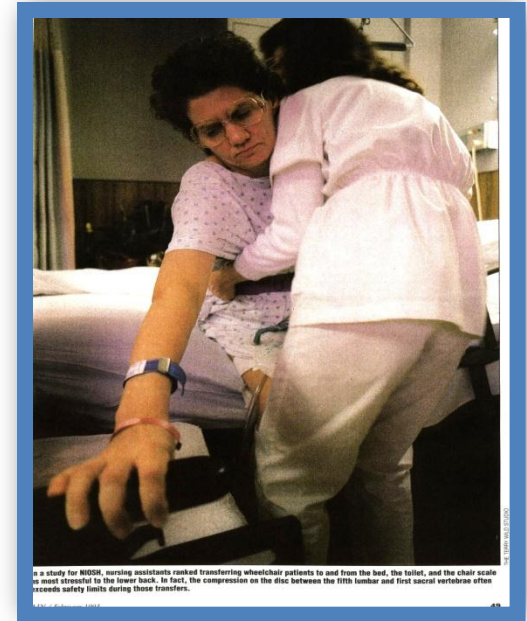
- Patient Outcomes
- Pressure ulcers, Fall Prevention, Satisfaction Ratings, Care for the Bariatric Patient
- Nursing Productivity & Satisfaction
- Efficiency, time at the bed side, injury rates, morale, retention, recruitment and career longevity.
- Administrative Challenges
- Legislative compliance, community image, Employer of Choice, The Joint Commission, Magnet Journey, OSHA IR, DART, and OSHA surveys

**CURRENT PRACTICE INCLUDES MANUAL LIFTING  
DOES THIS LOOK FAMILIAR? IS THIS REALLY SAFE?**



## WHAT DOES SPH MEAN TO THE CAREGIVER?

- A major area in need of improved safety is that of patient handling. **Nurses lift an estimated 1.8 tons per 8 hour shift.<sup>1</sup>**
- **NIOSH recommends 35 pounds as the safe lifting limit for healthcare workers.**
- Every day, staff make the unconscious trade-off to take on **more personal risk** for the **immediate benefit of the patient**, to avoid interrupting others, or to avoid using specialty lifting equipment not immediately available at the bedside.



1. InTuohy-Main K. Why manual handling should be eliminated for resident and caregiver safety. Geriatrics. 1997;15:10-14.

## THE CHALLENGE: CAREGIVER INJURIES RELATED TO PATIENT HANDLING IS HIGH

- In 2010, nursing aides, orderlies, and attendants experienced<sup>1</sup>
  - An incident rate of 249 cases/10,000 full-time workers for musculoskeletal disorder (MSD) cases with days away from work
  - 27,020 MSD cases with days away from work
  - An incident rate of 283 cases/10,000 full-time workers for nonfatal occupational injuries and illnesses involving days away from work



1. Nonfatal occupational injuries and illnesses requiring days away from work, 2010 [press release]. Washington, DC: Bureau of Labor Statistics, US Department of Labor; November 9, 2011. <http://www.bls.gov/news.release/pdf/osh2.pdf>. Accessed 1/1/12.

- 62% indicated that suffering a disabling musculoskeletal injury was one of their top 3 safety concerns
- 56% experienced musculoskeletal pain that was caused/made worse by job
- 80% of nurses reported working despite experiencing frequent musculoskeletal pain



## THE CHALLENGE: THE FINANCIAL IMPACT IS SIGNIFICANT

- In 2009, overexertion injuries caused by excessive lifting, pushing, pulling, holding, carrying, and/or throwing were the most expensive serious nonfatal workplace injuries, costing an estimated \$12.75 billion in workers' compensation costs<sup>1</sup>
- **\$37,154** is the average cost of a lower back injury claim<sup>2</sup>
- **435,180** lost-time musculoskeletal injury claims were filed by healthcare workers in 2005<sup>3</sup>
- High injury rates could be linked to higher staff turnover rates<sup>3</sup>



1. 2011 Liberty Mutual workplace safety index. Liberty Mutual Research Institute for Safety website. <http://www.libertymutualgroup.com/researchinstitute>. Accessed 8/3/12.

2. Injury facts 2011 edition. National Safety Council website. [http://www.nsc.org/Documents/Injury\\_Facts/Injury\\_Facts\\_2011\\_w.pdf](http://www.nsc.org/Documents/Injury_Facts/Injury_Facts_2011_w.pdf). Accessed 8/17/12.

3. Chamey W, Schirmer J. *AAOHN J.* 2007;55:470-475.



**THE CHALLENGE: MANY BODY SYSTEMS CAN BE ADVERSELY AFFECTED BY PROLONGED IMMOBILITY**

***Potential Complications of Immobility***

**Respiratory:** pneumonia, atelectasis, and pulmonary embolism



**Neurological:** depression and anxiety



**Cardiovascular:** postural hypertension, cardiac muscle atrophy, and deep vein thrombosis



**Musculoskeletal:** osteoporosis, muscle atrophy and weakness, and contractures



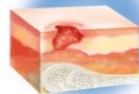
**Metabolic:** glucose intolerance and negative nitrogen balance



**Renal:** calculi and nephritis



**Skin:** pressure ulcers



**Gastrointestinal:** constipation and fecal impaction



## THE CHALLENGE: FACILITY-ACQUIRED PRESSURE ULCERS

- The current prevalence of pressure ulcers is high<sup>1</sup>
  - 1 in 10 patients in acute care experience a pressure ulcer, and almost 1 in 20 patients develop a facility-acquired pressure ulcer
  - In the long-term acute care setting, the risk rises to nearly 1 in 4
- Because the Centers for Medicare & Medicaid Services no longer pays for care associated with stage 3 and 4 facility-acquired pressure ulcers, pressure ulcers can have a significant financial impact<sup>2</sup>
- Mobilization of patients is recommended to help prevent pressure ulcers and might include adherence to 2-hour repositioning schedules<sup>3</sup>

1. VanGilder C, et al. Presented at: *Symposium on the Advances of Skin and Wound Care*. 2010.

2. Hospital-acquired conditions. Centers for Medicare & Medicaid Services website. [http://www.cms.gov/HospitalAcqCond/06\\_Hospital-Acquired\\_Conditions.asp](http://www.cms.gov/HospitalAcqCond/06_Hospital-Acquired_Conditions.asp). Accessed 1/3/12.

3. Jankowski IM, Nadzam DM. *Jt Comm J Qual Patient Saf*. 2011;37:253-264.

**HORIZONTAL TRANSFERS**



**SITTING TRANSFERS**



**WALKING / AMBULATION**



**PATIENT HANDLING METHODS THROUGH THE PROGRESSIVE MOBILITY® PROGRAM**

**REPOSITIONING**



**STANDING ASSESSMENTS**



## THE SOLUTION: PROGRESSIVE MOBILITY® PROGRAM THAT INCLUDES...

- Turning Q2H & Early Progressive Mobility® Programs
- [?] Are patients being turned as frequently as needed?
- [?] What type of lift equipment is needed to safely turn the patient?
- [?] What triggers turning ? Drop down in chart?
- [?] Is using a turning team an effective strategy?
- [?] How frequently should patients be turned?
- [?] What if the patient is on a special mattress or bed?
- [?] What if there are pressure ulcers on all of the patients' turning surfaces?
- [?] What if the patient is too unstable for turning?
- [?] Physical Therapy support of progressive mobilization

## THE CHALLENGE: MANY PATIENTS EXPERIENCE A POTENTIALLY EXPENSIVE FALL DURING THEIR HOSPITAL STAY

**3%-20% of patients fall at least once during their hospital stay<sup>1</sup>**

**Inpatient falls may result in excess charges of more than \$4000 per hospitalization<sup>1</sup>**

**Injuries from falls are no longer reimbursed under CMS guidelines<sup>2</sup>**

**Hospitals must absorb the costs associated with the treatment of fall injuries<sup>2</sup>**

**Most adult patients in healthcare settings are considered to be at high risk for falls<sup>3</sup>**

CMS=Centers for Medicare & Medicaid Services.

1. Inouye SK, et al. N Engl J Med. 2009;360:2390-2393.

2. Hospital-acquired conditions. Centers for Medicare & Medicaid Services website. [http://www.cms.gov/HospitalAcqCond/06\\_Hospital-Acquired\\_Conditions.asp](http://www.cms.gov/HospitalAcqCond/06_Hospital-Acquired_Conditions.asp). Accessed 1/3/12.

3. Shever LL et al. West J Nurse Res. 2011;33:385-397.

# THE SOLUTION: RECOGNITION OF THE IMPORTANCE OF PREVENTING PATIENT FALLS, GUIDELINES, AND TECHNOLOGY

- The Joint Commission identified reducing the risk of falls as one of its national patient safety goals<sup>1,2</sup>
- The US Department of HHS Partnership for Patients set a goal for hospitals to reduce the number of preventable fall injuries by half by 2013<sup>3</sup>
- Hospitals that qualify for value-based purchasing are at risk of losing 1% or 2% of inpatient Medicare payments if they do not perform well based on metrics, including patient falls<sup>3-5</sup>

*Increased government recognition*

*Recognition of patient falls as an important quality indicator*

- Falls benchmarks are required for Magnet Recognition Program® status applications<sup>6</sup>

*Safe Transfers and Movement™ Program using Hill-Rom® lifts*

*Clinical practice guidelines for fall prevention*

- Lift technology for early ambulation can help you make the first step a safe step

- The American Geriatrics Society/British Geriatrics Society clinical practice guidelines for the prevention of falls recommend screening, assessment, and interventions<sup>7</sup>

HHS=Health and Human Services.

1. National patient safety goals effective January 1, 2012: home care accreditation program. The Joint Commission website. [http://www.jointcommission.org/assets/1/6/NPSG\\_Chapter\\_Jan2012\\_OME.pdf](http://www.jointcommission.org/assets/1/6/NPSG_Chapter_Jan2012_OME.pdf). Accessed 1/12/12. 2. National patient safety goals effective January 1, 2012: long-term care accreditation program. The Joint Commission website. [http://www.jointcommission.org/assets/1/6/NPSG\\_Chapter\\_Jan2012\\_LTC.pdf](http://www.jointcommission.org/assets/1/6/NPSG_Chapter_Jan2012_LTC.pdf). Accessed 1/12/12. 3. Preventing serious fall injuries and immobility. HealthCare.gov website. <http://www.healthcare.gov/compare/partnership-for-patients/safety/injuries.html>. Accessed 2/27/12. 4. Administration implements Affordable Care Act provision to improve care, lower costs [press release]. Washington, DC: US Department of Health and Human Services; April 29, 2011. <http://www.hhs.gov/news/press/2011pres/04/20110429a.html>. Accessed 1/3/12. 5. Greenberg B; Health Care Industry Committee. Value-based purchasing overview. Washington, DC: The Advisory Board Company; 2011. 6. Magnet Recognition Program® FAQ: data and expected outcomes. American Nurses Credentialing Center website. [http://www.nursecredentialing.org/Functional\\_Category/FAQs/DEO-FAQ.html](http://www.nursecredentialing.org/Functional_Category/FAQs/DEO-FAQ.html). Accessed 2/27/12. 7. Panel on Prevention of Falls in Older Persons, American Geriatrics Society and British Geriatrics Society. J Am Geriatr Soc. 2011;59:148-157.

## THE CHALLENGE: BARRIERS TO THE IMPLEMENTATION OF SAFE PATIENT HANDLING PROGRAMS

**Potential barriers to the implementation of safe patient handling programs include<sup>1,2</sup>**

**Financial constraints**

**Reluctance to accept changes**

**Competing priorities among management**

**Potential barriers to the implementation and maintenance of safe patient handling programs must be overcome**

1. Saracino S, et al. Pennsylvania Patient Safety Advisory. 2009;6:126-131.

2. AOHP OSHA Alliance Implementation Team. Beyond getting started: a resource guide for implementing a safe patient handling program in the acute care setting. Association of Occupational Health Professionals in Healthcare website. [http://www.aohp.org/documents/about\\_aohp/BGS\\_Summer2011.pdf](http://www.aohp.org/documents/about_aohp/BGS_Summer2011.pdf). Accessed 1/25/12.

## THE SOLUTION: A COMBINATION OF GUIDELINES, POLICIES, AND TECHNOLOGY

### NIOSH

- Lifting equation yields a recommended maximum weight limit of 35 lbs for use in patient handling tasks<sup>1</sup>
- Weight limit is even lower when tasks are performed under challenging circumstances<sup>1</sup>
- When a patient handling task might exceed the weight limit guidelines, assistive lifting equipment should be used<sup>1</sup>

### VHA

- Established policies for the implementation and maintenance of safe patient handling programs<sup>2</sup>
- Created algorithms that provide guidance for safe patient handling best practices<sup>3</sup>

### PHAMA

- The PHAMA paper, written by The Facility Guidelines Institute, provides<sup>4</sup>
  - Guidelines regarding selection of lifting and transfer devices
  - Recommendations for safe patient handling equipment needs

**SPH Policy and procedures aligned  
with your equipment resources**

NIOSH=National Institute for Occupational Safety and Health; PHAMA=patient handling and movement assessments;  
VHA=Veterans Health Administration.

1. Waters TR. Am J Nurs. 2007;107:53-58.

2. US Department of Veterans Affairs, Veterans Health Administration. Safe patient handling program and facility design. VHA Directive 2010-032. <http://www.visn8.va.gov/VISN8/PatientSafetyCenter/safePtHandling/SafePatientHandlingDirective.pdf>. Accessed 3/12/12.

3. Algorithms for safe patient handling and movement: assessment forms and algorithms. VA Sunshine Healthcare Network website. <http://www.visn8.va.gov/PatientSafetyCenter/safePtHandling/>. Accessed 4/27/12.

4. Cohen MH, et al. Patient handling and movement assessments: a white paper. Dallas, TX: The Facility Guidelines Institute; 2010.



### Reducing the Financial Impact

- At one institution, implementation of a safe patient handling program has shown a **reduction in workers' compensation costs by 40%** and lead to an increase in employee satisfaction<sup>1</sup>
- Selecting proper equipment, providing education, and implementing safe patient handling program processes have been shown to **reduce costs**<sup>2</sup>
- Implementation of a back injury prevention program has been shown to **decrease workers' compensation costs**<sup>3</sup>
- Implementation of a safe patient handling and movement project has been shown to be **cost-effective**<sup>4</sup>
- Implementation of a ceiling lift program in an extended care facility has been shown to **generate economic benefits due to reduced workers' compensation costs** within 3 years of intervention<sup>5</sup>

1. Forte J. American Nurse Today. 2011;6(suppl).

2. Brophy MO, et al. AIHAJ. 2001;62:508-511.

3. Collins JW, et al. Inj Prev. 2004;10:206-211.

4. Siddharthan K, et al. Cost effectiveness of a multifaceted program for safe patient handling. In: Henricksen K, et al, eds. Advances in Patient Safety: From Research to Implementation. Vol 3. Rockville, MD: US Agency for Healthcare Research and Quality; 2005:347-358.

5. Chhokar R, et al. Appl Ergon. 2005;36:223-229.

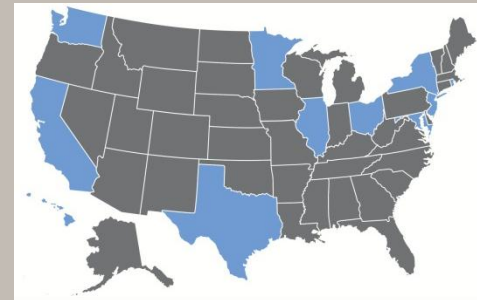
# THE US GOVERNMENT IS PLAYING A LARGER ROLE IN PREVENTING CAREGIVER INJURY AND PROMOTING SAFE PATIENT HANDLING

## OSHA

- Addresses safe patient handling with general-duty clause requiring every employer to provide a safe and hazard-free work environment<sup>1</sup>
  - Musculoskeletal injuries related to patient handling are reported and recorded in the OSHA 300 logs
- Developed a set of guidelines for nursing homes in 2003 that are designed to prevent MSDs<sup>1</sup>
- Launching national initiative for increased inspections of nursing home and resident care facilities<sup>2</sup>
  - Focus areas include back injuries resulting from resident handling or lifting

## State Legislation

- Many states created legislation mandating safe patient handling initiatives<sup>3</sup>
  - Safe patient handling laws have been enacted in 10 states
  - Additionally, Hawaii has passed a resolution supporting safe patient handling



## Caregiver injury due to patient handling is receiving increased government attention

OSHA=Occupational Safety and Health Administration.

1. AOHP OSHA Alliance Implementation Team. Beyond getting started: a resource guide for implementing a safe patient handling program in the acute care setting. Association of Occupational Health Professionals in Healthcare website. [http://www.aohp.org/documents/about\\_aohp/BGS\\_Summer2011.pdf](http://www.aohp.org/documents/about_aohp/BGS_Summer2011.pdf). Accessed 1/25/12.
2. OSHA to focus on improving safety and health at nursing home facilities [press release]. Washington, DC: Occupational Safety and Health Administration; November 9, 2011. [http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=NEWS\\_RELEASES&p\\_id=21192](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=NEWS_RELEASES&p_id=21192). Accessed 9/21/12.
3. Enacted safe patient handling (SPH) legislation. American Nurses Association's Nursing World website. <http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy/State/Legislative-Agenda-Reports/State-SafePatientHandling/Enacted-Legislation>. Accessed 4/27/12.

THE AMERICAN NURSES ASSOCIATION STANDARDS OF PRACTICE  
FOR SAFE PATIENT HANDLING

- The American Nurses Association is currently developing national interdisciplinary safe patient handling standards to help hospitals and other healthcare employers develop safe, effective, and enduring programs
- The standards were available for public comment in October 2012, with a release planned for Spring 2013.
- To establish a safe environment for nurses and patients, the American Nurses Association supports actions and policies resulting in the elimination of manual patient handling

1. Create a Culture of Safety
2. Implement and Sustain a SPHM Program
3. Incorporate Prevention through Design: Providing a Safe Environment of Care
4. Select, Install, and Maintain SPHM Technology
5. Establish a System for Education, Training and Competency
6. Incorporate Health Care Recipient Centered Assessment, Care Planning, and Use of Technology
7. Include SPHM in Reasonable Accommodation and Post Injury Return to Work
8. Establish a Comprehensive Evaluation Program

# CLINICAL SITUATIONS: LIFTING SOLUTIONS USING LIFT TECHNOLOGY

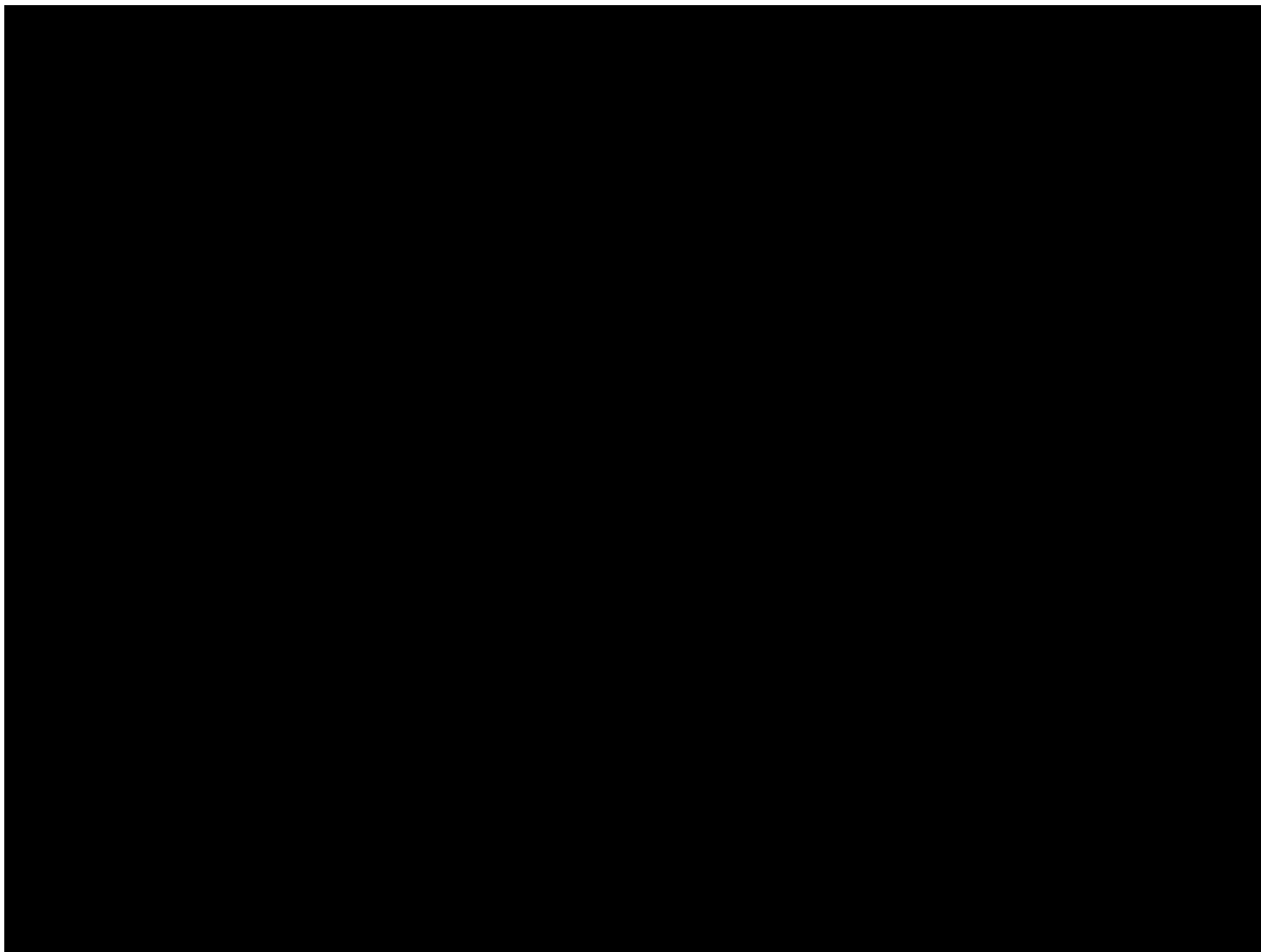
<p><b><u>IN THE BED</u></b></p> <p><b>Totally Dependent</b></p>	<ul style="list-style-type: none"> <li>• Repositioning</li> <li>• Side-to-side turning</li> <li>• Limb lifting</li> <li>• Linen changes</li> <li>• Hygiene procedures</li> <li>• Posterior assessment</li> <li>• Catheter insertion</li> <li>• Horizontal transfers</li> </ul>			
<p><b><u>UP FROM THE BED</u></b></p> <p><b>Dependent / Not Ambulating</b></p>	<ul style="list-style-type: none"> <li>• Sitting out of the bed</li> <li>• Bed-to-wheel chair</li> <li>• Bed-to-chair</li> <li>• Bed-to-commode</li> <li>• In-chair repositioning</li> <li>• Standing assessment</li> </ul>			
<p><b><u>OUT OF THE BED</u></b></p> <p><b>Ambulating</b></p>	<ul style="list-style-type: none"> <li>• Ambulation / Walking</li> <li>• Standing Assessments</li> </ul>			

## DIGNIFIED CARE FOR PATIENTS OF SIZE (BARIATRICS)

- Sling application with low-friction sheets
- Seated lifting for repositioning sheet application/changes, bed linen
- Use of limb straps during sling application
- Safe ambulation
- Skin folds & hygiene
- Lifting pannus
- Comfort needs met



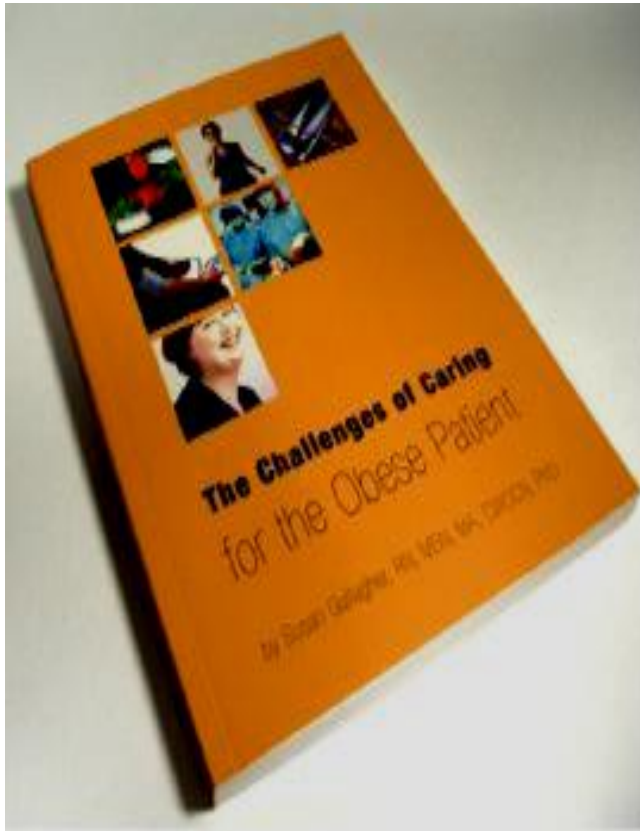
## FROM THE PATIENT'S PERSPECTIVE



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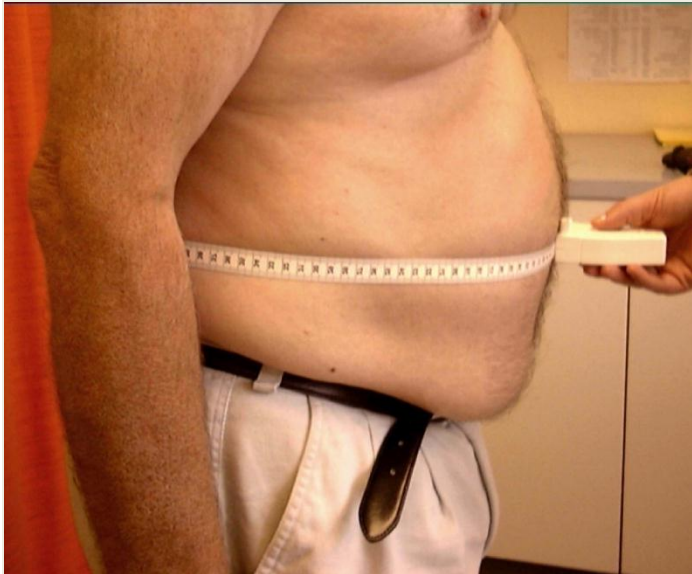


# Challenges...



- Childhood obesity
- Pressure ulcers
- Lower leg ulcers
- Preplanning for care
- Care across the continuum
- Panniculectomy
- Bariatric weight loss surgery
- And more...

# The Triad of



# Hazards of immobility



# Immobility and obesity

- Endocrine
- Cardiac
- Vascular
- Respiratory
- Musculoskeletal
- Gastrointestinal
- Integumentary
- Emotional



# Integumentary

- Largest organ of the body
- Greater pressure
- Less vascularity in adipose tissue
- Greater friction and shear
- Skin to weight ratio – perspiration
- Untreated dermatitis
- Urinary incontinence
- Atypical pressure ulcers



# Atypical pressure ulcers

- Skin folds
- Tubes and catheters
- Hip ulcers
- Buttocks ulcers, buttock cleft, lower back



# Economic hazards

- Non-reimbursable events including readmission (CMS 2008)
- Liability risk
- Satisfaction
- Issues of retention and recruitment
- Threat to caregiver safety



# Implications to safe patient handling?

*“Patients with a BMI greater than 35 comprised only ten percent of the patient population, however handling patients with a BMI greater than 35 was associated with 29.8% of injuries, 27.9% of lost time, and 37.2% of restricted time. In this study lifting, turning and repositioning was usually performed using biomechanics and not equipment. Therefore, with increasing body weight and weight maldistribution of both patients and their caregivers, challenges inherent in lifting, moving and repositioning the larger, heavier patient lends to hazards of immobility.”*

Randall SB, Porie WJ, Pearson A, Drake DJ. Expanded Occupational Safety and Health Administration 300 log as metric for bariatric patient-handling staff injuries. *Surg Obes Related Disease*. 2009;5(4): 463-468.



# Understanding the All-New Paradigm

# What is progressive, early mobility?

*“Series of planned movements in a sequential manner beginning at a patients current mobility status with the goal of returning to baseline”*

# How can this be done successfully?

- Mobility team/mobility coach
- Four-step action plan
  - Task force
  - Criteria-based protocol
  - Training
  - Outcomes
- Rethink success...don't forget Deming!



# Pre-planning

- Challenges of immobility
  - Caregiver injury
  - Patient safety
- Comprehensive effort
  - Task force
  - Preplanning tools
  - Education
  - Outcomes



## Case study

Jenna, a 61-year-old woman with a BMI greater than 90 (240 kg and 5'4") was admitted to the critical care area with skin tears, a pressure ulcer, severe COPD, morbid obesity, sleep apnea, renal failure and numerous other co morbidities.

## Case study

She had been bed bound for years at home with attentive family care, which addressed her physical, emotional and social needs. Advanced directives indicated she and her family wanted “everything done.”

- Shaver J. *Promoting dignity and preventing caregiver injury among a morbidly obese patient with skin care challenges*. National Association for Bariatric Nurses National Conference. Asheville, NC. 2005.
- Shaver J & Camden SG. Promoting dignity and preventing caregiver injury while caring for a morbidly obese woman with skin care challenges. *Bariatric Nursing and Surgical Patient Care*. 2006 in press.

Within 15 minutes of admission two  
caregivers were injured....

# Case study

- Lateral transfer device was used for transfers
- Full body lateral rotation support surface was used as an adjunct for turning/repositioning
- Sling-type lift was used to lift the patient from the bed



# Case study

- Regardless of the time of day four people were always involved in turning or moving the patient
- Clinical experts
  - Pulmonologist, pain CNS, WOCN, social worker, ergonomist, dietician, physical therapist and more...

# Case study

- Challenges
  - Dignity
  - Accommodation, supportive friends and family members,
  - Prevention of immobility-related complications including attention to skin integrity and airway
- Prevent caregiver injury among aging staff members.

# Case study

Two days before the patient's death over 30 people were at the bedside providing emotional support. Despite progressive deterioration of the patient's physical condition, the pressure ulcer did not deteriorate, the skin tears healed completely this became...

# Case study

- ...a satisfaction study
  - No further injuries
  - Satisfaction narratives
  - Reverse performance improvement project

# More reading

- Gallagher SM. The meaning of safety in caring for the larger, heavier patient. In: Charney W. *Handbook of Modern Hospital Safety*. CRC Press: Boca Raton, FL. 2011.
- Gallagher SM. Special patient populations. In: Charney W. *Epidemic of Medical Errors and Hospital-Acquired Infections*. CRC Press: Boca Raton, FL. 2012
- Gallagher SM. Skin and wound care among obese patients. In Bryant A& Nix D *Acute and Chronic Wounds*. Mosby: 2012.  
**ELSEVIER 2012 BOOK OF THE YEAR**

# More reading

- Gallagher SM. The individualistic nature of US health care: an introduction to the ethical considerations pertaining to patient lifting and handling injuries among caregivers. *Am J SPHM*. 2012;2(3):54-57.
- Gallagher SM & Gallagher SM. QA and HSR: implications for SPH. *Am J SPHM*. 2012;2(2):8-12.

# More reading

- Gallagher SM. Safety, the nursing shortage and the bariatric nurse: is this an ethical debate? *Bariatric Nursing and Surgical Patient Care*. 2012;7(1):10-12.
- Gallagher SM. Exploring the relationship between obesity, patient safety, and caregiver injury. *Am J SPHM*. 2011;1(2):8-12.
- Gallagher SM, Steadman AK, Gallagher SM. Tackling tough conversations: recognizing societal bias a barrier to crucial conversations. *Bariatric Times*. 2010;7(6):1, 24-28.

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- Gallagher SM. Recognizing trends in preventing caregiver injury, promoting patient safety and caring for the larger heavier patient. *Bariatric Times*. 2009; 6(2):20-25.
- Gallagher SM. Childhood obesity looms large. *Nursing Management*. 2009; 40(2):25-32.
- Gallagher SM. Pressure ulcers, CMS and patients of size. *Bariatric Times*. 2008; 5(12):1,8-13.
- Gallagher SM. Brannan S, Davis P: Best practices for sensitive care and the obese patient: Task Report. *Bariatric Nursing and Surgical Patient Care*. 2008; 3(3):189-196.



## THE NEXT MOVE IS UP TO YOU...

- You entered the healthcare field to **care for patients**, and to ease pain and suffering.
- You entered the healthcare field to **use your brain not your back**.
- You are here today to **learn how to safely lift** and manage patients of all sizes so you can **provide excellent care** without hurting your back, shoulder, or co-worker.
- **I hope you make the next move a Safe Move for you and your patient.**

## QUESTIONS



## REFERENCES

- 2011 Liberty Mutual workplace safety index. Liberty Mutual Research Institute for Safety website. <http://www.libertymutualgroup.com/researchinstitute>. Accessed August 3, 2012.
- Administration implements Affordable Care Act provision to improve care, lower costs [press release]. Washington, DC: US Department of Health and Human Services; April 29, 2011. <http://www.hhs.gov/news/press/2011pres/04/20110429a.html>. Accessed January 3, 2012.
- Algorithms for safe patient handling and movement: assessment forms and algorithms. VA Sunshine Healthcare Network website. <http://www.visn8.va.gov/PatientSafetyCenter/safePtHandling/>. Revised March 12, 2009. Accessed April 27, 2012.
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