

ABBREVIATED



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The Need for Safe Resident Handling & Mobility (SRHM) in an Assisted Living Setting. Where Are We Now?

- Little attention has been paid to the number of injuries that occur to caregivers who work in the assisted living sector, as resident's needs with activities of daily living (ADLs) increase.
- Safe patient handling technology is categorized as an assistive device in assisted living state regulations.
- The authors identified that there is no consistency between the 50 states in the United States regarding the technology that can be used in an assisted living facility (ALF) to move and transfer residents.
- There are 4 likely reasons for this inconsistency: 1) criteria for admission to assisted living facilities; 2) state licensure rules and regulations; 3) cost of technology; and 4) need to create a home-like environment.
- There needs to be a recognition that caregivers working in assisted living need to be protected from injury as their workload increases and the acuity of their residents increases.

International Round Table Discussion: The Challenges of Introducing SRHM in an Assisted Living Environment

- A discussion between a caregiver, a physical therapist (PT), and a certified occupational health nurse and certified professional ergonomist
- Shortage of assisted living beds and caregivers to work in them
- Highest-risk tasks for caregivers: 1) working with a non-height adjustable bed; 2) stand-pivot transfers; and 3) frequent bending with tasks such as applying TED hose
- Carpeted areas present a challenge when manually pushing a resident in a wheelchair.
- There is a lack of consistency between states regarding the type of technology that can be used
- There is a need to integrate SPH technology into assisted living to help residents feel safer and expose caregivers to less risk of injury.

Using Assistive Devices in Assisted Living. What Can Be Used to Promote Staff and Resident Safety?

- There are 4 key tasks that expose the caregiver to risk of injury when working in an assisted living environment: 1) conducting tasks in and around the bed area; 2) mobilizing a resident who is unsteady on their feet; 3) assisting a resident to a chair/bed from the floor; and 4) transferring a resident from bed to chair etc.
- There are 3 options for moving and handling residents in an assistive living environment: 1) manual handling, as assistive devices are not allowed; 2) use of minimal lift equipment such as a non-powered sit-to-stand and mobility assistance to prevent falls, and falls recovery devices (excluding a Hoyer lift; and 3) use of a powered Hoyer and sit-to-stand, mobility devices and fall recovery devices (including a powered Hoyer lift), and sit-to-stand.
- It is always recommended to check with the Department of Health of the state you are working in to check on which technology can and cannot be used.

Implementation of a Standardized Mobility Assessment: A Quality Improvement Project to Improve Early Mobilization in Hospitalized Adult Patients

- This study looked at the impact of the use of a patient mobility assessment tool to prompt the early involvement of physical therapy for patients in the ICU and the impact that had on patient outcomes.
- Delayed mobility occurs when physical activity is not promptly started following initial stabilization in hospitalized patients, resulting in muscle wasting, acquired weakness, impaired functional status, and increased length of stay.
- The use of an evidence-based assessment tool called the Activity Measure for Post-Acute Care (AM-PAC) "6-Clicks" Basic Mobility Inpatient Short Form provided a standardized approach to grading patients' activity levels.
- Results demonstrated an increase in the rate of PT consults after project implementation, reflecting clinical significance for ICU patients in the form of more efficient and effective physical therapy service initiated early in their hospital stay.

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