

# ABBREVIATED



Issue 6 | June 2019

## An Interdisciplinary Approach: Answering The How, When, and Where of Early Mobility Technology

- This article looks at the technologies used throughout the continuum of early mobility which includes early mobility *in the bed, around the bed, and beyond the bed*.
- Technologies for early mobility in the bed include: the ICU bed, tilt beds, tilt tables, slide sheets, ceiling lifts, floor lifts, and cycle ergometers.
- Technologies for early mobility around the bed include: ceiling lift, floor lift, slide sheet, reclining/cardiac chairs, motorized sit-to-stand/transfer devices, non-motorized sit-to-stand/transfer devices, cycle ergometers, walking devices, and wheelchairs.
- Technologies for early mobility beyond the bed include: non-motorized sit-to-stand transfer devices, wheelchairs, motorized sit-to-stand/transfer devices, ceiling lifts, floor lifts, and walking devices.
- While SPHM technologies form a large proportion of the technologies used in early mobility, in an early mobility culture they are used as part of a therapeutic approach to regain mobility and to prevent the complications of immobility vs the SPHM approach which is to safely transfer the patient from one place to another while reducing the risk of injury to the caregiver.

## Reality of Safe Patient Handling Policies and Programs in Hospitals Across the United States

- Research study asking whether SPH policies make any difference to whether staff use SPHM equipment.
- 1328 nurses from 49 hospitals were interviewed, with additional data about injury rates, incurred costs, and lost and restricted workdays being obtained from company records.
- There were 5 major findings from the study: 1) Repositioning the patient was identified as the highest risk task carried out by nurses. 2) Nurses suffered the most injuries - this was a new finding as previous research has indicated the nursing aids were the most likely to be injured. 3) The average cost of a reported injury was about \$22,100, with an average of 22 lost or restricted days. 4) Medical/surgical units had the most injuries. 5) Few nurses had any knowledge of SPH policies and procedures in their facility.
- There appears to be strong levels of inconsistency in the ways hospitals implement their SPH policies and programs, and they need to work on compliance of equipment use, focusing first on repositioning patients.

## Effectiveness of Friction-Reducing Patient-Handling Devices on Reducing Lumbosacral Spine Loads in Nurses: A Controlled Laboratory Simulation Study

- A laboratory study using 16 participants (8 males, 8 females) and “patients “ that weighed 61kg and 100kg.
- 6 types of FRDs were used in the study: draw sheet, reusable air-assisted device, disposable air-assisted device, dual friction-reducing sheets, slide board, and friction-reducing covered board.
- Findings showed that air-assisted devices were identified as the most effective in repositioning and laterally transferring the patient, the riskiest device was the draw sheet.

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## International Round Table Discussion: Are Bariatric Patients The New Normal?

- Experts from the UK, Australia, and Denmark participated in the discussion.
- Although many of the SPHM vendors originate in Scandinavia, Denmark did not have a word for bariatric patients until the early 2000s.
- When asked if there are any new technologies they would like to see developed for the bariatric patient, the experts responses included an electro-mechanical turning system for moving and handling the bedridden patient (UK), appropriate bed spaces and rooms to accommodate the equipment needed for the bariatric patient (Australia), and technologies and solutions to give bariatric/citizens (Denmark).
- The experts were divided in their responses to the question “are bariatric patients the new normal,” but there was a general feeling that we still have much work to do with this group of patients.