Transfer and Lift with Care

Bridgepoint’s TLC Program
TLC Program Goals

- Eliminate injuries due to poor transfer, lift, and repositioning techniques
- Understand how injuries occur
- Understand the Minimal Manual Lift Policy
- Assess transfer status using decision trees
- Team communicate using Mobility Status Posting Sheet
- Use and understand safe body mechanics during patient mobilization
Definitions

- **Lift** – carrying all or a portion of body weight using a mechanical lift e.g. patient is incapable of assisting with mobility

- **Transfer** – moving a patient from one surface to another in a dynamic and cooperative way e.g. bed to a chair
Definitions

• Repositioning – change in patient’s position in a chair/bed to improve posture, increase safety, aid circulation, prevent skin breakdown

• Facilitation - invite patient to move with use of verbal, handling guidance, positioning, environment, equipment
Top 5 Injuries: inpatient services
Overexertion/Strains Incidents

1. Repositioning patient up in bed using pink soaker pad
2. Transferring patient and the patient: lost balance, suddenly could not weight bear, could not stand
3. Turning patient in bed alone without co-worker assistance
4. Patient falling off bed/chair and staff manually pushed/pull/lifted/positioned patient back onto bed
5. Patient fell on floor and nurses manually lifted patient from floor without the use of portable mechanical lift
Impact of an injury

Subtitle

1. Safety concern for patient and staff
2. Pain and suffering for the injured patient and staff
3. Adverse effect on patient care
4. Can lead to overworked, and stressed teams due to the absence of injured staff
5. Significant cost to healthcare system
How do injuries occur?
Here are a few reasons:

• Poor transfer, lift, and repositioning techniques
• Not utilizing safety equipment or incorrect application of devices
• Assessment and documentation of mobility status lacking
• Rushing /cutting corners
• Not planning ahead or getting help
• Not helping a colleague
• Poor biomechanics
Minimal Manual Lift Policy

Key points

1. Handling methods are appropriate to each patient

2. Minimized the risk of injury to patient and staff

3. Appropriate equipment use to ensure safe lift, transfer, reposition technique
Minimal Manual Lift Policy

- Manual lifting of patient’s total body weight is only permitted in an emergency

- Lifting of the total body weight is performed with a ceiling lift or mobile floor lift
Minimal Manual Lift Policy
Assessment

1. Team assesses mobility in the first 24 hours after admission

2. Documentation of mobility status in patient record, care plan, mobility status sheet at bedside

3. Communicate the plan

4. Reassess as needed
Think about ....

How many staff are required to use a mechanical lift (ceiling /floor)?

How many staff are required to reposition a dependent patient?

The answer is ....
The Rule of Two
Sliding sheet or a ceiling or floor lift require two or more staff.
Transfer Assessment
Transfer Assessment

Guidelines:

• Use clinical judgment
• Listen to your patient (if able to report on how they transfer)
• Patient’s mobility can change from hour to hour
• 2 people to assess mobility for safety
• Transfer is affected by:
  - body type
  - health
  - confidence
  - knowledge, skill
Assistance
Percentage of effort of the patient

Modified dependence
• Supervision or set up (patient can perform 100% of task)
• Minimal assistance (patient can perform 75% or more of task)
• Moderate Assistance (patient can perform 50% to 74% of task)

Complete dependence
• Maximal assistance (patient can perform 25% to 49% of task)
• Total assistance (patient can perform less than 25% of the task or requires more than one person to assist)

Taken for FIM Scoring Criteria
Transfer decision tree

Used with permission for UHN Toronto Rehabilitation Institute
Transfer decision tree

Guidelines:

- Uses 4 decisions to assess type of transfer and numbers of individuals assisting

- Decisions:
  - Sitting on the edge of the bed (how much support?)
  - Knee extension
  - Knee flexion
  - Arm assisting in transfer
Transfer assessment
Decision tree one

I Sitting:
Unable to Physically Assist in Maintaining Sitting Balance

And/or
• Unable to follow commands

↓
Mechanical Lift
Transfer assessment

Decision tree two

I. Sitting:
Requires hands-on steadying to maintain sitting position on edge of bed

- Extends 1 knee fully
- Foot can be positioned “toes under knee”
- Uses 1 arm to assist in transfer

2 person assist full stand transfer

- Extends 1 knee approx 45° short of straight
- Foot can be positioned “toes under knee”
- Uses 1 arm to assist in transfer

2 person assist crouch transfer

- Unable to use legs but able to use both arms in transfer

2 person assist transfer board

- Any other/lesser combination of arm/leg movements

Mechanical lift
Transfer assessment

Decision tree three

III Sitting:
Able to maintain sitting position on edge of bed but requires supervision for safety

• Extends 1 knee fully
• Foot can be positioned “toes under knee”
• Uses 1 arm to assist in transfer

1 person assist full stand transfer

• Extends 1 knee approx 45° short of straight
• Foot can be positioned “toes under knee”
• Uses 1 arm to assist in transfer

1 person assist crouch transfer

• Unable to use legs but able to use both arms in transfer

1 person assist transfer board

• Any other/lesser combination of arm/leg movements

Assess for more dependent transfer - 2 person or mechanical lift
Deciding on the right transfer

How does the patient sit at the edge of the bed?

Determine which of these three statements characterizes your patient’s ability to sit at the edge of the bed. This will be the most critical information to determine which of the three decision making trees to use.

- Patient unable to physically assist in maintaining sitting balance
  ⇒ GO DIRECTLY TO Tree 1

- Patient requires hands-on steadying to maintain sitting at edge of bed
  ⇒ GO DIRECTLY TO Tree 2

- Patient can sit at the edge of the bed but needs monitoring/supervision for safety
  ⇒ GO DIRECTLY TO Tree 3
Deciding on the right transfer

**Decision 2**

*Can the patient extend one knee?*

Determine which of these three statements characterizes your patient’s ability to straighten one knee while sitting at the edge of the bed. Please test both knees.

- Extends one knee fully
- Extends one knee at minimum 45° short of straight
- Unable to straighten either knee the required amount
Deciding on the right transfer

**Decision 3**

Can one foot be positioned “toes under knee”?

Determine if the foot, of the leg tested in Decision 2, can be positioned “toes under knees”

- Yes/Able
- No/Unable
Decision 4

Can the patient use an arm to assist in the transfer?

Determine which of these statements characterizes your patient’s ability to use an arm to assist in the transfer.

- Yes/Able to with at least one arm:
  - Reach for the surface transferring to and
  - Support through the arm to steady self
- No/Unable
Team communication
Mobility status posting sheet

• Identifies how much support is needed when mobilizing

• Located on white board by the bedside

• Is posted by OT and PT
Mobility Status Posting Sheet

Patient’s Name ___________________ Room/Bed ______

1. Weight Bearing Status:

2. Lying To Sitting:

3. Sit To Stand:

4. Bed To Chair:

5. Ambulation:

Screening Ax done by_________________ Ext ______
Date: _________________
Transfers
Pivot / crouch

One-Person Pivot Transfer

Two-Person Pivot Transfer
Transfers
Sliding board

- Put breaks on Wheelchair
- Remove arm rest to the side of transfer
- Level surfaces
- Patient uses arms to unweight and move bottom along the length of the board
Lowering to the floor

- Protect the head of the patient
- Slow the fall
- Keep you back straight and bend knees
- Follow fall down protocol prior to moving patient
Key points for safe transfer, repositioning and lift
Plan ahead
Arrange the environment

1. Lower bedrails
2. Adjust the height of bed
3. Remove obstacles
4. Wheelchair setup
5. Lighting
Caregiver Body Mechanics

• Avoid bending at the waist whenever possible- maintain the arch in your back
• Let your legs do the work- bend your knees and keep your feet apart
• Work as close to the patient as possible- reduce the “lever arm effect”
• Turn your feet instead of twisting
• Keep your head back between your shoulders and your shoulders in line with your hips
What situations in healthcare would make it difficult to maintain good biomechanics?
Risks to proper biomechanics

• Rushing the transfer
• Environmental obstacles
• Poor communication
• Improper use of equipment
• Insufficient assistance from coworker
• Stress
Maximize patient participation

- Communicate the type of transfer
- Patient is positioned at the edge of the bed/chair
- Patient’s body is upright with toes under knees
- Patient’s heels to face the direction of the transfer
- Patient moves forward, shoulders over knees
- Ensure good footwear and comfortable clothing
Know your patient
Patient status will affect the mobility
Weight bearing status

• Non-weight bearing NWB: foot does not touch floor
• Touch weight bearing: foot is allowed to touch the floor but not allowed to put weight through it
• Partial weight bearing PWB: half of the body weight through affected leg
• Weight bearing as tolerated WBAT: patient can weight bear through the affected leg as they feel comfortable
• Full weight bearing FWB: full body weight can be applied through the affected leg
Factors affection patient’s participation in mobility
Patient status check
See Environment-Setup-Person (ESP) checklist

- Cognitive, behaviour, emotional status
- Medical status (diagnosis, pain, precautions, fatigue, Blood pressure...)
- Physical status (size, strength, balance, skin)
- Communication (speech, vision, hearing impairments, language barriers)
Manage devices during mobility

- Catheter bags
- IV tubes
- Oxygen tanks and tubes
- Prosthesis, and orthotics
## Hip surgery precautions

<table>
<thead>
<tr>
<th>Precaution</th>
<th>Functional limitation</th>
<th>Adaptive response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not bend past 90 degrees</td>
<td>Unable to tie shoes</td>
<td>Use a reacher</td>
</tr>
<tr>
<td>Legs never cross midline</td>
<td>Transfer, comfort</td>
<td>Pillows between knees in bed</td>
</tr>
<tr>
<td>Operative leg should not twist</td>
<td>ADL, walking and turning</td>
<td>Patient education</td>
</tr>
<tr>
<td>Do not raise leg straight up from hip</td>
<td>ADL, putting on boots</td>
<td>Patient education, use a reacher</td>
</tr>
<tr>
<td>Don’t lie on operative side</td>
<td>Comfort in bed</td>
<td>Patient education, positioning sheet</td>
</tr>
</tbody>
</table>
Hemiplegic Patients

- Do not pull on affected arm
- Do not grasp patient in armpit area
- Avoid lying on the point of the affected shoulder
- Patient’s heels to face the direction of the transfer
- Always support the affected arm when transferring
Goals of Bed and Wheelchair Positioning

• Refer to the team to develop a positioning plan that everyone follows
• Maintain skin integrity and circulation
• Comfort and neutral body alignment
• Reduce the development of contractures
• Maintain a functional position
Transfer and Lift with Care Quiz

Check the most correct answers:

1. What is the most common injury to health care workers, and how do these injuries occur?
   - Lower back injury caused by a fall.
   - Shoulder injury due to repositioning patients.
   - Lower back injury while repositioning a patient in bed.
   - Neck injury when transferring a patient.
   - Wrist and hand injuries due to over-use while providing care.

2. What is the preferred method for repositioning a dependent patient in bed?
   - Use the sliding sheet with two persons to assist.
   - Use the bed pad with two persons to assist.
   - Ceiling lift with the two persons assisting.
   - Manually lifting the patient.
   - Both the first and third answers are correct.

3. One should not....
   - Work over bed rails.
   - Use a ceiling lift with only one person.
   - Ignore the Mobility Status Sheet.
   - Pull on the hemiplegic arm
   - All the above are correct.

4. What is the Transfer Status Assessment used for?
   - Used to lift a patient.
   - Assist in problem solving about what type of transfer is safe for a given level of patient functioning.
   - Assesses the ability to ambulate.
   - Is to be used only by PT and OT.
   - Used only once per admission.

5. An injury to a team member...
   - Adversely affects every member to the team.
   - Causes everyone on the team to work harder.
   - Can reduce the quality of patient care.
   - Can be prevented.
   - All of the above are true.
6. **A mechanical lift is used when:**
   - The patient is unable to follow commands
   - You are alone
   - The patient is minimal assist of one
   - The patient does not want to get out of bed
   - You are new to the unit

7. **Weight bearing as tolerated (WBAT) refers to a**
   - Weight bearing status
   - Patient can weight bear through the affected leg as they feel comfortable
   - Patient being able to walk to the washroom independently
   - The first two options are correct
   - None of the above are correct

8. **Good caregiver body mechanics include working as close to the patient as possible to reduce the “lever arm effect”**
   - True
   - False

9. **The emotional status of the patient can affect the transfer status of the patient**
   - True
   - False

Correct Answers are: