

Safe Patient Handling and Mobility Toolkit – Tool 3a

To learn more about using this tool refer to the Section 3 in the Safe Patient Handling and Mobility: A Toolkit for Program Development 2025 at: <https://www.nvha.net/safe-patient-handling-and-mobility-toolkit/>

Safe Patient Handling and Mobility (SPHM) Program Gap Analysis Checklist

Introduction

This comprehensive Safe Patient Handling and Mobility Program (SPHM) program *Gap Analysis* checklist can help a SPHM program coordinator and committee identify those components of a SPHM program that are well developed, as well as those that need further development.

Once completed the SPHM Committee will be able to prioritize goals and next steps to enhance the SPHM program. Refer to Section 3 of the SPHM Toolkit for information about the development and use of the Gap Analysis Tool.

This checklist was developed from several resources (refer to References) and incorporates the requirements of the American Nurses Association SPHM Interprofessional Standards, 2021. This tool should be adapted to include SPHM program elements and activities required by state SPHM regulation as applicable.

It is recommended that the checklist be completed when developing a SPHM program plan as part of hazard identification and assessment activities, and periodically as a part of an ongoing program evaluation and facilitate program sustainability.

Instructions

For each program element, determine which program sub-elements or activities are in place, those that are not and those that are partially implemented. Indicate if a sub-element is not applicable or will not be implemented e.g., a Lift Team will not be implemented.

Use the notes section for each sub element to briefly identify:

- If a program element and/or sub-element must be further verified (i.e., more information is needed to confirm if it exists and is functioning well) and who and how that will be completed.
- Why will a program element and/or sub-element will not be implemented or is not applicable
- If and why an existing sub-element is effective
- Capture ideas for solutions
- Any other useful information that will assist with program planning

For questions with a "No" or "Partially Implemented" identify next steps to address the 'gap' including persons responsible and timeline for completion.

The MS Excel version of this tool allows you to complete the Gap Analysis and sort and prioritize responses by each program element completed. Next steps to address identified program 'gaps' can then be entered in the spreadsheet to facilitate project planning.

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| SPHM Program Foundation and Management | | | | |
|--|-------|----|-----------------------|--|
| A. Management Leadership (<i>Toolkit Section 1</i>) | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
| 1. Senior Leadership has established the prevention of injuries resulting from manual patient handling as a key priority (i.e., consistent communication from leadership to employees emphasizes that patient handling injuries are not considered an acceptable aspect of their job). | | | | |
| | Notes | | | |
| 2. Senior Leadership has received education and training about SPHM, related standards and regulation, and successful SPHM program management, and their role and responsibilities within the program. | | | | |
| | Notes | | | |
| 3. A SPHM policy has been developed that communicates to employees that worker safety is as important as patient safety (i.e., a commitment to a culture of worker <i>and</i> patient safety). | | | | |
| | Notes | | | |
| 4. SPHM is aligned with the organization's quality and safety plan (e.g., SPHM is visible on leadership/admin meeting agendas; key performance indicators (KPIs) include SPHM metrics). | | | | |
| | Notes | | | |
| 5. Facility leaders consider SPHM and the on-going evaluation of the program in strategic planning and resource allocation (e.g., funds and time). | | | | |
| | Notes | | | |
| 6. The organization provides resources for SPHM (e.g., staffing, time, materials, funding etc.). | | | | |
| | Notes | | | |
| 7. Facility leaders assign responsibility and accountability for the implementation, management and maintenance of the SPHM program. | | | | |
| | Notes | | | |

Safe Patient Handling and Mobility Toolkit – Tool 3a Gap Analysis

| A. Management Leadership (<i>Toolkit Section 1</i>) | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
|--|-----|----|--------------------------|---|
| 8. Management at all levels use an evidence-based system to make sure staffing is sufficient to support and facilitate safe patient handling and mobility activities such as use of SPHM equipment and process, while also maintaining safe and appropriate caseloads. | | | | |
| 9. Management at all levels support and facilitates employee participation in SPHM education and training classes/activities and relevant meetings, such as those attended by SPHM committee members and unit-based champions. | | | | |
| 10. Facility leaders set clear safety goals and expectations for the program as detailed in the SPHM program policy such as: | | | | Notes |
| a. Prompt reporting of hazards, near misses, incidents, and injuries related to patient handling activities using employer-established reporting procedures. | | | | |
| b. The use of SPHM equipment to lift, transfer, reposition, mobilize dependent patients unless use is prohibited due to clinical concerns or medical emergency. | | | | |
| c. The consistent and appropriate use of SPHM equipment and following SPHM policies and procedures such as SPHM patient mobility assessment protocols (including communication and documentation requirements) to determine a patient's SPHM needs. | | | | |
| d. Active participation in education and training to maintain competence related to SPHM and serve as a role model for safe behavior. | | | | |
| e. How semi-independent (partially weight bearing) patients should be mobilized to balance safe lifting and mobilization with patient rehabilitation needs while preventing caregiver and patient injury (e.g., reducing fall risk). | | | | |
| Notes | | | | |
| 11. Management supports employees' right to accept, refuse, or formally object in writing to any patient handling assignment they believe is unsafe for themselves or the patient, without fear of retaliation. | | | | |
| Notes | | | | |
| 12. Management at all levels support employees in the event of patient, family, provider, or caregiver refusal to use SPHM equipment. | | | | |
| Notes | | | | |

Safe Patient Handling and Mobility Toolkit – Tool 3a Gap Analysis

| A. Management Leadership (Toolkit Section 1) | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
|---|-------|----|-----------------------|--|
| 13. Management considers incidents related to patient handling, injuries, and accidents as system deficiencies rather than attributing blame to individual employees. | | | | |
| | Notes | | | |
| 14. The organization uses information from reports and lessons learned to inform employees of what actions are being taken after events to prevent future incidents/injuries related to patient handling. | | | | |
| | Notes | | | |
| 15. The organization uses a variety of effective communication systems to inform and engage employees and patients about SPHM and promote collaboration (<i>Also refer to Communications</i>). | | | | |
| | Notes | | | |
| 16. Roles and responsibilities of all employees/contract staff/stakeholders within the SPHM program are clearly defined and communicated. | | | | |
| | Notes | | | |
| 17. The facility has clearly defined and effectively communicated procedures outlining the requirements for reporting patient handling related incidents by employees. | | | | |
| | Notes | | | |
| 18. All employees are supported by leadership and management in reporting all injuries, incidents, near misses, and safety issues/concerns related to patient handling (i.e., a nonpunitive environment exists) . | | | | |
| | Notes | | | |
| 19. Management at all levels encourages and recognizes employee contributions to worker safety and health at the facility. | | | | |
| | Notes | | | |
| 20. Management at all levels routinely demonstrates visible commitment to the SPHM program by participating in activities such as executive rounding, safety huddles, etc. | | | | |
| | Notes | | | |

Safe Patient Handling and Mobility Toolkit – Tool 3a Gap Analysis

| B. Employee Participation & Engagement <i>(Toolkit Section 1)</i> | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
|--|-----|----|-----------------------|--|
| 1. Employees/stakeholders from all units/departments who will use SPHM equipment, provide support for, or are impacted by the program are engaged in all aspects of program development, implementation, evaluation and maintenance according to their role in the program including the following activities: | | | | |
| a. The SPHM program planning process. | | | | |
| b. Identifying patient handling related hazards . | | | | |
| c. Reporting injuries, hazards, or concerns, including near misses. | | | | |
| d. SPHM ergonomics/safety audits. | | | | |
| e. SPHM equipment selection. | | | | |
| f. Development of SPHM procedures/processes e.g., SPHM patient mobility assessment protocols; SPHM procedures for patient populations with specific SPHM needs etc. | | | | |
| g. Education and training. | | | | |
| h. SPHM considerations in new building or remodeling projects. | | | | |
| i. Evaluating and updating the SPHM program. | | | | |
| j. Participating in the SPHM committee. | | | | |
| Notes | | | | |

Safe Patient Handling and Mobility Toolkit – Tool 3a Gap Analysis

| C. Written SPHM Policy (<i>Toolkit Section 4</i>) | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
|--|-----|----|-----------------------|--|
| 1. A SPHM policy that eliminates manual patient lifting to the extent feasible is in place. | | | | |
| Notes | | | | |
| 2. If a SPHM policy exists it includes (but is not limited to): | | | | |
| a. Policy Statement about intent of the SPHM program (objectives) and organizations' commitment to support the program etc. | | | | |
| b. Reference to any relevant state law for SPHM and the ANA SPHM standards 2021. | | | | |
| c. Scope. | | | | |
| d. Definitions | | | | |
| e. Information about SPHM in healthcare e.g., the prevalence of injuries, how and why injuries occur related to manual patient handling etc. | | | | |
| f. Roles and responsibilities of specific groups within the program e.g., executives and management, clinical and non-clinical employees/staff, the SPHM program coordinator, committee or team, champion or executive sponsor, SPHM unit-based champions, etc. | | | | |
| g. A summary of the approach that will be used to address high-risk patient handling tasks including SPHM equipment available and related process information e.g., infection control, maintenance etc and SPHM patient mobility assessment protocols, use of SPHM clinical algorithms, communications & documentation, etc. | | | | |
| h. Incident, injury, near-miss reporting. | | | | |
| i. Non-retaliation policy e.g., a statement to reference Federal/State OSHA laws the prohibit discrimination against workers who report safety related concerns that occur on the premises of the healthcare employer; and to define an employee's right to accept, decline, or formally object in writing to any patient handling assignment that may endanger either the patient or the employee, without risk of retaliation. | | | | |
| j. Post incident review . | | | | |
| k. Record keeping/data analysis. | | | | |
| l. Employee refusal to use safe patient handling equipment. | | | | |

Safe Patient Handling and Mobility Toolkit – Tool 3a Gap Analysis

| C. Written SPHM Policy <i>(Toolkit Section 4)</i> | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
|---|-----|----|-----------------------|--|
| m. Patient and family refusal to use safe patient handling equipment. | | | | |
| n. Emergency situations such as cardiac arrest, seizure, etc. and patient handling practices. | | | | |
| o. Education and training expectations . | | | | |
| p. Employee resources – where to find more information; get advice with specific patient handling situations etc. | | | | |
| q. Appendices, checklists, tools such as SPHM clinical algorithms and specific SPHM protocols. | | | | |
| Notes | | | | |
| 3. Written procedures are in place to address SPHM needs and process in specific clinical areas and for specific patient populations including: | | | | |
| a. Bariatric patients . | | | | |
| b. Combative patients/patients with potential risk for violence e.g., dementia, substance abuse, brain injury. | | | | |
| c. Orthopedic . | | | | |
| d. Maternity. | | | | |
| e. Pediatric. | | | | |
| f. Long stay patients. | | | | |
| g. Other specific patient populations, e.g., post cardiac surgery, trauma patients, patients on advanced life-support e.g., ECMO etc. | | | | |
| h. Specific clinical areas such as perioperative, imaging, critical care, emergency, rehabilitation. | | | | |
| Notes | | | | |

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| C. Written SPHM Policy <i>(Toolkit Section 4)</i> | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
|---|-----|----|-----------------------|--|
| 4. The policy and written procedures are reviewed periodically for relevance and effectiveness and are updated as needed. | | | | |
| Notes | | | | |
| 5. The policy, expectations and roles related to the SPHM program are clearly communicated to employees, contract/temporary staff & labor representatives. | | | | |
| Notes | | | | |
| 6. The SPHM policy is communicated to patients and visitors. | | | | |
| Notes | | | | |
| 7. Management at all levels visibly supports and reinforces the policy. | | | | |
| Notes | | | | |
| D. SPHM Program Management <i>(Toolkit Sections 2, 3 & 4)</i> | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
| | | | | |
| I. SPHM Program Champion | | | | |
| 1. There is a facility SPHM program champion/executive sponsor who visibly supports the program and associated activities, e.g., the chief nurse executive. | | | | |
| Notes | | | | |
| 2. The program champion has received education and training about evidence-based practices in SPHM and SPHM program management and their role and responsibilities within the SPHM program. | | | | |
| Notes | | | | |
| 3. The program has a well-established link to nursing care services as well as the facility employee and patient safety committees e.g., representatives from these groups are members of the SPHM committee and the program may be managed through nursing services. | | | | |
| Notes | | | | |

Safe Patient Handling and Mobility Toolkit – Tool 3a Gap Analysis

| D. SPHM Program Management <i>(Toolkit Sections 2, 3 & 4)</i> | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
|--|-------|----|-----------------------|--|
| II. SPHM Committee/Team | | | | |
| 1. The organization promotes a team approach to prevention of patient handling injuries and assembles an interdisciplinary SPHM committee/team comprised of clinical and non-clinical employees including: | | | | |
| a. Managers/supervisors and front-line employee representatives from all departments that are affected by the SPHM program (e.g., nursing, rehab, employee health & safety, imaging, transportation, facilities, EVS, etc.). | | | | |
| b. At least 1 representative from upper management who serves on higher level committees and can guide the effectiveness of the SPHM committee (e.g., the SPHM program champion/sponsor; director for employee safety and health, director for patient safety/quality/risk). | | | | |
| c. At least one member who has subject matter expertise in SPHM and ergonomics and/or is willing to attend additional training/education . | | | | |
| Notes | | | | |
| 2. Has received education and training about SPHM evidence-based practices and SPHM program management and their role and responsibilities within the SPHM program etc. | | | | |
| | Notes | | | |
| 3. Has linkage to other leadership structures and committees (e.g., patient safety, employee safety, EOC committee, executive committee, patient falls, early mobility, wound care, infection control, bariatric etc.) | | | | |
| | Notes | | | |
| 4. Is empowered by facility leaders for oversight of the program including SPHM program planning, implementation, and ongoing evaluation. Based on program evaluation activities they make recommendations for program improvement and sustainability. | | | | |
| | Notes | | | |
| 5. The mission and goals of the SPHM committee/team and roles and responsibilities of members are clearly defined. | | | | |
| | Notes | | | |

Safe Patient Handling and Mobility Toolkit – Tool 3a Gap Analysis

| D. SPHM Program Management <i>(Toolkit Sections 2, 3 & 4)</i> | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
|--|-------|----|-----------------------|--|
| II. SPHM Committee/Team | | | | |
| 6. Meets on a regular basis, e.g., monthly, and communicates committee activities to employees and senior leadership. | | | | |
| | Notes | | | |
| 7. Stays informed about industry best practices, new strategies and technologies to address patient handling issues and improve SPHM program effectiveness and sustainability. | | | | |
| | Notes | | | |
| 8. The SPHM committee are provided with the opportunity for continuing education and training as related to SPHM processes, evidence-based trends and new SPHM technology, etc. | | | | |
| | Notes | | | |
| 9. The effectiveness of the committee/team is evaluated periodically, and the structure and function adapted based on evaluation and needs as the SPHM program matures. | | | | |
| | Notes | | | |
| III. SPHM Program Manager | | | | |
| 1. There is a designated SPHM program manager or coordinator. | | | | |
| | Notes | | | |
| 2. The program manager has received education and training about evidence-based practice in SPHM, SPHM program management and their role and responsibilities within the SPHM program. | | | | |
| | Notes | | | |
| 3. The program manager has sufficient time and resources to coordinate the program. | | | | |
| | Notes | | | |
| 4. The program manager has authority to make decisions to implement the program and ensure its effectiveness. | | | | |
| | Notes | | | |

Safe Patient Handling and Mobility Toolkit – Tool 3a Gap Analysis

| D. SPHM Program Management <i>(Toolkit Sections 2, 3 & 4)</i> | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
|--|-----|----|-----------------------|--|
| IV. SPHM Program Plan | | | | |
| 1. There is an SPHM Program Plan or roadmap that defines the program goals and activities based on periodic hazard/risk assessment activities (See <i>F. Ongoing Hazard Identification/Analysis</i>) to identify existing or potential hazards for employee injury related to patient handling tasks. | | | | |
| Notes | | | | |
| 2. The program plan contains (but not limited to) the following: | | | | |
| a. Definition of the scope of hazards/injuries related to patient handling and the impact on the organization (what, where, how & cost) | | | | |
| b. Program vision, mission, scope . | | | | |
| c. Organization of the program - individuals who have responsibility, authority, and accountability for developing and implementing the plan and the reporting hierarchy (e.g., to nursing services). | | | | |
| d. Roles and responsibilities of program stakeholders. | | | | |
| e. Linkage to other facility programs, e.g., for SPHM - wound care, infection control, bariatric, quality, therapy, etc. | | | | |
| f. Clearly defined and realistic program goals (short and long-term), timelines, and measurement systems to evaluate program processes and outcomes. | | | | |
| g. High-risk patient handling tasks; prioritized high-risk depts./units . | | | | |
| h. Approach to mitigate risk through use of engineering (SPHM technology) and administrative controls (SPHM practices) | | | | |
| i. Program implementation, compliance and evaluation strategies including use of unit-based pilot programs. | | | | |
| j. Employee/stakeholder SPHM education and training required. | | | | |
| k. Barriers and how to address them i.e., strategies to support required change to a culture of SPHM such as use of unit-based champions/coaches. | | | | |
| l. Strategies to ensure program sustainability. | | | | |

Safe Patient Handling and Mobility Toolkit – Tool 3a Gap Analysis

| D. SPHM Program Management <i>(Toolkit Sections 2, 3 & 4)</i> | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
|--|-------|----|-----------------------|--|
| IV. SPHM Program Plan | | | | |
| m. Communications to constituents - social marketing (who, what, how, when, etc.) | | | | |
| n. Budget (financial and personnel) and return on investment (ROI) | | | | |
| o. Reporting, project tracking & documentation processes. | | | | |
| Notes | | | | |
| 3. The SPHM program plan is maintained, reviewed and updated by the SPHM committee on a periodic basis e.g., annually. | | | | |
| | Notes | | | |
| 4. There is a process to review the plan and communicate the status of safe patient handling efforts and any factors that may enhance or limit success with facility leaders and pertinent committees e.g., EOC, employee health and safety, patient safety on a periodic basis. | | | | |
| | Notes | | | |
| 5. Senior leadership responds to updates with continued support, resource allocation and assistance with barriers that are encountered. | | | | |
| | Notes | | | |
| 6. The plan is reviewed and roles and program progress discussed on a periodic basis with: <ol style="list-style-type: none"> Directors and unit/department managers. Caregivers/front line employees. All other stakeholders. | | | | |
| | | | | |
| | | | | |
| | Notes | | | |

Safe Patient Handling and Mobility Toolkit – Tool 3a Gap Analysis

| E. Communications/Social Marketing <i>(Toolkit Section 4)</i> | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
|--|-----|----|-----------------------|--|
| 1. A communications/marketing plan for the SPHM program and its related activities is incorporated within the comprehensive SPHM program plan. | | | | |
| Notes | | | | |
| 2. SPHM program stakeholders are identified i.e., all employee groups, volunteers, patients, families, community agencies who may be impacted by the SPHM program activities, policies and procedures. | | | | |
| Notes | | | | |
| 3. There is an established process and dedicated resources for developing and distributing communications materials to program stakeholders, utilizing various effective communication systems to inform and engage all stakeholders regarding SPHM. | | | | |
| Notes | | | | |
| 4. The message and methods of communication that are relevant for each stakeholder groups identified e.g., email; newsletters; employee meetings; specific written communications; SPHM/ergonomics resource intranet page; external marketing (community); patient and family orientation information. | | | | |
| Notes | | | | |
| 5. Communications/marketing efforts are evaluated periodically for effectiveness and revised as needed. | | | | |
| Notes | | | | |
| 6. If new SPHM equipment or processes are implemented there is a process in place to notify program stakeholders. | | | | |
| Notes | | | | |

| SPHM Program Hazard Identification & Assessment, Control and Evaluation | | | | |
|---|-------|----|-----------------------|--|
| F. Ongoing Hazard Identification, Assessment and Program Evaluation <i>(Toolkit Sections 2, 3 & 8 and related Tools)</i> | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
| I. Data Collection & Analysis - Injury & Incident Data | | | | |
| 1. Employee injury and related workers compensation cost data related to patient handling incidents is collected and evaluated. | | | | |
| | Notes | | | |
| 2. Near miss events and first aid only (non-recordable) incidents related to patient handling incidents/issues are tracked and evaluated. | | | | |
| | Notes | | | |
| 3. Data collected includes (but is not limited to): Refer to Tool 2a | | | | |
| a. The date, time and facility, dept. and specific location (e.g., patient room number) where the incident occurred. | | | | |
| b. The name, job title and department or unit assignment of the employee. | | | | |
| c. The nature of the injury e.g., strain (as diagnosed by a licensed healthcare provider); body part affected. | | | | |
| d. The type of patient handling tasks being performed e.g., lifting a patient from the floor. | | | | |
| e. The number of employees/staff performing the task or involved. | | | | |
| f. A description of the incident including activities taking place immediately prior to the incident. | | | | |
| g. Relevant information about patient status e.g., falls risk, bariatric, combative/non-cooperative. | | | | |
| h. Patient assessment of dependency/mobility status or physical and cognitive abilities at time of incident. | | | | |
| i. If SPHM equipment (including slings) was used. | | | | |
| j. If the injury resulted in lost and/or restricted duty days and total days. | | | | |

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| F. Ongoing Hazard Identification, Assessment and Program Evaluation <i>(Toolkit Sections 2, 3 & 8 and related Tools)</i> | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
|--|-----|----|-----------------------|--|
| I. Data Collection & Analysis - Injury & Incident Data | | | | |
| k. A description of actions taken by the employees and the employer in response to the incident to prevent reoccurrence. | | | | |
| l. Workers' compensation costs (direct costs) | | | | |
| m. Indirect costs such as replacement costs for employees with lost workday or restricted duty cases (as feasible) | | | | |
| Notes | | | | |
| 4. Data review includes (but not limited to) analysis of the : | | | | |
| a. The frequency of patient handling injuries. | | | | |
| b. The location of patient handling incidents (depts./units and work areas). | | | | |
| c. Job titles involved. | | | | |
| d. Nature and severity of injuries. | | | | |
| e. Specific patient handling and care activities being performed such as repositioning a patient. | | | | |
| f. Time of day of occurrence. | | | | |
| g. Relevant information about patient assessment of dependency/mobility status or physical and cognitive abilities/clinical status at time of the incident. | | | | |
| h. If SPHM equipment (including slings) was used; used incorrectly; should have been used; not available etc.(i.e., contributing factors) | | | | |
| i. Approved SPHM procedures completed or omitted e.g., lack or incomplete patient mobility assessment and/or related communications and/or employee training; insufficient # of caregivers, etc. | | | | |

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| F. Ongoing Hazard Identification, Assessment and Program Evaluation <i>(Toolkit Sections 2, 3 & 8 and related Tools)</i> | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
|---|-----|----|-----------------------|--|
| I. Data Collection & Analysis - Injury & Incident Data | | | | |
| j. F/U actions/activities and effectiveness of solutions implemented after an incident to prevent reoccurrence. | | | | |
| Notes | | | | |
| 5. Data is reviewed for consistency of accuracy and coding e.g., | | | | |
| a. Consistent use of terminology related to for example type of injury; cause of injury, location where injury occurred, department coding including patient handling tasks being performed and contributing factors (Refer to Tool 2a). | | | | |
| b. Accurate tracking of cases with days away from work; job transfer or restriction or injury only. | | | | |
| c. Injury rates* (in addition to number of injuries) are calculated (using productive hours) and used to prioritize program needs and evaluate program outcomes - facility wide and by units/departments. * such as total recordable incident rates (TRIR) and days away, restricted, or transferred (DART) rates. | | | | |
| d. Data analyzed includes all patient handling related incidents reported at a health care employer's facility over at least the past three years. | | | | |
| Notes | | | | |
| 6. Data is collected about <i>patient injuries</i> related to patient handling and mobility activities (the type, frequency, severity, and cost). | | | | |
| Notes | | | | |
| 7. Data related to patient handling related incidents and injuries is collected in real time. | | | | |
| Notes | | | | |

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| F. Ongoing Hazard Identification, Assessment and Program Evaluation (Toolkit Sections 2, 3 & 8 and related Tools) | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
|--|-----|----|-----------------------|--|
| I. Data Collection & Analysis - Injury & Incident Data | | | | |
| 8. There is a process to review and analyze near miss, incident and injury data for learning and to identify improvement opportunities <i>on a periodic basis</i> such as, | | | | |
| a. Trending of injury rates and severity of injuries to determine effectiveness of SPHM interventions and program goals are met. | | | | |
| b. Identify direct and indirect costs related to injuries and calculate return on investment for the program. | | | | |
| c. Identification of areas where program gaps occur. | | | | |
| Notes | | | | |
| 9. Reporting (<i>Also refer to Management Leadership</i>) | | | | |
| a. Employees consistently report observed injuries, incidents, near misses, hazards, and concerns related to patient handling. | | | | |
| b. There is a reporting mechanism for contract caregivers to report injuries, hazards, and concerns related to patient handling.* <small>* "Contractor" includes anyone working at a hospital who is not an employee of the hospital (e.g., doctors with privileges to practice at the facility and any services that may be regularly provided by a vendor, including information technology, housekeeping or environmental services, facilities maintenance (OSHA 2012)</small> | | | | |
| c. There is a timely reporting process (such as occurrence reporting) in place to collect information on all patient handling within the facility. | | | | |
| d. The event documentation system (electronic or paper) is designed to capture sufficient detail about the event to allow for adequate event analysis. <i>Also refer to Data Analysis</i> . | | | | |
| e. The organization has a central place where all reports of patient handling incidents, injuries, and near miss data are collected, and aggregated. | | | | |
| f. The record of patient handling incidents is kept for no fewer than five years following a reported incident (<i>same as retention of OSHA 300 logs</i>) | | | | |
| Notes | | | | |

Safe Patient Handling and Mobility Toolkit – Tool 3a Gap Analysis

| F. Ongoing Hazard Identification, Assessment and Program Evaluation <i>(Toolkit Sections 2, 3 & 8 and related Tools)</i> | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
|---|-----|----|-----------------------|--|
| II. Data Collection & Analysis - Other Measures to Identify High-Risk Patient Handling Tasks and SPHM Solutions | | | | |
| Surveys | | | | |
| 1. Employee symptom or discomfort survey for WMSDs are conducted as needed to help prioritize patient handling related hazards when injury data is unclear or underreported. | | | | |
| | | | | Notes |
| | | | | |
| 2. Periodic surveys are conducted to assess employees' perceptions on the types and frequency of patient handling tasks they perform, their perceptions of the physical difficulty or risk associated with each task, the SPHM (Safe Patient Handling and Mobility) needs required to reduce risk, and their experience and overall satisfaction with the SPHM program. | | | | |
| | | | | Notes |
| | | | | |
| 3. Managers are surveyed when planning unit-or department-based SPHM initiatives to determine factors such as patient characteristics; census data; planned changes; staffing and physical environment characteristics; SPHM equipment inventory, condition, and use; patient mobility assessment protocols and SPHM needs etc, | | | | |
| | | | | Notes |
| | | | | |
| Assessment of Patient Handling Practices and Physical Work Environment (Site Visits) | | | | |
| 1. Periodic assessment of patient handling practices and physical work environment at point of care are conducted to: | | | | |
| a. Identify existing and potential biomechanical or physical risk factors, work practices and organizational elements, patient characteristics, and design features of the physical environment that may contribute to caregiver and patient injury during patient handling tasks. | | | | |
| b. Determine SPHM equipment and practices to mitigate risk of harm. | | | | |
| | | | | |
| c. Engage managers and employees in SPHM problem solving activities. | | | | |
| | | | | |
| Notes | | | | |
| 2. Assessments are conducted when planning unit-or department-based SPHM initiatives and on a periodic basis following program implementation. | | | | |
| | | | | Notes |
| | | | | |

Safe Patient Handling and Mobility Toolkit – Tool 3a Gap Analysis

| F. Ongoing Hazard Identification, Assessment and Program Evaluation <i>(Toolkit Sections 2, 3 & 8 and related Tools)</i> | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
|--|-----|----|-----------------------|--|
| II. Data Collection & Analysis - Other Measures to Identify High-Risk Patient Handling Tasks and SPHM Solutions | | | | |
| 3. Assessments are unit/departmental and organization wide. | | | | |
| Notes | | | | |
| 4. Formal ergonomics analysis conducted by a suitably trained ergonomics/safety professional as needed to: | | | | |
| a. Quantify risk factors associated with patient handling and care tasks that require further measurement to prioritize high-risk patient handling tasks and interventions. | | | | |
| b. Evaluate potential risk of WMSDs when new patient care tasks or processes are developed, and to quantify reduction of injury risk after implementing a new SPHM protocol or practice. | | | | |
| c. Assist with integration of ergonomic design into new or remodeled workspaces during planning and mock-up phases to prevent employee injuries and errors. | | | | |
| d. Assess new or remodeled spaces for unintended WMSD or safety risks if ergonomics was not considered in design and construction. | | | | |
| e. Determine the effectiveness of different types and brands of SPHM technology to reduce the risk of WMSDs when conducting equipment trials. | | | | |
| f. Determine the essential physical functions of a job that should be included in written job descriptions. | | | | |
| Notes | | | | |
| III. Data Collection & Analysis - Patient Related | | | | |
| 1. Metrics related to patient safety and quality of care that are impacted by SPHM program activities are collected and evaluated as feasible such as patient falls related to mobilization activities; pressure injuries that may be attributed to lack of in-bed repositioning and mobility (i.e., missed nursing care); and/or poor patient experience data related to missed mobility tasks etc. | | | | |
| Notes | | | | |
| 2. Patients' satisfaction related to their experience with SPHM equipment and processes are evaluated e.g., through SPHM audit activities (Refer to Tool 8c) about their experience related to use of SPHM equipment and processes. | | | | |
| Notes | | | | |

Safe Patient Handling and Mobility Toolkit – Tool 3a Gap Analysis

| F. Ongoing Hazard Identification, Assessment and Program Evaluation <i>(Toolkit Sections 2, 3 & 8 and related Tools)</i> | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
|---|-----|----|-----------------------|--|
| IV. Ongoing Program Evaluation <i>(Toolkit Sections 8 & 9 and Tool 8a)</i> | | | | |
| 1. The SPHM program and associated activities are reviewed periodically using a comprehensive evaluation and quality improvement system to assess its effectiveness in meeting goals and objectives. | | | | Notes |
| 2. A variety of data sources and measures are used to evaluate program outcomes and processes that include both lagging and leading indicators as identified during program planning (Refer to Tool 8a). | | | | Notes |
| 3. Selected performance and quality indicators measure SPHM program effectiveness, process implementation, and key program outcomes and reflect the content of the ANA SPHM Standards, 2021 and any state SPHM regulation. | | | | Notes |
| 4. SPHM program evaluation methods are regularly reviewed and updated as the program matures. | | | | Notes |
| 5. SPHM program evaluation includes an assessment of strategies to ensure program <i>sustainability</i> (as determined during program planning) and revision as needed. | | | | Notes |
| 6. The SPHM program coordinator, champion/executive sponsor and committee review program evaluation data and develop, monitor, and document performance improvement recommendations and timelines. | | | | Notes |
| 7. Data and trends related to program outcomes and process evaluation and improvements are shared with leadership/senior management on a periodic basis. | | | | Notes |
| 8. Data is shared periodically within and across units/depts. in a way that allows employees to understand patient handling injury trends, the cause(s) of the injuries, learnings from the events, program activities and outcomes e.g., this information (through employee stories as well as through data) is included in daily huddles, unit employee meetings, SPHM and worker and patient safety committees, on safety dashboards, etc. | | | | Notes |

Safe Patient Handling and Mobility Toolkit – Tool 3a Gap Analysis

| F. Ongoing Hazard Identification, Assessment and Program Evaluation <i>(Toolkit Sections 2, 3 & 8 and related Tools)</i> | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
|---|-----|----|-----------------------|--|
| IV. Ongoing Program Evaluation <i>(Toolkit Sections 8 & 9 and Tool 8a)</i> | | | | |
| 9. The SPHM program complies with organizational policies, appropriate professional codes of ethics, the Health Insurance Portability Privacy and Accountability Act (HIPAA), the Americans with Disabilities Act (ADA), state workers' compensation laws, and other relevant regulations and employees are accountable for knowing and following the policies of the organization, professional code of ethics, and respecting the privacy of patients and co-workers. | | | | Notes |
| G. Hazard Control and Prevention <i>(Toolkit Sections 4, 5, and 6 and related Tools)</i> | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
| I. Engineering Controls - SPHM Technology/Equipment Selection, Management and Maintenance. <i>(Refer to Tool 5a for additional considerations)</i> | | | | |
| SPHM Equipment (includes accessories) - General | | | | |
| 1. Equipment is chosen based on: <ol data-bbox="128 931 1431 1364" style="list-style-type: none"> <li data-bbox="128 931 1431 997">Patient's physical, cognitive (dependency level/mobility) and clinical needs. <li data-bbox="128 997 1431 1062">The patient handling and care tasks to be performed. <li data-bbox="128 1062 1431 1127">Effectiveness to reduce magnitude of biomechanical risk for caregiver injury. <li data-bbox="128 1127 1431 1192">The physical design of the work environment and other patient equipment e.g., thresholds, carpet, beds, access to bathrooms, ceiling height, load bearing capability etc. <li data-bbox="128 1192 1431 1290">Basic ergonomic design principles related to physical and cognitive usability, e.g., force and grip strength required to move or handle equipment, operated brakes and other controls, salience of displays and feedback to operator when a function is activated etc. <li data-bbox="128 1290 1431 1364">Design and functionality that meets quality and safety standards and are compatible and interoperable within the organization or facility. | | | | |
| Notes | | | | |

Safe Patient Handling and Mobility Toolkit – Tool 3a Gap Analysis

| G. Hazard Control and Prevention <i>(Toolkit Sections 4, 5, and 6 and related Tools)</i> | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
|--|-----|----|-----------------------|--|
| I. Engineering Controls - SPHM Technology/Equipment Selection, Management and Maintenance. <i>(Refer to Tool 5a for additional considerations)</i> | | | | |
| SPHM Equipment (includes accessories) - General | | | | |
| 2. Employees who will use, manage and/or maintain equipment are involved in the evaluation, selection and piloting of SPHM technology including accessories. | | | | |
| 3. Potential equipment choices are reviewed by SPHM committee members such as infection prevention, wound care, EVS and facilities/maintenance/biomed relevant to their interaction with the equipment and SPHM processes. | | | | |
| 4. A process is in place for well-planned equipment trials, product evaluation feedback, and ordering (purchase and/or rental) of equipment. | | | | |
| 5. Fixed SPHM technology, such as ceiling - or wall-mounted lifts, or bariatric toilets will be installed according to the manufacturer's specifications and relevant life safety and building codes (e.g., FGI Guidelines for Design and Construction) | | | | |
| 6. A process is in place to manage changes to the physical environment to accommodate SPHM equipment e.g., ceiling lift installation. | | | | |
| 7. The design or brand and model of lifts, hanger bars, slings, and other tasks specific equipment such as air assist mats, are standardized within a facility (or across an organization) when feasible, to reduce the risk of caregiver error and simplify training. | | | | |
| 8. Equipment is convenient/accessible and in working order on each unit/dept. and facility-wide as appropriate. | | | | |

Safe Patient Handling and Mobility Toolkit – Tool 3a Gap Analysis

| G. Hazard Control and Prevention <i>(Toolkit Sections 4, 5, and 6 and related Tools)</i> | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
|---|-----|----|-----------------------|--|
| I. Engineering Controls - SPHM Technology/Equipment Selection, Management and Maintenance. <i>(Refer to Tool 5a for additional considerations)</i> | | | | |
| SPHM Equipment (includes accessories) - General | | | | |
| 9. There is an adequate supply of appropriate SPHM equipment in each patient care area. | | | | |
| 10. Cost to maintain adequate equipment supply and for replacement of non-repairable and lost equipment is included in annual budget planning. | | | | |
| 11. Equipment, software and sling recalls or upgrades are monitored and addressed. | | | | |
| Sling Management Process | | | | |
| 1. Slings are compatible with SPHM lifts that is: | | | | |
| a. Slings with loop attachments are only used on lifts with hanger bars that accommodate loop slings and slings with clip attachments are only used on lifts with hanger bars that accommodate clip slings. | | | | |
| b. If the lift and sling are from different manufacturers, a compatibility statement is provided by the sling manufacturer or a compatibility risk assessment is conducted, and the results documented. | | | | |
| Notes | | | | |
| 2. Sling sizing, function, hanger bar compatibility, manufacturers name, laundering instructions and other relevant inspection/tracking information are included on the sling label. | | | | |
| Notes | | | | |

Safe Patient Handling and Mobility Toolkit – Tool 3a Gap Analysis

| G. Hazard Control and Prevention <i>(Toolkit Sections 4, 5, and 6 and related Tools)</i> | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
|---|-----|----|-----------------------|--|
| I. Engineering Controls - SPHM Technology/Equipment Selection, Management and Maintenance. <i>(Refer to Tool 5a for additional considerations)</i> | | | | |
| Sling Management Process | | | | |
| 3. Slings available are appropriate for the patient handling tasks to be performed and compatible with patient physical, cognitive, clinical and rehab needs. | | | | |
| | | | | Notes |
| 4. There are sufficient quantities of slings in each unit/depot. where patient lift equipment is used. | | | | |
| | | | | Notes |
| 5. Slings are easily accessed by employees (i.e., storage is convenient, allows for access using neutral postures, slings types and sizes are immediately visible, etc.) | | | | |
| | | | | Notes |
| 6. There is an effective process in place for cleaning and/or disposing of slings (as relevant to washable, wipeable and disposable slings). | | | | |
| | | | | Notes |
| 7. There is a process in place for employees to obtain slings if there are insufficient quantities in their unit. | | | | |
| | | | | Notes |
| 8. There is a process in place for taking damaged slings out of service and repairing or disposing of them of them by vendor instructions. | | | | |
| | | | | Notes |
| 9. Cost to maintain adequate sling supply and for replacement of damaged and lost slings is included in annual budget planning. | | | | |
| | | | | Notes |

Safe Patient Handling and Mobility Toolkit – Tool 3a Gap Analysis

| G. Hazard Control and Prevention <i>(Toolkit Sections 4, 5, and 6 and related Tools)</i> | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
|--|--|----|-----------------------|--|
| I. Engineering Controls - SPHM Technology/Equipment Selection, Management and Maintenance. <i>(Refer to Tool 5a for additional considerations)</i> | | | | |
| Sling Management Process | | | | |
| 10. Sling availability and loss are tracked and deficits addressed. | | | | |
| | | | | Notes |
| 11. A sling inspection process is in place that includes inspection and a process to remove a damaged sling: | | | | |
| a. By a competent person* upon purchase before being placed into service. | *A competent person is defined in this context, as an individual with the relevant technical knowledge and practical experience with SPHM technology to enable her/him to detect defects and/or weaknesses and to assess their importance in relation to the safety and continued use of the slings being examined (AASPHM, 2016). | | | |
| b. By a competent person on a periodic basis e.g., every 6 months/per manufactures' instructions. | | | | |
| c. Inspection activities and outcomes are documented e.g., includes the inspection date, identification details and serial number of the sling, the sling's condition, if the sling was removed from service, the date of the next inspection and the inspector's name and signature (per ISO 10535:2021 recommendations). | | | | |
| d. By caregivers <u>before</u> each use. | | | | |
| Notes | | | | |
| 12. Wound care employees have knowledge about current pressure injury prevention guidelines and use of SPHM equipment (e.g. NPIAP guidelines) and has approved the process for using slings that considers a patient's pressure ulcer prevention needs and the sling combination with specialty mattresses e.g. leaving a turning sling under a patient on an air mattress. Manufacturers of slings and other devices provide documentation that their product is suitable to be left under a patient (as applicable) e.g., through independent 3 rd party product testing. | | | | Notes |

Safe Patient Handling and Mobility Toolkit – Tool 3a Gap Analysis

| G. Hazard Control and Prevention <i>(Toolkit Sections 4, 5, and 6 and related Tools)</i> | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
|--|-----|----|-----------------------|--|
| I. Engineering Controls - SPHM Technology/Equipment Selection, Management and Maintenance. <i>(Refer to Tool 5a for additional considerations)</i> | | | | |
| Infection Prevention and Control Policy Related to Cleaning of SPHM Equipment | | | | |
| 1. A cleaning process approved by facility infection prevention and control and meets equipment manufacturer cleaning requirements is identified and communicated for each type of SPHM equipment and reviewed on a periodic basis for effectiveness. | | | | |
| | | | | Notes |
| 2. Processes are in place to address use of and cleaning measures for equipment in C.diff/isolation rooms. | | | | |
| | | | | Notes |
| 3. There is an effective process in place for cleaning and/or disposing of equipment accessories (non-slings) such as disposable air assist mats. | | | | |
| Maintenance and Inspection | | | | |
| 1. A maintenance system is in place to address nonfunctioning SPHM equipment i.e. facilities maintenance employees have received education from the equipment vendor related to repair and replacement of equipment and parts. | | | | |
| | | | | Notes |
| 2. A standard process is in place to notify appropriate department, e.g., facilities maintenance, biomed, and/or facilities management when patient handling equipment problems/incidents arise. | | | | |
| | | | | Notes |
| 3. Preventative and routine maintenance and inspection for SPHM equipment (including annual load testing of ceiling lift and floor-based lifting devices; maintenance of casters and wheels; battery replacement etc.) per manufacturer instructions, ISO 10525:2021, and local/state/federal code is conducted. | | | | |
| | | | | Notes |

Safe Patient Handling and Mobility Toolkit – Tool 3a Gap Analysis

| G. Hazard Control and Prevention <i>(Toolkit Sections 4, 5, and 6 and related Tools)</i> | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
|---|-----|----|-----------------------|--|
| I. Engineering Controls - SPHM Technology/Equipment Selection, Management and Maintenance. <i>(Refer to Tool 5a for additional considerations)</i> | | | | |
| Ongoing Equipment Management | | | | |
| 1. An inventory of SPHM equipment and slings and their storage location exists and is tracked. | | | | |
| 2. A unit-level equipment needs evaluation is conducted on a periodic basis e.g. at least annually. | | | | |
| | | | | |
| 3. A process to evaluate and replace equipment and supplies such as slings and batteries is in place. | | | | |
| | | | | |
| II. Administrative Controls | | | | |
| SPHM Patient Mobility Assessment Protocols <i>(Toolkit Section 5)</i> | | | | |
| 1. A structured process is in place to determine a patient's initial and ongoing SPHM needs based on evaluation of the patient's physical, cognitive, clinical, and rehabilitative needs that impact mobility and the patient handling tasks to be performed i.e., a SPHM mobility assessment protocol. | | | | |
| 2. The screening process includes use of a standard, reliable tool that is designed to specifically assess a patient's SPHM needs (i.e., is not a patient fall assessment tool) | | | | |
| | | | | |

Safe Patient Handling and Mobility Toolkit – Tool 3a Gap Analysis

| G. Hazard Control and Prevention <i>(Toolkit Sections 4, 5, and 6 and related Tools)</i> | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
|--|-------|----|-----------------------|--|
| II. Administrative Controls | | | | |
| SPHM Patient Mobility Assessment Protocols | | | | |
| 3. Mobility or dependency level criteria and SPHM patient assessment processes are developed and approved by nursing, therapy (rehab) and medical providers. | | | | |
| | Notes | | | |
| 4. Patient dependency (or SPHM mobility) definitions are clearly defined, standardized within a facility and do not conflict with terminology used by other disciplines/employee groups such as physical and occupational therapists and physicians. | | | | |
| | Notes | | | |
| 5. The outcome of the SPHM mobility assessment, evaluation, or scoring system is incorporated within the patient's plan of care and is easily accessible to all caregivers who may mobilize the patient. | | | | |
| | Notes | | | |
| 6. A patient's plan of care will specify required SPHM technology and processes and include contraindications to use of specific SPHM equipment/slings and specific instructions or cautions about use of SPHM equipment and processes, as necessary. The plan of care should include expected mobility goals and promote the patient's independence or return to baseline as appropriate. | | | | |
| | Notes | | | |
| 7. The SPHM mobility assessment process is integrated with the patient fall prevention and early mobility programs. | | | | |
| | Notes | | | |
| 8. There is a process in place to perform initial and ongoing assessment of a patient's dependency/mobility level and determine SPHM needs e.g., a. On admission to a facility/unit. b. During a shift. c. When there is a change in the patient's clinical condition and/or treatment(s). | | | | |
| | | | | |

Safe Patient Handling and Mobility Toolkit – Tool 3a Gap Analysis

| G. Hazard Control and Prevention <i>(Toolkit Sections 4, 5, and 6 and related Tools)</i> | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
|---|-----|----|-----------------------|--|
| II. Administrative Controls | | | | |
| SPHM Patient Mobility Assessment Protocols | | | | |
| d. When the patient's mobility level or score has changed e.g., the point-of-care SPHM mobility assessment or screening indicates that the patient's assigned mobility status and SPHM needs have changed. | | | | |
| e. When there has been an incident or injury involving a patient. | | | | |
| f. <u>Before</u> a patient handling and movement task is performed (e.g. a quick mobility check or screen prior to performing a standing transfer to/from a bed and chair or ambulation of a patient). | | | | |
| Notes | | | | |
| 9. The organization supports and caregivers will ensure that delegation or assignment of SPHM tasks is in accordance with state professional practice acts or other applicable laws or regulations governing licensure. SPHM mobility protocols include clearly defined roles and responsibilities of nurses, therapists and unlicensed assistive personnel (UAP). For example, SPHM mobility assessment and reassessment together with development and revision of a SPHM mobility plan for individual patients is completed by a Registered Nurse with input from other health care provider disciplines such as rehabilitation/therapy and medical providers as needed. Unlicensed Assistive Personnel (UAP) may complete a SPHM mobility screening or check prior to performing patient handling and mobility tasks as delegated by a nurse (per scope of practice). | | | | |
| 10. There is a standardized decision-making protocol for an UAP to follow if they determine that a patient cannot mobilize safely as stated in the patient's SPHM mobility care plan. | | | | |
| Notes | | | | |
| Notes | | | | |

Safe Patient Handling and Mobility Toolkit – Tool 3a Gap Analysis

| G. Hazard Control and Prevention <i>(Toolkit Sections 4, 5, and 6 and related Tools)</i> | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
|--|-----|----|-----------------------|--|
| II. Administrative Controls | | | | |
| SPHM Patient Mobility Assessment Protocols | | | | |
| 11. There is a process in place to communicate and document a patient's dependency/mobility level and SPHM needs between employees: | | | | |
| a. On admission to a facility/unit. | | | | |
| b. During shift communications (e.g., huddles) and at shift handoff. | | | | |
| c. <u>Before</u> a patient handling and movement task is performed (e.g. a quick mobility check or screen prior to performing a standing transfer to/from a bed and chair or ambulation of a patient). | | | | |
| d. When there is a change in the patient's clinical condition and/or treatment(s) and related mobility score and SPHM needs etc. | | | | |
| e. Between different disciplines such as nursing and therapy. | | | | |
| f. Between units and departments such as patient care units, transportation and imaging e.g., Ticket to Ride | | | | |
| Notes | | | | |
| 12. Patient dependency/mobility status and needs are communicated upon admission to a unit from <i>other</i> depts. such as the emergency room or from outpatient clinics, LTC facilities etc., and considered in patient placement decisions by admissions. For example, a non-mobile patient of size is placed on a unit with appropriate capacity lift equipment. | | | | |
| 13. Communication about patient SPHM needs/dependency is included in the discharge process. | | | | |
| 14. Caregivers educate patients and their families, as appropriate, about the purposes and safe use of SPHM equipment and processes that will be used to assist them to mobilize and achieve clinical and rehabilitation goals. | | | | |

Safe Patient Handling and Mobility Toolkit – Tool 3a Gap Analysis

| G. Hazard Control and Prevention <i>(Toolkit Sections 4, 5, and 6 and related Tools)</i> | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
|--|-----|----|-----------------------|--|
| II. Administrative Controls | | | | |
| SPHM Patient Mobility Assessment Protocols | | | | |
| 15. There is a written procedure that outlines how to evaluate a patient's SPHM status, establish mobility goals, select SPHM technology for specific care tasks, and address roles and responsibilities of the caregivers related to assessment and scoring, evaluation, plan of care, and documentation. | | | | Notes |
| 16. The SPHM patient mobility assessment process and tool used is periodically reviewed for usability, effectiveness and compliance for use by employees. | | | | Notes |
| SPHM Unit-Based Champion/Coach Program <i>(Toolkit Sections 4 and 9)</i> | | | | |
| 1. A unit-based SPHM champion/coach program is in place. | | | | Notes |
| 2. Sufficient resources are allocated to manage/support the champion group. | | | | Notes |
| 3. The champion program has ongoing coordination with other facility champion programs e.g., pressure ulcers, falls and infection prevention champions if present. | | | | Notes |
| 4. Champion roles and responsibilities are clearly defined and communicated. | | | | Notes |
| 5. There is at least 1 SPHM champion per shift on each unit where the SPHM program is implemented. | | | | Notes |

Safe Patient Handling and Mobility Toolkit – Tool 3a Gap Analysis

| G. Hazard Control and Prevention <i>(Toolkit Sections 4, 5, and 6 and related Tools)</i> | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
|--|-------|----|-----------------------|--|
| II. Administrative Controls | | | | |
| SPHM Unit-Based Champion/Coach Program | | | | |
| 6. Sufficient initial and ongoing competence-based education is provided for champions to be able to perform their duties (Refer to Tool 6c) | | | | |
| | Notes | | | |
| 7. Time is allocated for champion to perform activities such as point-of-care employee training, coaching and program auditing. | | | | |
| | Notes | | | |
| 8. There is sufficient support to keep unit-based SPHM champions engaged (regular meetings & communications, opportunities for collaboration and problem solving, access to SPHM clinical expertise as needed, recognition, SPHM practices and industry updates etc) | | | | |
| | Notes | | | |
| 9. The champion program is evaluated for effectiveness and modified as needed with input from management, employees, champions and SPHM program management on a periodic basis. | | | | |
| | Notes | | | |
| Lift Team Program – if applicable <i>(Toolkit Section 4)</i> | | | | |
| 1. The Lift Team uses SPHM equipment to move and lift patients. | | | | |
| | Notes | | | |
| 2. The Lift Team is supervised by the SPHM program coordinator or manager. | | | | |
| | Notes | | | |

Safe Patient Handling and Mobility Toolkit – Tool 3a Gap Analysis

| G. Hazard Control and Prevention <i>(Toolkit Sections 4, 5, and 6 and related Tools)</i> | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
|---|-----|----|-----------------------|--|
| II. Administrative Controls | | | | |
| Lift Team Program – if applicable | | | | |
| 3. Roles and responsibilities (and limitations) of the Lift Team are clearly defined, for example lift team members who are not licensed or registered healthcare professionals, <i>do not</i> perform tasks beyond the scope of their defined duties. | | | | |
| 4. The role of the RN within the Lift Team program has been determined including consideration of the following and is clearly communicated to nursing employees: <ul style="list-style-type: none"> Duty of care and scope of license if a patient is harmed during a lifting task performed by a lift team when an RN is not present. The ability of the RN to delegate tasks to non-registered or non-licensed lift team staff (dependent on the scope of the nursing practice act within a specific state). | | | | |
| | | | | Notes |
| 5. Clinical employees <u>do not</u> rely solely on the Lift Team to perform a majority patient handling tasks, that is, SPHM is viewed as a function of nursing care or clinically important activity thus clinical employees use SPHM equipment. | | | | |
| 6. Lift team members receive competency-based education and training upon hire and on a periodic basis. | | | | Notes |
| 7. Lift team responds to a call for assistance within 10-15 minutes. | | | | Notes |
| 8. Lift team is available 24 hours/day for seven days/week. | | | | Notes |
| 9. Ongoing, long-term tracking of evaluation of lift team injury rates is conducted to ensure injuries are not shifted or expanded to this group of staff. | | | | Notes |
| 10. Effectiveness (including compliance with SPHM policy etc.) and cost –benefit of the Lift Team is reviewed periodically. | | | | Notes |

Safe Patient Handling and Mobility Toolkit – Tool 3a Gap Analysis

| H. Education & Training <i>(Toolkit Section 6 and associated Tools)</i> | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
|---|---|----|-----------------------|--|
| 1. There is a comprehensive written SPHM education and training plan. | | | | |
| 2. All education and training classes have well-defined learning outcomes or behavioral objectives, established through comprehensive needs assessments to determine the knowledge, skills, and abilities required by stakeholders to effectively fulfill their responsibilities within the SPHM program. | | | | |
| 3. All SPHM stakeholders receive periodic education and training that is relevant to their role and responsibilities within the SPHM program as outlined in the SPHM Education and Training Plan (Tool 6a). | | | | |
| <p>Stakeholder groups include:</p> <ul style="list-style-type: none"> • Caregivers who will use SPHM equipment and processes including Temporary/ Contract Staff (see below) • SPHM Program Management Group i.e., Program Champion, Coordinator and Committee; Occupational Health & Safety/EOC/Patient Safety, etc. • SPHM unit-based champions/coaches and trainers • Lift Teams if applicable • CEO and Administration/ Senior Leadership • Directors and Unit Managers/ House Supervisors • Patients and their Families • Patient Care Program Coordinators, Risk/Quality, Clinical Education/Professional Development | <ul style="list-style-type: none"> • Support Service Staff; Transportation & Security (if applicable) • Procurement/ Purchasing Groups, Architects & Designers, • Physicians and other Medical Providers • Patient Care Program Coordinators, • Union/Labor Representatives • Nursing Students (and/or other student groups), Faculty & Preceptors • EMS providers • Volunteers • External Medical Providers and Facilities in the Community | | Notes | |
| 4. All employees who will use SPHM equipment and processes receive competency-based training that includes hands-on return demonstration: | | | | |
| a. On implementation of the SPHM program. | | | | |
| b. On a periodic basis e.g., annual refresher training. | | | | |
| c. When new SPHM equipment or processes/competencies are implemented. | | | | |
| d. When employees move to a unit or department where they will use SPHM equipment and processes not previously operated. | | | | |
| e. Following a patient handling related injury and/or extended time away from work (for any reason) based on needs evaluation. | | | | |
| Notes | | | | |

Safe Patient Handling and Mobility Toolkit – Tool 3a Gap Analysis

| H. Education & Training <i>(Toolkit Section 6 and associated Tools)</i> | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
|---|-----|----|-----------------------|--|
| 5. SPHM education and training has been incorporated into new hire orientation for: | | | | |
| a. New employees (including travelers or agency staff) who will use SPHM equipment and processes. | | | | |
| b. Non-clinical employees whose job duties support the SPHM program. | | | | |
| c. Contracted/Temp staff. | | | | |
| Notes | | | | |
| 6. Education for employees who use SPHM equipment includes (Refer to Tools 6a & c for more details about training content): | | | | |
| a. The rationale for implementing a comprehensive SPHM program, including the benefits, supporting evidence base, related SPHM regulations and standards. | | | | |
| b. The facility's SPHM policy and strategy to mitigate risk associated with patient handling activities; stakeholders' roles and responsibilities. | | | | |
| c. The incident reporting process. | | | | |
| d. SPHM patient mobility assessment SPHM equipment and choice protocols including communications and documentation procedures. | | | | |
| e. Appropriate and safe use of SPHM equipment and slings including exceptions for use, best ergonomics work practices; and point of care pre-mobility safety check. | | | | |
| f. Use of SPHM equipment and practices with specific patient populations as applicable e.g., bariatric, orthopedic etc. and in emergency situations. | | | | |
| g. Equipment and sling inspection. | | | | |
| h. Equipment and sling access, replacement, cleaning, failure, breakage/damage. | | | | |
| i. How to get assistance and access to SPHM information and resources. | | | | |
| Notes | | | | |

Safe Patient Handling and Mobility Toolkit – Tool 3a Gap Analysis

| H. Education & Training <i>(Toolkit Section 6 and associated Tools)</i> | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
|--|-----|----|-----------------------|--|
| 7. Training is interactive and conducted via simulation or at point-of-care using the same types of SPHM technology and processes used by the target audience e.g., foundational SPHM education could be provided via interactive computer-based training and competency-based skills with return demonstration provided in classroom simulation or on a patient care unit/dept. | | | | |
| 8. Training content and delivery considers and addresses the educational, language, culture, terminology, literary levels of the target audience. | | | | Notes |
| 9. SPHM education is conducted by a person(s) who is qualified and has demonstrated abilities to be able to effectively teach employees how to use SPHM equipment with the patient population that employees care for included patient assessment protocols and can address clinical questions etc. Note: review qualifications of trainers provided by equipment vendors - not all are qualified to teach employees about the specific clinical and related SPHM needs of patients e.g., they are not licensed healthcare professionals. | | | | Notes |
| 10. Education and training are provided during scheduled work hours, including alternate shiftwork and sufficient staff coverage is provided to facilitate attendance . | | | | Notes |
| 11. Job aids are provided for use of equipment and SPHM processes e.g., videos, picture guides, checklists and tip sheets, manufacturer instructions for: a. Employees who use SPHM equipment and processes. b. Support service employees e.g., EVS –SPHM cleaning policy and room set-up, maintenance etc. | | | | Notes |
| 12. SPHM coaching is provided for caregivers at point-of-care following initial SPHM training and when new SPHM equipment or processes are introduced to facilitate transfer of training and use of SPHM equipment and protocols, or ask requested by caregivers etc. | | | | Notes |
| 13. Records of attendance, training content, instructor (s) and competency verification (as applicable) are kept for each individual completing SPHM related training and retained per organization policy and any applicable laws. | | | | Notes |

Safe Patient Handling and Mobility Toolkit – Tool 3a Gap Analysis

| H. Education & Training <i>(Toolkit Section 6 and associated Tools)</i> | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
|---|-----|----|-----------------------|--|
| 14. The SPHM education and training program is evaluated for effectiveness (transfer of training) on a periodic basis e.g., employees use SPHM equipment (as if applicable), practices and methods correctly and effectively. | | | | |
| Notes | | | | |
| 15. All education and training classes have clearly defined learning outcomes or behavioral objectives, which are determined through a needs assessment to identify the knowledge, skills, and abilities required by stakeholders to perform their role/job duties within the SPHM program. | | | | |
| Notes | | | | |
| I. Post Incident or Injury Management <i>(Toolkit Section 7)</i> | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
| 1. There is a process to conduct an immediate root cause analysis of patient handling incidents to determine system cause of incidents and identify solutions. | | | | |
| Notes | | | | |
| 2. Unit/dept. managers and other employees such as unit-based SPHM champions and the SPHM program manager/coordinator are engaged in post-event incident analysis (after action review). This may include post-incident safety huddles. | | | | |
| Notes | | | | |
| 3. There is a process in place (which includes the SPHM program management team, unit manager/dep. and caregivers) to develop and implement solutions to address hazards and prevent incident reoccurrence based on incident analysis findings. | | | | |
| Notes | | | | |
| 4. A process is in place for learnings from incident analyses to be shared with leadership and other relevant stakeholders in a way that protects employee and patient confidentiality. | | | | |
| Notes | | | | |
| 5. There is a return to work (RTW) program for caregivers who experience patient handling related injuries that assists them in returning quickly to medically appropriate jobs, ensuring work restrictions are followed to prevent harm and speed recovery during the restricted work activity period. | | | | |
| Notes | | | | |

Safe Patient Handling and Mobility Toolkit – Tool 3a Gap Analysis

| I. Post Incident or Injury Management <i>(Toolkit Section 7)</i> | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
|--|-----|----|-----------------------|--|
| 6. Elements of the RTW program include the following: | | | | |
| a. A system to match the physical capability of an injured employee to the physical demands of a job including use of SPHM technology to facilitate the safe utilization of injured workers. | | | | |
| b. Medical providers are made aware of the early return to work program, available temporary alternative jobs, and SPHM program. | | | | |
| c. Unit/dep. managers are knowledgeable about return-to-work policies and practices. | | | | |
| d. Unit/dep. managers maintain regular contact with the employee while out of work per injury management policy. | | | | |
| e. The organization's workers' compensation insurance carrier is kept apprised of the injured caregiver's work accommodation. | | | | |
| f. The injured caregiver is accountable for complying with the medical treatment plan and for returning to work in a role that accommodates medical restrictions. | | | | |
| g. Injured caregivers are required to inform their employer of any physical limitations and submit current medical documentation outlining any restrictions or limitations. | | | | |
| Notes | | | | |

| SPHM Program Proactive Hazard Prevention (Also refer to Data Analysis) | | | | |
|---|------------|-----------|------------------------------|---|
| J. Proactive Design (Toolkit Sections 8&9) | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
| 1. There is a process to facilitate development and integration of SPHM and ergonomics design principles in new construction and remodeling or existing units/depts., facility-wide through work with facilities planning and other key depts. | | | | |
| | Notes | | | |
| 2. SPHM and ergonomics design principles (e.g. work heights, reach distances, clearance and access, materials flow and storage) is included in all remodeling or reconstruction of patient care areas (e.g. patient rooms, bathrooms, storage areas, work spaces) as recommended by the SPHM Coordinator & Committee with input from direct care employees etc. | | | | |
| | Notes | | | |
| 3. There is a standardized process for selection, purchase and implementation of SPHM equipment e.g., equipment and slings used are standardized for a facility as appropriate; the SPHM committee reviews requests for purchase of new technology or alternate SPHM equipment to ensure they meet facility SPHM protocols and needs. | | | | |
| | Notes | | | |
| K. Proactive – Hazard Identification and Gap Analysis | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
| 1. Proactive audits of units/departments are conducted to identify ergonomics/patient handling related risk factors and related gaps in current policies and practices that may contribute to patient handling injuries such as non-use of SPHM equipment, and a process is in place to address hazards identified and implement recommendations. | | | | |
| | Notes | | | |
| 2. Identification of patient handling related issues is included in regular safety and environment of care rounds and a process is in place to address hazards identified and implement recommendations (e.g., physical environment, equipment, process, and/or staffing related). | | | | |
| | Notes | | | |
| 3. There is a process for employees to provide real time feedback about patient handling-related issues/challenges. | | | | |
| | Notes | | | |
| 4. Periodic gap analysis of the SPHM program is conducted e.g., annually. | | | | |
| | Notes | | | |

Safe Patient Handling and Mobility Toolkit – Tool 3a Gap Analysis

| K. Proactive – Hazard Identification and Gap Analysis | Yes | No | Partially Implemented | Will not be Implemented or is Not Applicable |
|---|-----|----|-----------------------|--|
| 5. Periodic survey of employees and patient to identify areas for program improvement (also refer to Surveys). | | | | |
| Notes | | | | |
| 6. There is a process in place to conduct a safety huddle on a <i>routine basis</i> to discuss SPHM and other safety related concerns or ideas. | | | | |
| Notes | | | | |
| 7. There is a process in place (which includes the unit manager) to develop and implement recommendations/actions from safety huddles/employee ideas and suggestions. | | | | |
| Notes | | | | |
| 8. There is a process in place to recognize employees and disseminate learnings from employee ideas and suggestions. | | | | |
| Notes | | | | |

Safe Patient Handling and Mobility Toolkit – Tool 3a Gap Analysis

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Also refer to Section 10 - Resources

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 - Safety and Health Management Systems: A Road Map for Hospitals https://www.osha.gov/sites/default/files/2.4_SHMS_roadmap_508.pdf
- Worker Safety in Hospitals Caring for our Caregivers - Safe Patient Handling. Numerous Tools and Resources <https://www.osha.gov/hospitals/patient-handling>
 - [Safe Patient Handling](#)
 - [MSD Assessment](#)
 - [Management Support](#)
 - [Policy / Program Development](#)
 - [Facility & Patient Needs Assessment](#)
 - [Facilitating Change](#)
 - [Safe Patient Handling Equipment](#)
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