

Safe Patient Handling and Mobility Toolkit – Tool 3d

To learn more about using this tool and other assessment methods to identify and rank hazards and risks in patient handling, 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/>

Manager Survey of Unit/Department Characteristics In-Patient and Clinics

Contents

Sample cover letter for the manager survey	1
In-patient unit/dept. manager survey	2
Outpatientt/clinic manager survey	8

Sample cover letter for the manager survey

Date

Dear Patient Care Manager,

ABC Hospital is implementing a Safe Patient Handling and Mobility (SPHM) program. *Add information about the need for an SPHM program e.g., any state SPHM regulatory requirements and/or program goals and the role of the SPHM Committee.*

To ensure that an effective and sustainable SPHM program is implemented at the hospital, the SPHM Committee will be soliciting input from unit/department managers and staff throughout the development, implementation, and evaluation of the program.

As part of this initiative SPHM lift equipment and assistive devices will be purchased for staff to use when moving and lifting patients who cannot move themselves.

To help us determine the type and quantity of equipment needed for each unit or department where patients are lifted or moved, the SPHM Task Force requires your input about your units' or departments' patient population, staffing patterns and physical characteristics. The information gathered as well as past injury data will be used in a comprehensive process to identify program needs, resources, and budget planning.

We also request that your staff complete a brief survey about the type of patient lifting and moving task they currently perform during a typical work shift. At least 1 RN and 1 Aide and/or Tech should complete this per shift.

Please complete the following 'Manager Safe Patient Handling & Mobility Practices' questionnaire to the best of your ability and distribute the 2nd survey to your staff.

Please return all completed surveys to _____ by (Date) *(adapt for electronic version and add link)*

If you have questions or need more information, please contact: _____SPHM Coordinator (or program lead) at: _____

Thank you,

Name, Title

Safe Patient Handling and Mobility Toolkit – Tool 3d

Safe Patient Handling and Mobility Program Plan Survey of Patient Handling & Mobility Practices IN-PATIENT UNIT/DEPT. MANAGER SURVEY	ABC Hospital
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Department: _____	Dept Cost Ctr#: _____
Manager: _____	Contact #: _____
Person Completing Report: _____	Contact #: _____
Title: _____	Date Completed: _____

Directions:
Department Leadership: Complete sections 1 through 4 Answer the following questions related to your department/unit.
Questions: Contact:

Section 1: Patient Population	
1.	Describe:
a) The patients on your unit. b) Daily census - average Typical range c) What percentage of patients will be admitted in a typical day? d) What percentage of patients will be discharged or transferred to other unit in a typical day? e) Average Unit/Dept. population characteristics (# patient type by diagnosis, etc) and variability in this f) Any proposed changes in the average daily census over the next two years If YES, please describe g) What percentage of your patients have a hard time understanding or cannot follow commands? h) What percentage of your patients are combative/at risk for violence/non-cooperative? i) What percentage of your patients weigh 350lbs – 600lbs? Over 600lbs? j) How many times a year do you see patients who weigh 350lbs – 600lbs? Of 600lbs?	

Safe Patient Handling and Mobility Toolkit – Tool 3d

Section 1: Patient Population

2.

Identify typical distribution of patients by physical dependency level according to the definitions below.

Note: Based on physical limitations not clinical acuity. The total for the 4 categories should equal your average daily census.

_____ **Total Dependence-** Cannot or should not help at all with transfers or repositioning. Cannot follow simple directions; cannot get themselves to the side of the bed without extensive assistance from staff; cannot bear weight. Always requires full staff assistance.

_____ **Semi-Dependent –** Can follow simple directions. Has some upper body strength and can get the edge of the bed with minimal assistance; has good trunk control when seated upright; can bear some weight on one or both leg. May be able to stand pivot transfer with staff assistance.

_____ **Supervised –** Oversight, encouragement, or cueing required during movement, ambulation, when performing ADLs. Assistive aides e.g., cane, walker, crutches needed when transferring and/or ambulating. Limited staff assist required.

_____ **Independent –** Can ambulate, move in bed, and perform ADLs etc., without staff assistance.

Comments: _____

How do nursing staff determine how to lift or mobilize a patient who cannot move independently? Do they use a mobility assessment or screening tool? If so, please note the name of the tool or process.

Section 2: Staffing

1.

List your existing full-time employees (FTE); the typical number of filled positions and typical staffing

FTE Assigned Ceiling: _____ RN _____ LPN _____ CNA _____ Transport _____ Other
(list) _____

Typical Positions Filled: _____ RN _____ LPN _____ NA _____ Transport _____ Other
(list) _____

Typical Staffing: M-F nights: _____ days: _____ eves: _____
Weekend nights: _____ days: _____ eves: _____
Other Schedules: _____

Shift - # staff: 12 hour? _____ 8 hour? _____ Other? _____

Safe Patient Handling and Mobility Toolkit – Tool 3d

Section 2: Staffing

Average years of experience clinical staff

Average number of clinical staff turnover per year

2. What are the typical patient care assignments?

Number of patients per clinical staff per shift:

Days: RN/LPN Aides Technicians Other (please specify)

Nights: RN/LPN Aides Technicians Other (please specify)

Other shifts: RN/LPN Aides Technicians Other (please specify)

What factors are considered when assigning patients to staff?

3. Peak Work Times (think about the time of the day that is busiest). What is the # of staff that would be lifting/mobilizing a patient at the same time):

4. Number of employees on modified or light duty right now

Number

Average

5. Discuss projected plans or upcoming changes in staffing, patient population, or bed closures.

Section 3: Space/Maintenance/Storage

1. Describe Unit, including # beds, room configurations (private, semi-private, rooms for specialty care e.g., bariatric etc), and bathrooms:

rooms private (1 bed) _____ # rooms with 2 beds _____

Other: _____

Bathrooms: In room? _____ Community _____ Use tub? _____ Shower chair? _____

Other: _____

Types of rooms and detail: (i.e., convertible to critical care, bariatric or other; any unique items to rooms):

Safe Patient Handling and Mobility Toolkit – Tool 3d

Section 3: Space/Maintenance/Storage

2.	Describe current storage conditions and problems you have with storage. If new equipment is purchased, where would it be stored? Include the number and approximate size of storage rooms
3.	Identify anticipated changes in the physical layout of your unit, such as planned unit remodeling or moving in the next 2 years and when these changes will occur
4.	Describe space constraints for patient care tasks & use of portable equipment such as narrow doorways, limited room to move equipment; focus on patient rooms, bathrooms, shower/bathing areas.
5.	Describe any routine preventative maintenance program or process for equipment. What is the reporting mechanism/ procedure for identifying, marking, and getting broken equipment to shop for repair?
6.	If potential for installation of overhead lifting equipment exists, describe any structural factors that may influence this installation, such as structural load limits, lighting fixtures, protruding sprinkler heads, other ceiling fixtures, fixed cabinetry, AC vents, presence of asbestos, etc.

Section 4: SPHM Equipment

1.	What percent of high-risk patient handling and moving tasks are completed using SPHM equipment such as powered lifts, sit to stand devices (if any) i.e., for patients who cannot transfer independently ? Do not include the use of gait belts (if present)

Section 4: SPM Equipment

2. Check the 3 most common causes of staff injury related to patient handling and care tasks.

- i. Bed repositioning (boosting, turning & proning if applicable) _____
- ii. Transferring patients to/from bed or stretcher/gurney _____
- iii. Transferring patients to/from bed and chair or commode _____
- iv. Holding patients on their side/holding limbs _____
- v. Walking with patients _____
- vi. Lifting and mobilizing patients at risk for violence
- vii. Other types of patient handling tasks (specify)
- viii. Manual materials lifting or handling tasks (specify, i.e., food trays, linen bags) _____
- ix. Pushing beds/stretchers/wheelchairs with a patient _____

Comments:

3. What equipment do you think you need to move and lift patients safely?

4. When an employee is injured what do you do on your unit to prevent the same injury or the same worker being injured? (i.e., root cause analysis, training, etc.)

Section 5: Training

1. Describe:

- a) What types of unit/departmental safety training do you do with staff?
- b) How often?
- c) When do staff train? (i.e., time off, during work, etc.)
- d) If during work hours, are replacement staff brought in?
- e) What is the maximum length of time per year that you would be willing to give to train staff on safe patient handling?
- f) Are you currently doing any training on safe patient handling, ergonomics, or other injury prevention?
- g) If YES, please note the type /frequency/ length of training:

Additional Comments:

Safe Patient Handling and Mobility Toolkit – Tool 3d

Safe Patient Handling and Mobility Program Plan Survey of Patient Handling & Mobility Practices OUTPATIENT CLINIC MANAGER SURVEY	ABC Hospital
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Clinic/Location:	_____	Dept Cost Ctr#:	_____
Manager:	_____	Contact #:	_____
Person Completing Report:	_____	Contact #:	_____
Title:	_____	Date Completed:	_____

Directions:
Department Leadership: Complete sections 1 through 4 Answer the following questions related to your department/unit.
Questions: Contact:

Section 1: Patient Population	
1.	Describe:
a) The patients that visit your clinic (e.g. general summary by clinical diagnosis or reason for visit. b) Overall clinic daily visits - average Typical range c) What percentage of patients visit your clinic between 2-10 times/month? More than 10 times/month d) Daily census - average Typical range e) Average patient population characteristics (patient type by diagnosis, etc.) and variability in this f) Any proposed changes in the average daily visits over the next two years? If YES, please describe g) What percentage of your patients have a hard time understanding or cannot follow commands? h) What percentage of your patients are combative/at risk for violence/non-cooperative? i) What percentage of your patients weigh under 35lbs Between 35-75lbs Between 75 – 150lbs 150-300lbs 300lbs – 600lbs? j) How many times a year do you see patients who weigh 300lbs – 600lbs? ? Over 600lbs?	

Safe Patient Handling and Mobility Toolkit – Tool 3d

Section 1: Patient Population

2.

Identify typical distribution of patients by physical dependency level according to the definitions below.

Note: Based on physical limitations not clinical acuity. The total for the 4 categories should equal your average daily census.

_____ **Total Dependence-** Cannot or should not help at all with transfers or repositioning. Cannot follow simple directions; cannot get themselves to the side of the bed without extensive assistance from staff; cannot bear weight. Always requires full staff assistance.

_____ **Semi-Dependent –** Can follow simple directions. Has some upper body strength and can get the edge of the bed with minimal assistance; has good trunk control when seated upright; can bear some weight on one or both leg. May be able to stand pivot transfer with staff assistance.

_____ **Supervised –** Oversight, encouragement, or cueing required during movement, ambulation, when performing ADLs. Assistive aides e.g., cane, walker, crutches needed when transferring and/or ambulating. Limited staff assist required.

_____ **Independent –** Can ambulate, move in bed, and perform ADLs etc., without staff assistance.

Comments: _____

How do staff determine how to lift or mobilize a patient who cannot move independently? Do they use a mobility assessment or screening tool? If so, please note the name of the tool or process.

Section 2: Staffing

1.

List your existing full-time employees (FTE); the typical number of filled positions and typical staffing

FTE Assigned Ceiling: _____ RN _____ LPN _____ CNA _____ Other (list e.g. MA's, Techs) _____

Typical Positions Filled: _____ RN _____ LPN _____ NA _____ Other (list) _____

Typical Staffing: M-F days: _____ **eves(if applicable):** _____

Other Schedules (if any): _____

Shift - # staff: 12 hour? _____ 8 hour? _____ Other? _____

Safe Patient Handling and Mobility Toolkit – Tool 3d

Section 2: Staffing					
Average years of experience clinical staff					
Average number of clinical staff turnover per year					
2.	Peak Work Times (think about the time of the day that is busiest). What is the # of staff that would be lifting/mobilizing a patient at the same time):				
3.	Number of employees on modified or light duty right now				
	<table border="1"> <thead> <tr> <th>Number</th> <th>Average</th> </tr> </thead> <tbody> <tr> <td colspan="2"></td> </tr> </tbody> </table>	Number	Average		
Number	Average				
4.	Discuss projected plans or upcoming changes in staffing and/or patient population				
Section 3: Space/Maintenance/Storage					
1.	Describe Clinic, including # treatment rooms/areas and bathrooms:				
# Rooms (1 exam table) _____ # Bathrooms _____ Other: _____ 					
2.	Describe current storage conditions and problems you have with storage. If new equipment is purchased, where would it be stored? Include the number and approximate size of storage rooms				
3.	Identify anticipated changes in the physical layout of your clinic, such as planned remodeling or moving in the next 2 years and when these changes will occur				
4.	Describe space constraints for patient care tasks & use of portable equipment such as narrow doorways, uneven thresholds, limited room to move equipment, fixed height exam tables. Focus on Exam rooms, bathrooms, etc.				

Safe Patient Handling and Mobility Toolkit – Tool 3d

Section 3: Space/Maintenance/Storage	
5.	Describe any routine preventative maintenance program or process for equipment. What is the reporting mechanism/ procedure for identifying, marking, and getting broken equipment to shop for repair?
6.	If potential for installation of overhead lifting equipment exists, describe any structural factors that may influence this installation, such as structural load limits, lighting fixtures, protruding sprinkler heads, other ceiling fixtures, fixed cabinetry, AC vents, presence of asbestos, etc.
Section 4: SPHM Equipment	
1.	What percent of patient handling and moving tasks are completed using SPHM equipment such as powered lifts, sit-to-stand devices (if any) i.e., for patients who cannot transfer independently? Do not include the use of gait belts (if present).
2.	<p>Check the most common causes of staff injury related to patient handling and care tasks.</p> <ul style="list-style-type: none"> i. Transferring patients to/from wheelchair and exam table ii. Transferring patients to/from stretcher and exam table iii. Holding/supporting a patient's body part during a procedure or exam iv. Repositioning patients on exam tables v. Getting patients in and out of vehicles vi. Lifting and mobilizing patients at risk for violence vii. Other types of patient handling tasks (specify) viii. Manual materials lifting or handling tasks (specify, i.e., linen bags, medical supplies) ix. Pushing stretchers/wheelchairs with a patient <p>Comments:</p>
3.	What equipment do you think you need to move and lift patients safely? E.g., repositioning devices, powered lifts to move patients to/from wheelchair to exam table, from the floor, to assist with weighing, or holding limbs.

Safe Patient Handling and Mobility Toolkit – Tool 3d

Section 4: SPHM Equipment	
4.	When an employee is injured what do you do at your clinic to prevent the same injury or the same worker being injured? (i.e., root cause analysis, training, etc.)
Section 5: Training	
1.	Describe:
<ul style="list-style-type: none">a) What types of departmental safety training do you do with staff?b) How often?c) When do staff train? (i.e., time off, during work, etc.)d) If during work hours, are replacement staff brought in?e) What is the maximum length of time per year that you would be willing to give to train staff on safe patient handling?f) Are you currently doing any training on safe patient handling, ergonomics, or other injury prevention?g) If YES, please note the type /frequency/ length of training:	
Additional Comments:	