

Safe Patient Handling and Mobility Toolkit – Tool 4d

To learn more about identifying SPHM program stakeholders and developing a Communications Plan refer to Sections 2 and 4 and Tool 2f 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 Sample Communications/Social Marketing Plan

There are a number of people who are interested in and affected by the SPHM program and outcomes. These people are considered the constituents and stakeholders of the program.

SPHM program management is as much about **organizational culture change** as it is about implementing and/or enhancing patient handling equipment and strategies. Therefore, to aid the facilitation of culture (or behavior) change it is essential that all constituents and stakeholders of the program are informed of their role within the program, and about program progress and accomplishments. Developing and implementing a communications or social marketing plan helps to achieve that goal.

The message should be tailored to fit the audience. Examples of success stories related to SPHM efforts within the organization, on a unit and the progress of the SPHM Program should be disseminated regularly. Positive reinforcement of good work practices and behaviors is encouraged. Recognition is given to employees that develop solutions to improve employee and patient safety. Communication efforts to groups outside of the hospital or organization are also important and can strengthen the relationship between the facility and local community.

A 'marketing' plan (e.g., including 'eye-catching' promotions, etc.) for the program should be developed by interested members of the SPHM Committee with support from the facilities marketing/communications department (if applicable).

To develop a plan, identify:

1. All employee groups, volunteers, patients, families, community agencies who may be impacted by the SPHM program policies and procedures.
2. How will the SPHM program be meaningful to this customer?
3. What do they need to know?
4. When do they need to know?
5. The best method(s) of communication to each customer group.

It can be helpful to identify methods of communication as follows:

On a unit/dept.	Within the hospital	External
<ul style="list-style-type: none"> ▪ Face to face ▪ Staff meetings ▪ Shift change nurse handoff ▪ Safety huddles ▪ Email ▪ Intranet ▪ Question of the week ▪ Notices/posters in staff restrooms ▪ Safety Dashboards ▪ Executive rounding ▪ On-site program auditing activities 	<ul style="list-style-type: none"> ▪ Employee safety and/or Environment of Care Committee ▪ SPHM resource/training intranet page ▪ Newsletters ▪ Skills fair ▪ Hallway information boards ▪ Program auditing activities ▪ Director/manager meetings ▪ Executive rounding 	<ul style="list-style-type: none"> ▪ Community newsletter ▪ Local media when program established ▪ School of nursing and/or other disciplines

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After completing 1-5 above, **develop a *project schedule*** that identifies:

1. What type of communication is to be sent
2. When does the communication need to be sent and how often?
3. Who will develop communications or messaging?
4. Who will distribute the communication?
5. Is follow up needed to review if the communication/message and delivery method was effective? If 'yes', how and who will perform this task?

The following is a sample SPHM program Communications Plan – Adapt the Content to Suit Your Program Needs

Stakeholder groups - Contents

CEO and Administration/	3
Senior Leadership.....	3
SPHM Program committee or team	4
Committee or group the SPHM committee reports to	4
Occupational Health/Safety/Ergonomics/HR	4
Directors and Unit Managers/ House Supervisors.....	5
Unit-based SPHM Champions/ Coaches/Lift Teams	6
Unit/Dept. RNs and CNAs including Float Pool nursing staff.....	7
Physicians and other medical providers.....	8
Temporary/contract staff	9
Rehab Staff - Physical, Occupational and Respiratory Therapy	9
Other Professional Services	9
Clinical Education/professional development staff	10
Central Transportation & Security.....	10
Patient Care Program Coordinators	11
Union/Labor representatives.....	11
Patient population and families (community).....	11
Support Service Staff (not directly involved with patient handling)	12
Procurement/ purchasing groups, architects & designers.....	13
Nursing Students (and/or other student groups).....	13
Emergency Medical Services	14
Volunteers	14
External medical providers and facilities in the community.....	14
SPHM technology vendors.....	15

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Stakeholder (<i>'Who'</i>)	<i>What Do They Need to Know?</i> (example only – not all inclusive)	Best Communications Method(s) (example only) <i>(How)</i>	<i>When Do They Need to Know?</i>	Plan 1. What info is to be sent? 2. When? 3. Who will develop communications? 4. Who will send it? 5. Follow up needed?
CEO and Administration/ Senior Leadership	1. How will the program be meaningful to them? e.g. <ul style="list-style-type: none"> • Improved staff safety • Improve patient safety • Enhance overall culture of safety • Meet regulatory standards and requirements by accreditation orgs (e.g., state SPHM law; DNV etc. if applicable); best practice standards e.g., ANA SPHM stnds; assist to meet the CMS 2025 Age Friendly Hospital Measures re mobility • Cost savings from reduced staff injuries and patient injuries • Positive financial impact on reimbursement if patient safety improved (skin, falls, early mobility, etc.) • Reduced liability related to improving patient safety • Improved patient experience/satisfaction • Improved recruitment and retention of patient care staff (employer of choice/staff satisfaction, etc.) 2. What's the plan? <ul style="list-style-type: none"> • The scope of the program and primary components/activities • How much will it cost? • What's the return on investment? • What's the project timeline? • What do they need to do? 3. Periodic updates program outcomes 4. Budget requests 5. Recommended program policy/procedures 6. Other?	<ul style="list-style-type: none"> • SPHM program coordinator/ manager and program sponsor/ champion– relay information at leadership meetings • Written reports related to program data and outcomes from SPHM committee • Brief staff testimonials re success of using SPHM equipment and best practices etc. • Training 	<ul style="list-style-type: none"> • Before program plan is implemented & for plan approval etc. • Monthly or Quarterly • Annually • Upon hire 	

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SPHM Program committee or team	1. How will the program be meaningful to them? e.g. <ul style="list-style-type: none"> Assist to prevent worker and patient injuries and enhance culture of safety Enhance professional skills Assists to ensure program sustainability 	<ul style="list-style-type: none"> Via Program manager Monthly meetings Email Training 	<ul style="list-style-type: none"> When committee is formed & as new members join Annual review of SPHM program As new information about SPHM practices/technology etc., is published/discovered 	
Committee or group the SPHM committee reports to (if applicable) e.g. Environment or Care or Employee Safety Committee	1-6. As above for <i>CEO and Administration</i>	<ul style="list-style-type: none"> Via SPHM program manager & other SPHM committee members Monthly meetings Email Training 	<ul style="list-style-type: none"> Before program plan is implemented for plan input etc. Quarterly Annually 	
Occupational Health/Employee	1. How will the program be meaningful to them? e.g. <ul style="list-style-type: none"> Assist in preventing worker injuries and enhance culture of 	<ul style="list-style-type: none"> Via representative who is on the 	<ul style="list-style-type: none"> Before program plan 	

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Health/Safety Professionals/ Ergonomists Human Resources/Risk Management Workers Compensation Carrier/Third Party Administrator	<p>safety</p> <ul style="list-style-type: none"> Meets regulatory requirements and ANA standards (See <i>CEO and Administration</i>) Cost savings from reduced staff injuries/ Improved recruitment and retention of patient care staff (employer of choice/staff satisfaction, etc.) <p>2. What’s the plan? See <i>CEO and Administration</i> above</p> <p>3-8. As for <i>Directors and Unit Managers</i></p>	<p>SPHM committee</p> <ul style="list-style-type: none"> SPHM Training if provided e.g., online orientation to SPHM Dept. meetings Email 	<p>is implemented for plan input etc.</p> <ul style="list-style-type: none"> Quarterly as needed Annually Upon hire 	
Directors and Unit Managers/ House Supervisors	<p>1. How will the program be meaningful to them? e.g.</p> <ul style="list-style-type: none"> Decrease in injuries and injury severity (days lost and restricted workdays) Positive impact on: <ul style="list-style-type: none"> Staffing -if less staff are needed to move and lift each patient, staffing retention Patient safety related to skin, falls, early mobility and other Meet regulatory requirements & standards etc. See <i>CEO</i> above Meets regulatory requirements and ANA standards (See <i>CEO and Administration</i>) <p>2. What’s the plan? See <i>CEO and Administration</i> above</p>	<ul style="list-style-type: none"> Director meetings Email SPHM Training if provided e.g., online orientation to SPHM 	<ul style="list-style-type: none"> Before implementing new process etc. Quarterly as needed Annually Upon hire 	

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	<ol style="list-style-type: none"> 3. SPHM policy and procedures including those for special patient populations; staff role and responsibilities; injury/incident reporting etc. 4. Corrective action protocol following injuries, incidents and near miss reports. 5. SPHM process changes e.g., re new equipment; equipment usage, procedural changes, unit-based champions/ coaches, change management needed to ensure compliance etc. 6. Training and education schedules; participation needed in on-site evaluation activities, surveys, audits etc. 7. Program progress and outcomes including injury data; staff survey; SPHM audit; patient safety and survey data etc. 8. Input into remodel or new build projects relative to their unit/dept. 			
Unit-based SPHM Champions/ Coaches/Lift Teams (if applicable)	<ol style="list-style-type: none"> 1. How will the program be meaningful to them? e.g. <ul style="list-style-type: none"> • Assist to prevent worker and patient injuries and enhance culture of safety • Enhance professional skills • Assists to ensure program sustainability • See RNs (1) below <p>2-8. As for Directors and Unit Managers</p>	<ul style="list-style-type: none"> • See Unit/Dept. RNs and CNAs below 	<ul style="list-style-type: none"> • Initial recruitment as champion/ coach etc • Before implementing new processes etc. • Annually 	

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<p>Unit/Dept. RNs and CNAs including Float Pool nursing staff</p> <p>Other care staff such as surgical technicians in Perioperative services; Medical Assistants in outpatient clinics etc. (if applicable)</p>	<p>1. How will the program be meaningful to them? e.g.</p> <ul style="list-style-type: none"> • Work will be physically easier (and potential psychological benefits) • Risk of injury decreased • Improved patient safety • Meets regulatory requirements and ANA standards (See <i>CEO and Administration</i>) <p>2. What's the scope of the SPHM program and goals; activities & timelines?</p> <p>3-8. <i>As for Directors and Unit Managers</i></p>	<ul style="list-style-type: none"> • Via their manager • Email • Staff meetings • Safety Huddles • Shift change communication • Unit-based SPHM unit-based champions/coaches /lift team if applicable • SPHM Training • Share the evidence base for SPHM • Visual tools e.g., posters – with SPHM 'Tips & Tricks' in staff lounge/bathrooms and are regularly updated /posters with facility staff with injuries and picture • Visible, easily accessible information about SPHM tech use e.g., Pictorial job aids attached to lift 	<ul style="list-style-type: none"> • Before implementing new processes etc. • Annually • Upon hire 	

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		equipment <ul style="list-style-type: none"> • Testimonials from other RNs and CNAs in other facilities re their experience with SPHM (brief video and written sound bites) • Unit/dept. safety data dashboard • SPHM intranet web page • Via representative who is on the SPHM committee 		
Physicians and other medical providers e.g., NPs, PAs etc.	<ol style="list-style-type: none"> 1. How will the program be meaningful to them? e.g. <ul style="list-style-type: none"> • May facilitate staff ability to perform and complete treatment modalities • Improved patient outcomes - potential decrease length of stay due to early safe mobilization (as ordered) of patients and associated benefits • Meets regulatory requirements and ANA standards (<i>See CEO and Administration</i>) • Work will be physically easier (and potential psychological benefits) (<i>role dependent</i>) 2. What’s the scope of the SPHM program and goals; activities & timelines? <p>3-8. <i>As for Directors and Unit Managers – modify scope as needed</i></p>	<ul style="list-style-type: none"> • Physician meetings • Email • Individual unit engagement when possible • SPHM Training if provided e.g., online orientation to SPHM 	<ul style="list-style-type: none"> • When implementing new processes etc. • Annually • Upon hire 	

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Temporary/ contract staff e.g., traveling nurses; CNAs; physician.	<ul style="list-style-type: none"> • Direct care contractors – <i>as for RNS, CNAs above</i> • Medical providers - <i>see above</i>. May be located off site but should be aware of policies and language/terminology used <p><i>Modify scope as needed</i></p>	<ul style="list-style-type: none"> • Via their manager and tools listed above • Add to info packet received when starting work • SPHM Training • Other 	<ul style="list-style-type: none"> • At start of work contract • Periodically PRN 	
Rehab Staff - Physical, Occupational and Respiratory Therapy	<ol style="list-style-type: none"> 1. How will the program be meaningful to them? e.g. <ul style="list-style-type: none"> • Improve quality of treatment or diagnostic activities due to easier access to and positioning of patients • Risk of injury decreased 2. What's the scope of the SPHM program and goals; activities & timelines? <p>3-8. <i>As for Directors and Unit Managers – modify scope as needed</i></p>	<ul style="list-style-type: none"> • Staff meetings per dept. • PT and RT staff – testimonials re benefits of SPHM etc., from other PTs/RTs in the facility and/or from other health care settings • SPHM Training • <i>As for RNs and CNAs</i> 	<ul style="list-style-type: none"> • When implementing new processes etc. • Annually • Upon hire 	
Other Professional Services e.g., imaging staff,	<ol style="list-style-type: none"> 1. How will the SPHM Program be Meaningful them? e.g. <ul style="list-style-type: none"> • Improve quality of treatment or diagnostic activities due to easier access to and positioning of patients 	<ul style="list-style-type: none"> • Staff meetings per dept. • Imaging staff – testimonials from 	<ul style="list-style-type: none"> • When implementing new processes 	

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etc., who may transfer/move patients during procedures	<ul style="list-style-type: none"> Risk of injury decreased for staff and patients 2. What’s the scope of the SPHM program and goals; activities & timelines? 3-8. <i>As for Directors and Unit Managers – modify scope as needed</i>	other imaging techs in the facility and/or from other health care settings <ul style="list-style-type: none"> SPHM Training <i>As for RNs and CNAs</i> 	etc. <ul style="list-style-type: none"> Annually Upon hire 	
Clinical Education/professional development staff	1. How will the program be meaningful to them? e.g. <ul style="list-style-type: none"> Incorporated in expectation of patient ‘care’ and staff education 2. What’s the scope of the SPHM program and goals; activities & timelines? 3-8. <i>As for Directors and Unit Managers – modify scope as needed</i>	<ul style="list-style-type: none"> Annual competency tools Unit meetings SPHM Training <i>As for RNs and CNAs</i> 	<ul style="list-style-type: none"> Before implementing new processes etc. Annually Upon hire 	
Central Transportation & Security (if applicable)	1. How will the program be meaningful to them? e.g. <ul style="list-style-type: none"> Work will be physically easier Risk of injury decreased Improved job satisfaction due to focused work assignments Unit staff will need less assistance for patient handling tasks 2. What’s the scope of the SPHM program and goals; activities & timelines? 3-8. <i>As for Directors and Unit Managers – modify scope as needed</i>	<ul style="list-style-type: none"> Dept. meetings Communication to contract company (as applicable) SPHM Training 	<ul style="list-style-type: none"> When implementing new processes etc. Quarterly Annually Upon hire 	

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Patient Care Program Coordinators, i.e., infection control, fall prevention, bariatrics, wound care, bed control/ admitting Risk/Quality/ Environment of Care	1. How will the program be meaningful to them? e.g. <ul style="list-style-type: none"> • Positive impact on patient safety related to skin, falls and LOS (refer to program measurements/defined outcomes) • Reduced liability related to improving patient safety • Improved patient experience/satisfaction • Meets regulatory requirements and ANA standards (See <i>CEO and Administration</i>) 2. What’s the scope of the SPHM program and goals; activities & timelines? 3-8. <i>As for Directors and Unit Managers – modify scope as needed</i>	<ul style="list-style-type: none"> • Dept. meetings • Email • Via representative for the specialty who is on the SPHM committee 	<ul style="list-style-type: none"> • When implementing new processes etc. • Quarterly • Annually • Upon hire 	
Union/Labor representatives	1. How will the program be meaningful to them? e.g. <ul style="list-style-type: none"> ▪ Benefits to their members 2. What’s the scope of the SPHM program and goals; activities & timelines? 3. Their role within the program/policy etc.	<ul style="list-style-type: none"> • In-house union meetings Email • Human Resources may assist with communication • Via representative who is on the SPHM committee 	<ul style="list-style-type: none"> • When implementing new processes etc. • Annually • When appointed/ elected as a labor rep 	
Patient population and families (community)	1. How will the program be meaningful to them? e.g. <ul style="list-style-type: none"> ▪ Increase in comfort and safety during stay. Potential decrease re length of stay ▪ Will want to ‘come back’ – hospital of choice 	<ul style="list-style-type: none"> • Brochures • In welcome package • In-house video 	<ul style="list-style-type: none"> • On admission 	

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	<ol style="list-style-type: none"> 2. What to expect related to SPHM equipment and processes used by the facility; what is expected of them 3. Positive information about patient surveys related to SPHM 	<p>that is customized to show SPHM technology used at the facility</p> <ul style="list-style-type: none"> • On facility web • Via nursing staff upon admission • Local broadcast media when program implemented 		
Support Service Staff (not directly involved with patient handling) materials management/ logistics, environmental svcs, maintenance, clinical technology/ biomed, laundry svcs, information technology etc.	<ol style="list-style-type: none"> 1. How will the program be meaningful to them? e.g. <ul style="list-style-type: none"> • They play a critical role in ensuring caregiver access to SPHM technology that is maintained and/or processes to facilitate of use of technology. This will support caregiver and patient safety etc. 2. Why is a program needed, program goals and structure <ul style="list-style-type: none"> • SPHM policy and procedures as related to their job function; staff role and responsibilities; injury/incident reporting etc.; changes to procedures, where to get more information. 	<ul style="list-style-type: none"> • Dept. meetings • Email • Training specific to their role in the SPHM program • Visual tools e.g., posters/instructional job aids relevant to the stakeholder's program role • Via representative for the specialty who is on the SPHM committee 	<ul style="list-style-type: none"> • When implementing new processes etc. • Annually • Upon hire 	

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Procurement/ purchasing groups, architects & designers, etc.	<ol style="list-style-type: none"> How will the program be meaningful to them? e.g. Improved staff safety and associated cost savings <ul style="list-style-type: none"> Improve patient safety and associated cost savings Meets regulatory requirements and ANA standards (See CEO and Administration) Why is a program needed, program goals and structure – focus on SPHM technology needed and process to select and install technology; inclusion of SPHM in remodel or new construction etc. 	<ul style="list-style-type: none"> Training specific to their role in the SPHM program Dept. meetings Email Via representative for the specialty who is on the SPHM committee 	<ul style="list-style-type: none"> Before program plan is implemented for plan input etc. Quarterly as needed Annually Upon hire/start of contract 	
Nursing Students (and/or other student groups)	<ol style="list-style-type: none"> How will the program be meaningful to them? e.g. <ul style="list-style-type: none"> Work will be physically easier Risk of injury decreased Improved satisfaction re student experience SPHM policy and procedures as related to their job function 	<ul style="list-style-type: none"> SON/other schools – add more information to existing SPHM curriculum; provide written information to faculty SON/other schools – faculty training During clinical rotation Orientation at hospital/clinical site 	<ul style="list-style-type: none"> Upon orientation 	

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Emergency Medical Services	<ol style="list-style-type: none"> How will the program be meaningful to them? e.g. <ul style="list-style-type: none"> Work will be physically easier Risk of injury decreased SPHM policy and procedures as related to their role and interface with the facility 	<ul style="list-style-type: none"> Through ED Manager for EMS Care Manager for non-emergency transportation Weekly meetings with EMS captain Ambulance advisory committee 	<ul style="list-style-type: none"> When implementing new processes etc. Annually PRN 	
Volunteers	<ol style="list-style-type: none"> How will the program be meaningful to them? e.g. <ul style="list-style-type: none"> Work will be physically easier Risk of injury decreased SPHM policy and procedures as related to their role 	<ul style="list-style-type: none"> Through volunteer coordinator Orientation Intranet resources etc. 	<ul style="list-style-type: none"> When implementing new processes etc. Annually Upon hire 	
External medical providers and facilities in the community e.g., home health, skilled nursing facilities, nursing homes/assisted living etc.	<ol style="list-style-type: none"> How will the program be meaningful to them? e.g. <ul style="list-style-type: none"> Improves coordination of care on admission and discharge related to communications about patient mobility status and SPHM technology and processes needed on admission and when discharged. 	<ul style="list-style-type: none"> Through hospital social workers; case managers; admitting & marketing dept. 	<ul style="list-style-type: none"> When implementing new processes etc. Periodically PRN 	

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SPHM technology vendors	1. Vendor partners need to understand an organization's SPHM policy and procedures and the scope of their role in the program.	<ul style="list-style-type: none"> • Meetings • Email • Via representative on the SPHM committee 	<ul style="list-style-type: none"> • During program planning & implementation • If SPHM processes/policy changed re use & management of SPHM technology etc • When vendor reps change - at start of work contract 	