

To learn more about using this tool refer to the Section 8 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)  
Post Implementation Caregiver Survey & Report Template

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ABC Hospital Safe Patient Handling & Mobility Program (Year) – Staff Evaluation

Add Instructions for Use of the Survey - include:

- Why the survey is being conducted
- How to access the survey and the length of time that it should take to complete
- Timeline to complete the survey
- How to complete the survey
- Who to contact if there are questions e.g.

**Questions?** Contact the SPHM Program Coordinator (name & email/phone) at:

## Safe Patient Handling and Mobility Toolkit – Tool 8b

### ABC Hospital Safe Patient Handling & Mobility Program (Year) – Staff Evaluation

Date: \_\_\_\_\_ Unit/Dept: \_\_\_\_\_ Shift: \_\_\_\_\_

Job type: Please check your job category (optional): RN \_\_\_\_\_ LPN \_\_\_\_\_ CNA \_\_\_\_\_ Other(please define) \_\_\_\_\_ Employment status (check one): \_\_\_\_\_ Permanent employee: \_\_\_\_\_ Contract staff \_\_\_\_\_

Please take a few minutes to answer the following questions about the Safe Patient Handling & Mobility (SPHM) program on your unit/department

**1. The use of equipment such as the Ceiling Lift system or Air Assist Mat for patient handling and transfer has: *(customize to reflect example of SPHM equipment at your facility)***

- |   |                |       |         |          |                   |
|---|----------------|-------|---------|----------|-------------------|
| a) Reduced your chance of injury at work  | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| b) Reduced your physical fatigue and discomfort when lifting, repositioning and transferring patients | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| c) Resulted in improved patient safety and comfort.   | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |

**2. How many times in a typical shift would you say you use the following patient lift and transfer equipment? *(customize to reflect example of SPHM equipment at your facility)***

- |   |   |     |     |     |     |      |         |     |
|---|---|-----|-----|-----|-----|------|---------|-----|
| a) Ceiling Mounted Lifts                                  | 0 | 1-2 | 3-4 | 5-6 | 7-8 | 9-10 | Over 10 | N/A |
| b) Powered Floor Lift e.g. INSERT BRAND NAME              | 0 | 1-2 | 3-4 | 5-6 | 7-8 | 9-10 | Over 10 | N/A |
| c) Powered Sit to Stand Assist e.g., INSERT BRAND NAME    | 0 | 1-2 | 3-4 | 5-6 | 7-8 | 9-10 | Over 10 | N/A |
| d) Non powered stand assist e.g., INSERT BRAND NAME       |   |     |     |     |     |      |         |     |
| e) An air assist mat INSERT BRAND NAME                    | 0 | 1-2 | 3-4 | 5-6 | 7-8 | 9-10 | Over 10 | N/A |
| f) A slider sheet INSERT BRAND NAME                       | 0 | 1-2 | 3-4 | 5-6 | 7-8 | 9-10 | Over 10 | N/A |
| g) An air assist lift for fall recovery INSERT BRAND NAME | 0 | 1-2 | 3-4 | 5-6 | 7-8 | 9-10 | Over 10 | N/A |

**3. How many times in a typical shift do you think that SPHM equipment *could* have been used to reposition, transfer or mobilize a patient, but equipment was *not* used?**

0	1-2	3-4	5-6	7-8	9-10	Over 10	N/A
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4. Please choose the top 3 reasons SPHM equipment is *not* used to complete patient handling and mobility tasks

- Equipment is not available
- Equipment takes too long to use
- The correct type of sling is not available
- Patient was not 'large' or 'heavy' enough to need equipment
- I haven't received training on equipment use
- Other staff did not want to use equipment
- Patient refused to use equipment
- Patient condition or task being performed prevents use of equipment
- Other – list comments

*Note: Questions 4 & 5 can be customized to ask about use of specific SPHM equipment and tasks and the reasons for non-use.*

5. The equipment available for patient handling, lifting and transferring is:

a) Easy to use	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
b) Is conveniently located	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
c) Usually in good working condition	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
d) Always functions reliably	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
e) Being utilized to maximum capacity	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

6. Clean slings are readily available for use whenever needed

Strongly Agree   Agree   Neutral   Disagree   Strongly Disagree

7. Slings are easy to apply and remove

Strongly Agree   Agree   Neutral   Disagree   Strongly Disagree

8. There is sufficient equipment to meet the demands of patient handling and transfers on your unit or department

Strongly Agree   Agree   Neutral   Disagree   Strongly Disagree

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9. I have received sufficient training to feel confident and safe when using the equipment for patient handling and transfers.

Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree

10. I perform a patient dependency or mobility check every time before I transfer a patient

Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree

11. Using equipment to lift and transfer patients on your unit allows more time for patient care

Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree

12. I am satisfied with the current SPHM program and procedures at this facility

Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree

13. Management supports the use of SPHM equipment for patient handling and transfers

Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree

14. I am aware of the following resources that are available if I have SPHM related questions or challenges - check all that apply:

*LIST SPHM resources available at your facility and an option for 'I am not aware of any of the resources listed above.'*

15. Please list barriers to using equipment for patient handling, lifting and transfers

16. Lifting, repositioning and transferring patients are integral to patient care. What additional recommendations do you have that may increase staff and patient safety and comfort during these activities?

Additional Comments? Open

If you would like someone to contact you about your responses or any SPHM concerns, please provide your name and employee email address.

*Adding the option to provide comments with each question can provide further context to responses.*

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**Additional Questions that can provide insight into specific program elements.**

### Patient dependency or mobility check

**Q - “I know what the SPM dependency assessment/mobility check tool is.” Yes or No**

**Q - If ‘No’, why would you choose not to perform a patient dependency or mobility check?**

**Add answer options e.g.,**

- I don’t have time
- The patient tells me if they can mobilize
- I have never been trained to use the tool
- It is too complicated

### SPHM training

**Q - “I have completed the following SPHM training in the past X years:”**

**Answer options describe the SPHM that is provided e.g.**

- Online training
- In-person new hire class
- In-person refresher class
- On unit training with a SPHM champion
- Have never received SPHM training etc.

**Q - The barrier that prevented me from attending SPHM training is:**

**Answer options could be:**

- I’m not due for a refresher/I’ve been trained within the last X years
- I have not been scheduled to attend
- I didn’t know there was mandatory SPHM training
- Training is not offered at convenient times for me to attend
- Other: Class cancelled, training not offered

**Q - The training provided information/skills that have allowed me to use SPM equipment more frequently**

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

### SPHM Unit-based champions

**If there is a unit-based SPHM champion program ask questions about its effectiveness, and functionality etc.**

### Report Template – How to Present the Survey Data

**ABC Hospital Safe Patient Handling & Mobility Program (Year) – Staff Survey Report (*add date range survey was administered*)**

#### Summary – Example of how survey responses can be categorized

##### Demographics

- The number of staff who completed the survey and % response rate (i.e., % of the total number of staff who could have responded)
- Units/Depts with highest number of responses
- % of respondents who work on each shift option
- % of respondents by job type (*note that this question was optional*)
- % of respondents who were employees and who were contract staff.

##### Staff's overall experience with use of SPHM Technology

**Q1.** Present these questions using a stacked bar chart with five response options: Strongly Agree, Agree, Neutral, Disagree, and Strongly Disagree.

- Reduced your chance of injury at work
- Reduced your physical fatigue and discomfort when lifting, repositioning and transferring patients
- Resulted in improved patient safety and comfort.

**Q2.** Use the above chart type and format to display the number of times in a typical shift each specific SPHM device is used

**Q3.** A bar chart can be used to display the number of times SPHM equipment *could* have been used but was not.

**Q4.** Rank the reasons that SPHM equipment is *not* used to complete patient handling and mobility tasks- highlight the top 3 common reasons overall

**Q5.** Use the chart type and format described in Q1 to display responses describing ease of use, access, working condition, functionality and maximum usage of available SPHM equipment

**Q's 6 - 13.** A bar chart can be used to present the data for each question

**Q 14.** List the total number and percent of responses for each SPHM resource chosen

**Q 15-16.** List all responses. Summarize responses by theme for an Executive Summary Report of the Survey

**If comments are provided list them with their corresponding question.**

**A one-page executive summary can be used to share survey results with leadership, unit/department managers and their staff.**

**A detailed survey report should be developed and reviewed by SPHM program leadership and the SPHM committee.**