

Safe Patient Handling and Mobility Toolkit – Tool 8d

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/>

SPHM Unit/Department Rounding Tool

This tool can be used by employees responsible for conducting SPHM rounds and audits within units and departments participating in the SPHM program including unit-based champions or coaches, the SPHM program coordinator or manager, SPHM committee members or unit/dept. staff.

This tool should be adapted to reflect the SPHM technology and processes in your SPHM program.

The form can be used together with **Tool 3e SPHM Technology Inventory Survey** and **Tool 8c Post Implementation SPHM Audit**.

Add instructions for use including the:

- Schedule for conducting SPHM rounding
- Where to access rounding forms
- Where to return completed forms
- How to use form

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

Unit/Dept: _____ **Date:** _____ **Shift:** _____
Audit completed by _____ **Role in SPHM program** _____
(name): _____ **(e.g., unit champion/coach/**
committee members/program
coordinator/other)

RN/CNA/Therapist/Technician _____
Other please specify: _____

Activities	Comments (Concerns, Problems, Recommendations, Positive Feedback)
1. Check in with the Health Unit Coordinator (HUC) to announce visit and find out who the Charge Nurse is that shift and if the manager is available on the unit etc.	
2. Check in with Unit Manager if available, and ask about any SPHM-related needs, concerns, updates etc. <ul style="list-style-type: none">• Review any new/recent Patient Assist incidents with Manager	
3. Check in with Charge Nurse and ask about: <ul style="list-style-type: none">a. Patient census and acuity that shiftb. How many/which patients (room number) are dependent/	

Safe Patient Handling and Mobility Toolkit – Tool 8d

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and/or bariatric (over 300lbs) and need a ceiling lift to lift and mobilize them etc. c. Any semi-dependent patients needing a sit to stand device	
4. As you walk through the unit talk to nurses and CNAs who are available, especially those who have a dependent patient to care for. Key points to cover:	
a. Can their patient move themselves in bed and/from bed to chair?	
b. If not – are they using a ceiling lifting to move the patient? <i>(Note if hanger bar is not attached to lift strap and/or repositioning sling is not on the bed ready for use etc, it's likely that the lift is not being used)</i>	
c. If using the lift are there any challenges? – discuss solutions etc. – coach in room as needed • What do they like about using it etc.?	
d. If not using a lift for repositioning and/or bed to chair transfers • Why not-get to root cause. Offer solutions, coaching as needed	
e. Can their patient move themselves in bed and/from bed to chair?	
f. If using the lift are there any challenges? – discuss solutions etc. – coach in room as needed • What do they like about using it etc.?	
g. If not using a lift for repositioning and/or bed to chair transfers • Why not-get to root cause. Offer solutions, coaching as needed	
h. If there is no ceiling lift in the room and no other SPHM equipment is in use - discuss the option of using a floor lift for bed to chair transfers and more or air assist mat/slider sheet for repositioning etc. If feasible assist staff to set up this equipment - coach as needed.	
i. If patient is partially weight bearing - ask • How are staff transferring them to/from bed to chair? • Are they performing a SPHM mobility check/screen?	

Safe Patient Handling and Mobility Toolkit – Tool 8d

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<ul style="list-style-type: none"> Using a 2-person assist or the sit- to-stand lift if the patient is semi-dependent - coach on process and use of equipment as needed 	
j. Ask about charting practices – do they know when to conduct a SPHM mobility assessment (a mobility check for CNAs), and how to chart outcomes etc., and determine SPHM equipment (including sling type and size) needed?	
k. Are air assist mats being used when taking dependent patients with cleared spine to Imaging? Do staff know how to use it?	
l. Do they use limb slings? Pannus sling (when available)	
m. Do they have enough supplies? – slings, slider sheets, air assist mats etc	
n. Any there any cleaning challenges? – Wipeable supplies & hardware e.g., air assist carts and motors, sit to stands etc.	
o. Do they know the process for lifting a patient from the floor?	
<p>p. For new hire caregivers (or new to working on a unit with SPHM equipment) - check if they have attended SPHM training - provide info as needed.</p> <ul style="list-style-type: none"> For other caregivers - check if they have attended refresher SPHM training (<i>per training schedule</i>) 	
<p>q. Do they know where to get help or information about the SPHM program?</p> <ul style="list-style-type: none"> Unit champion Intranet SPHM toolkit Program coordinator/clinical expert 	
r. Do they know what the ABC hospital SPHM policy is? Review as needed	
s. Do they know what to do if staff or patients refuse to use equipment?	
<p>5. Talk to therapist if available about:</p> <ul style="list-style-type: none"> Patient transfers 	

Safe Patient Handling and Mobility Toolkit – Tool 8d

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<ul style="list-style-type: none"> • Use of sit to stand and walking harness, gait track etc • Use this opportunity (if there is time) to talk about their injury risk and how to address this while facilitating therapy goals etc. 	
<p>6. SPHM Audits - if able to observe patient handling – use the SPHM Audit Tool 8c.</p> <p>7. Review SPHM equipment availability, supply and working condition using Tool 3e.</p>	
<ul style="list-style-type: none"> • Overall discuss specific clinical challenges caregivers may have experienced and/or have solved when using SPHM equipment. Identify any coaching or refresher training needs etc. • Note any mention of <i>any clinic conditions</i> that don't allow caregivers to use equipment especially a ceiling lift – if a condition is not on the list below find out who determined that the lift cannot be used and why. <i>Insert program specific protocol here e.g.</i> <ul style="list-style-type: none"> ○ Unclear spine – cannot be in a ceiling lift or on an air assist mat ○ Pelvic fractures – ceiling lift as tolerate and with OK from treating physician ○ Braces e.g., HALO, TLSO, traction – OK if they do not tear the sling <p>Work with caregivers and the unit manager to solve the issue – if unable to find a SPHM solution while on the unit/dept., determine next steps and ensure they occur e.g., working with other care providers to customize a solution.</p> <ul style="list-style-type: none"> • Make sure that any caregiver or patient-related safety concern(s) observed during rounding & audit activities are discussed with the unit/dept. manager or supervisor before leaving the unit/dept. so they can be addressed immediately as needed. Document hazard/risk observed and follow up actions taken. 	