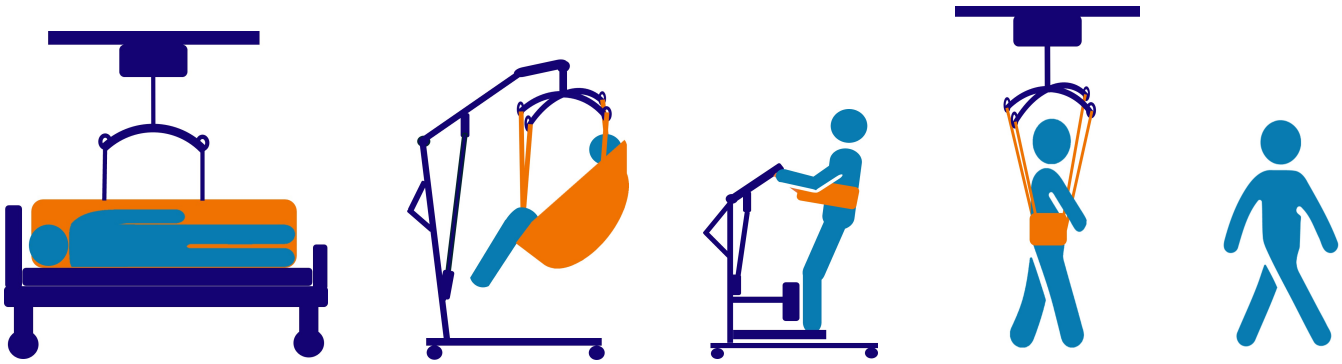
Nevada Hospital Association



Safe Patient Handling and Mobility: A Toolkit for Program Development

Section 9
SPHM Program Improvement & Sustainability

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The ***Safe Patient Handling and Mobility: A Toolkit for Program Development*** offers comprehensive guidance and resources to assist hospitals and other healthcare organizations in establishing and sustaining effective safe patient handling and mobility (SPHM) programs.

The complete toolkit can be accessed at **https://www.nvha.net/safe-patient-handling-and-mobility-toolkit/**

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SPHM Program Improvement & Sustainability

Contents

SPHM Program Improvement & Sustainability

Step 15

Sustain the SPHM program

Introduction

Sustaining a SPHM program involves maintaining the program at a consistent and effective level of activity. This requires regular monitoring of outcomes, continuous improvement of activities based on results, and ensuring that sufficient resources are allocated so the organization can continue to achieve the desired benefits.

Maintaining momentum and achieving long-term improvement and after implementing a SPHM program can be challenging. Sustained success depends on strong foundational structures and processes that support ongoing efforts and maintain outcomes from established program activities.

Sustaining a SPHM program is about change and creating a culture of safety that evolves and adapts to changing organizational needs and circumstances. It is about persistence and understanding that even well designed and implemented SPHM programs require time to be fully accepted and integrated into the daily routines of caregivers and stakeholders. For example, some units or departments may take a year or two to transition from use of manual patient handling to using SPHM technology and procedures as standard practice.

It is essential to have a well-defined plan of activities that facilitate the organization's ability to sustain SPHM program efforts and support required changes.

If there is no plan to maintain program activities after implementing a new occupational safety initiative, focus and enthusiasm may decline over time, which can result in work practices and processes returning to their previous state.

It is estimated that about two-thirds of change projects in healthcare *fail* for several reasons, including poor planning, unmotivated staff, ineffective communication, and widespread changes (Barrow & Annamaraju, 2022).

There are several challenges that healthcare organizations face when sustaining safety initiatives such as SPHM, many of which have been exacerbated by the COVID-19 pandemic. These include:

- The increased workloads experienced during the pandemic have resulted in extraordinary levels of burnout in nursing and other patient care related professions leading to high rates of caregiver turnover and greater reliance on temporary staff. High levels of burnout and staffing shortages can make it more challenging to implement and sustain changes in work practices that are needed to mitigate risk of harm to employees and patients (Martin et al., 2023).
- High employee turnover strains budgets and staffing, making it harder to deliver effective safety education and training to a constantly changing workforce.
- Changes in senior leadership can affect the overall organizational safety culture and shift the service and budget focus within an organization. Changes in mid-level management can impact safety culture within units and departments and the level of support for safety initiatives.

- Health care mergers and acquisitions can also impact resource alignment and culture (Burmeister 2023).
- The growing emphasis on workplace violence prevention initiatives in health care may affect the allocation of resources for sustaining some safety programs, including SPHM.

  Violence by patients against caregivers has increased significantly over the past decade prompting an increased focus and investment by health care organizations to address this significant issue. Several states have regulations that require implementation of comprehensive violence prevention programs in hospitals. Joint Commission (TJC) accredited hospitals, behavioral health facilities, and home health entities must meet TJC violence prevention standards. As resources are directed to addressing WPV programs and meet regulatory requirements, funding for SPHM program sustainability may decline if budget and resources are not sufficient to address both needs.
- The current changes in the US health care systems related to reimbursement uncertainty may also impact future funding and support of programs such as SPHM.

Beyond the general factors outlined above, SPHM programs may face specific challenges that influence the long-term sustainability of even the most well-designed and effectively implemented initiatives. These include:

a. A decline in employee injury rates and associated workers compensation costs leading to an assumption that goals are met and there is no need for a formal or stand-alone SPHM program.

b. Conversely program efforts may not demonstrate desired outcomes in a time frame that leadership expects. For instance, a significant reduction in patient handling incidents and related injury rates might not be realistic in the first year due to a focus on early injury reporting ***(Refer to Section 8).*** Enough time must be allowed between implementing SPHM solutions and evaluating results to observe meaningful changes.

c. Funding and resources for competency-based hands-on training may gradually decline, leading to a reduction in the quantity and quality of SPHM training offered.

d. Funding and resources for SPHM technology maintenance and renewal is not sustained.

e. A reduction or absence of clinical support and peer coaching may have an impact on staff adherence to SPHM techniques and their ability to access expertise in managing complex clients, such as individuals who are non- or partially-mobile and patients of size.

Factors c, d, and e, may lead to decreased use of SPHM technology by caregivers.

f. Only one person is assigned to lead SPHM program efforts so when they change roles or leave the organization the program effectiveness declines.

g. Many SPHM programs stall because they overlook the need for continuous improvement to achieve better results (AON, 2014)

Long term sustainability is best achieved when an SPHM program goes beyond the goal of just reducing employee injuries and is embedded into the organization's daily operations and existing services. Leadership and key stakeholders must view SPHM as a core value that is critical to an organization's efforts to ensure a culture of employee and patient safety.

A SPHM program that is woven into an organization's culture at the leadership and unit/department level and within professional disciplines, is more likely to survive when there is a change in leadership and unit/department management and/or key stakeholders.

The ultimate goal is that caring for and mobilizing patients using SPHM becomes standard practice or *'just the way things are done around here.'*

Planning for SPHM Program Sustainability

As there are many factors that affect the long-term viability of a SPHM program, sustainability planning should begin as SPHM program planning activities are being conducted and the program plan written ***(Refer to Sections 2-4).***

This involves assessing whether and how each SPHM program element or activity will receive ongoing organizational support following implementation and identifying any potential challenges to sustainability.

Implementing best practices from change management theories can improve the likelihood of program success and lead to better outcomes in practice ***(Refer to Section 7).***

As outlined in ***Sections 2-4***, building partnerships and collaboration during program planning is essential for securing future support for the program. This includes creating a pool of resources and identifying possible revenue sources and funders to sustain ongoing program activities.

Sustainability strategies should be periodically reviewed throughout program evaluation and revised as necessary in response to new findings.

A continuous improvement approach that incorporates rigorous and ongoing evaluation helps demonstrate the value of an SPHM program, validates effectiveness, and guides implementation of cost-effective improvements to support sustainability.

Factors that contribute to the sustainability of health and safety programs are summarized in ***Table 9.1***.

Evidence-based elements of successful sustainable SPHM programs are summarized in ***Section 1.***

Quick Tip

Useful resources that provide information about sustaining safety programs :

- **IHI Sustaining Improvement https://www.ihi.org/library/white-papers/sustaining-improvement**
- **AHRQ Model for Sustaining and Spreading Safety Interventions https://www.ahrq.gov/hai/cauti-tools/guides/sustainability-guide.html**
- **RNAO Leading Change Toolkit: Sustain knowledge use https://rnao.ca/bpg/leading-change-toolkit**

Additional resources are provided in *Section 10.*

The guidance on SPHM program development presented in this toolkit is founded on evidence-based best practice for establishing sustainable employee and patient safety initiatives.

By applying and customizing the recommended program elements and activities to design and implement a SPHM program that aligns with your organization's needs, you can establish a solid foundation for lasting program success.

This remainder of this section describes activities that contribute to SPHM program sustainability and categorizes them based on the main components of an evidence-based SPHM program as presented in this toolkit.

Key Components for Sustainable Health & Safety Programs
• Create a program that is aligned with the organization's culture of safety and readiness to change • Develop SMART goals that are aligned with organization's overall mission and values • Develop a comprehensive strategy that includes a well-articulated business case and details how goals will be achieved, sustained, and integrated in all aspects of operations • Identify all stakeholders who may be affected by and/or influence program efforts. Ensure they understand their roles and responsibilities and are held accountable • Ensure ongoing active support by leadership and management at every level • Actively engage and empower stakeholders in all aspects of program development, implementation, evaluation, and evolution • Ensure ongoing open communication to all stakeholders that promotes engagement in program activities, partnerships, and collaborations • Identify, quantify, prioritize, and mitigate hazards and risks using evidence-based strategies and a systems perspective that considers physical, psychological, organizational, and individual factors that contribute to risk • Develop clear program standards, policies, and procedures, which are communicated effectively, enforced, and adapted as needed to meet changing needs • Promote a non-punitive culture of reporting near misses, incidents, injuries • Establish a system for education, training, and maintaining stakeholder competence that is dynamic and evolves to meet the needs of a complex environment • Monitor and measure progress using reliable lagging and leading key metrics and adapt as needed • Manage the program through a culture of learning and continuous improvement that embraces flexibility and adaptability and incorporates a proactive approach to risk mitigation • Promote and celebrate achievements to inspire ongoing improvement *Adapted from Loeppke, R. et al, 2016, OSHA, 2016, AHA, 2021.*

Table 9.1 *Key Components for Sustainable, Health & Safety Programs.*

SPHM Program Sustainability – Addressing Non-Physical Risk Factors for Work-Related Musculoskeletal Disorders (WMSDS)

SPHM initiatives are primarily designed to reduce physical and biomechanical risks that contribute to WMSDs.

However, as highlighted in Section 1, organizational and psychosocial factors such as understaffing, excessive workloads, high turnover, fatigue, and burnout, are driving the caregiver turnover rates which have risen significantly since the COVID-19 pandemic (Office of the Surgeon General ,2022; Busis, et al., 2025). These factors are associated with an increased incidence of WMSDs among nurses and nurse assistants (Han et al., 2014; Bernal 2015; Oakman & Macdonald, 2019; Vinstrup, 2020; Graveling et al., 2021; Wåhlin et al., 2021).

The interaction and degree of influence these non-physical factors have on the development of WMSDs, and their relationship to biomechanical risks, is not yet fully understood. Thus, there is limited guidance about how to measure the extent to which they contribute to patient handling related WMSDs.

However, research suggests that for ergonomics initiatives such as SPHM, to effectively mitigate the risk of WMSDs, they must incorporate a holistic perspective. This means addressing not only biomechanical but also psychosocial, organizational, and individual contributors to musculoskeletal injuries (Graveling et al., 2021; Latvala, 2022).

Although further research is needed, it is likely that well-designed SPHM program supported by an organizational culture that takes a holistic approach to employee well-being could positively influence the effects of psychosocial and organizational risk factors on both staff injuries and patient safety.

SPHM programs have the potential to reduce the psychosocial and organizational risks that contribute to WMSDs, burnout, and staff turnover by enhancing overall job satisfaction. Evidence suggests that, overall, SPHM programs are linked to increased employee satisfaction (Waltrip, 2019).

The following identifies how SPHM programs may contribute to reducing caregiver fatigue, enhance job satisfaction and reduce turnover

- Exposure to workplace violence perpetrated by patients and/or coworkers, is associated with missed nursing care and nurse burnout (Havaei et al., 2020; Havaei & MacPhee, 2020; Vincent-Höper et al., 2020; Hogh et al., 2018). However, consistent use of SPHM technology has been shown to reduce the risk of patient-initiated violence when patient care tasks are performed (Kurowski & Ghaziri, 2019; Collins et al., 2006; Pihl-Thingvad et al., 2018; Risør et al., 2017).
- SPHM initiatives facilitate safer mobilization of patients, which can lead to better patient outcomes such as fewer hospital-acquired pressure injuries and falls (The Joint Commission, 2012; Kennedy, et al, 2015; Kurowski & Ghaziri, 2019; Spritzer, et al, 2015; Walden et al., 2013; Gucer et al., 2013; Yoder et al., 2014). The adoption of standardized patient mobility assessment and communication protocols not only ensures safe early and continuous patient mobility, but also fosters teamwork and collaboration among nursing, therapy, and medical

SPHM Program Sustainability – Addressing Non-Physical Risk Factors for Work-Related Musculoskeletal Disorders (WMSDS)

- professionals. These improvements may also contribute to greater job satisfaction among nurses and therapists.
- Access to expert guidance and peer coaching in SPHM may also alleviate a degree of workplace stress and boost job satisfaction.
- SPHM technology can reduce the number of staff needed to reposition and mobilize patients compared to manual methods (HFES, 2023), allowing caregivers to complete care tasks that may otherwise be omitted and enhancing professional satisfaction ***(Refer to Section 1).***
- Consistent use of SPHM technology helps minimize caregiver fatigue. Anecdotal evidence suggests that staff appreciate SPHM solutions because they feel less exhausted at the end of long shifts and have more energy for activities outside of work. Some male nurses and aides have also noted that using SPHM technology leads to fewer requests from their female colleagues, further streamlining workflow and improving the work environment.

Recommendations for Sustaining an SPHM Program

Management Leadership

Ongoing management support along with employee engagement and participation within a culture of safety that embraces both patient and employee safety and wellbeing is essential for the long-term sustainability of an SPHM program.

Sustaining leadership commitment from the governing board and CEO down to frontline managers is essential to ensure both human and financial resources are provided for SPHM program sustainability.

This includes ongoing budget for training, SPHM technology purchase and maintenance, program leadership and other evidence-based program components elements that are essential to program sustainability such as unit-based peer champions or coaches.

Sustained leadership support is also essential to ensure accountability throughout the organization, foster management buy-in at all levels, and to ensure cooperation among all key stakeholders to ensure successful management of SPHM components.

Effective sustained leadership engagement involves demonstrating active participation and a visible commitment that promotes a safety culture that prioritizes SPHM and encourages staff compliance with SPHM best practices.

When leaders and managers empower staff to raise safety concerns and take prompt action to resolve them, it fosters greater employee engagement and contributes to a safer workplace environment.

In contrast, if leaders and managers ignore staff safety concerns or move too slowly to address them, the result is often disengaged and demoralized staff and an environment in which employee and patient harm is more likely to occur.

Leadership rounding

One method of increasing leadership and senior management visibility in the SPHM program is the use of executive leadership patient safety rounds that incorporates an employee safety focus. The goal of these regularly scheduled rounds, e.g., weekly, is to have informal conversations with frontline staff about safety issues and for leadership to demonstrate their support of an organizational culture that promotes nonpunitive reporting of errors, adverse events, near misses, and unsafe conditions (IHI, ND).

Rounding facilitates proactive problem-solving and *if implemented well,* demonstrates to employees that leadership values their input and are committed to their well-being thus facilitating an improved safety culture. However, safety rounds that are conducted without full commitment, sincerity, or effectiveness may undermine safety culture rather than enhance it, and waste time throughout the organization (Foster, & Mazur, 2023).

If there is an effective executive rounding program at your facility, work with your program champion and SPHM committee to determine how SPHM related items can be incorporated into the rounding structure.

Keeping the program visible

Achieving ongoing support requires keeping the SPHM program visible and demonstrating ongoing value to leadership, hospital boards and managers, and to the overall mission and business goals of the organization.

This involves not only providing data about program performance and meeting KPIs but also sharing program successes such as describing the impact the program has had on employees and patients from an individual perspective through meaningful stories and testimonials.

It is important that SPHM program leaders keep appraised of organization wide and unit/department changes in management, staffing, patient services, and facility design etc., that may potentially impact SPHM program related activities.

Demonstrating an awareness of an organization's current financial and operational challenges and any changes in their mission and business and service goals can help establish credibility.

Additionally, displaying adaptability with program initiatives and plans to address immediate business requirements is beneficial.

The SPHM program champion or executive sponsor together with director/manager members of the SPHM committee should assist in keeping the SPHM program manager and committee appraised of such changes within the organization. Unit-based SPHM champions can provide information about significant changes within their unit such as changes in patient demographics and acuity or new unit-based initiatives to address patient safety or workflow related challenges.

Organization-wide safety huddles

Another way to keep SPHM visible is to include key information about patient handling incidents or important SPHM information related to immediate patient care needs in organization wide safety huddles.

For example, reviewing recent patient handling related injuries or events including those involving patient falls or fall recovery and discussing prevention strategies, issues related to SPHM technology supply or logistics, and recognition of SPHM practices that facilitated safe patient care, etc.

There must be a process in place to communicate, develop, and implement recommendations/actions from leadership rounding activities and safety huddles.

Note: *Department huddles are discussed* ***page 9-10.***

Mid-level manager support

Encourage managers of units/departments to share their experience about how SPHM activities benefit patient care and keep employees healthy and safe with other managers to help facilitate buy-in in future program implementation and stability efforts.

Visible unit/department manager support of the program is also essential for encouraging employee engagement and participation.

Orientation of new leaders and managers

Ensure that there is a process to familiarize leaders, directors and unit/department managers who are new to the organization or to their job position with the SPHM program, and their role and responsibilities within the program, and where to get SPHM assistance.

If feasible, have leaders and managers attend caregiver SPHM training and conduct a walkthrough with new managers to review SPHM technology and practices on their unit/department. These activities can reduce disruption in SPHM program activities that can occur when management changes and increase program support and sustainability.

Be prepared to address questions about use of a specific type or brand of SPHM technology and/or different SPHM practices that new leaders/managers may have used or seen at another health care facility. They may wish to implement SPHM technology or practices that do not meet existing program needs or may be beneficial to the program

Employee Involvement

Ongoing employee participation and engagement in the SPHM program is about keeping them actively involved in decision making and all program activities as the program matures.

The goal is to maintain a high level of enthusiasm and foster a sense of ownership in the program. This includes commitment to ongoing and correct use of SPHM technology and practices and to provide essential feedback for continuous process and program improvement.

Achieving this goal includes ensuring that employees feel that:

- Their contributions to SPHM are recognized and valued
- Leadership and management visibly demonstrate that their wellbeing is a priority
- They have sufficient training, SPHM technology and support resources to lift and mobilize patients safely ***(Refer to page 9-28)***

- Patient outcomes and experience are enhanced or improved through SPHM practices
- SPHM enhances their work experience and wellbeing

This toolkit outlines how employees can participate in SPHM program planning, implementation, and evaluation activities.

Additional ways of managing employee participation and engagement in the SPHM program are described below.

Recognition and reward

Ensure a process is in place to recognize and reward employee ideas and safety behaviors, and to disseminate learnings from their ideas and suggestions.

Recognizing and rewarding near-miss or 'good catch' reporting can help to achieve a system of proactive safety monitoring.

Note that a strategy of rewarding units or departments with lower injury rates is not recommended as this can discourage incident reporting, hindering data collection and injury prevention efforts.

Other activities that help reinforce good behaviors included acknowledging and rewarding employees for utilizing their training and encouraging SPHM practices on their units.

Celebrating success does not need to be elaborate. Small gestures such as unit pizza parties, staff beverage gift cards, and celebratory banners can go a long way to motivate employees. Rewards could also include public acknowledgement at meetings, a certificate of appreciation, or sharing employee suggestions and their outcomes on a unit specific noticeboard or web page. Remove staff identifiers unless explicit permission is given to publish identifying information**.** If a suggestion cannot be implemented, explain why.

Any method chosen to recognize and reward employees should be implemented consistently to encourage the adoption of SPHM practices.

Program growth is assisted when other units become inspired to adopt safety practices recognized and rewarded elsewhere in the organization.

SPHM support and coaching

Ensure there is a well-communicated process to enable employees to get real-time assistance with SPHM related challenges such as problem-solving mobilization of a patient with complex clinical issues; troubleshooting or getting immediate replacement for non-functioning SPHM technology; or getting a specific sling style and size that is not stocked on their unit/department. This includes ensuring access to assistance 24 hours a day, seven days a week.

Problem-solving assistance could be stratified by level and urgency of need. Some examples include:

- Having unit-based champions or a SPHM clinical expert available.
- Instructional materials and tip sheets e.g., pictorial job aids attached to SPHM technology; quick 'how-to' videos that are accessible on an internal SPHM program web page via QR code, or badge cards that include contact information for SPHM assistance and essential SPHM tips.

- Contact numbers to obtain technology supplies or maintenance posted on all unit/department phones and computer systems.
- Having an email box for the SPHM program where employees can provide general feedback and suggestions related to SPHM technology and practices etc. Email should be monitored regularly and responded to promptly.

New employees and temporary staff onboarding

The onboarding process of newly hired employees and temporary staff who will use SPHM technology or provide support services for the program, also impacts program sustainability.

Receiving training and support that is relevant to their role and responsibility within the program in a timely manner is important to avoid disruption to SPHM workflow and practices, and to foster engagement. Ensure that SPHM orientation efforts are supported by Human Resources and any other key departments involved in onboarding of new employees and temporary staff.

Department based safety huddles

Safety huddles are brief (10-15 minutes), often informal meetings designed to proactively identify and mitigate potential risks and improve safety on a given unit or department.

Using safety huddles during patient handling-related incidents and near miss investigations was described in ***Section 7.*** However, safety huddles are also useful to allow staff to discuss issues that could impact their safety and to ways to mitigate risks related to patient handling and mobility tasks, and other care activities.

Safety Huddles are generally brief and may involve the entire inter-professional team at a consistent time each shift.

SPHM related topics raised may cover several issues that may SPHM related challenges such as:

- Patients with elevated fall risk due to mobility changes
- Changes to a patient's cognitive functions or behaviors
- SPHM technology or device concerns (such as maintenance or availability)
- Environmental issues (e.g., clutter in patient rooms)
- Staffing considerations (e.g., numbers and experience levels)

Safety huddles are typically facilitated by the unit manager, his/her delegate such as a charge nurse, or a unit SPHM champion.

There should be a process in place (which includes the unit manager) to develop and implement recommendations/actions from safety huddles/employee ideas and suggestions.

SPHM and Engaging Generation Z

Generation Z, (born between the mid-to-late 1990s and the early 2010s) make up a significant demographic in the workforce and marketplace. A recently released report from Press Ganey stated that 24% of Gen Z RNs left the workforce in 2024 (Press Ganey, 2025). This was primarily due to unmet needs, centering around purpose, support, and alignment with their organizations. They will not remain in environments where they feel their work or wellbeing are not supported (Hatfield, 2025).

As discussed in ***Section 6***, training is more effective when different generation learning styles are considered in the design and delivery of training.

This should also be considered when developing ways to engage caregivers in the SPHM program.

So how can SPHM help engage Gen Z nurses and create a supportive, inclusive workplace community?

Many of the activities discussed in this toolkit that are essential to creating effective sustainable SPHM program could help such as:

- Access to online learning modules, virtual simulations, and digital tools for communication and collaboration. This includes designing brief easily accessible (via QR code) training videos that reflect their specific work environment
- Creating Tik-Tok style promotional campaigns for program activities, tips, and tricks
- in-person communication during rounding and the use of peer coaching to provide real-time support in the workplace
- Ensuring prompt feedback following communications to the SPHM program manager or committee or submitting suggestions for improvements. Recognition for good catches and ideas.
- Prompt follow up from their manager after submitting an injury report and visible support from their manager following an occupational injury (and the SPHM team for patient handling related injuries)

If feasible, evaluating the relationship between SPHM and job satisfaction in Gen Z nursing staff could be helpful in further promoting the value of the SPHM program.

Safe Patient Handling Program Planning

Review of program metrics

It is recommended that the SPHM program manager/coordinator and committee review near miss, incident, and injury data monthly *to* identify trends in injury rates or other key metric indicators that require action.

Senior leadership in consultation with the SPHM program manager and committee should identify what metrics should be shared on a more regular basis and included in the organization's monthly metrics review. This should have been determined before program implementation but should be evaluated during program review activities.

At least annually determine whether your SPHM program process measures, performance indicators and goals are still relevant to support program sustainability ***(Refer to Sections 4 & 8).***

Metrics should accurately assess program success and clearly identify which SPHM activities are effective, and which may require improvement. If they do not, then determine how they could be modified to better support improvements in the SPHM program.

Assess whether the program is achieving its return on investment as outlined in the SPHM program plan.

If program goals *were not* met as expected, determine why and document the contributing factors, so you can effectively explain the gaps to leadership and outline strategies for addressing them.

Consider if program evaluation activities are too time consuming and resource intensive. For example, too many metrics are used they may impede program operations and allocate valuable resources to data collection rather than effective program administration.

Ensure the injury data coding system ***(Refer to Section 2)*** used to identify source and causes of patient handling incidents remains effective and relevant, for example that it (together with data from other program evaluation tools) effectively informs where to direct program efforts and training content**.**

Given that injury data is driven by the effectiveness of the injury reporting system and efforts to encourage early reporting of patient handling incidents and injuries, it is important to review this activity periodically and address barriers to reporting ***(Refer to page 9-30).***

Review of program activities

On an annual basis use the gap analysis tool provided ***(Tool 3a)*** together with data from other program evaluation activities to conduct a thorough review of all program components. Compare findings to those from your previous gap analysis and other baseline data to determine progress made towards program goals.

The SPHM program manager/coordinator and committee should conduct this review and identify the program's strengths and weaknesses, opportunities for improvement, and threats to sustainability.

As you did at the beginning of program planning, assess the current organization's culture to evaluate readiness for continued leadership support of the SPHM program. When barriers to successful adoption of SPHM are identified within particular units or departments, assess whether and how the culture of safety may have changed. Factors to consider include the impact of management turnover, interprofessional relationships such as those between nursing and therapy, or nursing and medicine,

significant caregiver turnover and changes in staffing levels or credentials, as well as modifications in the care services provided.

As the program is being reviewed, consider how the wants and needs of stakeholders such as leadership, management, employees, unit-based SPHM champions, patients, etc., are identified and addressed.

Assess processes that may be slow or inefficient such as time to repair, order and/or replace SPHM technology and determine how they can be improved.

Program review should be conducted using a systems thinking perspective which considers how various program elements (people, processes, equipment, environment) interrelate and influence outcomes rather than focusing only on outcomes of isolated activities. This approach helps in understanding the program's impact and progress in a broader context, helps to identify root causes of issues and barriers to use of SPHM technology and practices, and guides design of more effective interventions for improvement and growth (ASSP, 2021; Goy, 2024).

Updating the strategic plan

Use the annual program evaluation activities described above to refine your SPHM program's strategic plan.

Consider the following:

- What are the specific goals and KPIs for the next year of the program that build on program activities and outcomes implemented to date ***(Refer to Section 4).*** Make sure goals are achievable and meet organizational needs.
- What do you want your program to look like 2, 5, and 10 years in the future?
- What will be the focus for your program expansion to other units; new build plans; new service line integration with SPHM?
- What type of SPHM technology and staff resources will you need to meet these goals?
- Who do you need to collaborate with to support program efforts?
- What will be the source(s) of funding?
- What impact will your program have to the organization? How is it of value?

When creating a budget, include immediate and ongoing funds *needed to support sustainability* ***(Refer to Section 4).*** Include funding needed for replacement and disposal of older SPHM technology as necessary and to maintain adequate supplies of items such as washable and/or disposable slings, friction reducing devices and other SPHM technology components as needed.

In addition to the program's primary funding source, investigate if funding is available from other sources such as other departments or cost centers who have embraced and seen success with the SPHM program such as perioperative or imaging services.

Check whether your institution's foundation or your workers' compensation insurance carrier can help with funding. Some insurers offer reimbursement if safety programs lower your premiums.

Certain states, for example Minnesota and Oregon, provide grants to support safety and health initiatives. Additionally, states such as Oregon and Washington offer financial assistance programs to

accommodate workers who have become temporarily or permanently disabled because of occupational injuries.

Visit your state's Department of Labor and Industries or the website for your state's OSHA-approved plan to determine whether funding assistance opportunities are available.

Creating varied funding sources can help with program sustainability.

Ensure that budget requests needing capital funding are submitted within the organization's capital budget planning cycle to avoid delays in future funding opportunities. Your program champion should be able to help submit and support capital expenses for approval.

Present the revised strategic plan to leadership for approval ***(Refer to Section 4).***

Review the strategic plan quarterly between annual program assessments to ensure the SPHM program is on track and adjust strategies as organizational changes occur.

Documentation and recordkeeping

Ensure that the written SPHM program plan is updated to reflect changes in program strategies and components as they occur. Ensure any regulatory documentation and recordkeeping requirements are being met.

Review and where possible, streamline recordkeeping practices for all elements of the program. Keep appraised (in collaboration with your IT department) of newer AI driven safety management software that improves efficiency of recordkeeping, streamline reporting, enhances data analysis and other aspects of program management.

Addressing declining program resources

If some program goals were not met as expected or threats are identified that could impact future program activities such as a decrease in planned funding and/or human resources, remain persistent in your efforts to keep the program on track and of value to the organization.

If risk factors for WMDs were not reduced as intended, revisit the planning stage of the problem-solving cycle and review best practices and lessons learned. Re-evaluate whether to sustain program elements that lack evidence of positive outcomes, however, do ensure enough time has been allowed to see desired outcomes before stopping a specific activity.

If funding is limited due to competition for resources from other programs, and a new program cannot be expanded or an existing program cannot be sustained, narrow the program scope to address SPHM needs in the highest-risk areas rather than lowering implementation standards. *Refer to **Sections 3 & 4** for information on how to prioritize SPHM needs)*. For example, focus available resources on implementing SPHM effectively in one or two units, rather than spreading them across many areas.

Another approach to supporting SPHM program sustainability is to integrate the program with other patient safety related initiatives that are well-funded ***(Refer to Table 9.2).***

Integrating SPHM into other Safety Initiatives
Merging or integrating SPHM programs with patient fall prevention and early mobility programs is a growing trend in hospital settings. There is early evidence that this approach can successfully reduce caregiver injuries and improve patient outcomes/reduce harm (Dang et al., 2022; Dickinson et al 2018; Kayser et al., 2020; Turner et al., 2021). The use of SPHM technology and practices to facilitate early, safe, and progressive mobility and reduce fall risk further supports the critical value of an SPHM program to a healthcare organization. Information about the role of SPHM and early mobility programs can be found in ***Section 10.*** As your program matures and/or if resources and funding are being reduced over time after program implementation, explore the value of integrating SPHM into these programs. The use of mobility coaches to support early mobility programs is also gaining momentum in acute care settings. If financial and resource support of a unit-based SPHM champion program is waning, consider expanding the role of SPHM unit-based champions to incorporate mobility coaching. Integrating SPHM practices into early mobility programs creates a synergy that benefits both patients and staff. Further integration could include providing coaching to address other key occupational safety needs such as violence prevention and employee wellness which further expands the value of a unit-based champion program. Establishing strategic links with other key groups, programs and disciplines within your organization can also help support SPHM sustainability, for example bariatric and workplace violence prevention programs or having nursing, therapy, and facilities collaborate on patient lift use, rounding, and data collection. Connect proven elements of the SPHM program to other programs and services within and across organizations to expand and maintain service provision. These include processes used and lessons learned when implementing SPHM program elements such training programs, injury coding systems and effective data analysis, hazard assessment and prioritization and strategies to develop solutions, and how to facilitate employee engagement etc. Aligning SPHM programs with other patient and employee safety initiatives allows a holistic or systems approach to risk reduction and improving both employee and patient satisfaction. As noted in ***Section 1***, employee injuries from managing uncooperative/aggressive patients are some of the costliest worker compensation claims. Evidence supports that use of SPHM technology can reduce the risk of employee injury from patient violence. Having SPHM representation on a facility's workplace violence prevention committee and being involved in development of protocols for safely mobilizing patients at risk of violence is essential. For example, assessing a patient's risk of aggression should be part of a SPHM mobility assessment protocol when determining a patient's SPHM needs ***(Refer to Section 5).***

Table 9.2 *Integrating SPHM into other Safety Initiatives.*

SPHM Policy and Procedures

Review the SPHM policy and all related procedures, including SOPs and those for specific patient populations and handling scenarios, at least once a year ***(Refer to Section 7).***

Determine if policy and procedures accurately reflect program elements and edit contents as needed and incorporate any missing elements. For example, are there established policies and procedures for managing care for non-mobile patients of size in response to an increased admission rate?

Review contents for usability and ensure that documents remain easily accessible to employees. Determine if some procedures can be consolidated to reduce redundancy and simplify use.

As an SPHM program matures it is not unusual to identify new procedures that need to be developed to address more complex SPHM situations such as patient extraction from a vehicle or turning a patient who is on extracorporeal membrane oxygenation (ECMO)between supine and prone positions. Consider using mock simulation to develop procedures for handling and mobility of complex patients and emergency situations etc. Include caregivers responsible for conducting these mobility tasks in this process.

SPHM policy and procedures should be reviewed by the program manager and committee, with input from unit-based champions. Stakeholders with relevant expertise should help update or create procedures, which typically require approval by the appropriate authority such as leadership.

The review process should audit policy implementation and whether the policy is consistently reinforced by management at all levels ***(Refer to Section 8).***

A process to address manager and caregiver non-compliance of SPHM policy and procedures should have been developed during initial program planning and policy development. Periodically review if this process is effective.

Ensure all written documentation is updated to reflect any changes to the SPHM policy and procedures.

SPHM Program Management

SPHM program champion

As discussed in ***Section 2,*** having a SPHM program champion or executive sponsor is essential to assist with successful implementation and sustainability of an SPHM program.

Periodically evaluate the role and effectiveness of the program champion or executive sponsor as the program matures. If the champion changes roles or leaves the organization, work with leadership to select and orient a new champion.

The program champion or executive sponsor should meet with the program manager/coordinator at least annually to assess the level of support for the program and identify support gaps (such as funding, resources, or employee acceptance). Completing a SWOT analysis to identify strengths, weaknesses, opportunities, and threats can assist with this review.

This review could follow the annual program gap assessment conducted by the SPHM program manager/coordinator and committee/team ***(Refer to page 9-12).***

Identify ways the executive sponsor can better seek additional support and strengthen the program's network of advocates.

Develop and execute a plan for the program champion and other key stakeholders as needed to strengthen daily positive messaging about the program.

SPHM program manager or coordinator

Dedicated safe patient handling and mobility (SPHM) managers or coordinators play a crucial role in the sustainability and success of SPHM programs (Kielich et al, 2025).

If not already in place, it is highly recommended that a dedicated position for an SPHM manager or coordinator is established to support maintenance and improvement of the program.

As described in Section 2, the program manager or coordinator directs the development, execution, evaluation, ongoing improvement, and sustainability of the facility's SPHM program. They serve as an advocate and expert liaison between patient outcomes, caregiver safety, and safe mobility practices throughout the organization (Kielich et al, 2025). They also play a critical role in establishing and ensuring the effectiveness of unit-based SPHM champion or coach programs.

Whether the program should be led by a manager or a coordinator depends on the organization's structure and the scope of responsibilities assigned to the role.

A full-time manager or coordinator is recommended but this typically depends on the size of the facility/organization, budgetary factors, and the scope of the SPHM program.

The role of and reporting structure for the program manager/coordinator and department responsibility of a SPHM program is discussed *in* ***Section 2***. A sample SPHM program manager job description is provided in ***Tool 2e.***

Appointing a dedicated SPHM manager or coordinator demonstrates an organization's commitment to maintaining the SPHM program.

Kielich et al, state that "Some of the greatest challenges to building viable SPHM programs include failure to change practice or culture and an inability to build a sustainable program that frontline workers believe benefits themselves and their patients.

Appointing a dedicated coordinator with appropriate credentials, experience, background, and administrative support, who has comprehensive oversight of the SPHM program, could help overcome these challenges" (Kielich et al, 2025).

Visibility of the SPHM program manager/coordinator to leadership is critical to sustaining the program and ensuring its value is understood. They should attend key meetings with leadership and stakeholders to review program progress, discuss program improvement and future plans.

After the SPHM program is implemented the SPHM manager or coordinator's role and effectiveness should be periodically evaluated.

The program risks losing momentum and failing without ongoing support and succession planning for the program manager/coordinator.

Safe patient handling committee

As mentioned in ***Sections 1 and 2,*** a multidisciplinary SPHM committee or team is important for planning, implementing, and sustaining the program.

As your SPHM program matures, revisit the structure and membership of your committee for relevance and effectiveness. Have a plan to address membership attrition and maintain 100% stakeholder representation.

Develop an effective orientation process for new committee members to facilitate their engagement and commitment.

Periodically review and revise the committee mission and project charter for alignment with program goals. Ensure documentation of meetings and committee activities is maintained and stored in a central location that is accessible to stakeholders.

Ensure that the committee reporting structure within the organization remains suitable and effective.

Some committees may develop further and form subcommittees to address patient care areas with specific patient handling requirements as their programs grow, such as outpatient clinics, diagnostic imaging, perioperative services, and emergency departments. Additionally, a workgroup or taskforce can be established to focus on specific patient handling challenges, such as care of patients of larger size or those considered at higher risk for violence.

In smaller facilities with a mature SPHM program the committee may be incorporated into the facility employee safety committee for resource efficiency.

Make sure to recognize the committee's work and commitment to employee and patient safety.

The program manager and committee should keep current with SPHM research, practices, and technological advances ***(Refer to page 9-28).***

Communications/Social Marketing

Your SPHM program communications plan provides the framework for activities to help to keep SPHM visible and convey program progress and success to all stakeholders within your facility and beyond *(Refer to **Section 4** and **Tool 4d** for information about marketing the program)*.

Periodically review and update the plan. Evaluate if communications methods are effective and if additional resources are needed to implement them.

Identify if there are additional stakeholder groups that should be included in the plan. For example, collaborating with other health care facilities that frequently admit to and/or accept patients after discharge from your facility to improve communication about SPHM patient mobility needs.

Continuing to build strong relationships with program stakeholders is vital to secure the engagement and support needed for program sustainability.

Develop strategies to engage stakeholders who appear uncommitted to the program. Anecdotally, physicians are often especially challenging to get involved early in SPHM efforts. Enlisting a senior physician to advocate for SPHM and show how it benefits medical care, and patient outcomes may improve engagement by medical team members. Physicians with WMSDs, such as surgeons, can also serve as respected advocates.

Showcasing success

Continue to share program progress including lessons learned and celebrate successes with all stakeholders to promote ongoing engagement. Use a variety of media and strategies to distribute information and maintain its relevance. Use organization wide events such as national nurses' week to showcase program initiatives.

Make sure effective channels are established for employee feedback about the program to maintain engagement and address concerns.

Sharing stories

Sharing program outcome data is important ***(Refer to Section 8)*** however, the use of stories can be a powerful way to engage stakeholders and help them understand how the SPHM Program positively affects employee and patient safety.

Well-crafted stories that are credible and relevant to the audience can be used to communicate a problem, provide context, and present a solution (Leary, 2022).

Stories engage emotions, build trust, and make information memorable and easier to remember. Stories can be more effective than using facts and figures alone in persuading people and inspiring action (Wright & Rich, 2025).

One method of sharing stories is to create short video clips featuring employees, patients, and their families sharing their experiences regarding the beneficial impact of SPHM on their individual lives.

Publications and presentations

Sharing information about your program by publishing in peer-reviewed journals together with presenting at conferences or webinars for professional associations such as those for SPHM, nursing, therapy, ergonomics, and nursing leadership, brings positive attention to your organization.

Coordinate with your facility's marketing team to request local media coverage highlighting your program's benefits for staff and patients.

Ongoing Hazard Identification/Analysis, Hazard Control and Prevention

SPHM rounding, audits and risk assessment

Ongoing program evaluation processes that should be conducted to facilitate program sustainability are described in ***Section 8*****.**

Periodic audits and rounding of units/departments within the SPHM program are essential to proactively identify and address ergonomics/patient handling-related risk factors that may contribute to employee and patient harm. These activities allow review of staff compliance with SPHM policies and practices and if SPHM technology is being managed appropriately to facilitate use**.**

Periodic risk assessment incorporating ergonomics evaluation can be conducted to review patient handling tasks and workflow to monitor the effectiveness of control measures *(Also refer to* ***Table 9.3****)*. This process assesses whether changes in work practices, use of SPHM technology, or the patient

population being mobilized have altered caregiver exposure to biomechanical risk factors that require attention.

Ergonomics assessments of patient rooms and care areas help create safe, accessible spaces for those with mobility needs, reducing fall risks and improving workflow for caregivers.

Risk quantification can help prioritize patient handling tasks for improvement as programs expand to additional care areas or as new patient handling needs emerge. SPHM technology solutions and practices are reevaluated following implementation to ensure risk factors for WMSDs, and user error are mitigated.

Audits and rounding can be conducted by unit-based SPHM champions, the program manager/ coordinator, and/or members of the SPHM committee. Ergonomics evaluations should be conducted by employees with appropriate expertise.

With proper instruction, nursing staff on modified or transitional duty may be able to assist with program audits and other evaluation activities. Student nurses may also help as part of an academic project and clinical rotation.

Refer to ***Section 8*** *and* ***Tools 8c and 8d*** for more information about SPHM post implementation audits and rounding**.**

Identification of patient handling related issues could also be incorporated in regular safety and environment of care rounds or other patient care related rounding e.g., falls prevention.

Review of SPHM technology

Evaluate SPHM technology use. Some powered lifts systems can track usage, and some vendors can provide software that tracks use in real time.

Radio frequency identification tracking (RFID) or Bluetooth tagging systems can be used to track SPHM technology including slings within a facility to help prevent loss and to locate needed equipment ***(Refer to Section 5).*** Periodically review that location tracking systems are working as expected and that batteries are replaced as needed.

To facilitate use of SPHM technology, the following technology management factors should be reviewed and deficits addressed during proactive rounding and audit activities.

- Ease of access, suitable storage (including accommodation for battery charging) and availability
- Proper labeling such as weight capacity, instructions for use/job training aids, and maintenance service checks
- Condition of technology and accessories such as slings e.g., damaged, worn, or non-functioning
- Sling management, e.g., supply, laundering (if applicable), inspection, disposal etc.
- Cleaning and infection prevention
- Preventative maintenance and repair effectiveness
- Adequate quantity of technology
- Suitability of technology for the patient population

Tools 3e, 3f, and 5a may be customized to assess SPHM technology-related logistics.

Assess how well departments like maintenance, biomed, and facilities management are notified of patient handling equipment issues, and how they respond to requests or replace faulty equipment.

Ensure facility and SPHM technology manufacturer infection control protocols are followed, including any specific procedures for equipment used in C.diff or isolation rooms, such as enhanced cleaning of wheels and foot plates.

Review of SPHM patient mobility assessment and communication protocols

Audits are also conducted to ensure SPHM processes such as protocls to assess, communicate and document patient mobility status and SPHM needs are being consistently and correctly completed.

This requires periodic audits of patient charts and any other documentation that is used to communicate a patient's SPHM needs such as whiteboards in patient rooms, signage on room doors and digital nurse station monitoring displays, and communication practices between nursing at shift change handoff, and between nursing and therapy staff.

Collaborative problem solving

Unit/department rounding and audits, together with information from injury investigations, staff surveys and feedback/suggestion processes can help to identify barriers to the adoption of SPHM technology and practices which can then be addressed with input from stakeholders.

Rounding and audit activities facilitate collaboration between caregivers and managers to address technology use challenges.

Barriers to use include limited availability of SPHM technology, inadequate training and skill development and/or the influence of unit culture and work organization. For example, lack of support to use SPHM technology by managers and/or peers (i.e., nursing, therapy, physicians), understaffing, time pressure and patient or family refusal to use lift technology. ***Refer to Section 1*** for more information about common barriers to SPHM and how to address them.

A common barrier to the use of SPHM technology is the perception that completing patient handling tasks "*takes too long*" with technology compared to handling a patient manually (Mechan 2014).

However, studies show that nurses often overestimate how much time they spend on care tasks like patient handling and mobility compared to actual measurements of tasks being performed (Mechan 2014). Addressing this issue is discussed in ***Table 9.3.***

Quick Tip

Leaving a flat repositioning sling under a non-mobile patient in bed and/or during procedures in locations with overhead lifts is a time -saver that can facilitate lift use (Knibbe & Knibbe, 2022). Collaboration with Wound Ostomy nursing staff is essential for this process to be approved *(Refer to Section 5 for more information about leaving slings under patients).*

Having housekeeping or EVS staff place flat repositioning slings on beds with overhead lifts during bed-making after patient discharge can streamline lift use for caregivers. EVS staff should be trained on this process and informed of its importance. Ensure a consistent supply of slings is available for EVS needs.

Ensure that a process is in place to address SPHM-related hazards and issues identified during audits and rounding activities and implement solutions promptly.

Keep staff updated on solution progress. Explain if solutions they suggest cannot be implemented and why, and outline which alternative actions can effectively address the identified issues. Providing this feedback helps maintain employee engagement in the program.

'Using SPHM Technology Takes Too Long' – How to Address this Challenge
If caregivers are concerned about the time needed to use SPHM technology, and there are no barriers such as SPHM technology access, or training and skill level, peer support, etc., consider an conducting an ergonomics analysis to improve work processes ***(Refer to Section 3 for more information about conducting ergonomics analysis).***
Observe a variety of caregivers completing the tasks of concern and conduct time-studies to determine the shortest, average, and longest length of time taken to complete a task. Determine work practices that hinder and those that improve efficiency.
This includes evaluating if fewer caregivers are needed when using SPHM technology to mobilize a patient. It is not unusual for caregivers who are used to needing many coworkers to manually handle a patient forget that fewer may be needed when using SPHM practices (***Refer to Table 9.4).*** Consider the time savings for staff when not having to search for many caregivers to perform manual handling tasks and the consequences of interrupting those caregivers .
Core ergonomic practices that can improve patient handling efficiency and reduce exposure to risk factors for injury when using technology are provided in ***Section 5.***
Time to use SPHM technology improves with repetition, practice, and accumulated experience. Caregivers who are more skilled and efficient in performing a mobility task with SPHM technology can provide invaluable insight and help to publicize more efficient techniques to coworkers. Visibly demonstrating time-saving work practices in SPHM training classes and at point of care can help dispel myths of time inefficiency with SPHM technology use.
Ergonomics evaluation also provides an opportunity to determine if skills taught in SPHM training are being applied or if there are gaps in training content.
When developing an efficient SPHM process and/or changing the way SPHM technology is to be used, always conduct a risk assessment to ensure there are no unintentional negative safety or care-related consequences.
Solicit assistance from your vendor(s) to ensure their SPHM technology is being used in the safest, most efficient way.
Seek vendor/manufacturer approval if you change the way their SPHM technology is to be used and document the change in process, details of the risk assessment conducted and rationale for why the change is needed etc.
Incorporate work process changes into SPHM training and instructional materials and aids etc and have unit-based SPHM champions reinforce them at point of care.

Table 9.3 *'Using SPHM technology Takes Too Long' – How to Address this Challenge.*

Other considerations

As outlined in ***Section 5***, the standardization of SPHM technology and accessories by design is important to minimize the risk of use error and enhancing training effectiveness, for example, a single brand and model of overhead lift is used for most applications.

In cases where technology is not yet standardized, it is advisable to assess how this impacts the effectiveness and costs associated with the SPHM training program, as well as the occurrence of near misses and incidents attributed to user error. It is recommended to review the potential implementation of a standardization strategy for SPHM technology as the program progresses.

When evaluating SPHM workflow and technology utilization, determine whether there are any barriers to placement of patients who need mobility assistance in rooms with necessary SPHM technology such as overhead lifts. For example, there are not enough rooms to accommodate several non-mobile patients of size who are admitted in the same time period. Relocating patients and resources to accommodate higher-risk patients can incur significant costs, however, identifying these expenses provides valuable data to support additional investment in overhead lifts and other appropriate SPHM technology. Collaborate with unit managers and patient placement or admissions staff to assess the frequency of this situation and its subsequent outcomes.

Review and approval of new SPHM technology

Look for innovative new technology for the SPHM program. Your technology vendors should keep you apprised of new products and how they may be suitable for your program.

Information about new technology is often mentioned on professional association listservs related to SPHM such as the Association of Safe Patient Handling Professionals (ASPHP), professional networking platforms such as LinkedIn; and in professional journals such as the International Journal for SPHM and Falls Management. Attending SPHM, fall prevention and other healthcare related ergonomics, safety and health conferences can provide an opportunity to try new SPHM technology.

Review the SPHM technology approval process for effectiveness. Stay appraised of changes to the procurement process e.g., changes to group purchasing organization (GPO) plans that may affect what technology you may be able purchase for the program. Provide education about program to new procurement staff as needed.

SPHM technology vendors play a role in supporting SPHM programs however, SPHM technology vendors may directly approach a unit or department manager to demonstrate their products rather than through the SPHM program manager and committee.

Additionally, nursing and therapy staff may want their manager to purchase SPHM technology they have seen demonstrated when attending a professional conference or trade show.

It is important that stakeholders, including Procurement, send requests to purchase new SPHM technology or additional devices to the SPHM program manager/coordinator and committee to verify their suitability for SPHM requirements.

Single-Handed Care

Is a minimum of two caregivers *always* required when using powered or mechanical SPHM technology such as overhead and floor-based lifts?

In US health care systems, it is customary practice to require at least two caregivers when using powered SPHM technology, rather than allowing a single caregiver to operate the equipment.

There appears to be no specific US regulations requiring at least two caregivers to operate a patient lift. Neither CMS nor the FDA set caregiver minimums, though manufacturers may include such instructions for their lifts.

There are circumstances when having one caregiver use a powered lift device is feasible and can be beneficial to ensure that patient mobility tasks are performed as clinically required.

In the UK, efforts toward 'single handed care' or 'reduced carer handling' have increased over the past decade, specifically in community-based services such as home health. Key reasons for the rise in single-handed care initiatives include cost savings, workforce rationalization, and advances in assistive technology and related techniques (Whitehead et al., 2022).

Single-handed care is being seen as a solution to address the shortage of community care workers and the overall cost of care associated with the increase in the elderly population.

Care tasks, including patient handling and mobility, are completed by fewer care workers with use of a variety of SPHM equipment, *only* after a thorough risk assessment and review of care needs to ensure a patient's health and well-being (Nightingale Hammerson et al., 2024).

In Denmark, a manufacturer of SPHM technology lifts partnered with 43 nursing homes to implement a single-handed care initiative using overhead lifts and shower chairs. Staff were extensively trained in the use of the lift and hygiene technology and risk assessment prior to program implementation. The outcomes showed that 75% of all moving and handling care and hygiene tasks changed from requiring two people to one. Staff reported improved comfort and job satisfaction and a better connection with a resident during the task. Residents expressed feeling safer and more secure with one caregiver and the nursing homes also experienced significant cost savings (Mechan, 2024).

With the continued shortage of caregivers in the US and the prevalence of missed nursing care such as repositioning and ambulating a patient, health care facilities with successful and established SPHM programs should review if one caregiver can safely perform some patient handling tasks.

A standardized and thorough risk assessment is key to determining if one caregiver can safely perform mobility tasks ***(Refer to Section 5).*** Caregivers must be proficient with the SPHM technology to be used.

Anecdotally, in one large hospital system single-handed care has been practiced for over a decade when using overhead and powered sit-to-stand lifts.

Based on a mobility risk assessment, one nurse or nursing assistant (as delegated by an RN) can:

1. Reposition a non-mobile patient in bed using a repositioning flat sling and overhead lift in the following circumstances:

Single-Handed Care
• The patient is not of size or • At risk of being combative or aggressive • The patient does not require peri-care or wound care. • Assistance is not needed to manage medical devices such as IV lines, airway management etc. • An RN assessment has determined that there are no clinical indications or medical orders requiring two or more caregivers. 2. Operate a powered sit-to-stand lift if the patient is not of size, does not have medical devices attached to them such as an intravenous infusion system, and the physical environment allows for easy maneuvering of the lift. Patients who may become combative are not transferred in powered sit-to stands for safety reasons.

Table 9.4 *Single-Handed Care.*

Proactive design

Incorporating SPHM and ergonomics design principles from the concept stage of building projects is a proactive cost-beneficial approach to preventing employee injuries and optimizing workflow and efficiency. This is especially true when installing overhead lift systems which are usually easier and more cost-effective to install when part of construction versus retrofit project.

Planning for lift installation at concept stage allows for a greater choice of overhead track configuration and expands functionality of the lift system. It also provides an opportunity to incorporate lessons learned from any previous overhead lift installation.

For these reasons, new construction projects present an appropriate opportunity to consider future SPHM needs and install as many overhead lifts as possible.

Other SPHM design-related considerations include ensuring adequate storage and charging locations for floor-based lift equipment, storage for accessories such as slings and reviewing workflow patterns to ensure that users can easily and quickly access SPHM technology.

Establish a process for incorporating SPHM and ergonomics design principles into all planned renovations or new construction of patient care areas, such as in-patient units, diagnostic and treatment areas, and clinics etc. Include this process in the SPHM program plan.

Work with the organization's design and construction department or staff who are responsible for building planning, to create design standards that include SPHM and ergonomics in building projects, such as specifying overhead lift configurations, reach distances for accessing components like handsets and hanger bars, and standardizing brands and models of overhead lifts and hanger bar configuration.

Refer to ***Section 5*** and ***Tool 5a*** for more information about design resources for overhead lift installation. Information about ergonomics design principles can be found in ***Section 10.***

Ensure that there is a process to inform the SPHM program manager/coordinator and committee when any remodeling in patient care areas or new construction is planned.

As a construction project proceeds the SPHM program manager/coordinator and SPHM committee should be updated regularly about progress, review plans and have input regarding any design changes impacting the original plan to incorporate SPHM and ergonomics.

All stakeholders affected by the construction project, including caregivers, should be actively involved in SPHM design discussions.

The use of 3D drawings and mock-ups of planned workspaces that allow stakeholders to visualize layouts and assess workflows before construction begins, are essential to soliciting user feedback and engagement about the project.

Providing information to stakeholders about ergonomics design principles and workflow related to the use of SPHM technology enables them to review building plans more effectively.

Building guidelines that require health care facilities to incorporate SPHM principles when designing new buildings and remodeling in patient care areas are discussed in ***Table 9.5.***

SPHM and Health Care Design and Construction Guidelines

The " Facilities Guidelines Institute (FGI) Guidelines for Design and Construction of Health Care Facilities" (is a national standard document that provides minimum standards for the planning, design, and construction of health facilities in the US to ensure patient safety and functionality. FGI publishes guidelines for design and construction Hospitals for Residential Health, Care and Support Facilities, and for Outpatient Facilities (https://www.fgiguidelines.org/guidelines/editions/).

43 states have adopted some edition of the FGI Guidelines, for use in their regulation of the licensing or construction of health care and residential care facilities with some states adopting specific editions or allowing for equivalency.

From 2018 on, the FGI guidelines include specific design requirements for patients of size including the use of ceiling or floor-based lifts to facilitate care (FGI, 2023).

Since 2014, the FGI has mandated a Safety Risk Assessment (SRA) before renovations or new construction in healthcare facilities. Safe patient handling is included as one of 7 elements of the SRA that must be assessed. The Center for Health Design (CHD), in collaboration with FGI, developed an online tool to support completion of this assessment (https://www.healthdesign.org/sra).

The SRA is most useful early in the design process and must be on file with the institution when undergoing regulatory design review. The SRAs are also helpful for participants new to the process or project type to use as examples on future projects (Alcaraz, 2021).

The guidelines require health care facilities to incorporate SPHM principles when designing new buildings, additions, and renovations of patient care and treatment areas with the goal of optimizing patient care and employee safety.

SPHM and Health Care Design and Construction Guidelines
To provide architects, planners, state regulators, and health care organizations guidance about the rationale for, and relationship of, the physical environment with SPHM technology and practices, the FGI provides a Patient Handling and Mobility Assessments (PHAMA) white paper that provides invaluable information about building design and SPHM technology together with program development information. The Joint Commission addresses safe patient handling in health care design through its Environment of Care standard: EC.02.06.05 #1. Although this standard does not provide criteria specific to safe patient handling and mobility, it does require organizations that are building new facilities or undergoing major renovations to follow the FGI health care design and construction guidelines or their state construction guidelines, which often are the FGI Guidelines. Since the FGI Guidelines documents include the PHAMA and other design criteria related to safe patient and resident handling, projects required to meet these standards must be designed and built to facilitate safe patient handling (Matz et al., 2019). Patient Handling and Mobility Assessments: A White Paper (2nd ed. 2019) (PHAMA) https://www.fgiguidelines.org/resource/patient-handling-and-mobility-assessments-2nd-ed/

***Table 9.5**. SPHM and Health Care Design and Construction Guidelines.*

Unit-Based SPHM Champion Program

Evidence supports that the presence of SPHM peer champions or coaches is critical to SPHM program sustainability. Unit-based champions programs are discussed in ***Section 4*** and ***Tool 4g.***

A SPHM champion program requires careful planning and ongoing budgetary resources to implement and be able to sustain the program effectively.

Activities to keep unit-based SPHM champions engaged include:

- Ensuring roles and responsibilities are clear e.g., conducting unit-based audits, safety huddles, unit-training etc.
- Having enough time to perform their duties as champions/coaches
- Recognizing and celebrating the work of the unit champions
- Consistent meetings and collaboration
- Working with unit champions to review their role and responsibilities and revise activities to improve effectiveness as needed
- Annual refresher training
- 'Just in time' training and mock simulation to problem solve complex and/or emergent patient mobility tasks

- Rounding with the SPHM program manager/coordinator and if feasible the program champion/executive sponsor
- Providing SPHM tips e.g., through a periodic newsletter or SPHM unit champions web page

  SPHM newsletters can be a useful tool to keep managers and caregivers updated on SPHM tips and program news, celebrate 'good catches' ; remind them about upcoming SPHM training and how to solicit SPHM assistance.
- Coordinate regularly with other unit champions if present in the facility, such as wound care, falls, and infection prevention.
- Ensure there is an effective plan for recruiting and onboarding new unit-based SPHM champions as attrition occurs and/or the program expands.

There is evidence to support that *safety* coaching programs in work environments where safety is critical are effective in increasing cooperation and communication, promoting safety behaviors and reducing accidents (Moon, K. 2024).

The use of mobility coaches to support early mobility programs is gaining momentum in acute care settings. If funding and resources for a unit-based champion program are declining, consider ways to change the role of the SPHM champions to incorporate a focus on early mobility and falls prevention. ***Refer to Table 9.2*** *Integrating SPHM into other safety initiatives.*

If having a unit-based champion program is not feasible make sure that there are varied and effective ways for caregivers to access SPHM information including having SPHM clinical expertise available to help address mobility challenges of patients with complex medical needs and patients of size. ***Refer to Employee Involvement on page 9-8.***

SPHM Education and Training

Employee Training

A well planned and maintained SPHM education and training program is critical for sustaining an SPHM program.

This includes periodic SPHM retraining or refresher training for employees and unit-based SPHM champions to update SPHM skills and best practices and stay aware of changes within the SPHM program as it matures to meet changing health care delivery needs e.g., changes in the patient population and/or services provided.

In addition to formal training sessions, unit-based coaching, and providing written and video based instructional materials, identify other activities to share SPHM information and tips to keep employees engaged.

For example, developing games and quizzes with 'prizes' either in a formal training session or in their work area if feasible. Mock simulations of fall recovery using SPHM technology, deescalating of patients who becomes physically violent during SPHM tasks, or other challenging and infrequent scenarios can help to build staff confidence and promote problem solving.

Review and address any barriers to staff attendance to new hire and periodic SPHM education and training.

Assess how well temporary or contract caregivers are oriented towards SPHM policy and practices. Compare patient handling incident rates for temporary staff versus employees and address any negative trends. For example, increasing unit-based SPHM champions coaching support for temporary staff and revisiting training effectiveness.

Periodically review and update training materials to ensure they remain relevant.

Section 6 provides information about developing and implementing an SPHM training program for new and existing employees and how to sustain SPHM training competencies. Training of temporary staff is also discussed.

Consider the use of wearable sensor technology that can help employees monitor body postures and promote improvements in body mechanics when using SPHM technology and performing care tasks ***(Refer to Section 3 for more information).***

New Employee Preceptor Programs

In facilities with a preceptor program for newly licensed nurses and other caregivers, it is important that preceptors maintain up-to-date SPHM skills and consistently teach correct SPHM practices.

Regularly check that SPHM information provided by preceptors accurately reinforces what new caregivers learn in formal SPHM training.

SPHM Program Manager and the SPHM Committee

New and relevant research should be incorporated into the program to continually improve content. This can be achieved by:

- Attending webinars, such as those offered by the Association of Safe Patient Handling Professionals (ASPHP.org) and SPHM technology vendors can help the program manager/coordinator to stay current on the latest topics and best practices.
- Regular review of new studies and literature for information about new SPHM technology, tools and evidence-based practices and processes that are shown to be effective in reducing employee and patient injuries.
- SPHM, fall prevention and other healthcare related safety and health conferences, also offer valuable networking and an opportunity to learn about new SPHM technology and update skills.
- Connecting with nearby healthcare facilities that have SPHM programs. SPHM staff from these facilities may be aware of informal SPHM networking groups in your area, including those located in Oregon, Washington, Minnesota, and New York.
- Local chapters of ergonomics, occupational/employee health nursing and safety professional associations may offer opportunities to connect with other professionals who manage or are involved in SPHM programs. These include the:
    - American Association of Occupational Health Nurses (AAOHN.org)
    - Association of Occupational Health Professionals (AOHP.org)
    - American Society of Safety Professionals (ASSP.org)

- Human Factors & Ergonomics Society (HFES.org)

Students and Health Care Schools

If your facility offers a clinical rotation program to nursing and therapy students, ensure that there is a policy that defines the role of students and their clinical instructors when SPHM tasks are being performed. Clarify the role of the student if they are with a nurse or therapist (employee) who performs a patient handling task.

Collaborate with the health education schools who send students to your facility to determine the desired protocol. Provide clinical instructors with information about SPHM policy and protocols at your facility so that they can educate their students about the critical role of SPHM to prevent employee and patient injuries etc.

SPHM training for clinical instructors is also essential if they may assist caregivers with patient handling tasks while on a unit/department with their student.

One way to provide this is to have clinical instructors attend your facility's SPHM training class for new employees or for unit-based champions or offer SPHM training for faculty at the health care school.

Ask the health schools to include SPHM education and training in their curriculum and help guide them through the process of doing this *(Refer to 'Did You Know')*.

Did You Know?

Most US health care education programs, such as nursing, therapy, and radiology, do not include SPHM in their core curriculum.

Many programs still teach outdated practices that emphasize proper body mechanics to prevent injury during manual patient handling, leaving new graduates unprepared to safely assist patients. As a result, students and patients are exposed to an increased risk of harm.

Without sufficient SPHM education, some students are injured during clinical internships due to manual patient handling thereby increasing their risk of reinjury upon entering the workforce and potentially affecting overall workforce sustainability in U.S. healthcare. Insufficient SPHM training by health care schools also places a greater burden on healthcare organizations to provide additional training for their new caregivers.

Health care education programs, in collaboration with clinical partners, can drive culture change by equipping students with the knowledge and skills necessary to safeguard their well-being and that of their patients.

To find out more about how to address these gaps view the Association of Safe Patient Handling Professionals (ASPHP) white paper, '*Safe Patient Handling and Mobility (SPHM) Education in Health Care Student Curriculum (2023)*'. https://asphp.org/wp-content/uploads/2023/09/SPHM-Curriculum-White-Paper.pdf

Injury Reporting, Investigation and Management of WMSDs

Incident and near miss reporting and investigation together with injury management of WMSDs and return-to-work (RTW) programs are discussed in ***Section 7***.

Ensuring these program elements are effective is important to program sustainability as they mitigate the human and financial costs of workplace injuries and foster a proactive, preventative safety culture.

When reviewing the effectiveness of injury reporting systems during program plan review, ensure that processes to facilitate early reporting of employee's

injuries are in place. Activities that facilitate the reporting of incidents and near misses related are described in ***Section 7***. This review benefits all occupational safety and health programs including the SPHM program.

Conduct periodic workers compensation claims review with your organization's carrier or third-party administrator to ensure patient handling related claims are accurately defined and closed in a timely manner to minimize claims costs.

Work with Employee Health and Human Resources and Injury Claims partners to review effectiveness of the return-to-work process for injured caregivers.

Solicit input about the RTW process from unit/department managers and caregivers who have experienced the process. Determine if caregivers on modified or transitional duty received adequate support from, and felt valued by injury management staff, their manager, the SPHM team and their coworkers throughout the process. Address any resistance to modified or transitional duties and barriers to process success.

Sharing success stories of employees who recover from injuries and resume their caregiving roles can reduce resistance to transitional duties, demonstrate the organization's commitment to its caregivers, and encourage early reporting of injuries.

Section Summary

SPHM Program Plan Implementation

STEP 15. Sustain the SPHM Program

Sustaining a SPHM program involves maintaining the program at a consistent and effective level of activity. This requires regular monitoring of outcomes, continuous improvement of activities based on results, and ensuring that sufficient resources are allocated so the organization can continue to achieve the desired benefits.

Achieving long-term improvement after implementing a SPHM program can be challenging. Sustained success depends on strong foundational structures and processes that support ongoing efforts and maintain outcomes from established program activities.

Activities that facilitate SPHM program sustainability include:

- **Management Leadership** that includes visible ongoing commitment to sustaining the program by leaders and managers at all levels. This includes allocating adequate resources, ensuring policy enforcement, and accountability, and creating an environment that facilitates reporting of safety concerns by employees and prompt action to address them.
- Ongoing **Employee Participation and Engagement** *to* maintain a high level of enthusiasm for and commitment to using SPHM technology and practices and to provide essential feedback for continuous program improvement. This requires keeping employees actively involved in decision making and all program activities as the program matures.
- **SPHM Program Management** that includes regular evaluation of program processes and outcome data to identify areas for improvement, determining future program goals that align with organizational priorities and changing needs, securing program funding needed for sustainability, and ensuring effective management of program activities.
- Regular review of **SPHM Policy and Procedures** to ensure relevancy, enforcement practices, and enhancement to incorporate any missing elements.
- **Communications/Social Marketing** that include sharing of program successes both inside and outside of the organization and recognizing and rewarding employee ideas and safety behaviors.
- **Ongoing Hazard Identification/Analysis, Hazard Control and Prevention** to proactively identify and address ergonomics/patient handling-related risk factors that may contribute to employee and patient harm. This also includes developing SPHM and ergonomics design standards and incorporating them into all building projects.
- **Support for SPHM Champion/Coaching programs.** Ensuring ongoing budgetary, training and resource support of these programs.
- Ongoing **SPHM Education and Training** for all stakeholders. This also includes having the SPHM program manager/coordinator and committee stay informed about new SPHM technology and best practices and engaging health care school partners to incorporate SPHM into curriculum
- Ensuring that **Injury Reporting, Investigation and Management of WMSDs and Return-to-Work** and processes are effective and equitable

Additional references and resources related to this Section are listed in ***Section 10.***

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