Nevada Hospital Association

Safe Patient Handling and Mobility: A Toolkit for Program Development

Section 2
Getting Started

Lynda Enos, MS, BSN, RN, COHN-S, CPE

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/**

Reproduction and Use of Materials

Getting Started

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Introduction

Getting Started

This section describes the steps and tools you can use to:

- Define the need for a SPHM program or to improve an existing SPHM initiative
- Solicit initial leadership support for development of a SPHM program plan and
- Develop the management structure for the proposed SPHM program

The steps and activities conducted when developing and implementing an SPHM program are often not sequential and may be interdependent. The steps described in this section may be performed in a different sequence, or in some cases concurrently.

However, it is important to ensure that senior leadership supports development or enhancement of an SPHM program *before* time is spent to draft a program plan, and employees are engaged in program efforts, and too many resources are used.

As discussed in ***Section 1,*** retaining ongoing support of comprehensive worker safety programs such as SPHM can be difficult due to competing business and service demands, changing health care reimbursement rules, and employee recruitment and retention challenges.

Health care organizations must be committed to providing ongoing financial and personnel resources, not only for acquiring and maintaining SPHM technology and implementing an SPHM training program, but also to support initiatives that promote the necessary changes to work culture, processes, and procedures.

Tools that Support Content in this Section

2a. Master tool for tracking and analyzing incident and injury data.

2b. Injury data summary report

2c. Calculating direct and indirect injury costs

2d. Coding and analyzing injury data and costs

2e. SPHM Program manager/coordinator job description

2f. SPHM stakeholders and their role

2g. Tips for effective committees

2h. Sample project charter

These changes are essential to reduce the risk of injuries related to patient handling. Evidence indicates that successful and sustainable safety programs require consistent organizational commitment and financial backing.

Meeting with leadership before developing the program plan is part of evaluating organizational culture and readiness for change. This helps prioritize SPHM activities and address barriers to implementation and sustainability ***(Discussed in Section 3).***

Securing leadership commitment early in the program planning process is essential for ensuring that the SPHM program aligns with the organization's capabilities, supports business objectives, and enhances safety and satisfaction for patients and employees. This approach increases the likelihood of sustained success.

When starting an SPHM program, it is recommended that a small group of key stakeholders conduct the planning activities described in Steps 1, 2, and 3, such as managers and employees who are responsible for employee and patient safety. This includes employee health and safety, patient quality and risk management, and rehabilitation professionals who have an interest in SPHM.

For existing SPHM programs, the SPHM program lead and committee or team (as applicable) should evaluate the program status and meet with leadership to solicit future program support.

Define the Need to Develop a SPHM Program or to Enhance an Existing Program

Step 1

a. Review the best practices for preventing patient handling-related injuries and related regulations and standards.

The first step in defining the need for or enhancing a SPHM program, is to understand why and how manual patient handling must be addressed, and to identify the scope of patient handling injuries to employees and patients at your facility or within your organization.

Section 1 of this toolkit ***'Understanding Safe Patient Handling and Mobility'*** provides evidence-based information and reference material about the scope of manual patient handling in health care, and why and how it should be addressed using a comprehensive SPHM program approach. You can use this information to become familiar with the topic and to educate your SPHM committee, management, and employees about SPHM.

Section 6 Education and Training and ***Tool 6a*** contains links to other training resources that provide background information about SPHM such as, the U Mass – Lowell online training *'Ergonomics in Healthcare: A Continuing Education Program for Nurses, Nursing Assistants and Healthcare Managers'*. This *free* course can be accessed at www.uml.edu/Research/CPH-NEW/nurse-education/ergonomics/

Review this toolkit and resources provided in its entirety to gain an understanding of best practices for assessing risk and prevention of patient handling related injuries to caregivers and patients. Resources detailing SPHM program success stories are listed in ***Section 10.***

Make sure you understand your organization's responsibilities related to any applicable state laws for SPHM.

In addition, it is important to understand other applicable legislation such as the OSHA General Duty Clause, and best practice standards and guidelines such as the American Nurses Association (ANA) Safe Patient Handling and Mobility: Interprofessional National Standards Across the Care Continuum, so that you can educate senior leadership and the SPHM committee about regulatory responsibilities.

Review any collective bargaining agreement(s) in your workplace for provisions related to employee safety and health programs including SPHM.

Refer to the toolkit ***Introduction*** and ***Section 1*** for more information about relevant regulations and standards. ***Section 1 Appendix B*** provides a crosswalk between the ANA SPHM program standards and the corresponding sections of this toolkit.

b. Collect baseline incident/injury and cost data related to patient handling injuries

Collecting baseline injury data will help you identify the scope of patient handling related injuries at your facility or within your organization. For example, where and how often do injuries occur; what tasks are performed when injuries occur e.g., repositioning a patient in bed; the nature of injuries e.g., low back strain; the severity of injuries e.g., time loss from work; and the associated workers compensation costs related to these injuries.

Collecting injury data is a *first step* in developing your program plan and in determining how to track program performance and progress. However, injury data is a measure of past performance, i.e., a lagging indicator where injuries have already occurred. As you develop your program plan you will collect additional data to assist you prioritize and evaluate program efforts e.g., from employee surveys and worksite observations. This type of data provides a *leading* indicator that identifies injury risk that can be addressed *before* patient handling related incidents occur. Evaluating and sustaining a SPHM program using leading indicators are discussed in ***Section 8***.

To examine and predict injury and other data trends, review at least *3 years* of data from OSHA 300 logs, workers compensation insurance carrier/Third-Party Administrator (TPA) loss run reports, and other relevant sources of data as listed in ***Table 2.1***. For privacy considerations, the data provided should not include employee identifiers such as name and date of birth, or information that is considered confidential under the Health Insurance Portability and Accountability Act (HIPPA).

Sources of Employee Injury Data and Where to Find Them	
Data Source	**Location**
OSHA 300 Log and 300A Summary of Work-Related Injuries and Illnesses*	Human Resources or Employee Health
Report used to file for workers compensation (this will vary by state)	Human Resources or Employee Health
Workers' compensation loss-run reports (includes information about individual injury costs)	Human Resources; Employee Health or directly from the organization's Workers Compensation Carrier or Third-Party Administrator (if self-insured)
First aid logs	Human Resources or Employee Health

** State and local health care entities may have an alternative accepted format for recording occupational injury and illness if not covered by an OSHA-approved state plan.*

Table 2.1 *Sources of Employee Injury Data.*

Step 2

Analyze data collected to identify and prioritize units, departments, and employee groups, with higher risk of exposure to patient handling; and the nature, severity and cost of injuries associated with patient handling. Begin to identify hazards, overall risks & program elements that need to be addressed.

Using the data collected in ***Step 1***, identify the following:

- **Units and departments** or locations where patient handling incidents occur.
- **Job tasks and employee groups** with higher risk of exposure to and/or with incidents related to patient handling.
- **The types of patient handling tasks** being performed when injuries occur e.g., repositioning in bed, lateral supine transfers, patient transfers in seated and in standing positions.
- **The nature** of employee injuries reported and diagnosed e.g., mild soreness, back pain, muscular strain, intervertebral disc damage, etc.
- **Information** (if noted in the incident description) about the **patient being handled** or mobilized such as, mobility status, clinical diagnosis, cognitive status, or weight.
- **The severity** of employee injuries related to patient handling i.e., the number of *cases* with lost workdays and/or restricted duty, and the *number of days* away from work, restricted or modified duty days.
- **The proportion (percentage)** of patient handling-related incidents, OSHA recordable injuries, lost workday and restricted duty cases and days, and workers compensation costs in comparison to the corresponding figures for all injuries occurring throughout the facility or organization.

  This provides an overall view of the magnitude of patient handling-related injuries versus the causes of all other injuries such as slips, trips, and falls and workplace violence.
- Using at least 3 years of data, calculate the **annual average** number of patient handling-related injuries; the number of cases involving days away from work and/or

Quick Tip

Tools that can assist you to track, analyze and report workplace injury data

- **Tool 2a. Tracking and analyzing incident and injury data shows you how injury data can be collected, coded, and analyzed from a master spreadsheet.**
- **Tool 2b. Sample injury data summary. This tool provides an example of how injury data can be reported and the type of graphs you can create to illustrate the scope and nature of patient handling related injuries at your facility.**
- **Tool 2c. Calculating direct and indirect injury costs. This tool allows you to capture and calculate costs associated with patient handling related incidents.**
- **Tool 2d. Analyzing injury data and direct costs explains how to code your patient handling related data and evaluate related injury and cost data.**

restricted duty; and the *number of days* away from work, restricted or modified duty days. Calculate incident and severity *rates* of patient handling-related injuries per 100 full-time equivalent (FTE) employees ***(Refer to Tool 2d)*.**

- Calculate the **direct costs** of injuries and estimate the **indirect costs** as feasible.
- Calculate the **average annual** totals of direct and indirect costs.

Calculating the average number and severity of injuries and costs allows you to inform leadership of future costs of patient handling related injuries if a SPHM program is not implemented.

Analyzing the data listed above can:

- Identify the broad scope of patient handling related injuries at your facility.
- Help prioritize which units or departments should be included in initial SPHM program efforts and potentially be a pilot unit(s) when initiating a program.
- Provide an initial indication about the general causes of patient handling tasks and/or scenarios that may be a priority to address e.g., frequently performed tasks which have caused many employee injuries such as repositioning patients in bed on an intensive care unit, or tasks involving standing and transferring patients to/from bed to chair in a medical unit.

Quick Tip

Coding Injury Data

As you evaluate your injury and cost data, determine if definitions and injury related variables and descriptions are *standardized*. Standardizing terminology used to describe patient handling-related incidents allows you to accurately measure incident and injury data at the start of your program (baseline), and after the program is implemented and sustained.

Consistency in definitions, measures, and collection techniques is critical for obtaining meaningful, actionable data (ANA, 2013).

The *Master Data* spreadsheet in *Tool 2a,* provides an example of how injury data can be standardized to ensure accuracy of data measurement and management.

Coding of patient handling-related injuries is also discussed in *Tool 2d*.

Your worker's compensation insurance carrier should be able assist you to standardized descriptions of patient handling related incidents.

- Provide the foundation for building a business case for your SPHM program and solutions you want to implement e.g., purchase and installation of SPHM technology
- Provide an opportunity for you to *build alliances and collaborate* with Human Resources, Employee Health, Finance, Patient Quality/Risk, and other departments that will assist you in analyzing data throughout development and evaluation of your SPHM program.

Other data such as date and time of incidents and information about the response to incidents and corrective action taken, can be collected at this time if convenient (and available), and analyzed later for use during development of the SPHM program plan in ***Sections 3 and 4*.**

If possible, examine the factors that contributed to incidents and injuries to identify trends in root causes. Typically, OSHA and workers compensation data alone do not provide sufficient data to determine the root cause of incidents. State workers compensation regulations, injury claims management, underreporting, and misclassification of injuries all affect the accuracy and completeness of these data

sources. Other data that should be used to develop and evaluate the SPHM program is described in ***Sections 3 and 8.***

If you determine that analysis of the patient handling injury and incident and related cost data *is not sufficient* to identify the need to start a SPHM program and solicit leadership approval to develop a program at your facility, then review and incorporate information from other sources such as:

- Existing employee survey data e.g., satisfaction surveys
- Feedback from employee suggestion programs
- Minutes from employee and patient safety meetings
- State OSHA (as applicable) consultation or enforcement reports related to patient handling-related injuries and musculoskeletal disorders
- Grievances (filed with the Human Resources department and/or labor organizations)
- Patient reports or quality surveys e.g., Press Ganey Surveys

If you are soliciting support for an *existing SPHM program*, you may feel it necessary to gather information from multiple sources before meeting with leadership to gain support to revise the program. In addition to the review of employee injury data, these sources may include employee surveys, program gap analysis, worksite observation of patient handling activities ***(Refer to Section 3)*** and patient safety factors if related to SPHM activities, to help identify and prioritize areas for program improvement.

Summarize the employee injury data and any information collected for presentation to senior leadership. ***Tool 2b*** provides an example of how the injury data can be presented.

Calculating the Direct Costs of Injuries and Estimating the Indirect Costs

The full costs and impact of patient handling-related injuries to a health care organization can be summarized using the Iceberg Model shown in ***Figure 2.1.***

An effective and ongoing business case that results in a fully funded and sustainable SPHM program, requires that all the costs and benefits of implementing a program are identified and quantified where feasible. This allows you to demonstrate a positive return on investment for the organization in terms of financial benefits and contribution to strategic organizational goals and clinical programs.

The costs of manual patient-handling and benefits of SPHM programs were detailed in ***Section 1.*** Measuring the benefits of SPHM program is discussed in ***Sections 4 and 8.***

Direct and indirect costs related to employee injuries can be calculated more easily than the impact of manual patient handling on operational losses or costs such as patient safety related outcomes.

Direct injury costs include money paid for medical bills, out of pocket expenses and compensation for time away from work, litigation, and settlement costs, and vocational rehabilitation if required.

Calculating the Direct Costs of Injuries and Estimating the Indirect Costs

Direct cost information, including the productive hours needed to calculate injury, incident, and cost rates, can be gathered from Human Resources, Finance or Payroll, and Risk Management or Legal departments.

Indirect costs are the costs associated with investigation and management of injury claims, and the cost of temporarily replacing an injured employee such as, a nurse who is away from work or performing modified/restricted duty ***(Refer to Section 7).*** Safety literature indicates that indirect or 'hidden' injury costs that occur because of worker injury absence vary between 0.5 and 10 times the direct costs of an injury.

However, rather than estimate indirect costs, it is better to determine what 'hidden' costs can be measured or captured within an organization for each injury claim.

Indirect cost information related to investigation and management of injury claims, wages, benefit burden, and staff replacement costs, can be obtained from Human Resources, Worker Safety and Employee Health departments and Accounting or Payroll Departments.

Tool 2c allows you to capture and calculate costs associated with patient handling related incidents and calculate the impact on the organization's profit margin.

Operational losses/costs are often indirectly linked to manual patient handling and can be difficult to measure, for example the impact on patient safety and satisfaction associated with omission or delay in care e.g., consequences of not performing or missing ambulation and repositioning tasks.

Methods for identifying and measuring operational gains from an SPHM program are discussed in ***Sections 4 and 8.***

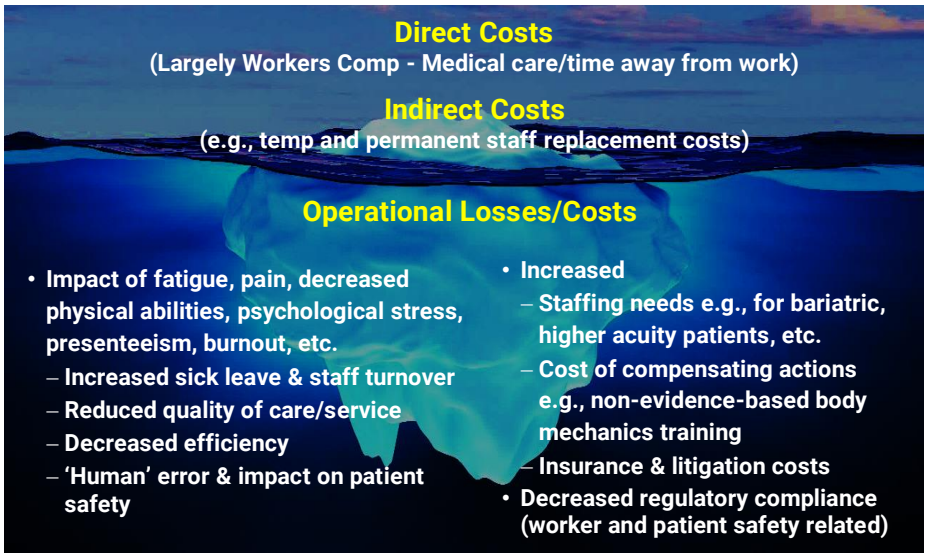

Figure 2.1 *Full Costs of Patient Handling Related Injuries.*

SPHM Program Foundation & Management

Step 3

Enlist support of senior leadership to develop a SPHM program plan

The goal of meeting with senior leadership at this stage of SPHM program planning is to gain approval and support to:

1. Further determine the scope, cost, and risk of patient handling-related injuries at your facility or within your organization and develop a draft SPHM program plan to address injury risk to employees and patients.
2. Approve resources to assist you achieve (1) above that is,
    - Forming a SPHM committee to steer the project
    - Appointing an SPHM program coordinator or manager
    - Selecting a SPHM program champion or sponsor from senior leadership

In addition, meeting with leadership allows you to understand:

- The overall level of support for an SPHM program
- How a SPHM program may support organizational goals
- Potential barriers to implementation of a SPHM program such as other new or potential program initiatives related to patient and/or employee safety that may compete for financial and personnel resources etc.
- What resources are available to support SPHM program implementation, and ongoing management of the program

Overall, meeting with leadership at this stage of program planning reduces the risk of *wasting* resources, and time to plan and implement SPHM program related activities that may not be fully funded or supported by the organization.

The senior leadership group you meet with will vary depending on the size and structure of your organization. However, it is recommended that the group includes decision makers such as, the chief executive, operating and financial officers, chief nursing and medical officers, leaders from human resources, quality and/or risk and patient safety, and employee health and safety departments. In some cases, the leadership group includes the Board of Directors for a health care organization.

Preparing for the meeting

Being prepared and demonstrating an understanding of the organization's strategic goals and business challenges will increase your credibility and the likelihood of obtaining support for developing an SPHM program.

Consider the following:

- Know your audience: Who has decision-making authority? What are their areas of expertise and professional interests and what matters to them? What are the potential benefits for them?
- What challenges do your organization and leaders face? What are the organization's priorities and strategic plans? How will an SPHM program contribute to the organization's success?
- What criteria are used for decision-making including quantitative (measurable, numerical) and qualitative (non-measurable, subjective) factors?
- Is there an ally from leadership or senior management who can provide organizational and executive insights? If so, consider inviting them to the meeting.
- Prepare real-world stories and case studies, data, or information to show how an SPHM Program can contribute to an organizational goal(s). You will provide detailed quantification of this contribution when presenting your proposed SPHM program plan to leadership ***(Section 4)***.

  Ideally the SPHM program should be viewed as a positive strategic initiative rather than an additional cost center due to its significant positive impacts on financial performance, patient safety, and staff well-being.
- Use language that resonates with leadership and avoid overly technical language or jargon.
- Anticipate and be ready to address questions and obstacles to getting support.
- Practice your presentation with colleagues to gather feedback.

Quick Tip

Using the SBAR (Situation-Background-Assessment-Recommendation) framework can help when preparing and presenting your case for starting or improving a SPHM program in meetings with leadership.

- **S = Situation (a concise statement of the problem)**
- **B = Background (pertinent and brief information related to the situation)**
- **A = Assessment (analysis and considerations of options — what you found/think)**
- **R = Recommendation (action requested/recommended — what you want)**

Source: Institute for Healthcare Improvement (IHI), ND. https://www.ihi.org/resources/tools/sbar-tool-situation-background-assessment-recommendation

(Source: Havard, 2017; Bottino, 2024; Computer One, 2023)

The questions and suggested responses provided in ***Table 2.2*** can assist you to plan and deliver your presentation to senior leadership.

Have enough time allocated for the presentation. Leaders may not be familiar with the scope and cost of patient handling injuries in health care, SPHM programs and/or with the organization's injury data and statistics that you will present.

Information from Section 1 of this toolkit could be used or adapted to share with leaders as a primer to SPHM. The benefits of SPHM programs and how they can assist an organization to achieve its

mission, and strategic goals should be highlighted.

Section 6 ***Tool 6a*** also contains links to other training resources that provide good background information about SPHM for facility leaders.

Tool i *'The Safe Patient Handling and Mobility (SPHM) Program Development, Implementation & Evaluation: Suggested Sequence of Activities Chart'* can be used to provide an overview of program elements.

Sending a summary of the purpose for the meeting and organization's injury data reports to the leadership group ahead of the meeting can help facilitate discussion.

Ask personnel in the departments who provided patient handling data (as described in ***Steps 1 and 2*** above), to assist in determining the appropriate format for presenting data and information according to the standards typically used in your organization.

During the meeting

Communicate clearly and use active listening. If you cannot answer specific questions, make sure you follow up with a response afterwards.

Emphasize that a *performance improvement* approach will be used to develop a SPHM program, and that the many freely available resources including this toolkit will help facilitate program efforts.

Question from Leadership	Response
1. The purpose of the meeting	• To gain support to further determine the scope of the issue, and to develop a plan to address, prevent, and control patient handling-related injury risk at your facility or within your organization.
2. What is SPHM?	• Define SPHM, the scope of the issue within health care, and specifically within your specific type of health care entity e.g., hospitals ***(Refer to Section 1)***.
3. Why is SPHM so important?	• Define the cost of SPHM in terms of the impact on the workforce, patients, and health care organizations. • Provide an overview of the approaches to prevent patient handling-related injuries i.e., OSHA core elements for safety and health programs, the ANA SPHM standards, and in this toolkit. Highlight the benefits of a SPHM program including fiscal impact. Provide case studies of success stories from other similar organizations as needed ***(Refer to Section 10)***. Highlight that programs that incorporate the ANA SPHM standards have shown a decrease in worker's compensation costs ***(Refer to Section 1)***. *Providing a summary of this information to leadership before the meeting can be useful.*

Question from Leadership	Response
4. Do I, & should I, have to do anything about SPHM?	• What you know about the scope of SPHM at your facility in terms of injuries and associated monetary costs, and any other data you have collected to this point (***Steps 1 & 2***). • What has the organization done to address SPHM to date for example, purchase of SPHM technology for a specific patient care unit or department, and employee training, etc. Include if applicable, information about the impact of these efforts to reduce the incidence, severity, and cost of patient handling-related injuries including lessons learned. • Be prepared to discuss if, and why, *previous* SPHM efforts have stalled or are no longer effective, and how the proposed initiative will be different and successful. If you have not already identified why previous program efforts were not successful, highlight that barriers to program implementation, effectiveness and sustainability will be identified and addressed as you enhance/revive the SPHM program. • Legislative related requirements and standards e.g., state laws for SPHM, the ANA SPHM Standards, the CMS age friendly measure 2025 & IPPS etc ***(Refer to Section 1)***.
5. How much will it cost?	• Explain that until you have evaluated the full scope of the issue at your facility and developed your program plan you will not be able to answer this question. However, it may be important to highlight resources that you feel will be needed to implement or enhance the program e.g., SPHM technology and implementation of a robust employee training program. Highlight that there is a broad range of SPHM technology that will be reviewed to ensure employee and patient safety needs are met in a cost-effective manner.

6. What will the results be?	• Provide the high-level, broad strategic objectives of the SPHM program efforts, and how they can enhance or work in synergy with other programs at the facility, and support the organization's mission and goals e.g.,
	  ○ Reduce caregiver injuries, adverse events and costs related to manual patient handling
	  ○ Provide a safer environment for patients and improve quality of care for patients
	  ○ Improve employee morale and reduce turnover

Question from Leadership	Response
	○ Encourage early reporting of incidents and WMSD injuries ○ Overall, assist to promote a culture of patient and worker safety and wellbeing Highlight that measurable program outcomes will be included in the detailed program plan. • Emphasize the evidence that supports improved outcomes for patients and employees. Highlight the relationship between SPHM and the early, safe, and progressive mobilization of patients, and any patient focused organizational goals e.g., reducing patient falls, pressure injuries, etc.
7. What is our strategy?	• The overall strategy is to design a multifaceted evidence-based program that is founded on OSHA core elements for safety and health programs and the ANA SPHM standards. • Specific activities are to: 1. Identify a SPHM program champion or sponsor from senior leadership and 2. A SPHM project or program coordinator. 3. Form a multidisciplinary SPHM committee or team to determine the scope of the issue at your facility. 4. Define the scope of the issue through employee surveys, completion of a gap analysis and worksite evaluation as discussed in ***Section 3*** of this toolkit. Explain why injury data is not sufficient to plan and manage a program successfully ***(Refer to Section 3)***. 5. Develop a draft SPHM program plan that will include the recommended scope of the program; *strategic* goals such as reduction in employee injuries, benefits to patients, cost savings, and return on investment (ROI); and a *tactical* plan that specifies how and who will implement and manage the program, potential budget, implementation timeline, program evaluation methods, sustainability measures, and change management for employee and patient acceptance. 6. Present the draft plan to the senior leadership group for evaluation, amended as needed, and final approval. 7. Implement, evaluate, and manage the SPHM program using a process improvement approach.

Question from Leadership
8. What do I need to do? ***(i.e., what do you need from senior leadership?)***

Response
A. Leadership understands that they must visibly commit, be accountable, and provide resources to foster a culture of employee and patient safety. This includes valuing SPHM as a standard of patient care and supporting all aspects of program implementation, evaluation, and maintenance. Thus, support is given to investigate the scope of patient handling risk at the facility and to develop recommendations to start or enhance an existing SPHM program plan.
B. Identify a SPHM program champion or executive sponsor from leadership who supports the position that SPHM is a standard of patient care e.g., the chief nurse executive or nursing officer or vice president of quality services. Having a program champion or sponsor from a department such as nursing or rehabilitation versus employee safety and health, can assist in aiding the integration of SPHM efforts within an organization, and promoting SPHM as an employee *and* patient safety initiative. SPHM programs require a change in practice primarily for nursing and rehabilitation staff in the acute care setting. Therefore, the program champion should be able to facilitate communication and partnership across all departments within a facility or organization, and with leadership. They should stay engaged and effectively help lead SPHM change management across the organization ***(Refer to Section 7).*** The program champion or sponsor supports the program coordinator and SPHM committee by providing resources to facilitate successful implementation and sustainability of the SPHM program. This includes engaging nursing and rehabilitation management and staff in program activities, and communicating SPHM program needs, progress, and outcomes with executive leadership. In addition, the program champion should be easily accessible to the SPHM program coordinator and committee and be able to engage with them on a regular basis e.g., participating in committee meetings and activities that involve in-person engagement of staff.
C. Identify a SPHM program coordinator *(or manager)* for this initial program planning phase who can organize and manage the SPHM committee and facilitate planning activities. If the program plan is approved, a SPHM program coordinator will be needed to oversee implementation and management of the program. The program coordinator should ideally have knowledge about the topic of SPHM and experience in moving and handling patients. Certification in SPHM or occupational ergonomics is preferred

Response
(***Refer to Section 10***). A clinical background in nursing or therapy is recommended or at least a knowledge of risk management as related to occupational ergonomics, health, and safety. The program coordinator should demonstrate strong project management capabilities, including the ability to oversee concurrent development of SPHM program components, communicate effectively, and foster collaboration among team members and across departments. SPHM programs impact many departments in a facility and require changes in work processes, therefore a coordinator who has knowledge of systems thinking, LEAN strategies and change management is also useful. Some facilities may also be able to provide project management expertise to assist with program development. *Project management and facilitation resources are provided in* ***Section 10***. If the SPHM program coordinator lacks expertise in SPHM, it is essential to ensure that the SPHM committee includes at least one member with relevant SPHM expertise ***(Refer to Step 4).*** Provide the program coordinator opportunity for further education about effective SPHM programs and project management, etc., as needed. The program coordinator must have the authority and knowledge to convene the committee and require participation; enough time and resources to coordinate and lead the program; and the authority to make decisions when planning and implementing the program and ensure its effectiveness. The SPHM program and the program coordinator should be positioned within an organization to optimize effectiveness of the program and create a sense of urgency regarding SPHM practices and culture change (Kielich et al., 2025). SPHM not only prevents caregiver injuries but plays an invaluable role in improving patient outcomes ***(Refer to Section 1).*** Patient mobilization is a core nursing task and SPHM practices support safe early mobility and falls and pressure injury prevention. Therefore, placing the SPHM program and the coordinator within nursing or patient care services can increase its effectiveness and leverage existing resources. If SPHM is placed in an employee health and safety program (i.e., occupational health), or other non-nursing department ensure there is strong a strong link to nursing leadership and patient care SPHM programs are multifaceted and require ongoing management to be effective. Therefore, it is recommended that there is at least one full-time coordinator per facility. Small facilities such as Critical Access hospitals may be able to implement and maintain their program with a part-time program coordinator. Alternatively, if having a full-time SPHM coordinator is not feasible, the program could be managed by 1 person who is responsible for the SPHM and a *related* patient safety initiative such as an early mobility or fall prevention program. However, it is also important that management understand that *one person* cannot be responsible for implementing and managing the SPHM program. Having a visible and effective program champion and a dynamic well-chosen multidisciplinary SPHM committee are also

Response
critical for program success. All employees or stakeholders who will be impacted by the program must also be engaged so that SPHM processes such as patient assessment and use of SPHM technology are institutionalized within the organization. Establishing a culture of SPHM facilitates program sustainability even if the program coordinator leaves. Many health care organizations do not establish a dedicated coordinator position when initiating an SPHM program. However, appointing a dedicated SPHM program manager and coordinator is crucial for ensuring the ongoing success and sustainability of the program following initial implementation efforts ***(Refer to Section 9).*** A recent article in *American Nurse Journal* highlights the significant contribution of dedicated SPHM coordinators to the effectiveness of SPHM programs (Kielich et al., 2025). https://www.myamericannurse.com/who-handles-the-handling/ Examples of a SPHM program manager and coordinator job descriptions are provided in ***Tool 2e.***
D. Approval and resources to form a multidisciplinary SPHM committee and investigate the issue further. This includes allocation of appropriate time for SPHM committee members to attend meetings, scheduling meetings, taking, and distributing minutes and action plans etc., and resources to conduct activities such as surveying employees, worksite assessment and analyzing data. Highlight that the benefits of a well-structured and managed multidisciplinary SPHM committee can**:** • Solidify program support within the facility • Contribute to program compliance • Provide more resources to developing and implementing the program • Capitalize and engage a broad base of skills and expertise to ensure consideration of best-practice outcomes Discuss the tentative structure of the committee, how long they may be working together, and specific responsibilities ***(Step 4)***. Determine who the SPHM Committee will report to e.g., to the employee safety committee with joint reporting to patient safety related committees, and directly or indirectly to senior leadership. It is important that leaders understand that an SPHM program is not just 'another' employee safety program but that it interfaces with many aspects of patient care throughout a facility such as early mobility, falls and violence prevention and rehabilitation, imaging perioperative services etc.

Response

If it is not possible to form a 'stand-alone' SPHM committee, then solicit support for the group who will develop and implement the program e.g., the employee safety committee or a patient safety-related committee ***(Refer to Step 4 - SPHM Committee Reporting Structure)***.

A decision-making process is necessary to prevent delays in program development and implementation. The program champion, program coordinator, and management representatives on the SPHM committee should escalate committee and program-related needs to leadership. A time frame for decision making to address needs should be established.

Determine how often leadership wants to be updated about the development of the program plan e.g., monthly, or quarterly.

E. Who do they want to see involved on the SPHM committee and with program efforts in general?

Review and agree on the key stakeholders that must be involved in SPHM program development and those that may assist in program development on an as-needed basis ***(Refer to Step 4)***.

Discussion points to emphasize:

- To facilitate employee engagement and buy-in as the program is developed and implemented, a balanced representation between management with decision-making authority and patient-care and support service employees with knowledge of how the work is done is important. Committee members should also be respected by their peers.
- Leaders must provide positive reinforcement for committee members' work, including facilitating engagement of patent-care employees committee members by ensuring they have staff coverage to attend committee meetings.
- The committee may start with a core group of key stakeholders who develop the draft SPHM program plan with assistance from 'ad-hoc' members. Once the program plan is approved, the committee can expand membership to reflect all departments/units that will be involved in program implementation.
- Make sure that leadership approves connecting with community or external stakeholders such as, the organization's workers compensation insurance carrier and any existing or potential SPHM technology vendors in the planning phase.
- Administrative support should be provided to assist with meeting arrangements and other support needs such as minute taking, data entry, etc.
- How committee goals and activities should be evaluated to ensure that they align with any evolving needs of the facility.

F. How should mid-level management be engaged at this preliminary stage of program planning? For example, how will unit/department directors and managers be notified about initial program efforts such as employee surveys and walkthrough unit assessments? ***(Refer to Communications planning in Section 4).***

Response
G. Are there any planned organizational changes that could have an impact on the resources you are requesting (e.g., budget for ceiling or overhead lifts; facility modifications, or SPHM employee training commitments)? For example: • Changes within senior leadership • Addition or change to a service line • Patient safety initiatives or new work processes and/or technology that are going to be introduced on a house-wide scale • New building or remodeling projects • Changes in capital budgets requirements and supervisory signature limits of operating budgets • Revenue focus for the current year on controlling costs versus growth You should request that leadership set the criteria for solutions development in advance e.g., capital budget limits, and availability of personnel-related support resources.
H. When will the draft SPHM plan be ready for review by leadership? The timeline depends on resource management, including staff and time to complete hazard assessment, solution development, and planning. Leadership will provide an estimated timeline but should note that careful preparation increases program success.

Table 2.2 *What do Senior Leadership Want to Know?*

Step 4

Identify a program champion or executive sponsor, and a program coordinator, and form a multidisciplinary SPHM committee

a. Identify a Program Champion or Executive Sponsor and a Program Coordinator -

Refer to Table 2.2. 8b & c. above.

b. Form a Multidisciplinary SPHM Committee

Identifying a core group of key stakeholders ***(Figure 2.2.)*** to be part of the SPHM program planning committee is important for success. A collaborative and structured approach that is founded on systems thinking to address patient handling-related injuries is essential. Core departments that are essential in the development of a successful program include Nursing, Rehabilitation, Employee Health, Patient Safety/Quality/Risk Management, Infection Prevention and Control, Wound Care, and departments responsible for facilities design, construction and medical device installation and maintenance.

Leadership representation should include individuals with decision-making authority such as directors from nursing and rehabilitation, managers from human resources, employee health and safety, and from units/departments with the highest rates of patient handling-related injuries e.g., intensive care and medical units.

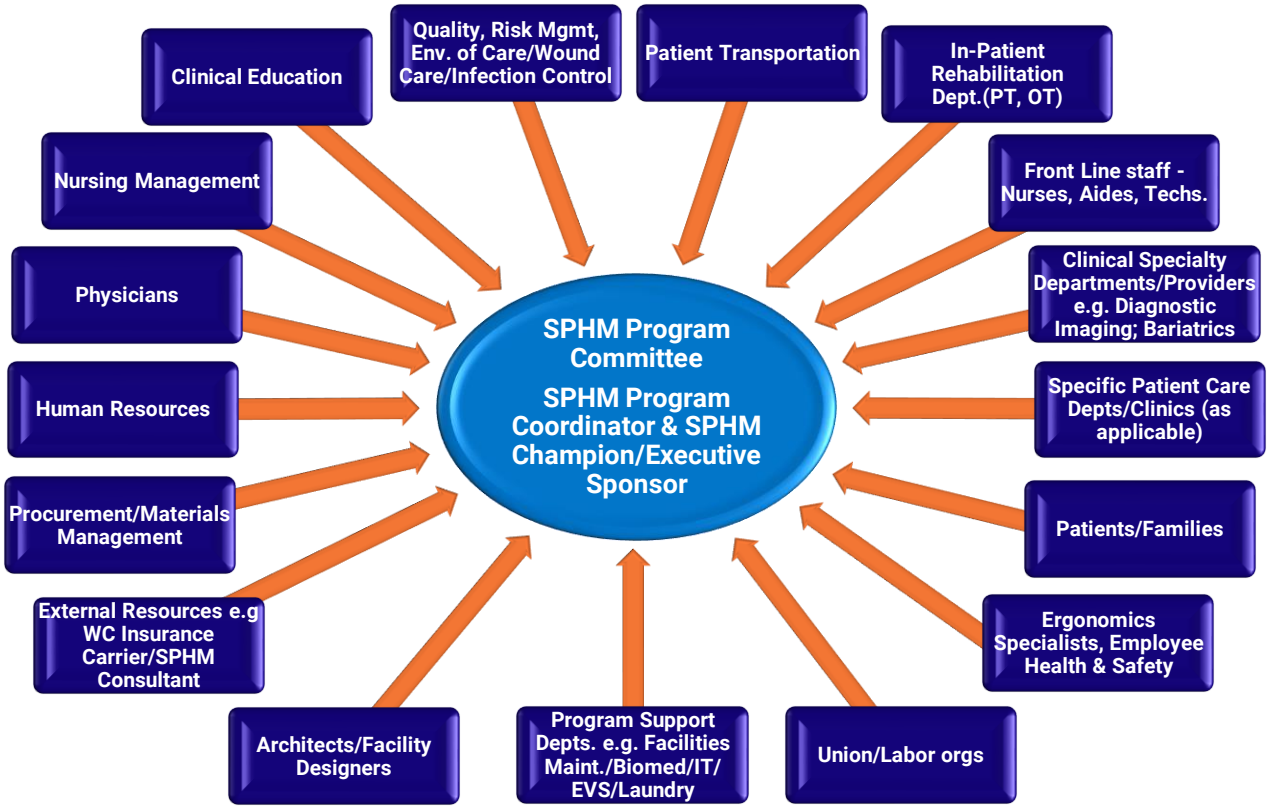

Figure 2.2 *The Stakeholders (i.e., Disciplines, Expertise, and Departments), that may be Represented in a SPHM Committee at this Stage of Program Planning.*

Caregivers in high-risk units/departments such as nurses, nursing aides, physical and occupational therapists who lift and mobilize patients *must* be involved. They bring important knowledge and perspective about day-to-day experiences related to patient handling and how work is done. They also play an essential role in helping to define the full scope of the issue at the facility and identifying barriers and facilitators to successful implementation and sustainability of the program.

Involving the caregivers facilitates employee buy-in and supports the *change* in work culture and practices that will be needed for successful program implementation. In addition, this collaborative approach to problem solving helps ensure the solutions and strategies chosen are user-centered and applicable to specific work environments and patient populations.

Facilities with an *existing* SPHM program should include unit-based SPHM champions or peer leaders and SPHM technology vendors on the committee.

Although having key stakeholders involved in the planning phase of a SPHM program is critical, it is

important that the committee is not *so large* that it is challenging to organize and manage during this 'fact finding' investigation stage of program planning.

To address this, a *smaller* group of individuals with expertise in SPHM, employee safety and health, human resources, risk management or environment of care, nursing and rehabilitation management, and managers and caregivers from units or departments with the highest risk and number of patient handling-related injuries may form the core SPHM planning committee.

Did You Know?

SPHM program stakeholders are individuals, groups, or organizations affected by the SPHM program and its activities.

SPHM Committee membership – examples of 'Ad Hoc' departments/stakeholders

- Legal and regulatory services
- Patient/customer services
- Finance
- Information technology
- Facilities maintenance
- Clinical engineering/Biomed
- Transportation
- Environmental services (housekeeping)
- Marketing, communications, and public relations support
- Facilities designers & architects
- Purchasing/procurement/material management
- Laundry or linen services
- Clinical specialty departments: imaging/radiology
- Volunteer services
- External stakeholders – workers compensation carrier/TPA; SPHM technology vendors/manufacturers; health care education schools e.g., nursing, physical therapy etc.

Other stakeholders can be engaged on an 'ad hoc' basis during this investigation stage. Committee membership can be expanded as needed after detailed program planning is approved following by senior leadership.

To facilitate communication during the program planning, implementation, and evaluation process, include stakeholders on the SPHM committee (in an 'ad hoc' role if necessary) who can provide *linkage* to the employee safety and patient related safety committees e.g., bariatric, fall prevention, workplace violence, infection control, etc., to ensure committees are working in sync with each other and not duplicating efforts.

In smaller organizations, one person may be responsible for multiple services and cover several areas of expertise on the committee.

At least one committee member should have subject matter expertise in SPHM and/or is willing to attend additional training/education. If no expertise is available within the facility, then to expedite program planning it may be necessary to seek outside SPHM expertise e.g., from the organization's workers' compensation carrier or an independent consultant. ***Tool 3h*** provides tips for choosing an external SPHM or Ergonomics consultant.

Other 'ad hoc' members of the committee should include external stakeholders such as the organization's worker's compensation insurance carriers. Vendors of SPHM technology can also become 'ad hoc' members of the committee when SPHM technology has been chosen for the program. They can provide invaluable expertise when

implementing the program and assisting with staff training.

Tool 2f defines stakeholders and their roles and responsibilities in the SPHM program.

SPHM Committee Reporting Structure

There are many program components or elements to consider and address when developing and implementing a SPHM program. Therefore, to expedite program development and implementation it can be more effective to have a 'stand-alone' SPHM committee who report to the facility or organization employee safety and health committee.

If this is the case, as noted above, make sure there is representation from the facility's employee safety committee and any other key patient safety committees together with clear reporting processes and understanding of how the groups can work together to achieve mutual goals and avoid redundancy.

For smaller hospitals having the SPHM program developed by the facility employee safety and health committee may be more efficient due to availability of staff resources/expertise.

Alternatively, combining or incorporating the SPHM program with other patient safety related programs such as fall prevention or early mobility, can help integrate SPHM into the standard of care and facilitate support for program needs ***(Refer to Section 9)***.

If the SPHM program is developed by an employee safety committee or a patient safety related committee, ensure that sufficient time and resources is allocated so that program development is not delayed due to a competing focus on other safety programs.

Wherever you decide to 'place' the SPHM committee, to assist SPHM program integration into the patient standard of care, it is important to have a strong relationship with patient care and safety versus a focus only on employee safety ***(Figures 2.3 a & b)***.

Overall, senior leadership should provide guidance on the desired SPHM committee reporting structure.

Quick Tip

Developing the SPHM program requires committee members to actively participate in committee meetings and work. However, with current staff resource challenges in health care this can be challenging for managers, front-line employees, and others.

To avoid delays in program development due to a committee member(s) absence, consider having a 2nd committee 'buddy' member from the same unit or program department who can represent their colleague at committee meetings as needed. 'Alternate' committee member(s) need to attend committee orientation and training and must be kept informed about committee activities e.g., via meeting minutes and updates from the primary unit/department representative.

Figure 2.3a *Example of Reporting Structure of the SPHM Committee in a Large Hospital System.*

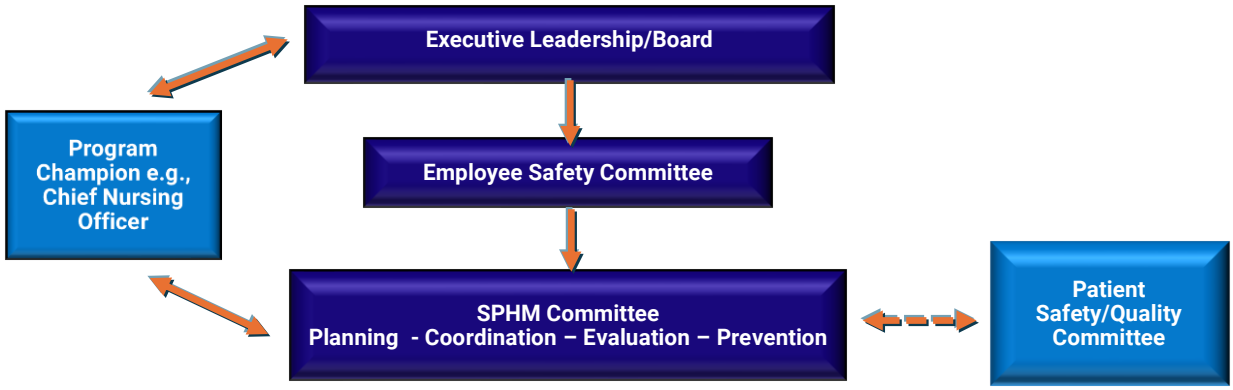

Figure 2.3b *Example of Reporting Structure of the SPHM Committee in a Small Hospital or Health Care Facility.*

SPHM Committee Roles and Responsibilities

The overall purpose of the SPHM committee is to provide multidisciplinary insight and assistance to the SPHM program champion, the program coordinator, and other groups of stakeholders in the design, implementation, and evaluation of the SPHM program.

Examples of the roles and responsibilities of an SPHM committee are listed in ***Table 2.3.***

Specific roles and responsibilities of the committee may be further defined after the SPHM program plan is completed and approved by senior leadership.

Once the program is implemented and evaluated, the committee structure and function should be reevaluated and membership, role, and activities, defined in relation to maintenance of the SPHM program.

SPHM Committee Roles and Responsibilities

• Identify, consult, and engage key stakeholders during the development, implementation, evaluation, and management phases of the SPHM program to facilitate the culture change that is required for program effectiveness and sustainability
• Develop a draft SPHM program plan that includes short and long term strategic and tactical elements
• Identify immediate and future goals and objectives for the SPHM program
• Assess current SPHM policies and procedures, job tasks and work processes, and physical work environment, to identify and prioritize areas for improvement
• Identify solutions (SPHM technology and best work practices) to prevent patient handling-related injuries
• Assess organizational readiness for the SPHM program and associated changes
• Identify barriers and facilitators to program implementation and maintenance
• Establish timelines and deliverables
• Develop SPHM policy
• Assist the SPHM program champion and the program coordinator to:
  ○ Solicit appropriate allocation of resources (time, staff, and finance)
  ○ Develop and implement a communication plan
  ○ Implement SPHM polices and processes and technology
  ○ Develop competency based SPHM education and training program and informational resources for staff
  ○ Report and address barriers in program implementation and maintenance
  ○ Recruit and provide guidance, and support of unit-based SPHM champions or coaches
  ○ Root cause investigation of patient-handling related injuries and incidents and action to prevent future incidents
  ○ Conduct ongoing program evaluation including review of injury trends and costs and other metrics
  ○ Communication of program outcome and process measures to management and employees
  ○ Sustain and modify the program as needed

Table 2.3 *Examples of the Roles and Responsibilities of a SPHM Committee.*

Meeting structure

It may be necessary to meet frequently at this stage of program planning e.g., every 1-2 weeks, to establish the committee and educate members, and to collect and analyze data before drafting an SPHM program plan. Meeting frequency will also be dependent on direction given by senior leadership. Meetings could be monthly once the program is being implemented and evaluated.

Effective Committees/Teams

Cohen and Mohrman define a team as "a group of individuals who work together to produce products or deliver services for which they are mutually accountable" (Cohen and Mohrman, 1995).

Team members share goals, are mutually accountable, and their interactions impact results. Each member is responsible for integrating with others as part of their duties.

The following factors tend to enhance teams in health care:

- Clear and shared goals and vision
- Strong leadership
- Members understand their role and responsibilities
- Effective communication and decision-making processes
- Mutual respect
- Individual accountability for specific actions
- Shared accountability for team outcomes

Individual members of the SPHM committee will vary in their experiences and approaches to working as part of a team. There will be perceived differences in hierarchy and status, for example between patient care or front-line employees and managers or leaders on the committee and between members from non-clinical and clinical disciplines.

Tool 2g provides some tips for effective meetings and assisting committees in their work together.

The following resources provide more information about developing and managing effective teams and committees:

- Mendonca, K & Thorman, S. (2024). UC Berkley Guide to Managing Human Resources Team Building Toolkit. https://hr.berkeley.edu/sites/default/files/bpm_team_building_toolkit_6-5-2024.pdf
- American Library Association. Effective Committees: The Basics best practices in committee effectiveness. https://www.ala.org/yalsa/aboutyalsa/yalsahandbook/effectivecommittees
- American Society for Health Care Engineering (ASHE) 2021. ASHE Chapter Handbook Chapter 6. The importance of effective committees. https://www.ashe.org/sites/default/files/ashe/06_committees.pdf

Step 5

Educate the committee about the scope and risk related to manual patient handling in health care, the components of successful SPHM programs, the proposed approach to addressing SPHM at your facility and function of the committee. Develop the program vision and committee mission statements, and a draft project charter.

Once the SPHM committee is formed, provide them with information about the following:

1. Scope and cost of manual patient handling in health care, relevant laws and standards, why manual patient handling is so dangerous, and elements of SPHM programs to prevent injuries to healthcare workers and patients. Make sure they understand why the initiative is important to patients, themselves, and the organization ***(Refer to Section 1)***.
   Customize this information for your health care setting e.g., hospital, clinic, nursing home etc. Use information provided in this toolkit including freely accessible web-based videos listed in ***Section 6 Education and Training*** ***Tool 6a*** such as the U Mass – Lowell online training *'Ergonomics in Healthcare: A Continuing Education Program for Nurses, Nursing Assistants and Healthcare Managers*'. https://www.uml.edu/research/cph-new/education-training/ergonomics/
2. Steps taken to start SPHM program development at the facility.
3. Purpose of the SPHM program and proposed strategy to develop a draft program plan as detailed in this toolkit. Use information developed in ***Step 2*** and an understanding of requirements by senior leadership as identified in ***Step 3.***
4. How an SPHM program can support the organization's strategic goals and mission.
5. The relationship between change management and the implementation of an SPHM program, along with common barriers that may arise and methods for addressing them ***(Refer to Section 7)***.
6. Roles and responsibilities of the committee overall and among the members of the SPHM committee; of the SPHM program champion and the program coordinator etc., The committee reporting structure and relationships to other employee and patient safety related committees together with leadership expectations of the committee.
7. Meeting schedule and realistic expectations for time commitment, length of service on the committee, and how management will support their participation.
8. How the committee will function (Refer to '*Effective Committees/Teams'* above, and ***Tool 2g***) decision making processes, and communication methods between committee members and the project coordinator etc.

Create a Vision Statement for the SPHM Program

Having a vision statement provides the foundation for the development of strategic goals and program communications or social marketing efforts. The SPHM vision statement should describe overall goal of

the SPHM program and reflect the organization's core values and mission through use of common language and intent.

If your facility has a marketing or communications department, ask if they can help the committee facilitate development of a vision statement.

Examples of Vision Statements for a SPHM Program:

'Create a Culture of Safe Patient Handling & Mobilization while Enhancing Health Care Provider & Patient Safety'

'Promote a Culture of Safe & Compassionate Patient Handling while Enhancing Caregiver & Patient Safety'

Providing examples of a vision statement will help expedite the development of a statement. Do not use an entire committee meeting to create a vision statement. Instead, make a draft that includes key words and themes, then spend 10-15 minutes in the next meeting(s) to revisit, refine and complete it.

Create a SPHM Committee Mission Statement

Create a mission statement for the SPHM committee i.e., a statement that clearly describes what the purpose of the committee is. This may be incorporated into the program's Project Charter.

Example of a mission statement for a SPHM committee.

> The Safe Patient Handling and Mobility (SPHM) Committee will focus on implementing an SPHM program changing the organizational culture from manual lifting to SPHM where powered and non-powered assistive devices are used for the mobilization, transfer, and care of patients, to reduce patient and staff injuries. The focus will first be on ____ unit(s). These will be pilot units for the SPHM program. Program measurement will include employee injury data, patient falls data, patient experience, usage of SPHM devices, and other metrics as appropriate.

Develop a draft Project Charter

A project charter demonstrates the commitment of the organization and leadership to the SPHM program and committee activities and provides formal agreement about the project details. A charter assists as a communication tool to employees about this commitment and goals, scope, and high-level deliverables of the SPHM program overall.

It also assists the SPHM committee to *stay on course* during program development and implementation.

Use your organization's existing project charter template (if one exists).

Typically, a project charter summarizes the:

- Need for a SPHM program
- Program objectives
- Role of the program champion/executive sponsor

- Authority of the SPHM manager
- Main stakeholders
- Committee mission, function, and roles etc.

Once the draft SPHM program plan is completed, the project charter can be updated to include the:

- Performance improvement approach to problem solving
- Potential barriers to a successful SPHM program
- Anticipated resources
- Project milestones
- Specific performance measures and improvement goals
- ***Tool 2h*** provides an example of a project charter for an SPHM committee.

  The charter should be amended as needed and approved by senior leadership as part of the process to finalize your SPHM program plan ***(Refer to Section 4)***.

As the SPHM program matures the mission and vision statements and project charter should be reviewed and revised, as necessary.

Refer to the resources provided in 'Effective Committees/Teams' on ***page 2-23*** *for more information on developing vision and mission statements and project charters.*

Quick Tip

To save meeting time, use your organization's template (if any) to develop the Vision, Mission and Project Charter and adapt the SPHM examples provided.

It may not be possible to finalize the Mission statement and Project Charter until the committee has developed the program plan that defines where and how SPHM needs will be addressed.

Section Summary

To build support and establish the foundation for your SPHM initiative:

STEP 1. Review best practices for preventing patient handling injuries and related regulations and standards to understand the why and how manual patient handling needs to be addressed.

Collect baseline incident/injury and cost data to identify the scope and impact of patient handling related injuries at your facility or within your organization.

STEP 2. Analyze data collected to identify and prioritize units, departments, and employee groups, with higher risk of exposure to patient handling; and the nature, severity and cost of injuries associated with patient handling. Begin to identify hazards, overall risks & program elements that need to be addressed.

STEP 3. Enlist support of senior leadership to further determine the scope, cost, and risk of patient handling-related injuries at your facility and to develop a draft SPHM program plan with a program champion, manager or coordinator, and multidisciplinary committee. Leadership approval is crucial to allocate resources and structure the program. Meeting with leadership at this stage helps avoid wasting resources and time on unfunded or unsupported SPHM program activities.

STEP 4. After obtaining leadership approval for program planning activities, identify a program champion or executive sponsor, and a program coordinator, and form a multidisciplinary SPHM committee. Determine the committee reporting structure and committee roles and responsibilities.

STEP 5. Educate the committee about the scope and risk related to manual patient handling in health care, the components of successful SPHM programs, the proposed approach to addressing SPHM at your facility and function of the committee. Develop the program vision and committee mission statements, and a draft project charter.

Seeking early leadership support and giving employees an opportunity to participate in SPHM program planning are critical first steps in assessing organizational culture and readiness for change. These actions help identify potential barriers to successful SPHM program planning and implementation while also preparing stakeholders for the necessary changes.

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

References and Resources Used in this Section

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