Patient Safety and Transfer

Safely move a patient from one place to another
Involves both the patient and the people doing the transfer
Using of proper lifting and transfer techniques = safety
Body mechanics
Reduces injuries to the patient and RT

Focus on Safety

Employee safety
Patient safety
Environmental safety
IOM, TJC, OSHA – all concerned with safety
Facilities are required to have written policies to ensure safety
TJC NPSG – 2014
Fire Safety

Nothing strikes more terror in a facility than the fear of a fire

Awareness = Prevention

Three components needed for a fire
  - fuel
  - oxygen
  - heat

Fire can be avoided by assuring these three components are never in the same place at the same time

If started: remove one of the essential elements

RACE – remove, access/alarm, close/contain, extinguish/evacuate

Heat: give water or foam to decrease oxygen
  Fire extinguishers – PASS (pull, aim, squeeze, sweep)

Four causative agents:
  - open flames - do not leave combustibles by heat sources
  - cigarette smoke - be aware of covert offenders
  - electricity - check wires/equipment frequently and avoid liquids
  - chemicals – many in the department can be flammable/spills

Contamination With Blood and Bodily Fluids

Needle sticks, eye, mouth, or open sores are common

Rinse for at least 5 full minutes

Use soap if applicable

Prompt treatment is essential to decrease injury
  OSHA – within 2 hours for prophylaxis

Prevention is key
Patient Safety and Transfer

Workplace Safety

Ergonomics – study of the human body in relation to work environment
Decrease work related injury
Chairs/desks
Computer height/mouse
Weight and ease of movement of equipment
Transferring patients

Patient Safety and Transfer

Preventing Work Related Injuries

Reduced when equipment is designed and used properly
Teamwork
Frequent breaks
Changes in position
Using proper equipment
  slide boards, sheets, transfer belts, lifts

Patient Safety and Transfer

Body Mechanics

Principles of proper body alignment, movement, and balance
Reduces the amount of energy needed to sit, stand, walk, and lift
When stooping, lifting, pushing, pulling, and carrying - strength is increased and injuries are less likely to occur
Injuries cause pain, loss of work, and income to you/patient
Places greater burden on your co-workers
Loss of revenue to the facility
Loss of convenience to the patient
Patient Safety and Transfer

Concepts of Body Mechanics

Base of support:
portion of the body in contact with the floor
no more than shoulder apart
may be parallel or perpendicular
provides support and stability for movement

Center of gravity:
point where body weight is balanced
usually located in pelvis or lower abdomen
loads, size, and position affect your center of gravity
most stable when the center of gravity is nearest the
center of the base of support

Patient Safety and Transfer

Rules of Body Mechanics

Provide a wide base of support
Work at a comfortable height
Bend your knees and keep your back straight when lifting
Avoid twisting – use pivot motion
Keep load well balanced and close to your body
Roll or push a heavy object to avoid pulling or lifting

Patient Safety and Transfer

Bending and twisting while lifting is a common cause of back injuries
Thigh muscles are one of the strongest in your body
Use proper mechanics with the combined strength of your arms, legs,
and abdomen to protect your back, neck, and shoulders
Use resources:
adjust work height
use a cart if able
teamwork
TEAMWORK
Someone needs to take charge of the transfer
Reviews procedures with team members
Calls the play
Establishes timing of play
Synchronizes play events

Patient Safety and Transfer

Lifting should be done by bending and straightening the knees
Encourage patients do as much of the work as possible

Keep back straight or in a position of slightly increased lumbar lordosis
Check the patient’s weight-bearing status

Allow ample time, and handle patients gently
Patients with cognitive impairments, such as dementia, may overestimate their transfer abilities and require assistance

Always inform the patient of what you are going to do and how you intend to proceed

Orthostatic Hypotension
A sudden drop in blood pressure caused by a change in a patient’s body position
More pronounced in patients who have been bedridden for extended periods
Symptoms of orthostatic hypotension include dizziness, fainting, blurred vision, and slurred speech

To minimize the severity of orthostatic hypotension, move slowly
Encourage the patient to talk during the transfer by asking simple questions
If symptomatic – stay with the patient and call for help
Patient Safety and Transfer
Support and Padding

Xrays tables are very hard and uncomfortable

Position for comfort - increases cooperation, prevents movement, decreases fear/pain

Elevate head with pillow - relieves neck strain, improves breathing

Bolster the knees - relieves lumbar-sacral pressure, increases comfort for arthritic or kyphosis patients, decreases pulling on abdominal muscles

Splint or support suspected fractures/dislocations

Pad bony prominences – skin tears/ulcers occur rapidly especially in elderly

Patient Safety and Transfer
Proper positioning

Measures to promote comfort decrease complications

Improves respiration
Decreases risk of vomiting/aspiration
Prevents pressure ulcers

Radiolucent sponges in all shapes and sizes

Do not leave a patient in the same position for extended periods of time

Keep linen wrinkle free

Address wet/damp sheets immediately

Patient Safety and Transfer
Preparing for Transfer

Check with the nurse for best means of travel and get the chart

Check patient ID band (2 identifiers)

Plan ahead and prepare your work area

Obtain equipment and check safety and function

Explain the procedure to patient and enlist help/cooperation

Teamwork – explain the process so everyone involved is on the same page
Patient Safety and Transfer

Wheelchair Transfers

May seem easy but is a common cause of falls

Bed to w/c transfer:
- bed in lowest position (elevate hob if able)
- place w/c parallel to the bed with wheels locked
- remove foot rests
- with patient supine place one arm under shoulder and one under knees
- smooth motion – raise and pivot to a sitting position
- allow a minute for patient to rest – ask them if they are ok

Wheelchair Transfer with Assistance

Little assistance just guide their elbow and give verbal directions

Gait belt or lift devices are helpful

Assistance:
- stand and face the patient with your arms under their arms
- place your hands on their scapulae and their hands on your shoulders
- on your signal, lift upward, pivot ¼ turn
- the seat of the chair should be touching the back of the patient’s legs
- ease down into chair
- remember to keep broad base of support, back straight, use large muscles

Use the same technique to get them back to bed or on the table

Special Considerations

Stroke patients and those with minimal weight bearing (joints, hips, casts)
- one side is typically weak or not able to bear full weight
- position yourself on the weak side
- brace a weak leg with your knee
- patients strong side nearest the transfer direction
- post operative orthopedic patients may require special limitations
- always check with nurse when not sure

Spinal trauma or surgery patients best to transfer with stretcher
- Maintain spinal precautions as ordered

Paraplegics/hemiplegics – in patients transfer by stretcher, out-patients ask them how they transfer and elicit help if needed

Teamwork
**Patient Safety and Transfer**

**Two Person Lift**

Stronger of the two should be the primary w/c parallel to the table and lock the wheels
Remove the chair arm if able
Have patient cross their arms over their chest
Primary stands behind with arms under axilla grasping forearms
Assist bends/kneels cradling the thighs in one arm and the lower legs with the other
On a signal both lift up and over

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**Patient Safety and Transfer**

**Stretcher Transfer**

Used for those who are not ambulatory or cannot sit comfortably
Use teamwork unless patient is able to transfer independently
Provide privacy
Supine position with knees bent
Adjust stretcher and bed parallel and at the same height with wheels locked
Assure all tubes are free of obstruction and have slack (IV, O2, foley, feedings, etc.)
Move over in slow repeated motions
**Patient Safety and Transfer**

**Slide Boards and Mats**

- Roll the patient slightly to one side
- Place the board/mat ½ under patients back under sheet
- Position patient flat with arms folded on chest
- Slide sheet across board/mat
- Does not provide spinal immobilization
- Always position for comfort and allow privacy (hob elevated, pillows, blankets)

**Patient Safety and Transfer**

**Used for heavy patients**

- Familiarize yourself thoroughly with lift operations before using this type of lift
- Patients need to be seated on a lift sling before using this type of lift
- Sending a patient back to the ward to return sitting on a sling is better than risking injury to the patient, the transferer, or both by attempting transfer without using a sling
- Communication is critical to lift success

**Patient Safety and Transfer**

**Falls and Accidents**

- Must be reported immediately
- First and foremost – assure the patient is safe
- Do not attempt to move a fall victim alone
- Activate emergency response (board and collar if appropriate)
- Have patient assessed by a physician before proceeding with test or discharge
- Document the incident per policy – be concise and accurate – have supervisor review
- Employee incidents may be reported differently – know your facilities policies
Motion distortion is a leading cause of unacceptable image quality. Positioning inaccuracies also contribute to suboptimum image quality. Motion distortion can result from involuntary and voluntary patient position. Communication with the patient is critical. Use the shortest exposure time possible. Use immobilization aids when necessary. Empathy with the patient's condition can be effective.

**Immobilization Devices**
- Positioning Sponges
- Velcro Straps
- Sandbags
- Velcro Strap Restraints
- Head Clamps
- Cervical Collars
- Spine Board
- Splits
- Sheet Restraints
- Commercial Restraint Devices
- Stockinettes
- Tape
Patient Safety and Transfer

Pediatric Immobilization

- Appropriate communication techniques – play, distraction, rewards, choices
- Kindness, patience, honesty, and understanding conveyed on their level
- Avoid threats, force, and punishment
- Apply restraints gently
- Work with parents
- Follow department policies and procedures
References