

Hospice Aide On-the-Go™ In-service



Moving the Patient

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BEACON
HEALTH



Hospice aides care for patients whose functioning levels change drastically over short periods of time. Although many patients admitted to hospice are able to walk, most are bedridden by the time they die. This change in a hospice patient's condition can be sudden or gradual. It affects their ability to walk, sit, and turn in bed. Aides who care for these patients must know proper body mechanics and safe patient transfer techniques.

Hospice aides transfer patients frequently, either alone, with another person, or with the help of equipment. Manually lifting and moving dependent patients from one area to another may result in injury, especially back injury, for both the health care worker and the patient.

In 2006, nursing aides, attendants, and orderlies had the highest rate of musculoskeletal disorders among health care workers (293 per 10,000 workers). They missed work because of illness or injury at a rate four times the rate for all occupations. These statistics illustrate the high-risk nature of lifting and transferring patients. Training on proper lifting, moving, and transferring techniques is critical for hospice aides. In addition to back injuries, other problems that may occur during transfer include falls and fractures, skin abrasions and tears, bruises caused by bumping into equipment, and fainting caused by rapid movement and blood pressure change.

Key Terms

Ambulation

Moving from one place to another during the act of walking.

Body Mechanics

How the body moves and responds to activities. The goal of body mechanics is to move correctly in order to prevent injury to the spine and muscles.

Ergonomics

A type of science that studies the design of work areas with the goal of ensuring safe, healthy, and efficient movement for workers.

Transfer

Moving a body from one location to another.

Safe movement in the workplace

To promote safety, take the following actions before moving a patient.

- » Check the aide assignment or care plan in advance to determine the activities, patient restrictions or limitations, special precautions, or equipment available.
- » Prepare the area for movement. Look at the size and shape of the room and check for safety hazards such as narrow hallways. Remove scatter rugs, electrical cords, and items that block your path. Move furniture, if necessary, in order to position equipment correctly. Watch out for wet or otherwise slippery floors.
- » Adjust lighting to a level that allows you to see clearly.
- » Identify the shortest distance to transfer the patient. For example, position the wheelchair close to the bed.
- » Look carefully at the patient to determine whether he or she feels comfortable and strong enough to make the transfer. Ask about dizziness and don't attempt to move a patient until it's safe to do so.
- » Tell the patient exactly what you are about to do. This will prevent the patient from making an unexpected, awkward movement that could cause you both to lose balance.
- » Think about what you would do if this patient were to fall.



Keep these body mechanics and personal awareness tips in mind for safe patient movement:

- » Give yourself a wide base of support by placing your feet shoulder-distance apart. Keep your back straight, tighten your abdominal muscles, bend but don't lock your knees, and use your leg muscles for strength. Stay loose and move through the transfer.
- » When changing positions, have the patient acclimate to each before moving to a new one.

Think Ahead

Prepare the environment before activity. Clear pathways and place chairs along the route in places where the patient may want to rest. Always check the patient's mental and physical status before any movement and allow recovery time between activities.

- » If the patient is stronger on one side than the other, transfer toward the strong side. This allows you to put most of your support on the weaker side as the patient reaches and moves toward the new location with his or her strong side.
- » Use safety equipment and devices such as grab bars or raised toilet seats in the bathroom, if they are available. Know the weight limit for these devices.
- » Work at the highest level possible so that you won't have to bend at the waist or knees. If the patient is in a hospital bed, raise it to a point that allows you to work upright, without bending. After providing care, lower the bed.

Special equipment and transfer techniques

Many lifts and supports are available to make moving patients easier. Studies show that the use of this equipment reduces worker injuries. Use this equipment when it is available. Seek training and become familiar with it. Do not attempt to use such equipment unless you are trained and competent to do so.

Towel Bar

~ A Word of Caution ~

A towel bar is not a grab bar. It can come loose when weight is applied, causing a fall.

Some hospice patients do reside in assisted living facilities or nursing facilities that are considered their homes. Other hospice patients may be in an inpatient setting (a skilled nursing, hospice, or hospital facility). In these cases, it is important to use available transfer equipment located in the facility.

SIDE-TO-SIDE TRANSFERS AND REPOSITIONING: Use this technique when transferring a reclining patient between two flat surfaces, such as from a bed to a stretcher. Both surfaces should be at the same level and flat. For safety, this action requires more than one caregiver. Additional assistance may be needed for heavier or uncooperative patients.

When repositioning a patient in bed, adjust the height of the bed, if possible, to allow you to work at waist level and avoid reaching and bending. Keep the head of the bed flat, making it easier to move the patient upward and avoiding the need to push and pull "up hill."

If another caregiver is present, use a draw sheet or slide board to reduce friction and the amount of manual strength needed to move a patient who is laying flat. Position the draw sheet or slide board under the patient's



trunk, centered for balance. When using a draw sheet, make a good handhold by rolling up the sheet as close to the patient's body as possible. This prevents the sheet from forming a hammock, which would cause the patient to "sag" in the middle, putting more weight on the caregivers. Use a gentle push-and-pull motion to move the patient to the new surface. If using a slide board, ensure that it is firmly placed on the two surfaces, grasp it securely, count aloud to three with your co-worker, and together slide the patient in the direction you want to go.

TRANSFERS IN SITTING POSITION: This transfer is for patients who are unable to stand and who must transfer in a sitting position. The patient must have good sitting balance and be able to cooperate when moving from one surface to another, such as from the bed to a wheelchair or from wheelchair to toilet seat. A transfer board or movable seat may be used.

Lower the bed to the height of the chair so both surfaces are at the same level. For a bed-to-wheelchair transfer, place the wheelchair next to the patient's stronger side. Lock the wheels on the bed and on the chair. Position the slide board as a bridge between the two surfaces and assist the patient onto one end of the board. Be sure that there is clothing between the patient's skin and the board. Assist the patient to slide onto the other surface, and then gently reposition the patient while removing the board from underneath.

TRANSFER USING A GAIT BELT: A heavy woven belt placed around the patient's waist provides a handhold for the caregiver. Use a gait belt to assist patients who have some weight-bearing ability and who are cooperative with transfer and ambulation. Do not use a belt for patients recovering from recent abdominal or back surgery or for patients with a history of abdominal aneurysm. To begin a movement activity, place the belt around the patient's waist over clothing, never on bare skin. Fasten the belt snugly, leaving just enough room to easily slide your fingers between the belt and the patient's body. Tuck the loose end under the belt on the other side of the patient's body, away from the area you intend to grasp. Some belts have handles; without handles, simply grasp the belt itself.

Transferring a Patient

During a transfer, stand as close to the patient as possible. Place your feet toe-to-toe with the patient's feet or put one foot sideways immediately in front of the patient's feet.

- » Look into the patient's eyes and talk about the transfer. Count out loud, "1-2-3," so that you both begin to move at the same time.
- » Do not grab the patient under the arms; reach completely around the patient to get a firm grip.
- » Do not allow the patient to pull on your neck.
- » Move the patient toward his or her stronger side.





To help a sitting patient stand up, position yourself in front of the patient, bracing his or her feet with your own. Rather than using the belt to lift the patient, rock and pull smoothly in the direction you wish to go. Tell the patient which direction you will be moving, always transferring to the patient's stronger side.

When using the belt for ambulation, stand next to the patient and hold on to the belt in the back. For additional stability, hold on to the patient's hand. Always be alert to the possibility that the patient may become weak and fall. If a patient starts to lose balance or fall while walking, hold on to the belt and lower the patient gently to the floor. Have the patient slide down your leg. This provides support and limits the amount of weight you have to lift.

THE HOSPICE AIDE'S ROLE

Provide safe care

Any movement activity carries the risk of injury. Providing safe care means preventing falls and preventing injury to your patient and to yourself. Always follow basic guidelines: practice good body mechanics, position patient and equipment properly, know when to ask for help, know how to use the equipment, and follow the aide assignment.

Know how to care for and maintain the patient's equipment. Clean equipment and surfaces when soiled. Remove

MECHANICAL LIFTS: Mechanical lifts involve the use of a sling that's placed under the patient and attached to the lifting device. Older models used a hand pump, or crank, to raise the patient to a sitting position for transfer from bed to chair. Newer electric models are safer because they allow the caregiver to remain close to the patient during transfer.

This device can make transferring safer, but using it requires training and skill. Talk with your supervisor if you are assigned to use a mechanical lift.

DRAW SHEET: A draw sheet is a narrow single sheet or regular sheet folded in half and placed across the bed under the patient.

SLIDE BOARD: Usually made from a smooth, stiff material, it functions as a bridge that allows the patient to slide from one seated position to another, such as from bed to chair or from chair to toilet. Although some manual effort is still required, using a slide board reduces the amount of weight that a caregiver must lift. A board is an inexpensive alternative to a complete manual transfer.

BATHTUB, SHOWER, AND TOILETING ASSISTIVE DEVICES: Shower seats, toilet seat risers, and grab bars assist patients who have partial weight-bearing ability, those who can sit up unaided, and those who have the ability and strength to use their arms and hands. Patients must be able to bend at the hips, knees, and ankles. Even patients who are independent sometimes use this equipment for added safety. These devices must be stable and able to support the patient's weight.





and place for laundering soiled drawsheets or a gait belt. This helps prevent the spread of infectious bacteria from one surface to another.

Follow up on instructions given by the hospice or facility registered nurse or therapist. Remind the patient about safety hazards. If you find an obstacle or a safety hazard in a patient's general walking area, remove it and remind caregivers and the patient to keep the walkway clear.

Sometimes fear of injury places a patient at even greater risk. A fearful patient may hesitate, react slowly, and hold the body stiffly to "prevent injury." These behaviors may have the opposite effect, making movement awkward and throwing you off balance. An anxious patient might cling to you, placing more weight on you than necessary.

To promote a feeling of safety, always tell the patient exactly what you will be doing. Talk through the transfer before actually doing it. Maintain eye contact and give verbal cues and encouragement during the movement.

After any activity, praise your patient. Point out things that went particularly well, noticing any areas of improvement. This encouragement can give the patient needed confidence for the next activity.

Observe and report

Documenting the number of transfers and the patient's reaction is important for care planning. Your documentation of the patient's abilities, reactions, and tolerance of activities is helpful. The hospice registered nurse and the Interdisciplinary Group need to know how the patient is progressing.

Transfers and other movement may require a great deal of your patient's energy. Watch carefully for signs of excessive weakness or new difficulties with walking, sitting, or turning in bed. If the patient reports feeling light-headed, ensure a safe position and have the patient rest until able to continue safely. Call the hospice registered nurse and report a description of the incident, time, location, what you observed, and what the patient reports. Document this information on your clinical note or flow sheet, noting the time and person you notified.

Provide input to the hospice RN when a patient's condition changes. Request equipment that will provide safety for your patient and yourself: commodes, walkers, hospital beds, and so on. Report any difficulties you may be having, such as a patient's delay in receiving equipment or in equipment malfunction.

OUTCOMES AND THE HOSPICE AIDE

In spite of the best care, a terminally ill patient will eventually become weaker and need increasing levels of assistance to transfer and move. Safe handling can contribute to a patient's comfort and help prevent falls and injuries. When the hospice aide assignment calls for you to assist with transfers or other types of movement, think about how you can do that safely and effectively. Plan ahead. Put into action the safety tips and movement techniques that will promote the best outcomes.

CMS' Expectations

A hospice must maintain a quality assessment and performance improvement (QAPI) program that involves all services, including hospice aides. This program, among other things, will take actions to demonstrate improvement in hospice care and palliative outcomes.



CASE STUDY

Mary is a hospice aide assigned to provide personal care to Mrs. Nichols, a 68-year-old woman with lung cancer. Over the last year, Mrs. Nichols has become weak, making it difficult for her to walk or perform activities of daily living on her own. Although a physical therapist trained Mrs. Nichols to use a cane, she has been using a wheelchair with her husband's assistance. Mrs. Nichols' husband is 74 years old and is supportive.

Mary arrives at Mrs. Nichols' home to find her feeling frustrated with her current situation. She has not been able to take a shower or a full bath since leaving the hospital three days ago and she is anxious about her personal care. Mary reviews the assignment sheet and sees that she is to assist Mrs. Nichols with a shower, transferring her to a shower chair. She is also to assist with personal care and dressing.

Mr. Nichols has obtained a shower chair and has placed it in the bathroom.

Mary checks the room, removing the throw rug and making room for the wheelchair. She positions the shower chair firmly in the shower stall on top of a rubber bath mat.

Mary wheels Mrs. Nichols into the bathroom, as close to the shower as possible. She positions the wheelchair so that she can transfer Mrs. Nichols' left side toward the shower chair first. Mary locks the wheelchair and prepares Mrs. Nichols, talking her through the process of transferring before beginning.

Mrs. Nichols is able to assist with the transfer, although she leans heavily on Mary. Once she is standing, Mary has Mrs. Nichols pause for a few seconds to be sure that she's not dizzy or feeling faint. Then Mary helps her pivot onto the shower chair.

After the shower, Mary assists Mrs. Nichols to dry herself and to put on a robe before transferring back to the wheelchair. They return to the bedroom to finish dressing.

Before she leaves, Mary talks with both Mr. and Mrs. Nichols about the throw rugs she sees in the house and points out that the house will be safer without the rugs. She knows that the nurse has already taught these same things. Mr. and Mrs. Nichols say that they will remove the rugs that same day.

THINK ABOUT IT

1. Why did Mary transfer Mrs. Nichols toward her left side?
2. What else should Mary have done regarding the issue of the loose rugs?
3. What actions did Mary take throughout the visit to promote safety?
4. How can Mary help Mrs. Nichols become more and more independent over the next few weeks?
5. Is there anything Mary should report to the nurse?