Name
Don Goddard

Organization
US Army Center for Health Promotion and Prevention Medicine

Email
donald.goddard@apg.amedd.army.mil

Address
Bldg E-1570, Ergo Prgm, 5158 Blackhawk Road Aberdeen Proving Ground, MD 21015 USA

Comments
The following are my comments.

Interface design.
- Good contrast of text and background enhance readability
- Good font size
- Good use of pictures
- Improvement opportunity. The right and left navigation arrows would probably be better placed side-by-side on the lower right hand side of the screen to reduce mouse excursions across the length of the screen if one wants to back to a previous slide
- Especially if you are not going to include the whole patient transfer algorithm, it might be nice to add a new button for those frames that address the algorithm that can be clicked to bring up the algorithm in a separate popup window. (I understand why you might not have taught the algorithms as that was not listed as one of the learning objectives.)

Slide: "What Makes Patients Risky?"
You can't predict what will happen while you're taking care of the patient.
- does not maintain focus on patient transfer activities
- change to: Patients can make unexpected movements during transfers You never know if a patient can help you or not
- Not true. Most of the time I got a sense of how much assistance a patient could contribute during a transfer
- change to: You can't always depend on patients to assist with transfers

Slide: "Myth or Fact":
Staff in great physical shape are less likely to be injured.
- Good point. Nurses often think that employing a dedicated lifting team is a solution to back injuries. All it does (as you suggested) is transfer the risk to someone else. Also, there are probably some ethical considerations concerning a health care professional knowingly transferring risk to someone else.

Slide: "Classes in body mechanics and lifting techiques keep nurses from getting hurt."
- Good point. However part of the problem is that a lot of lifting training is not properly designed. As a matter of fact, most of these classes should not be called training at all. In order to increase the effectiveness, training should includes practice to learn the appropriate motor skills and include a post-training evaluation that check to make sure that participants can lift in a manner that meets or exceeds specifically defined performance criteria. Most back classes are lectures that address cognitive learning objectives and are doomed for failure from that outset to creating change in motor behavior (lifting technique)
- One of the statements is partially true. Many nurses fail to use proper biomechanics

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while transferring patients. In my experience nurses on rehabilitation units seem to do better than those in other practice environments.

Slide: "Lifting equipment slows me down"
I think the statement "Lifting equipment slows me down" is true from the nurses perspective. If you watch nurses transfer without equipment one of the common faults is that they rush the transfer to get it over with.
They typically exert more because they do not access the patient's ability to provide assistance and they don't give a patient time to provide the assistance they can. (Sick patients are often slower to respond.) So I think the way the nurses approach lifting is very efficient from the time managment perspective but make them incur more injury risk.

Slide: "Can you spot the risk factors"
- The picture in "Can you spot the risk factors" is not unlike most lifting I have seen nurses perform. In spite of the emphasis on the psychosocial aspects of health care in their education programs, most nurses behave as if they are afraid to pull a patient snugly toward their bodies.

Slide: "The amount of weight manually handled by workers...is limited to 50 pounds."
- I don't think this is true of FedEx who so profoundly objected to the Ergonomics Standard
- 50 pounds might be the standard for most other industries but I even doubt if that statement is true

Slide: "Risks of Job Environments"
- In addition to slip, trip and fall there is an additional hazard related to patient handling--managing medical equipment that is attached to patients

Slide: "Patient Handling Technology"
- Could you go over some design features that distinguish good patient handling equipment from bad to assist with purchase decisions?

Slide: "Assessing the Patient (cont.)"
Special patient conditions likely to make transfer or repositioning tasks more challenging:
- probably should mention bariatric conditions. That is a real algorithm killer. I do not have a copy of the algorithms alluded to in the presentation but most bariatric patients require the assistance of more than 2 caregivers to get them rigged into a lifting devise. This is especially true if their physical capacities are severely limited by their medical condition such as is frequently encountered in ICU.
- "presence of tubes"
  -- the problem is wider in scope than tubes. Many times caregivers have to watch out for tubes, lines or wires. And, often they have to maneuver medical equipment such as IV poles at the same time that they are handling the patient. This is especially true when hospitals or nursing homes have very small bathrooms that cannot accommodate the patient, one or two caregivers and the equipment. Many times this compounds injury risk. As a matter of fact it would be a very good idea for the Joint Commission to add this onto their surveys (if it is not already there). It would probably more beneficial than some of the simply cosmetic things they look at.
- Also, even though I have not seen the algorithms I would suspect that there might be opportunity to include more substantive guidelines for patient assessment to include some tips on structuring observations about the patient and the environment to better identify risks such as diminished patient cognition, physical impairment and obstacles in the environment.

Don Goddard, Licensed Physical Therapist Ergonomist
410-436-2736