

NBE National Conference 2021 – ‘Back Together’

Concurrent Sessions 1 & 2

C01 & C07: Exploring Proning and postural issues for both patient and staff

Sharon Rindsland, Moving and Handling Senior Co-Ordinator, East Kent Hospitals and James Smith, Practitioner, Medway Hospital

Learning objectives: Understanding the difficulties of proning and coming up with group solutions. A practical workshop

Abstract: A practical workshop on proning. Looking at three techniques used and identifying problems coming up with solution as a team

Biography – James Smith:

James has been advising in moving and handling for over 22 years and has worked across many areas of Kent. He has held a number of posts within the NHS including senior positions in two acute trusts in the last 12 years as well as specialist charities and Health Care organisations. In his current advisory role he assists the Trust at a strategic and operational level on how to implement the Moving and Handling Policy and advises on strategies to meet specific Trust and departmental needs. James has a clinical background in Physiotherapy and has worked with a number of different patient groups from adults with learning disabilities in the community to blind and visually impaired children. Along with these specialist roles he advised and trained staff in the moving and handling of patients with multiple physical and learning disabilities, often with extremely complex physical conditions and specialist requirements. More recently he is one of the co-founders and director of RQS (Recognising Quality Solutions) an independent moving and handling consultancy providing award winning solutions and product assurance for individuals working within the moving and handling and care industry.

Biography – Sharon Rindsland:

I have over 20 years' experience in manual handling and have worked across many areas of Kent. I have worked in Three acute trusts in the last 20 years in my current role I assist the Trust on how to implement the Moving and Handling Policy and advises on strategies to meet specific Trust and departmental needs
Born in a town called Herne Bay in Kent.
When I was growing up I would constantly hear my mum tell me to stand up straight and watch my

posture. She always said “a good posture is a sign of a confident person. How ironic is that! In later life I end up teaching all about the importance of a good posture and manual handling.

I started work as an HCA in 1997 and went on to qualify as a mammography practitioner in breast screening in 2004

C02: An accurate weight can help save a life

Gillian Taylor, Marsden Weighing Group Ltd

Learning objectives: For clinicians to have an understanding of how The Patient Transfer Scale works and how it can benefit all clinical environments.

Abstract: When time is short and suitable weighing scales not available, an immobile patient's weight is often guessed. Working with the senior leadership team at NHS Lanarkshire, Gillian Taylor was able to bring her idea – a solution to the problem – to life.

This presentation will cover:

- The difficulties in obtaining a weight for an immobile patient and the current solutions available (including weight estimation)
- How Gillian overcame the problem with help from colleagues and the wider team at NHS Lanarkshire
- How the accuracy and convenience of her solution compares to old practices
- The feedback and experiences Gillian has had from taking this invention around the world
- The data which we are collating from various studies currently taking place.
- A demonstration of how the solution works

Biography:

Former NHS Lanarkshire emergency care nurse Gillian Taylor's frustration at not being able to weigh critical patients easily, quickly and accurately manifested itself in a determination to find a solution.

Working at University Hospital Monklands near Glasgow since she was 21, Gillian had seen – and



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overcome – most of the challenges an NHS emergency care nurse is faced with. But it was the issue of weighing patients who were critically ill that she couldn't resolve.

It was here that Gillian came up with the idea for The Patient Transfer Scale. Gillian now spends her time visiting hospitals around the world with Marsden Weighing and educated people on the importance of obtaining an accurate weight using this revolutionary scale

C03 & C09: Should training really help to Managing back pain? A Collaborative approach

Pam Simpson, Director, Work Fit Moving and Handling Solutions Ltd

Learning Objectives:

At the end of this session the participants will

- Challenge their long-held beliefs about back pain
- Question the content of a standard moving and handling session
- have a different view about postural advice
- change their practice going forwards
- Have strategies to work with other professionals to tackle back pain in the work place and beyond

Abstract: This session will challenge some long held beliefs that back pain is a catastrophic life event. It will examine the biopsychosocial model of treating and managing back pain and how this impacts on the treatment and recovery.

The session will look the content traditionally taught in moving and handling sessions about the likelihood, prevalence and prevention of back pain (and other MSDs) and the evidence to support collaborative change. We will discuss the impact of working postures on back pain.

Participants will discuss how they can adapt training content to work with Occupational Health practitioners and rehabilitation Physiotherapists and others to promote health and well being together with keeping people at work and promoting self management.

Biography: Pam's interest is in the design and implementation of work specific moving and handling training strategies. She has 30 years' experience of designing and delivering training courses to the public, private, voluntary and charitable sectors. The emphasis is the evidenced based, person centred approach to complex decision making. Pam carries out many legal reports and works part time as a physiotherapist in clinical practice

C04 & C10: The Hygiene/Access Sling Assessment Tool (HASAT): International consensus approach to promote safe prescription.

Jo Webb, Specialist Occupational Therapist, Rehabilitation for Independence Deborah Harrison, A1 Risk Solutions

Learning objectives:

1. Review current evidence base and good practice guidelines currently being utilised by manufacturers and moving and handling practitioners with specific reference to hygiene slings.
2. Explore professional perceptions of existing tools and guidelines to create an evidence based specific assessment tool for the safe prescription of hygiene slings.
3. Contribute to the evaluation and application of the newly developed assessment tool.

Abstract: Health care professionals frequently assess for and recommend moving and handling equipment. To do this safely, they should be competent and confident (Scottish Manual Handling Passport, 2014) with the ability to problem solve. The safe prescription of an access / hygiene sling to meet an individual's needs should follow an individual risk assessment and should never be issued as a matter of course. This often involves a balance of risk, between risks to the handler, the person being moved, the equipment, the environment and the task or transfer being performed. Patient falls from a hoist and sling are often serious, and frequently occur between bed and toilet (Cohen et al 2010) and highlights difficulties associated with toilet transfers due to the limited support that hygiene slings offer. As a result of this, MHRA and NHS England (2015)



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jointly issued a patient safety warning. There are challenges when selecting the correct sling (Baptiste et al, 2008), Rush (2004) gave examples about the advantages and disadvantages of different sling and hoist types. Equipment suppliers have provided a variety of guidance on the criteria to use the access sling and are often requested by therapists to assist with the assessment process.

This is a collaborative project between the University of Salford and A1 Risk Solutions to review the current evidence base for the assessment and prescription of hygiene slings and the development of a robust assessment tool for clinicians promoting safe, evidence-based practice.

Methods

This study first identified the ratio of hygiene slings provided within the health and social care sector in the U.K. An extensive literature review combined with an online survey tool explored the existing evidence base regarding guidance for sling selection and gathered data on existing tools regularly used within the healthcare sectors by a range of healthcare professionals to assist with risk assessment and hygiene sling selection. Results collated with examples of existing good practice to create a standardized master hygiene sling assessment tool. Stakeholder consultation groups with moving and handling professionals and manufacturers were used to evaluate the new standardized hygiene sling assessment tool to agree a final consensus,

Results/ Conclusions

The development of a robust master assessment tool and guidance for the assessment of the suitability of an hygiene / access sling. The final HASAT tool will be presented and the latter part of the session will consist of practical group work using the HASAT with a range of scenarios to inform application and promote evaluation.

Biography - Jo Webb:

Jo is a Senior Lecturer in the Discipline of Occupational Therapy in The School of Health Sciences at the University of Salford. Jo has significant experience in physical disability with specialisms in orthopaedics, rheumatology, splinting, continence, moving and handling and community rehabilitation. Research interests are focussed around safe moving and handling to avoid pressure injury,

postural management, emotional intelligence and rheumatology. She is a member of the National Wound Care Strategy Programme Pressure Ulcer Workstream, on the editorial board of Wounds UK and has protected IP for an innovation in hoistable clothing Klip2Lift, currently with a sole licence to manufacture with Osprey Sling Company.

Biography - Deborah Harrison

Deborah is the Managing Director of A1 Risk Solutions®. Deborah has an extensive experience and knowledge in the specialist fields of moving and handling across health, social care and education sectors. Passionate about developing an evidence base around moving and handling and the education of others.

Initially qualified as a nurse, Deborah has studied Manual Handling, Vocational Rehabilitation and Ergonomics. Deborah has recently been working with the International Standards Committee specifically for hoists and slings.

C05 & C11: Using the BMAT risk assessment tool to reduce the time taken to first mobilisation

Mike Fray, Loughborough University LU and Drayton O'Connor, Manchester University NHS Trust

Learning objectives:

1. Get a better understanding of the BMAT process
2. Understand the process of implementation of a new RA method
3. Explore some of the negative effects
4. Gain some knowledge about measuring outcomes in intervention trials
5. To consider clinical outcomes to prove the benefits of SPHM interventions

Abstract:

Introduction.

The organisational structure of the acute health care services in the North West of England is a frequently changing picture. There have been numerous mergers/acquisitions which add to the challenges of the PHA's in these organisations.

This study takes place in a large acute city hospital Trust which has grown significantly over the past 5 years. This growth encouraged the PHA to review the methods for the risk assessment process. This study reports the process and effects



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of implementing the BMAT risk assessment process in two ward areas. The aim of this project was to explore if supporting the implementation of a simple easy to follow mobility tool (BMAT) would reduce the time taken to first mobilise patients in a ward setting.

Methods.

a) Intervention. Two wards were selected to partake in the trial, ethical approval and support from the management structures was agreed before the trial commenced.

An equivalent intervention was delivered in the two areas. The equipment required to standardise the mobilisation of the patient group was provided in both wards. Training in the use of the equipment was delivered by the equipment providers in both wards. The risk assessment documentation was agreed for both wards in paper form. Training and support for the BMAT process was delivered to all staff on both wards. Support and coaching were given for an extended period after implementation to assist with the transition to BMAT.

b) Data Collection. 25 cases were selected from each ward where some mobility assistance was required (BMAT 2 and 3). The patient records were reviewed as a live document and historically to collect the specific time related actions; how and when they were admitted, condition/diagnosis, how and when first mobilised and when they became fit for discharge.

Results.

The study showed varied and interesting results. One of the wards supported very closely by a high-volume physiotherapy team could not successfully implement the BMAT tool across all staff. The second ward fully came on board with the tool and the process. In this ward there was a reduction in the time to conduct the assessment and a reduction in the time to first mobility.

Hours	Time to Assessment	Time to first Mobility
Pre intervention	6.3	67.9
Post intervention	4.6	16.3
T Test Sig. (P=)	0.4894	0.00036

The mechanics and the results of this study will be presented in detail.

Biography: Dr Mike Fray is a Senior Lecturer in Loughborough Design School in ergonomics and human factors. He created the world leading postgraduate programme (MSc) for patient handling practitioners. His research explores the physical, medical and organisational effects of care delivery and the application of EHF to improve the equipment, methods, environments and outcomes of patient handling.

Biography: Drayton O'Connor is the Patient Handling Advisor at the University of Manchester Hospitals NHS Foundation Trust. The role currently trust has a growing number of sites, staff and patient beds. Drayton completed his MSc in Back care management several years ago and is an active member of the Loughborough Alumni group

C08: Prone Positioning – reducing caregiver injury and improving patient safety

Mary Muir, National Clinical Consultancy Manager; Simon Saulis, Senior Product Sales Manager; Claire Hinks, Clinical Consultancy Patient Handling Lead; Mark Pinder, Clinical Lead, Patient Lead BSc (Hons) Physiotherapy

Abstract: Prone position is most commonly used today in intensive care units (ICU) for patients with moderate to severe acute respiratory distress syndrome (ARDS)¹⁻³, a life-threatening form of respiratory failure characterised by inflammatory pulmonary oedema resulting in severe hypoxemia.⁴

Improving oxygenation and reducing mortality are two of the key reasons to implement prone positioning in patients with ARDS.⁵ Lengthy prone positioning are associated with an increased frequency of patient pressure ulcer development⁶ and potentially caregiver injury. Frequent manual prone positioning places significant demands on critical care staff, increasing fatigue and risk of injury. As the obesity epidemic progresses, healthcare workers will be required to prone heavier patients more frequently, putting them at higher risk for musculoskeletal injury.

This workshop will demonstrate how the use of assistive technology can help reduce the number of caregivers required and the effort needed, whilst supporting patient safety.



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Biography - Mary Muir

Mary had 34 years' experience of working in a variety of healthcare settings as a nurse, manager and back care advisor. Mary joined Arjo in 2004 and has worked as a clinical specialist, sales, contract and marketing manager, before taking up her current position of national clinical consultancy manager. Mary has presented at international and national conferences and published on the management of plus size people and early mobilisation.

Biography - Simon Saulis

Simon joined Arjo in 1992 and has held various roles throughout his career including sales and project management and has been the lead for our clinical consulting services. He has a wealth of experience within the healthcare environment focused on patient handling, hygiene and disinfection, with the objective of providing solutions, which support a care facility to achieve positive clinical, operational and financial outcomes.

Biography - Claire Hinks

Claire has an MSc in Healthcare Manual Handling Management, qualified physiotherapy instructor, and level 3 coaching qualification. Claire previously worked as a patient handling practitioner for a NHS acute care Trust, before joining the Arjo clinical consultancy team in 2018

Biography - Mark Pinder

Mark has over 14 years' experience working with complex neurological disorders in community and acute care setting. Mark has worked for Arjo for 13 years and has experience of training provision and delivery on medical beds, therapeutic surfaces and a recent clinical focus on patient handling within specialist areas.

