

Supplementary Material

In Australian hospitals and residential aged care facilities, how do we train nursing and direct care staff to assist patients and residents to move? A national survey

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Risk Assessment for moving Individuals Safely (RAISE)

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Please complete the survey below.

Thank you!

Introduction

The following survey is being conducted by Dr Natasha Brusco of the Rehabilitation, Ageing and Independent Living (RAIL) Research Centre at Monash University.

In this survey, "manual handling" refers to staff helping a patient / resident to move (e.g. get out of bed or walk). It is acknowledged that hospital and aged care staff are required to do other forms of manual handling, such as moving equipment and supplies, however, this form of manual handling is not a part of this survey.

At the end of the survey, you will be invited to join a free "community of practice". This means you will join a mailing list which will facilitate organisations to come together to focus on manual handling challenges, receive updates on current manual handling university research, and receive free comprehensive manual handling resources on how to provide "in the moment" risk assessment manual handling training.

This survey will take about 15-20 minutes to complete and has 5 sections.

- 1) Do you give consent to participate in the survey?
- ☐ Yes
☐ No

Details about your organisation

- 2) Select all that apply to you:
- ☐ Residential aged care facility - general care
☐ Residential aged care facility - specialist care (e.g. mental health / Aboriginal and Torres Strait Islander people)
☐ Hospital - acute care
☐ Hospital - rehabilitation care
☐ Hospital - mental health care
- 3) Select all that apply to you:
- ☐ Public funding
☐ Private funding
- 4) How many beds in your organisation?
- ☐ 0-30 beds
☐ 31-90 beds
☐ 91-150 beds
☐ 151-300 beds
☐ 300+ beds

- 5) Location of your organisation:
- ☐ State - New South Wales
☐ State - Queensland ☐ State - South Australia ☐ State - Tasmania
☐ State - Victoria ☐ State - Western Australia ☐ Internal Territories - Australian Capital Territory ☐ Internal Territories - Jervis Bay Territory ☐ Internal Territories - Northern Territory ☐ External Territories - Ashmore and Cartier Islands
☐ External Territories - Australian Antarctic Territory ☐ External Territories - Christmas Island ☐ External Territories - Cocos (Keeling) Islands ☐ External Territories - Coral Sea Islands ☐ External Territories - Heard Island ☐ External Territories - McDonald Islands ☐ External Territories - Norfolk Island
-
- 6) Are staff injuries, which occur while helping patients / residents to move, a problem at your organisation?
- ☐ Not a problem
☐ A bit of a problem
☐ A lot of a problem
☐ A significant problem
-
- 7) Are patient / resident falls, which occur while staff are helping patients / residents to move, a problem at your organisation?
- ☐ Not a problem
☐ A bit of a problem
☐ A lot of a problem
☐ A significant problem
-
- 8) Is patient / resident inactivity (e.g. too much time sitting and lying in bed), a problem at your organisation?
- ☐ Not a problem
☐ A bit of a problem
☐ A lot of a problem
☐ A significant problem

Section 1: Training staff in patient / resident manual handling (that is, helping people to move)

- 9) Do you provide your staff with training on how to move patients / residents (i.e. manual handling training)?
- ☐ Yes
☐ No
-
- 10) Right now, in 2022, what does your "staff training on how to help move patients / residents" include?
- Tick all answers which apply to you.
- ☐ We do not provide training
☐ We have training when staff join our organisation
☐ We have training each year (annual refresher)
☐ Training includes a face to face component
☐ Training includes an online component
☐ We have a competency assessment
☐ We have "Just in time" trainers (staff who can come and help teach other staff at the bedside)
☐ We have "clinical champions" (staff who provide training and can be approached for advice)

- 11) The COVID-19 pandemic began in early 2020 and had affected many areas of healthcare.

We want to understand if the COVID-19 pandemic has affected the training staff receive on how to help patients / residents move (manual handling).

Compared to before the COVID-19 pandemic, since the start of the COVID-19 pandemic, the current staff training for manual handling is:

Tick all answers which apply to you.

- ☐ shorter in duration
- ☐ longer in duration
- ☐ more frequently offered to staff
- ☐ less frequently offered to staff
- ☐ more / all online
- ☐ more / all face to face
- ☐ HAS a competency assessment
- ☐ DOES NOT HAVE a competency assessment
- ☐ the SAME as the training received prior to the COVID-19 pandemic
- ☐ There is currently limited manual handling training
- ☐ There is currently no manual handling training

Section 2: Your organisation's approach to patient / resident manual handling (helping people to move)

- 12) Please estimate the total number of staff in your organisation who would help move patients / residents for their physical care / mobility (manual handling)

- 13) Which staff are involved in helping patient / resident to move (manual handling)?

Tick all answers which apply to you.

- ☐ Registered Nurse
- ☐ Enrolled Nurse
- ☐ Personal Care Attendant
- ☐ Physiotherapist
- ☐ Occupational Therapist
- ☐ Allied Health Assistant
- ☐ Volunteers
- ☐ Medical

- 14) Any other staff?

- 15) Which staff document the patients / residents mobility status (e.g. needs a walking stick and support from one person to walk 10m)?

This could be in the medical file, on a poster next to the bed, etc.

Tick all answers which apply to you.

- ☐ Registered Nurse
- ☐ Enrolled Nurse
- ☐ Personal Care Attendant
- ☐ Physiotherapist
- ☐ Occupational Therapist
- ☐ Allied Health Assistant
- ☐ Volunteers
- ☐ Medical

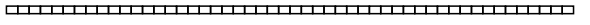
- 16) Any other staff?

- 17) How often is a patients / residents mobility status reviewed?

- ☐ Monthly
- ☐ Weekly
- ☐ Daily
- ☐ Each shift
- ☐ As required
- ☐ Not routinely reviewed

- 18) How many of your staff are trained to provide manual handling training to other staff members?


E.g. 2 nurses, 1 physio and 2 OH&S officer = 5

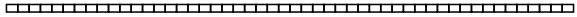
- 19) Does your organisation have a monitoring system to track how many staff have completed their manual handling training? ☐ Yes ☐ No
-
- 20) In addition to the training, does your organisation offer "just in time" training and coaching at the bedside for when manual handling guidance is required? ☐ Yes ☐ No
- E.g. There is a difficult patient transfer so the nursing staff call on the trainer to come and provide support / education at the bedside
-
- 21) Have you ever completed an evaluation of your patient / resident manual handling program? ☐ Yes ☐ No
-
- 22) How well does the manual handling program teach staff how to prevent staff musculoskeletal injuries? ☐ Does not teach staff ☐ Somewhat teaches staff ☐ Teaches staff really well
- 


 (Place a mark on the scale above)
-
- 23) Could the training be modified / improved to better teach staff how to prevent staff musculoskeletal injuries? ☐ Yes ☐ No ☐ Maybe
-
- 24) If yes, what would this change be?
If no, why not? _____
-
- 25) What is the biggest barrier to moving patients / residents safely?
Tick all answers which apply to you.
- ☐ Lack of manual handling training on job commencement (knowledge and skills)
 - ☐ Lack of manual handling training each year (annual refresher; knowledge and skills)
 - ☐ Lack of manual handling training follow up in the clinical setting (knowledge and skills)
 - ☐ Reduced staff skills specific to "in the moment" risk-assessment (also known as a dynamic assessment) of the patient / residents ability to participate in the movement
 - ☐ Reduced staff confidence specific to "in the moment" risk-assessment (also known as a dynamic assessment) of the Patient / residents ability to participate in the movement
 - ☐ Lack of adequate lifting equipment
 - ☐ Inadequate space in the patients / residents room
 - ☐ Physical barriers (e.g ward layout)
 - ☐ Not enough staff
 - ☐ Not enough time
 - ☐ Not enough staff highly trained in manual handling
 - ☐ Lack of staff engagement
 - ☐ Poor organisational / unit culture
 - ☐ Lack of manual handling policy / procedures
 - ☐ Focus on the patient / resident incapacity, not their capacity
-
- 26) Are there other barriers?
How would you address these barriers? _____

Section 3: Patient / resident experience

Research states that "Maintaining a good level of patient mobility and independence is an essential part of care delivery and can reduce the risk of long-term physical and psychological effects" (Warren, 2016)

- 27) When staff help patients / residents move, do they move to the best of their ability (i.e. the patient / residents does as much of the movement as possible)?
- Never Sometimes Always
- 

 (Place a mark on the scale above)
-
- 28) Does the patient / resident get a say in how they move (i.e. report how they are feeling and how much of the movement they can do by themselves)?
- Never Sometimes Always
- 

 (Place a mark on the scale above)
-
- 29) Could the current manual handling practices be modified / improved to give patients / residents a greater say in how they move?
- ☐ Yes ☐ No
-
- 30) If yes, what would the modification / improvement be?
- If no, why not? _____
-
- 31) How well does the manual handling program teach staff how to prevent patient / resident falls?
- Does not teach staff Somewhat teaches staff Teaches staff really well
- 

 (Place a mark on the scale above)
-
- 32) Do you think that the current manual handling practices could be modified / improved to further prevent patient / resident falls?
- ☐ Yes ☐ No
-
- 33) If yes, what would the modification / improvement be?
- If no, why not? _____
-
- 34) Do you agree with the following statement: "Maintaining a good level of patient mobility and independence is an essential part of care delivery and can reduce the risk of long-term physical and psychological effects."?
- ☐ Yes ☐ No ☐ Maybe

Section 4: Dynamic "in the moment" risk assessment

Dynamic "in the moment" risk assessment, for patient / resident manual handling, is where staff continually assess the risk before, during and after a patient / resident movement interaction.

- 35) How do staff know how much support to provide the patient / resident when assisting movement?

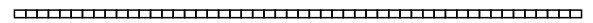
Tick all answers which apply to you.

- ☐ Documented in the patient / resident MEDICAL HISTORY
- ☐ Documented in the patient / resident ROOM (e.g. poster on the wall, note above the bed)
- ☐ Staff complete a dynamic "in the moment" risk assessment while assisting the patient / resident
- ☐ Verbal handover from one staff member to the next
- ☐ The patient / resident will inform the member of staff

- 36) How well does the current patient / resident manual handling program teach staff to complete a dynamic "in the moment" risk assessment of:

The manual handling task (e.g. the transfer)?

Does not teach staff Some-what teaches staff Teaches staff really well

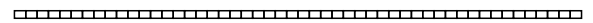


(Place a mark on the scale above)

- 37) How well does the current patient / resident manual handling program teach staff to complete a dynamic "in the moment" risk assessment of:

The capability and limitations of the patient / resident?

Does not teach staff Some-what teaches staff Teaches staff really well

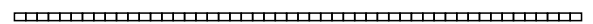


(Place a mark on the scale above)

- 38) How well does the current patient / resident manual handling program teach staff to complete a dynamic "in the moment" risk assessment of:

The capability and limitations of themselves (and other staff involved)?

Does not teach staff Some-what teaches staff Teaches staff really well

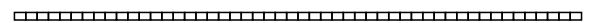


(Place a mark on the scale above)

- 39) How well does the current patient / resident manual handling program teach staff to complete a dynamic "in the moment" risk assessment of:

The load of the patient / resident and any equipment being used?

Does not teach staff Some-what teaches staff Teaches staff really well

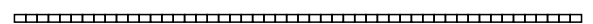


(Place a mark on the scale above)

- 40) How well does the current patient / resident manual handling program teach staff to complete a dynamic "in the moment" risk assessment of:

The environment?

Does not teach staff Some-what teaches staff Teaches staff really well



(Place a mark on the scale above)

- 41) Is dynamic "in the moment" risk assessment manual handling training a gap in your current staff manual handling program?

- ☐ It is a gap ☐ It is a bit of a gap
- ☐ There is no gap at all

- 42) Do you think that upskilling staff in dynamic "in the moment" risk assessment manual handling training can:
- Tick all answers which apply to you.
- ☐ Prevent staff musculoskeletal injuries,
☐ Prevent patient / resident falls, and
☐ Enable the patient / resident to participate in movement, to the best of their ability
-
- 43) If you were provided with FREE evidenced-based resources from Monash University on how to provide dynamic "in the moment" risk assessment manual handling training for staff:
- Tick all answers which apply to you.
- ☐ I would be likely to review these resources
☐ I would be likely to use these resources to train staff in my organisation
☐ I would not review / use these resources

NOTE: The following questions in Section 5 will be separated from your previous responses, to ensure your previous responses remain anonymous.

Section 5: Future direction

Monash University is currently researching a program called Risk Assessment for moving Individuals Safely (RAISE).

Early RAISE research has shown that:

- "A dynamic manual handling risk assessment program for safely transferring and moving patients balances staff safety with the patient's need for physical rehabilitation.
- Nurses can be taught risk assessment skills to better identify factors associated with risk to themselves and their patients that can be translated to clinical practice.
- Thorough risk assessment at the point of the nurse-patient interaction can enable a patient to move at their highest level of function thus providing patients with opportunities to progress their rehabilitation at every interaction."

Based on this research, we are currently setting up a free "community of practice" where we are asking organisations if they would like to join the community of practice mailing list.

The no-fee "community of practice" will enable organisations to receive free comprehensive resources on how to provide "in the moment" risk assessment manual handling training for staff (being developed by the research team through the RAISE project), receive free newsletters with updates relating to patient / resident manual handling, as well as the opportunity to come together in free forums to discuss the latest evidence in patient/resident manual handling programs. You can join the "community of practice" knowing you can opt out at any stage.

- 44) Would you like to join our free community of practice (noting that you can unsubscribe at any time)?
- ☐ Yes
☐ No
-
- 45) If so, please provide your:

Name _____

46) If so, please provide your:

Organisation Name

47) If so, please provide your:

Email address

48) Select all that apply to you:

- ☐ Residential aged care facility - general care
 - ☐ Residential aged care facility - specialist care (e.g. mental health / Aboriginal and Torres Strait Islander people)
 - ☐ Hospital - acute care
 - ☐ Hospital - rehabilitation care
 - ☐ Hospital - mental health care
-

49) Select all that apply to you:

- ☐ Public funding
 - ☐ Private funding
-

50) How many beds in your organisation?

- ☐ 0-30 beds
 - ☐ 31-90 beds
 - ☐ 91-150 beds
 - ☐ 151-300 beds
 - ☐ 300+ beds
-

51) Location of your organisation:

- ☐ State - New South Wales
- ☐ State - Queensland
- ☐ State - South Australia
- ☐ State - Tasmania
- ☐ State - Victoria
- ☐ State - Western Australia
- ☐ Internal Territories - Australian Capital Territory
- ☐ Internal Territories - Jervis Bay Territory
- ☐ Internal Territories - Northern Territory
- ☐ External Territories - Ashmore and Cartier Islands
- ☐ External Territories - Australian Antarctic Territory
- ☐ External Territories - Christmas Island
- ☐ External Territories - Cocos (Keeling) Islands
- ☐ External Territories - Coral Sea Islands
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- ☐ External Territories - McDonald Islands
- ☐ External Territories - Norfolk Island