



Observing Transfers to Ensure Success

After a Safe Patient Handling and Mobility (SPHM) program is implemented, an organization still may run the risk of continued transfer injuries unless a formalized transfer review process is in place. The United Heartland Loss Control team is experienced in working with organizations to create transfer observation systems. If one already exists, our experts can assess its strengths and recommend areas for improvement.

Why Transfer Observations Matter

The benefits of performing regular transfer observations include:

- Reducing injuries to both employees and patients.
- Verifying that information presented during training sessions is being put into practice.

Key elements of a transfer observation system should include:

- **Written Procedure** – Describes the transfer observation system.
- **Objective Transfer Criteria** – Verifies that objective criteria were used to understand the patient’s ability to stand and ambulate.
- **Transfer Method** – Ensures employees are following the transfer method documented on the patient’s plan of care.
- **Schedule** – Transfer observations should be performed on a routine basis.
- **Forms** – Ensures consistency among supervisors performing the observations by using a standardized checklist.

Let Us Help You

Contact your dedicated United Heartland Loss Control representative to learn more about how we can make your program more effective and reduce injuries.

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Please check “Y” for “yes” and “N” for “no” to all questions. Each “no” represents an exposure to a potential injury. Comments may be used to describe an alternate strategy or plan of action.

1. Policy and Procedure	Y	N	Comments
a. Is there a documented transfer policy?			
b. Is a walking/gait belt required for all transfers unless contraindicated?			
c. Is staff trained in all related policies/procedures before being allowed to transfer a client?			
d. Is the correct mode of transfer expected to be reflected in the care plan?			
e. Is the staff held accountable to check the care plan daily?			
f. Is the staff permitted to upgrade the mode of transfer without consent from a supervisor?			
g. Are daily changes in a client’s transfer status communicated to each shift adequately?			
2. Assessment	Y	N	Comments
a. Is the mode of transfer assessed by a qualified individual?			
b. Are there established guidelines for selecting the correct mode of transfer?			
c. When changes are noted in a client’s status, is staff having direct contact with the client required to report these changes to supervisors?			
d. If there is a change in transfer status, will the client be reassessed by qualified staff in 1-2 days?			
3. Equipment	Y	N	Comments
a. Does staff wear gait belts as part of the required uniform?			
b. Is there an adequate number of full mechanical lifts that reach the floor and sit/stand type of lifts?			
c. Is the appropriate equipment available where and when it is needed?			
d. Is all equipment clean and in good condition?			
e. Is the equipment on a monthly maintenance plan? Is the maintenance documented?			
f. Does staff complete a visual inspection prior to using the lift?			
g. Is staff trained on every piece of equipment prior using it for the first time?			
4. Training	Y	N	Comments
a. Are consistent methods of transfers taught by all instructors?			
b. Does training include instruction on dealing with resistive/combative behavior?			
c. Is staff trained in proper transfer techniques prior to being left alone with clients?			
d. Is a checklist utilized to verify competency?			
e. Are persons that verify competency qualified and comfortable with this task?			
f. Is refresher training available within a short period for those who demonstrate a need for it?			
g. Is staff retrained on an annual basis?			
5. Supervision	Y	N	Comments
a. Are supervisors trained in transfer policies and techniques?			
b. Are supervisors trained in use of equipment?			
c. Do supervisors perform regularly scheduled observation and documentation on employees’ transfer skills?			
d. Do supervisors enforce all policies and procedures?			
e. Are supervisors held accountable for safety in their departments?			
6. Culture	Y	N	Comments
a. Is safety built into each job description?			
b. Is staff required to report witnessed unsafe acts?			
c. Do employees expect to be free from injury to themselves and the client?			

