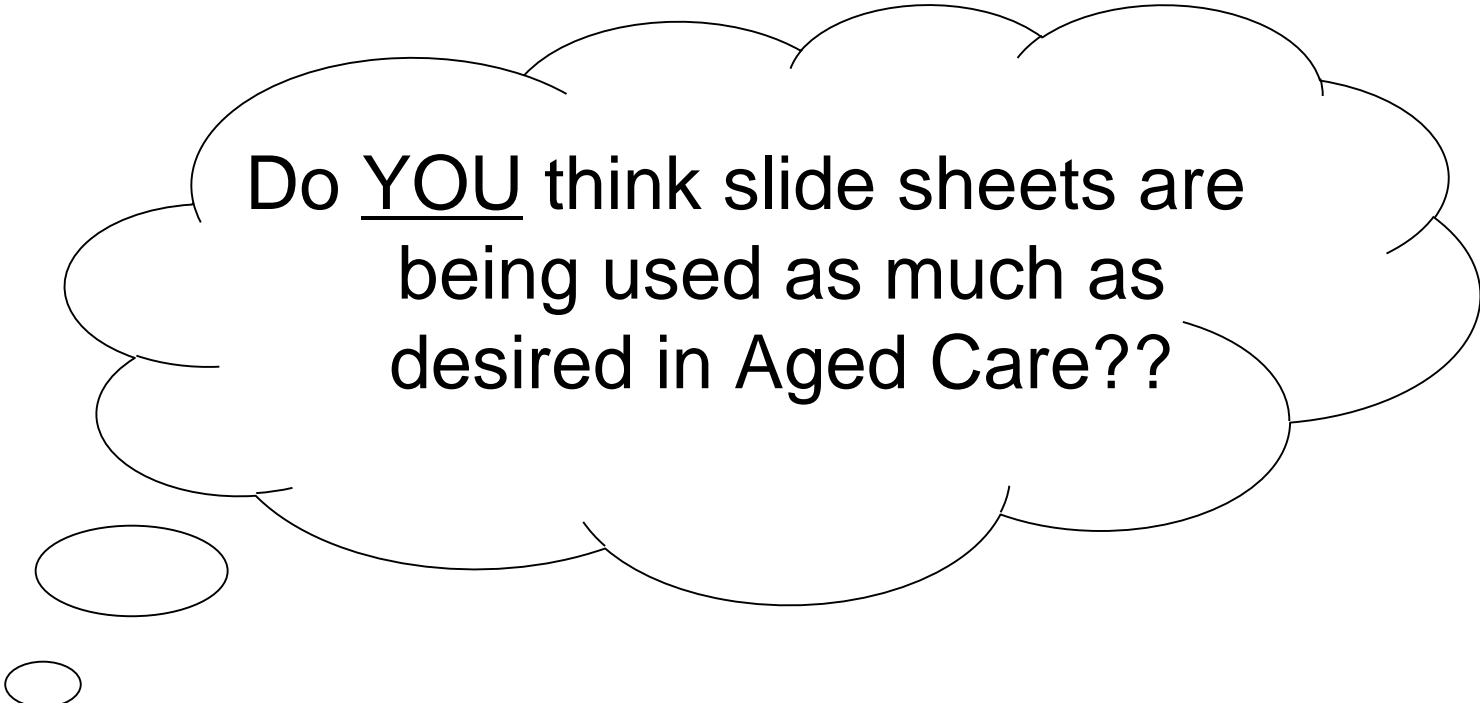


Slide sheet use in
Aged Care:
A Pilot Study
Are they used?
What are the barriers?

Lani Helbig,
Dr Marie-Louise Bird and
Dr Brigit Stratton



A large, irregular thought bubble with a smaller bubble at the bottom left, containing the text.

Do YOU think slide sheets are
being used as much as
desired in Aged Care??

What we know about slide sheets

On the worker:

- Reduce the risk of musculoskeletal injury by reducing friction thus the forces required ¹
- Minimal lift approach

On the person being moved:

- Reduce the risk of skin tears ²
- Comfort during lateral transfers ³

1. Robertson, H. (1997).
2. Stephen-Haynes, J. (2012).
3. Kjellberg, K et al (2002)

What was noted regarding slide sheet skills and usage

- Poor retention of skills noted by trainer during annual training sessions
- Poor skills observed when working on the floor with carers
- Slide sheets not present in the room where they should be used daily
- Skin tears and pressure areas sacrum and heels
- Draw sheet up the head end of the bed

Aim:

In a residential aged care facility setting:

- Identify RATES OF USE of slide sheets relative to the care plan directive
- Investigate the reasons WHY slide sheets are not being used when directed
- Establish strategies to increase their use



Design

- Ethics approval
- Consent from 3 RACF's in Northern Tasmania
- Survey – voluntary and anonymous participation
- Set questions and open ended questions
- Ideally filled out at the end of a shift (? But may have been completed based on a 'typical' shift)
- Assumed that carers know care plan recommendations re slide sheet use, and are accurate at describing their practices

Results

Reported Slide sheet use

Used as recommended (Care plan directive = number of times used)	20 (49%)
Not used as recommended (Difference between care plan directive and number of times used)	14 (34%)
Not specified	6 (15%)
More than recommended	1
TOTAL	41

No of recommended slide sheet transfers	No of times slide sheets were ACTUALLY used	Responses Total = 41	Difference (Using median)	Total instances of not being used
>15	8-10	1	6 times	6
>15	5-7	1	9 times	9
>15	3-5	2	11 times	22
10-15	8-10	2	3 times	6
10-15	3-5	1	8 times	8
8-10	3-5	4	5 times	20
5-7	1-2	1	5 times	5
3-5	1-2	2	3 times	6
				82

Results

Good knowledge of WHY to use slide sheets

Reasons given for NOT using a slide sheet:

- Not accessible (4/14 responses or 28%)
- Soiled (2/14 or 15%)
- Time pressures (2/14 or 14%)
- Co-worker insisted on NOT using slide sheet (5/14 or 36%) = ? *bullying*
- Not required or some residents “did not need repositioning” or were “able to move independently” (11/14 or 78%)



Negative feedback re slide sheets

- Size (too big and too small)
- Quality (poor)
- Time constraints



Comments that actually show poor knowledge and / or problem solving ability regarding slide sheet use:

“It is not suitable for residents that are obese and rigid. The slide sheet will slip straight out and the whole process will take several attempts”

“Very rigid residents hard to get into position satisfactorily – also frightened residents who cling to staff”

Strategies suggested

Education / Mentoring

- “Some staff need more education on the correct use of slide sheets. Physio [trainer] will practice on a staff member where it should be done on a resident that is a problem for us.”
- “Mandatory bimonthly training for manual handling – it is a great skill to learn but does require good training and practice”



Discussion

Education

?? How best to go about this?

Theory knowledge of WHY is good, but practical skills and use in more difficult residents is lacking

Applying a hoist sling using a slide sheet without needing to roll the resident

This technique is being taught in manual handling training sessions. This is a photo sequence to help remind you of how to do it!



Fold slide sheet in half.

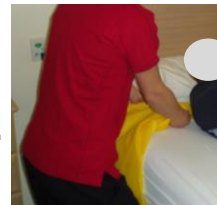
Opening should be at the resident's head end.

Fold the slide sheet using large 4 -6 inch folds from the folded end up towards the top end. Keep the bulky folded section towards the bed away from you.



Slide this section behind the resident between pillow and their shoulders. Bulky section underneath.

Working together at the same time, hold the top of the slide sheet with one hand, and gradually unfurl the folded section. You may need to press into the bed to create a hollow as you go. Have a



Other strategies that were suggested:

- Rules
- Visibility – “institution” vs home presentation brings limitations / challenges



PATIENT TRANSFER SUMMARY TABLE (refer to p. 10)

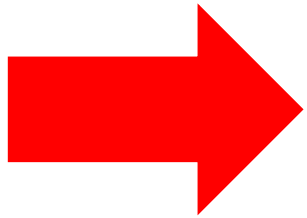
Name of patient: _____
Special needs/characteristics of patient: _____

TRANSFER	DATE	TRANSFER CODE	REDUCED RISK: PREFERRED METHODS
1 Move up/down the bed	/ /		Overhead bar ABLE TO ASSIST A One slide sheet Electrically operated bed rest ABLE TO ASSIST E Bedrest
2 Sit up/down	/ /		Roll A
3 Roll	/ /		ABLE TO ASSIST A Roll using patient's body mechanics ABLE TO ASSIST E
4 Transfer in/out of bed	/ /		Slide sheets A
5 Sit up/stand at bed	/ /		Bed stick ABLE TO ASSIST A Patient positions ABLE TO ASSIST E
6 Move from bed to chair	/ /		Patient transfers self or uses aid Overhead tracking sling Electric standing hoist
7 Move from chair to bed	/ /		ABLE TO ASSIST A Patient transfers self or uses aid Overhead tracking sling Electric standing hoist
8 Transfer from chair to bed	/ /		ABLE TO ASSIST A Patient transfers self or uses aid Overhead tracking sling Electric standing hoist
9 Chair to chair or toilet	/ /		ABLE TO ASSIST A Patient transfers self or uses aid Overhead tracking sling Electric standing hoist
10 Move person off floor	/ /		ABLE TO ASSIST A Patient transfers self or uses aid Overhead tracking sling Electric standing hoist
11 Get in/trolley	/ /		ABLE TO ASSIST A Patient transfers self or uses aid Overhead tracking sling Electric standing hoist
12 Reluct of bath	/ /		ABLE TO ASSIST A Patient transfers self or uses aid Overhead tracking sling Electric standing hoist

Legend: A = Able to assist with reduced risk; B = Able to assist with reduced risk; C = Able to assist with reduced risk; D = Able to assist with reduced risk; E = Able to assist with reduced risk

Discussion

- Education / Training
- Mentor / Champion
- Workplace culture
- Part of risk management approach



“Change attitudes / mindsets”
= BEHAVIOR CHANGE

Take home messages

- Sizing, quality, visibility, accessibility, time pressures
- Negative influence of other carers
- Role of training / education
- Problem solving of more difficult residents
- Is pressure care happening as often as recommended?

Further avenues to explore

- ? “Smart slide sheets” as incentive for behaviour change
- ? Use of IT technology in training / simulators

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