



## Pre-Assessment Requirements

This ASPHE Validation Form provides a structured format for facilities to describe their Safe Patient Handling (SPH) program. Please read and follow all instructions carefully. Failure to provide the requested components in the specified format may result in delays.

For questions during this process, [info@asphe.org](mailto:info@asphe.org)

The aim of this assessment is to **VALIDATE** your SPH program, ensuring that it aligns with the documented policies and procedures. Prior to scheduling an on-site visit, it is essential that the following components are established and documented through the application process. Certain items must be submitted in advance, while others will be evaluated during the on-site visit.

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### ASPHE Minimum Requirements

#### 1. SPH Program Longevity and Injury Reduction

- The SPH program must have been in place for a minimum of three (3) years.
- The facility must document at least a **60% reduction** in patient handling injuries compared to pre-implementation data.
- In addition, at least one of the following criteria must be met:
  - **50% reduction** in workers' compensation costs related to patient handling injuries (Total Incurred Costs).
  - **50% reduction** in lost workdays related to patient handling injuries.
  - **50% reduction** in modified duty or restricted duty days related to patient handling injuries.

#### 2. Active Interdisciplinary SPH Committee

- The facility must have an interdisciplinary SPH committee that has been active for a minimum of three (3) years.
- The committee must provide:
  - Meeting minutes demonstrating at least monthly discussions or updates.

- Documentation of After-Action Reviews and continuous improvements over the past two (2) years.
- Evidence of integration with Falls Prevention, Early Mobility, and/or Biomedical teams where applicable.
- An **active** committee is defined as one that meets regularly (at least quarterly), has documented initiatives, and actively contributes to program improvements.
- The facility should have an individual responsible for administering the SPH program that are Certified Professional in the area of Patient Handling, Ergonomics, Safety, Physical/Occupational Therapy and/or equivalent backgrounds. This individual may be either an employee or a consultant. (For example, CSPHP/CSPHC, CSP, CPSS, etc.)

### **3. Executive-Level Program Sponsor**

- A designated program sponsor at the **C-Suite or Executive level** must be identified.
- Documentation must demonstrate:
  - Their level of involvement in program oversight.
  - Budget allocation for SPH initiatives.
  - Participation in program assessment reviews.

### **4. Budgetary System for SPH Program**

- The facility must maintain a budgetary system supporting the SPH program.
- Must document the most recent equipment purchase, including:
  - Decision-making process.
  - Implementation strategy.
  - Follow-up and outcome measures.

### **5. SPH Equipment Inventory and Usage Data**

- A **comprehensive list** of all SPH equipment must be provided, including:
  - Date of purchase and implementation.
  - Usage data (captured through logs, electronic tracking, medical records, or observation records).

- Maintenance, repairs, and preventive maintenance (PM) records.
- Equipment lifecycle and end-of-life considerations.

## 6. Injury Data and Incident Reporting

- The facility must provide access to **all relevant injury data**, including:
  - Complete OSHA logs or equivalent documentation.
  - Total incurred medical costs related to patient handling injuries.
  - Incident reports and related records.
- The data must demonstrate a steady reduction in injuries and costs or, if stabilized, must reflect the reductions achieved since the program's inception.
- Data must be submitted in **Excel** for consistency and ease of review.

## 7. SPH Policies & Procedures

- The facility must submit comprehensive SPH policies, procedures, and unit-specific directives, including:
  - A **statement of purpose** and established goals.
  - A process for **evaluating a patient's SPH dependency status** and selecting appropriate technology for specific care tasks.
  - Defined **roles and responsibilities** of healthcare workers, including assessment, scoring, and documentation in the plan of care.
  - Guidelines for **intra- and interdepartmental communication** regarding SPH implementation.
  - SPH committee responsibilities and oversight measures.
  - A structured **program assessment process** ensuring continuous improvement.
  - Detailed **education and training requirements** for staff.
  - Policies addressing healthcare recipient and worker refusal to use SPH technology, including HR compliance measures and alternative protocols when refusal occurs.
  - Documentation of **Electronic Medical Records (EMR) usage**, if applicable.

## 8. SPH Training and Education

- The facility must provide an **SPH training system** and associated tracking methodologies, including:
  - A detailed **training report** with educational materials.
  - Information on training frequency, duration, and participant attendance.
  - Documentation methods (e.g., in-person, digital, competency assessments).

## 9. Continuous Improvement and Goal Achievement

- The facility must provide documentation of the **SPH assessment process**, including:
  - An assessment conducted at least **annually**.
  - A detailed **outline of the assessment process**.
  - The past **three (3) years of assessment reports**.
- The SPH assessment should be conducted by **qualified personnel**, which may include internal safety officers, designated SPH leaders, or an external validation team.

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### Facility Validation Process

1. Complete the **Pre-Assessment Information Form** with necessary attachments.
  2. The **SPH Survey Team** will review the submitted information.
  3. If additional information is needed, the team will contact the designated facility representative.
  4. Once all required information is received, the team will schedule an **on-site visit**.
    - The on-site visit will include **document review, staff interviews, and direct observations** to assess compliance.
  5. A **review meeting** will be held with facility representatives at the end of the survey or within 30 days of the on-site visit to discuss findings.
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