Student Orientation

Table of Contents

Mission and Vision 3
Computer Access 4
INTEGRIS JIM THORPE REHABILITATION 4
Acute Care Therapy Services 4
Jim Thorpe Rehabilitation Hospital opened in November 1994 4
Outpatient Therapy Services 5
Specialty Programs 5
Support Groups 6
CED (Career Excellence Development Program) 8
JIM THORPE EDUCATION 9
POLICIES 9
Dress Code 9
CODE BLUE PROTOCOL 9
FIM ..... **Error! Bookmark not defined.**
CARE Tool 10
G-codes ..... **Error! Bookmark not defined.**
Skills Demonstration 10
Oxygen Safety 10
Restraints 11
LIFTING EQUIPMENT 11
TOTAL LIFT: LIFTING FROM A BED TO A WHEELCHAIR 11
TOTAL LIFT - LIFTING FROM THE CHAIR TO THE BED: 13
TOTAL LIFT - LIFTING FROM THE FLOOR 15
SIT TO STAND LIFT - LIFTING FROM THE BED TO A WHEELCHAIR 15
SIT TO STAND LIFT - LIFTING FROM THE CHAIR TO THE BED 16
Transfers 18
BASIC BODY MECHANICS 18
BASIC PRINCIPLES OF TRANSFERS 18
ASSISTED SIT PIVOT TRANSFER 20
ASSISTED STAND PIVOT TRANSFER 21
Want to be apart of IJTR? 22
Student EPIC Tip Sheet for: ACUTE PHYSICAL MEDICINE 22
Student EPIC Tip Sheet: Jim Thorpe Inpatient Rehabilitation 24
THE Student EPIC Tip Sheet: Outpatient is available on your MCE account along with the other settings dependent on yor rotation setting. 25

Mission and Vision

INTEGRIS Health:

Our mission is to improve the health of the people and the communities we serve.

At INTEGRIS Jim Thorpe Rehabilitation:

We support and empower patients to rebuild healthy and productive lives.

Computer Access

!!!!!!!IMPORTANT!!!!!!

You have been recieving Student Update emails with directions to get your computer access setup. If you have been following the directions you should have a network ID and password by this point. If not please DO NOT LEAVE HERE TODAY until you understand how to get access or get access!

INTEGRIS JIM THORPE REHABILITATION

http://integrisok.com/jim-thorpe-rehabilitation-oklahoma-city
www.Integrisrehabilitation.com

Acute Care Therapy Services

- ISMC
- IBMC
- IHE
- ICVH
- INTEGRIS Bass - Enid
- Specialty Programs

Jim Thorpe Rehabilitation Hospital opened in November 1994

- Medical Director
  Dr. Brent Tipton, 1996, Physical Medicine and Rehabilitation- Stroke Program Medical Director
- Our other 3 physicians include:
  - Dr. Shawn Smith, 1994, Physical Medicine and Rehabilitation- Brain Injury Program Medical Director
  - Dr. Kristi Self, 2014, Physical Medicine and Rehabilitation- Spinal Cord Injury Program Medical Director
- **Post-acute Inpatient Rehabilitation Hospita**l- 3 floors licensed to ISMC
  - 2 ISMC
    - 2nd floor orthopedic and SCI
    - 3rd floor acquired brain injuries (TBI, stroke)

- 1 IBMC
    - 3 east (opened 1998)
- **Accreditation**
  - The Joint Commission
  - CARF (Commission on Accreditation of Rehabilitation Facilities)
    - Brain Injury CARF Accreditation
    - Spinal Cord Injury CARF Accreditation
    - Stroke CARF Accreditation

Outpatient Therapy Services

- INTEGRIS Baptist Medical Center
- INTEGRIS Southwest Medical Center
- INTEGRIS Health Edmond
- INTEGRIS Cancer Institute of Oklahoma
- INTEGRIS Jim Thorpe Rehabilitation- Moore
- INTEGRIS Canadian Valley Hospital- Yukon
- INTEGRIS Bass – Enid, Oklahoma

Specialty Programs

ICU Mobility Protocol	Transplant
Joint Replacement Protocol	NICU
Aquatics	Peer Visitor
Community Re-entry	Ekso Bionics
Recreational Therapy	Lokomat
Pet Therapy	Bioness
Music Therapy	Vital Stim
Lymphedema	Assistive Technology and Mobility clinic (outpatient)
Voice Activated Technology	Hand Rehabilitation
PWR UP!	SPEAK OUT! Oklahoma
Pediatrics	Vestibular Rehabilitation
Women's Health	Work Hardening
ErgoScience	Physical Work Performance Evaluations

SUPPORT GROUPS

Brain Injury Support Group
6-7:30 p.m. • 4th Thursday monthly
INTEGRIS Jim Thorpe Rehabilitation
Jones Education Classroom
Karen Bryan 405-644-5381

Spinal Cord Injury Survivor Group
5:30-7 p.m. • 1st Thursday monthly
INTEGRIS Jim Thorpe Rehabilitation
Jones Education Classroom
Dana DuRoy 405-644-5355

ALS Support Group
6-7:30 p.m. • 2nd Tuesday monthly
INTEGRIS Southwest Medical Center
Cancer center west conference room
Wendy Beson 405-644-5170

Courageous Amputees
5:30-7p.m. • 3rd Tuesday monthly
INTEGRIS Jim Thorpe Rehabilitation
Jones Education Classroom
Greg Horneber 405-552-2847

Caregiver Support Group
6 p.m. • 3rd Thursday monthly
INTEGRIS Jim Thorpe Rehabilitation
Jones Education Classroom
Allie Weaver, CRC, and Mary Ryan, M.S.W.

LVAD Support Group
4:30-6 p.m. • Quarterly
INTEGRIS Baptist Medical Center
March 7 - conference rooms F, G and H
June 6 - conference rooms J, K and L
Sept. 12 - conference rooms G and H
Nov. 7 - cafetria atrium
Susan Vanwinkle 405-949-3253

LOCATIONS

INTEGRIS Jim Thorpe Rehabilitation
Jones Education Classroom
4219 S. Western • Oklahoma City, OK 73109
405-644-5200 or 800-764-7652

INTEGRIS Baptist Medical Center
3300 NW Expressway • Oklahoma City, OK 73112
405-949-3011

INTEGRIS Southwest Medical Center
4401 S. Western • Oklahoma City, OK 73109

integrisjimthorpe.com

INTEGRIS
Jim Thorpe Rehabilitation

JT 2016 Support Grp Flyr 14714ver3.indd 1 4/25/16 4:38 PM

INTEGRIS
Jim Thorpe Rehabilitation

SUPPORT GROUPS

COMMUNITY SUPPORT GROUPS

Oklahoma City Head Injury
Meets the 1st and 3rd Tuesday of the month 6-8 p.m.
Valir Rehab
700 NW 7th Street

Meets the 2nd Tuesday monthly 6-7:30 p.m.
Mercy Neuroscience Institute
4120 W. Memorial Road

Contact: Rod Davidson 405-517-1608 or
Gary Bulmer 405-721-8453

Citywide Stroke
Meets the 4th Monday of the month 6:15-8 p.m.
American Heart Association
5700 N. Portland, Room 110
Janet Spradlin, Ph.D. 405-272-6554

Spinal Cord Injury Association of Oklahoma
3rd Tuesday monthly 6:30-8 p.m.
Location varies
Rick Lewis 405-737-9739
Rollinrick1175@att.net

Hearing Loss Association of Oklahoma City
Daytime Meeting - 3rd Thursday 1:30 p.m.
Evening Meeting - 2nd Monday 7 p.m.
Lakeside Methodist Church – 66th and N. May
Hearing Helpers Room – 405-717-9820

Oklahoma Hands and Voices
3rd Saturday 10 a.m.
10914 Hefner Pointe, Suite 300
Oklahoma City, OK 73120
Angela Miller 1-888-731-3358

Alzheimer's Caregiver
2nd and 4th Thursday monthly 11:30 a.m.-1 p.m.
INTEGRIS Third Age Life Center
5100 N. Brookline, Suite 100
405-717-9821

Myasthenia Gravis Foundation
Meets 4-5 times per year in Oklahoma City and Tulsa
Peggy Foust, Executive Director 918-494-4951

LOCATIONS

INTEGRIS Jim Thorpe Rehabilitation Jones Education Classroom
4219 S. Western • Oklahoma City, OK 73109
405-644-5200 or 800-764-7652

INTEGRIS Baptist Medical Center
3300 NW Expressway • Oklahoma City, OK 73112
405-949-3011

INTEGRIS Southwest Medical Center
4401 S. Western • Oklahoma City, OK 73109

integrisjimthorpe.com

INTEGRIS
Jim Thorpe Rehabilitation

JT 2016 Support Grp Flyr 14714ver3.indd 2 4/25/16 4:36 PM

CED (Career Excellence Development Program)

- Recognizes and rewards staff who better themselves beyond normal job standards
- Available for therapists, psychologists, social workers
- Contact JT Clinical Development Department
- Accumulation of points system

Career Excellence Development Program

EARN $$$ FOR CLINICAL EXCELLENCE

Who?

- Staff that provides 80 percent direct patient care and have worked for at least 12 months including: physical therapists, physical therapy assistants, occupational therapists, certified occupational therapy assistants, speech language-pathologists, social workers, music therapists, therapeutic recreation therapists, and certified rehab counselors
- Works a minimum of 1,040 hours in an INTEGRIS metro facility as a full time or regular part time employee (20 hours per week)

What?

- Earn points based on activities performed
- Complete activities that fit into three categories:
  - I. Leadership Developement
  - II. Clinical Expertise
  - III. Educator/Trainer/Mentor
- These activities are **above** the normal work day activities
- After 50 points obtained, the employee will receive a $500 bonus or continuing education tuition benefits ($500)
- Every 50 points can result in up to 4 bonuses that year!

When?

- Now

Why?

- To **recognize** and **reward, retain, attract and promote clinical excellence**

For more information, please visit with your director or manager or Clinical Development Team or see the full program documents on our website www.integrisok.com/jted.

INTEGRIS
Jim Thorpe Rehabilitation

JIM THORPE EDUCATION

Go to integrisok.com/jted for an updated list of courses and to register!

Our goal is to provide the education you need to give the best up-to-date, evidence-based care to your patients. On average JT Education provides 80 CEUs a year. We offer the following things to strive for this goal:

- Full-day and half-day courses
- Quarterly Continuing Educational Series- offering 1-2 hour sessions
- On-line courses
- Therapy/Nursing needs as directed

POLICIES

Found through the INTEGRIS Inside Page

Dress Code

CODE BLUE PROTOCOL

Check the patient for unresponsiveness
Check for no breathing (cyanosis, no chest rise) or no normal breathing (gasping)
Call for help
If in bed, Pull CPR release to flatten bed, if in chair place on floor or bed
Place headboard or backboard under patient, or pull CPR release on specialty beds
Check pulse for 10 seconds, no pulse
Give 30 chest compressions
Open the airway using head tilt-chin lift and give 2 breaths
Resume compressions and breaths at 30 to 2
2nd person arrives, call *911
Emergency cart arrives, attach defibrillator pads to chest and defibrillator, turn on, and follow instructions of defibrillator
If shockable rhythm, give 1 shock
Give ambu bag to person doing breaths
Nurse starts IV
Nurse records
Open respiratory box make sure laryngoscope is working, place tube and guide wire on top of open box
Set up suction
HUC brings chart to room
HUC calls physician

CARE Tool

- 6 point scale
- Your CI will be training you on CARE Tool if you are in IP JTR

Skills Demonstration

Oxygen Safety

O2 Cylinder Safety Check-Off Clinical Personnel

1. Obtains equipment: cylinder, key regulator, O2 delivery device

2. Places cylinder in transport cart w/ 2 hands, restraints cylinder
3. Checks test date & cylinder contents
4. Turns cylinder outlet away from others & warns of noise
5. Cracks cylinder briefly
6. Attaches appropriate regulator & tightens w/ key
7. Uses key to turn valve on cylinder fully open & back ½ turn
8. Observes constant pressure of gas
9. Verbalize need to send cylinder to resp. as "empty" when reading <800 psi
10. Turns on flow to check it
11. Listens for leaks & corrects for them as needed
12. Turns off flowmeter
13. Pushes cylinder cart in front
14. Secures cylinder near patient
15. Opens O2 device & attaches to flowmeter
16. Turns on flowmeter to rate indicated by instructor & applies device to pt
17. Removes O2 device from patient
18. Turns off cylinder valve & bleeds off regulator
19. Turns off Flowmeter
20. Returns cylinder to storage area

Restraints

See Restraints Policy: Access from the Source page.

LIFTING EQUIPMENT

TOTAL LIFT: LIFTING FROM A BED TO A WHEELCHAIR

1. Explain the procedure to the patient. Bring the lift to the room or utilize the ceiling track lift. Clear the room of any obstacles. Slings are kept on the patient care supply carts.

Get the appropriate size sling and bring to the room. Label the sling with the patient's name.

2. Position the chair and lock the brakes. Lower the bed to the lowest position and lock the brakes.

3. Roll the patient to either side.

4. Place the sling under the patient with half of the sling rolled up next to the patient. Be sure the sling is all the way up behind the head. The handle should be on the outside and not against the patient's skin.

5. Roll the patient to the other side and roll out the rest of the sling smooth on the bed. Patient should be centered on the sling.

6. Lay the patient on their back. Take the leg pieces and wrap them down around the buttock and the legs. Then wrap the leg pieces up under each thigh and bring them up together between the legs. Cross the leg pieces through each other, over each other, or under each leg **THEY MUST CROSS OR THE PATIENT WILL FALL OUT OF THE SLING**.

7. Widen the legs of the lift. Move the lift to the bed and place the legs under the bed with the spreader bar over the patient at their middle.

8. **Do not lock the brakes of the lift when raising or lowering the patient. This allows the lift to maintain its center of gravity and reduces the tendency for the patient to move laterally outside the base.**

9. Lower the spreader bar to where it is only a few inches from the patient. Do not lower the bar onto the patient.

10. Attach the loops at the head onto the white hooks on the same side of the spreader bar as the head. Right loop on the right and left loop on the left. Use the loop that is closest to the patient.

11. Attach the loops on the leg pieces in the same fashion on the leg side of the spreader bar. Use the loop that is furthest out from the patient. This will place the patient in a sitting position. There is an extender bar that can be attached to the sliver hooks on the ends of the spreader bar if the patient is tall and/or large.

12. Raise the patient up off the bed until their buttock clears the bed. Rotate them so they are facing the lift and their legs are off the bed straddling the lift. Do not hit their knees.

13. Move the lift away from the bed.

14. If transporting the patient, lower the lift so the patient's feet touch the base of the lift. This lowers their center of gravity increasing safety and reducing lateral movement. When moving the lift, close the base of the lift so the patient's center of gravity is maintained over the center of the chassis and aids in ease of moving.

15. Position the patient over the wheelchair. Be sure the buttock clears the seat of the chair.

16. With the hand control in hand stand by the patient. Lower the patient to where they are barely touching the seat of the chair. Grab the loop on the back of the sling and pull the patient back and in the chair while lowering the rest of the way to the chair.

17. Lower the spreader bar down to patient's chest level. Watch their head while lowering the spreader bar. Remove the loops of the sling from the hooks of the spreader bar.

18. Move the lift away from the patient.

19. Stand in front of the patient. Remove the leg pieces from under the patient's legs and around their buttocks. Lean the patient forward in the chair. Slip the sling from behind the patient. Position the patient back against the backrest of the chair. **NEVER LEAVE THE SLING UNDER THE PATIENT FOR ANY REASON. IT WILL BREAKDOWN THEIR SKIN.**

20. Position the patient appropriately in the chair.

21. Remove the portable lift from the room. Place the ceiling tract lift in the charging position. Label the sling with the patient's name and leave in room.

TOTAL LIFT - LIFTING FROM THE CHAIR TO THE BED:

1. Explain the procedure to the patient. Bring the lift to the room or utilize the ceiling track lift. Clear the room of any obstacles. Slings are kept on the patient care supply carts. Get the appropriate size sling bring to room. Label the sling with the patient's name.

2. Position the chair and lock the brakes. Lower the bed to the lowest position and lock the brakes.

3. Stand in front of the patient. Lean the patient forward in the wheelchair. Place the sling behind the patient. The sling should touch the chair at the base. The handle should be on the outside not against the patient's skin.

4. Take the leg pieces and wrap them down around the buttock and legs. Then wrap the leg pieces up under each thigh and bring them up together between the legs. Cross the leg

pieces through each other, over each other, or under each leg. **THEY MUST CROSS THROUGH OR THE PATIENT WILL FALL OUT OF THE SLING.**

5. Widen the legs of the lift. Move the lift to the chair with the spreader bar as close to the patient as you can (watch their head). Lower the spreader bar to patient's chest level.

6. **Do not lock the brakes of the lift when raising or lowering the patient. This allows the lift to maintain its center of gravity and reduce the tendency for the patient to move laterally outside the base.**

7. Attach the loops at the head onto the white hooks on the same side of the spreader bar as the head. Right loop on the right and left loop on the left. Use the loop that is closest to the patient.

8. Attach the loops on the leg pieces in the same fashion on the leg side of the spreader bar. Use the loops that are furthest out from the patient. This will place the patient in a sitting position. There is an extender bar that can be attached to the sliver hooks on the ends of the spreader bar if the patient is tall and/or large.

9. Raise the patient up off the chair until their buttock clears the chair. They should be facing the lift already.

10. Move the lift away from the chair.

11. If transporting, lower the lift to where the patient's feet touch the base of the lift. This maintains the center of gravity increasing safety and reducing lateral movement. When moving the lift, close the base of the lift the patient's center of gravity is maintained over the center of the chassis and aids in ease of moving the lift.

12. Rotate the patient so they are crosswise to the lift. Move the lift to the bed. Raise the patient up high enough so their buttock clears the bed. Manually raise their feet onto the bed.

13. Adjust the patient and lift so the patient is at the head of the bed. Lower the patient onto the bed.

14. Remove the loops from the hooks on the spreader bar.

15. Move the lift away from the bed.

16. Roll the patient side to side to remove the sling. **NEVER LEAVE THE SLING UNDER THE PATIENT FOR ANY REASON.**

17. Position the patient appropriately in the bed.

18. Remove the portable lift from the room. Place the ceiling track lift in the charging position. Label the sling with the patient's name and leave in room.

TOTAL LIFT - LIFTING FROM THE FLOOR

NOTE: NEVER GET A PATIENT UP OFF THE FLOOR MANUALLY. ALWAYS USE THE LIFT.

1. Explain the procedure to the patient. Bring the lift and sling to the room or where the patient is on the floor. Clear the away any obstacles.

2. Place the sling under the patient by rolling side to side as previously described.

3. Take the leg pieces and wrap them down around the buttock making sure it is complete up behind the head. Then wrap them up under each thigh and bring them up together between the legs. Cross the leg pieces through each other, over each other, or under each leg. **THEY MUST CROSS THROUGH OR THE PATIENT WILL FALL OUT OF THE SLING.**

4**.** Widen the legs of the lift. Move the lift to the patient. Place the patient's legs up over the base of the lift so they are straddling the lift. Move the lift as close to the patient as you can get it.

5. **Do not lock the brakes of the lift while raising the patient. This allows the lift to maintain its center of gravity and reduces the tendency for the patient to move laterally.**

6. Lower the spreader bar down as low as it will go. Attach the loops of the sling to the spreader bar all four loops furthest out from the patient.

7. Raise the patient up until they clear the floor.

8. Move the patient to the bed and lower onto the bed using the previously described method.

9. Move the lift away from the bed. Remove the sling. **NEVER LEAVE THE SLING UNDER THE PATIENT FOR ANY REASON.**

10. Position the patient in the bed appropriately. Remove the lift from the room. Label the sling with the patient's name and leave in room.

SIT TO STAND LIFT - LIFTING FROM THE BED TO A WHEELCHAIR

1. Explain the procedure to the patient. Bring the lift to the room. Clear the room of any obstacles. The sling is kept on the patient care supply cart. Label the sling with the patient's name.

2. Adjust the bed to sit the patient up. Lower the bed to the lowest position. Lock the brakes.

3. Place the sling in back of the patient putting it low on the waist (small of back). Handle should be on top and outside not against the patient's skin. Fasten the sling. It must be snug.

4. Move the lift to the bed. Widen the base.

5. **Do not lock the brakes of the lift while raising or lowering the patient. This allows the lift to maintain its center of gravity and reduce the tendency for the patient to move laterally.**

6. Attach the loop closest to the edge of the bed. Patient can grab hold of the handle on the side of the lift. Move the patient's legs over the side of the bed.

7. Scoot the patient far enough off the side of the bed so their feet rest flat on the footplate. Their shins should be against the kneepads and feet all the way back on the footplate depending on which lift you use. Adjust the kneepad up or down so it is immediately below the kneecap. Correct positioning of the shin rest alleviates undue pressure on the tibia. Adjust it in or out so the knees are directly over their feet.

8. Attach the loop on the other side. If the patient is more flaccid on one side the loop can be fastened so it is tighter in order to give that side more support

9. Direct the patient to lean back into the sling and to hold on to the handles (arms outside the sling). **THE PATIENT MUST BE ABLE TO BEAR WEIGHT 20% ON ONE LEG AND FOLLOW SIMPLE COMMANDS CONSISTENTLY.**

10. Raise the patient up far enough so their buttock is clear of the bed.

11. Move the lift to the chair or surface you are transferring them to. Lower them on to the chair.
12. Remove the loops from the lift. Move the lift away from the chair. Remove the sling. Position the patient appropriately in the chair.

13. Remove the lift from the room. Label the sling with the patient's name and leave in room.

SIT TO STAND LIFT - LIFTING FROM THE CHAIR TO THE BED

1. Explain the procedure to the patient. Bring the lift and sling to the room. Clear the room of any obstacles.

2. Lock the brakes of the wheelchair. Lower the bed to the lowest position. Lock the brakes.

3. Stand in front of the patient. Lean the patient forward. Place the sling behind their back low on the waist (small of back). Handle should be on top on the outside not against the patient's skin. Fasten the sling. Must be snug.

4. Move the lift to the patient. Widen the base. Place the patient's feet on the footplate. Their feet should be flat on the footplate. Knees should be against the kneepad. Adjust the kneepad up or down so it is immediately below the kneecap. Correct positioning of shin rest alleviates undue pressure of the tibia. Then adjust it in or out so their knees are directly over their feet.

5**. Do not lock the brakes of the lift while raising or lowering the patient. This allows the lift to maintain its center of gravity and reduces the tendency for the patient to move laterally**.

6. Attach the loops on both sides. Can use the same numbered loop or make one side tighter to give a more flaccid side better support.

7. Direct the patient to lean back into the sling and hold onto the handles (arms must be on the outside of the sling). **THE PATIENT MUST BE ABLE TO BEAR WEIGHT 20% ON ONE LEG AND FOLLOW SIMPLE COMMANDS CONSISTENTLY.**

8. Raise the patient high enough so their buttock clears the chair.

9. Move the lift to the bed. Lower the patient to a sitting position on the bed.

10. Unhook the side of the sling nearest the foot of the bed. Bring the patient's feet up on the bed. Unhook the other side of the sling.

11. Move the lift away from the bed. Remove the sling. Position the patient appropriately in the bed.

12. Remove the lift from the room. Label the sling with patient's name and leave in the patient's room.

REMINDER: THE SLINGS AND HARNESSES ARE NOT TO BE WASHED. WASHING WILL DAMAGE THEM. THEY ARE NOT CHARGED TO THE PATIENT. THEY MUST BE THROWN AWAY AFTER PATIENT IS DISCHARGED. DO NOT SEND HOME WITH THE PATIENT.

Transfers

BASIC BODY MECHANICS

- Bend at the knees. Use legs for lifting by straightening knees while lifting.
- Keep objects or patient being lifted as close to your body as possible. Never reach a long distance.
- Keep a wide base of support. The feet should be shoulder or hip width apart.
- Place feet in line with force being applied or received.
- Foot placement should always be such that it does not hinder movement. Foot on side transferring to should be slightly forward other foot slightly back.
- Maintain the three curves of the spine. This means you bottom will be protruding and your head is up.
- Contract and set you abdominal, gluteus, and quadriceps muscles prior to the lifting.
- Ideally keep work between chest and waist. Should be eye to eye with a person.
- It is easier to push rather than pull.
- Do not twist and lift at the same time. Should pivot feet and move body as a whole.
- When in doubt get help or the lift.

BASIC PRINCIPLES OF TRANSFERS

1. Explain the procedure to the patient. Be sure the person knows which direction they transferring to and how the transfer is to be done.
2. If someone is assisting you, tell them what each of you will be doing.
3. Keep the transfer surfaces as close together as possible and if possible the surface transferring to slightly lower.
4. Always lock beds, wheelchairs or other equipment before transferring.
5. Always remove or swing away footrests and armrests that are on the side transferring toward.

6. Ask the person their ideas and preferences on how to perform the transfer.

7. Scoot the person to the edge of the chair or bed before transferring. If they need help walk
the buttocks forward using your hands on either side.

8. Position the patient's knees over their feet.

9. Have the patient lean forward bending at the waist **except not when the patient has had a total hip replacement.**

10. **Always use a gait belt**. Never pull on weak or paralyzed arms or an arm with painful shoulder. Never pull on clothes they will stretch and tear.

11. When assisting with a transfer, provide support at the hips not the arms using the gait belt.

12. Never allow anyone to put his or her arms around your neck or other body parts during a transfer.

13. Support the patient's affected knee or knees with your knees.

14. Never jerk as you lift, use smooth coordinated movements.

15. Keep your head up.

16. Assess the patient; are they frail, obese, or paralyzed? Do they have tubes, cast, or braces?

17. Never hurry; plan the transfer before you start.

18. Transfer toward the patient's strong side unless he or she "pushes". Then transfer toward the affected side.

19. Patients' hands should be in a weight bearing position either on the bed or chair arm. If unable to bear weight on arm place in protected position in lap or if possible apply gentle upward pressure.

20. Maintain hip precautions for all total hip replacements. Keep the patient's shoulders behind hips and extend their affected leg to place knee below hip. Transfer to unaffected side.

HIP PRECAUTIONS:
No internal rotation
No adduction
No hip flexion greater than 60 degrees

21. Count to three out loud so the patient will be prepared for the transfer.

22. Expect the unexpected. Have a plan in mind to deal with unexpected events.

23. Use assistive devices; lifts, sliding board, etc.

24. If you feel a strain or discomfort stop. Rethink the transfer. When in doubt get help or use the lift.

25. Protect the patient's skin.

26. Monitor the patient's response during the transfer.

27. Encourage independence. Don't give more help than necessary.

ASSISTED SIT PIVOT TRANSFER

1. Explain the procedure to the patient. Place gait belt around patient.

2. Move the patient forward on the chair or bed.
   a. Lean the patient forward.
   b. Rock the patient side to side while walking the hips forward.
   c. Use gait belt to slide the hips forward.

3. The patients should have knees over shoelaces.

4. The patient should have their feet flat on the floor.

5. Support the patient's affected knee or knees with your knees.

6. Patient's hands should be in a dependent position pushing up from chair or pulling over to
   the chair.

7. Lean the patient forward.

8. The helper should have knees bent, buttocks out and head up.

9. It is helpful to count to 3 before moving.

10. Then move to the transferring surface ASSISTED SLIDING BOARD TRANSFER

1. Explain the procedure to the patient. Place gait belt around the patient.

2. Move the patient forward on the chair or bed.
   a. Lean the patient forward.
   b. Rock the patient side to side while walking the hips forward.
   c. Use gait belt and slide patient's hips forward.

3. Patient's knees should be over shoelaces.

4. The patient leans to one side away from the transferring surface.

5. Work the sliding board under the area where the thigh and hip meet and half way under the
   buttocks.

6. Angle the sliding board at 45 degrees.

7. The patient leans forward while facing the transferring surface.

8. Patient hands should be pushing themselves across board. Do not allow the patient to curl their fingers under the board. **THEY WILL BE SMASHED**.

9. Support the patient's affected knee or knees with your knees.

10. The patient slides themselves across the board with assist from the helper. Helper grips gait
    belt and assists patient to slide.

11. This can be done in increments.

ASSISTED STAND PIVOT TRANSFER

1. Explain the procedure to the patient. Place gait belt around patient.

2. Move the patient forward on the chair or bed.
   a. Lean the patient forward.
   b. Rock the patient side to side while walking their hips forward.
   c. Use gait belt to slide patient's helps forward..

3. Patient's knees should be over shoelaces.

4. The patient places his/her hands on the surface they are transferring from pushing up.

5. Support the patient's affected knee or knees with your knees.

6. The helper assists the patient to stand using gait belt.

7. The patient can then place their hands on the helper's waist or arms.

8. The patient's foot closest to the surface transferring to needs to be slightly forward so the legs don't cross.

9. The helper pivots the patient to the surface transferring to.

10. The patient places their hands on the arms of the chair then sits down.

Want to be apart of IJTR?

Apply online at
http://integrisok.com/careers

Student EPIC Tip Sheet for: ACUTE PHYSICAL MEDICINE

Students will NOT document

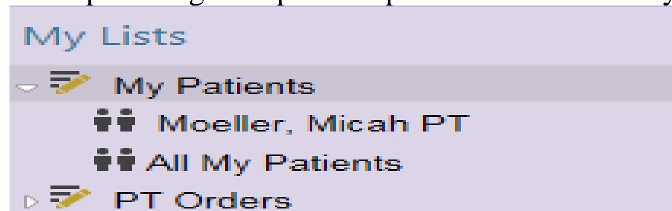
1. Education – no way to show therapist has co-signed
2. Notes of any type
3. Will not complete or modify orders **(CI's will have to modify/complete orders)**
   a) To view orders Go to Summary
      a. Click on the Wrench to the right.
      b. Type in Active Orders in the search field.

c. Click Accept

4. Assistant students (PTAS, COTAS) will not edit/document on care plan goals

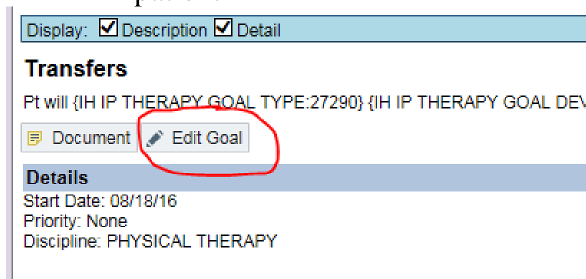
STUDENT Work Flow

1. Assigning Patients
   a. Student can "assign me" to their patients but their name will not show in the Treatment team column in patient lists. The patients will populate in their "My Patients" my list. They can pull up the Provider list of their supervising therapist and place it under their My Patients.



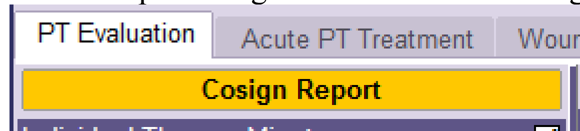
      i. The Supervising therapist will still need to "assign me" so the team knows the eval has been assigned to someone

2. Flowsheets
   a. Student will document findings in the appropriate flowsheet
3. Care Plans (***assistant students will not edit/document on Care Plan goals***)
   a. Student (PTS, OTS, SSLP) will "**edit**" the goals to customize for their patient



THERAPIST Work Flow

1. Assigning Patients
   a. Therapist will "assign me" to all evaluations/treatments that they themselves and/or the student will complete
2. Flowsheet Co-Sign and Note creation
   a. Therapist will go to Flowsheet and cosign via the "cosign report" button



   b. **Create a Flowsheet Column Note**
   c. Pull in the Care plan goals that the student made via the .ipptgoals, etc
   d. Add a possible smart phrase in regards to therapist present entire time….
   e. Sign the note
3. Complete the Education Activity
4. Modify the Treatment Order
5. Complete the Evaluation Order

Assistants (PTA/COTA) and Care Plans

1. Assistants will still have the ability to "document" toward a care plan goal and send for co-sign.
2. It will be up to the Dept Managers on whether they allow this process for their Assistants.

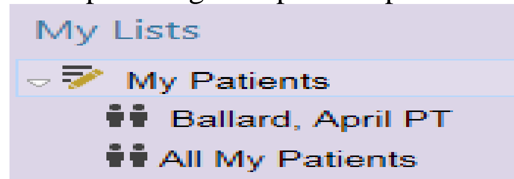
Student EPIC Tip Sheet: Jim Thorpe Inpatient Rehabilitation

Students will NOT document

1. Education – no way to show therapist has co-signed
2. Notes of any type
3. Will not complete or modify orders **(CI's will have to modify/complete orders)**
   a) To view orders Go to Summary
      a. Click on the Wrench to the right.
      b. Type in Active Orders in the search field.
      c. Click Accept
4. Assistant students (PTAS, COTAS) will not edit/document on care plan goals

STUDENT Work Flow

1. Assigning Patients
    a. Student can "assign me" to their patients but their name will not show in the Treatment team column in patient lists. The patients will populate in their "My Patients" my list. They can pull up the Provider list of their supervising therapist and place it under their My Patients.



        i. The Supervising therapist will still need to "assign me" so the team knows the eval has been assigned to someone
2. Flowsheets
    a. Student will document findings in the appropriate flowsheet

THERAPIST Work Flow

1. Assigning Patients
    a. Therapist will "assign me" to all evaluations/treatments that they themselves and/or the student will complete
2. Flowsheet Co-Sign and Note creation
    a. Therapist will go to Flowsheet and cosign via the "cosign report" button

    b. Create a Flowsheet Column Note
    c. Add a possible smart phrase in regards to therapist present entire time….
    d. Sign the note
3. Complete the Education Activity
4. Complete the Evaluation Order

The Student EPIC Tip Sheet: Outpatient is available on your MCE account along with the other settings dependent

on your rotation setting.