

M. Colombo, A. Summa, C. Miramonti, M. Malnati, A. Mercanti, R. Boccardi, S. Pozzato, M. Guerreri. *Safety and comfort during transfers by lifts. Gerontechnology 2008; 7(2):94.* Assistive technology is increasingly exploited to assist disabled elderly persons. Safety and comfort during transfer are relevant issues either for cared persons or for caregivers¹. Therefore, the local health authority appointed to our skilled nursing home a plan to improve safety and well-being for both kinds of involved people. Yet, a preliminary survey picked up only one adverse event during transfer by lifts for an inpatient in one year, and very low rates of musculoskeletal complaints among health care professionals. Hence we re-framed our plan in a more qualitative meaning. Our current aim is to explore the possible agreement between patients' and carers' perceptions during transfers, in the gerontechnological perspective of hoist utilization. **Methods** We want to address two related sets of items. For the client: during the different subcomponents of the transfer manoeuvre, the self-perceptions of adequacy of the time taken, and of comfort, security and calm, or pain; which phase of the transfer manoeuvre is felt as worst; the liking to advise the hoist to others; an overall feeling about the transfer manoeuvre through the lift. For the staff: during the different subcomponents of the transfer manoeuvre, the perception of adequacy of the time taken, and of comfort, security and calm – on client's side – and of own pain or distress; which phase of the transfer manoeuvre is felt as worst; the technical knowledge, familiarity and adequacy of instructions about the hoist; since how much time s/he has been using it; possible changes in the way s/he perceives it; the liking to advise the hoist to others; which sensations s/he deems the client feels during the transfer manoeuvre through the hoist. Different combinations of client / operator couples are being sorted: same client with different caregivers, and vice versa, while using the same technical device. **Results and discussion** First, we have implemented a matrix to clearly drive the health care professionals while using hoists, according to good care practice criteria. An example (Hemiplegia) is shown below (*Table 1*). Our preliminary results agree with the concordance between patients' and carers' perceptions during transfers with hoists, according to the literature. Maybe the correlation coefficients have been previously found elsewhere as loose² because those relationships were centred on self perceptions about own side. Yet we are focusing also on caregivers' feeling about patients' perceptions, in order to strengthen a 'therapeutic alliance' mediated by a properly chosen and used assistive device³.

References

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Table 1 Use of hoists by disease; Only hemiplegia is mentioned as an example

Disease	Functional impairment	Transfer from supine to sitting	Transfer from sitting to upright	Transfer from bedside to wheelchair	Transfer wheelchair / w. c.
Hemiplegia	Spasticity in one side of the body	Slide – sheet with facilitation technique by one caregiver	Slide – sheet with facilitation technique by one caregiver	Active hoist with facilitation technique by one caregiver	Active hoist by one caregiver