AAMHP Australian Association for the Manual Handling of People

AAMHP 2 DAY CONFERENCE: CELEBRATING 25 YEARS AS AN ASSOCIATION



the convening committee-
Zoe,Tony,Tanya,Stenny,Jenny,Megan,Pippa,Louisa,
Simone,Anne, Aarti





Welcome to Turribal/Yuggera country

presenting

- ‘Celebrate every little success. Don’t stop what you are doing when it gets hard. Bit by bit you are driving change. We have come far since 1975 when we were doing shoulder lifts and top and tail lifts.
- But it is 25 years since the last big change in manual tasks practices and assistive devices with No Lift. MSD injury rate is still high.
- We need to be aiming for the next big change in policy that includes resourcing of innovations to prevent exposure to Hazardous manual tasks.
- I hope it doesn’t take another catastrophe in healthcare to influence the policy makers towards safe work for our people.





The future is already here

Reducing exposure to HMTs with exoskeleton and robots - Sue Mitchell SA

Can provide physical support in back injury and other rehab

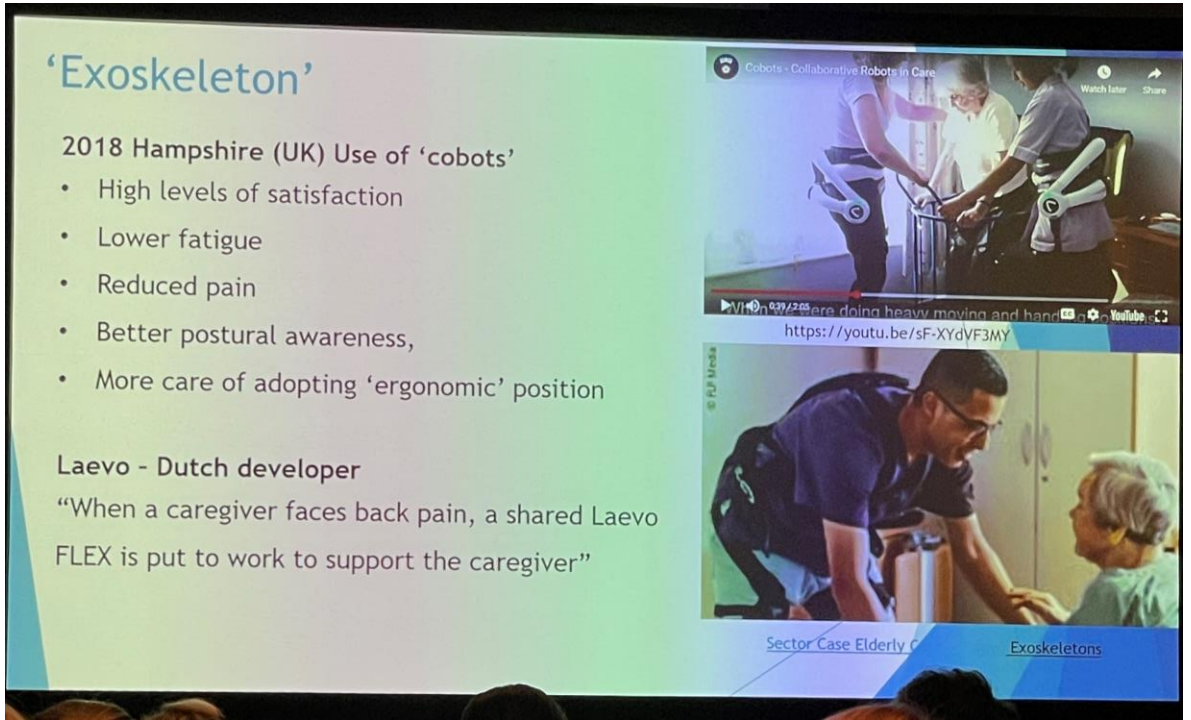
Improve productivity and reduce injury costs

VS

High equipment costs & need for specialised training

Adaptations to infrastructure for AGVs to move trolleys





Heather Napier NSW

Engage with leaders using insights from both physical and psychological safety.

Safety Impacts Every Corner of the Business

To ensure safety is led by executives, integrated into strategy; funded as a priority; measured for impact as a reportable metric; fund prevention programs; invest in innovation for training; support cultural change

Prepare for the complexity of people of size
Zoe Moss interviewed people of size and patient handling experts USA Andy Rich, NZ Dr Caz Hales & Australia Tony Johnston







Drivers of change

Andy Rich USA



Make your super users ….super

- Develop Lead trainers to understand the challenges in their unit and be change agents
- Develop strong competency with equipment to recognise what good and poor equipment use looks and feels like
- Understand their role in the training programs

Dr Caz Hales NZ



Leverage Institutional Policy Reform to move from Systems Thinking to Action. This approach was used to develop The Size Inclusive Healthcare Framework.

Target key areas for reform

- Facilities & Resources
- Provider Education & Competency
- Moving programs that combine handling safety with dignity
- Clinical Processes & Documentation
- Organisational Culture & Values that align with client values

Future of training

Dr Caz Hales NZ

VR Education for bariatric patient care and guided equipment set up

The VR training is informed by experts and consumers from Pacifica nations and Maori populations to ensure culturally informed charactors.

VR headset and controller was easy to use to plan appropriate room set up and order equipment in real clinical settings.

Next stage is the training on bias and dignity incorporated into patient handling tasks.



Aideen Gallagher NSW

Evaluation of assistive devices

Criteria: Safety; Efficiency; Quality for client and for worker

Practical workshop to evaluate rolling devices following speed training by reps



Boundaried Vs unboundaried choice (NDIS context)

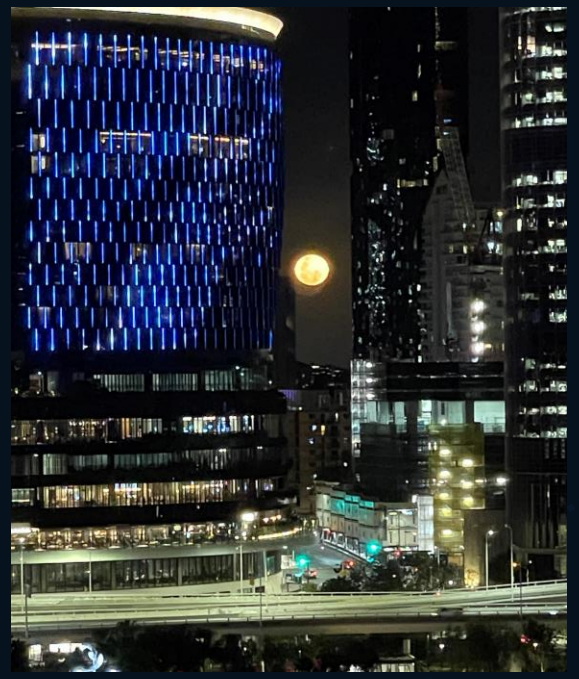
Getting to ‘Yes’ with clients who need to change for safety

Understand the client psychological needs during change of care. Be kind while saying ‘there will be things we talk about that you will not like to hear.

Let me know with a ‘code word’ when you want me to take a break.

Then we can come back together to work out the best way forward to your safe care.






networking

- Learning resources (videos and procedures) being developed in WA, NSW, Tasmania
- Linking up with Manutention trainers for potential Loads 3 course
- Viewing and using innovative handling devices at the Vendor displays
- Dancing with the full moon and city lights