Health Trends

April 2022

Virginia Department of Behavioral Health & Developmental Services

Office of Integrated Health
Health Supports Network

Safe Transfers

The definition of **"transfers"**, in its simplest form, is the method of moving an individual from one surface to another. Whether moving an individual from bed to chair, chair to chair, or from sitting to standing, all are examples of transfers.

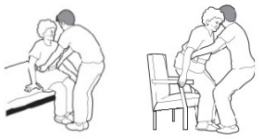
Individuals who are able to perform these actions on their own are considered to be "independent" with their transfers, while other people may require some level or degree of assistance (1).

The level of assistance is stated and/or documented as one of the following: independent, minimal assist (25% or less assist), moderate (approximately 50% assist needed), maximum (75% or more assist required), and dependent (100% assist required) (5).

There are multiple ways to perform transfers. Individuals who can bear weight on their legs and feet may transfer via the following methods:

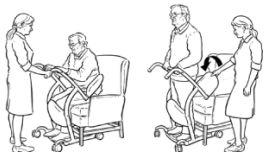
- Stand pivot.

- Stand and step.

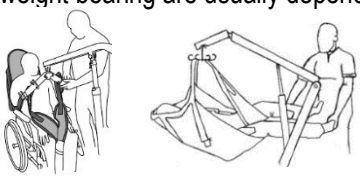


- Bent pivot method.

- Others may use a sit-to-stand transfer device.



- Individuals who are non-weight bearing are usually dependent upon a mechanical lift.



- Upper body strength and sitting balance allows the use of a sliding board (2).

Transfer Protocols

Anyone who requires assistance with transfers should have a protocol in place which describes in detail how that person is to be transferred, the level of assistance needed, what device (if any) is needed, and how staff should help them, written in a step-by-step method (1).

Individuals who have had a decline in their transfer ability, and/or those who are new to a home or staff, should have a new transfer/mobility assessment completed.

To obtain one, caregivers should request an order for a PT/OT evaluation from the individual's PCP (3).

- At the assessment, caregivers should specifically request transfer protocols with step-by-step instructions for staff members.

Individuals who transfer without the use of a mechanical lift should be encouraged to transfer towards the stronger side of their body whenever possible.

This will encourage and promote greater independence, and allows staff to focus on assisting the individual's weaker or more challenged side. Communication between the caregiver and the person being transferred is very important.

Lowering risk of injury during transfers.

Before performing any transfers, be aware of common causes of injuries to caregivers and/or individuals.

- Adequate training and practice can significantly reduce the risk of injury during transfers to both individuals and caregivers (1).
- Lack of caregiver preparation, improper use of body mechanics, environmental complications, not asking for help, or being in a hurry, are all examples of situations, which greatly increase risk of injury (4).
- Being well-informed, well-trained, confident, observant, and treating others as you wish to be treated, can make each transfer safer and easier (4).

App of the Month

Find and rate wheelchair accessible places – worldwide and free of charge. Find wheelchair accessible restaurants, cafes, toilets, shops, cinemas, parking lots, bus stops and much more. The Wheelmap and OpenStreetMap communities have already rated about 1 million places! (*App of the Month is not endorsed by DBHDS Office of Integrated Health. User accepts full responsibility for utilization of app).*

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ABA Snippets …

Telehealth in Behavioral Services

Since the beginning of the COVID-19 pandemic, telehealth options for a variety of different therapies and healthcare services have shifted from the vanguard to mainstream practice, with significant increases in the use of telehealth encounters during the emergence of the pandemic in the United States (1) (2). Telehealth has become a necessity for maintaining critical health and wellness services, with behavior analysts providing germane contributions to the professional literature. Publications have included (but are not limited to) the use of telehealth technologies and tips for practitioners (9), developing and delivering training curriculum for families (8), teaching skills to adults with developmental disabilities, (3), and summarizing the assessment and treatment of challenging behavior using telehealth and related clinical implications (4).

In the Virginia Developmental Disability Waiver System specific to the therapeutic consultation waiver service, "consulting related to person centered therapeutic outcomes, in person, over the phone, or via video feed consistent with in accordance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA)" is included as an allowable activity (12VAC30-122-550, 2021). Behaviorists, families, community service boards, and other community providers should be aware of telehealth options that are available, as well as the literature that supports the use of telehealth behavioral services (4) (7) (6). Telehealth and/or hybrid face-to-face and telehealth models may assist in connecting individuals in the Virginia waiver system to professional behavioral services that may not be locally available, may increase the frequency of consultative services for individuals, and can be effective in training supporters and achieving therapeutic outcomes.

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Community Nursing Leader Region 1

The Office of Integrated Health – Health Supports Network (OIH-HSN), in collaboration with community provider agencies, hosts a regional nursing meeting each month in all five regions of the Commonwealth.

Each region has a volunteer Community Nurse Leader who serves as a bridge between the community and the Virginia Department of Behavioral Health and Developmental Services (DBHDS) agency.

The Community Nurse Leaders share their experiences, and knowledge, and serve as mentors for other community nurses. They are a good source for networking as fellow healthcare professionals, and are active participants in the regional nursing meetings offering up vital topics of discussion or concern within their regions.

Each region of the Commonwealth is unique with its own care challenges. The OIH-HSN will be doing a focus article to introduce each Community Nurse Leader starting with Region 1.

The northwest counties in Virginia are considered Region 1, and are the second to the largest region in the Commonwealth. Region 1 extends from the city of Winchester in Frederick County, all the way down to the City of Lynchburg, in Campbell County. There are 29 counties in Region 1.

The Region 1 Community Nurse Leader is **Kevyn Burn, BSN, RN, HTP.** She has been in health and human services since 1976, and graduated from the Medical College of Virginia, magna cum laude in 1988. While in nursing school, Kevyn focused on oncology, psychiatric/chemical dependency nursing, and nursing management.

As an RN, Kevyn has worked in acute hospital psychiatric-chemical dependency services, long-term care facilities, homeless shelters, domestic violence shelters, managed a creative day program for adults with IDD, worked as an RN Care Manager for an intensive community psychiatric program, and she has also worked in a residential treatment facility for adolescent boys with IDD.

Kevyn is currently the Lead RN Care Manager for Wall Residences. She has over 20 years' experience in program and care management, and almost 20 years serving people with IDD.

She became a Certified Healing Touch Practitioner in 2014 and has a private practice. She is a member of the American Holistic Nurses Association.

Kevyn has also served as both an international and local compassionate clown, and as a parish nurse for Allen Chapel AME Church, where she has partnered with the local hospital. Kevyn is currently the Board President of the ARROW Project, an alternative mental health agency.

The OIH-HSN would like to take this opportunity to thank Kevyn Burn for her many years of service as a Registered Nurse in the Commonwealth and her willingness to act as the OIH-HSN Community Nursing Lead for Region 1.