

The King's Fund Centre
King Edward's Hospital Fund for London

**The Management of
Hospital Portering**
by
Irfon Roberts

The National Association
of Hospital Head Porters



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THE MANAGEMENT
OF
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by

IRFON ROBERTS

October, 1984

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THE MANAGEMENT OF HOSPITAL PORTERING

Acknowledgements

The preparation of this booklet owes much to the enterprise of our Vice-President, Mr. E. Mercer, of Guy's Hospital, to whom I am most grateful. Mr. John Howard has kindly allowed us to reproduce extracts from his project on lifting. On behalf of the Association I should also like to express our thanks for the unstinting help we have received from the King's Fund Centre, in particular to Mr. Trevor Wheeler, who has been responsible for the illustrations, and to the Director, Mr. W.G. Cannon, whose close personal interest we have much appreciated.

October, 1984

Irfon Roberts, MA, FHA,
President,
National Association
of Hospital Head Porters.

NOTE ON TERMINOLOGY

The term 'head porter' is used in this booklet, as in the title of the National Association of Hospital Head Porters, for the person in charge of the portering services of one or more hospitals. The terms 'portering services(s) manager' or 'manager of portering services' have also come to be adopted in some hospitals within the past year or two. They have the advantage of showing that the nature of the appointment is one of management. For the purposes of this booklet all these terms are synonymous.

INTRODUCTION

The purposes of this booklet are:

- (1) To serve as a reminder of the wide range of services given by hospital porters, and especially the part they play in the care of patients.
- (2) To show that this points to the need for training.
- (3) To draw attention to the training now available.
- (4) To emphasise that the job of providing a portering service is one calling for the skills of management, which in turn should be developed by training.
- (5) To show something of the work of the National Association of Hospital Head Porters.

There is usually no need to be a hospital patient for long before becoming aware of the portering staff, and the same applies to the patient's family and friends. From the moment when one of the first people the patient sees at the entrance is likely to be a porter, and the last on leaving, there are countless occasions when the porter can help to make or mar whatever benefits the hospital has to offer. This is not in any way to over-emphasise its importance in relation to the quality of clinical care as the crucial element of it all. It is simply to recognise afresh the point of view of the patient. Who can measure the harm done by a thoughtless remark from a porter as he

takes a patient to, say, the X-Ray or pathology department? How good it is for the patient to be given instead a considered word of encouragement or reassurance on these occasions. These are not trivial points of no account but ones which have been shown to be of importance in helping or hindering the patient in responding to his illness.

In her recent biography of Cicely Saunders, Shirley du Bolay mentions how one of the indirect results of the hospice movement has been its impact on the care of patients in general, 'seeing their medical needs, but also seeing them in their emotional, spiritual and social context'. It is in the light of this approach that the Association would wish to offer the ideas presented in this booklet.

THE NATIONAL ASSOCIATION OF HOSPITAL
HEAD PORTERS

This Association is the only national organisation of hospital head porters. It was formed in 1971 on the initiative of a small group of head porters. The King's Fund report of 1963 on the training of head porters had gone some way toward arousing fresh interest in the subject, but not enough. The founding of the Association came, in the words of one of its reports, as 'the culmination of many years of frustrating inertia which had kept head porters in a state of "suspended animation" with no clear idea of their true role in the modern Health Service and little chance of ever finding it'. Its objects are:

To establish and maintain high standards of portering services in hospitals, for the benefit of patients.

To foster recognition of the hospital head porter as an integral member of the management team.

To set up training programmes for head porters and their staffs.

To act as a channel of communication for its members.

To represent to the appropriate authorities the views of the Association on all aspects of the above purposes, to engage in consultation, and to provide information.

The Association is organised by regions, each region having scope to conduct its own affairs. In 1974 the King's Fund made a grant to help the Association for two years, especially in developing programmes of training. Otherwise it has supported itself entirely, mainly from membership subscriptions.

Some achievements of the Association are:

Training Programmes

Two syllabuses have been prepared, one for porters, accepted by the City and Guilds of London Institute, and one for head porters and their deputies, accepted by the National Examinations Board for Supervisory Studies. Both are approved by the DHSS and adopted by training colleges.

Programmes have also been prepared for use on a Regional, District or hospital basis

Head Porters as Managers

Constant support has been given to individual head porters in their work, e.g. with advice on technical or staff matters and in their striving for recognition as managers, e.g. in transferring from ASC to A & C terms and conditions of service.

Conferences and Meetings

Meetings are held within the regions, and each year there is a national conference.

Consultation

The Association is consulted by various authorities, including the DHSS. One of the members of the National Staff Committee for Accommodation, Catering and Other Support Services belongs to the Association.

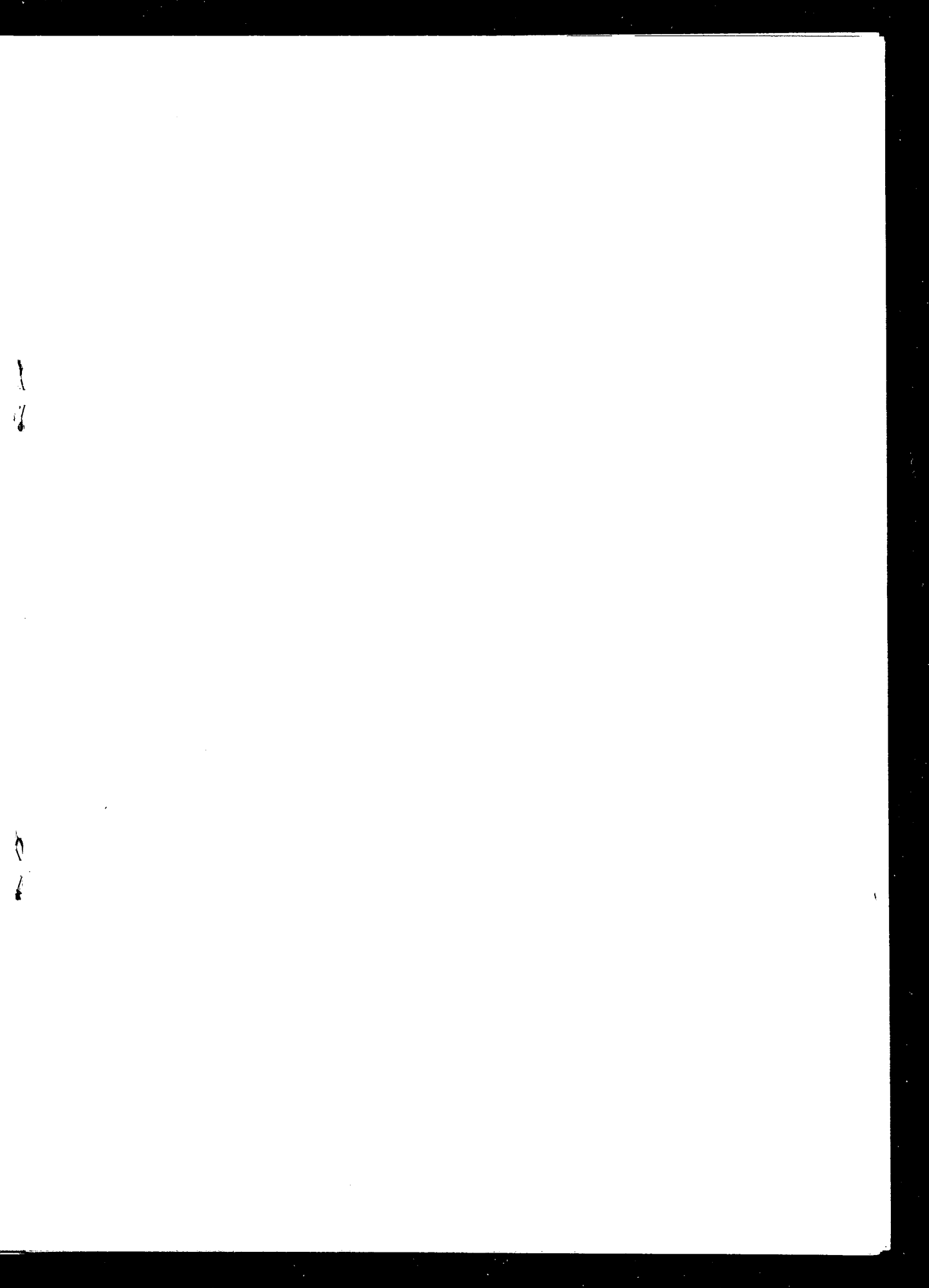
Awards

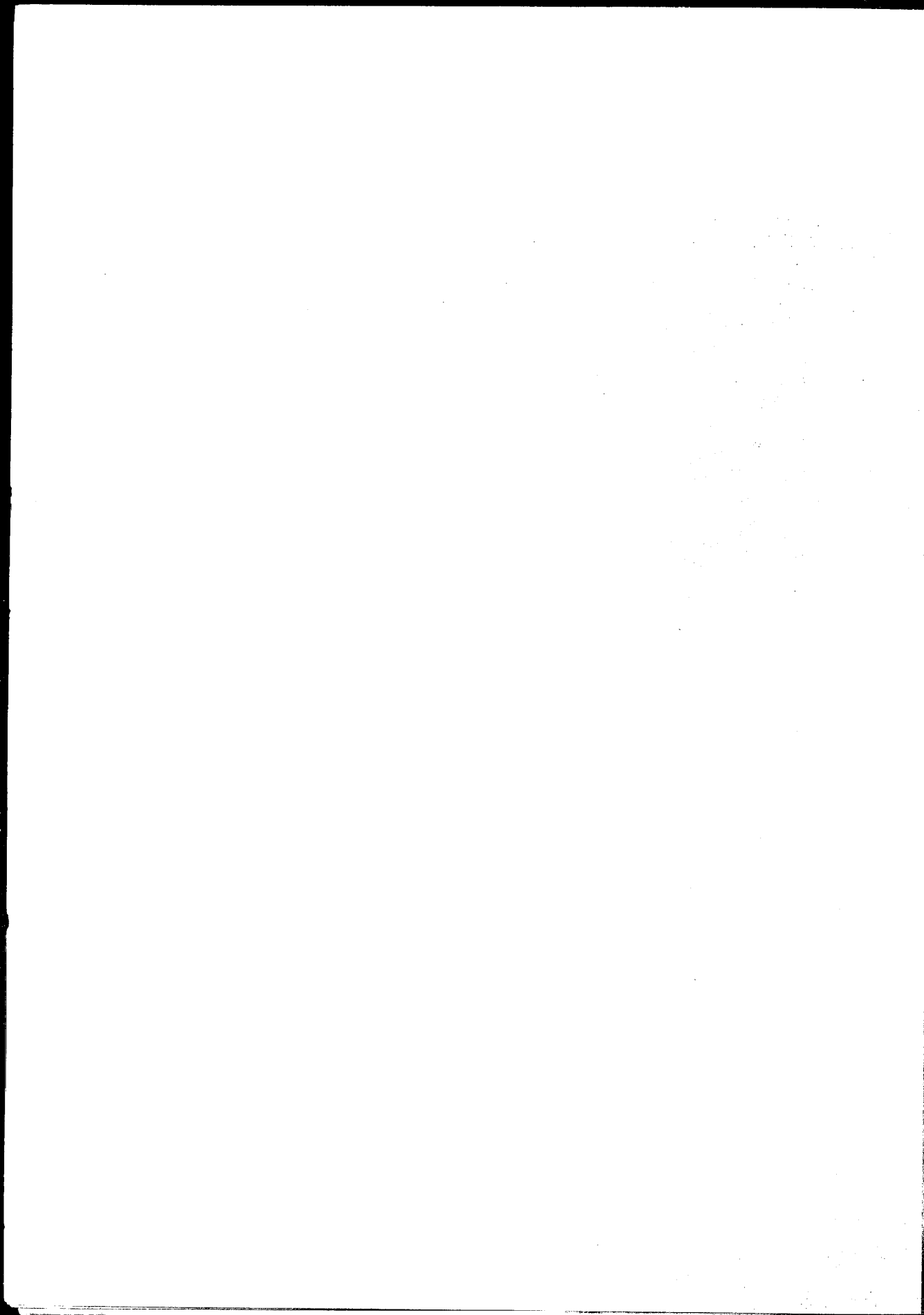
The Association awards its own diploma in hospital portering management to those who pass its approved examinations, and a limited number of Fellowships which are indicated by the letters FNAHHP after the holder's name.

ANTECEDENTS

Late in 1961 the King's Fund set up a working party, at the suggestion of the Ministry of Health, to look into the training required for hospital head porters 'in order to determine the kind of training likely to produce and maintain the most efficient service'. The working party also looked into matters of staffing, recruitment, duties and how the portering service fits into the organisation of the hospital. Its report was published by the Fund in January, 1963. It noted 'an acute lack of training either for the head porter or his staff, to the marked detriment of the hospitals', recognised the head porter as having a key post in the hospital, and recommended the kind of training required both for head porters and their staff. The Ministry of Health accepted these recommendations and asked hospital authorities to provide training programmes accordingly. Little, however, was done.

The Association set up its own committee in 1974, which within weeks had issued its recommendations for training, with a syllabus leading to a diploma in portering management to help in the appointment of qualified staff. These too were favourably received by the DHSS, but it was not until several years later, after the Association had given evidence to the National Staff Committee, that steps were eventually taken to set up the training courses now run in conjunction with several colleges.





TRAINING COURSES NOW ESTABLISHED

(a) National

These are of two kinds, each lasting three academic terms. Attendance is for one day a week. An individual project is done by each student, and there is an examination at the end of the course.

(1) City and Guilds Certificate in Hospital Portering Services

Basic training for hospital porters in subjects such as procedures for admissions, discharges or emergencies, hospital equipment, control of infection, security, health and safety at work. For an example of a project done on one of these courses, see pages 12 13 14 15

(2) Certificate in Supervisory Management (Hospital Porters) of the National Examinations Board for Supervisory Studies

For those holding posts as supervisors and those with potential as head porters or deputies. Syllabus covers subjects such as organisation and control of work, human relations, industrial relations, economic and financial aspects.

(b) Local

Courses run by Hospital Authorities

A few hospital authorities have set up their own training courses. Here are some items from one run by Guy's District.



Inner London Education Authority

WESTMINSTER COLLEGE

Courses in

HOSPITAL PORTERING SERVICES

**Leading to Technical and
Managerial Qualifications**

**The National Association
of Hospital Head Porters**



Eleven Week Course - Day Release - Fridays

DAY 3

14.00 - 15.00	MAJOR ACCIDENTS	Guy's Casualty Consultant.
15.00 - 16.00	FRONT HALL DUTIES	Geoff Heskins, Deputy Portering Services Manager, Guy's.

DAY 4

14.30 - 16.00	CARDIAC ARREST	Nursing Tutor at Guy's.
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DAY 5

14.00 - 16.00	WARD EQUIPMENT; KING'S FUND BEDS; SPECIAL BEDS; RIPPLE MATTRESSES & THEIR REPAIR.	W. Bennett, Portering Services Manager.
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DAY 6

10.00 - 13.00	MORTUARY DUTIES AND GRIEVING	L. Beaney, Mortuary Technician, and Betty Meade, Voluntary Services Organiser.
13.00 - 14.00	Lunch	
14.00 - 16.00	ADMISSIONS AND DISCHARGE PROCEDURE	Jane Barrett, Medical Records Officer.

A TYPICAL PROJECT

Each participant on a training course chooses a subject as a project to be done partly during the course and partly in his own time. Here are some extracts from the report prepared by Mr. John T. Howard during a City & Guilds course at Westminster College, entitled 'Hospital Lifting'.

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PREPARATION

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ORTHODOX LIFT

LIFTING A PATIENT FROM A BED TO A CHAIR

LIFTING WITH A DRAWSHEET

SHOULDER LIFT OR AUSTRALIAN LIFT

LIFTING A PATIENT UP THE BED

LIFTING A PATIENT FROM A BED TO A CHAIR

STANDING TRANSFER LIFT OR BOBATH LIFT

LIFTING TECHNIQUES

THREE MAN LIFT

LIFTING FROM A CHAIR TO A BED

LIFTING A PATIENT FROM A BED TO A TROLLEY

ASSISTED LIFTS

SINGLE LIFT UP THE BED

USEFUL LIFTS - Key Lifting Factors

USEFUL LIFTS

ONE MAN WALKING UP LIFT

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LIFTING AIDS

EMERGENCY LIFTS

THREE HAND LIFT

FOUR HAND LIFT

PICK A BACK LIFT

A SIMPLE CARRY

DO'S AND DONT'S

ACKNOWLEDGEMENTS

POSITION OF FEET

Positioning of the feet is very important in ALL lifting. They must be far apart to allow for balanced distribution of weight. If the patient has to be carried, then as a general rule the lifter's leading foot should point in the direction of the move as the lift is performed. In this case the position of the other foot will vary according to the type of lift used and the stability required.

ORTHODOX LIFT

The patient is moved back or forward on the count of three, by straightening their legs and transferring their weight in the direction of the move.

USEFUL LIFTS

The Lifting Stance

HEAD ERECT:

Chin tucked in to help keep the back straight

BACK STRAIGHT:

To protect joints and ligaments

ELBOWS CLOSE

to sides to use muscle force efficiently

HAND GRIPS

partners forearm firmly

KNEES APART:

To control thigh and buttock muscles

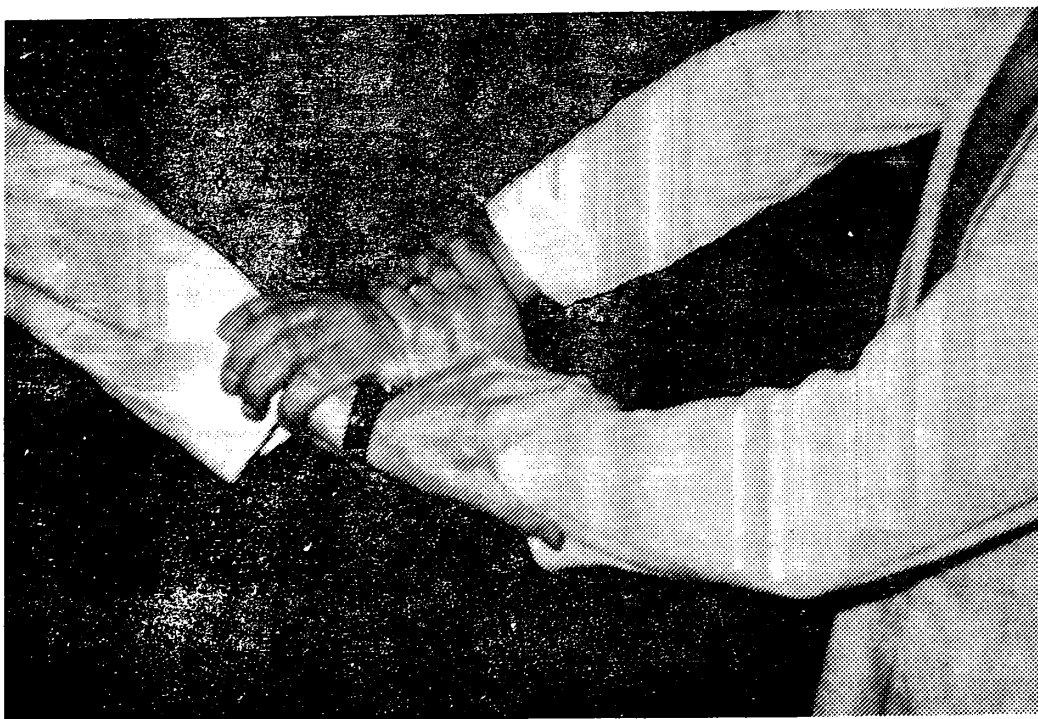
FEET APART:

To give a stable base

THREE HANDED LIFT

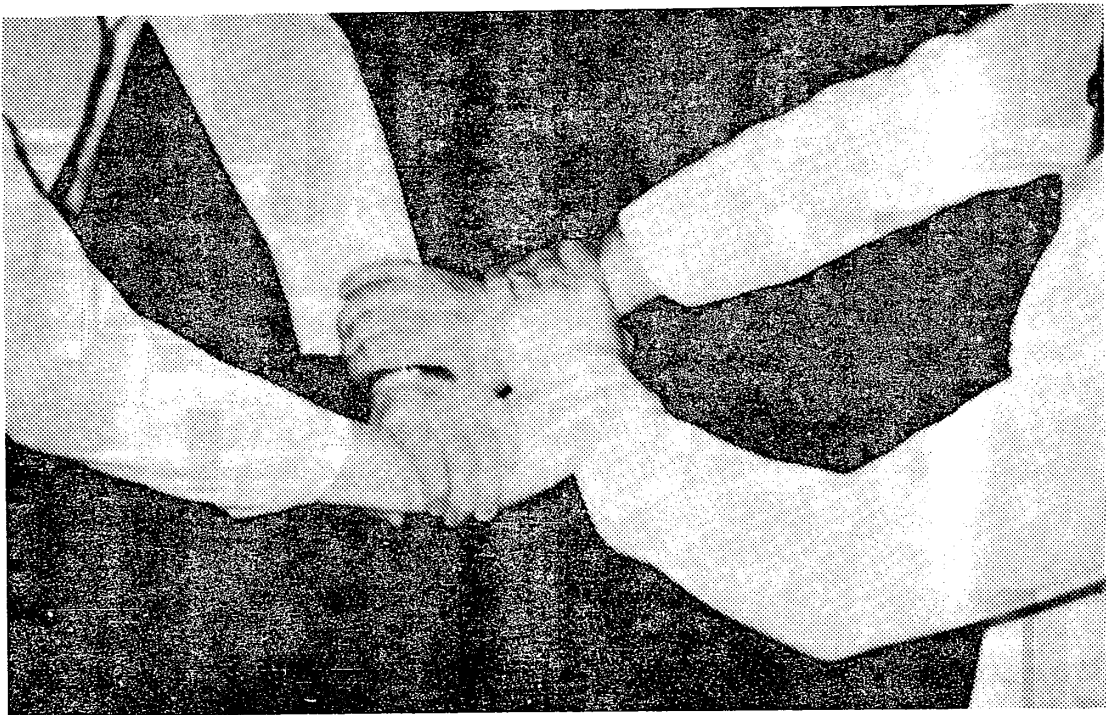
1. Grasp your own wrist
2. Your colleague will grasp your wrist with one hand, and you will form a triangular seat, by grasping your colleague's wrist with your free hand.
3. Your colleague will provide a back rest, by placing free hand across your shoulders.
4. The patient sits on the seat and can be carried to safety.

NOTE: The lifters should remove all rings and watches for the lifters' safety and the patient's safety.



FOUR HANDED LIFT

1. Each of the lifters grasps his own left wrist.
2. With your free hands, each grasp free wrist, making a seat.
3. The patient sits on the seat, and supports him/herself by placing his or her arms across your shoulders.
4. The patient can now be carried to safety.



THE WAY AHEAD

What next? There have been many changes in the twenty-one years since the King's Fund report appeared. The work of the hospital porter has become much more complex. So has that of the manager of portering services, and his responsibilities have considerably increased. A District Portering Services Manager, for instance, can well find himself running a service costing £1 million a year, responsible for its budgeting, for the training and deployment of a staff of 250 or more, and for planning the service to meet all kinds of changing needs, while maintaining a constant service.

How can we all help in this? In the words of a spokesman for the Association, 'We ask everyone concerned to take account of the situation briefly shown in this booklet to realise what is entailed in providing a service'. In particular, we look to the general manager to see that those responsible are given the support they need. To the portering managers themselves we say, 'The Association is here to help you. Join it and we shall work together for your benefit and for the good of your hospitals'.

More information about the Association, including membership, is obtainable from the Honorary Treasurer,

Mr. E. J. Jeffery,
Portering Service Manager,
St. Charles' Hospital,
Exmoor Street,
LONDON, W10 6DZ.

King's Fund



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