SAFE July 2018 SWOT Analysis
Albuquerque, New Mexico
Total screened: 228
Tuesday, July 17, 2018: 105 athletes and 24 nonathletes
Wednesday, July 18, 2018: 68 athletes and 31 nonathletes

SAFE Team:
--CNM PTA program: 25 students and Karen Browning, Program Director
--UNM PT program: 30 students and faculty: Deb Doerfler, Sue Leach, Rose Vallejo, Janet Popp, Renee Gallagher
--NMAPTA: Karen Lovely
--Academy of Geriatric Physical Therapy, New Mexico State Advocates: Beth Black, Valerie Wittmeier Morgenstern
--12 local PT/PTA volunteer clinicians

Strengths
- The space for SAFE generally worked well. Having the results/consult table outside of the room provided a quiet space for discussion
- Very positive feedback about professionalism of students/clinicians, overall organization, and consistent appreciation of offering such a valuable screening
- The SAFE sticker is a nice peer to peer SAFE promotion
- Lunch arrived promptly and was important to maintain the flow of students. Second shift students ate and observed first shift. Then took over and second shift could eat.
- SAFE greeter in lobby/hallway was an effective strategy for SAFE recruitment
- Station 1, 2, and 3 worked well positioned nearby to allow students to float where needed.
- Station 1 (intake, health questionnaire) flowed better when participants were greeted and given the correct clipboard (athlete vs nonathlete), 2 tables and chairs were needed to allow participants to comfortably complete the waiver and health history
- Gait belt given to participant at station 3 (Gait Speed) rather than at intake prevented difficulty gathering hip/waist measurements (Station 2)
- The raffle was fun and perceived as a real perk; we could utilize this more as a draw for recruiting (for instance: “Complete the SAFE screening and enter your name in a raffle to win __________“)
- Even though some participants may have been fine without the dividers for waist/hip measures, it was nice to offer the choice, and many participants appreciated the additional semi-privacy
- Coordinating different days of SAFE and academic programs
- Setting up the room a day in advance helped smooth the startup of screening on Tuesday and tidying the room Tuesday afternoon helped with the start on Wednesday
- Designating some students as floaters helped ease delays when a wave of athletes arrived.
• Having a pair of greeters out in the hallway to encourage participants attracted more individuals.
• Two people per table for the flexibility testing helped that station to go quickly and smoothly. The flexibility station has the potential to cause some back up just because of going back and forth between sides and recording all of the information. Working in teams of two, each took a joint to measure and the other one recorded. When finished with measurements, one of us wrapped up with the participant while the other cleaned the table for the next participant.

Weaknesses
• During visits to registration tables throughout the day, information to promote SAFE as athletes registered was not consistently known by volunteers.
• Should have Clorox wipes and hand sanitizer at each station rather than a central location which was inconvenient to access
• More pens and clipboards at intake table and keep pen with the participant clip board
• Vitals station: needed 4 BP cuffs to prevent intermittent delays
• Results station (7) needs space for at least 4 volunteers to prevent delay which at times resulted in the participant leaving before a review and education. Sitting next to participant with clipboard rather than table was adequate for effective communication
• Space for anthropometrics was too small
• The two walking tracks for gait speed were too close which made it difficult to test 2 participants at once.
• Procedure for completing health history: Tuesday, participants were assisted to complete the history and on Wednesday participants were completing history independently with assistance as needed. Several items can be misinterpreted and age line often overlooked if clipboard partially covering that item in top left corner of health history
• Ensure all participants keep track of their backpacks since they all look the same and there was a mix up of backpacks on Tuesday
• Photo consent form uncertainty: registered athletes consent to photographs but nonathletes do not. Do we need a separate consent form for photography or focus on images of athletes only?
• Handouts are needed that address the various constructs in the SAFE screening to facilitate participant follow up
• The flyer to promote SAFE was developed late in the planning process, had incorrect times, and distributed to the Albuquerque 50+ fitness centers on Monday before the games.
• Lack of clearly defined procedure for when participants do not qualify for SAFE due to vital sign screening
• Strength station backed up, 3 testing kits needed
• Separate eating area outside of SAFE would be preferred, students eating nearby while participants were undergoing SAFE was a distraction.
• All NMSO SAFE equipment should be labeled "NMSO" to avoid mixups with UNM equipment.
• Balance station might benefit from more people to guard
• Improve promotional display or materials that would help athlete buy-in to participate in SAFE. (how to promote SAFE in advance, perhaps 1-2 months? so athletes are looking for the SAFE booth)
• No AED on the hotel premises to allow for immediate medical emergency response
• Some of the CNM students did not feel prepared to discuss BP and anthropometrics.
• A student reported stopwatch malfunction requiring additional gait speed testing

Opportunities
• Positioning athlete registration table on the far end of activities (Health Fair and SAFE) created more passerby traffic for engagement and invitation to participate in SAFE
• Additional equipment needs: Flexibility stations needs square rolling stools for testers; handcart to move portable treatment tables; disinfectant wipes for most stations; tissues for participants; hand sanitizer for most stations
• If the New Mexico Chapter of the APTA is awarded funds to develop and print SAFE education toolkit, the review of results will include handouts to facilitate follow up for identified issues.
• Expand the liability form to include photo consent to streamline photography of SAFE participants
• Integrate mandatory SAFE training into curriculum for PT/PTA students
• Promote future SAFE events via NMAPTA Primemover and via email blast to NMAPTA membership
• NMAPTA Facebook page could be another source of clinician recruitment
• Develop and distribute a flyer for SAFE farther in advance so that the 50+ fitness centers can promote it. Encourage fitness center exercise class instructors to announce the upcoming SAFE event at classes 1-2 weeks before the event.
• Advance preparation: number the forms prior to the SAFE event
• The one complaint from participants was blood pressure: as many participants reported they never have high readings when at doctor and did not like being told have blood pressure issues when it was unusual for them. Participants informed that days are different and many things can affect their BP and not worry, just remember to continue to be aware of their symptoms and be sure to stay hydrated (many reported they had not drank water that day due to travel or busy schedule)
• More PT/PTA student collaboration
• To ensure participant safety and appropriate emergency preparedness, establish a relationship with EMT in the Athlete Village at the Nationals. Identify location of AEDs
• Student suggests that collecting vitals and anthropometrics in one space is more time efficient.

Commented [JP]:
External: Opportunities may include:
• Environmental factors that might influence/contribute to successful outcome
• Unfulfilled / open niches not served by other programs (unmet customer need)
• Upcoming changes to status quo (regulatory, political, social, etc.)
• Chances made possible by unique strengths / eliminating weaknesses (?)
• Factors: Political, Economic, Socio-cultural, Technological
• Student suggests a standardized script for the education station
• Students would like a clearly articulated protocol for addressing elevated BP that would prevent SAFE participation

**Threats**
• Last minute printing of forms created uncertainty about SAFE intake process
• Student participants might need additional reminders to document the results on the athlete scorecard and the data sheet
• More people were screened on Tuesday when no other events were competing for their time. (Wednesday health fair and athletic events)
• How to manage and organize data collected during SAFE
• UNM PT program alumni list serv is not managed by the PT program and a notice to participate in SAFE was not sent out
• It is unclear why a call for volunteer clinicians via the NMAPTA was not sent out despite efforts to do so
• NMSO sent out a series of incorrect/misleading emails to Tuesday volunteers, indicating they had volunteered for Wednesday, then Tuesday at a different time. I received several emails about this and communicated with Wendy Luck, NMSO Volunteer coordinator, who sent several emails trying to get it correct.
• Integrating PT and PTA students could be a challenge due to different academic schedules. It might not be possible to have half a class miss lectures on 2 days
• CNM student considers the balance station most likely for an accident to occur. She noted distracted student guarding during test

Commented [JP2]: External: Threats may include:
• Environmental factors that might prevent successful outcome
• Upcoming changes to status quo (regulatory, political, social, etc.)
• Factors: Political, Economic, Socio-cultural, Technological