HOUSE BILL REPORT
ESHB 1672

As Passed Legislature

Title: An act relating to reducing injuries among patients and health care workers.

Brief Description: Requiring hospitals to establish a safe patient handling committee.

Sponsors: By House Committee on Commerce & Labor (originally sponsored by Representatives Conway, Hudgins, Green, Cody, Appleton, Morrell, Wood, McCoy, Kenney, Moeller and Chase).

Brief History:

Committee Activity:

Commerce & Labor: 1/30/06, 2/1/06 [DPS];
Appropriations: 2/4/06 [DPS(CL)].

Floor Activity:

Passed House: 3/7/06, 85-13.
Passed Senate: 3/8/06, 48-0.
Passed Legislature.

Brief Summary of Engrossed Substitute Bill

- Requires all hospitals to establish a Safe Patient Handling Committee or assign the duties of a Safe Patient Handling Committee to an existing committee..
- Requires all hospitals to establish a Safe Patient Handling Program.

HOUSE COMMITTEE ON COMMERCE & LABOR

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 5 members: Representatives Conway, Chair; Wood, Vice Chair; Hudgins, Kenney and McCoy.

Minority Report: Do not pass. Signed by 3 members: Representatives Condotta, Ranking Minority Member; Chandler, Assistant Ranking Minority Member and Holmquist.

Staff: Sarah Dylag (786-7109).

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: The substitute bill by Committee on Commerce & Labor be substituted therefor and the substitute bill do pass. Signed by 16 members: Representatives Sommers,

Chair; Fromhold, Vice Chair; Cody, Conway, Darneille, Dunshee, Haigh, Hunter, Kagi, Kenney, Kessler, Linville, McDermott, Miloscia, Schual-Berke and P. Sullivan.

Minority Report: Do not pass. Signed by 14 members: Representatives Alexander, Ranking Minority Member; Anderson, Assistant Ranking Minority Member; McDonald, Assistant Ranking Minority Member; Armstrong, Bailey, Buri, Chandler, Clements, Grant, Hinkle, Pearson, Priest, Talcott and Walsh.

Staff: Amy Skei (786-7140).

Background:

In 2005, at the request of the House Commerce and Labor Committee, the Department of Labor and Industries convened a task force to examine lifting programs and policies. The Department reported the findings of the task force to the House Commerce and Labor Committee in January 2006. In the report, entitled "Lifting Patients/Residents/Clients in Health Care," the task force did not make recommendations, but concluded, in part, that:

- manual handing of patients has been recognized as hazardous for caregivers and patients;
- the hazards of manual handling can be reduced by a programmatic approach that includes:
    - policies for risk assessment and control;
    - having adequate types and quantities of equipment and staffing;
    - ongoing patient handling training;
    - management commitment and staff involvement;
    - incident investigation, follow-up and communication.

Summary of Engrossed Substitute Bill:

By February 1, 2007, hospitals, including state hospitals, must establish a Safe Patient Handling Committee (Committee) or assign the duties of a Safe Patient Handling Committee to an existing committee. At least half of the Committee members must be frontline non-managerial employees who provide direct care to patients unless doing so will adversely affect patient care. (State hospitals are those that are operated and maintained by the state for the care of the mentally ill, and include the facilities at Western State Hospital, Eastern State Hospital, and the Child Study and Treatment Center.)

By December 1, 2007, these hospitals must also establish a Safe Patient Handling Program. This program must include:

- implementing a safe patient handling policy for all hospital shifts and units;
- conducting a patient handling hazard assessment, which should consider patient-handling tasks, types of nursing units, patient populations, and patient care areas;
- developing a process to identify the appropriate use of the no manual lift policy based on the patient's physical and medical condition, and the availability of lifting equipment or lift teams;

- conducting an annual performance evaluation of the program to determine its effectiveness in reducing musculoskeletal disorder claims and related lost work days, and to make recommendations; and
- considering the feasibility of incorporating patient handling equipment or the physical space needed to incorporate it when developing architectural plans.

By January 30, 2010 hospitals must complete, at a minimum, acquisition of their choice of: (1) one lift per acute care unit on the same floor unless the Committee determines a lift is unnecessary; (2) one lift for every 10 acute care available inpatient beds; or (3) equipment for use by lift teams.

"Safe patient handling" means the use of engineering controls, lifting and transfer aids, or assistive devices, by lift teams or other staff, instead of manual lifting to perform the acts of lifting, transferring, and repositioning health care patients and residents.

These provisions do not preclude lift team members from performing other assigned duties.

If a hospital employee refuses to perform patient handling pursuant to procedures established by the hospital, the employee is not subject to discipline based on that refusal.

The Department of Labor and Industries must develop rules to provide a reduced workers' compensation premium discount for hospitals that implement a safe patient handling program. Reports are due to the Legislature on December 1, 2010 and 2012.

A business and occupations tax credit is established for hospitals licensed by the Department of Health. The credit is equal to 100 percent of the cost of acquiring mechanical lifting devices consistent with a Safe Patient Handling Program. The maximum credit for each hospital is $1,000 for each acute care available inpatient bed.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of session in which bill is passed.

Testimony For: (Commerce & Labor) (In support) This is a timely bill that should be considered. Nurses can be injured from repeated lifting. When a nurse gets hurt, he or she is then unavailable to work, which contributes to a lack of nurses in the workforce. There is a nursing shortage and nurses are leaving the profession. Continued injury to nurses should not be allowed to occur because it just adds to this shortage.

In addition, moving patients can be harmful to the patients themselves. There are injuries that result from dropping patients, skin tears, and other types of injuries. Nurses face moving people in a wide variety of situations and there are moving difficulties with a wide variety of patients, including patients with broken bones, patients who are elderly, patients with burns, and patients who are scared or combative. The lifting is "beyond human capacity" and lifting

injuries are preventable. Using equipment such as ceiling lifts has proven to be valuable with patients. Internationally, other countries are already using this sort of equipment.

The people of Washington have waited for hospitals to implement no-manual lift policies. Hospitals will never want mandates, but the people of the state need high quality, safe, and efficient health care.

There has been work on this bill, including working on a phase-in for the hospitals. There is also work being done to address the issue of funding and the costs to the hospitals.

Testimony For: (Appropriations) Taking care of others' families has jeopardized my ability to care for my own. Injury from the manual lifting of patients is the number one health care worker injury. Health care workers lead in muscular-skeletal injury rates. Manual patient lifting is banned in many countries. In manually moving patients we run the risk of dropping patients and injuring them. Nurses move people in these situations every day without the tools to move them. If volunteerism was working, I wouldn't be here today. Literature shows that lifts pays for themselves in one to three years. It costs $20,000-$60,000 to train a new nurse. This will help us keep nurses, save money on Labor and Industry (L&I) payments, and save money on training new nurses. The Veterans Administration system uses this and saves a lot of money. We are in the midst of a critical nursing shortage. We believe the fiscal note costs are overstated; some equipment is already in place at the state hospitals.

Testimony Against: (Commerce & Labor) The concepts of this bill can be supported, but it has been proven that a voluntary approach works. One hospital has had a committee formed since 1998, with half of the members frontline employees and half managerial employees. The hospital has established policies, purchased equipment, and worked with an ergonomic specialist to analyze all job sets. Equipment purchases for this hospital have equaled at least $1,000,000 in the last year for stand/sit machines and ceiling lifts. For total coverage it would cost $750,000 to $800,000.

Hospitals want to reduce injury, regardless of whether there is a bill that requires them to do so. Hospitals prioritize safety and patient lifting. Hospitals recognize that there is a shortage of staff and an aging workforce. However, there is concern with a regulatory approach. Too many regulations, or regulations that are different than what hospitals are already doing, will impede work.

Hospitals need a voluntary culture of safety and the flexibility to design their own programs. In addition, a real barrier is the initial cost of acquiring equipment. The fiscal note shows a conservative estimate when it shows $36 million. Hospitals also need time to implement these policies and time to weigh competing priorities.

No other state has established mandates like the ones imposed in this bill. There is a version of a law from Texas, but it is not a mandate.

Testimony Against: (Appropriations) We are working very hard to ensure hospitals address lifting issues. It would be better to work collaboratively and bring about a culture change. We oppose mandated equipment purchases. If there has to be a policy mandate, we would prefer

it be in the Department of Health rather than L&I. Less than half of the state's hospitals are covered in this fiscal note estimate. Please don't mandate a lifting component without addressing cost mitigation issues. Incentives would be a better approach than mandates.

Persons Testifying: (Commerce & Labor) (In support) Maggie Flanagan, Washington State Nurses Association; Sharon Ness and Jeri Donahue, United Food and Commercial Workers; Chris Barton, Service Employees International Union Local 1199; and Lani Su.

(Information only) Steve Cant, Department of Labor and Industries.

(Opposed) Beverly Simmons, Brenda Suiter, Dan Donohoe, and Lisa Thatcher, Washington State Hospital Association.

Persons Testifying: (Appropriations) (In support) Chris Barton, Service Employees International Union 1199 North West; and Maggie Flannigan, Washington State Nurses Association.

(Opposed) Lisa Thatcher, Washington State Hospital Association.

Persons Signed In To Testify But Not Testifying: (Commerce & Labor) None.

Persons Signed In To Testify But Not Testifying: (Appropriations) None.