



March 4, 2013

SB 572 Safe Handling of Hospital Patients

St Charles Health System fully supports programs and policies aimed at the safe handling of patients. These programs have been shown to improve the health and safety of our patients and staff—and lower healthcare costs. Truly, it is a Triple Aim opportunity.

SB 572, however, isn't quite the answer. Requiring hospitals to implement safe handling policies is a good idea, and so are committees that involve direct care staff and hospital administrators—committees empowered to make change at the bedside. These make good sense, and making sure Oregon hospitals have these processes in place is a good idea.

Mandating bed to lift ratios isn't such a good idea. Standardized ratios fulfill a requirement, but they don't change care at the bedside. St Charles has many different types of hospitals—from a full service trauma center to critical access hospitals in small Oregon communities. Each of these has different needs that ratios won't fully address, but they will create scenarios where limited capital dollars are shifted from true needs to fulfill ratios set by SB 572—a "one size fits all" approach to healthcare.

Recent amendments recognize this problem and removed the ratios, but create other issues. Prescriptive labeling of staff does little to honor a hospital's culture. One hospital's "safe patient handling team" is another hospital's "patient safety team". It all depends on the unique culture of the hospital—and while it makes sense to have common language for Code Blue—the life-saving call in all Oregon hospitals—it doesn't make sense to prescribe how a hospital's culture and workforce refer to the work they do.

The amendment also prescribes how lift equipment is cared for. The Joint Commission is already very prescriptive regarding how equipment in hospitals is labeled and maintained. The amendment to SB 572 sets out another set of standards for equipment maintenance, how policies are accessed by patients and staff, and many other details with no mention of enforcement. Who will now be required to hold hospitals accountable for new, duplicative regulations, most of which are already covered by other agencies and processes?

Bottom line: Patient and employee safety is the top priority of every hospital in St Charles Health System, and in every Oregon hospital. Let's work together to come up with something that makes sense and serves the best interest of our patients and our workforce. SB 572 has some great ideas, but needs work in a collaborative environment to be a better bill that serves a purpose beyond increased regulations that drive up healthcare costs without providing better health, better care and better cost to our communities.

We ask that you move SB 572 to a workgroup for more development, and would be happy to participate in the process.

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