

Testimony of Felisa Hagins
SEIU 49 – Political Director

SB 572 – Safe Patient Handling Programs

Chair Monnes-Anderson Members of the committee, for the record my name is Felisa Hagins I am the political director of SEIU 49 and I am here to testify on behalf SEIU 49 in support of safe patient handling policy and implementation at all of Oregon's hospitals.

SB 572 as you have written needs to be changed to reflect the most recent evidence and the laws that have been passed in other states.

Our hope in bringing this legislation forward is to create a concrete and clear process on how patient care providers will be incorporated into the operation, instruction and safety of the hospitals patient handling for their safety and the safety of the patients.

Each year health care workers are injured with Musculoskeletal Disorders (MSD) such as back strains, damage to spinal discs at much higher rates than the rest of the workforce. These injuries are caused by manual lifting of a patient population that is growing in physical size. It's the number one cost driver for health systems in their workers comp program, and also the number one reason that orderlies and nurses' aides miss days of work. According to the National Institute of Occupational Safety a safe lifting limit for a man is 51 lbs and for a woman is 46 lbs, a onetime lift of 75 lbs is a high risk for MSD hazard. There have been many studies that the cost of lift equipment can be re-covered in a year through a reduction in workers comp claims and lost days, and many of Oregon's hospitals have invested in lift equipment. But the time is now to move legislation forward to help imbed safe patient handling into the fabric of our acute care system.

Our hope with SB 572 is to move the cultural of safe patient handling forward in all of our hospitals and health systems by;

1. Creating a Safe Patient Handling team that is made up of direct patient care providers who manually lift, transport and move patients when appropriate.
2. A team that can assist and help educate other workers on best practices
3. That each health care facility will have a written and formalized process for safe patient handling
4. An adequate number of lift equipment that is well maintained and trained staff to use the equipment.
5. A program that will result in injury reduction and patient adverse events.

These laws are being passed throughout the country, Oregon's hospitals are moving toward this direction and our hope is that this law will move the ball faster and safe patient handling will become a rooted part of the culture in health systems.



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Lifts Help Workers Handle Patients Safely, Cut Injury Rate

By AL KARR

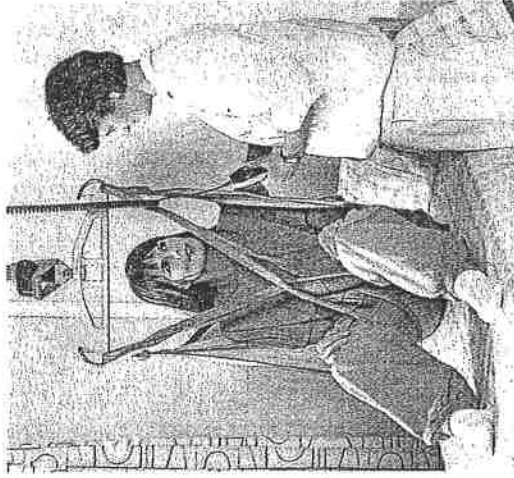
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COLETTE SMITH, AN INTENSIVE-CARE nurse at Kaiser Sunnyside Medical Center in Clackamas, Ore., used to dread one particularly tough task that had nothing to do with the wires and monitors surrounding her very ill patients: Lifting them out of bed. Ms. Smith, 50, hurt her back in 2001 while handling a patient and couldn't do her usual work for four months.

Then Sunnyside launched a no-manual-lift policy. The center bought 14 portable mechanical lifts, trained 700 nurses and assistants to use them and ordered that no one raise, move or lower a patient without the help of these motorized devices that work with a boom and sling. In two years, Sunnyside cut worker-injury rates by 29%. Kaiser Permanente, the Oakland, Calif.-based health-care provider, has installed hundreds of lifts in its hospitals in recent years and says the programs have more than paid for themselves.

These are the kind of success stories told by some employers, as well as unions and worker-safety groups that are pushing facilities to adopt lift policies and states to encourage them. The first law requiring health-care facilities to adopt a lift policy went into effect in January in Texas. Other states, including California and New Jersey, are considering similar laws, and Ohio is providing interest-free loans to facilities that buy lifts.

The idea is simple: Nursing staffs are aging and spread thinner, while patients are often heavier. Health-care workers suffer back and related injuries at "epidemic" rates, higher than for construction workers, says William Charney, a Seattle-based



Lifts reduce back injuries for health-care workers.

expert on healthcare worker injuries. The injuries pose high costs to employers, and, according to some studies, discourage workers from doing patient-care jobs, exacerbating a shortage.

All told, the challenge of moving patients has grown. Patients, too, suffer, when workers struggling to lift them end up bruising their skin, wrenching their muscles or even dropping them.

Still, getting lift programs into place isn't easy. The devices have been around for 25 years, and

they often end up gathering dust in storerooms because staffs consider them cumbersome and time-consuming. Only 10% to 20% of nursing homes and fewer than 5% of hospitals have lift programs, says Jim Collins, associate director for research at the National Institute of Occupational Safety and Health's safety-research division.

There are institutional barriers. Nursing schools and hospitals have traditionally taught "body mechanics"—how to transfer patients manually. Nurses often resist changes that mean losing the personal touch with patients. And workers pressed for time may be reluctant to wait for a lift to arrive. For Kaiser, union support was critical to making the program work, says Beverly Hayon, a spokeswoman. But many employers see the injuries sustained in moving patients as a cost of doing business, says Betty Bogue, president of Prevent Inc., a Hickory, N.C. firm that helps install lift programs. Upright expenses are also a barrier. Prices start at \$1,800 per machine, depending on design. In vetting a lift bill last year, California Gov. Arnold Schwarzenegger cited cost as a reason.

Still, if more facilities install lifts, cost will probably be a major inspiration. Genesis Health Care Corp., based in Kennett Square, Pa., launched a lift program in part because of pressure to cut workers' compensation insurance costs. Its Lafayette Center nursing home in Franconia, N.H., spent \$30,558 in 2004 to buy mechanical lifts. In one year, says Mark Santoleri, safety and loss-control director for Genesis, the number of back injuries related to moving patients dropped to zero from six and the workers' compensation claims to zero from \$97,466.