THE SENATE TWENTY-FIFTH LEGISLATURE, 2009 STATE OF HAWAII

S.B. NO. 519

JAN 2 3 2009

A BILL FOR AN ACT

RELATING TO SAFE PATIENT HANDLING PROTOCOL.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that the safe handling of 2 patients reduces injuries to both patients and health 3 professionals. Handling patients is an arduous and physically 4 demanding task for nurses and other clinical health 5 professionals. Adult patients are difficult to physically manipulate, lift, or carry. Patients may also be heavy, 6 7 combative, unable to cooperate, or have a physical disability 8 that hinders physical handling. Studies have shown that the 9 cumulative weight lifted by a single nurse during a typical 10 eight-hour shift may reach almost two tons; and nineteen 11 separate stressful physical tasks that nurses and other clinical 12 health professionals need to perform have been identified. 13 Despite frequent underreporting, nursing has consistently been 14 ranked in the top ten occupations for work-related 15 musculoskeletal disorders with incident rates of 8.8 per one 16 hundred in hospital settings and 13.5 per one hundred in nursing 17 home settings. Most of these injuries occur during a planned 18 physical patient transfer, not during unplanned emergencies. It SB LRB 09-0840.doc

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1 has been estimated that as many as twelve per cent of nurses are 2 either terminated or leave the profession due to back injuries. 3 The legislature further finds that prevention of work-4 related injuries for nurses and other clinical health 5 professionals who physically handle patients through a safe 6 patient handling program will reduce work-related injury leave, 7 provide more consistent staffing levels, increase job 8 satisfactions, and generally reduce patient-handling injuries. 9 Unsafe patient handling techniques also cause injuries to 10 patients including damage to joints, muscles, skin tears due to 11 friction and shearing movements, and bruising. A limited range 12 of motion due to old humeral head fractures, shoulder 13 subluxation, or arthritis may also predispose patients to pain 14 and further injury when being handled. Patients may also 15 experience fear of being dropped or loss of dignity during awkward handling. A patient's lack of mobility may also cause 16 17 pressure ulcers and thus the patient needs to be physically 18 repositioned at least every two hours. Nurses and other 19 clinical health professionals who physically handle patients may 20 think twice about maintaining this rigorous and strenuous 21 schedule for fear of personal injury to themselves.





1	The legislature also finds that the proper implementation		
2	of a safe patient handling program has the potential to reduce		
3	patient length of stay a major cost component costs of		
4	treating pressure ulcers, patient pain and suffering, work-		
5	related injuries for nurses and other clinical health		
6	professionals who physically handle patients, and legal actions		
7	for malpractice. The implementation of similar safe patient		
8	handling programs has resulted in a decrease in workers'		
9	compensation costs per full-time employee by twenty-nine to		
10	sixty-eight per cent.		
11	The purpose of this Act is to require all public and		
12	private hospitals in the State to implement a safe patient		
13	handling program.		
14	SECTION 2. Chapter 321, Hawaii Revised Statutes, is		
15	amended by adding a new part to be appropriately designated and		
16	to read as follows:		
17	"PART . SAFE PATIENT HANDLING PROGRAM		
18	§321-A Findings. The legislature finds that:		
19	(1) Patients are not at optimum levels of safety while		
20	being lifted, transferred, or repositioned manually.		
21	Mechanical lift programs can reduce skin tears		
22	suffered by patients by threefold. Nurses, thirty-		



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1 eight per cent of whom have previous back injuries, 2 can drop patients if their pain thresholds are 3 triggered; The physical demands of the nursing profession lead 4 (2)5 many nurses to leave the profession. Research shows 6 that the annual prevalence rate for nursing back 7 injury is over forty per cent and many nurses who 8 suffer a back injury do not return to nursing. 9 Considering the present nursing shortage in Hawaii, 10 measures must be taken to protect nurses from 11 disabling injury; and 12 Hawaii private hospitals have made progress toward (3) 13 implementation of safe patient handling programs that 14 are effective in decreasing employee injuries. It is 15 not the intent of this part to place an undue 16 financial burden on private hospitals. 17 **§321-B Definitions.** As used in this part: 18 "Lift team" means hospital employees specially trained to 19 conduct patient lifts, transfers, and repositioning using 20 lifting equipment when appropriate.





"Musculoskeletal disorders" means conditions that involve
 the nerves, tendons, muscles, and supporting structures of the
 body.

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

9 §321-C Safe patient handling committee; program; 10 equipment. (a) By January 1, 2010, each private hospital in 11 the State shall establish a safe patient handling committee 12 either by creating a new committee or assigning the functions of a safe patient handling committee to an existing committee. The 13 14 purpose of the committee shall be to design and recommend the 15 process for implementing a safe patient handling program. At 16 least half of the members of the safe patient handling committee 17 shall be frontline nonmanagerial employees who provide direct 18 care to patients unless membership will adversely affect patient 19 care.

20 (b) By October 1, 2010, each private hospital in the State
21 shall establish a safe patient handling program. As part of
22 this program, each private hospital shall:



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1 (1)Implement a safe patient handling policy for all 2 shifts and units of the hospital. Implementation of 3 the safe patient handling policy may be phased-in with 4 the acquisition of equipment under subsection (c); 5 (2)Conduct a patient handling hazard assessment. The 6 assessment shall consider such variables as patient-7 handling tasks, types of nursing units, patient 8 populations, and the physical environment of patient 9 care areas; 10 (3) Develop a process to identify the appropriate use of 11 the safe patient handling policy based on the 12 patient's physical and medical condition and the availability of lifting equipment or lift teams. 13 The 14 policy shall include a means to address circumstances 15 under which it would be medically contraindicated to 16 use lifting or transfer aids or assistive devices for 17 particular patients;

18 (4) Conduct an annual performance evaluation of the
19 program to determine its effectiveness, with the
20 results of the evaluation reported to the safe patient
21 handling committee. The evaluation shall determine
22 the extent to which implementation of the program has



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resulted in a reduction in musculoskeletal disorder 1 2 claims and days of lost work attributable to 3 musculoskeletal disorder caused by patient handling, 4 and include recommendations to increase the program's 5 effectiveness; and 6 (5) When developing architectural plans for constructing 7 or remodeling a hospital or a unit of a hospital in 8 which patient handling and movement occurs, consider 9 the feasibility of incorporating patient handling 10 equipment or the physical space and construction 11 design needed to incorporate that equipment at a later 12 date. By January 30, 2013, each private hospital in the 13 (C)14 State shall complete, at a minimum, acquisition of their choice 15 of: 16 (1)One readily available lift per acute care unit on the 17 same floor unless the safe patient handling committee 18 determines a lift is unnecessary in the unit; 19 (2) One lift for every ten acute care available inpatient 20 beds; or



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Equipment for use by lift teams. Hospitals shall 1 (3) 2 train staff on policies, equipment, and devices at 3 least annually. 4 (d) Nothing in this section precludes lift team members 5 from performing other duties as assigned during their shift. 6 Each private hospital shall develop procedures for (e) 7 hospital employees to refuse to perform or be involved in 8 patient handling or movement that the hospital employee believes 9 in good faith will expose a patient or a hospital employee to an 10 unacceptable risk of injury. Each hospital employee who in good 11 faith follows the procedure developed by the hospital in 12 accordance with this subsection shall not be the subject of 13 disciplinary action by the hospital for the refusal to perform 14 or be involved in the patient handling or movement." SECTION 3. Chapter 323F, Hawaii Revised Statutes, is 15 16 amended by adding a new part to be appropriately designated and 17 to read as follows: 18 SAFE PATIENT HANDLING PROGRAM "PART . 19 §323F-A Findings. The legislature finds that: Patients are not at optimum levels of safety while 20 (1)being lifted, transferred, or repositioned manually. 21 22 Mechanical lift programs can reduce skin tears





1 suffered by patients by threefold. Nurses, thirty-2 eight per cent of whom have previous back injuries, 3 can drop patients if their pain thresholds are 4 triggered; 5 The physical demands of the nursing profession lead (2)6 many nurses to leave the profession. Research shows 7 that the annual prevalence rate for nursing back 8 injury is over forty per cent and many nurses who 9 suffer a back injury do not return to nursing. 10 Considering the present nursing shortage in Hawaii, 11 measures must be taken to protect nurses from 12 disabling injury; and 13 Hawaii health systems corporation hospitals have made (3) progress toward implementation of safe patient 14 15 handling programs that are effective in decreasing 16 employee injuries. It is not the intent of this part 17 to place an undue financial burden on Hawaii health 18 systems corporation hospitals. 19 §323F-B Definitions. As used in this part: 20 "Lift team" means hospital employees specially trained to 21 conduct patient lifts, transfers, and repositioning using 22 lifting equipment when appropriate.



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 the nerves, tendons, muscles, and supporting structures of the
 body.

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

9 \$323F-C Safe patient handling committee; program; equipment. (a) By January 1, 2010, each hospital within the 10 11 Hawaii health systems corporation shall establish a safe patient 12 handling committee either by creating a new committee or 13 assigning the functions of a safe patient handling committee to 14 an existing committee. The purpose of the committee shall be to 15 design and recommend the process for implementing a safe patient 16 handling program. At least half of the members of the safe 17 patient handling committee shall be frontline nonmanagerial 18 employees who provide direct care to patients unless membership 19 will adversely affect patient care.

20 (b) By October 1, 2010, each hospital within the Hawaii
21 health systems corporation shall establish a safe patient
22 handling program. As part of this program, each hospital shall:



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1 Implement a safe patient handling policy for all (1)2 shifts and units of the hospital. Implementation of 3 the safe patient handling policy may be phased-in with 4 the acquisition of equipment under subsection (c); 5 (2)Conduct a patient handling hazard assessment. The 6 assessment shall consider such variables as patient-7 handling tasks, types of nursing units, patient 8 populations, and the physical environment of patient 9 care areas; 10 Develop a process to identify the appropriate use of (3)11 the safe patient handling policy based on the 12 patient's physical and medical condition and the 13 availability of lifting equipment or lift teams. The 14 policy shall include a means to address circumstances 15 under which it would be medically contraindicated to 16 use lifting or transfer aids or assistive devices for 17 particular patients; 18 (4) Conduct an annual performance evaluation of the

19 program to determine its effectiveness, with the
 20 results of the evaluation reported to the safe patient
 21 handling committee. The evaluation shall determine
 22 the extent to which implementation of the program has



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1		resulted in a reduction in musculoskeletal disorder
2		claims and days of lost work attributable to
3		musculoskeletal disorder caused by patient handling,
4		and include recommendations to increase the program's
5		effectiveness; and
6	(5)	When developing architectural plans for constructing
7		or remodeling a hospital or a unit of a hospital in
8		which patient handling and movement occurs, consider
9		the feasibility of incorporating patient handling
10		equipment or the physical space and construction
11		design needed to incorporate that equipment at a later
12		date.
13	(C)	By January 30, 2013, each hospital within the Hawaii
14	health sy	stems corporation shall complete, at a minimum,
15	acquisiti	on of their choice of:
16	(1)	One readily available lift per acute care unit on the
17		same floor unless the safe patient handling committee
18		determines a lift is unnecessary in the unit;
19	(2)	One lift for every ten acute care available inpatient
20		beds; or



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1	(3)	Equipment for use by lift teams. Hospitals shall
2		train staff on policies, equipment, and devices at
3		least annually.
4	(d)	Nothing in this section precludes lift team members
5	from perf	orming other duties as assigned during their shift.
6	(e)	Each hospital within the Hawaii health systems
7	corporati	on shall develop procedures for hospital employees to
8	refuse to	perform or be involved in patient handling or movement
9	that the	hospital employee believes in good faith will expose a
10	patient o	r a hospital employee to an unacceptable risk of
11	injury.	Each hospital employee who in good faith follows the
12	procedure	developed by the hospital in accordance with this
13	subsectio	n shall not be the subject of disciplinary action by
14	the hospi	tal for the refusal to perform or be involved in the
15	patient h	andling or movement."

16 SECTION 4. This Act shall take effect upon its approval.

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INTRODUCED BY:

Rough & Baller Amid Y lige Johnthe Clauna rechecke

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Report Title:

Safe Patient Handling Protocol; Committee; Program

Description:

Requires each private hospital in the State and each community hospital within the Hawaii health systems corporation to establish a safe patient handling committee by 01/01/2010 and a safe patient handling program by 10/01/2010.

