FINAL BILL REPORT
ESHB 1672

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Synopsis as Enacted

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).

House Committee on Commerce & Labor
House Committee on Appropriations
Senate Committee on EnterCommittee

Background:

There are approximately 97 hospitals in Washington, including public hospital districts, private not-for-profit hospitals, private for-profit hospitals, and three state hospitals for the care of the mentally ill. The majority of the hospitals are public hospital districts and private not-for-profit hospitals.

Several states have considered legislation aimed at safe patient handling in hospitals. For example, in 2005 Texas enacted a law requiring hospitals and nursing homes to adopt and implement policies to identify, assess, and develop strategies to control risk of injury associated with the lifting, transferring, repositioning, or movement of patients. The California Legislature passed a bill requiring a zero lift policy in certain hospitals, but the bill was vetoed by the Governor.

In 2005, at the request of the House Commerce and Labor Committee, the Department of Labor and Industries convened a task force to examine patient 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; and
- 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.

The task force also identified barriers to the implementation of no lift programs, such as funding.

Summary:

By February 1, 2007, all 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. The purpose of the Committee is to design and recommend the process for implementing a Safe Patient Handling Program.

By December 1, 2007, all 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 safe patient handling policy based on the patient's physical and medical condition and the availability of lifting equipment or lift teams;
- conducting an annual performance evaluation to determine 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. Hospitals must train staff on policies, equipment, and devices at least annually.

"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. In addition, if a hospital employee, pursuant to refused procedures established by the hospital, refuses to perform patient handling, 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 for hospitals that implement a Safe Patient Handling Program. Reports are due to the Legislature on December 1, 2010, and 2012, and must include information about changes in claim frequency and costs.

A Business and Occupation 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. The Department of Revenue must disallow any credit that would cause the total amount of credits claimed statewide to exceed $10 million.

Votes on Final Passage:

House	85	13
Senate	48	0

Effective: June 7, 2006