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BEFORE THE COMMITTEE ON HEALTH, EDUCATION, LABOR AND PENSIONS
SUBCOMMITTEE ON EMPLOYMENT AND WORKPLACE SAFETY
UNITED STATES SENATE**

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Good afternoon, Chairman Murray and Ranking Member Isakson, and thank you for the opportunity to discuss safe patient handling and lifting standards for a safer American workforce. My testimony today will discuss our experience in the Department of Veterans Affairs (VA) in evaluating and responding to this concern.

Manual handling injuries generate staff shortages for acute service delivery and workforce retention. In the late 1990s a Tampa VA nursing research group in Tampa undertook a review of nursing injuries, identified common and specific mechanisms of injury related to patient handling and lifting, assembled an expert panel that redesigned patient transfers and identified the needed technology. A VA Health Services Research and Development grant evaluated those recommended changes and justified the new program, now known as "Safe Patient Handling." That program supports both patient safety and employee injury prevention. The VA Sunshine Healthcare Network (Veterans Integrated Service Network, VISN 8) in Florida evaluated this program between 2001 and 2003 quite rigorously.

Parallel to external efforts by VA program developers included support for the development of OSHA's ergonomics guidelines for nursing homes and leading the writing of the *2010 Guidelines for the Design and Construction of Health Care Facilities* recently published by the American Society of Healthcare Engineers (ASHE).

Business case calculation suggested an internal rate of return on program investment between 19 and 37 percent. VA then funded a national program. Since July 2008 VA has disbursed approximately \$143 million to VA health care facilities for this initiative, with another \$62 million planned for fiscal year 2011. The program itself consists of several major elements, including technology (ceiling lifts, sliding devices, and the like), algorithms that define patient transfers as a function of patient dependency and the goal of the transfer, unit peer leaders as local program implementation support, and infrastructure.

Major Implementation lessons include the following:

- The program fails without strong local leadership and a robust unit peer leader program.
- Immediate equipment availability is a major driver for success so that ceiling lifts far outperform portable equipment.
- This is a fundamental change in patient care processes, so it relies on the nursing community to accept new technology and change long-standing practices.

Working with our Office of Nursing Services over the last year has led VA to recognize that even though implementation must be a joint effort, the public face must include a prominent nursing presence.

New evidence from researchers in Holland and from Stanford University suggests the program also supports dramatically improved quality of patient care, demonstrated by reduced rates of decubitus ulcers, incontinence, and urinary tract infections. In addition, the Stanford analysis identified an internal rate of financial return greater than 65 percent.

VA's program encompasses a comprehensive evaluation component including status reports, audits and fiscal reviews, and longitudinal evaluations of selected sites.

New technologies, not envisioned when the program was designed in 2006, have emerged. For example, air-assisted lateral transfer devices, powered wheelchairs and stretchers, and car extractors were not available 5 years ago. As the problem of obesity increases for the Veteran patient population, additional technologies have been developed for moving patients, including overweight patients. New equipment and extension of ceiling tracks into bathrooms have been designed to reduce the frequency of transfers. We are currently modeling how and where additional program elements are likely to be beneficial.

Chairman Murray, VA has found it can improve patient care while reducing costs through efforts like the Safe Patient Handling program. Thank you for the opportunity to appear, and I am prepared to answer your questions at this time.