

Safe Patient Handling Testimony

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Good morning. Chair Murray and Senator Isackson, thank you for the opportunity to testify in support of Senate File 1788; the Nurse and Health Care Worker Protection Act.

My name is Elizabeth Shogren. I am employed by the Minnesota Nurses Association as a Staff Specialist in Occupational Health and Safety. I am also a work injured registered nurse. I am honored to speak on behalf of the thousands of nurses and other healthcare workers who are work injured, and the thousands more who will be unless this legislation is enacted.

In March of 1982 my bedside nursing career ended. Not because I chose to end it, but because my injury resulted in a 40 pound lifting restriction that my employer would not accommodate. I had been a nurse less than 10 years. The last shift I was able to work without excruciating pain I was assigned to care for several patients, one of whom weighed over 400 pounds. She required repositioning every two hours and "a boost up" in bed multiple times per shift. There were not enough people to lend a hand that night so with the help of one nursing assistant, we cared for and moved her as prescribed and as needed. That was my last shift.

When my physician determined I would have a permanent lifting restriction, my employer offered me a job as an admitting clerk. A job that required no nursing education or skill, a job that was very similar to one I worked before I became a nurse. I declined that position and began

2 years and 9 months of litigation. My wage replacement benefits were cut off, and my medical care was threatened. My family's income was cut in half. My husband took a second job to make ends meet and my 3 children learned to go without. I know I was fortunate to have the opportunity to fight as most people couldn't afford to.

I fought because what happened to me wasn't right. It wasn't right that my ability to be a bedside nurse was being determined not by what I knew, but by how much I could lift. I didn't have to lift weights to pass my licensing exam. I fought because I was angry. I needed to fight, more than I needed to win, but ultimately I did.

The MN Supreme Court ruled that the job my employer offered was not suitable work.

By the time the court ruled, I was working for the MN Nurses Association. The news spread quickly of the court's decision and then the calls started coming, nurses from across the country. Nurses who thought they were alone. You see back then when nurses got hurt they disappeared. I would like to say that has changed but I feel Nurses and other healthcare workers who are injured are treated like disposable towels; used and tossed aside when they get hurt. Hurt caring for patients. I talk to hundreds of nurses every year who have the same kind of experiences. I talk to other healthcare workers, too. Sadly, they are often treated worse than registered nurses.

The Minnesota Nurses Association has supported my efforts to improve the working conditions that create these injuries, but for so long all we heard was that nurses weren't lifting correctly. "If you just used 'good body mechanics' you wouldn't get hurt".

In an average 8 hour shift a nurse on a Medical/Surgical Unit can care for 3-8 patients. These patients come in all sizes; from tiny babies to patients who weigh 700 pounds or more all with varying degrees of need for assistance. Sometimes there is staff to assist with turns and repositioning and, other times there is not. When there is not, you still have to care for the patients. We turn them, we lift them, we walk them, and we even catch them when they fall; we do whatever needs to be done. **We lift an average of 1.8 tons per 8 hour shift.** That's right, you heard me right, **we lift an average of 1.8 tons per 8 hour shift.** We don't see that in other jobs; they use equipment. Yet nurses are expected to work like this every shift for 30 or more years relying on the hydraulics of their bodies.

In the 2004 MN Workplace Safety Report, issued by the MN Dept. of Labor and Industry, workers with the most frequent OSHA recordable injuries were identified. It was a small wonder of the 14 occupations listed, Nursing Assistants were second; RNs seventh and LPNs twelfth. Essentially the report said healthcare workers have higher rates of injury, and more severe injury than most other workers in this state. **As an industry aggregate they are number 1.** In 2004 I also went to my first Safe Patient Handling Conference in Orlando. What I learned was priceless.

Good body mechanics don't work to prevent injuries related to patient handling! The process nurses have been instructed to do and have practiced to "save our backs" for decades ACTUALLY harms us. They don't work because lifting patients exceed the body's biomechanical limits. I learned that these types of injuries were largely preventable

because there was equipment available. Using equipment instead of our bodies prevents injury. I learned that many other industrialized countries had been using equipment for 20 plus years because they had laws that required it. I also found out that there is a quick return on investment because injuries to workers are reduced which in return decreased workers compensation costs. Patient injuries are reduced as well. This is especially important to me because I am still a nurse. I just take care of the people **who take care of you**. There were 38 people from MN at that Conference in 2004. We went home and we developed a plan to change what was happening in MN and we did!

MNA has worked extensively with one of the employers, Allina, as well as the MN Hospital Association to bring a new program, Safe Patient Handling, to our state. We have seen significant success with Allina, Mayo, Fairview, Bemidji and some Nursing Homes. We commended those who are changing, but we needed the rest of the employers to follow their lead but they were reluctant to do so. That's when we realized we needed a law.

In 2007 the MN legislature passed the MN Safe Patient Handling Act which requires the use of equipment in all licensed healthcare facilities. It was amended in 2009 to include all outpatient care settings.

When we presented testimony one of our members, Stacy Lundquist testified. Stacey was severely injured at work while transporting a surgical patient and the patient's equipment- a combined weight of close to 1000 pounds from one unit to the next. Stacey had begged her employer to invest in a \$7000 piece of equipment which could have pushed the bed for her, but they didn't see the need.

I wish she was able to be here today, but her injuries prevent it. I would like to share with you some of her testimony. This is how her injury has impacted her life.

"I have had 4 surgeries over the last 3+ years; I suffer from severe chronic pain which can only be controlled with medication. I can walk only short distances with a cane and must use a wheelchair when I leave my home. The pain is so intense that some days I think it would be better to be a paraplegic. I have lost my career. My injury fundamentally changed every part of my life. I can't walk, I can't drive, I can't shop, and I can't bike. I can't pitch a tent or camp or hike in the woods. I can't sleep or rest without medication and even then, I can't sleep very well. I couldn't pick up my first grandchild. I believe all of that could have been prevented if I had that piece of equipment. The pain I endure every day may never end. The rest of my life will never be what it could have been".

Safe Patient Handling is a program based on the scientific work of Dr. William Marras, and was initially implemented at the Veterans Administration Hospital in Tampa, Florida. When the VA started using the new approach to lift, move, and transport patients two things happened: the frequency and severity of worker injury declined, and patient injuries related to falls and other injuries such as skin tears, dislocated shoulders, fractures, and pressure ulcers declined as well. That success has been replicated in numerous facilities across the country. This SPH program is public domain. It is free and walks an employer through the necessary steps to start and fully implement a SPH program.

In MN we even asked for grant money to assist employers with start up costs associated with implementing this change. It isn't common to have a union ask for financial assistance for employers, but we believed it was in the best interest of patients, employers and workers and expedited the changes we needed.

We understand and believe that employers do not intentionally want to hurt their employees. Rather they rely on an industry practice that we **now know** IS NOT effective in preventing injury and protecting patients. We are not here to place blame but rather to focus on what we can do together to ensure safe working conditions in an industry that faces an acute shortage of workers.

Continued use of manual patient handling is unsafe for health care workers and patients. It contributes to increased cost of care in an environment where we are all questioning the rising cost of health care. The nation needs what has been started in MN. The patients across the country, their nurses and other care givers desperately need it.

Thank you again for the opportunity to testify and for me to share my story. I/we are grateful for this hearing and are anxious to start working on bringing Safe Pt. Handling to the nation. I would be happy to take any questions at the appropriate time.