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My name is Barbara Silverstein. I have been the Research Director for the Washington State Department of Labor and Industries' Safety and Health Assessment and Research for Prevention program (known as SHARP) for almost 20 years. I received a Master of Science degree in nursing, Master of Public Health in Epidemiology and Occupational Health, and PhD in epidemiologic science. We conduct safety and health research in a variety of workplaces to identify potential hazards and evaluate potential solutions. Health and safety of health care workers has been one of our areas of study.

Research has shown that manual handling of patients increases risk of injury for caregivers and patients. Injury statistics show manual patient handling is dangerous to care givers and patients. Even with "good" lifting technique, it is not possible to manually lift patients without exceeding the NIOSH action limit for manual handling. Mechanical lifting devices are necessary but not sufficient.

Nursing homes and hospitals have amongst the highest numbers and incidence rates of injuries in the US. Back and shoulder injuries related to manually handling patients comprise the largest proportion of injuries. Patients are older, bigger,

heavier, sicker and rapidly changing status. Nursing staffs are also getting older, fewer, working longer hours, suffering from career ending injuries and are not easily replaced. Nursing schools have difficulty in recruiting faculty. Nursing assistants can make more money working at fast food restaurants. Nursing homes face management and staff turnover and inadequate funding. Hospital and nursing home injury rates are high and workers compensation claims for back injuries are costly. Safe patient handling legislation and programs are aimed at reducing this burden for workers, patients, families and society.

Washington is one of nine states that currently have safe patient handling legislation to address this problem. Others include Illinois, Ohio, Maryland, Minnesota, New Jersey, New York, Rhode Island and Texas. Legislation has been initiated in another 10 states (California, Florida. Kansas, Massachusetts, Michigan, Nevada, New York, Vermont, Connecticut, Hawaii and Missouri). The legislation varies in terms of coverage and requirements.

Safe Patient Handling (SPH) legislation has a positive impact on staff knowledge and practice of safe patient handling as well as reduction in patient handing injury rates. This has been demonstrated in Washington State.

Washington State passed safe patient handling legislation for acute care hospitals in 2006 with phase-in from 2007-2010. Requirements and incentives of the Washington State law requires that hospitals have

- A safe patient handling committee with at least half of the committee comprised of direct care staff
- A needs assessment for all patient care areas
- Minimum 1 handling device per 10 acute care beds/unit
- Right to refuse unsafe handling

- Annual evaluation,
- Department of Health audit of SPH implementation and practice

Additionally, the law provided incentives for implementation, including

- A tax credit equivalent to $1,000 per acute care bed for SPH equipment purchases up to $10 million total.
- Placement in a reduced workers compensation premium class for those with fully implemented SPH programs
- Department of Health audit of SPH implementation

This law is similar to the legislation proposed in HR 2381 Nurse and Health Care Worker Protection Act of 2009 that also included all direct care workers in health care facilities, and enforcement by OSHA.

To assist in the implementation of the Washington State law, a steering committee was created in 2006 with initial representation from the Washington State Hospital Association, Washington State Nurses Association, SEIU1199NW, UFCW141 nurses, and SHARP. Since that time, additional members from a number of large hospitals have been participating in the steering committee. The steering committee website (slide 8) is used by health care facilities to guide implementation of safe patient handling programs and practices. (www.washingtonsafepatienthandling.org)

The hospital financial tax credit incentive of $1,000 per acute care bed for purchasing SPH equipment was used by most hospitals. Of 92 acute care hospitals, 28 used their maximum business and occupations tax credit. As of March 2010, $7.6 million in tax credits were accessed. Access to tax credits ends December 31, 2010.

In 2006, SHARP initiated a study to evaluate the potential impact of this legislation on hospital nursing staff. In addition to monitoring individual and overall injury incidence rates, we are comparing SPH implementation and outcomes in 4 acute care hospitals in Washington with 4 acute care hospitals in Idaho (which has no legislation), matched for size (2 large, 2 small) and geographic location (east, west).

Incidence rates for patient handling related injuries increased in 2006, remained high in 2007 and dropped significantly from 2007 to 2008, and we have preliminary indications of a further decline in 2009.

However, injury rates are lagging indicators. Leading indicators include changes in perceptions and practices. In order to capture changes in these indicators, we focused on 4 hospitals in Washington (with legislation) and 4 similar size and location (urban/rural) in Idaho (without legislation.

2007 baseline data included staff surveys, staff and management focus groups, observations and back injury workers compensation data. We repeated data collection in 2009 and will collect the final round of data in 2011. Direct care staff survey areas included demographics, knowledge of SPH policies, procedures, committees, equipment and training, as well as physical demands, health and quality of work life. There were no significant differences in these areas between Washington and Idaho at baseline. Slides 13-20 show survey some results at baseline (2007 and follow-up (2009).

Findings to date are included in the accompanying figures and include:

- Decreasing workers compensation claims rates related to patient handling injuries in Washington State acute care hospitals

- Compared to Idaho hospital staff survey data, Washington survey data indicated greater staff knowledge about safe patient handling including:
    - What "safe patient handling" means (safe for patients/safe for staff)
    - Less likelihood of injury on their team
    - Satisfaction with patient handling equipment
    - Availability of equipment to handle patients weighing more than 500 pounds
    - Greater likelihood to routinely use lifting and transfer equipment
    - Satisfaction with availability of patient handling equipment
    - Safety committee involvement in the purchase of SPH equipment

    However, Washington nursing staffs were twice as likely to report conflicting job demands as Idaho nursing staffs. This was not necessarily related to the SPH program.

Focus groups (qualitative data) are used to "put the meat on the bones" of surveys (quantitative data) by including clarification of comments. Issues discussed in the staff and supervisor focus groups included knowledge of SPH concepts, barriers and successes in implementation.

At baseline, staff members were asked what SPH meant to them. Many tended to focus on patient falls and using "good body mechanics" to lift patients than on prevention of staff injuries using appropriate equipment. There is no safe way to manually lift an adult patient by one or more people.

In staff interviews in Washington State, there was much more knowledge of the requirements of an effective SPH program, including adequate staffing, safety committee involvement, hands-on training, and management support. Safe patient handling can be very effective in small as well as large hospitals as evidenced by

comments from a staff focus group that indicated management support and adequate equipment were essential ingredients.

A lack of management knowledge about and support for a SPH program in a large Idaho hospital was evidenced by relying on manual handing with transporter support and a decision to not include ceiling lifts in a new hospital when it is much less expensive to install them during construction than in retrofitting. An example of a staff member using a ceiling lift is provided on the last page of the figures attached to this testimony. Using a ceiling lift is safer and more comfortable than manual handling or using a floor lift for both the patient and the staff.

Implementation of safe patient handling program cannot be successful if done in isolation**.** Mechanisms must be in place for continuous practice in use of equipment, easy availability of equipment, on-going training opportunities for staff such as looking for teachable moments with new or reluctant staff, a culture shift from "back injuries are inevitable in nursing" to, handling patients safely for the patient and the care-giver. The VA has shown the importance of facility champions and peer leaders in the implementation and sustainability of SPH programs.

There is some indication among Washington nursing staff of reduction in "very, very physically demanding work by the first follow-up (see accompanying slides). This is likely to result in reduced injury and turnover of nursing staff in the future.

In summary, legislation and regulation can provide a "floor" for what are minimally acceptable working conditions, but as a society, a profession and an industry, we should expect more of ourselves and each other. We need to take care of those who take care of us. Mason General Hospital, a small critical access hospital in rural Washington, provides an example of this through their "environment of prevention" which advertizes their safe patient handling program

to promote staff recruitment and community good will. They have been quite successful in their recruitment and retention of nursing staff. Perhaps this would have happened eventually without legislation, but legislation provided compelling and immediate incentives for implementation and sustainability. Other examples can be found on the Washington State Safe Patient Handling Steering Committee website (www.washingtonsafepatienthandling.org).

The attached figures provide more detail and illustration.