

**Testimony of the Service Employees International Union  
on Assembly Bill 577, to establish Safe Handling of Patients  
April 4, 2007**

Chair Leslie, Vice Chair Gerhardt, and Members of the Assembly Health and Human Services Committee, thank you for this opportunity to testify.

My name is Bill Borwegen. I'm the Occupational Health and Safety Director of the Service Employees International Union (SEIU). Here in Nevada, SEIU Local 1107 represents thousands of public service and healthcare employees. They are part of our 1.8 million members nationwide; half who are healthcare workers including 85,000 registered nurses.

We are here today to voice our strong support for Assembly Bill 577, to require hospitals and skilled nursing facilities to establish safe patient handling and movement programs. This bill if enacted will:

1. Help to stem the exodus of experienced nurses from the bedside,
2. Help attract new nurses to the profession,
3. Improve the quality of patient care,
4. Reduce healthcare worker injuries,
5. Reduce workers compensation premiums, and
6. Save employers and taxpayers millions of dollars each year.

As you know, Nevada and our nation are experiencing a significant shortage of nurses who are either not willing or not able to work in hospitals. We know that injuries caused by the manual lifting, transferring and repositioning of patients is the leading cause of disabling injuries for nurses. This is not surprising when you consider that the average nurse lifts and transfers the equivalent of 1.8 tons per day.

These injuries are the main reason that nurses and other hospital workers today have higher injury and illness rates than do workers employed in mining, manufacturing or construction. In fact in surveys of nurses who have left nursing, 12% say they have left the bedside due to a disabling neck, back or shoulder injury from manual patient lifting.

Yet we also know that safe patient handling programs that substitute manual patient lifting and transfers, with the use of mechanical lifting and transfer devices can dramatically cut these injuries. The overwhelming evidence is reflected in dozens of peer reviewed scientific studies have been conducted that document dramatic drops in injuries with the introduction of safe patient handling programs.

These studies also show that:

1. Patient care is improved, as the dropping of patients is reduced,
2. Patients incur fewer serious skin tears, and
3. Patients report feeling more comfortable and secure.

The safe patient lifting equipment literally pays for itself. For example, in one nursing home according to OSHA, \$60,000 was spent on mechanical lifting and transfer devices. A year later this facility reported a drop in medical and workers compensation costs of \$600,000 the first year the safe patient lifting program was in place. This was a savings of \$10 for every dollar invested in equipment. This also translates into an annual savings of \$600,000 for each year that the program remains in place.

When you consider that 60% of all healthcare dollars come from tax dollars, you can also see how such programs can also save taxpayer dollars.

So while the evidence is overwhelming that safe patient handling programs save both workers' backs and employers' bucks, why have so few hospitals adopted comprehensive safe patient handling programs?

Those that have include Kaiser Permanente, one of the nation's largest healthcare employers with more than 150,000 employees. They came to us in 2000 seeking our counsel on how to reduce their skyrocketing workers compensation costs. As they are self insured, every dollar they spend on compensating workers who are injured on the job comes directly out of their bottom line.

We suggested that they first look at where workers were getting hurt- by reviewing their OSHA injury and illness logs. The vast majority of their reported injuries were neck, back and shoulder injuries- and far and away the leading cause of these injuries was the manual lifting and transferring of patients.

Based on these findings, we and our members entered into a partnership with Kaiser to implement safe patient lifting programs in all of their hospitals. As a 2006 Wall Street Journal article reported, one Oregon hospital “bought 14 portable mechanical lifts, trained 700 nurses and assistants to use them and ordered that no one raise, move, or lower a patient without the help of these motorized devices that work with a boom and sling. In two years, [this hospital] cut worker-injury rates by 29%.”

Last month at a national safe patient handling conference sponsored by the US Veteran’s Health Administration, Kaiser’s Vice President for occupational health and safety reported that injury rates have dropped 29% among all of their Oregon hospitals, 38% among their eighteen Northern California hospitals and an impressive 56% among their eleven Southern California hospitals.

Despite this evidence, according to the federal National Institute of Occupational Safety and Health “only 10% to 20% of nursing homes and fewer than 5% of hospitals have [safe patient] lift programs.” So this is why this legislation that you are considering today is so important.

Safe Patient Lifting laws have already passed in Texas, Ohio, New York, Rhode Island and Washington State. This legislative season, bills are being considered in California, Massachusetts, New Jersey, Florida, Illinois, Hawaii, Maryland and Minnesota, in addition to here in Nevada. The Maryland bill just passed both their Senate and House of Delegates last week and now awaits the anticipated signature of Governor O’Malley.

If you share our concern about the need to take steps to address the nursing shortage in Nevada, to stop the exodus of experienced nurses from the bedside, to help attract new nurses to the profession, to improve the quality of patient care, to reduce healthcare worker injury rates, to reduce workers compensation premiums, and to save employers and the taxpayer millions of dollars each year, I urge you to support this important legislation.

Our one suggestion to amend this legislation is to make it clear that lift teams are an optional and preferred supplement to the use of safe patient handling and transfer devices; but not a substitute for the purchase and use of the proper lifting and transfer equipment. In fact it has been shown that so-called healthy and strong looking co-workers who are frequently asked to manually assist with lifts and transfers suffer neck, back and shoulder

injuries at a rate four times greater than their less able looking co-workers. We don't want to injure the lift team members by not providing them with the proper mechanical lifting and transfer devices.

We hope that nurses and other hospital workers in Nevada can count on you for your support and vote on AB 577.

Again, thank you for this opportunity. I would be glad to response to your comments, questions and suggestions.