



**Minnesota Hospital Association**

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## Implementation of Safe Patient Handling Legislation

This legislation, originally authored as a stand-alone bill by Sen. Linda Higgins (DFL-Minneapolis) and Rep. Patti Fritz (DFL-Faribault), requires all health-care facilities, including hospitals and nursing homes, to establish a policy to minimize manual lifting of patients by nurses and other direct care workers by 2011. The Minnesota Nurses Association originally advocated for elimination of all manual lifting.

### Requirements of the New Law

- 1) By July 1, 2008, each facility needs to adopt a written safe patient handling policy that establishes the facility's plan to meet the goal of minimizing manual lifting of patients by nurses and other direct patient care workers by January 1, 2011. This plan or program shall address the following elements:
  - Assessment of hazards with regard to patient handling.
  - The acquisition of an adequate supply of appropriate safe patient handling equipment.
  - Initial and ongoing training of nurses and direct patient care staff on use of this equipment.
  - Procedures to ensure that physical plant modifications and major construction projects are consistent with program goals.
  - Periodic evaluations of the safe patient handling program/plan.
  
- 2) Facilities are to establish a committee to conduct lifting assessments and make recommendations regarding the purchase of lifts, priorities for equipment purchase, and training and evaluation of the safe patient handling program. **The committee must be established by July 1, 2008, and shall be organized as follows:**
  - At least half of the members of the committee must be non-managerial nurses and workers.
  - If the direct care workers are represented by a union, the union shall select the committee members proportionate to its representation of non-managerial direct care workers.
  - If a health care organization owns more than one facility, they may have a committee at each facility or may have one overall committee.
  - Employee committee members must be compensated for time spent on committee business.
  - If a hospital has already adopted a safe patient handling policy that meets the elements of the law, and has a committee (e.g., a hospital safety committee) to oversee this policy then going forward the only requirement is to make sure that at least half of the members of the committee are non-managerial staff.

### The duties of the committee are as follows:

- Complete a patient handling hazard assessment as well as annual evaluations of the safe patient handling program.
- Make sure the assessment takes into consideration types of nursing units, patient populations, patient handling tasks and the physical environment of patient care areas.
- The plan this committee develops should identify problems and solutions as well as the areas of the hospital at highest risk for lifting injuries.

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- The plan should also recommend a mechanism to report, track and analyze injury trends and make recommendations on the purchase, use, and maintenance of lift equipment.
- The plan should address initial and ongoing training of staff on the use of new lifts.
- The plan should also recommend procedures ensuring that safe patient handling equipment is incorporated into the construction plans for remodeling of patient care areas.

### **Grant program**

A grant program, administered by the Minnesota Department of Labor and Industry (DoLI), provides matching funds to facilities to purchase lifting equipment. The grant program received \$500,000 per year for two years. However, the funding in the second year of the biennium was line-item vetoed by Governor Pawlenty, who cited his belief that the particular funding stream was inappropriate. He asked the Commissioner to report back to the Legislature on more appropriate funding mechanisms for the purchase of safety equipment. Minnesota Hospital Association has been working with DoLI to develop standards for release of the grant funds to hospitals and nursing homes.