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Does Safe Patient Handling Legislation Make a Difference

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Abstract. Washington State passed Safe Patient Handling legislation (ESHB 1672) for hospitals in 2006 with full implementation by 2010. We assessed the impact of the legislation by comparing workers compensation claims rates for Washington State hospitals (with) nursing homes (without) over this period, focusing on work-related musculoskeletal disorders (WMSDs). We also compared implementation of SPH in Washington State hospitals (with legislation) to comparable hospitals in Idaho (no legislation) via focus groups and surveys. Over the study period, hospital WC rates for WMSDs declined more rapidly than nursing home WC rates. Washington hospital nursing staff reported significantly greater SPH implementation than Idaho nursing staff.

Keywords: musculoskeletal disorders, hospitals, legislation

1. Introduction

In the last decade, there have been significant changes in the US health care industry for employers, staff and patients including more rapid changes in status and turnover of patients. Hospital direct care staffs are doing more with less and have been experiencing more musculoskeletal disorders, especially back and shoulder pain[1-5]. Nursing homes are inadequately financed, staffed and have outdated facilities. There is another way to provide good care and not injure patients or staff [7- 9]

Legislative concern resulted in Safe Patient Handling (SPH) legislation for all 96 acute care hospitals in Washington State in 2006[1]. Implementation of the legislation was staggered through 2010. Tax credits of $1,000 per acute care bed were available up to $10 million total for all hospitals combined. A voluntary steering committee comprised of labor, management and government representatives was formed to guide implementation (www.washingtonsafepatienthandling.org). Did this make a difference?

2. Method

1) We compared workers compensation claims rates for Washington hospitals (with legislation) to nursing homes (without legislation)
2) We conducted focus groups and surveys in 4 hospitals in Washington (with legislation) and 4 similar hospitals in Idaho (none). Specific SPH questions included SPH policies and practices, knowledge, equipment availability and use, staff input, presence of pain related to patient handling, likelihood of injury in the next year, supervisory support, conflicting demands.

3. Results

There were significant reductions in hospital compensable incidence rates (CIRs) for WMSDs (10.1% decrease, 95%CI -8.0, -12.3, $p<0.0001$), and in nursing home CIR (5.8% decrease, 95% CI -1.7—9.7, $p<0.007$), the reduction for hospitals was somewhat greater ($p<0.057$).

The WMSD rate for nursing homes was 1.6 that of hospitals, the back WMSDs rate was 2.1 times greater. About 70% of all back WMSD claims were associated with patient handling (Nursing homes CIR> 3 times acute care hospitals). There has been a substan-

tial decrease in CIRs for hospitals over the study period, where as among nursing homes there was a decrease between 2002 and 2008, and then an increase in 2009.

Staff survey: 73% in WA had a written SPH policy compared to 57% in ID ($p<0.05$). Barriers to following policies were similar: staffing, equipment availability. More in WA reported having a committee discussing patient handling related injuries (59% vs. 41%, $p<0.05$).

The perceived greatest patient handling barriers included 1) room size 2) not enough staff, and 3) lack of equipment. These were significantly greater perceived barriers in Idaho than in Washington ($p<0.001$). Ceiling lifts were rare except int large hospitals.

In 2009, more in WA indicated patient assessments considered SPH than in 2007 ($p<0.003$), equipment needs ($p<0.03$), and knew of their hospital's SPH policy ($p<0.001$). There were no differences in perceived physical demands, lift equipment satisfaction, staff input, times patient handling equipment was used, or whether they had a committee that identified equipment needs.

4. Discussion

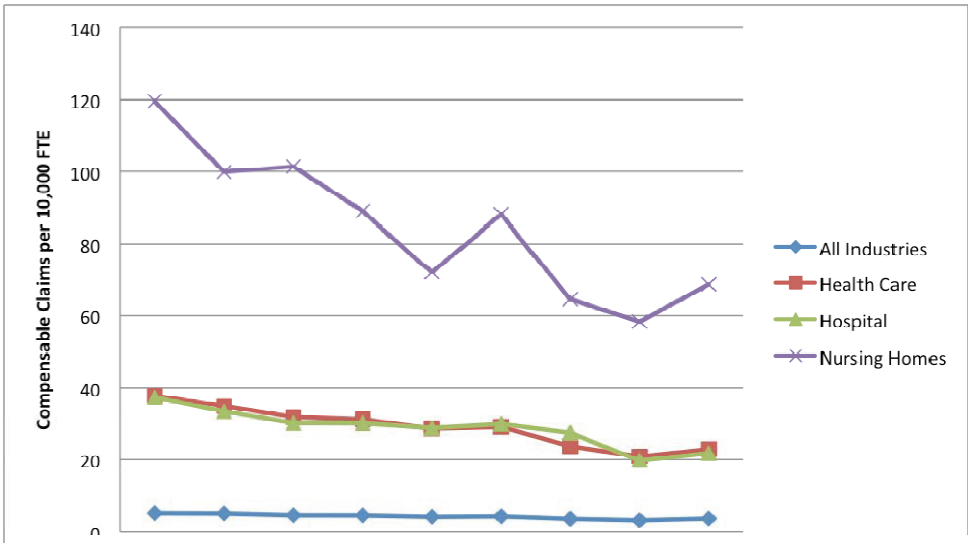

Figure 1. Washington State Work-related musculoskeletal disorders (WMSDs). Workers Compensation compensable claims rates 2001-2009.

Washington State has been a US pioneer in implementing SPH legislation. Initial results indicate that hospitals and staff are more engaged in injury prevention, recognizing back injury is not inevitable and perhaps result in better patient care. When staff is cared for, they will likely have a greater capacity to care for their patients and residents.

It is obvious that nursing home workers have always had higher incidence of compensable WMSDs than Hospitals. However, the nursing homes were largely unorganized by unions to represent the workers in the same way hospital unions were involved in the SPH legislation effort with the hospitals.

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