



Minnesota State Council
On Disability

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Safe Patient Handling Legislative Report

Minnesota State Council on Disability's response to
Minnesota State Session Law 2007, Chapter 135, Article 2,
Section 37: WORK GROUP; SAFE PATIENT HANDLING

2008 Legislative Session

Background

The health care industry recognizes that manually lifting and transferring individuals with physical limitations due to weight or disability are high-risk activities for the person being lifted or transferred as well as the person doing the lifting. Additionally, increasing numbers of individuals with disabilities are expressing concern and objection to the serious limitations in access to basic healthcare services. The limited physical and programmatic access to examination tables or diagnostic equipment for people who move differently or who are unable to move, discourages participation in routine preventative care and creates delays at early intervention points that would otherwise be effective and less costly

In an attempt to address safe patient handling issues, the 2007 Legislature directed that "By July 1, 2008, every licensed health care facility in the state shall adopt a written safe patient handling policy establishing the facility's plan to achieve by January 1, 2011, the goal of minimizing manual lifting of patients by nurses and other direct patient care workers by utilizing safe patient handling equipment." Medical clinics are not licensed facilities and were not included in the directive. In order to address this, legislation was passed that a work group be convened to prepare a report on safe patient handling issues in clinic settings.

Sec. 37. WORK GROUP; SAFE PATIENT HANDLING.

The Minnesota State Council on Disability shall convene a work group comprised of representatives from the Minnesota Medical Association and other organizations representing clinics, disability advocates, and direct care workers, to do the following:

- (1) assess the current options for and use of safe patient handling equipment in unlicensed outpatient clinics, physician offices, and dental settings;
- (2) identify barriers to the use of safe patient handling equipment in these settings; and
- (3) define clinical settings that move patients to determine applicability of the Safe Patient Handling Act.

The work group must report to the legislature by January 15, 2008, including reports to the chairs of the senate and house of representatives committees on workforce development.

Work Group

The Minnesota State Council on Disability assembled a work group consisting of:

- Jeff Bangsberg Advocate
- Margot Cross Minnesota State Council on Disability
- Ronna Linroth Gillette Lifetime Specialty Healthcare
- Carrie Mortrud Minnesota Nurses Association
- David Renner Minnesota Medical Association

- Bettye Shogren Minnesota Nurses Association– Alternate
- Mark Skubic Park Nicollet Health Services
- Dominic Sposeto Minnesota Dental Association
- Joel Ulland National Multiple Sclerosis Society, MN Chapter
- John Whisney Minnesota Medical Management Association

Work Group Activities

The first responsibility of the Work Group was to **“assess the current options for and use of safe patient handling equipment in unlicensed outpatient clinics, physician offices, and dental settings”**.

The Work Group conducted an extensive review of lifting equipment currently available on the market. Product information was provided by several lift distributors that specifically addressed equipment that would be appropriate for use at clinics. The Work Group reviewed safe patient handling equipment from simple, free standing assistive technologies at moderate costs to complex, more expensive built-in overhead lift systems appropriate for use with a variety of individuals with mobility impairments. This variety of products provides a range of options appropriate for various settings with different space and physical structure concerns. In addition to off-the-shelf lift equipment there was consideration for creative strategies for modifications to existing equipment and non-traditional use of furniture, such as recliners on wheels.

The features of a mechanical lift system would likely vary from site to site based on the demands of the service provided, the environment, and the functional capabilities of the individuals receiving the service. For these reasons there was no single right or best product recommendation made. In addition, Ronna Linroth from Gillette Specialty Lifetime Healthcare conducted an onsite tour of lifting equipment used at their facility.

The second responsibility of the Work Group was to **“identify barriers to the use of safe patient handling equipment in these settings”**.

The Work Group identified the barriers to and the advantages of the use of lifting equipment in clinic settings. The barriers list highlights issues such as cost and space, but also identifies the lack of training and education as significant barriers to the use of this equipment in clinic settings. The advantages to using lifting equipment focused on patient and employee safety with significant attention to worker compensation savings.

Barriers

- Cost of equipment, training, space remodeling, or construction.
- Adequate space necessary for storage, examinations and patient movement.
- Effective initial and ongoing staff training.
- Uncertain number of patients who need assistance.
- Patient confidence in provider competence in use of equipment.
- Low reimbursement rate from publicly financed programs combined with added time required to provide service.
- Difficulty of use of equipment or product and need for multi-step procedures.
- Lack of awareness of choice of products.
- Concern about liability for inappropriate use of equipment leading to injury.

Advantages

- Improved patient safety and protection from falls and injury.
- Employee safety, protection from injury.
- Healthcare savings by more appropriate & timely care.
- Increased access to basic healthcare for patients needing assistance.
- Improved healthcare outcomes for patients needing assistance.
- Increased workforce productivity.
- Worker compensation savings due to fewer worker injuries.

The third and final responsibility of the Work Group was to “**define clinical settings that move patients**”. The Work Group agreed on the following definition:

Physician, dental, and other outpatient care facilities where service requires movement of patients from point to point as part of the scope of service, except outpatient surgical settings.

Work Group Recommendation

The Work Group recommends that a legislative initiative be pursued that would require each clinic to develop a plan to ensure the safe handling of patients. Each plan should address the variety of issues which are outlined in the following section.

Suggested Language

SAFE PATIENT HANDLING PLAN.

Definitions: A “health care facility” means, a physician, dental, and other outpatient care facility where service requires movement of patients from point to point as part of the scope of service, except licensed outpatient surgical centers.

Subdivision 1. **Safe patient handling plan required.** (a) By July 1, 2009, every health care facility in the state shall develop a written safe patient handling plan to achieve by January 1, 2011, the goal of ensuring the safe handling of patients by minimizing manual lifting by direct patient care workers, and by utilizing safe patient handling equipment.

(b) The plan shall address:

(1) assessment of risks with regard to patient handling, that considers the patient population and environment of care;

(2) the acquisition of an adequate supply of appropriate safe patient handling equipment;

(3) initial and ongoing training of direct patient care workers on the use of this equipment;

(4) procedures to ensure that physical plant modifications and major construction projects are consistent with program goals; and

(5) periodic evaluations of the safe patient handling plan.

A health care organization with more than one covered health care facility may establish a plan at each facility or one plan to serve this function for all the facilities.

Subd. 2. **Facilities with existing plan.** A facility that has already adopted a safe patient handling plan that satisfies the requirements of subdivision 1, or a facility that is covered by a safe patient handling plan that is covered under and consistent with Minnesota Statutes 2007, Section 182.6553 is considered to be in compliance with the requirements of this section.

Subd. 3. **Training materials.** The commissioner shall make training materials on implementation of this section available to all health care facilities at no cost as part of the training and education duties of the commissioner under section 182.673.

Subd. 4. **Enforcement.** This section shall be enforced by the commissioner under section 182.661. A violation of this section is subject to the penalties provided under section 182.666.