



Action Packet

Committee on Health Innovation

**Tuesday, February 5, 2008
9:30 AM - 10:30 AM
Morris Hall (17 HOB)**

**Marco Rubio
Speaker**

**Rene Garcia
Chair**

COMMITTEE MEETING REPORT

Committee on Health Innovation

2/5/2008 9:30:00AM

Location: Morris Hall (17 HOB)

Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
Rene Garcia (Chair)	X		
James Frishe	X		
Eduardo Gonzalez	X		
Ed Homan	X		
Jimmy Patronis	X		
Ari Porth	X		
Maria Sachs	X		
Franklin Sands	X		
Will Weatherford	X		
Totals:	9	0	0

Committee meeting was reported out: Tuesday, February 05, 2008 10:55:22AM

COMMITTEE MEETING REPORT

Committee on Health Innovation

2/5/2008 9:30:00AM

Location: Morris Hall (17 HOB)

HB 461 : Health Flex Plans

<input checked="" type="checkbox"/> Favorable					
	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
James Frishe	X				
Eduardo Gonzalez	X				
Ed Homan	X				
Jimmy Patronis	X				
Ari Porth	X				
Maria Sachs	X				
Franklin Sands	X				
Will Weatherford	X				
Rene Garcia (Chair)	X				
	Total Yeas: 9	Total Nays: 0			

Appearances:

Robert Wychulis (Lobbyist) - Information Only
Florida Association of Health Plans
200 W College Ave., Suite 104
Tallahassee Florida 32301
Phone: (850) 386-2904

Committee meeting was reported out: Tuesday, February 05, 2008 10:55:22AM

COMMITTEE MEETING REPORT

Committee on Health Innovation

2/5/2008 9:30:00AM

Location: Morris Hall (17 HOB)

HB 471 : Patient Lifting and Handling Practices

<input checked="" type="checkbox"/>	Favorable With Amendments (2)				
	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
James Frishe	X				
Eduardo Gonzalez	X				
Ed Homan	X				
Jimmy Patronis	X				
Ari Porth	X				
Maria Sachs	X				
Franklin Sands	X				
Will Weatherford	X				
Rene Garcia (Chair)	X				
Total Yeas: 9		Total Nays: 0			

Appearances:

Martha DeCastro, Vice President for Nursing (Lobbyist) - Proponent

Florida Hospital Association

306 East College Ave.

Tallahassee Florida 32301

Phone: (850) 222-9800

Nancy Henri, RN (General Public) - Proponent

SEIU Healthcare Florida 1991

18441 NW 2nd Ave.

Miami Gardens Florida 33169

Phone: (305) 620-6555

(waived time in support)

Stephen Cline (Lobbyist) - Proponent

Baptist Health South Florida

108 E. Jefferson St., Suite B

Tallahassee Florida 32301

Phone: (850) 681-0254

(waived time in support)

Anna Small (Lobbyist) - Proponent

Florida Nurses Association

215 S. Monroe St., Suite 400

Tallahassee Florida 32301

Phone: (850) 681-6810

(waived time in support)

Doug Martin (Lobbyist) - Proponent

AFSCME Florida Council 79

3064 Highland Oaks Terrace

Tallahassee Florida 32301

Phone: (850) 222-0842

Committee meeting was reported out: Tuesday, February 05, 2008 10:55:22AM

COMMITTEE MEETING REPORT

Committee on Health Innovation

2/5/2008 9:30:00AM

Location: Morris Hall (17 HOB)

Summary:

Committee on Health Innovation

Tuesday February 05, 2008 09:30 am

HB 461 Favorable

Yeas: 9 Nays: 0

HB 471 Favorable With Amendments (2)

Yeas: 9 Nays: 0

Committee meeting was reported out: Tuesday, February 05, 2008 10:55:22AM

Alison, Cynthia

From: gene moriarty [gene@seiu1991.org]
Sent: Monday, February 04, 2008 2:42 PM
To: Alison, Cynthia
Subject: FW:
Attachments: header.htm; MBTestimony Lift Bill feb5_08.doc

-----Original Message-----

From: gene moriarty [mailto:gene@seiu1991.org]
Sent: Monday, February 04, 2008 1:44 PM
To: John@seiu1991.org
Subject:

**WRITTEN TESTIMONY OF MARTHA BAKER, RN
President, SEIU Healthcare Florida, Local 1991
Before the Florida House of Representatives
Health Innovation Committee
Tallahassee, Florida, February 5, 2007**

Thank you for the opportunity to submit this testimony to you today. I come with a warning: Florida's health care system is being slowly and painfully paralyzed by the loss of direct-care professional staff, now struggling under the burdens of care giving. The legislation you are considering today, HB 471, which we support together with the Florida Nurse Association and the Florida Hospital Association can provide immediate partial relief if you pass it into law.

I have been a registered nurse for 28 years, and I work in the Trauma Intensive Care Unit of Jackson Memorial Hospital in Miami, Florida – one of the busiest trauma centers in the nation. I am also president of SEIU Healthcare Florida Local 1991, representing the Nurses, Attending Physicians, and Healthcare Professionals who work at Jackson Memorial Hospital. I am past co-chair of the SEIU Nurse Alliance, which is made up of 110,000 nurses across the country and SEIU Healthcare Union represents more than a million healthcare workers of all kinds. .

As a trauma nurse, I work on the frontlines of medicine every day, and try to provide the best care possible for every patient that comes through the door. Sometimes that is not always as easy to do when the issue comes to manually lifting patients. Nurses and other health care workers are battling against a silent epidemic of severe back injury that is robbing our hospitals of caregivers and crippling tens of thousands of critically needed health professionals upon whom delivery of quality care depends.

In Florida, hospitals are one of the most dangerous industries – with a nonfatal employee injury incidence rate that exceeds that of the mining, construction, agriculture and manufacturing industries. Health care also holds the title for having the highest risk factors for back injury, both in Florida and nationwide.

These risks can be avoided if the Florida legislature passes a bill that is before you this week – HB 471, introduced by Rep. Jimmy Patronis. It has a companion in the state Senate, SB 508 introduced by Sen. Mike

Fasano, which just cleared its only committee of reference with a unanimous vote last week. It would require hospitals to develop and adopt safe lifting plans which would include, where appropriately based on the evidence, mechanical lifting devices and safe lifting training by December 31 of this year. The goal of all the plans will be to reduce and eliminate injury to patients and injury to hospital workers. As hospitals implement their individual plans, this measure could potentially virtually eliminate back injuries to direct-care healthcare workers, resulting in millions of dollars in savings, in addition to the savings in terms of human capital.

Technology exists today that would prevent injuries to nurses and other healthcare professionals. Besides keeping nurses at the bedside, installation and use of this equipment would protect patients from needless falls, joint injuries and skin breakdown that result directly from manual lifting. Many studies have shown that the physical workload of nursing contributes to negative patient outcomes. Taking the strain off nurses will result in fewer complications and shorter lengths of stay for patients. Essentially, protecting nurses protects patients.

Right now, many of our nurses are not being protected. Health care is one of the last industries to mechanize lifting and movement. This issue is now being recognized by the industry and a number of hospitals are beginning to follow the example set by the handful of hospitals which have successfully established safe-lifting programs. Those that have, such as Tampa General Hospital, have all but eliminated injuries resulting from manual lifting and moving. Our industry can be proud of the fact that the Florida Hospital Association is leading the way to encourage every hospital to take a close look and adopt the measures dictated by its individual circumstance to achieve safe lifting.

Registered nurses manually lift an estimated 1.8 tons, or 3,600 pounds per 12-hour shift, and some studies suggest even more. Each lift carries with it a 75 percent risk of back injury, because manually moving 50 or more pounds can result in hairline tears of protective membrane around spinal disks. The cumulative result of many such lifts what often leads to disabling back injury. These figures will most likely continue to climb as 60 percent of patients that enter health care now fit the BMI index for obesity.

Let us consider what Brown does for us. United Parcel Service – UPS – limits the weight that its employees can lift because of the risks that I just described. Teamsters fought for that limit after many of its members were injured on the job. Nurses are now in this difficult position, seeing our coworkers crippled and driven from the bedside, of asking hospital management – and asking you today – why must I have to physically lift and move a 250-pound patient? There's something wrong with this picture.

For hospitals, injured staff means time and money lost. One health care worker in 10 experiences lost time due to back injury. Here in Florida in 2005, 1,740 muscular skeletal disorders were specifically related to patient handling in health care, with a median lost days count of 10. In 2000 alone, the direct cost that back strains and sprains had on Florida health care employers was \$23.6 million. When estimated indirect costs were added, that number jumped to \$94.2 million.

Workers' compensation premiums play a large part in that immense figure and the good news is that, with this legislation, those costs can be reduced. Millions would be saved for both state-funded and self-insured systems. We hope that these high costs alone will convince all hospitals to implement the plans they develop under this legislation and put safe lift-programs in place. We know, thanks to HB 471, they will at least seriously examine the need, and the benefit and measure their progress from year to year against the goals they have set.

Besides saving patients from harm and reducing workers comp claims, this legislation also would serve to significantly improve Florida's nursing shortage. Simply stated, hospitals can't afford – both in financial cost and human toll – to lose highly experienced staff due to preventable back injuries. A critical nursing shortage is plaguing the state, as it is the entire nation, and it is driven in part by the severe demands of the job. Twelve to 18 percent of RNs who leave the profession cite back injuries as their primary reason for leaving. Florida's

nurse vacancy rate is 15 percent. One survey found 46 percent of RNs saying they work with ongoing back pain.

The cost for a hospital to replace and orient a new RN varies between \$40,000 and \$60,000. But that figure doesn't address the loss in the provision of quality patient care. New RNs need experience to acquire the skills to provide top-notch care. We need to ensure that our nurses are able to stay on the job for our patients' sake.

The bottom line is that the cost of introducing these life-saving changes is relatively minor compared with the cost of business as usual. Any cost to implementing a no manual lifting policy, including the purchase of equipment, can be recouped in 12 to 24 months from workers compensation and other related savings. Under this bill, employers don't have to wait for the savings – it includes a time-limited credit against annual inpatient revenue assessments to cover the cost of purchasing the required equipment.

Since Tampa General implemented a lift-team approach using mechanical lift equipment, it has eliminated almost all injuries to patients and to employees. A Zero Lift Memorandum of Understanding also was passed in British Columbia in 2001, resulting in a 32 percent decrease in lost time injury rates. In Victoria, Australia, Zero Lift regulations have reduced lost days by 74 percent and reduced claims by 54 percent, saving \$13 million in one year.

In Washington, Congress is considering legislation requiring the Department of Labor to establish an OSHA standard for safe lifting for health care workers, but we can't afford to wait for federal rulemaking, which could take many years. Florida should lead the way and will be ahead of the crisis if this legislation passes and those of us who are its advocates make information available to the hospital safe lift teams that are devising the policy for each institution.

This legislation is necessary to protect both patients and caregivers. For nurses, it would mean that they would be able to remain on the job, and able to extend their professional careers so that they can continue to provide quality health care. This is a benefit to everyone – patients, nurses, doctors, hospitals, and members of this committee. I am proud to say that my hospital, Jackson Memorial Hospital in Miami, has committed to work with our Union and fully implement a Safe Patient Moving and Lifting program. We have begun to meet and should be implementing our plan well before the deadlines of the bill. This bill simply clarifies how important a standard safety for patients, nurses and all health care workers is to Florida's Hospitals.

I appreciate the opportunity to express our concerns about this important issue. This legislation has inspired a working partnership of the hospitals and all nurse organizations that can be a foundation for quality care in all of our facilities. I urge you to pass HB 471 out of committee with a positive recommendation that it be passed by the Healthcare Council and the full House of Representatives.

Thank you.

Martha Baker, RN
President, SEIU Healthcare Florida, Local 1991
18441 NW 2d Ave.
Miami Gardens, FL 33169
305-620-6555

House of Representatives
COMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee on HEALTH INNOVATION Bill No. HB 471

Meeting Date ~~14~~ 2-5-08 Time 9:30 AM Place Morris Hall

COMMITTEE ACTION:

- Favorable
- Favorable with Amendments 2
- Favorable with Committee Substitute
- Unfavorable
- Temporarily Deferred
- Reconsidered

Other Action: _____

Final Vote on Bill		Members	#1		#2					
			Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>		Rep. Jim Frishe								
<input checked="" type="checkbox"/>		Rep. Eduardo Gonzalez								
<input checked="" type="checkbox"/>		Rep. Ed Homan								
<input checked="" type="checkbox"/>		Rep. Jimmy Patronis								
<input checked="" type="checkbox"/>		Rep. Ari Porth								
<input checked="" type="checkbox"/>		Rep. Maria Lorts Sachs								
<input checked="" type="checkbox"/>		Rep. Franklin Sands								
<input checked="" type="checkbox"/>		Rep. Will Weatherford								
<input checked="" type="checkbox"/>		Rep. Rene Garcia, Chair								
Yeas	Nays		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
9	0	TOTALS	(A)		(A)					



Committee on _____

Action _____

Date _____

HOUSE AMENDMENT FOR DRAFTING PURPOSES ONLY

(may be used in Committee, but not on House Floor)

Amendment No. 1

Bill No. 4571

(For filing with the Clerk, Committee and Member Amendments **must** be prepared on computer)

If amendment is text of another bill insert:

Bill No. _____ Draft No. _____

Representative(s)/The Committee on Patronis

offered the following amendment:

Amendment

on page 1, line 16,

health care facility licensed under chapter 395 by
the Agency for Health Care Administration
as a hospital under chapter 395

(A)



Committee on _____

Action _____

Date _____

HOUSE AMENDMENT FOR DRAFTING PURPOSES ONLY

(may be used in Committee, but not on House Floor)

Amendment No. 0

Bill No. 471

(For filing with the Clerk, Committee and Member Amendments **must** be prepared on computer)

If amendment is text of another bill insert:
Bill No. _____ Draft No. _____

Representative(s)/The Committee on _____

offered the following amendment:

Amendment

on page 1, line 17,

~~A hospital~~

~~A~~ By December 2008, each hospital shall establish an evidence-based policy

(A)