

## **BILL ANALYSIS**

C.S.H.B. 1829  
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Human Services  
Committee Report (Substituted)

### **BACKGROUND AND PURPOSE**

Interested parties report that Texas is currently suffering from a shortage of nurses in nursing homes and in hospitals and that many nurses and other direct-care staff are frequently injured in the course of lifting and moving patients. The parties assert that it may be possible to better ensure the health and safety of both patients and direct-care employees by instituting policies that better train and monitor staff. The parties further assert that such policies will reduce the frequency of injuries to both patients and direct-care staff during lifting and moving a patient and contend that a safer environment will help attract and retain nurses and health care staff as well as extend the length of time they can participate in direct patient care. C.S.H.B. 1829 seeks to address these issues and ensure the safety of patients, nurses, and other direct-care staff members.

### **RULEMAKING AUTHORITY**

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

### **ANALYSIS**

C.S.H.B. 1829 amends the Health and Safety Code to revise and expand the required content of the safe patient handling and movement policy required to be adopted by the governing body of a hospital or the quality assurance committee of a nursing home and to apply the applicable policy provisions to other direct-care staff members, in addition to nurses. The bill specifies that the policy's required education of nurses and other direct-care staff members in the identification, assessment, and control of risks of injury to patients, nurses, and other direct-care staff members during patient handling and movement includes training on the proper use of lifting devices and equipment, proper manual lifting technique, the benefit of team lifts and potential risks of single-person lifts, and alternative ways to reduce risks associated with patient handling, including the use of equipment for moving patients and the use of the environment. The bill requires the policy to prohibit retaliation or discrimination against a nurse or other direct-care staff member who refuses to perform or be involved in patient handling or movement that the nurse or other direct-care staff member believes in good faith will expose a patient or a nurse or other direct-care staff member to an unacceptable risk of injury. The bill requires a hospital or nursing home to adopt and implement the required policy not later than January 1, 2014.

### **EFFECTIVE DATE**

On passage, or, if the bill does not receive the necessary vote, September 1, 2013.

### **COMPARISON OF ORIGINAL AND SUBSTITUTE**

While C.S.H.B. 1829 may differ from the original in minor or nonsubstantive ways, the following comparison is organized and highlighted in a manner that indicates the substantial differences between the introduced and committee substitute versions of the bill.

INTRODUCED

SECTION 1. Section 256.002(b), Health and Safety Code, is amended to read as follows:

(b) The policy shall ~~[establish a process that, at a minimum, includes]:~~

(1) include an analysis of the risk of injury to both patients and nurses posed by the patient handling needs of the patient populations served by the hospital or nursing home and the physical environment in which patient handling and movement occurs;

(2) require education of nurses and other staff in the identification, assessment, and control of risks of injury to patients and nurses during patient handling and movement, including training on:

(A) the proper use of lifting devices and equipment;

(B) proper manual lifting technique;

(C) the five areas of body exposure, including vertical, lateral, bariatric, repositioning, and ambulation; and

(D) [(3) evaluation of] alternative ways to reduce risks associated with patient handling, including the use [evaluation] of equipment for moving patients and the use of the environment;

(3) require supervision of a registered nurse of all patient handling or movement, regardless of whether moving equipment is used;

(4) restrict [restriction], to the extent feasible with existing equipment and aids, [of] manual patient handling or movement of all or most of a patient's weight to emergency, life-threatening, or otherwise exceptional circumstances;

(5) require any necessary manual patient handling or movement to be conducted by two-person lift teams and prohibit manual patient handling by a staff member acting alone, unless the patient weighs less than 50 pounds;

(6) require collaboration with and annual

HOUSE COMMITTEE SUBSTITUTE

SECTION 1. Section 256.002(b), Health and Safety Code, is amended to read as follows:

(b) The policy shall ~~[establish a process that, at a minimum, includes]:~~

(1) include an analysis of the risk of injury to [both] patients, [and] nurses, and other direct-care staff members posed by the patient handling needs of the patient populations served by the hospital or nursing home and the physical environment in which patient handling and movement occurs;

(2) require education of nurses and other direct-care staff members in the identification, assessment, and control of risks of injury to patients, [and] nurses, and other direct-care staff members during patient handling and movement, including training on:

(A) the proper use of lifting devices and equipment;

(B) proper manual lifting technique;

(C) the benefit of team lifts and potential risks of single-person lifts; and

(D) [(3) evaluation of] alternative ways to reduce risks associated with patient handling, including the use [evaluation] of equipment for moving patients and the use of the environment;

(3) restrict [(4) restriction], to the extent feasible with existing equipment and aids, [of] manual patient handling or movement of all or most of a patient's weight to emergency, life-threatening, or otherwise exceptional circumstances;

(4) provide for [(5)] collaboration with and

report to the nurse staffing committee;

(7) prohibit retaliation or discrimination against a staff member who refuses [~~(6) procedures for nurses to refuse~~] to perform or be involved in patient handling or movement that the staff member [nurse] believes in good faith will expose a patient or a staff member [nurse] to an unacceptable risk of injury;

(8) implement a quality oversight body within the facility for enforcement of safe patient handling practices;

(9) require [~~(7)~~] submission of an annual report to the governing body or the quality assurance committee on activities related to the identification, assessment, and development of strategies to control risk of injury to patients and nurses associated with the lifting, transferring, repositioning, or movement of a patient; and

(10)[~~(8)~~] in the development of [developing] architectural plans for constructing or remodeling a hospital or nursing home or a unit of a hospital or nursing home in which patient handling and movement occurs, require consideration of the feasibility of incorporating patient handling equipment or the physical space and construction design needed to incorporate that equipment at a later date.

SECTION 2. A hospital or nursing home shall adopt and implement a policy required by Section 256.002(b), Health and Safety Code, as amended by this Act, not later than January 1, 2014.

SECTION 3. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2013.

annual report to the nurse staffing committee;

(5) prohibit retaliation or discrimination against a nurse or other direct-care staff member who refuses [~~(6) procedures for nurses to refuse~~] to perform or be involved in patient handling or movement that the nurse or other direct-care staff member believes in good faith will expose a patient or a nurse or other direct-care staff member to an unacceptable risk of injury;

(6) require [~~(7)~~] submission of an annual report to the governing body or the quality assurance committee on activities related to the identification, assessment, and development of strategies to control risk of injury to patients, [and] nurses, and other direct-care staff members associated with the lifting, transferring, repositioning, or movement of a patient; and

(7) [~~(8)~~] in the development of [developing] architectural plans for constructing or remodeling a hospital or nursing home or a unit of a hospital or nursing home in which patient handling and movement occurs, require consideration of the feasibility of incorporating patient handling equipment or the physical space and construction design needed to incorporate that equipment at a later date.

SECTION 2. Same as introduced version.

SECTION 3. Same as introduced version.