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To: The Senate Committee on Health
From: Sen. Dan Feyen
Re: Senate Bill 885

Hello Chair and members of the committee, thank you for taking the time to hear testimony on SB 885.

As stated in my previous testimony on SB 884, elderly falls are a growing concern in the State of Wisconsin.

This is a very simple bill which establishes a grant program at DHS for patient lift devices. These devices can be used to help uninjured elderly get back on their feet either independently or with the assistance of staff at their residence. This can help in a few ways: first to return the dignity to a fallen elderly person so that they are not suck on the ground waiting for assistance. Second, this can greatly reduce EMS calls. Currently, there are facilities with no-touch policies, where staff is unable to assist a fallen resident, even if they are uninjured and just need help back on their feet. You will hear today from Fire and EMS on the impact that falls have on their workload.

SB 885 provides \$300,000 in the 23-24 fiscal year for this grant program. The funds would be available for community-based residential facilities, hospices, nursing homes, and residential care apartment complexes for purchasing lift devices.

In order to qualify for the grant, a facility must report falls data, as specified by DHS. They are also limited to purchasing only lift equipment that has been approved by DHS. These lift devices must be operable either independently or with the assistance of facility staff and must aid in the mechanical lifting of a fallen patient.

Thank you very much for holding a public hearing on this bill.



WISCONSIN STATE REPRESENTATIVE

LORI PALMERI

54TH ASSEMBLY DISTRICT

Testimony of Representative Lori Palmeri

Committee on Health

SB 885: grants for patient lift devices and making an appropriation

February 14th, 2024

Thank you, Chairwoman Cabral-Guevara and members of the Senate Committee on Health, for allowing me to testify in favor of Senate Bill 885. I appreciate the opportunity to testify in favor of this bill to help create a more efficient and dignified fall response for uninjured residents.

As we all age, our likelihood of falling increases. Falls often leave our loved ones unable to get up on their own. In turn, many rely on family, caregivers and in many cases, Emergency Medical Services (EMS) to help. Reliance on EMS when falls occur is not exclusive to private home settings but is also often utilized by residential care apartment complexes, community-based residential facilities, nursing homes, and hospices.

The Oshkosh Fire Department has been collecting data on incident locations for fall assist calls since 2020. Their data has shown a total of **6,174** calls since 2020 for emergency medical services related to a fall. Of those calls, **814** were to an assisted living facility, **377** were to a nursing home, and **229** to a community-based residential facility. The high call rate for falls is not unique to Oshkosh but is an issue throughout Wisconsin.

SB 885 would require DHS to establish and administer a pilot program to award grants to facilities to purchase patient lifting devices. This is meant to provide additional tools for staff at these facilities to assist residents to return to standing comfortably, safely, and with dignity after a fall. Having access to patient lifting devices will also encourage staff to perform a lift instead of calling EMS when a patient is uninjured and just needs to be helped to their feet.

The program will also require grant recipients to report data specified by the Department of Health Services (DHS) to evaluate the effectiveness of the patient lift devices in the facilities.

Please join me in supporting SB 885.



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Kirsten L. Johnson, Secretary

TO: Members of the Senate Committee on Health
FROM: HJ Waukau, Legislative Director
DATE: February 14, 2024
RE: SB 885 relating to: Grants for patient lift devices and making an appropriation

The Wisconsin Department of Health Services (DHS) would like to submit written testimony for information only for Senate Bill 885 (SB 885) relating to grants for patient lift devices with a \$300,000 general purpose revenue (GPR) appropriation for state fiscal year 24. SB 885 requires DHS to establish and administer a program to award grants to nursing homes, community-based residential facilities (CBRFs), residential care apartment complexes (RCACs), and hospices to purchase patient lifts. All grant recipients must meet criteria established by DHS; and grants can only be spent on patient lift devices that are: approved by DHS, can be operated independently by a patient or resident, can be operated with the assistance of facility staff, and aid in mechanically lifting a human.

To enact the provisions of SB 885 DHS would need to update its rules under DHS 83 for CBRFs and DHS 89 for RCACs regarding the training and maintenance of lifts. DHS regulations do not currently require training for lifts in these types of facilities. SB 885 also does not provide explicit rulemaking authority for implementation of the grants. DHS recommends SB 885 include language to provide rulemaking authority to DHS.

While a facility can always use more lifts, falls and serious injuries from falling have occurred due to improper lift use or using the wrong sling or type of lift. DHS highly recommends proper training to ensure a successful grant program. Additionally, any lifts acquired under SB 885 would need to be maintained. The costs of maintenance would need to be borne by the facilities after acquiring a lift. Further, many nursing homes and hospices already have a lift that can be used independently by a resident or patient with staff support.

The patient lift grant program under SB 885 would also have significant budget and staff implications for DHS. DHS would require support staff to assist in creating and managing the program along with tracking expenditures. SB 885 does not appropriate resources for staff, only for data tracking, though it does allow for data tracking to be contracted out.

DHS thanks the Committee for the opportunity to provide written testimony for information only on SB 885 and is offers itself as a resource for the Committee.



Greater Wisconsin
Agency on Aging Resources, Inc.

Date: February 14, 2024

To: Chairperson Cabral-Guevara and members of the Senate Health Committee

From: Janet Zander, Advocacy & Public Policy Coordinator

Re: For Information Only: SB 884 – Fall Prevention & Recovery Training
SB 885 – Grants for Patient Lift Devices

Thank you for this opportunity to share testimony on SB 884 & SB 885. My name is Janet Zander and I serve as the Advocacy and Public Policy Coordinator for the Greater Wisconsin Agency on Aging Resources, Inc. (GWAAR).

Falls remain the number one cause of injuries among older adults. In fact, Wisconsin has the highest rate in the nation of deadly falls among older adults.¹ Falls are a key driver of emergency department visits, hospitalizations, and nursing home admissions. Falls also represent an increasing percentage of 911 calls across the state, resulting in increased pressure on local emergency medical services and emergency department capacity.

SB 884

SB 884 requires the state Department of Health Services (DHS) to develop or identify fall prevention and recovery training programs for certain employees of residential care apartment complexes (RCACs), community-based residential facilities (CBRFs), nursing homes, and hospices, as well as for the patients/residents that reside in these facilities. These facilities, in turn, must then administer the fall prevention and recovery trainings to required employees and to patients/residents of the facilities. In addition to the fall prevention and recovery training, this bill requires these facilities to have at least one employee with current CPR certification, one employee with current first aid certification, and one employee who has received fall prevention and recovery training, available on the premises at all times a resident/patient is present. Lastly, this bill imposes a duty upon these facilities to administer CPR (as appropriate) and first aid to patients/residents and to make an attempt to lift patients and residents who have fallen, appear to be uninjured, and cannot recover on their own.

GWAAR is supportive of efforts to provide initial *and ongoing* CPR and first aid training to facility staff. This training offers patients/residents a prompt response to various medical emergencies and can help to prevent a tough situation from becoming worse. We also support the provision of fall prevention training to staff and residents/patients. As the saying goes, “an ounce of prevention is worth a pound of cure.” It is much easier to stop something from happening in the first place than to repair the damage after it has happened. Regarding the identification and training of staff and residents/patients on fall recover and proper techniques for lifting and moving residents/patients, **it is critical that any training provided be consistent with the level of skill needed to properly conduct a post-fall assessment and properly lift a patient/resident without causing additional harm.** Any training program should include initial

training and ongoing competency refresher training. When a patient/resident falls, it can be a devastating mistake to assume no injury has occurred. It is important to know what caused the fall. Did the patient/resident slip on the bathroom floor or did their hip spontaneously fracture causing the fall? A comprehensive post-fall assessment requires staff to:

- Check the patient/resident's vital signs
- Check the patient/resident's skin for pallor, trauma, circulation, abrasion, bruising, and sensation.
- Check the central nervous system for sensation and movement in the lower extremities.
- Assess the current level of consciousness and determine whether the patient has had a loss of consciousness.
- Look for subtle cognitive changes
- Check the pupils and orientation
- Observe the leg rotation, and look for hip pain, shortening of the extremity, and pelvic or spinal pain
- Note any points of pain and tenderness (note: residents with dementia or other cognitive impairments may not be able to report pain.)

Falls recovery protocols do not end with the initial assessment; a patient/resident who has fallen will require ongoing monitoring and reassessment.

Lastly, SB 884 exempts the facilities and the individual that provides CPR, first aid, or lifts a fallen resident/patient from any liability from civil damages, unless the individual acted with gross negligence. GWAAR and WAAN oppose efforts to limit liability for harm caused by paid staff and facilities. **The right of residents/patients and their families to hold facilities accountable when residents/patients are harmed, must be protected.**

SB 885

SB 885 requires DHS to establish and administer a pilot program to award grants to facilities to purchase patient lift devices. Technology in the area of lift devices has advanced significantly. GWAAR supports *the use of these additional tools for staff at facilities who are trained to perform a comprehensive post-fall assessment and to safely lift residents/patients to a standing position.* Proper use of patient lift devices can help to avoid both staff and patient/resident injury.

Patient lift devices can be expensive, and these grants would support their use in facilities that might not otherwise be able to afford them. **GWAAR encourages the criteria for grant awards to include the presence of staff trained and qualified to use them.** Additionally, we question the requirement for patient lift devices to meet qualification #2 which states, "Can be operated independently by a patient or resident." While some residents/patients may be able to roll themselves to a seated position on lift equipment, it may remain difficult for patients/residents to safely secure themselves on the lift device before attempting to lift themselves.

We appreciate the interest in and efforts of policymakers to expand access to evidence-based fall prevention and recovery training to facility staff and residents/patients and to increase safe access to

patient lift equipment. Reducing the rate of falls among residents/patients in care facilities is good for individuals, families, staff, and health care providers across the continuum. Thank you for your consideration of these comments related to SB 884 and SB 885. We look forward to continuing to work with you on policies that improve the quality of life for older people in Wisconsin.

*The Greater Wisconsin Agency on Aging Resources, Inc. (GWAAR) is a nonprofit agency committed to supporting the successful delivery of aging programs and services in our service area consisting of 70 counties (all but Dane and Milwaukee) and 11 tribes in Wisconsin. We are one of three area agencies on aging (AAAs) in Wisconsin. We provide lead aging agencies in our service area with training, technical assistance, and advocacy to ensure the availability and quality of programs and services to meet the changing needs of older people in Wisconsin. Our mission is to deliver innovative support to lead aging agencies as we **work together to promote, protect, and enhance the well-being of older people in Wisconsin.***

Contact:

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ⁱ Kakara R, Bergen G, Burns E, Stevens M. Nonfatal and Fatal Falls Among Adults Aged ≥ 65 Years — United States, 2020–2021. MMWR Morb Mortal Wkly Rep 2023;72:938–943. DOI: <http://dx.doi.org/10.15585/mmwr.mm7235a1>

February 14, 2024
Jill Renken, Wisconsin Institute for Healthy Aging
SB 884 – Fall Prevention & Recovery Training
SB 885 – Grants for Patient Lift Devices

Thank you for the opportunity to share testimony today on SB 884 and SB 885. I also want to acknowledge and thank Senators Feyen and Representative Palmeri for introducing this legislation and supporting Falls Prevention efforts here in Wisconsin. My name is Jill Renken, Executive Director of the Wisconsin Institute for Healthy Aging – a non-profit organization working to improve the health and well-being of people as they age in Wisconsin.

Wisconsin has the highest rate of deadly falls among older adults in the nation – 1,635 older people died due to a fall in 2021.

Each year, more than one in four older adults has a fall – 20% result in an injury like a hip fracture or traumatic brain injury making falls the number one cause of injuries in older adults. More than 43,000 older people went to the emergency department due to a fall in 2021 at an average cost of \$1,788 per visit; over 10,000 were hospitalized at an average cost of \$20,615 per hospitalization.

Falls also have serious implications for public safety and their capacity to meet community needs. Wisconsin EMS providers responded to over 130,000 older adult falls making it the top injury response in 2022 – that's 25,000 more than in 2019. Nearly one in five ambulance runs were for older adult falls in 2022. While the majority of falls happen in private homes, falls ambulance runs at both private residences and at nursing homes are increasing.

The good news is that while common, falls are not an inevitable part of aging. We know what factors induce a fall. With investment in falls prevention and recovery in both the community and residential facilities, we can help people reduce their falls risk AND ensure adequate care is given to assist those who fall.

SB 884 and SB 885 will advance fall prevention and recovery training and initiatives to be developed and implemented for employees and patients of residential facilities. This will work to ensure proper and timely care is given to residents when they fall – so that they are not lying on the ground for extended periods of time, waiting for EMS to arrive.

With expertise in the area of evidence-based falls prevention, the Wisconsin Institute for Healthy Aging supports the overall intent of this legislation, while encouraging additional thoughtful exploration into the resources needed to ensure effective implementation of the required training and logistics.

As Wisconsin's population ages we aim to collectively prevent and treat fall injuries, to improve and maintain quality of life of older adults – while reducing further strain on EMS and our health care system.