



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.***

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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>