SECOND REGULAR SESSION

SENATE BILL NO. 866

95TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR WRIGHT-JONES.

Read 1st time January 28, 2010, and ordered printed.

3931S.01I

TERRY L. SPIELER, Secretary.

AN ACT

To amend chapters 197 and 287, RSMo, by adding thereto two new sections relating to hospital patient safety.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Chapters 197 and 287, RSMo, are amended by adding thereto

- 2 two new sections, to be known as sections 197.625 and 287.055, to read as follows:
 - 197.625. 1. As used in this section, the following terms shall
- 2 mean:
- 3 (1) "Lift team", hospital employees specially trained to conduct
- 4 patient lifts, transfers, and repositioning using lifting equipment when
- 5 appropriate;
- 6 (2) "Musculoskeletal disorders", conditions that involve the
- 7 nerves, tendons, muscles, and supporting structures of the body;
- 8 (3) "Safe patient handling", the use of engineering controls,
- 9 lifting and transfer aids, or assistive devices, by lift teams or other staff
- 10 instead of manual lifting, to perform the acts of lifting, transferring,
- 11 and repositioning health care patients and residents.
- 12 2. By January 1, 2011, each hospital shall establish a safe patient
- 13 handling committee either by creating a new committee or assigning
- 14 the functions of a safe patient handling committee to an existing
- 15 committee. The purpose of the committee is to design and recommend
- 16 the process for implementing a safe patient handling program. At least
- 17 half of the members of the safe patient handling committee shall be
- 18 frontline nonmanagerial employees who provide direct care to patients,
- 19 unless doing so would adversely affect patient care.
- 20 3. By July 1, 2011, each hospital shall establish a safe patient
- 21 handling program. As part of the program, each hospital shall:

SB 866 2

26

27

28

29 30

31

32

33

34

35 36

37

39

40 41

42

43 44

45

46

52

58

- 22 (1) Implement a safe patient handling policy for all shifts and 23units of the hospital. Implementation of the safe patient handling 24policy may be phased-in with the acquisition of equipment under 25 subsection 4 of this section:
 - (2) Conduct a patient handling hazard assessment. Such assessment shall be considered with such variables as patient-handling tasks, types of nursing units, patient populations, and the physical environment of patient care areas;
 - (3) Develop a process to identify the appropriate use of the safe patient handling policy based on the patient's physical and medical condition and the availability of lifting equipment or lift teams. The policy shall include a means to address circumstances under which it would be medically contraindicated to use lifting or transfer aids or assistive devices for particular patients;
- (4) Conduct an annual performance evaluation of the program to determine its effectiveness, with the results of the evaluation reported to the safe patient handling committee. The evaluation shall determine 38 the extent to which implementation of the program has resulted in a reduction in musculoskeletal disorder caused by patient handling, and include recommendations to increase the program's effectiveness; and
 - (5) When developing architectural plans for constructing or remodeling a hospital or a unit of a hospital in which patient handling and movement occurs, consider the feasibility of incorporating patient handling equipment or the physical space and construction design needed to incorporate such equipment at a later date.
- 4. By January 1, 2014, each hospital shall complete, at a 47 48 minimum, acquisition of their choice of:
- 49 (1) One readily available lift per acute care unit on the same floor unless the safe patient handling committee determines a lift is 50 unnecessary in the unit; 51
 - (2) One lift for every ten acute care available patient beds; or
- 53 (3) Equipment for use by lift teams.
- Hospitals shall train staff on policies, equipment, and devices at least 54 annually. 55
- 56 5. Nothing in this section shall preclude lift team members from performing other duties as assigned during their shift. 57
 - 6. Each hospital shall develop procedures for hospital employees

SB 866 3

7

9

10

to refuse to perform or be involved in patient handling or movement that the hospital employee believes in good faith will expose a patient or hospital employee to an unacceptable risk of injury. A hospital employee who in good faith follows the procedure developed by the hospital in accordance with this subsection shall not be the subject of disciplinary action by the hospital for the refusal to perform or be involved in patient handling or movement.

287.055. 1. By January 1, 2012, the division of workers' compensation shall develop rules to provide a reduced workers' compensation premium for hospitals that implement a safe patient handing program in accordance with section 197.625. The rules shall include any requirements for obtaining the reduced premium that shall be met by hospitals.

2. The division shall complete an evaluation of the results of the reduced premium, including changes in claim frequency and costs, and shall report to the appropriate committees of the general assembly by December 1, 2015, and 2017.

11 3. Any rule or portion of a rule, as that term is defined in section 12536.010 that is created under the authority delegated in this section 13 shall become effective only if it complies with and is subject to all of 14 the provisions of chapter 536, and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers 15 16 vested with the general assembly pursuant to chapter 536, to review, to delay the effective date, or to disapprove and annul a rule are 17subsequently held unconstitutional, then the grant of rulemaking 18 authority and any rule proposed or adopted after August 28, 2010, shall 19 20 be invalid and void.