

FIRST REGULAR SESSION

SENATE BILL NO. 39

96TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR WRIGHT-JONES.

Pre-filed December 1, 2010, and ordered printed.

TERRY L. SPIELER, Secretary.

0266S.011

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, 2012, 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, 2012, each hospital shall establish a safe patient
21 handling program. As part of the program, each hospital shall:**

22 (1) Implement a safe patient handling policy for all shifts and
23 units of the hospital. Implementation of the safe patient handling
24 policy may be phased-in with the acquisition of equipment under
25 subsection 4 of this section;

26 (2) Conduct a patient handling hazard assessment. Such
27 assessment shall be considered with such variables as patient-handling
28 tasks, types of nursing units, patient populations, and the physical
29 environment of patient care areas;

30 (3) Develop a process to identify the appropriate use of the safe
31 patient handling policy based on the patient's physical and medical
32 condition and the availability of lifting equipment or lift teams. The
33 policy shall include a means to address circumstances under which it
34 would be medically contraindicated to use lifting or transfer aids or
35 assistive devices for particular patients;

36 (4) Conduct an annual performance evaluation of the program to
37 determine its effectiveness, with the results of the evaluation reported
38 to the safe patient handling committee. The evaluation shall determine
39 the extent to which implementation of the program has resulted in a
40 reduction in musculoskeletal disorder caused by patient handling, and
41 include recommendations to increase the program's effectiveness; and

42 (5) When developing architectural plans for constructing or
43 remodeling a hospital or a unit of a hospital in which patient handling
44 and movement occurs, consider the feasibility of incorporating patient
45 handling equipment or the physical space and construction design
46 needed to incorporate such equipment at a later date.

47 4. By January 1, 2015, each hospital shall complete, at a
48 minimum, acquisition of their choice of:

49 (1) One readily available lift per acute care unit on the same
50 floor unless the safe patient handling committee determines a lift is
51 unnecessary in the unit;

52 (2) One lift for every ten acute care available patient beds; or

53 (3) Equipment for use by lift teams.

54 Hospitals shall train staff on policies, equipment, and devices at least
55 annually.

56 5. Nothing in this section shall preclude lift team members from
57 performing other duties as assigned during their shift.

58 6. Each hospital shall develop procedures for hospital employees

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

287.055. 1. By January 1, 2014, the division of workers'
2 compensation shall develop rules to provide a reduced workers'
3 compensation premium for hospitals that implement a safe patient
4 handling program in accordance with section 197.625. The rules shall
5 include any requirements for obtaining the reduced premium that shall
6 be met by hospitals.

7 2. The division shall complete an evaluation of the results of the
8 reduced premium, including changes in claim frequency and costs, and
9 shall report to the appropriate committees of the general assembly by
10 December 1, 2016, and 2018.

11 3. Any rule or portion of a rule, as that term is defined in section
12 536.010 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
15 section and chapter 536 are nonseverable and if any of the powers
16 vested with the general assembly pursuant to chapter 536, to review, to
17 delay the effective date, or to disapprove and annul a rule are
18 subsequently held unconstitutional, then the grant of rulemaking
19 authority and any rule proposed or adopted after August 28, 2011, shall
20 be invalid and void.

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