

SENATE BILL No. 377

March 27, 2007, Introduced by Senators OLSHOVE, JACOBS, BASHAM, BRATER, CHERRY and PATTERSON and referred to the Committee on Health Policy.

A bill to amend 1978 PA 368, entitled
"Public health code,"
(MCL 333.1101 to 333.25211) by adding section 21525.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 SEC. 21525. (1) BY JANUARY 1, 2008, EACH HOSPITAL SHALL
2 ESTABLISH A SAFE PATIENT HANDLING COMMITTEE EITHER BY CREATING A
3 NEW COMMITTEE OR ASSIGNING THE FUNCTIONS OF A SAFE PATIENT HANDLING
4 COMMITTEE TO AN EXISTING COMMITTEE. THE PURPOSE OF THE COMMITTEE IS
5 TO DESIGN AND RECOMMEND THE PROCESS FOR IMPLEMENTING A SAFE PATIENT
6 HANDLING PROGRAM. AT LEAST 1/2 OF THE MEMBERS OF THE SAFE PATIENT
7 HANDLING COMMITTEE SHALL BE FRONTLINE NONMANAGERIAL EMPLOYEES WHO
8 PROVIDE DIRECT CARE TO PATIENTS, UNLESS MAINTAINING THIS PROPORTION
9 WILL ADVERSELY AFFECT PATIENT CARE.

1 (2) BY SEPTEMBER 1, 2008, EACH HOSPITAL MUST ESTABLISH A SAFE
2 PATIENT HANDLING PROGRAM. AS PART OF THIS PROGRAM, A HOSPITAL SHALL
3 DO EACH OF THE FOLLOWING:

4 (A) IMPLEMENT A SAFE PATIENT HANDLING POLICY FOR ALL SHIFTS
5 AND UNITS OF THE HOSPITAL. IMPLEMENTATION OF THE SAFE PATIENT
6 HANDLING POLICY MAY BE PHASED IN WITH THE ACQUISITION OF EQUIPMENT
7 UNDER SUBDIVISION (F).

8 (B) CONDUCT A PATIENT HANDLING HAZARD ASSESSMENT. THIS
9 ASSESSMENT SHOULD CONSIDER SUCH VARIABLES AS PATIENT-HANDLING
10 TASKS, TYPES OF NURSING UNITS, PATIENT POPULATIONS, AND THE
11 PHYSICAL ENVIRONMENT OF PATIENT CARE AREAS.

12 (C) DEVELOP A PROCESS TO IDENTIFY THE APPROPRIATE USE OF THE
13 SAFE PATIENT HANDLING POLICY BASED ON THE PATIENT'S PHYSICAL AND
14 MEDICAL CONDITION AND THE AVAILABILITY OF LIFTING EQUIPMENT OR LIFT
15 TEAMS. THE POLICY SHALL INCLUDE A MEANS TO ADDRESS CIRCUMSTANCES
16 UNDER WHICH IT WOULD BE MEDICALLY CONTRAINDICATED TO USE LIFTING OR
17 TRANSFER AIDS OR ASSISTIVE DEVICES FOR PARTICULAR PATIENTS.

18 (D) CONDUCT AN ANNUAL PERFORMANCE EVALUATION OF THE PROGRAM TO
19 DETERMINE ITS EFFECTIVENESS, WITH THE RESULTS OF THE EVALUATION
20 REPORTED TO THE SAFE PATIENT HANDLING COMMITTEE. THE EVALUATION
21 SHALL DETERMINE THE EXTENT TO WHICH IMPLEMENTATION OF THE PROGRAM
22 HAS RESULTED IN A REDUCTION IN MUSCULOSKELETAL DISORDER CLAIMS AND
23 DAYS OF LOST WORK ATTRIBUTABLE TO MUSCULOSKELETAL DISORDER CAUSED
24 BY PATIENT HANDLING AND INCLUDE RECOMMENDATIONS TO INCREASE THE
25 PROGRAM'S EFFECTIVENESS.

26 (E) WHEN DEVELOPING ARCHITECTURAL PLANS FOR CONSTRUCTING OR
27 REMODELING A HOSPITAL OR A UNIT OF A HOSPITAL IN WHICH PATIENT

1 HANDLING AND MOVEMENT OCCURS, CONSIDER THE FEASIBILITY OF
2 INCORPORATING PATIENT HANDLING EQUIPMENT OR THE PHYSICAL SPACE AND
3 CONSTRUCTION DESIGN NEEDED TO INCORPORATE THAT EQUIPMENT AT A LATER
4 DATE.

5 (F) BY DECEMBER 31, 2011, EACH HOSPITAL SHALL COMPLETE, AT A
6 MINIMUM, ACQUISITION OF 1 OF THE FOLLOWING:

7 (i) ONE READILY AVAILABLE LIFT PER ACUTE CARE UNIT ON THE SAME
8 FLOOR UNLESS THE SAFE PATIENT HANDLING COMMITTEE DETERMINES THAT A
9 LIFT IS UNNECESSARY IN THE UNIT.

10 (ii) ONE LIFT FOR EVERY 10 ACUTE CARE AVAILABLE INPATIENT BEDS.

11 (iii) EQUIPMENT FOR USE BY LIFT TEAMS.

12 (3) EACH HOSPITAL SHALL TRAIN ITS STAFF ON POLICIES,
13 EQUIPMENT, AND DEVICES OBTAINED PURSUANT TO SUBSECTION (2) (F) AT
14 LEAST ANNUALLY.

15 (4) NOTHING IN THIS SECTION PRECLUDES A LIFT TEAM MEMBER FROM
16 PERFORMING OTHER DUTIES AS ASSIGNED DURING HIS OR HER SHIFT.

17 (5) A HOSPITAL SHALL DEVELOP PROCEDURES FOR HOSPITAL EMPLOYEES
18 TO REFUSE TO PERFORM OR BE INVOLVED IN PATIENT HANDLING OR MOVEMENT
19 THAT THE HOSPITAL EMPLOYEE BELIEVES IN GOOD FAITH WILL EXPOSE A
20 PATIENT OR A HOSPITAL EMPLOYEE TO AN UNACCEPTABLE RISK OF INJURY. A
21 HOSPITAL EMPLOYEE WHO IN GOOD FAITH FOLLOWS THE PROCEDURE DEVELOPED
22 BY THE HOSPITAL UNDER THIS SUBSECTION SHALL NOT BE THE SUBJECT OF
23 DISCIPLINARY ACTION BY THE HOSPITAL FOR THE REFUSAL TO PERFORM OR
24 BE INVOLVED IN THE PATIENT HANDLING OR MOVEMENT.

25 (6) AS USED IN THIS SECTION:

26 (A) "LIFT TEAM" MEANS HOSPITAL EMPLOYEES SPECIALLY TRAINED TO
27 CONDUCT PATIENT LIFTS, TRANSFERS, AND REPOSITION USING LIFTING

1 EQUIPMENT WHEN APPROPRIATE.

2 (B) "MUSCULOSKELETAL DISORDERS" MEANS CONDITIONS THAT INVOLVE
3 THE NERVES, TENDONS, MUSCLES, AND SUPPORTING STRUCTURES OF THE
4 BODY.

5 (C) "SAFE PATIENT HANDLING" MEANS THE USE OF ENGINEERING
6 CONTROLS, LIFTING AND TRANSFER AIDS, OR ASSISTIVE DEVICES, BY LIFT
7 TEAMS OR OTHER STAFF, INSTEAD OF MANUAL LIFTING TO PERFORM THE ACTS
8 OF LIFTING, TRANSFERRING, AND REPOSITIONING HEALTH CARE PATIENTS
9 AND RESIDENTS.