



General Assembly

February Session, 2002

Amendment

LCO No. 4777

HB0571504777HDO

Offered by:

REP. NARDELLO, 89th Dist.

REP. EBERLE, 15th Dist.

REP. CLEARY, 80th Dist.

SEN. HARP, 10th Dist.

REP. FRITZ, 90th Dist.

To: Subst. House Bill No. 5715

File No. 304

Cal. No. 185

"AN ACT CREATING A PROGRAM FOR QUALITY IN HEALTH CARE."

1 After the last section, insert the following:

2 "Sec. 3. (NEW) (*Effective July 1, 2002*) (a) For purposes of this section,
3 an "adverse event" means an injury that was caused by or is associated
4 with medical management and that results in death or measurable
5 disability. Such events shall also include those sentinel events for
6 which remediation plans are required by the Joint Commission on the
7 Accreditation of Healthcare Organizations.

8 (b) Adverse events shall be classified into the following categories:

9 (1) "Class A adverse event" means an event that has resulted in or is
10 associated with a patient's death or the immediate danger of death;

11 (2) "Class B adverse event" means an event that has resulted in or is
12 associated with a patient's serious injury or disability or the immediate
13 danger of serious injury or disability;

14 (3) "Class C adverse event" means an event that has resulted in or is
15 associated with the physical or sexual abuse of a patient; and

16 (4) "Class D adverse event" means an adverse event that is not
17 reported under subdivisions (1) to (3), inclusive, of this subdivision.

18 (c) On and after October 1, 2002, a hospital or outpatient surgical
19 facility shall report to the Department of Public Health on Class A, B
20 and C adverse events as follows: (1) A verbal report shall be made not
21 later than twenty-four hours after the adverse event occurred; (2) a
22 written report not later than seventy-two hours after the adverse event
23 occurred; and (3) a corrective action plan shall be filed not later than
24 seven days after the adverse event occurred.

25 (d) A hospital or outpatient surgical facility shall report to the
26 Department of Public Health on Class D adverse events on a quarterly
27 basis. Such reports shall include corrective action plans. For purposes
28 of this subsection and subsection (c) of this section, "corrective action
29 plan" means a plan that implements strategies that reduce the risk of
30 similar events occurring in the future. Said plan shall measure the
31 effectiveness of such strategies by addressing the implementation,
32 oversight and time lines of such strategies. Failure to implement a
33 corrective action plan may result in disciplinary action by the
34 Commissioner of Public Health, pursuant to section 19a-494 of the
35 general statutes.

36 (e) The Commissioner of Public Health shall adopt regulations, in
37 accordance with chapter 54 of the general statutes, to carry out the
38 provisions of this section. Such regulations shall include, but shall not
39 be limited to, a prescribed form for the reporting of adverse events
40 pursuant to subsections (c) and (d) of this section. The commissioner
41 may require the use of said form prior to the adoption of said
42 regulations.

43 (f) On or before March first annually, the commissioner shall report,
44 in accordance with the provisions of section 11-4a of the general
45 statutes, on adverse event reporting, to the joint standing committee of
46 the General Assembly having cognizance of matters relating to public
47 health.

48 (g) Information collected pursuant to this section shall not be
49 required to be disclosed pursuant to subsection (a) of section 1-210 of
50 the general statutes, for a period of six months from the date of
51 submission of the written report required pursuant to subsection (c) of
52 this section and shall not be subject to subpoena or discovery or
53 introduced into evidence in any judicial or administrative proceeding
54 except as otherwise specifically provided by law."