



General Assembly

February Session, 2002

Amendment

LCO No. 4996

HB0571504996HDO

Offered by:

REP. NARDELLO, 89th Dist.

REP. EBERLE, 15th Dist.

REP. CLEARY, 80th Dist.

To: Subst. House Bill No. 5715

File No. 304

Cal. No. 185

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

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. (NEW) (*Effective October 1, 2002*) (a) There is established a
4 quality of care program within the Department of Public Health. The
5 department shall develop for the purposes of said program (1) a
6 standardized data set to measure the clinical performance of health
7 care facilities, as defined in section 19a-630 of the general statutes, and
8 require such data to be collected and reported periodically to the
9 department, including, but not limited to, data for the measurement of
10 comparable patient satisfaction, and (2) methods to provide public
11 accountability for health care delivery systems by such facilities. The
12 department shall develop such set and methods for hospitals during
13 the fiscal year ending June 30, 2003, and the department shall consider

14 and may recommend to the joint standing committee of the General
15 Assembly having cognizance of matters relating to public health the
16 inclusion of other health care facilities in each subsequent year.

17 (b) In carrying out its responsibilities under subsection (a) of this
18 section, the department shall develop the following for the quality of
19 care program:

20 (1) Comparable performance measures to be reported;

21 (2) Selection of patient satisfaction survey measures and
22 instruments;

23 (3) Methods and format of standardized data collection;

24 (4) Format for a public quality performance measurement report;

25 (5) Human resources and quality measurements;

26 (6) Medical error reduction methods;

27 (7) Systems for sharing and implementing universally accepted best
28 practices;

29 (8) Systems for reporting outcome data;

30 (9) Systems for continuum of care;

31 (10) Recommendations concerning the use of an ISO 9000 quality
32 auditing program;

33 (11) Recommendations concerning the types of statutory protection
34 needed prior to collecting any data or information under this act; and

35 (12) Any other issues that the department deems appropriate.

36 (c) There is established a Quality of Care Advisory Committee
37 which shall advise the Department of Public Health on the issues set
38 forth in subdivisions (1) to (10), inclusive, of subsection (b) of this
39 section. The advisory committee shall meet at least quarterly.

40 (d) The advisory committee shall consist of (1) four members who
41 represent and shall be appointed by the Connecticut Hospital
42 Association, including three members who represent three separate
43 hospitals that are not affiliated of which one such hospital is an
44 academic medical center; (2) one member who represents and shall be
45 appointed by the Connecticut Nursing Association; (3) two members
46 who represent and shall be appointed by the Connecticut Medical
47 Society, including one member who is an active medical care provider;
48 (4) two members who represent and shall be appointed by the
49 Connecticut Business and Industry Association, including one member
50 who represents a large business and one member who represents a
51 small business; (5) one member who represents and shall be appointed
52 by the Home Health Care Association; (6) one member who represents
53 and shall be appointed by the Connecticut Association of Health Care
54 Facilities; (7) one member who represents and shall be appointed by
55 the Connecticut Association of Not-For-Profit Providers for the Aging;
56 (8) two members who represent and shall be appointed by the AFL-
57 CIO; (9) one member who represents consumers of health care services
58 and who shall be appointed by the Commissioner of Public Health;
59 (10) one member who represents a school of public health and who
60 shall be appointed by the Commissioner of Public Health; (11) one
61 member who represents and shall be appointed by the Office of Health
62 Care Access; (12) the Commissioner of Public Health or said
63 commissioner's designee; (13) the Commissioner of Social Services or
64 said commissioner's designee; (14) the Secretary of the Office of Policy
65 and Management or said secretary's designee; (15) two members who
66 represent licensed health plans and shall be appointed by the
67 Connecticut Association of Health Care Plans; (16) one member who
68 represents and shall be appointed by the federally designated state
69 peer review organization; and (17) one member who represents and
70 shall be appointed by the Connecticut Pharmaceutical Association. The
71 chairperson of the advisory committee shall be the Commissioner of
72 Public Health or said commissioner's designee. The chairperson of the
73 committee, with a vote of the majority of the members present, may
74 appoint ex-officio nonvoting members in specialties not represented

75 among voting members. Vacancies shall be filled by the person who
76 makes the appointment under this subsection.

77 (e) The chairperson of the advisory committee may designate one or
78 more working groups to address specific issues and shall appoint the
79 members of each working group. Each working group shall report its
80 findings and recommendations to the full advisory committee.

81 (f) The Commissioner of Public Health shall report on the quality of
82 care program on or before January 1, 2003, and annually thereafter, in
83 accordance with section 11a-4 of the general statutes, to the joint
84 standing committee of the General Assembly having cognizance of
85 matters relating to public health and to the Governor. Each report on
86 said program shall include activities of the program during the prior
87 year and a plan of activities for the following year.

88 (g) On or before April 1, 2004, the Commissioner of Public Health
89 shall prepare a report, available to the public, that compares all
90 licensed hospitals in the state based on the quality performance
91 measures developed under the quality of care program.

92 (h) The Department of Public Health may seek out funding for the
93 purpose of implementing the provisions of this section. Said
94 provisions shall be implemented upon receipt of said funding.

95 Sec. 2. (NEW) (*Effective October 1, 2002*) All hospitals, licensed
96 pursuant to provisions of the general statutes, shall be required to
97 implement quality management programs. Said programs shall be
98 certified by an independent quality auditing entity. Said programs
99 shall be submitted annually by each hospital to the Department of
100 Public Health as a condition of licensure."

This act shall take effect as follows:	
Section 1	<i>October 1, 2002</i>
Sec. 2	<i>October 1, 2002</i>