



General Assembly

Amendment

January Session, 2005

LCO No. 6845

HB0630406845HDO

Offered by:

REP. SAYERS, 60th Dist.
REP. WASSERMAN, 106th Dist.
REP. GODFREY, 110th Dist.
REP. CARSON, 108th Dist.
REP. WALLACE, 109th Dist.

REP. GIEGLER, 138th Dist.
REP. SCRIBNER, 107th Dist.
SEN. MURPHY, 16th Dist.
SEN. CAPPIELLO, 24th Dist.

To: Subst. House Bill No. 6304

File No. 461

Cal. No. 338

"AN ACT CONCERNING THE IMPROVEMENT OF CARDIAC CARE."

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

3 "Section 1. Section 19a-127l of the general statutes is repealed and
4 the following is substituted in lieu thereof (*Effective from passage*):

5 (a) There is established a quality of care program within the
6 Department of Public Health. The department shall develop for the
7 purposes of said program (1) a standardized data set to measure the
8 clinical performance of health care facilities, as defined in section 19a-
9 630, and require such data to be collected and reported periodically to
10 the department, including, but not limited to, data for the
11 measurement of comparable patient satisfaction, and (2) methods to

12 provide public accountability for health care delivery systems by such
13 facilities. The department shall develop such set and methods for
14 hospitals during the fiscal year ending June 30, 2003, and the
15 committee established pursuant to subsection (c) of this section shall
16 consider and may recommend to the joint standing committee of the
17 General Assembly having cognizance of matters relating to public
18 health the inclusion of other health care facilities in each subsequent
19 year.

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

- 23 (1) Comparable performance measures to be reported;
- 24 (2) Selection of patient satisfaction survey measures and
25 instruments;
- 26 (3) Methods and format of standardized data collection;
- 27 (4) Format for a public quality performance measurement report;
- 28 (5) Human resources and quality measurements;
- 29 (6) Medical error reduction methods;
- 30 (7) Systems for sharing and implementing universally accepted best
31 practices;
- 32 (8) Systems for reporting outcome data;
- 33 (9) Systems for continuum of care;
- 34 (10) Recommendations concerning the use of an ISO 9000 quality
35 auditing program;
- 36 (11) Recommendations concerning the types of statutory protection
37 needed prior to collecting any data or information under this section
38 and sections 19a-127m and 19a-127n; and

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

40 (c) (1) There is established a Quality of Care Advisory Committee
41 which shall advise the Department of Public Health on the issues set
42 forth in subdivisions (1) to (12), inclusive, of subsection (b) of this
43 section. The advisory committee shall meet at least quarterly.

44 (2) Said committee shall create a standing subcommittee on best
45 practices. The subcommittee shall advise the department on effective
46 methods for sharing with providers the quality improvement
47 information learned from the department's review of reports and
48 corrective action plans, including quality improvement practices,
49 patient safety issues and preventative strategies. The department shall,
50 at least quarterly, disseminate information regarding quality
51 improvement practices, patient safety issues and preventative
52 strategies to the subcommittee and hospitals.

53 (d) The advisory committee shall consist of (1) four members who
54 represent and shall be appointed by the Connecticut Hospital
55 Association, including three members who represent three separate
56 hospitals that are not affiliated of which one such hospital is an
57 academic medical center; (2) one member who represents and shall be
58 appointed by the Connecticut Nursing Association; (3) two members
59 who represent and shall be appointed by the Connecticut Medical
60 Society, including one member who is an active medical care provider;
61 (4) two members who represent and shall be appointed by the
62 Connecticut Business and Industry Association, including one member
63 who represents a large business and one member who represents a
64 small business; (5) one member who represents and shall be appointed
65 by the Home Health Care Association; (6) one member who represents
66 and shall be appointed by the Connecticut Association of Health Care
67 Facilities; (7) one member who represents and shall be appointed by
68 the Connecticut Association of Not-For-Profit Providers for the Aging;
69 (8) two members who represent and shall be appointed by the AFL-
70 CIO; (9) one member who represents consumers of health care services
71 and who shall be appointed by the Commissioner of Public Health;

72 (10) one member who represents a school of public health and who
73 shall be appointed by the Commissioner of Public Health; (11) one
74 member who represents and shall be appointed by the Office of Health
75 Care Access; (12) the Commissioner of Public Health or said
76 commissioner's designee; (13) the Commissioner of Social Services or
77 said commissioner's designee; (14) the Secretary of the Office of Policy
78 and Management or said secretary's designee; (15) two members who
79 represent licensed health plans and shall be appointed by the
80 Connecticut Association of Health Care Plans; (16) one member who
81 represents and shall be appointed by the federally designated state
82 peer review organization; and (17) one member who represents and
83 shall be appointed by the Connecticut Pharmaceutical Association. The
84 chairperson of the advisory committee shall be the Commissioner of
85 Public Health or said commissioner's designee. The chairperson of the
86 committee, with a vote of the majority of the members present, may
87 appoint ex-officio nonvoting members in specialties not represented
88 among voting members. Vacancies shall be filled by the person who
89 makes the appointment under this subsection.

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

94 (f) The Commissioner of Public Health shall report on the quality of
95 care program on or before June 30, 2003, and annually thereafter, in
96 accordance with section 11a-4, to the joint standing committee of the
97 General Assembly having cognizance of matters relating to public
98 health and to the Governor. Each report on said program shall include
99 activities of the program during the prior year and a plan of activities
100 for the following year.

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

105 (h) (1) The advisory committee shall examine and evaluate (A)
 106 possible approaches that would aid in the utilization of an existing
 107 data collection system for cardiac outcomes, and (B) the potential for
 108 state-wide use of a data collection system for cardiac outcomes, for the
 109 purpose of continuing the delivery of quality cardiac care services in
 110 the state.

111 (2) On or before December 1, 2007, the advisory committee shall
 112 submit, in accordance with the provisions of section 11-4a, the results
 113 of the examination authorized by this subsection, along with any
 114 recommendations, to the Governor and the joint standing committee of
 115 the General Assembly having cognizance of matters relating to public
 116 health.

117 [(h)] (i) The Department of Public Health may seek out funding for
 118 the purpose of implementing the provisions of this section. Said
 119 provisions shall be implemented upon receipt of said funding."

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| This act shall take effect as follows and shall amend the following sections: | | |
| Section 1 | October 1, 2005 | 19a-1271 |