



General Assembly

February Session, 2010

Raised Bill No. 248

LCO No. 920

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Referred to Committee on Public Health

Introduced by:
(PH)

**AN ACT CONCERNING ADVERSE EVENTS AT HOSPITALS AND
OUTPATIENT SURGICAL FACILITIES.**

Be it enacted by the Senate and House of Representatives in General
Assembly convened:

1 Section 1. Section 19a-127n of the general statutes is repealed and
2 the following is substituted in lieu thereof (*Effective July 1, 2010*):

3 (a) (1) For purposes of this section, an "adverse event" means any
4 event that is identified on the National Quality Forum's List of Serious
5 Reportable Events or on a list compiled by the Commissioner of Public
6 Health and adopted as regulations pursuant to subsection (d) of this
7 section; and "corrective action plan" means a plan that implements
8 strategies that reduce the risk of similar adverse events occurring in
9 the future, and measures the effectiveness of such strategies by
10 addressing the implementation, oversight and time lines of such
11 strategies.

12 (2) The commissioner shall review the list of adverse events
13 periodically, but not less than annually, to ascertain whether any
14 additions, deletions or modifications to the list are necessary.

15 (b) On and after October 1, 2002, a hospital or outpatient surgical
16 facility shall report adverse events to the Department of Public Health
17 on a form prescribed by the [Commissioner of Public Health]
18 commissioner as follows: (1) A written report and the status of any
19 corrective steps shall be submitted not later than seven days after the
20 date on which the adverse event occurred; and (2) a corrective action
21 plan shall be filed not later than thirty days after the date on which the
22 adverse event occurred. Emergent reports, as defined in the
23 regulations adopted pursuant to subsection (c) of this section, shall be
24 made to the department immediately. Failure to implement a
25 corrective action plan may result in disciplinary action by the
26 commissioner, pursuant to section 19a-494, as amended by this act.

27 (c) The [Commissioner of Public Health] commissioner shall adopt
28 regulations, in accordance with chapter 54, to carry out the provisions
29 of this section. Such regulations shall include, but shall not be limited
30 to, a list of adverse events that are in addition to those contained in the
31 National Quality Forum's List of Serious Reportable Events.

32 (d) On or before October first annually, the commissioner shall
33 report, in accordance with the provisions of section 11-4a, on adverse
34 event reporting, to the joint standing committee of the General
35 Assembly having cognizance of matters relating to public health. For
36 reports submitted on or after July 1, 2010, the commissioner shall
37 include: (1) The name of the hospital or outpatient surgical facility
38 where such adverse event occurred, (2) a summary of the hospital or
39 outpatient surgical facility's corrective action and whether the
40 department has reviewed the implementation of such corrective
41 action, and (3) a summary of the random audits conducted pursuant to
42 subsection (g) of this section.

43 (e) Information collected pursuant to this section shall not be
44 disclosed pursuant to subsection (a) of section 1-210 at any time, and
45 information collected pursuant to this section shall not be subject to
46 subpoena or discovery or introduced into evidence in any judicial or

47 administrative proceeding except as otherwise specifically provided by
48 law. Nothing in this section shall be construed to limit access to or
49 disclosure of investigative files, including any adverse event report
50 contained in such files, maintained by the department as otherwise
51 provided in section 19a-499.

52 (f) If the department determines that it will initiate an investigation
53 of an adverse event that has been reported, such investigation may
54 include review by one or more practitioners with clinical expertise of
55 the type involved in the reported adverse event.

56 (g) [The Quality of Care Advisory Committee established pursuant
57 to section 19a-127l shall establish methods for informing the public
58 regarding access to the department's consumer and regulatory
59 services.] The department shall conduct annual random audits of one
60 or more hospitals or outpatient surgical facilities to review: (1) Such
61 hospitals' or outpatient surgical facilities' compliance with the
62 reporting requirements prescribed in this section, (2) any adverse
63 event reported by such hospitals or outpatient surgical facilities in the
64 one-year period prior to the date of the audit, and (3) the hospitals' or
65 outpatient surgical facilities' implementation of proposed corrective
66 action for any such reported adverse events. The department shall
67 consult with the Attorney General, or a designee of the Attorney
68 General, in the development and implementation of such audits. The
69 department shall, in a public forum, select those hospitals or outpatient
70 surgical facilities that are to be subject to such audits.

71 (h) No hospital or outpatient surgical facility shall discharge, refuse
72 to hire, refuse to serve, retaliate in any manner or take any adverse
73 action against any employee, applicant for employment or health care
74 provider because such employee, applicant for employment or health
75 care provider takes or has taken any action in furtherance of the
76 enforcement of the provisions of this section.

77 Sec. 2. Section 19a-494 of the general statutes is repealed and the
78 following is substituted in lieu thereof (*Effective July 1, 2010*):

79 (a) The Commissioner of Public Health, after a hearing held in
80 accordance with the provisions of chapter 54, may take any of the
81 following actions, singly or in combination, in any case in which [he]
82 the commissioner finds that there has been a substantial failure to
83 comply with the requirements established under this chapter, the
84 Public Health Code and licensing regulations:

85 (1) Revoke a license or certificate;

86 (2) Suspend a license or certificate;

87 (3) Censure a licensee or certificate holder;

88 (4) Issue a letter of reprimand to a licensee or certificate holder;

89 (5) Place a licensee or certificate holder on probationary status and
90 require [him] such licensee or certificate holder to report regularly to
91 the department on the matters [which] that are the basis of the
92 probation;

93 (6) Restrict the acquisition of other facilities for a period of time set
94 by the commissioner; [and]

95 (7) Issue an order compelling compliance with applicable statutes or
96 regulations of the department; and

97 (8) Impose a civil penalty of not more than ten thousand dollars for
98 each violation of applicable statutes or regulations. Each violation shall
99 be a separate and distinct offense and, in the case of a continuing
100 violation, each day of the continuance thereof shall be deemed a
101 separate and distinct offense.

102 (b) Notice of the hearing to the holder of a license or certificate shall
103 be effected by registered or certified mail or by personal service,
104 setting forth the particular reasons for the proposed action and fixing a
105 date, not less than thirty days from the date of such mailing or service,
106 at which the holder of such license or certificate shall be given an

107 opportunity for a prompt and fair hearing, and witnesses may be
108 subpoenaed by either party for such hearing. Such hearing may be
109 conducted by the Commissioner of Public Health, a deputy
110 commissioner, or by a member of the Department of Public Health,
111 designated by said commissioner. On the basis of such hearing, or
112 upon default of the holder of such license or certificate, the person
113 conducting such hearing shall specify his or her findings and
114 conclusions, and said department may, upon the basis of such findings
115 and conclusions take any action authorized by this section that it
116 deems necessary. A copy of such decision shall be sent by registered or
117 certified mail or served personally upon the holder of such license or
118 certificate.

119 Sec. 3. Section 19a-127l of the 2010 supplement to the general
120 statutes is repealed and the following is substituted in lieu thereof
121 (*Effective July 1, 2010*):

122 (a) There is established a quality of care program within the
123 Department of Public Health. The department shall develop for the
124 purposes of said program (1) a standardized data set to measure the
125 clinical performance of health care facilities, as defined in section 19a-
126 630, and require such data to be collected and reported periodically to
127 the department, including, but not limited to, data for the
128 measurement of comparable patient satisfaction, and (2) methods to
129 provide public accountability for health care delivery systems by such
130 facilities. The department shall develop such set and methods for
131 hospitals during the fiscal year ending June 30, 2003, and the
132 committee established pursuant to subsection (c) of this section shall
133 consider and may recommend to the joint standing committee of the
134 General Assembly having cognizance of matters relating to public
135 health the inclusion of other health care facilities in each subsequent
136 year.

137 (b) In carrying out its responsibilities under subsection (a) of this
138 section, the department shall develop the following for the quality of

139 care program:

- 140 (1) Comparable performance measures to be reported;
 - 141 (2) Selection of patient satisfaction survey measures and
142 instruments;
 - 143 (3) Methods and format of standardized data collection;
 - 144 (4) Format for a public quality performance measurement report;
 - 145 (5) Human resources and quality measurements;
 - 146 (6) Medical error reduction methods;
 - 147 (7) Systems for sharing and implementing universally accepted best
148 practices;
 - 149 (8) Systems for reporting outcome data;
 - 150 (9) Systems for continuum of care;
 - 151 (10) Recommendations concerning the use of an ISO 9000 quality
152 auditing program;
 - 153 (11) Recommendations concerning the types of statutory protection
154 needed prior to collecting any data or information under this section
155 and sections 19a-127m and 19a-127n, as amended by this act; and
 - 156 (12) Any other issues that the department deems appropriate.
- 157 (c) (1) There is established a Quality of Care Advisory Committee
158 which shall advise the Department of Public Health on the issues set
159 forth in subdivisions (1) to (12), inclusive, of subsection (b) of this
160 section. The advisory committee shall meet at least semiannually.
- 161 (2) Said committee shall create a standing subcommittee on best
162 practices. The subcommittee shall (A) advise the department on
163 effective methods for sharing with providers the quality improvement

164 information learned from the department's review of reports and
165 corrective action plans, including quality improvement practices,
166 patient safety issues and preventative strategies, (B) not later than
167 January 1, 2006, review and make recommendations concerning best
168 practices with respect to when breast cancer screening should be
169 conducted using comprehensive ultrasound screening or mammogram
170 examinations, and (C) not later than January 1, 2008, study and make
171 recommendations to the department concerning best practices with
172 respect to communications between a patient's primary care provider
173 and other providers involved in a patient's care, including hospitalists
174 and specialists. The department shall, at least quarterly, disseminate
175 information regarding quality improvement practices, patient safety
176 issues and preventative strategies to the subcommittee and hospitals.

177 (d) The advisory committee shall consist of (1) four members who
178 represent and shall be appointed by the Connecticut Hospital
179 Association, including three members who represent three separate
180 hospitals that are not affiliated of which one such hospital is an
181 academic medical center; (2) one member who represents and shall be
182 appointed by the Connecticut Nursing Association; (3) two members
183 who represent and shall be appointed by the Connecticut Medical
184 Society, including one member who is an active medical care provider;
185 (4) two members who represent and shall be appointed by the
186 Connecticut Business and Industry Association, including one member
187 who represents a large business and one member who represents a
188 small business; (5) one member who represents and shall be appointed
189 by the Home Health Care Association; (6) one member who represents
190 and shall be appointed by the Connecticut Association of Health Care
191 Facilities; (7) one member who represents and shall be appointed by
192 the Connecticut Association of Not-For-Profit Providers for the Aging;
193 (8) two members who represent and shall be appointed by the AFL-
194 CIO; (9) one member who represents consumers of health care services
195 and who shall be appointed by the Commissioner of Public Health;
196 (10) one member who represents a school of public health and who
197 shall be appointed by the Commissioner of Public Health; (11) the

198 Commissioner of Public Health or said commissioner's designee; (12)
199 the Commissioner of Social Services or said commissioner's designee;
200 (13) the Secretary of the Office of Policy and Management or said
201 secretary's designee; (14) two members who represent licensed health
202 plans and shall be appointed by the Connecticut Association of Health
203 Care Plans; (15) one member who represents and shall be appointed by
204 the federally designated state peer review organization; and (16) one
205 member who represents and shall be appointed by the Connecticut
206 Pharmaceutical Association. The chairperson of the advisory
207 committee shall be the Commissioner of Public Health or said
208 commissioner's designee. The chairperson of the committee, with a
209 vote of the majority of the members present, may appoint ex-officio
210 nonvoting members in specialties not represented among voting
211 members. Vacancies shall be filled by the person who makes the
212 appointment under this subsection.

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

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

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

228 (h) (1) The advisory committee shall examine and evaluate (A)
229 possible approaches that would aid in the utilization of an existing

230 data collection system for cardiac outcomes, and (B) the potential for
231 state-wide use of a data collection system for cardiac outcomes, for the
232 purpose of continuing the delivery of quality cardiac care services in
233 the state.

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

240 (i) The advisory committee shall establish methods for informing
241 the public regarding access to the department's consumer and
242 regulatory services.

243 [(i)] (j) The Department of Public Health may seek out funding for
244 the purpose of implementing the provisions of this section. Said
245 provisions shall be implemented upon receipt of [said] such funding.

246 Sec. 4. Section 19a-490o of the general statutes is repealed and the
247 following is substituted in lieu thereof (*Effective July 1, 2010*):

248 (a) [On or before October 1, 2007, the] The Department of Public
249 Health shall, within available appropriations, implement the
250 recommendations of the Committee on Healthcare Associated
251 Infections established pursuant to section 19a-490n, with respect to the
252 establishment of a mandatory reporting system for healthcare
253 associated infections and appropriate standardized measures for the
254 reporting of data related to healthcare associated infections. As a
255 component of the mandatory reporting system, the department shall
256 require that hospitals report annually on the rate of health care
257 associated infections incurred by persons admitted to such hospitals.

258 [(b) On or before October 1, 2007, the Department of Public Health
259 shall submit a report to the joint standing committee of the General

260 Assembly having cognizance of matters relating to public health
261 concerning the plan for implementing the mandatory reporting system
262 for healthcare associated infections recommended by the Committee
263 on Healthcare Associated Infections pursuant to section 19a-490n, and
264 the status of such implementation, in accordance with the provisions
265 of section 11-4a.]

266 [(c)] (b) On or before October 1, 2008, and annually thereafter, the
267 department shall submit a report to the joint standing committee of the
268 General Assembly having cognizance of matters relating to public
269 health on the information collected by the department pursuant to the
270 mandatory reporting system for healthcare associated infections
271 established under subsection (a) of this section, in accordance with the
272 provisions of section 11-4a. Such report shall be posted on the
273 department's Internet web site and made available to the public.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2010</i>	19a-127n
Sec. 2	<i>July 1, 2010</i>	19a-494
Sec. 3	<i>July 1, 2010</i>	19a-127l
Sec. 4	<i>July 1, 2010</i>	19a-490o

Statement of Purpose:

To (1) require that the Department of Public Health's annual report to the General Assembly on adverse events include information that identifies the hospitals or outpatient surgical facilities where such adverse events occurred, (2) require the Department of Public Health to conduct annual random audits of hospitals and outpatient surgical facilities concerning adverse events and thereafter include information on such audits in its annual adverse events report, (3) provide employment protections to certain individuals who take action in furtherance of the adverse event reporting objectives, (4) provide the Commissioner of Public Health with authority to impose civil penalties against hospitals and outpatient surgical facilities, and (5) require that hospitals report annually on the rate of health care associated infections.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]