

Amendment No. 110

Assembly Amendment to Assembly Bill No. 280

(BDR 40-517)

Proposed by: Assembly Committee on Health and Human Services**Amends:** Summary: Yes Title: Yes Preamble: No Joint Sponsorship: No Digest: Yes

ASSEMBLY ACTION				Initial and Date	SENATE ACTION				Initial and Date	
Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____		Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____
Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____		Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____
Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____		Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____

EXPLANATION: Matter in (1) *blue bold italics* is new language in the original bill; (2) *green bold italic underlining* is new language proposed in this amendment; (3) ~~red strikethrough~~ is deleted language in the original bill; (4) ~~purple double strikethrough~~ is language proposed to be deleted in this amendment; (5) orange double underlining is deleted language in the original bill that is proposed to be retained in this amendment; and (6) *green bold underlining* is newly added transitory language.

RBL



Date: 3/31/2011

A.B. No. 280—Requires the adoption of patient safety checklists at certain medical facilities. (BDR 40-517)



ASSEMBLY BILL NO. 280—ASSEMBLYMEN OCEGUERA, ANDERSON, MASTROLUCA, BROOKS, CONKLIN; BENITEZ-THOMPSON, DONDERO LOOP, FLORES, FRIERSON, HORNE, KIRKPATRICK, MUNFORD, NEAL AND PIERCE

MARCH 15, 2011

JOINT SPONSOR: SENATOR MANENDO

Referred to Committee on Health and Human Services

SUMMARY—Requires the adoption of patient safety checklists and patient safety policies at certain medical facilities. (BDR 40-517)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State: No.

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EXPLANATION – Matter in *bolded italics* is new; matter between brackets ~~omitted material~~ is material to be omitted.

AN ACT relating to public health; requiring certain medical facilities to establish patient safety checklists and patient safety policies; revising the requirements of the patient safety plans of certain medical facilities to include the patient safety checklists and patient safety policies; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires certain medical facilities to adopt patient safety plans and establish patient safety committees to oversee matters relating to the health and safety of patients at the facilities. (NRS 439.865, 439.875) **Sections 1 and 5** of this bill require the patient safety committee of such a medical facility to adopt certain patient safety checklists to improve the health outcomes of patients in the medical facility and patient safety policies. **Sections 1 and 5** also require the patient safety committee to review those checklists and policies at least annually and revise the checklists and policies as necessary. **Section 1** also provides for annual reporting by the patient safety committees to the Legislative Committee on Health Care. **Section 4** of this bill requires the patient safety checklists and patient safety policies to be included in the patient safety plan established for the medical facility.

Section 7 of this bill provides that existing administrative sanctions which may be imposed against a medical facility that fails to adopt a patient safety plan or establish a patient safety committee may be imposed against a medical facility for a violation of **section 1**.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Chapter 439 of NRS is hereby amended by adding thereto a new section to read as follows:

1. The patient safety committee established pursuant to NRS 439.875 by a medical facility shall adopt patient safety checklists and patient safety policies for use by ~~[providers]~~ :

(a) Providers of health care who provide treatment to patients at the medical facility :

(b) Other personnel of the medical facility who provide treatment or assistance to patients;

(c) Employees of the medical facility who do not provide treatment to patients but whose duties affect the health or welfare of the patients at the facility, including, without limitation, a janitor of the medical facility; and

(d) Persons with whom the medical facility enters into a contract to provide treatment to patients or to provide services which may affect the health or welfare of patients at the facility.

2. The patient safety checklists adopted pursuant to subsection 1 must ~~be designed to ensure that the providers of health care~~ follow ~~a recognized protocol~~ protocols to improve the health outcomes of patients at the medical facility and must include, without limitation:

~~(a) A checklist for appropriately identifying a patient and ensuring that the patient is being provided the treatment ordered by a provider of health care, including, without limitation, requiring providers of health care positively to identify the patient upon each interaction;~~ Checklists related to specific types of treatment. Such checklists must include, without limitation, a requirement to document that the treatment provided was properly ordered by the provider of health care.

~~(b) A checklist~~ Checklists for ensuring that ~~each provider of health care adheres to the universal precautions protocol, including, without limitation, requiring a provider of health care to wash his or her hands before and after every interaction with a patient and after coming into direct contact with a surface or object which may be contaminated; and~~ employees of the medical facility and contractors with the medical facility who are not providers of health care follow protocols to ensure that the room and environment of the patient is sanitary.

~~(c) A checklist to be used when discharging a patient from the facility which includes, without limitation, verifying that the patient received:~~

(1) Proper instructions concerning prescription medications;

(2) Instructions concerning aftercare; and

(3) Any other instructions concerning his or her care upon discharge.

~~(d) Any other checklists which may be appropriate~~ for the type of treatment provided ~~to ensure the safety of patients at the medical facility,~~ for which may be required by the State Board of Health.

~~2.] 3. The patient safety policies adopted pursuant to subsection 1 must include, without limitation:~~

(a) A policy for appropriately identifying a patient before providing treatment. Such a policy must require the patient to be identified with at least two personal identifiers before each interaction with a provider of health care. The personal identifiers may include, without limitation, the name and date of birth of the patient.

(b) A policy regarding the nationally recognized standard precautionary protocols to be observed by providers of health care at the medical facility including, without limitation, protocols relating to hand hygiene.

(c) A policy to ensure compliance with the patient safety checklists and patient safety policies adopted pursuant to this section, which may include, without limitation, active surveillance. Active surveillance may include, without limitation, a system for reporting violations, peer-to-peer communication, video monitoring and audits of sanitation materials.

4. The patient safety committee shall:

(a) Monitor and document the effectiveness of the patient identification policy adopted pursuant to paragraph (a) of subsection 3.

(b) At least annually, review the patient safety checklists and patient safety policies adopted pursuant to this section and consider any additional patient safety checklists and patient safety policies that may be appropriate for adoption for use at the medical facility.

~~4(b)~~ (c) Revise a patient safety checklist and patient safety policy adopted pursuant to this section as necessary to ensure that the checklist or policy, as applicable, reflects the most current standards in patient safety protocols.

~~4(c)~~ (d) On or before July 1 of each year, submit a report to the Director of the Legislative Counsel Bureau for transmittal to the Legislative Committee on Health Care. The report must include information regarding the development, revision and usage of the patient safety checklists and patient safety policies and a summary of the annual review conducted pursuant to paragraph ~~4(a)~~ (b).

Sec. 2. NRS 439.800 is hereby amended to read as follows:

439.800 As used in NRS 439.800 to 439.890, inclusive, and section 1 of this act, unless the context otherwise requires, the words and terms defined in NRS 439.802 to 439.830, inclusive, have the meanings ascribed to them in those sections.

Sec. 3. NRS 439.860 is hereby amended to read as follows:

439.860 Any report, document and any other information compiled or disseminated pursuant to the provisions of NRS 439.800 to 439.890, inclusive, and section 1 of this act is not admissible in evidence in any administrative or legal proceeding conducted in this State.

Sec. 4. NRS 439.865 is hereby amended to read as follows:

439.865 1. Each medical facility that is located within this state shall develop, in consultation with the providers of health care who provide treatment to patients at the medical facility, an internal patient safety plan to improve the health and safety of patients who are treated at that medical facility. The patient safety plan must include, without limitation, the patient safety checklists and patient safety policies most recently adopted pursuant to section 1 of this act.

2. A medical facility shall submit its patient safety plan to the governing board of the medical facility for approval in accordance with the requirements of this section.

3. After a medical facility's patient safety plan is approved, the medical facility shall notify all providers of health care who provide treatment to patients at the medical facility of the existence of the plan and of the requirements of the plan. A medical facility shall require compliance with its patient safety plan.

Sec. 5. NRS 439.875 is hereby amended to read as follows:

439.875 1. A medical facility shall establish a patient safety committee.

2. Except as otherwise provided in subsection 3:

(a) A patient safety committee established pursuant to subsection 1 must be composed of:

(1) The patient safety officer of the medical facility.

(2) At least three providers of health care who treat patients at the medical facility, including, without limitation, at least one member of the medical, nursing and pharmaceutical staff of the medical facility.

(3) One member of the executive or governing body of the medical facility.

(b) A patient safety committee shall meet at least once each month.

3. The Administrator shall adopt regulations prescribing the composition and frequency of meetings of patient safety committees at medical facilities having fewer than 25 employees and contractors.

4. A patient safety committee shall:

(a) Receive reports from the patient safety officer pursuant to NRS 439.870.

(b) Evaluate actions of the patient safety officer in connection with all reports of sentinel events alleged to have occurred at the medical facility.

(c) Review and evaluate the quality of measures carried out by the medical facility to improve the safety of patients who receive treatment at the medical facility.

(d) Make recommendations to the executive or governing body of the medical facility to reduce the number and severity of sentinel events that occur at the medical facility.

(e) At least once each calendar quarter, report to the executive or governing body of the medical facility regarding:

(1) The number of sentinel events that occurred at the medical facility during the preceding calendar quarter; and

(2) Any recommendations to reduce the number and severity of sentinel events that occur at the medical facility.

(f) *Adopt patient safety checklists and patient safety policies as required by section 1 of this act, review the checklists and policies annually and revise the checklists and policies as the patient safety committee determines necessary.*

5. The proceedings and records of a patient safety committee are subject to the same privilege and protection from discovery as the proceedings and records described in NRS 49.265.

Sec. 6. NRS 439.880 is hereby amended to read as follows:

439.880 No person is subject to any criminal penalty or civil liability for libel, slander or any similar cause of action in tort if the person, without malice:

1. Reports a sentinel event to a governmental entity with jurisdiction or another appropriate authority;

2. Notifies a governmental entity with jurisdiction or another appropriate authority of a sentinel event;

3. Transmits information regarding a sentinel event to a governmental entity with jurisdiction or another appropriate authority;

4. Compiles, prepares or disseminates information regarding a sentinel event to a governmental entity with jurisdiction or another appropriate authority; or

5. Performs any other act authorized pursuant to NRS 439.800 to 439.890, inclusive ~~H~~, and section 1 of this act.

Sec. 7. NRS 439.885 is hereby amended to read as follows:

439.885 1. If a medical facility:

(a) Commits a violation of any provision of NRS 439.800 to 439.890, inclusive, and section 1 of this act, or for any violation for which an administrative sanction pursuant to NRS 449.163 would otherwise be applicable; and

(b) Of its own volition, reports the violation to the Administrator,

➤ such a violation must not be used as the basis for imposing an administrative sanction pursuant to NRS 449.163.

2. If a medical facility commits a violation of any provision of NRS 439.800 to 439.890, inclusive, and section 1 of this act and does not, of its own volition,

1 report the violation to the Administrator, the Health Division may, in accordance
2 with the provisions of subsection 3, impose an administrative sanction:

3 (a) For failure to report a sentinel event, in an amount not to exceed \$100 per
4 day for each day after the date on which the sentinel event was required to be
5 reported pursuant to NRS 439.835;

6 (b) For failure to adopt and implement a patient safety plan pursuant to NRS
7 439.865, in an amount not to exceed \$1,000 for each month in which a patient
8 safety plan was not in effect; and

9 (c) For failure to establish a patient safety committee or failure of such a
10 committee to meet pursuant to the requirements of NRS 439.875, in an amount not
11 to exceed \$2,000 for each violation of that section.

12 3. Before the Health Division imposes an administrative sanction pursuant to
13 subsection 2, the Health Division shall provide the medical facility with reasonable
14 notice. The notice must contain the legal authority, jurisdiction and reasons for the
15 action to be taken. If a medical facility wants to contest the action, the facility may
16 file an appeal pursuant to the regulations of the State Board of Health adopted
17 pursuant to NRS 449.165 and 449.170. Upon receiving notice of an appeal, the
18 Health Division shall hold a hearing in accordance with those regulations.

19 4. An administrative sanction collected pursuant to this section must be
20 accounted for separately and used by the Health Division to provide training and
21 education to employees of the Health Division, employees of medical facilities and
22 members of the general public regarding issues relating to the provision of quality
23 and safe health care.

24 **Sec. 8.** NRS 439.890 is hereby amended to read as follows:

25 439.890 The State Board of Health shall adopt such regulations as the Board
26 determines to be necessary or advisable to carry out the provisions of NRS 439.800
27 to 439.890, inclusive ~~to~~, *and section 1 of this act.*

28 **Sec. 9.** This act becomes effective on July 1, 2011.