

Amendment No. 526

Senate Amendment to Senate Bill No. 339

(BDR 40-662)

Proposed by: Senate Committee on Health and Human Services**Amendment Box:** Replaces Amendments Nos. 328 and 517.**Amends:** Summary: No 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: 4/25/2011

S.B. No. 339—Establishes provisions relating to the safety of patients in certain medical facilities. (BDR 40-662)



SENATE BILL NO. 339—SENATORS BREEDEN AND WIENER

MARCH 21, 2011

Referred to Committee on Health and Human Services

SUMMARY—Establishes provisions relating to the safety of patients in certain medical facilities. (BDR 40-662)

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

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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 provide to patients and to post certain information relating to facility-acquired infections; revising requirements for patient safety plans adopted by **certain** medical facilities; requiring **certain** medical facilities to designate an infection control officer ~~and~~ **and establish an infection control program; including facilities for intermediate care and facilities for skilled nursing within the scope of these requirements and other provisions concerning health and safety of patients;** and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Section 2 of this bill requires ~~each~~ **certain** medical ~~facility~~ **facilities** to provide to ~~its~~ **their** patients certain information relating to facility-acquired infections and to post in public areas of the ~~facility~~ **facilities** information on reporting facility-acquired infections. **Section 2 further provides for immunity from liability for providing certain information to a patient relating to the source of an infection.**

Section 3 of this bill requires **certain** medical facilities to designate an infection control officer to carry out certain duties relating to the prevention and control of infections. **Section 3 also establishes requirements for the qualification and training of infection control officers and requires that at least one employee per 100 occupied beds have certain training in infection control.**

Section 4.5 of this bill extends the provisions of this bill and other provisions concerning health and safety of patients at certain medical facilities to facilities for intermediate care and facilities for skilled nursing.

Existing law requires ~~each~~ **certain** medical ~~facility~~ **facilities** to prepare a patient safety plan and to submit a copy of the plan to the Health Division of the Department of Health and Human Services on or before March 1 of each year. (NRS 439.843, 439.865) **Section 6** of this bill requires the patient safety plan which is prepared by each medical facility to be revised annually and to include a program for the prevention and control of infections. **Section 5** of this bill requires the Department to post each patient safety plan on an Internet website maintained by the Department.

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

1 **Section 1.** Chapter 439 of NRS is hereby amended by adding thereto the
2 provisions set forth as sections 2 and 3 of this act.

3 **Sec. 2. 1. A medical facility shall:**

4 (a) *Provide to each patient of the medical facility, upon admission of the*
5 *patient, the general and facility-specific information relating to facility-acquired*
6 *infections required by subsection 2. ~~f. and~~*

7 (b) *Post in publicly accessible areas of the medical facility information on*
8 *reporting facility-acquired infections, including, without limitation, the contact*
9 *information for making reports to the Health Division. Such information may be*
10 *added to other required notices concerning the making of reports to the Health*
11 *Division.*

12 (c) *Ensure that protocols are established for:*

13 (1) *Informing a patient or the legal guardian or other person authorized*
14 *by the patient to receive such information that the patient has an infection; and*

15 (2) *If known or determined while a patient remains at the medical*
16 *facility, informing the patient or the legal guardian or other person authorized by*
17 *the patient to receive such information whether the infection was acquired at the*
18 *medical facility and the apparent source of the infection.*

19 2. *The information provided to each patient pursuant to paragraph (a) of*
20 *subsection 1 must include, without limitation:*

21 (a) *The measures used by the medical facility for preventing infections,*
22 *including facility-acquired infections;*

23 (b) *Information on determining whether a patient had an infection upon*
24 *admission to the medical facility, risk factors for acquiring infections and*
25 *determining whether an infection has been acquired;*

26 (c) *Information on preventing facility-acquired infections;*

27 (d) ~~*Information concerning the responsibility of the medical facility to*~~
28 ~~*inform a patient that he or she has an infection and whether the infection was*~~
29 ~~*acquired at the medical facility;*~~

30 ~~*(e) Instructions for reporting facility-acquired infections, including, without*~~
31 ~~*limitation, the contact information for making reports to the Health Division; and*~~
32 ~~*(f) (e) Any other information that the medical facility deems necessary.*~~

33 3. *A person or governmental entity who, with reasonable care, informs a*
34 *patient or the legal guardian or other person authorized by the patient to receive*
35 *such information that an infection was not acquired at the medical facility and of*
36 *the apparent source of the infection pursuant to subsection 2 is immune from any*
37 *criminal or civil liability for providing that information.*

38 **Sec. 3. 1. A medical facility shall designate an officer or employee of the**
39 **facility to serve as the infection control officer of the medical facility.**

40 2. *The person who is designated as the infection control officer of a medical*
41 *facility:*

42 (a) *Shall serve on the patient safety committee.*

43 (b) ~~*Must be certified as an infection preventionist by the Certification Board*~~
44 ~~*of Infection Control and Epidemiology, Inc., or a successor organization.*~~

45 ~~*(c) Shall monitor the occurrences of infections at the medical facility to*~~
46 ~~*determine the number and severity of infections.*~~

47 ~~*(d) (c) Shall report to the patient safety committee concerning the number*~~
48 ~~*and severity of infections at the medical facility.*~~

~~(e)~~ (d) Shall take such action as he or she determines is necessary to prevent and control infections alleged to have occurred at the medical facility.

~~(f)~~ (e) Shall carry out the provisions of the infection control program adopted pursuant to NRS 439.865 and ensure compliance with the program.

3. If a medical facility has ~~1~~

~~(a) One hundred~~ 175 or more beds, the person who is designated as the infection control officer of the medical facility ~~shall devote the equivalent of full-time employment to his or her duties as the infection control officer. Such a facility shall designate at least one full-time employee who is~~ must be certified as an infection preventionist by the Certification Board of Infection Control and Epidemiology, Inc., or a successor organization. ~~for each 100 additional beds to assist the infection control officer in carrying out the duties prescribed pursuant to this section.~~

~~(b) Less than 100 beds, the person who is designated as the infection control officer of the medical facility shall devote not less than the equivalent of half-time employment to his or her duties as the infection control officer. A person who is designated as the infection control officer of a medical facility with less than 100 beds may be designated as the patient safety officer of the medical facility pursuant to NRS 439.870.~~ A person may serve as the certified infection preventionist for more than one medical facility if the facilities have common ownership.

4. A medical facility that designates an infection control officer who is not a certified infection preventionist must ensure that the person has successfully completed a nationally recognized basic training program in infection control, which may include, without limitation, the program offered by the Association for Professionals in Infection Control and Epidemiology, Inc., or a successor organization. A medical facility shall ensure that an infection control officer completes at least 4 hours of continuing education each year on topics relating to current practices in infection control and prevention.

5. A medical facility shall ensure that it maintains a ratio of at least one employee who has the training described in subsection 4 for every 100 occupied beds. The number of beds must be determined based upon the most recent annual calendar-year average reported by the medical facility to the Director pursuant to NRS 449.490 and the regulations adopted pursuant thereto.

6. A medical facility shall maintain records concerning the certification and training required by this section.

7. The Health Division shall provide education and technical assistance relating to infection control and prevention in medical facilities.

Sec. 4. NRS 439.800 is hereby amended to read as follows:

439.800 As used in NRS 439.800 to 439.890, inclusive, and sections 2 and 3 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. 4.5. NRS 439.805 is hereby amended to read as follows:

439.805 "Medical facility" means:

1. A hospital, as that term is defined in NRS 449.012; ~~and 449.0151;~~
2. An obstetric center, as that term is defined in NRS ~~449.0151 and~~ 449.0155;

3. A surgical center for ambulatory patients, as that term is defined in NRS ~~449.0151 and~~ 449.019; ~~and~~

4. An independent center for emergency medical care, as that term is defined in NRS 449.013 ~~and 449.0151;~~

5. A facility for intermediate care, as that term is defined in NRS 449.0038; and

6. A facility for skilled nursing, as that term is defined in NRS 449.0039.

Sec. 5. NRS 439.843 is hereby amended to read as follows:

439.843 1. On or before March 1 of each year, each medical facility shall provide to the Health Division, in the form prescribed by the State Board of Health, a summary of the reports submitted by the medical facility pursuant to NRS 439.835 during the immediately preceding calendar year. The summary must include, without limitation:

(a) The total number and types of sentinel events reported by the medical facility, if any;

(b) A copy of the **most current** patient safety plan established pursuant to NRS 439.865;

(c) A summary of the membership and activities of the patient safety committee established pursuant to NRS 439.875; and

(d) Any other information required by the State Board of Health concerning the reports submitted by the medical facility pursuant to NRS 439.835.

2. On or before June 1 of each year, the Health Division shall submit to the State Board of Health an annual summary of the reports and information received by the Health Division pursuant to this section. The annual summary must include, without limitation, a compilation of the information submitted pursuant to subsection 1 and any other pertinent information deemed necessary by the State Board of Health concerning the reports submitted by the medical facility pursuant to NRS 439.835. The Health Division shall maintain the confidentiality of the reports submitted pursuant to NRS 439.835 and any other information requested by the State Board of Health concerning those reports when preparing the annual summary pursuant to this section.

3. The Department shall post on the Internet website maintained pursuant to NRS 439A.270 or any other website maintained by the Department a copy of the most current patient safety plan submitted by each medical facility pursuant to subsection 1.

Sec. 6. 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.

2. The patient safety plan must include an infection control program to prevent and control infections within the medical facility.

To carry out the program, the medical facility shall adopt an infection control policy. The policy may consist of:

(a) The current guidelines appropriate for the facility's scope of service developed by a nationally recognized infection control organization as approved by the State Board of Health which may include, without limitation, the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization and the Society for Healthcare Epidemiology of America;

(b) Facility-specific infection control developed under the supervision of a certified infection preventionist; or

(c) Any combination thereof.

3. The program to prevent and control infections within the medical facility must provide for the designation of a person who is responsible for infection

control when the infection control officer is absent to ensure that someone is responsible for infection control at all times.

4. 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.

~~3.5~~ 5. 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.

~~4.4~~ 6. *The patient safety plan must be reviewed and updated annually in accordance with the requirements for approval set forth in this section.*

Sec. 7. 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 infection control officer of the medical facility.*

(2) The patient safety officer of the medical facility ~~H~~, *if he or she is not designated as the infection control officer of the medical facility.*

~~2.2~~ (3) 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.

~~3.3~~ (4) 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) *Review and evaluate the quality of measures carried out by the medical facility to prevent and control infections at the medical facility.*

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

~~4.4~~ (f) 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) *The number and severity of infections that occurred at the medical facility during the preceding calendar quarter; and*

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

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. 8. *This act becomes effective:*

1 1. Upon passage and approval for the purposes of adopting regulations
2 and performing any other preparatory administrative tasks that are necessary
3 to carry out this act;

4 2. Except as provided in subsection 3, on January 1, 2012, for all other
5 purposes; and

6 3. On January 1, 2013, for the purpose of the continuing education
7 required by section 3 of this act for infection control officers.