

**MINUTES OF THE
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES**

**Seventy-sixth Session
March 22, 2011**

The Senate Committee on Health and Human Services was called to order by Chair Allison Copening at 3:33 p.m. on Tuesday, March 22, 2011, in Room 2149 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to the Grant Sawyer State Office Building, Room 4412, 555 East Washington Avenue, Las Vegas, Nevada. [Exhibit A](#) is the Agenda. [Exhibit B](#) is the Attendance Roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

COMMITTEE MEMBERS PRESENT:

Senator Allison Copening, Chair
Senator Valerie Wiener, Vice Chair
Senator Sheila Leslie
Senator Ruben J. Kihuen
Senator Joseph (Joe) P. Hardy
Senator Ben Kieckhefer
Senator Greg Brower

STAFF MEMBERS PRESENT:

Marsheilah Lyons, Policy Analyst
Risa Lang, Counsel
Stephanie Robbins, Committee Assistant
Annette Ramirez, Committee Secretary

OTHERS PRESENT:

Marla McDade Williams, B.A., M.P.A., Deputy Administrator, Health Division,
Department of Health and Human Services
Jay Kvam, Program Manager, Office of Epidemiology, Health Division,
Department of Health and Human Services
Joseph Greenway, Director, Center for Health Information Analysis, University
of Nevada, Las Vegas
Barry Gold, Director, Government Relations, AARP Nevada
Graham Galloway, Nevada Justice Association
Bobbette Bond, Director of Public Policy, Nevada Health Care Policy Group

Senate Committee on Health and Human Services
March 22, 2011
Page 2

Bill Welch, Nevada Hospital Association
Leslie Johnstone, Executive Director, Health Services Coalition
Barry Ptak, AARP
Steve Winters

CHAIR COPENING:

Today, we have two bills to hear and a couple of presentations. We will open the hearing with a presentation regarding mandatory reporting of sentinel events in Nevada.

MARLA MCDADE WILLIAMS, B.A., M.P.A. (Deputy Administrator, Health Division, Department of Health and Human Services):
I will be going through "Sentinel Events in Nevada" ([Exhibit C](#)) and will highlight some of the key provisions within it. I have also provided "Norovirus in Long Term Care Facilities in Nevada" ([Exhibit D](#)) for your review.

JAY KVAM (Program Manager, Office of Epidemiology, Health Division, Department of Health and Human Services):
I will provide a brief overview of the National Healthcare Safety Network (NHSN), what its purposes are and how it is being implemented in Nevada. A component we capture with sentinel events is facility acquired infections. The Centers for Disease Control and Prevention (CDC) and other federal agencies recognize this is a substantial source of morbidity and mortality in the nation. A dedicated system has been developed to help reduce the rates. The NHSN is a secure Web-based system allowing facilities to report occurrences of a variety of health-care-associated infections into the system for the benefit of multiple parties. It is important to recognize the various stakeholders for the NHSN and how they can benefit from utilizing the system. Figures and data are available to the public so people can understand the quality of medical services being rendered within their communities. It is available for policy makers to help in identifying priority issues in health-care systems. Also, the health-care facilities themselves benefit by participating in the system to track and monitor their progress. With that information they can directly benefit the quality of care they provide to patients by reducing the rates of these preventable health-care-associated infections. Refer to the "Nevada NHSN Timeline" ([Exhibit E](#)), showing the month when *Nevada Revised Statute* (NRS) 439.847 became effective. That required facilities meeting certain criteria of patient volume to participate in NHSN effective October 2009. Regulations were adopted by the State Board of Health on October 15, 2010, specifying exact

components of the NHSN in which facilities are required to participate and a time line, [Exhibit E](#). On March 15, 2011, we were successful in enrolling the remaining mandatory reporter for the calendar year 2010 within the system and now all of them have joined. We are currently assessing who the mandatory reporters will be for this calendar year. As they start utilizing the system and reporting data, we will be validating the data to ensure it is accurate. In summary, the NHSN was created with the intent of tackling one of the biggest challenges we have in the nation regarding health-care-associated infections while making information transparently available to the public.

SENATOR LESLIE:

We need to look at the definition of "sentinel events" and align it with national standards. We need to be clear on what needs to be reported and how it needs to be reported. We need to have sanctions in place in case it is not reported properly. For the public, the information needs to be translated into usable form in a non-aggregated format. Could you comment on the conceptual items you would like to see come out of this Committee to make this process work better for the public and improve quality care?

MS. WILLIAMS:

I agree those are the points that would help make the system more user-friendly for everyone. The information we report really is not a data-driven system. We are providing a hard copy of a report and have not merged data pieces to do a data analysis. It is those pieces where the Health Division (HD), Department of Health and Human Services (DHHS) does one piece and the Division of Health Care Financing and Policy (DHCFP), DHHS, does another piece.

SENATOR LESLIE:

That is also what I have been thinking about. Is it time to merge those data pieces?

MS. WILLIAMS:

I would like to have Mr. Kvam respond from a data perspective.

MR. KVAM:

I can speak to the efforts we have undertaken over the past year to consolidate activities and data sources. The HD has created the Office of Epidemiology which is a one-stop-shop for data analysis and reporting. We brought in data sources to include: complaint data, investigation data, sentinel-event data and

hospital-discharge data. We are attempting to analyze this data in a holistic fashion, and we are including the data in reports to make more sense from a consumer standpoint. We do not report on data associated with costs or financing.

SENATOR WIENER:

I agree it needs to be consumer-friendly information. As Ms. Williams indicated, there are different definitions within the State for a sentinel event. Are we going to address that? Also, a definition may change depending on what data is used. Are there distinctions between the definitions about some of the other things we are measuring?

MS. WILLIAMS:

The HD knows the definition, and we are trying to meet that. The HD uses two national quality organizations' information to help us solidify whether something should be reported. In the piece under chapter 439A of the NRS dealing with other quality data, my understanding is that in Senate Bill (S.B.) 264 the HD would call the work they do "adverse health adventures." But "adverse health adventures" does not mean "sentinel events" as it is referenced in chapter 439 of NRS. There needs to be recognition that there are two quality organizations, and they have different pieces. It would be easier for us for the sentinel event piece to use the National Quality Forum's definitions for "events" and their list of reportable "events" in health-care facilities. We also bring in definitions from the Agency for Healthcare Research and Quality (AHRQ) related to health-care-associated infections. My understanding is the data on the Nevada Compare Care Website (NCCW) relies primarily on the health-care-associated infections data from AHRQ.

SENATE BILL 264: Revises provisions concerning the regulation of certain medical facilities. (BDR 40-15)

SENATOR WIENER:

The reason I asked the question about reconciliation between the definitions is because, for an outsider, it will affect the resource outcomes. I want to make it as easy as possible for consumers to understand. But if we are only using one of the measurements, and the other one is important as well, are we getting the whole picture? Is it realistic that we can reconcile the differences between definitions? What kind of impact will that be, because of the differences on the data we are collecting and how we are using it?

MS. WILLIAMS:

I think there is opportunity to recognize there are different intents for each of the pieces we are dealing with. With the "sentinel event" system we have, the intent is to identify issues that need to be brought to the attention of hospitals or medical facilities so they can address those issues. The other piece is geared towards the consumer. We need to recognize what is geared toward the facilities and what is geared towards the consumers and distinguish between those two. We are going to build one Website because all of our reporting has to be posted to the NCCW.

SENATOR WIENER:

The way you explained this helped me to understand that it is how we use the information in terms of the audience. Would the Website be designed in a way so the consumers and facilities could easily find information in which they are interested?

MR. KVAM:

Those comments certainly make sense. I would note that the NCCW, as it currently stands, is not under the HD. It is under DHCFP. Although we do post a select number of reports to that Website, we do not directly administer it.

JOSEPH GREENWAY (Director, Center for Health Information Analysis, University of Nevada, Las Vegas):

I would like to thank Senator Sheila Leslie for bringing forth this issue. This effort has been a resounding success. Reports are being generated from data and our public transparency Website presently contains approximately 300,000 Web pages of information. All requirements of A.B. No. 146 of the 75th Session have been fulfilled except for one.

The DHHS contracted the Center for Health Information Analysis (CHIA) to collect hospital outpatient and ambulatory surgical center data to create and publicly post health data reports for: quality indicators, diagnosis related groups, the top diagnoses, top 50 treatments for inpatients and hospital infections.

I want to talk about one item we have not fulfilled, and that is outpatient treatments based on Current Procedural Terminology (CPT) codes. These CPT codes are proprietary to the American Medical Association. We are not permitted to post them. We are trying to get authority to post those codes. Nevada is presently at the forefront of the trends happening with the

transparency movement. These trends include posting of sentinel events at the facility level, and an increase in the number of posted quality indicators and health-care-acquired conditions.

SENATOR LESLIE:

I want to thank Mr. Greenway publicly for all of his work. I have a question on "adverse events" and with A.B. No. 146 of the 74th Session, the bill we previously passed. Did we not include a requirement to post "adverse events" or "sentinel events?"

MR. GREENWAY:

These events were created and posted to a private Website; however, there was discussion about these events being defined as "sentinel events." According to current NRS, we cannot post "sentinel events" at the facility level. The State and the CHIA disagree about this definition as we do not see these events as "sentinel events." The approval from the Governor never came through. There is still a Website, and everything is ready to go "live" any minute; however, we do not have approval to post at this moment.

SENATOR LESLIE:

That is a key area we need to clarify. I want to make sure the language we end up with gives you clear authority.

CHAIR COPENING:

We will now begin our hearing on S.B. 209.

SENATE BILL 209: Revises provisions relating to reports of sentinel events and related information reported by certain medical facilities. (BDR 40-193)

SENATOR VALERIE WIENER (Clark County Senatorial District No. 3):

This bill is on point and addresses some major concerns. The main provisions in S.B. 209 include facilities averaging 25 or more patients during each business day. One concern of the Legislative Committee on Health Care was that capturing smaller facilities might create a disproportionate representation of sentinel events. The bill combines two bill drafts by the Legislative Committee on Health Care, building off of S.B. No. 319 of the 75th Session, where the data is gathered for the Internet-based surveillance system established by the Division of Healthcare Quality Promotion, part of the CDC. Senate Bill 209 requires the facilities participating in the data gathering to give permission to the

HD to access the information. The aggregate data we have been using will now be gathered and used at a facility-based level. Individuals will be able to go to the Website for consumer information and education. The information will be presented in such a way that people can make realistic comparisons. This will create greater consumer awareness and provide the opportunity to make decisions in advance. This will raise the level of performance, care and skill of the facilities being listed on the Website.

BARRY GOLD (Director, Government Relations, AARP Nevada):
I have submitted written testimony ([Exhibit F](#)) that I will read.

GRAHAM GALLOWAY (Nevada Justice Association):
The Nevada Justice Association supports S.B. 209. We support the increase of information being reported on sentinel events, and we support the increase in dissemination of this information. This is good legislation, and we encourage the Committee to pass this bill.

BOBBETTE BOND (Nevada Health Care Policy Group):
The Nevada Health Care Policy Group supports S.B. 209.

BILL WELCH (Nevada Hospital Association):
I would like to go on record in support of S.B. 209. We look forward to working with the Committee on merging and reconciliation of various pieces of legislation addressing this. The only suggestion we would have is on how the data is posted, and we would recommend a rate adjustment. We would like to see a rating system when comparing smaller facilities to larger facilities. We suggest you look at how data is represented so that it will be meaningful in helping consumers compare information for their health care. The Nevada Hospital Association is moving forward with this and has been committed to the transparency since 2006. We have gathered the data and will be unveiling sentinel events posting on our Website by hospitals within the next 30 days. It will list sentinel events by individual facilities.

SENATOR WIENER:
One of our concerns was about the weighting issue. For example, how do we compare a small hospital with maybe 40 beds, but only 20 beds filled, with one event a year, to a larger hospital? My intent in the language in section 2, subsection 4, paragraph (b), says "... The information must be reported in a manner that allows a person to compare the information for the

medical facilities." It was my intent to include your concerns. A consumer would see reasonable, responsible and weighted information that would make sense.

SENATOR HARDY:

In a prior presentation, we had a sentinel events white paper quoting Michigan University Medical System saving 61 percent in their legal defense costs. Were there other variables in the full disclosure of sentinel events by the Michigan University Medical System to which those things were attributed?

MR. WELCH:

I have not read the report extensively. We have reviewed it, and similar reports, and the posting of sentinel events certainly contributed to it. Also, changing of policy, practice and behavior of health-care providers who met with the patients' family members and worked with them helped in the reduction of medical malpractice cases.

SENATOR KIECKHEFER:

The Nevada Hospital Association is keeping a Website separate from the NCCW, and you just indicated you will be posting your sentinel event data by facility within 30 days. If the State were to pull the trigger on the NCCW, would the sentinel event numbers be consistent between the two sites, or are we struggling over the definition of what constitutes a "sentinel event?"

MR. WELCH:

There should be no difference in the data we are posting on our Website. We are using the same data source the State is using. Whether it is a sentinel event or another hospital condition, there should be no difference in the data being presented. As the definition evolves, it might require some different reporting. We would need to adjust our Website to correspond with that definition.

SENATOR WIENER:

I want to get the order of this correct. Are you using the data you are gathering and not data that the HD is getting and giving back to you?

MR. WELCH:

That would be correct.

SENATOR WIENER:

If those facilities are required to give access to data to the HD, I did not see anything about giving authority to the HD to give it to somebody else. But this is data you are gathering, so that clears it up.

LESLIE JOHNSTONE (Executive Director, Health Services Coalition):

The Health Services Coalition represents 270,000 Nevadans from 23 different self-funded health plans. We have long been an advocate for making health-care quality indicators available to the public. Good progress is being made by posting sentinel events by facility and CDC surveillance data to the State's Website. We support passage of S.B. 209 and would like to offer assistance as this bill might be refined going through the process.

BARRY PTAK (AARP):

There is a medical problem in Las Vegas, Nevada. I have a 57-year-old wife who had a stroke because of negligence due to rehabilitation centers in Las Vegas. My wife had surgery on September 14, 2010, and was sent to a rehabilitation center. A doctor there could not control her blood pressure, so she had a stroke. When she was transferred to another rehabilitation center, the physical therapist told us she had experienced a stroke. On October 23, a certified nurse came into the room and dropped her on her neck and back. My wife immediately changed. They sent my wife home on the October 29. After I had her home for two months, I noticed there was something wrong. I brought my wife to her primary doctor. We had to rush her to the University Medical Center. On New Year's Eve she suffered two more strokes on each side of the brain. She had a bleed from the fall she had taken and a blood clot went into her brain. I went through an appeal, and I lost that appeal. I won the second appeal and am sure the insurance company was not happy. After that, we had more bad experiences with rehabilitation centers. The rehabilitation centers are pathetic. The people they hire are pathetic, there are language barriers and mistakes, and they do not know what they are doing. I am 60 years old, and my wife will be 57 years old in April 2011. We cannot get supplemental insurance in this State. We are both disabled, and we are both on Medicare. We had to take an HMO because we have no choice. We cannot pay the 20 percent deductible for Medicare. You need some corrections. You also have medical clinics that are filthy and dirty. They are killing people, and it is not right. I feel I am being discriminated against because I cannot get a supplemental insurance policy in Nevada.

CHAIR COPENING:

We will not have time to hear S.B. 264; however, at the request of Senator Leslie, we would like to invite Steve Winters to come forward to testify. We will reschedule S.B. 264.

STEVE WINTERS:

I am here representing Bonnie Winters, my mother, who passed away in June 2010. I am testifying about both S.B. 209 and S.B. 264. I want to repeat a story I told to the DHHS in August 2010. There was an article in the *Reno Gazette-Journal* about a lethal superbug risk to patients. My mother, my wife and I lived together near Renown South Meadows Medical Center (RSMMC) so I could get my mother there in a hurry. I used to practice getting her there in three minutes. In 2005, I took her there after she had a heart attack, and I got her there in three minutes. The facility did a good job, and she was moved to another hospital where they did a triple bypass. It all worked out well. In 2010, she had a similar event, and I got her to RSMMC in three minutes. They took her into the intensive care unit. They did a great job; however, she got some hospital infections. She had a urinary-tract infection (UTI), and after eight days there she got a Methicillin-resistant Staphylococcus aureus (MRSA) infection of which I was unaware. My brother told me to go to the hospital and stay there. I took time off work and was able to visit and see her. I made sure that I called at midnight and 6 a.m., and I went to the hospital at 10 a.m. and 2 p.m., and then I would start over again. I rotated that shift for about 2 1/2 months. This worked. Then she was moved from RSMMC to Tahoe Pacific Hospital after ten days; however, she was infected, and I was unaware of this. She was having a hard time getting out of bed and I told her to work really hard. We worked hard for six months to get her out of bed.

Around May 28, they transferred her because they thought she was doing well. By this time she had contracted MRSA, Extended Spectrum beta-lactamase (ESBL) and Clostridium Difficile (CDF). I had never heard of any of those infections. When they transferred her on May 28, I had told her I would be there in the morning, and I did not go. My mother did a "180" in that hospital. She died on June 24. She died of 12 hospital infections. She had MRSA, CDF, UTI, ESBL, Klebsiella, Vancomycin-resistant Enterococcus, septic shock, Pseudomonas aeruginosa, one I cannot pronounce and three more infections. I was there every day and never had a clue this was happening. I had her power of attorney, and they kept this from me. There is a letter ([Exhibit G](#)) I would like to reference.

Senate Committee on Health and Human Services
March 22, 2011
Page 11

CHAIR COPENING:

We will reschedule Senator Leslie's bill, S.B. 264, for March 24, 2011, and it will be first on the agenda. Mr. Winters, if you have the opportunity to return, you are welcome to come back. We appreciate you sharing your story.

We will close the hearing on S.B. 209. With no further business to come before the Senate Committee on Health and Human Services, the meeting is adjourned at 4:43 p.m.

RESPECTFULLY SUBMITTED:

Annette Ramirez,
Committee Secretary

APPROVED BY:

Senator Allison Copening, Chair

DATE: _____

<u>EXHIBITS</u>			
Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B		Attendance Roster
	C	Marla McDade Williams	Sentinel Events In Nevada
	D	Marla McDade Williams	Norovirus in Long Term Care Facilities in Nevada
	E	Jay Kvam	Nevada NHSN Timeline
S.B. 209	F	Barry Gold	AARP Nevada Comments
S.B. 209	G	Steve Winters	Nevada State Health Division Technical Bulletin