

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

**Seventy-Seventh Session
April 16, 2013**

The Senate Committee on Health and Human Services was called to order by Chair Justin C. Jones at 4:21 p.m. on Tuesday, April 16, 2013, in Room 2149 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to Room 4412 of the Grant Sawyer State Office Building, 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 Justin C. Jones, Chair
Senator Debbie Smith, Vice Chair
Senator Tick Segerblom
Senator Joseph P. Hardy
Senator Ben Kieckhefer

STAFF MEMBERS PRESENT:

Marsheilah D. Lyons, Policy Analyst
Risa Lang, Counsel
Jackie Cheney, Committee Secretary

OTHERS PRESENT:

Tracey Green, M.D., State Health Officer, Health Division, Department of Health and Human Services
Jay Kvam, Chief Biostatistician, Health Division, Department of Health and Human Services
David Goodheart, Nevada Hospital Association
Joan Hall, President, Nevada Rural Hospital Partners
Tina Gerber-Winn, Deputy Administrator, Aging and Disability Services Division, Department of Health and Human Services
Bruce Arkell, Nevada Senior Advocates

Chair Jones:

We will open the hearing for Assembly Bill (A.B.) 28.

ASSEMBLY BILL 28: Revises the definition of “sentinel event” for the purpose of provisions relating to the health and safety of patients at certain medical facilities. (BDR 40-311)

Tracey Green, M.D. (State Health Officer, Health Division, Department of Health and Human Services):

The Health Division is responsible for maintaining the sentinel event registry. A sentinel event is currently defined in statute as:

... an unexpected occurrence involving facility-acquired infection, death or serious physical or psychological injury or the risk thereof, including, without limitation, any process variation for which a reoccurrence would carry a significant chance of a serious adverse outcome. The term includes the loss of limb or function.

It is called a sentinel event because it signals the need for an immediate investigation and response. Mandatory reportable sentinel events include events that have resulted in an unanticipated death or major permanent loss of function, not related to the natural course of the patient’s illness or underlying condition. Some examples of sentinel events include surgeries on the wrong body part, medication errors, elopements, contaminated drugs and assaults.

Within the current definition of sentinel events, there are some problematic areas that A.B. 28 will help resolve. First, the phrases “unexpected occurrence,” and “risk thereof” are ambiguous because they are not statutorily defined. Individual facilities and the State have differences in their uses and interpretations for reporting. This has made it difficult to compare facilities accurately. Additionally, the current process for reporting sentinel events requires facilities to report to both the sentinel event registry and the National Healthcare Safety Network (NHSN).

Assembly Bill 28 proposes aligning the definition of sentinel events with the National Quality Forum (NQF) standards. The NQF is a body that creates a variety of standard performance-based measures including those for serious reportable events, which is their term for sentinel events. The NQF has been working with serious reportable events since 2002, and its definitions have been adopted by at least 14 other states (Exhibit C). By adopting the NQF definitions, A.B. 28 would eliminate the duplicative reporting of health care associated infections to both the sentinel event registry and to NHSN. It would

also clarify the definition by specifying exactly what is to be reported. The NHSN would be dedicated to reporting hospital-acquired infections while the sentinel event registry would focus on all other serious reportable events. Both of these report types would continue to be submitted to the Health Division and would continue to be reported by the Health Division.

Chair Jones:

In section 1, subsection 1, the reference to sentinel event is in the singular form whereas in subsection 2, it is in the plural form. Is there a reason for them to be different?

Risa Lang (Counsel):

This is a drafting error that will be corrected.

Senator Kieckhefer:

Will anything we have been capturing be lost in the reporting and tracking by changing the definitions?

Dr. Green:

Reporting has been done by each facility with a statewide total. The problem has been the different interpretations. For example, what constitutes a sentinel fall in one facility may differ from what is reported as sentinel in another facility. The reporting will be more accurate for comparison purposes utilizing the NQF standardized definition.

Senator Kieckhefer:

Money and effort were put into the current Website for data collection and public information. Will any of that remain useful?

Dr. Green:

Yes. The information will be more useful than ever in identifying areas for improvement and highlighting those hospitals and outpatient facilities that are doing good work.

Senator Kieckhefer:

Is there anything that changes the level of granularity in terms of public disclosure of sentinel events in this legislation compared to what is currently in statute?

Dr. Green:

No. It simply refers to the NQF as the data source.

Senator Smith:

Have we been overly identifying or under-identifying sentinel events?

Dr. Green:

Overall, the facilities have done a good job reporting. Hospitals are focused on improving their quality. We have worked with the Nevada Hospital Association in developing A.B. 28.

Jay Kvam (Chief Biostatistician, Health Division, Department of Health and Human Services):

We have observed a stabilization of the number of events that have been reported over the past few years. We have worked with them to better understand the definitions. Assembly Bill 28 is the next evolution of that process. Utilizing the NQF standardized definitions will improve the accuracy of comparisons between facilities and enable comparisons to other states that have adopted the same definitions.

David Goodheart (Nevada Hospital Association):

The Nevada Hospital Association supports A.B. 28.

Joan Hall (President, Nevada Rural Hospital Partners):

The Nevada Rural Hospital Partners support A.B. 28. Using the national standards definitions will help everyone and ensure we are comparing like data.

Chair Jones:

The hearing is closed on A.B. 28. We will open the hearing for A.B. 53.

ASSEMBLY BILL 53: Revises certain provisions relating to the review and reporting of traumatic brain injuries. (BDR 38-308)

Tina Gerber-Winn (Deputy Administrator, Aging and Disability Services Division, Department of Health and Human Services):

Assembly Bill 53 proposes to abolish the Subcommittee on Traumatic Brain Injuries of the Nevada Commission on Services for Persons with Disabilities. This Subcommittee has been inactive since 2010. The requirement for reporting traumatic brain injuries to the Aging and Disability Services Division is deleted.

This information is duplicative of reports to the Health Division. Any needed program reports can be obtained from the Health Division.

Senator Smith:

Are you sure this is not needed? Is the Health Division collecting the same information as the Aging and Disability Services Division?

Ms. Gerber-Winn:

We have compared the information and determined the information is duplicative. Nothing will be lost.

Chair Jones:

Do you know if *Nevada Revised Statutes* 427A.810 through 427A.840 are proposed to be amended by any other legislation?

Ms. Gerber-Winn:

To my knowledge, they are not.

Bruce Arkell (Nevada Senior Advocates):

The Nevada Senior Advocates supports A.B. 53. This bill gets rid of reporting duplication and deletes a committee that is no longer functioning. These are positive steps forward.

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Chair Jones:

There being no further business before this Committee, the meeting is adjourned at 4:37 p.m.

RESPECTFULLY SUBMITTED:

Jackie Cheney,
Committee Secretary

APPROVED BY:

Senator Justin C. Jones, Chair

DATE: _____

<u>EXHIBITS</u>				
Bill	Exhibit		Witness / Agency	Description
	A	1		Agenda
	B	2		Attendance Roster
A.B. 28	C	46	Dr. Tracey Green	Serious Reportable Events in Healthcare— 2011 Update