Florida House of Representatives - 2000

CS/HB 1851

By the Committee on Health Care Licensing & Regulation and Representatives Crow and Levine

A bill to be entitled 1 2 An act relating to hospital internal risk 3 management; amending s. 395.0197, F.S.; updating a cross reference; revising 4 5 circumstances under which certain adverse incidents occurring in a hospital, ambulatory 6 7 surgical center, or mobile surgical facility 8 must be reported to the Agency for Health Care 9 Administration; requiring the agency to 10 annually publish report cards summarizing each 11 such facility's incident reports; requiring the report cards to be available to the public 12 13 on-line and through other means by a specified date; specifying organization and minimum 14 contents of the report cards; requiring a 15 16 statement regarding the use of adverse incident data in assessing a facility; providing an 17 effective date. 18 19 20 Be It Enacted by the Legislature of the State of Florida: 21 22 Section 1. Subsection (2), paragraph (c) of subsection (5), and subsection (18) of section 395.0197, Florida 23 Statutes, are amended to read: 24 25 395.0197 Internal risk management program.--26 (2) The internal risk management program is the 27 responsibility of the governing board of the health care 28 facility. Each licensed facility shall hire a risk manager, 29 licensed under ss. 395.10971-395.10975 part IX of chapter 626, who is responsible for implementation and oversight of such 30 facility's internal risk management program as required by 31 1

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Florida House of Representatives - 2000 601-182-00

this section. A risk manager must not be made responsible for 1 2 more than four internal risk management programs in separate licensed facilities, unless the facilities are under one 3 corporate ownership or the risk management programs are in 4 5 rural hospitals. б (5) For purposes of reporting to the agency pursuant 7 to this section, the term "adverse incident" means an event 8 over which health care personnel could exercise control and which is associated in whole or in part with medical 9 intervention, rather than the condition for which such 10 intervention occurred, and which: 11 12 (c) Required the surgical repair of damage resulting 13 to a patient from a planned surgical procedure, where the 14 damage was not a recognized specific risk, as disclosed to the 15 patient and documented through the informed-consent process; 16 or (18) The agency shall annually publish a report card 17 summarizing the information contained in the annual incident 18 19 reports submitted by licensed facilities pursuant to 20 subsection (6) and disciplinary actions reported to the agency pursuant to s. 395.0193. The report card must be made 21 22 available to the public through the World Wide Web and other commonly used means of distribution no later than July 1 of 23 each year. The report card must be organized by county and, at 24 25 a minimum, for each hospital and other licensed facility in 26 the state, present an itemized list showing summarize: 27 (a) The name and address of the facility. 28 (b) Whether the facility is a private, for-profit or not-for-profit, public, or teaching facility. 29 30 (c) The total number of beds. 31

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Florida House of Representatives - 2000 CS/HB 1851 601-182-00

1	(d) A description of the categories of services
2	provided by the facility.
3	<u>(e)</u> On an annual basis, the percentage of adverse
4	incidents per total number of patients in the facility, by
5	category of reported incident, and by type of professional
6	involved.
7	(f) A listing, by category, of the types of
8	operations, diagnostic or treatment procedures, or other
9	actions or inactions, giving rise to the adverse incidents and
10	the number of adverse incidents in each category.
11	(g) (b) Types of malpractice claims filed, by type of
12	professional involved.
13	<u>(h)</u> Disciplinary actions taken against
14	professionals, by type of professional involved.
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16	The report card must include the following statement: "Adverse
17	incident reports are just one part of the picture that emerges
18	about a facility. You should also consider that facility's
19	survey results and complaint investigations and conduct your
20	own research on a facility before coming to conclusions about
21	that facility. When making comparisons among facilities, some
22	may have many more adverse incidents than others because this
23	report is not adjusted for the size of the facility nor the
24	severity or complexity of the health problems of the people it
25	serves."
26	Section 2. This act shall take effect October 1, 2000.
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