

Bill No. CS for CS for CS for SB 562 & SB 1912

Amendment No. ____ Barcode 693778

	<u>Senate</u>	CHAMBER ACTION	<u>House</u>
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11	Senator Saunders moved the following amendment:		
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13	Senate Amendment (with title amendment)		
14	On page 25, line 28, through		
15	page 29, line 13, delete those lines		
16			
17	and insert:		
18	Section 1. Subsections (1), (3), and (8) of section		
19	395.0197, Florida Statutes, are amended, present subsections		
20	(12) through (20) of that section are redesignated as		
21	subsections (13) through (21), respectively, and a new		
22	subsection (12) is added to that section, to read:		
23	395.0197 Internal risk management program.--		
24	(1) Every licensed facility shall, as a part of its		
25	administrative functions, establish an internal risk		
26	management program that includes all of the following		
27	components:		
28	(a) The investigation and analysis of the frequency		
29	and causes of general categories and specific types of adverse		
30	incidents to patients.		
31	(b) The development of appropriate measures to		

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1 minimize the risk of adverse incidents to patients, including,
2 but not limited to:

3 1. Risk management and risk prevention education and
4 training of all nonphysician personnel as follows:

5 a. Such education and training of all nonphysician
6 personnel as part of their initial orientation; and

7 b. At least 1 hour of such education and training
8 annually for all personnel of the licensed facility working in
9 clinical areas and providing patient care, ~~except those~~
10 ~~persons licensed as health care practitioners who are required~~
11 ~~to complete continuing education coursework pursuant to~~
12 ~~chapter 456 or the respective practice act.~~

13 2. A prohibition, except when emergency circumstances
14 require otherwise, against a staff member of the licensed
15 facility attending a patient in the recovery room, unless the
16 staff member is authorized to attend the patient in the
17 recovery room and is in the company of at least one other
18 person. However, a licensed facility is exempt from the
19 two-person requirement if it has:

20 a. Live visual observation;

21 b. Electronic observation; or

22 c. Any other reasonable measure taken to ensure
23 patient protection and privacy.

24 3. A prohibition against an unlicensed person from
25 assisting or participating in any surgical procedure unless
26 the facility has authorized the person to do so following a
27 competency assessment, and such assistance or participation is
28 done under the direct and immediate supervision of a licensed
29 physician and is not otherwise an activity that may only be
30 performed by a licensed health care practitioner.

31 4. Development, implementation, and ongoing evaluation

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1 of procedures, protocols, and systems to accurately identify
2 patients, planned procedures, and the correct site of the
3 planned procedure so as to minimize the performance of a
4 surgical procedure on the wrong patient, a wrong surgical
5 procedure, a wrong-site surgical procedure, or a surgical
6 procedure otherwise unrelated to the patient's diagnosis or
7 medical condition.

8 (c) The analysis of patient grievances that relate to
9 patient care and the quality of medical services.

10 (d) A system for informing a patient or an individual
11 identified pursuant to s. 765.401(1) that the patient was the
12 subject of an adverse incident, as defined in subsection (5).
13 Such notice shall be given by the risk manager, or his or her
14 designee, as soon as practicable to allow the patient an
15 opportunity to minimize damage or injury.

16 (e)(d) The development and implementation of an
17 incident reporting system based upon the affirmative duty of
18 all health care providers and all agents and employees of the
19 licensed health care facility to report adverse incidents to
20 the risk manager, or to his or her designee, within 3 business
21 days after their occurrence.

22 (3) In addition to the programs mandated by this
23 section, other innovative approaches intended to reduce the
24 frequency and severity of medical malpractice and patient
25 injury claims shall be encouraged and their implementation and
26 operation facilitated. Such additional approaches may include
27 extending internal risk management programs to health care
28 providers' offices and the assuming of provider liability by a
29 licensed health care facility for acts or omissions occurring
30 within the licensed facility. Each licensed facility shall
31 annually report to the agency and the Department of Health the

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1 name and judgments entered against each health care
 2 practitioner for which it assumes liability. The agency and
 3 Department of Health, in their respective annual reports,
 4 shall include statistics that report the number of licensed
 5 facilities that assume such liability and the number of health
 6 care practitioners, by profession, for whom they assume
 7 liability.

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10 ===== T I T L E A M E N D M E N T =====

11 And the title is amended as follows:

12 On page 4, lines 4-8, delete those lines

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14 and insert:

15 requiring a

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