

Bill No. CS for CS for SB 1464

Amendment No. \_\_\_\_ Barcode 952138

CHAMBER ACTION

Senate

House

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Senator Saunders moved the following amendment:

**Senate Amendment**

On page 8, lines 1-11, delete those lines

and insert:

(c) Establish a "near-miss," patient safety reporting system. The purpose of the near-miss reporting system is to: identify potential systemic problems that could lead to adverse incidents; enable publication of systemwide alerts of potential harm; and facilitate development of both facility-specific and statewide options to avoid adverse incidents and improve patient safety. The reporting system shall record "near-misses" submitted by hospitals, birthing centers, and ambulatory surgical centers and other providers.

For the purpose of the reporting system:

1. A "near-miss" means any potentially harmful event that could have had an adverse result but, through chance or intervention in which, harm was prevented.

2. The "near-miss" reporting system shall be voluntary and anonymous and independent of mandatory reporting systems

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1 used for regulatory purposes.

2 3. "Near-miss" data submitted to the corporation is  
3 patient safety data as defined in s. 766.1016.

4 4. Reports of "near-miss" data shall be published on a  
5 regular basis and special alerts shall be published as needed  
6 regarding newly identified, significant risks.

7 5. Aggregated data shall be made available publicly.

8 6. The corporation shall report the performance and  
9 results of the reporting system in its annual report.

10 (d) Work collaboratively with the appropriate state  
11 agencies in the development of electronic health records.

12 (e) Provide for access to an active library of  
13 evidence-based medicine and patient safety practices, together  
14 with the emerging evidence supporting their retention or  
15 modification, and make this information available to health  
16 care practitioners, health care facilities, and the public.  
17 Support for implementation of evidence-based medicine shall  
18 include:

19 1. A report to the Governor, the President of the  
20 Senate, the Speaker of the House of Representatives, and the  
21 Agency for Health Care Administration by January 1, 2005, on:

22 a. The ability to join or support efforts for the use  
23 of evidence-based medicine already underway, such as those of  
24 the Leapfrog Group, the international group Bandolier, and the  
25 Healthy Florida Foundation.

26 b. The means by which to promote research using  
27 Medicaid and other data collected by the Agency for Health  
28 Care Administration to identify and quantify the most  
29 cost-effective treatment and interventions, including disease  
30 management and prevention programs.

31 c. The means by which to encourage development of

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1 systems to measure and reward providers who implement  
2 evidence-based medical practices.

3 d. The review of other state and private initiatives  
4 and published literature for promising approaches and the  
5 dissemination of information about them to providers.

6 e. The encouragement of the Florida health care boards  
7 under the Department of Health to regularly publish findings  
8 related to the cost-effectiveness of disease-specific,  
9 evidence-based standards.

10 f. Public and private sector initiatives related to  
11 evidence-based medicine and communication systems for the  
12 sharing of clinical information among caregivers.

13 g. Regulatory barriers that interfere with the sharing  
14 of clinical information among caregivers.

15 2. An implementation plan reported to the Governor,  
16 the President of the Senate, the Speaker of the House of  
17 Representatives, and the Agency for Health Care Administration  
18 by September 1, 2005, that must include, but need not be  
19 limited to: estimated costs and savings, capital investment  
20 requirements, recommended investment incentives, initial  
21 committed provider participation by region, standards of  
22 functionality and features, a marketing plan, and  
23 implementation schedules for key components.

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25 (Redesignate subsequent paragraphs.)  
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