

By the Committee on Health, Aging, and Long-Term Care

317-2205-04

1 A bill to be entitled
2 An act relating to patient safety; creating s.
3 381.0271, F.S.; providing definitions; creating
4 the Florida Patient Safety Corporation, which
5 shall be registered, incorporated, organized,
6 and operated in compliance with ch. 617, F.S.;
7 authorizing the corporation to create
8 not-for-profit subsidiaries; specifying that
9 the corporation is not an agency within the
10 meaning of s. 20.03(11), F.S.; requiring the
11 corporation to be subject to public meetings
12 and records requirements; specifying that the
13 corporation is not subject to the provisions of
14 ch. 297, F.S., relating to procurement of
15 personal property and services; providing a
16 purpose for the corporation; establishing the
17 membership of the board of directors of the
18 corporation; requiring the formation of certain
19 advisory committees for the corporation;
20 requiring the Agency for Health Care
21 Administration to provide assistance in
22 establishing the corporation; specifying the
23 powers and duties of the corporation; requiring
24 annual reports; requiring the Office of Program
25 Policy Analysis and Government Accountability,
26 in consultation with the Agency for Health Care
27 Administration and the Department of Health, to
28 develop performance measures for the
29 corporation; requiring a performance audit;
30 requiring a report to the Governor and the
31 Legislature; requiring the Patient Safety

1 Center at the Florida State University College
2 of Medicine to study the return on investment
3 by hospitals from implementing computerized
4 physician order entry and other information
5 technologies related to patient safety;
6 providing requirements for the study; requiring
7 a report to the Governor and the Legislature;
8 amending s. 395.1012, F.S.; providing
9 additional duties of the patient safety
10 committee at hospitals and other licensed
11 facilities; requiring such facilities to adopt
12 a plan to reduce medication errors and adverse
13 drug events, including the use of computerized
14 physician order entry and other information
15 technologies; repealing s. 766.1016(3), F.S.,
16 which requires a patient safety organization to
17 promptly remove patient-identifying information
18 from patient safety data reported to the
19 organization and requires such organization to
20 maintain the confidentiality of
21 patient-identifying information; providing
22 appropriations; providing an effective date.

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24 Be It Enacted by the Legislature of the State of Florida:

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26 Section 1. Section 381.0271, Florida Statutes, is
27 created to read:

28 381.0271 Florida Patient Safety Corporation.--

29 (1) DEFINITIONS.--As used in this section, the term:

30 (a) "Adverse incident" has the same meanings as

31 provided in ss. 395.0197, 458.351, and 459.026.

1 (b) "Corporation" means the Florida Patient Safety
2 Corporation created in this section.

3 (c) "Patient safety data" has the same meaning as
4 provided in s. 766.1016.

5 (2) CREATION.--

6 (a) There is created a not-for-profit corporation to
7 be known as the Florida Patient Safety Corporation, which
8 shall be registered, incorporated, organized, and operated in
9 compliance with chapter 617. Upon the prior approval of the
10 board of directors, the corporation may create not-for-profit
11 corporate subsidiaries, organized under the provisions of
12 chapter 617, as necessary to fulfill the mission of the
13 corporation.

14 (b) The corporation or any authorized and approved
15 subsidiary is not an agency within the meaning of s.
16 20.03(11).

17 (c) The corporation and its authorized and approved
18 subsidiaries are subject to the public meetings and records
19 requirements of s. 24, Art I of the State Constitution,
20 chapter 119, and s. 286.011.

21 (d) The corporation and its authorized and approved
22 subsidiaries are not subject to the provisions of chapter 287.

23 (e) The corporation is a patient safety organization
24 for purposes of s. 766.1016.

25 (3) PURPOSE.--

26 (a) The purpose of the Florida Patient Safety
27 Corporation is to serve as a learning organization dedicated
28 to assisting health care providers in the state to improve the
29 quality and safety of health care rendered and to reduce harm
30 to patients. The corporation shall promote the development of
31 a culture of patient safety in the health care system in the

1 state. The corporation may not regulate health care providers
2 in this state.

3 (b) In the fulfillment of its purpose, the corporation
4 shall work with a consortium of patient safety centers and
5 other patient safety programs within the universities in this
6 state.

7 (4) BOARD OF DIRECTORS; MEMBERSHIP.--The corporation
8 shall be governed by a board of directors. The board of
9 directors shall consist of:

10 (a) The chairperson of the Council of Medical School
11 Deans.

12 (b) The person responsible for patient safety issues
13 for the authorized health insurer with the largest market
14 share as measured by premiums written in the state for the
15 most recent calendar year, appointed by such insurer.

16 (c) A representative of the authorized medical
17 malpractice insurer with the largest market share as measured
18 by premiums written in the state for the most recent calendar
19 year, appointed by such insurer.

20 (d) The president of the Florida Health Care
21 Coalition.

22 (e) A representative of a hospital in the state that
23 is implementing innovative patient safety initiatives,
24 appointed by the Florida Hospital Association.

25 (f) A physician with expertise in patient safety,
26 appointed by the Florida Medical Association.

27 (g) A physician with expertise in patient safety,
28 appointed by the Florida Osteopathic Medical Association.

29 (h) A nurse with expertise in patient safety,
30 appointed by the Florida Nurses Association.

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1 (i) An institutional pharmacist, appointed by the
2 Florida Society of Health System Pharmacists, Inc.

3 (j) A representative of Florida AARP, appointed by the
4 state director of the Florida AARP.

5 (k) An independent consultant on health care
6 information systems, appointed jointly by the Central Florida
7 Chapter and the South Florida Chapter of the Healthcare
8 Information and Management Systems Society.

9 (5) ADVISORY COMMITTEES.--In addition to any
10 committees that the corporation may establish, the corporation
11 shall establish the following advisory committees:

12 (a) A scientific research advisory committee that
13 includes, at a minimum, a representative from each patient
14 safety center or other patient safety program in the
15 universities of this state.

16 (b) A technology advisory committee that includes, at
17 a minimum, a representative of a hospital that has implemented
18 a computerized physician order entry system and a health care
19 provider that has implemented an electronic medical records
20 system.

21 (c) A health care provider advisory committee that
22 includes, at a minimum, representatives of hospitals,
23 ambulatory surgical centers, physicians, nurses, and
24 pharmacists licensed in this state and a representative of the
25 Veterans Integrated Service Network & VA Patient Safety
26 Center.

27 (d) A health care consumer advisory committee that
28 includes, at a minimum, representatives of businesses that
29 provide health insurance coverage to their employees, consumer
30 advocacy groups, and representatives of patient organizations.
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1 (e) A state agency advisory committee that includes,
2 at a minimum, a representative from each state agency that has
3 regulatory responsibilities related to patient safety.

4 (f) A litigation alternatives advisory committee that
5 includes, at a minimum, representatives of attorneys who
6 represent plaintiffs and defendants in medical malpractice
7 cases and a representative of each law school in the state.

8 (g) An education advisory committee that includes, at
9 a minimum, the associate dean for education, or the equivalent
10 position, as a representative from each school of medicine,
11 nursing, public health, or allied health to provide advice on
12 the development, implementation, and measurement of core
13 competencies for patient safety to be considered for
14 incorporation in the educational programs of the universities
15 of this state.

16 (6) ORGANIZATION; MEETINGS.--

17 (a) The Agency for Health Care Administration shall
18 assist the corporation in its organizational activities
19 required under chapter 617, including, but not limited to:

20 1. Eliciting appointments for the initial board of
21 directors.

22 2. Convening the first meeting of the board of
23 directors and assisting with other meetings of the board of
24 directors, upon the request of the board of directors, during
25 the first year of operation of the corporation.

26 3. Drafting articles of incorporation for the board of
27 directors and, upon the request of the board of directors,
28 delivering articles of incorporation to the Department of
29 State for filing.

30 4. Drafting proposed bylaws for the corporation.

31 5. Paying fees related to incorporation.

1 6. Providing office space and administrative support,
2 at the request of the board of directors, but not beyond July
3 1, 2005.

4 (b) The board of directors must conduct its first
5 meeting no later than August 1, 2004, and shall meet
6 thereafter as frequently as necessary to carry out the duties
7 of the corporation.

8 (7) POWERS AND DUTIES.--In addition to the powers and
9 duties prescribed in chapter 617 and the articles and bylaws
10 adopted under that chapter, the corporation shall directly or
11 through contract:

12 (a) Secure staff necessary to properly administer the
13 corporation.

14 (b) Collect, analyze, and evaluate patient safety
15 data, quality and patient safety indicators, medical
16 malpractice closed claims, and adverse incidents reported to
17 the Agency for Health Care Administration and the Department
18 of Health for the purpose of recommending changes in practices
19 and procedures which may be implemented by health care
20 practitioners and health care facilities to improve the
21 quality of health care and to prevent future adverse
22 incidents. Notwithstanding any other law, the Agency for
23 Health Care Administration and the Department of Health shall
24 make available to the corporation any adverse incident report
25 submitted under s. 395.0197, s. 458.351, or s. 459.026. To the
26 extent that adverse incident reports submitted under s.
27 395.0197 are confidential and exempt from disclosure, the
28 confidential and exempt status of such reports must be
29 maintained by the corporation.

30 (c) Maintain an active library of best practices
31 relating to patient safety and patient safety literature,

1 along with the emerging evidence supporting the retention or
2 modification of such practices, and make this information
3 available to health care practitioners, health care
4 facilities, and the public.

5 (d) Foster the development of a statewide electronic
6 infrastructure that may be implemented in phases over a
7 multiyear period and that is designed to improve patient care
8 and the delivery and quality of health care services by health
9 care facilities and health care practitioners.

10 (e) Assess the patient safety culture at volunteering
11 hospitals and recommend methods to improve the working
12 environment related to patient safety at these hospitals.

13 (f) Inventory the information technology capabilities
14 related to patient safety of health care facilities and health
15 care practitioners and recommend a plan for expediting
16 implementation of safety technologies statewide.

17 (g) Facilitate the development of core competencies
18 relevant to patient safety which can be made available to be
19 considered for incorporation into the undergraduate and
20 graduate curriculums in schools of medicine, nursing, and
21 allied health in this state.

22 (h) Facilitate continuing professional education
23 regarding patient safety for practicing health care
24 practitioners.

25 (i) Study and facilitate the testing of alternative
26 systems of encouraging the implementation of effective risk
27 management strategies and clinical best practices, and of
28 compensating injured patients as a means of reducing and
29 preventing medical errors and promoting patient safety.

30 (j) Develop programs to educate the public about the
31 role of health care consumers in promoting patient safety.

1 (k) Provide interagency coordination of patient safety
2 efforts in this state.

3 (l) Conduct other activities identified by the board
4 of directors to promote patient safety in this state.

5 (8) ANNUAL REPORT.--By December 1, 2004, the
6 corporation shall prepare a report on the start-up activities
7 of the corporation and any proposals for legislative action
8 needed to enable the corporation to fulfill its purposes under
9 this section. By December 1 of each year thereafter, the
10 corporation shall prepare a report for the preceding fiscal
11 year. The report, at a minimum, must include:

12 (a) A description of the activities of the corporation
13 under this section.

14 (b) Progress made in improving patient safety and
15 reducing medical errors.

16 (c) A compliance and financial audit of the accounts
17 and records of the corporation at the end of the preceding
18 fiscal year conducted by an independent certified public
19 accountant.

20 (d) An assessment of the ability of the corporation to
21 fulfill the duties specified in subsection (7) and the
22 appropriateness of those duties for the corporation.

23 (e) Recommendations for legislative action needed to
24 improve patient safety in this state.

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26 The corporation shall submit the report to the Governor, the
27 President of the Senate, and the Speaker of the House of
28 Representatives.

29 (9) PERFORMANCE EXPECTATIONS.--The Office of Program
30 Policy Analysis and Government Accountability, in consultation
31 with the Agency for Health Care Administration, the Department

1 of Health, and the corporation, shall develop performance
2 standards by which to measure the success of the corporation
3 in organizing to fulfill and beginning to implement the
4 purposes and duties established in this section. The Office of
5 Program Policy Analysis and Government Accountability shall
6 conduct a performance audit of the corporation during 2006,
7 using the performance standards, and shall submit a report to
8 the Governor, the President of the Senate, and the Speaker of
9 the House of Representatives by January 1, 2007.

10 Section 2. The Patient Safety Center at the Florida
11 State University College of Medicine, in collaboration with
12 researchers at other state universities, shall conduct a study
13 to analyze the return on investment that hospitals in this
14 state could realize from implementing computerized physician
15 order entry and other information technologies related to
16 patient safety. For the purposes of this analysis, the return
17 on investment shall include both financial results and
18 benefits relating to quality of care and patient safety. The
19 study must include a representative sample of large and small
20 hospitals, located in urban and rural areas, in the north,
21 central, and southern regions of the state. By February 1,
22 2005, the Patient Safety Center at the Florida State
23 University College of Medicine must submit a report to the
24 Governor, the President of the Senate, and the Speaker of the
25 House of Representatives concerning the results of the study.

26 Section 3. Section 395.1012, Florida Statutes, is
27 amended to read:

28 395.1012 Patient safety.--

29 (1) Each licensed facility must adopt a patient safety
30 plan. A plan adopted to implement the requirements of 42

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1 C.F.R. part 482.21 shall be deemed to comply with this
2 requirement.

3 (2) Each licensed facility shall appoint a patient
4 safety officer and a patient safety committee, which shall
5 include at least one person who is neither employed by nor
6 practicing in the facility, for the purpose of promoting the
7 health and safety of patients, reviewing and evaluating the
8 quality of patient safety measures used by the facility,
9 recommending improvements in the patient safety measures used
10 by the facility,and assisting in the implementation of the
11 facility patient safety plan.

12 (3) Each licensed facility shall adopt a plan to
13 reduce medication errors and adverse drug events, which must
14 consider the use of computerized physician order entry and
15 other information technologies related to patient safety.

16 Section 4. Subsection (3) of section 766.1016, Florida
17 Statutes, is repealed.

18 Section 5. The sum of \$350,000 in nonrecurring general
19 revenue funds is appropriated to the Agency for Health Care
20 Administration for the purpose of establishing the Florida
21 Patient Safety Corporation during the 2004-2005 fiscal year.

22 Section 6. The sum of \$113,500 in nonrecurring general
23 revenue funds is appropriated to the Florida State University
24 College of Medicine for the purpose of conducting the study
25 required in section 2 of this act during the 2004-2005 fiscal
26 year.

27 Section 7. This act shall take effect upon becoming a
28 law.

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1 STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN
2 COMMITTEE SUBSTITUTE FOR
3 Senate Bill 1464

4 The Committee Substitute makes the following changes to SB
5 1464:

6 Creates the not-for-profit Florida Patient Safety Corporation
7 to promote patient safety in Florida. The bill includes
8 definitions, specifies the purpose of the corporation,
9 establishes the membership of the board of directors, requires
10 certain advisory committees, requires the Agency for Health
11 Care Administration to assist in getting the corporation
12 started, specifies powers and duties of the corporation,
13 requires reports, requires a performance audit, and provides
14 an appropriation for the corporation.

15 Replaces a requirement that the patient safety officer in each
16 hospital recommend changes in the system of patient care which
17 would be necessary to use computerized physician order entry
18 and other information technologies with a requirement for each
19 hospital to adopt a plan to reduce medication errors and
20 adverse drug events, which must consider use of computerized
21 physician order entry and other information technologies
22 related to patient safety.

23 Provides an appropriation for the study of the return on
24 investment that hospitals could realize from implementing
25 computerized physician order entry and other information
26 technologies related to patient safety.
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