

By the Committee on Health Regulation

588-03489-08

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1 A bill to be entitled

2 An act relating to the Florida Patient Safety Corporation;  
3 amending s. 381.0271, F.S.; deleting provisions requiring  
4 that the corporation establish specific advisory  
5 committees; authorizing the corporation to create and  
6 dissolve advisory committees upon a majority vote of the  
7 board of directors; deleting obsolete organizational  
8 provisions; requiring that the corporation's board of  
9 directors conduct quarterly meetings; requiring the Agency  
10 for Health Care Administration to make available adverse  
11 incident reports to designated agents of the Florida  
12 Patient Safety Corporation; requiring the corporation to  
13 evaluate the effects of the sharing of electronic records  
14 on patient safety; deleting responsibilities related to  
15 the provision of access to a library of evidence-based  
16 medicine and patient safety practices; requiring a plan  
17 for the implementation of patient safety technologies;  
18 deleting obsolete provisions and reporting requirements;  
19 providing an effective date.

20  
21 Be It Enacted by the Legislature of the State of Florida:

22  
23 Section 1. Subsections (5), (6), (7), (8), (9), and (10) of  
24 section 381.0271, Florida Statutes, are amended to read:

25 381.0271 Florida Patient Safety Corporation.--

26 (5) ADVISORY COMMITTEES.--Subject to a majority vote of the  
27 corporation's board of directors, the corporation may establish  
28 and dissolve advisory committees in order to assist the  
29 corporation in carrying out its duties and responsibilities. ~~It~~

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30 ~~addition to any committees that the corporation may establish,~~  
31 ~~the corporation shall establish the following advisory~~  
32 ~~committees:~~

33 ~~(a) A scientific research advisory committee that includes,~~  
34 ~~at a minimum, a representative from each patient safety center or~~  
35 ~~other patient safety program in the universities of the state who~~  
36 ~~are physicians licensed pursuant to chapter 458 or chapter 459,~~  
37 ~~with experience in patient safety and evidenced-based medicine.~~  
38 ~~The duties of the advisory committee shall include, but not be~~  
39 ~~limited to, the analysis of existing data and research to improve~~  
40 ~~patient safety and encourage evidence-based medicine.~~

41 ~~(b) A technology advisory committee that includes, at a~~  
42 ~~minimum, a representative of a hospital that has implemented a~~  
43 ~~computerized physician order entry system and a health care~~  
44 ~~provider that has implemented an electronic medical records~~  
45 ~~system. The duties of the advisory committee shall include, but~~  
46 ~~not be limited to, implementation of new technologies, including~~  
47 ~~electronic medical records.~~

48 ~~(c) A health care provider advisory committee that~~  
49 ~~includes, at a minimum, representatives of hospitals, ambulatory~~  
50 ~~surgical centers, physicians, nurses, and pharmacists licensed in~~  
51 ~~this state and a representative of the Veterans Integrated~~  
52 ~~Service Network 8, Virginia Patient Safety Center. The duties of~~  
53 ~~the advisory committee shall include, but not be limited to,~~  
54 ~~promotion of a culture of patient safety that reduces errors.~~

55 ~~(d) A health care consumer advisory committee that~~  
56 ~~includes, at a minimum, representatives of businesses that~~  
57 ~~provide health insurance coverage to their employees, consumer~~  
58 ~~advocacy groups, and representatives of patient safety~~

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59 ~~organizations. The duties of the advisory committee shall~~  
60 ~~include, but not be limited to, incentives to encourage patient~~  
61 ~~safety and the efficiency and quality of care.~~

62 ~~(c) A state agency advisory committee that includes, at a~~  
63 ~~minimum, a representative from each state agency that has~~  
64 ~~regulatory responsibilities related to patient safety. The duties~~  
65 ~~of the advisory committee shall include, but not be limited to,~~  
66 ~~interagency coordination of patient safety efforts.~~

67 ~~(f) A litigation alternatives advisory committee that~~  
68 ~~includes, at a minimum, representatives of medical malpractice~~  
69 ~~attorneys for plaintiffs and defendants and a representative of~~  
70 ~~each law school in the state. The duties of the advisory~~  
71 ~~committee shall include, but not be limited to, alternative~~  
72 ~~systems to compensate for injuries.~~

73 ~~(g) An education advisory committee that includes, at a~~  
74 ~~minimum, the associate dean for education, or the equivalent~~  
75 ~~position, as a representative from each medicine, nursing, public~~  
76 ~~health, or allied health service to provide advice on the~~  
77 ~~development, implementation, and measurement of core competencies~~  
78 ~~for patient safety to be considered for incorporation in the~~  
79 ~~educational programs of the universities and colleges of this~~  
80 ~~state.~~

81 (6) ORGANIZATION; MEETINGS.--

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

85 ~~1. Eliciting appointments for the initial board of~~  
86 ~~directors.~~

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87           ~~2. Convening the first meeting of the board of directors~~  
88 ~~and assisting with other meetings of the board of directors, upon~~  
89 ~~request of the board of directors, during the first year of~~  
90 ~~operation of the corporation.~~

91           ~~3. Drafting articles of incorporation for the board of~~  
92 ~~directors and, upon request of the board of directors, delivering~~  
93 ~~articles of incorporation to the Department of State for filing.~~

94           ~~4. Drafting proposed bylaws for the corporation.~~

95           ~~5. Paying fees related to incorporation.~~

96           ~~6. Providing office space and administrative support, at~~  
97 ~~the request of the board of directors, but not beyond July 1,~~  
98 ~~2005.~~

99           ~~(b) The board of directors shall ~~must~~ conduct its first~~  
100 ~~meeting no later than August 1, 2004, and shall meet at least~~  
101 ~~quarterly thereafter as frequently as necessary to carry out the~~  
102 ~~duties of the corporation.~~

103           (7) POWERS AND DUTIES.--

104           (a) In addition to the powers and duties prescribed in  
105 chapter 617, and the articles and bylaws adopted under that  
106 chapter, the corporation shall, directly or through contract:

107           1. Secure staff necessary to properly administer the  
108 corporation.

109           2. Collect, analyze, and evaluate patient safety data and  
110 quality and patient safety indicators, medical malpractice closed  
111 claims, and adverse incidents reported to the Agency for Health  
112 Care Administration and the Department of Health for the purpose  
113 of recommending changes in practices and procedures that may be  
114 implemented by health care practitioners and health care  
115 facilities to improve health care quality and to prevent future

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116 | adverse incidents. Notwithstanding any other provision of law,  
117 | the Agency for Health Care Administration and the Department of  
118 | Health shall make available to the corporation and its designated  
119 | agents any adverse incident report submitted under ss. 395.0197,  
120 | 458.351, and 459.026. To the extent that adverse incident reports  
121 | submitted under s. 395.0197 are confidential and exempt, the  
122 | confidential and exempt status of such reports shall be  
123 | maintained by the corporation and its designated agents.

124 |       3. Establish a "near-miss" patient safety reporting system.  
125 | The purpose of the near-miss reporting system is to: identify  
126 | potential systemic problems that could lead to adverse incidents;  
127 | enable publication of systemwide alerts of potential harm; and  
128 | facilitate development of both facility-specific and statewide  
129 | options to avoid adverse incidents and improve patient safety.  
130 | The reporting system shall record "near misses" submitted by  
131 | hospitals, birthing centers, and ambulatory surgical centers and  
132 | other providers. For the purpose of the reporting system:

133 |       a. The term "near miss" means any potentially harmful event  
134 | that could have had an adverse result but, through chance or  
135 | intervention in which, harm was prevented.

136 |       b. The near-miss reporting system shall be voluntary and  
137 | anonymous and independent of mandatory reporting systems used for  
138 | regulatory purposes.

139 |       c. Near-miss data submitted to the corporation is patient  
140 | safety data as defined in s. 766.1016.

141 |       d. Reports of near-miss data shall be published on a  
142 | regular basis and special alerts shall be published as needed  
143 | regarding newly identified, significant risks.

144 |       e. Aggregated data shall be made available publicly.

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145 f. The corporation shall report the performance and results  
146 of the near-miss project in its annual report.

147 4. Work collaboratively with the appropriate state agencies  
148 to evaluate the effects of the adoption and sharing of electronic  
149 health records on patient safety in the development of electronic  
150 health records.

151 ~~5. Provide for access to an active library of evidence-~~  
152 ~~based medicine and patient safety practices, together with the~~  
153 ~~emerging evidence supporting their retention or modification, and~~  
154 ~~make this information available to health care practitioners,~~  
155 ~~health care facilities, and the public. Support for~~  
156 ~~implementation of evidence-based medicine shall include:~~

157 a. ~~A report to the Governor, the President of the Senate,~~  
158 ~~the Speaker of the House of Representatives, and the Agency for~~  
159 ~~Health Care Administration by January 1, 2005, on:~~

160 (I) ~~The ability to join or support efforts for the use of~~  
161 ~~evidence-based medicine already underway, such as those of the~~  
162 ~~Leapfrog Group, the international group Bandolier, and the~~  
163 ~~Healthy Florida Foundation.~~

164 (II) ~~The means by which to promote research using Medicaid~~  
165 ~~and other data collected by the Agency for Health Care~~  
166 ~~Administration to identify and quantify the most cost-effective~~  
167 ~~treatment and interventions, including disease management and~~  
168 ~~prevention programs.~~

169 (III) ~~The means by which to encourage development of~~  
170 ~~systems to measure and reward providers who implement evidence-~~  
171 ~~based medical practices.~~

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172           ~~(IV) The review of other state and private initiatives and~~  
173 ~~published literature for promising approaches and the~~  
174 ~~dissemination of information about them to providers.~~

175           ~~(V) The encouragement of the Florida health care boards~~  
176 ~~under the Department of Health to regularly publish findings~~  
177 ~~related to the cost-effectiveness of disease-specific, evidence-~~  
178 ~~based standards.~~

179           ~~(VI) Public and private sector initiatives related to~~  
180 ~~evidence-based medicine and communication systems for the sharing~~  
181 ~~of clinical information among caregivers.~~

182           ~~(VII) Regulatory barriers that interfere with the sharing~~  
183 ~~of clinical information among caregivers.~~

184           ~~b. An implementation plan reported to the Governor, the~~  
185 ~~President of the Senate, the Speaker of the House of~~  
186 ~~Representatives, and the Agency for Health Care Administration by~~  
187 ~~September 1, 2005, that must include, but need not be limited to:~~  
188 ~~estimated costs and savings, capital investment requirements,~~  
189 ~~recommended investment incentives, initial committed provider~~  
190 ~~participation by region, standards of functionality and features,~~  
191 ~~a marketing plan, and implementation schedules for key~~  
192 ~~components.~~

193           5.6. Develop and recommend core competencies in patient  
194 safety that can be incorporated into the undergraduate and  
195 graduate curricula in schools of medicine, nursing, and allied  
196 health in the state.

197           6.7. Develop and recommend programs to educate the public  
198 about the role of health care consumers in promoting patient  
199 safety.

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200        ~~7.8.~~ Provide recommendations for interagency coordination  
201 of patient safety efforts in the state.

202            (b) In carrying out its powers and duties, the corporation  
203 may also:

204            1. Assess the patient safety culture at volunteering  
205 hospitals and recommend methods to improve the working  
206 environment related to patient safety at these hospitals.

207            2. Inventory the technological ~~information technology~~  
208 capabilities related to patient safety of health care facilities  
209 and health care practitioners and recommend a plan for expediting  
210 the implementation of patient safety technologies statewide.

211            3. Recommend continuing medical education regarding patient  
212 safety to practicing health care practitioners.

213            4. Study and facilitate the testing of alternative systems  
214 of compensating injured patients as a means of reducing and  
215 preventing medical errors and promoting patient safety.

216            5. Conduct other activities identified by the board of  
217 directors to promote patient safety in this state.

218            (8) ANNUAL REPORT.--~~By December 1, 2004, the corporation~~  
219 ~~shall prepare a report on the startup activities of the~~  
220 ~~corporation and any proposals for legislative action that are~~  
221 ~~needed for the corporation to fulfill its purposes under this~~  
222 ~~section.~~ By December 1 of each year thereafter, the corporation  
223 shall prepare a report for the preceding fiscal year which  
224 includes. ~~The report, at a minimum, must include:~~

225            (a) A description of the activities of the corporation  
226 under this section.

227            (b) Progress made in improving patient safety, including  
228 the reduction of ~~and reducing~~ medical errors.



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229 (c) Policies and programs that have been implemented and  
230 their outcomes.

231 (d) A compliance and financial audit of the accounts and  
232 records of the corporation at the end of the preceding fiscal  
233 year conducted by an independent certified public accountant.

234 (e) Recommendations for legislative action needed to  
235 improve patient safety in the state.

236 (f) An assessment of the ability of the corporation to  
237 fulfill the duties specified in this section and the  
238 appropriateness of those duties for the corporation.

239

240 The corporation shall submit the report to the Governor, the  
241 President of the Senate, and the Speaker of the House of  
242 Representatives.

243 (9) FUNDING.--The corporation shall ~~is required to~~ seek  
244 private sector funding and apply for grants to accomplish its  
245 goals and duties.

246 ~~(10) PERFORMANCE EXPECTATIONS.--The Office of Program~~  
247 ~~Policy Analysis and Government Accountability, the Agency for~~  
248 ~~Health Care Administration, and the Department of Health shall~~  
249 ~~develop performance standards by which to measure the success of~~  
250 ~~the corporation in fulfilling the purposes established in this~~  
251 ~~section. Using the performance standards, the Office of Program~~  
252 ~~Policy Analysis and Government Accountability shall conduct a~~  
253 ~~performance audit of the corporation during 2006 and shall submit~~  
254 ~~a report to the Governor, the President of the Senate, and the~~  
255 ~~Speaker of the House of Representatives by January 1, 2007.~~

256 Section 2. This act shall take effect July 1, 2008.