

By the Committees on Judiciary; Health Regulation; and Senator Jones

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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.; authorizing a representative
4 appointed by the Florida Council of Medical School Deans
5 to serve on the board of directors of the corporation;
6 deleting provisions requiring that the corporation
7 establish specific advisory committees; authorizing the
8 corporation to create and dissolve advisory committees
9 upon a majority vote of the board of directors; deleting
10 obsolete organizational provisions; requiring that the
11 corporation's board of directors conduct quarterly
12 meetings; requiring the Agency for Health Care
13 Administration to make available adverse incident reports
14 to designated agents of the Florida Patient Safety
15 Corporation; requiring the corporation to evaluate the
16 effects of the sharing of electronic records on patient
17 safety; requiring the corporation to encourage the use of
18 evidence-based medicine; deleting responsibilities related
19 to the provision of access to a library of evidence-based
20 medicine and patient safety practices; requiring a plan
21 for the implementation of patient safety technologies;
22 deleting obsolete provisions and reporting requirements;
23 providing an effective date.

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

26
27 Section 1. Paragraph (a) of subsection (4) and subsections
28 (5), (6), (7), (8), (9), and (10) of section 381.0271, Florida
29 Statutes, are amended to read:

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30 381.0271 Florida Patient Safety Corporation.--

31 (4) BOARD OF DIRECTORS; MEMBERSHIP.--The corporation shall
32 be governed by a board of directors. The board of directors shall
33 consist of:

34 (a) The chair of or a representative appointed by the
35 Florida Council of Medical School Deans.

36 (5) ADVISORY COMMITTEES.--Subject to a majority vote of the
37 corporation's board of directors, the corporation may establish
38 and dissolve advisory committees in order to assist the
39 corporation in carrying out its duties and responsibilities. In
40 addition to any committees that the corporation may establish,
41 the corporation shall establish the following advisory
42 committees:

43 (a) ~~A scientific research advisory committee that includes,~~
44 ~~at a minimum, a representative from each patient safety center or~~
45 ~~other patient safety program in the universities of the state who~~
46 ~~are physicians licensed pursuant to chapter 458 or chapter 459,~~
47 ~~with experience in patient safety and evidenced-based medicine.~~
48 ~~The duties of the advisory committee shall include, but not be~~
49 ~~limited to, the analysis of existing data and research to improve~~
50 ~~patient safety and encourage evidence-based medicine.~~

51 (b) ~~A technology advisory committee that includes, at a~~
52 ~~minimum, a representative of a hospital that has implemented a~~
53 ~~computerized physician order entry system and a health care~~
54 ~~provider that has implemented an electronic medical records~~
55 ~~system. The duties of the advisory committee shall include, but~~
56 ~~not be limited to, implementation of new technologies, including~~
57 ~~electronic medical records.~~

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

65 ~~(d) A health care consumer advisory committee that~~
66 ~~includes, at a minimum, representatives of businesses that~~
67 ~~provide health insurance coverage to their employees, consumer~~
68 ~~advocacy groups, and representatives of patient safety~~
69 ~~organizations. The duties of the advisory committee shall~~
70 ~~include, but not be limited to, incentives to encourage patient~~
71 ~~safety and the efficiency and quality of care.~~

72 ~~(e) A state agency advisory committee that includes, at a~~
73 ~~minimum, a representative from each state agency that has~~
74 ~~regulatory responsibilities related to patient safety. The duties~~
75 ~~of the advisory committee shall include, but not be limited to,~~
76 ~~interagency coordination of patient safety efforts.~~

77 ~~(f) A litigation alternatives advisory committee that~~
78 ~~includes, at a minimum, representatives of medical malpractice~~
79 ~~attorneys for plaintiffs and defendants and a representative of~~
80 ~~each law school in the state. The duties of the advisory~~
81 ~~committee shall include, but not be limited to, alternative~~
82 ~~systems to compensate for injuries.~~

83 ~~(g) An education advisory committee that includes, at a~~
84 ~~minimum, the associate dean for education, or the equivalent~~
85 ~~position, as a representative from each medicine, nursing, public~~
86 ~~health, or allied health service to provide advice on the~~

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87 ~~development, implementation, and measurement of core competencies~~
88 ~~for patient safety to be considered for incorporation in the~~
89 ~~educational programs of the universities and colleges of this~~
90 ~~state.~~

91 (6) ORGANIZATION; MEETINGS.--

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

95 1. ~~Eliciting appointments for the initial board of~~
96 ~~directors.~~

97 2. ~~Convening the first meeting of the board of directors~~
98 ~~and assisting with other meetings of the board of directors, upon~~
99 ~~request of the board of directors, during the first year of~~
100 ~~operation of the corporation.~~

101 3. ~~Drafting articles of incorporation for the board of~~
102 ~~directors and, upon request of the board of directors, delivering~~
103 ~~articles of incorporation to the Department of State for filing.~~

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

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

106 6. ~~Providing office space and administrative support, at~~
107 ~~the request of the board of directors, but not beyond July 1,~~
108 ~~2005.~~

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

113 (7) POWERS AND DUTIES.--

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

117 1. Secure staff necessary to properly administer the
118 corporation.

119 2. Collect, analyze, and evaluate patient safety data and
120 quality and patient safety indicators, medical malpractice closed
121 claims, and adverse incidents reported to the Agency for Health
122 Care Administration and the Department of Health for the purpose
123 of recommending changes in practices and procedures that may be
124 implemented by health care practitioners and health care
125 facilities to improve health care quality and to prevent future
126 adverse incidents. Notwithstanding any other provision of law,
127 the Agency for Health Care Administration and the Department of
128 Health shall make available to the corporation and its designated
129 agents any adverse incident report submitted under ss. 395.0197,
130 458.351, and 459.026. To the extent that adverse incident reports
131 submitted under s. 395.0197 are confidential and exempt, the
132 confidential and exempt status of such reports shall be
133 maintained by the corporation and its designated agents.

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

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

146 b. The near-miss reporting system shall be voluntary and
147 anonymous and independent of mandatory reporting systems used for
148 regulatory purposes.

149 c. Near-miss data submitted to the corporation is patient
150 safety data as defined in s. 766.1016.

151 d. Reports of near-miss data shall be published on a
152 regular basis and special alerts shall be published as needed
153 regarding newly identified, significant risks.

154 e. Aggregated data shall be made available publicly.

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

157 4. Work collaboratively with the appropriate state agencies
158 to evaluate the effects of the adoption and sharing of electronic
159 health records on patient safety ~~in the development of electronic~~
160 ~~health records.~~

161 5. Encourage the use of evidence-based medicine by health
162 care practitioners and health care facilities in order to improve
163 health care quality and patient safety. ~~Provide for access to an~~
164 ~~active library of evidence-based medicine and patient safety~~
165 ~~practices, together with the emerging evidence supporting their~~
166 ~~retention or modification, and make this information available to~~
167 ~~health care practitioners, health care facilities, and the~~
168 ~~public. Support for implementation of evidence-based medicine~~
169 ~~shall include:~~

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

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

177 ~~(II) The means by which to promote research using Medicaid~~
178 ~~and other data collected by the Agency for Health Care~~
179 ~~Administration to identify and quantify the most cost-effective~~
180 ~~treatment and interventions, including disease management and~~
181 ~~prevention programs.~~

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

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

188 ~~(V) The encouragement of the Florida health care boards~~
189 ~~under the Department of Health to regularly publish findings~~
190 ~~related to the cost-effectiveness of disease-specific, evidence-~~
191 ~~based standards.~~

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

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

197 ~~b. An implementation plan reported to the Governor, the~~
198 ~~President of the Senate, the Speaker of the House of~~

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199 ~~Representatives, and the Agency for Health Care Administration by~~
200 ~~September 1, 2005, that must include, but need not be limited to:~~
201 ~~estimated costs and savings, capital investment requirements,~~
202 ~~recommended investment incentives, initial committed provider~~
203 ~~participation by region, standards of functionality and features,~~
204 ~~a marketing plan, and implementation schedules for key~~
205 ~~components.~~

206 6. Develop and recommend core competencies in patient
207 safety that can be incorporated into the undergraduate and
208 graduate curricula in schools of medicine, nursing, and allied
209 health in the state.

210 7. Develop and recommend programs to educate the public
211 about the role of health care consumers in promoting patient
212 safety.

213 8. Provide recommendations for interagency coordination of
214 patient safety efforts in the state.

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

217 1. Assess the patient safety culture at volunteering
218 hospitals and recommend methods to improve the working
219 environment related to patient safety at these hospitals.

220 2. Inventory the technological ~~information technology~~
221 capabilities related to patient safety of health care facilities
222 and health care practitioners and recommend a plan for expediting
223 the implementation of patient safety technologies statewide.

224 3. Recommend continuing medical education regarding patient
225 safety to practicing health care practitioners.

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226 4. Study and facilitate the testing of alternative systems
227 of compensating injured patients as a means of reducing and
228 preventing medical errors and promoting patient safety.

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

231 (8) ANNUAL REPORT. ~~--By December 1, 2004, the corporation~~
232 ~~shall prepare a report on the startup activities of the~~
233 ~~corporation and any proposals for legislative action that are~~
234 ~~needed for the corporation to fulfill its purposes under this~~
235 ~~section.~~ By December 1 of each year thereafter, the corporation
236 shall prepare a report for the preceding fiscal year which
237 includes. ~~The report, at a minimum, must include:~~

238 (a) A description of the activities of the corporation
239 under this section.

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

242 (c) Policies and programs that have been implemented and
243 their outcomes.

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

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

249 (f) An assessment of the ability of the corporation to
250 fulfill the duties specified in this section and the
251 appropriateness of those duties for the corporation.
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253 The corporation shall submit the report to the Governor, the
254 President of the Senate, and the Speaker of the House of
255 Representatives.

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

259 ~~(10) PERFORMANCE EXPECTATIONS.--The Office of Program~~
260 ~~Policy Analysis and Government Accountability, the Agency for~~
261 ~~Health Care Administration, and the Department of Health shall~~
262 ~~develop performance standards by which to measure the success of~~
263 ~~the corporation in fulfilling the purposes established in this~~
264 ~~section. Using the performance standards, the Office of Program~~
265 ~~Policy Analysis and Government Accountability shall conduct a~~
266 ~~performance audit of the corporation during 2006 and shall submit~~
267 ~~a report to the Governor, the President of the Senate, and the~~
268 ~~Speaker of the House of Representatives by January 1, 2007.~~

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