

Senate Bill No. 319–Senators Breedon, Parks;
Carlton and Woodhouse

Joint Sponsors: Assemblymen Segerblom, Leslie and Smith

CHAPTER.....

AN ACT relating to health care; revising provisions relating to reports of sentinel events; requiring certain investigations relating to sentinel events; requiring the Health Division of the Department of Health and Human Services to prepare an annual summary of the reports; requiring the Health Division to study certain issues relating to the tracking and reporting of near-miss events; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law requires medical facilities to submit to the Health Division of the Department of Health and Human Services reports of sentinel events. (NRS 439.835)

Section 3 of this bill requires a medical facility which reports a sentinel event to conduct an investigation into the cause of the event and to implement a plan to remedy the cause.

Section 4 of this bill requires certain medical facilities to participate in the National Healthcare Safety Network, established by the Division of Healthcare Quality Promotion of the Centers for Disease Control and Prevention of the United States Department of Health and Human Services. **Section 4** also requires the medical facilities to authorize the Health Division to access the information submitted as part of the Network and requires the Health Division to analyze the information.

Existing law requires the Department to carry out programs to increase awareness of information concerning hospitals and surgical centers for ambulatory patients and to maintain an Internet website for information concerning hospitals and surgical centers. (NRS 439A.200-439A.290) **Sections 7 and 12** of this bill require the Health Division to prepare an annual summary of the reports of sentinel events and to provide that summary for inclusion on the Internet website. (NRS 439.840, 439A.270)

The Health Division is required to carry out provisions relating to the reports of sentinel events and, to the extent of legislative appropriation, contract with a quality improvement organization to analyze and report trends regarding sentinel events. (NRS 439.840, 439.845) **Section 8** of this bill eliminates the requirement to contract with a quality improvement organization and requires the Health Division to carry out the duties previously assigned to the quality improvement organization.

Sections 15, 18 and 19 of this bill require the Board of Medical Examiners, the State Board of Nursing and the State Board of Osteopathic Medicine to report to the Health Division any sentinel event identified by the board.

Section 22 of this bill requires the Health Division to investigate options for creating a unique patient identification mechanism to allow a patient to be identified from one facility or provider to another without requiring the disclosure of the patient’s social security number.



Section 23 of this bill requires the Health Division to study the feasibility of tracking and reporting near-miss events as part of the reports of sentinel events and to define the term "near-miss event."

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Chapter 439 of NRS is hereby amended by adding thereto the provisions set forth as sections 2, 3 and 4 of this act.

Sec. 2. (Deleted by amendment.)

Sec. 3. *A medical facility shall, upon reporting a sentinel event pursuant to NRS 439.835, conduct an investigation concerning the causes or contributing factors, or both, of the sentinel event and implement a plan to remedy the causes or contributing factors, or both, of the sentinel event.*

Sec. 4. *1. Each medical facility which provided medical services and care to an average of 25 or more patients during each business day in the immediately preceding calendar year shall, within 120 days after becoming eligible, participate in the secure, Internet-based surveillance system established by the Division of Healthcare Quality Promotion of the Centers for Disease Control and Prevention of the United States Department of Health and Human Services that integrates patient and health care personnel safety surveillance systems. As part of that participation, the medical facility shall provide, at a minimum, the information required by the Health Division pursuant to this subsection. The Health Division shall by regulation prescribe the information which must be provided by a medical facility, including, without limitation, information relating to infections and procedures.*

2. Each medical facility which provided medical services and care to an average of less than 25 patients during each business day in the immediately preceding calendar year may participate in the secure, Internet-based surveillance system established by the Division of Healthcare Quality Promotion of the Centers for Disease Control and Prevention of the United States Department of Health and Human Services that integrates patient and health care personnel safety surveillance systems.

3. A medical facility that participates in the secure, Internet-based surveillance system established by the Division of Healthcare Quality Promotion shall authorize the Health Division to access all information submitted to the system, and the Health Division shall enter into an agreement with the Division of



Healthcare Quality Promotion to carry out the provisions of this section.

4. The Health Division shall analyze the information submitted to the system by medical facilities pursuant to this section and recommend regulations and legislation relating to the reporting required pursuant to NRS 439.800 to 439.890, inclusive, and sections 3 and 4 of this act.

Sec. 5. NRS 439.800 is hereby amended to read as follows:

439.800 As used in NRS 439.800 to 439.890, inclusive, *and sections 3 and 4 of this act*, unless the context otherwise requires, the words and terms defined in NRS 439.802 to 439.830, inclusive, have the meanings ascribed to them in those sections.

Sec. 6. (Deleted by amendment.)

Sec. 7. NRS 439.840 is hereby amended to read as follows:

439.840 1. The Health Division shall : ~~[, to the extent of legislative appropriation and authorization:]~~

(a) Collect and maintain reports received pursuant to NRS 439.835; ~~[and]~~

(b) Ensure that such reports, and any additional documents created from such reports, are protected adequately from fire, theft, loss, destruction and other hazards and from unauthorized access ~~[.]~~ ;

(c) Annually prepare a report of sentinel events reported pursuant to NRS 439.835 by a medical facility located in a county whose population is 100,000 or more, including, without limitation, the type of event, the number of events and the medical facility which reported the event; and

(d) Annually prepare a summary of the reports received pursuant to NRS 439.835 and provide a summary for inclusion on the Internet website maintained pursuant to NRS 439A.270. The Health Division shall maintain the confidentiality of the reports submitted pursuant to NRS 439.835 when preparing the annual summary pursuant to this paragraph.

2. Except as otherwise provided in *this section and* NRS 239.0115, reports received pursuant to NRS 439.835 are confidential, not subject to subpoena or discovery and not subject to inspection by the general public.

Sec. 8. NRS 439.845 is hereby amended to read as follows:

439.845 1. The Health Division shall ~~[, to the extent of legislative appropriation and authorization, contract with a quality improvement organization, as defined in 42 C.F.R. § 400.200, to]~~ analyze and report trends regarding sentinel events.



2. When the Health Division receives notice from a medical facility that the medical facility has taken corrective action to remedy the causes or contributing factors, or both, of a sentinel event, the Health Division shall:

- (a) Make a record of the information;
- (b) Ensure that the information is aggregated so as not to reveal the identity of a specific person or medical facility; and
- (c) ~~Transmit the information to a quality improvement organization.~~

~~3. A quality improvement organization to whom information is transmitted pursuant to subsection 2 shall, at~~ At least quarterly, report its findings regarding the analysis of aggregated trends of sentinel events to the Repository for Health Care Quality Assurance.

Secs. 9-11. (Deleted by amendment.)

Sec. 12. NRS 439A.270 is hereby amended to read as follows:

439A.270 1. The Department shall establish and maintain an Internet website that includes the information concerning the charges imposed and the quality of the services provided by the hospitals and surgical centers for ambulatory patients in this State as required by the programs established pursuant to NRS 439A.220 and 439A.240. The information must:

(a) Include, for each hospital in this State, the total number of patients discharged, the average length of stay and the average billed charges, reported for the 50 most frequent diagnosis-related groups for inpatients and 50 medical treatments for outpatients that the Department determines are most useful for consumers;

(b) Include, for each surgical center for ambulatory patients in this State, the total number of patients discharged and the average billed charges, reported for 50 medical treatments for outpatients that the Department determines are most useful for consumers;

(c) Be presented in a manner that allows a person to view and compare the information for the hospitals by:

- (1) Geographic location of each hospital;
- (2) Type of medical diagnosis; and
- (3) Type of medical treatment;

(d) Be presented in a manner that allows a person to view and compare the information for the surgical centers for ambulatory patients by:

- (1) Geographic location of each surgical center for ambulatory patients;
- (2) Type of medical diagnosis; and
- (3) Type of medical treatment;



(e) Be presented in a manner that allows a person to view and compare the information separately for:

- (1) The inpatients and outpatients of each hospital; and
- (2) The outpatients of each surgical center for ambulatory patients;

(f) Be readily accessible and understandable by a member of the general public; ~~and~~

(g) *Include the annual summary of reports of sentinel events prepared pursuant to paragraph (d) of subsection 1 of NRS 439.840; and*

(h) Provide any other information relating to the charges imposed and the quality of the services provided by the hospitals and surgical centers for ambulatory patients in this State which the Department determines is:

- (1) Useful to consumers;
- (2) Nationally recognized; and
- (3) Reported in a standard and reliable manner.

2. The Department shall:

(a) Publicize the availability of the Internet website;

(b) Update the information contained on the Internet website at least quarterly;

(c) Ensure that the information contained on the Internet website is accurate and reliable;

(d) Ensure that the information contained on the Internet website is aggregated so as not to reveal the identity of a specific inpatient or outpatient of a hospital;

(e) Post a disclaimer on the Internet website indicating that the information contained on the website is provided to assist with the comparison of hospitals and is not a guarantee by the Department or its employees as to the charges imposed by the hospitals in this State or the quality of the services provided by the hospitals in this State, including, without limitation, an explanation that the actual amount charged to a person by a particular hospital may not be the same charge as posted on the website for that hospital;

(f) Provide on the Internet website established pursuant to this section a link to the Internet website of the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services; and

(g) Upon request, make the information that is contained on the Internet website available in printed form.

3. As used in this section, “diagnosis-related group” means groupings of medical diagnostic categories used as a basis for



hospital payment schedules by Medicare and other third-party health care plans.

Secs. 13 and 14. (Deleted by amendment.)

Sec. 15. Chapter 630 of NRS is hereby amended by adding thereto a new section to read as follows:

1. The Board shall immediately notify the Health Division of the Department of Health and Human Services if the Board identifies a sentinel event which is required to be reported by a medical facility pursuant to NRS 439.835.

2. Except as otherwise provided in NRS 239.0115, any information provided to the Health Division pursuant to this section relating to the identification of a sentinel event is confidential, not subject to subpoena or discovery and not subject to inspection by the general public.

Secs. 16 and 17. (Deleted by amendment.)

Sec. 18. Chapter 632 of NRS is hereby amended by adding thereto a new section to read as follows:

1. The Board shall immediately notify the Health Division of the Department of Health and Human Services if the Board identifies a sentinel event which is required to be reported by a medical facility pursuant to NRS 439.835.

2. Except as otherwise provided in NRS 239.0115, any information provided to the Health Division pursuant to this section relating to the identification of a sentinel event is confidential, not subject to subpoena or discovery and not subject to inspection by the general public.

Sec. 19. Chapter 633 of NRS is hereby amended by adding thereto a new section to read as follows:

1. The Board shall immediately notify the Health Division of the Department of Health and Human Services if the Board identifies a sentinel event which is required to be reported by a medical facility pursuant to NRS 439.835.

2. Except as otherwise provided in NRS 239.0115, any information provided to the Health Division pursuant to this section relating to the identification of a sentinel event is confidential, not subject to subpoena or discovery and not subject to inspection by the general public.

Secs. 20 and 21. (Deleted by amendment.)

Sec. 22. 1. The Health Division of the Department of Health and Human Services shall, in cooperation with medical facilities, providers of health care and any agency of the Federal Government, investigate options for creating a unique patient identification mechanism to allow a patient to be identified from one facility or



provider to another without requiring the disclosure of a social security number.

2. The Health Division shall, on or before July 1, 2010, report the results of its investigation to the Legislative Committee on Health Care.

Sec. 23. 1. The Health Division of the Department of Health and Human Services shall, in cooperation with medical facilities, a quality improvement organization of the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services and any other persons deemed necessary by the Health Division, study the feasibility of tracking and reporting near-miss events as part of the reports of sentinel events pursuant to NRS 439.835, including, without limitation, defining the term "near-miss event," investigating a manner for tracking near-miss events and determining the feasibility of reporting near-miss events.

2. The Health Division shall, at least quarterly, report to the Legislative Committee on Health Care concerning the progress of the study conducted pursuant to subsection 1.

3. On or before July 1, 2010, the Health Division shall report to the Legislative Committee on Health Care the results of the study conducted pursuant to subsection 1 and shall provide to the Committee recommendations for defining, tracking and reporting near-miss events which occur at medical facilities in this State.

Sec. 24. 1. This section and sections 1 to 22, inclusive, of this act become effective on October 1, 2009.

2. Section 23 of this act becomes effective on July 1, 2009.



