MAINE STATE LEGISLATURE

The following document is provided by the

LAW AND LEGISLATIVE DIGITAL LIBRARY

at the Maine State Law and Legislative Reference Library

http://legislature.maine.gov/lawlib



Reproduced from scanned originals with text recognition applied (searchable text may contain some errors and/or omissions)



D	ATE: april 1, 2002 (Filing No. 5-527
	HEALTH AND HUMAN SERVICES
R	eported by:
	eproduced and distributed under the direction of the Secretary f the Senate.
	STATE OF MAINE SENATE
	120TH LEGISLATURE SECOND REGULAR SESSION
	COMMITTEE AMENDMENT "A" to S.P. 419, L.D. 1363, Bill, "An
A	ct to Reduce Medical Errors and Improve Patient Health"
	Amend the bill by striking out everything after the enacting
	lause and before the summary and inserting in its place the ollowing:
	'Sec. 1. 22 MRSA c. 1684 is enacted to read:
	CHAPTER 1684
	SENTINEL EVENTS REPORTING
Ş	8751. Sentinel event reporting
	There is established under this chapter a system for eporting sentinel events for the purpose of improving the uality of health care and increasing patient safety.
S	8752. Definitions
<u>i</u> :	As used in this chapter, unless the context otherwise ndicates, the following terms have the following meanings.
<u>a</u> :	1. Division. "Division" means the Division of Licensing and Certification within the Bureau of Medical Services.
	2. Health care facility. "Health care facility" or facility" means a state institution as defined under Title 34-B,

Page 1-LR0968(3)

	except that it does not include a facility licensed as a nursing
2	facility or licensed under chapter 1665.
4	3. Major permanent loss of function. "Major permanent loss
_	of function" means sensory, motor, physiological or intellectual
6	impairment that requires continued treatment or imposes
_	persistent major restrictions in activities of daily living.
8	
	4. Sentinel event. "Sentinel event" means:
10	
	A. One of the following that is determined to be unrelated
12	to the natural course of the patient's illness or underlying
	condition or proper treatment of that illness or underlying
14	condition or that results from the elopement of a
	hospitalized inpatient who lacks the capacity, as defined in
16	Title 18-A, section 5-801, paragraph C, to make decisions:
	12010 10 11/ 00000 0 001/ Emander of 00 mone acceptance
18	(1) An unanticipated death; or
10	11) An unancicipaced deach, or
20	(2) 1 main managed land of function that is not
20	(2) A major permanent loss of function that is not
	present when the patient is admitted to the health care
22	<pre>facility:</pre>
24	B. Surgery on the wrong patient or wrong body part;
26	C. Hemolytic transfusion reaction involving administration
	of blood or blood products having major blood group
28	incompatibilities;
30	D. Suicide of a patient in a health care facility where the
30	patient receives inpatient care;
32	patient receives impatient care,
32	To touch shaughiou on dischause he the smann family, on
	E. Infant abduction or discharge to the wrong family; or
34	
	F. Rape of a patient.
36	
	§8753. Mandatory reporting of sentinel events
38	
	A health care facility shall report to the division a
40	sentinel event that occurs to a patient while the patient is in
	the health care facility as provided in this section.
42	
	1. Notification. A health care facility shall notify the
44	division of the occurrence of a sentinel event by the next
77	business day after the sentinel event has occurred or the next
16	
46	business day after the facility determines that the event
	occurred. The notification must include the date and time of
48	notification, the name of the health care facility and the type
	of sentinel event pursuant to section 8752, subsection 4.

Page 2-LR0968(3)

50

	Reporting. A health care facility shall file a written
2	report no later than 45 days following the notification of the
	occurrence of a sentinel event pursuant to subsection 1. The
4	written report must be signed by the chief executive officer of
	the facility and must contain the following information:
6	
	A. Facility name and address;
8	
	B. Name, title and phone number of the contact person for
10	<pre>the facility;</pre>
12	C. The date and time of the sentinel event;
14	D. The type of sentinel event and a brief description of
	the sentinel event;
16	
	E. Identification of clinical and organizational systems or
18	processes that may have contributed to the sentinel event;
20	F. Identification of changes that could be made that would
	reduce the risk of such a sentinel event occurring in the
22	<u>future</u> ; and
24	G. A brief description of any corrective action taken or
	planned.
26	
	3. Cooperation. A health care facility that has filed a
28	notification or a report of the occurrence of a sentinel event
	under this section shall cooperate with the division as necessary
30	for the division to fulfill its duties under section 8754.
32	4. Immunity. A person who in good faith reports a sentinel
	event pursuant to this chapter is immune from any civil or
34	criminal liability for the act of reporting or participating in
	the review by the division. "Good faith" does not include
36	instances when a false report is made and the person reporting
	knows the report is false. This subsection may not be construed
38	to bar civil or criminal action regarding perjury or regarding
	the sentinel event that led to the report.
40	
	§8754. Division duties
42	
	The division has the following duties under this chapter.
44	
	1. Initial review; other action. Upon receipt of a
4 6	notification or report of a sentinel event, the division shall
	complete an initial review and may take such other action as the
48	division determines to be appropriate under applicable rules and

Page 3-LR0968(3)

within the jurisdiction of the division. The division may

	conduct on-site reviews of medical records and may retain the
2	services of consultants when necessary to the division.
4	2. Procedures. The division shall adopt procedures for the
	reporting, reviewing and handling of information regarding
6	sentinel events. The procedures must provide for electronic
	submission of notifications and reports.
8	
	3. Confidentiality. Notifications and reports of sentinel
10	events filed pursuant to this chapter and all information
	collected or developed as a result of the filing and proceedings
12	pertaining to the filing, regardless of format, are confidential
	and privileged information.
14	
	A. Privileged and confidential information under this
16	subsection is not:
_ •	
18	(1) Subject to public access under Title 1, chapter
	13, except for data developed from the reports that do
20	not identify or permit identification of the health
	care facility;
22	
4 H	(2) Subject to discovery, subpoena or other means of
24	legal compulsion for its release to any person or
24	entity; or
26	encicy; or
20	(2) Admignikla na swidenski su sum simil swiminel
20	(3) Admissible as evidence in any civil, criminal,
28	judicial or administrative proceeding.
30	B. The transfer of any information to which this chapter
	applies by a health care facility to the division or to a
32	national organization that accredits health care facilities
	may not be treated as a waiver of any privilege or
34	protection established under this chapter or other laws of
	<u>this State.</u>

C. The division shall take appropriate measures to protect the security of any information to which this chapter applies.

D. This section may not be construed to limit other privileges that are available under federal law or other laws of this State that provide for greater peer review or confidentiality protections than the peer review and confidentiality protections provided for in this subsection.

E. For the purposes of this subsection, "privileged and confidential information" does not include:

(1) Any final administrative action;

36

38

40

42

44

46

48

50

Page 4-LR0968(3)

COMMITTEE AMENDMENT

COMMITTEE AMENDMENT "A" to S.P. 419, L.D. 1363

2	(2) Information independentl 3rd-party complaint investigat		
4	department rules; or		<u> </u>
6	(3) Information designated as and laws of this State.	s confidential v	under rules
8			
10	This subsection does not affect the oblinelating to federal law.	igations of the	department
12	4. Report. The division shall de	velop an annual	report to
	the Legislature, health care faciliti		
14	includes summary data of the number and of the prior calendar year by type of he		
16	of change and other analyses and an		_
10	addressed for the upcoming year. The re		
18	February 1st each year.	por o made so so	SMILECOU SI
20	§8755. Compliance		
22	A health care facility that knowing of this chapter or rules adopted purs		
24	subject to a civil penalty payable to t	he State of not	more than
26	\$5,000 per unreported sentinel event to		
26	action. Funds collected pursuant to deposited in a dedicated special reven		
28	support sentinel event reporting and edu		se usea co
30	§8756. Rulemaking		
32	The department shall adopt rules t	o implement thi	s chapter.
-	Rules adopted pursuant to this section	_	
34	rules as defined in Title 5, chapter 375		
36	Sec. 2. Appropriations and allocations are made.	cations. The	following
38	appropriacions and arrocacions are made.		
	HUMAN SERVICES, DEPARTMENT OF		
40			
	Bureau of Medical Services		
42			
	Initiative: Provides funding to	establish a s	ystem for
44	receiving, reviewing, and reporting		
	referred to as sentinel events, and		
46	Consultant positions, one Planning position and one Clerk III position fo		Associate
48	Fillian and the sauth and boardion to	- amen Larkone.	
	General Fund	2001-02	2002-03
50	Positions - Legislative Count	(0.000)	(4.000)

Page 5-LR0968(3)

2	Personal Services All Other	\$0 0	\$152,981 95,000
4	Total	\$ 0	\$247,981'
6	Further amend the bill by inserting a summary the following:	t the end	before the
8	•		
10	FISCAL NOTE		
12			2002-03
14	APPROPRIATIONS/ALLOCATIONS		
16	General Fund		\$247,981
18			
20	In order to meet the bill's requirem system to receive, review and report ser referred to as sentinel events, the bill a	ious medi	cal errors,
22	Consultant positions, one Planning and position and one Clerk III position in the	Research	Associate
24	Services, Bureau of Medical Services. General Fund appropriation of \$247,981 in		includes a ar 2002-03.
26	Of this appropriation, \$152,981 is to fund the benefit costs of the 4 positions, \$20,000 is	_	
28	work stations for the positions and \$75,000 designing and implementing a web-based compa		
30	and report on sentinel events.	•	
32	The additional workload and administra with the minimal number of new cases filed	in the	court system
34	can be absorbed within the budgeted resou Department. The collection of additional		he Judicial ay increase
36	General Fund revenue by minor amounts.'		
38	SUMMARY		
40	This amondment is the report of the se	mmittoo	It roplaces
42	This amendment is the report of the co the bill. It establishes a system for repo errors, referred to as sentinel events,	rting ser	ious medical
44	Human Services, Bureau of Medical Services, and Certification. It protects the confidence	entiality	_
46	event information while allowing the information, such as final administrative		of certain aken by the
4.0	described to the second court adds on account		

Page 6-LR0968(3)

department. The amendment adds an appropriation section and a

48

fiscal note.

COMMITTEE AMENDMENT