

# HOUSE BILL No. 6683

November 30, 2006, Introduced by Rep. Farhat and referred to the Committee on Senior Health, Security, and Retirement.

A bill to amend 1978 PA 368, entitled  
"Public health code,"  
(MCL 333.1101 to 333.25211) by adding part 25A.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1                   PART 25A. ADVERSE HEALTH CARE EVENTS REPORTING  
2           SEC. 2551. THIS PART SHALL BE KNOWN AND MAY BE CITED AS THE  
3 "MICHIGAN ADVERSE HEALTH CARE EVENTS REPORTING ACT".

4           SEC. 2553. (1) AS USED IN THIS PART:

5           (A) "ADVERSE HEALTH CARE EVENT" MEANS AN OBJECTIVE AND  
6 DEFINABLE NEGATIVE CONSEQUENCE OF PATIENT CARE, OR THE RISK  
7 THEREOF, THAT IS UNANTICIPATED, USUALLY PREVENTABLE AND RESULTS IN,  
8 OR PRESENTS A SIGNIFICANT RISK OF, PATIENT DEATH OR SERIOUS  
9 PHYSICAL INJURY.

1 (B) "CENTER" MEANS THE MICHIGAN CENTER FOR SAFE HEALTH CARE  
2 ESTABLISHED PURSUANT TO THE MICHIGAN CENTER FOR SAFE HEALTH CARE  
3 ACT.

4 (C) "DEPARTMENT" MEANS THE DEPARTMENT OF COMMUNITY HEALTH.

5 (D) "HEALTH CARE FACILITY" MEANS A HEALTH FACILITY OR AGENCY  
6 LICENSED UNDER ARTICLE 17.

7 (E) "HEALTH CARE PROFESSIONAL" MEANS AN INDIVIDUAL LICENSED OR  
8 REGISTERED UNDER ARTICLE 15 AND ENGAGED IN THE PRACTICE OF HIS OR  
9 HER HEALTH PROFESSION IN A SOLE PROPRIETORSHIP, PARTNERSHIP,  
10 PROFESSIONAL CORPORATION, OR OTHER BUSINESS ENTITY. HEALTH CARE  
11 PROFESSIONAL DOES NOT INCLUDE A SANITARIAN OR A VETERINARIAN.

12 (F) "NEAR MISS" MEANS A SITUATION THAT COULD HAVE RESULTED IN  
13 AN ADVERSE HEALTH CARE EVENT BUT DID NOT EITHER BY CHANCE OR  
14 THROUGH TIMELY INTERVENTION.

15 (G) "PARTICIPANTS" MEANS A HEALTH CARE PROFESSIONAL, HEALTH  
16 CARE FACILITY, OR ANY OTHER INDIVIDUAL OR ENTITY THAT REPORTS  
17 ADVERSE HEALTH CARE EVENTS, NEAR MISSES, ROOT CAUSE ANALYSES OF  
18 ADVERSE HEALTH CARE EVENTS AND NEAR MISSES, CORRECTIVE ACTION  
19 PLANS, AND OTHER PATIENT SAFETY WORK PRODUCTS TO THE ADVERSE HEALTH  
20 CARE EVENT REPORTING PROGRAM, AND ANY AGENT, EMPLOYEE, CONSULTANT,  
21 REPRESENTATIVE, VOLUNTEER, OR STAFF MEMBER OF THE ENTITY.

22 (H) "PATIENT SAFETY WORK PRODUCT" MEANS ANY DATA, REPORTS,  
23 RECORDS, MEMORANDA, ANALYSES, OR WRITTEN OR ORAL STATEMENTS WHICH  
24 ARE ASSEMBLED OR DEVELOPED BY A HEALTH CARE PROFESSIONAL FOR  
25 REPORTING TO THE PROGRAM. PATIENT SAFETY WORK PRODUCT DOES NOT  
26 INCLUDE A PATIENT'S MEDICAL RECORD, BILLING AND DISCHARGE  
27 INFORMATION, OR ANY OTHER ORIGINAL PATIENT OR HEALTH CARE

1 PROFESSIONAL RECORD.

2 (2) IN ADDITION, ARTICLE 1 CONTAINS GENERAL DEFINITIONS AND  
3 PRINCIPLES OF CONSTRUCTION APPLICABLE TO ALL ARTICLES IN THIS CODE.

4 SEC. 2555. (1) THE DEPARTMENT, IN COOPERATION WITH THE  
5 MICHIGAN CENTER FOR SAFE HEALTH CARE, SHALL ESTABLISH AN ADVERSE  
6 HEALTH CARE EVENT REPORTING PROGRAM TO FACILITATE QUALITY  
7 IMPROVEMENT IN THE HEALTH CARE SYSTEM THROUGH COMMUNICATION AND  
8 COLLABORATION BETWEEN THE DEPARTMENT, THE CENTER, HEALTH CARE  
9 PROFESSIONALS, AND HEALTH CARE FACILITIES. THE REPORTING PROGRAM  
10 ESTABLISHED UNDER THIS PART SHALL NOT BE DESIGNED OR, EXCEPT AS  
11 OTHERWISE PROVIDED BY THIS PART, USED TO PUNISH ERRORS OR TO  
12 INVESTIGATE OR TAKE DISCIPLINARY ACTION AGAINST HEALTH CARE  
13 FACILITIES OR HEALTH CARE PROFESSIONALS. THE DEPARTMENT SHALL NOT  
14 USE THE ADVERSE HEALTH CARE EVENT REPORTS, NEAR MISSES, FINDINGS,  
15 OR THE ROOT CAUSE ANALYSES, AND CORRECTIVE ACTION PLANS FILED UNDER  
16 THIS PART FOR ANY PURPOSE NOT STATED IN THIS PART, INCLUDING, BUT  
17 NOT LIMITED TO, USING SUCH INFORMATION FOR INVESTIGATING POSSIBLE  
18 VIOLATIONS OF THIS ACT OR RULES PROMULGATED UNDER THIS ACT.

19 (2) THE REPORTING PROGRAM SHALL CONSIST OF, AT A MINIMUM, EACH  
20 OF THE FOLLOWING:

21 (A) REPORTING BY PARTICIPANTS OF SERIOUS ADVERSE HEALTH CARE  
22 EVENTS, NEAR MISSES, ROOT CAUSE ANALYSES OF SERIOUS ADVERSE HEALTH  
23 CARE EVENTS, CORRECTIVE ACTION PLANS ESTABLISHED TO PREVENT SIMILAR  
24 SERIOUS ADVERSE HEALTH CARE EVENTS, AND PATIENT SAFETY PLANS  
25 ESTABLISHING PROCEDURES AND PROTOCOLS.

26 (B) COMPILING, AGGREGATING, AND ANALYZING THE REPORTED  
27 INFORMATION BY THE DEPARTMENT, IN COOPERATION WITH THE CENTER, TO

1 DETERMINE PATTERNS OF SYSTEMIC FAILURE IN THE HEALTH CARE SYSTEM  
2 AND SUCCESSFUL METHODS TO CORRECT THESE FAILURES AND TO DEVELOP AND  
3 DISSEMINATE INFORMATION TO IMPROVE THE QUALITY OF CARE WITH RESPECT  
4 TO PATIENT SAFETY.

5 (C) PROVIDING TECHNICAL ASSISTANCE TO PARTICIPANTS, INCLUDING,  
6 BUT NOT LIMITED TO, RECOMMENDATIONS AND ADVICE REGARDING  
7 METHODOLOGY, COMMUNICATION, DISSEMINATION OF INFORMATION, DATA  
8 COLLECTION, SECURITY, AND CONFIDENTIALITY.

9 (D) DISSEMINATING AGGREGATED FINDINGS TO PARTICIPANTS AND TO  
10 THE PUBLIC IN A TIMELY AND USEFUL FORMAT IN A MANNER THAT PROTECTS  
11 THE CONFIDENTIALITY OF THE PARTICIPANTS AND THAT IDENTIFIES  
12 POTENTIAL ISSUES AND APPROPRIATE SOLUTIONS TO ACHIEVE PATIENT  
13 SAFETY.

14 (E) CREATING INCENTIVES TO IMPROVE AND REWARD PARTICIPATION IN  
15 THE REPORTING OF ADVERSE HEALTH CARE EVENTS.

16 (3) PARTICIPATION IN THIS REPORTING PROGRAM IS VOLUNTARY.

17 SEC. 2557. WITHIN 3 YEARS AFTER THE EFFECTIVE DATE OF THE  
18 AMENDATORY ACT THAT ADDED THIS PART, THE DEPARTMENT, IN COOPERATION  
19 WITH THE CENTER, SHALL REPORT TO THE LEGISLATURE ON THE  
20 IMPLEMENTATION AND EFFECTIVENESS OF THIS REPORTING PROGRAM.

21 Enacting section 1. This amendatory act does not take effect  
22 unless Senate Bill No. \_\_\_\_ or House Bill No. 6684 (request no.  
23 07569'06) of the 93rd Legislature is enacted into law.