Legislative Analysis

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QUALIFIED HOSPITAL
PATIENT SAFETY ORGANIZATION

House Bill 6456
Sponsor: Rep. Kathy Angerer
Committee: Health Policy

Complete to 9-17-08

A SUMMARY OF HOUSE BILL 6456 AS INTRODUCED 9-11-08

Among other things, the bill would designate a qualified hospital patient safety organization (PSO) that met specified criteria as a "review entity" and require hospitals in the state to report serious adverse events to the qualified hospital PSO.

Qualified Hospital Patient Safety Organization

Under Public Act 270 of 1967, a person, organization, or entity is allowed to provide certain types of confidential information on patients and health care providers to review entities listed in the act. House Bill 6456 would amend the act to include in the definition of "review entity" a qualified hospital patient safety organization that collects data on serious adverse events as prescribed by the bill.

"Qualified hospital patient safety organization" would mean a patient safety organization formed under the federal Patient Safety and Quality Improvement Act of 2005 (42 USC 299b-24) before January 1, 2009 by an organization with a membership of at least 75 percent of all hospitals in this state. (According to a press release dated 6-26-08 by the Michigan Health & Hospital Association, the state's hospitals and health systems established, through the MHA, a new Patient Safety Organization for the purpose of collecting and analyzing data about medical errors.)

"Serious adverse events" would include, but not be limited to, events listed by the National Quality Forum in its publication entitled, "Serious Reportable Events in Healthcare 2006 Update." (Among the 28 events currently listed are surgery performed on the wrong body part or on the wrong person, a patient death or serious disability associated with a medication error, and a physical assault on a patient or staff member resulting in death or significant injury.)

Reporting by Hospitals

Beginning January 1, 2009, each hospital would have to report to a qualified hospital patient safety organization (PSO) all serious adverse events that occurred in the hospital within 45 days of the event's occurrence. The qualified hospital PSO would have to create a nonpunitive, confidential reporting system to collect data for the purpose of improving patient safety and to facilitate the safe delivery of health care in hospitals in

Michigan. All hospitals would have to use the system designated by the qualified hospital PSO to report a serious adverse event.

A qualified hospital PSO would have to annually develop and distribute a public report for the purpose of improving patient safety and facilitating the safe delivery of health care in hospitals in Michigan.

MCL 331.531

FISCAL IMPACT:

The bill as introduced will have no fiscal impact on the state or local government.

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