BILL ANALYSIS

Senate Research Center 83R9392 JSC-D

S.B. 1535 By: West Health & Human Services 4/18/2013 As Filed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

The purpose of S.B. 1535 is to minimize potentially preventable adverse events at hospitals in Texas. It seeks to do so by requiring the Department of State Health Services (DSHS) to require hospitals that commit a violation that results in such an event to develop and implement a comprehensive plan to address the internal deficiencies that contributed to the event. This plan can include changes to staff training and education, supervision requirements for certain staff, increased staffing requirements, increased reporting, and reviewing and amending policies relating to patient safety. DSHS will be required to approve the hospital's plan, frequently monitor adherence, and enforce compliance.

Currently, DSHS completes a complaint investigation after a potentially preventable adverse event is reported. After completing the investigation and substantiating the complaint, a statement of deficiency is issued. The hospital is then required to submit a plan of correction to DSHS which identifies deficiencies it will rectify to avoid further adverse events. DSHS later decides whether it will conduct a follow-up visit to review plan implementation. As a result, not all hospitals in the state receive a follow-up visit.

S.B. 1535 provides a more standardized guidance for the content of a Plan of Correction. The bill also requires that DSHS approve that plan, conduct follow-up visits to monitor adherence, and enforce compliance for a hospital that was found to commit a violation that contributed to a potentially preventable adverse event. In this way, DSHS ensures that hospitals rectify their deficiencies and create safer environments for their patients. S.B. 1535 strengthens existing oversight and reporting requirements, while providing Texas hospitals the leeway to create remediation plans tailored to their specific issues and patient populations. The bill can also save hospitals and the state money by improving patient care, thereby reducing readmissions and potentially preventable adverse events.

As proposed, S.B. 1535 amends current law relating to increased oversight by the Department of State Health Services of hospitals that commit certain violations.

[Note: While the statutory reference in this bill is to Texas Department of Health (TDH), the following amendments affect Department of State Health Services, as the successor agency to TDH.]

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Subchapter C, Chapter 241, Health and Safety Code, by adding Section 241.0555, as follows:

Sec. 241.0555. ADDITIONAL REQUIREMENTS: POTENTIALLY PREVENTABLE ADVERSE EVENTS. (a) Requires the Texas Department of Health (TDH), if TDH finds that a hospital has committed a violation that resulted in a potentially preventable adverse event reportable under Chapter 98 (Reporting of Health Care-Associated

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Infections and Preventable Adverse Events), as added by Chapter 359 (S.B. 288) (relating to the reporting of health care-associated infections at certain health care facilities and the creation of an advisory panel), Acts of the 80th Legislature, Regular Session, 2007, to require the hospital to develop and implement a plan for approval by TDH to address the deficiencies that may have contributed to the preventable adverse event.

- (b) Authorizes TDH to require the plan under this section to include:
 - (1) staff training and education;
 - (2) supervision requirements for certain staff;
 - (3) increased staffing requirements;
 - (4) increased reporting to the department; and
 - (5) a review and amendment of hospital policies relating to patient safety.
- (c) Requires TDH to carefully and frequently monitor the hospital's adherence to the plan under this section and enforce compliance.

SECTION 2. Provides that the change in law made by this Act applies to a potentially preventable adverse event that occurs on or after the effective date of this Act.

SECTION 3. Effective date: September 1, 2013.

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