

SENATE, No. 2471

STATE OF NEW JERSEY 213th LEGISLATURE

INTRODUCED JANUARY 13, 2009

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Senator JOSEPH F. VITALE

District 19 (Middlesex)

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District 3 (Salem, Cumberland and Gloucester)

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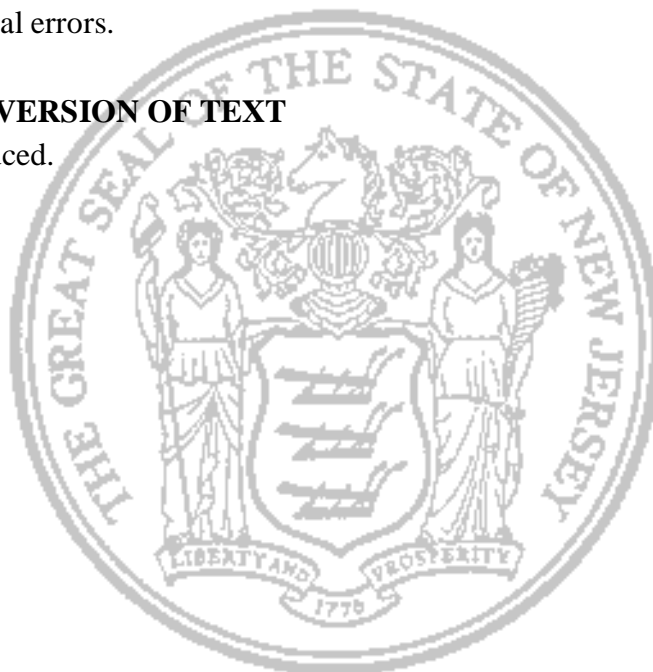
Senators Sarlo, Ruiz, Gordon, Rice and Whelan

SYNOPSIS

Requires DHSS to report certain patient safety indicators on a hospital by hospital basis and prohibits hospitals and physicians from charging patient for certain medical errors.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 1/27/2009)

1 AN ACT concerning patient safety and supplementing Title 26 of the
2 Revised Statutes.

3

4 **BE IT ENACTED** by the Senate and General Assembly of the State
5 of New Jersey:

6

7 1. a. The Department of Health and Senior Services shall
8 include in the New Jersey Hospital Performance Report issued
9 annually by the department hospital-specific data from hospital
10 procedure and diagnosis codes concerning the following patient
11 safety indicators:

12 (1) Foreign body left during procedure;

13 (2) Iatrogenic pneumothorax;

14 (3) Postoperative hip fracture;

15 (4) Postoperative hemorrhage or hematoma;

16 (5) Postoperative deep vein thrombosis (DVT) or pulmonary
17 embolism (PE);

18 (6) Postoperative sepsis;

19 (7) Postoperative wound dehiscence;

20 (8) Accidental puncture or laceration;

21 (9) Transfusion reaction;

22 (10) Birth trauma;

23 (11) Obstetric trauma- vaginal delivery with instrument;

24 (12) Obstetric trauma- vaginal delivery without instrument;

25 (13) Air embolism; and

26 (14) Surgery on the wrong side, wrong body part, or wrong
27 person, or wrong surgery performed on a patient.

28 b. The Commissioner of Health and Senior Services, in
29 consultation with the Quality Improvement Advisory Committee in
30 the Department of Health and Senior Services, may include
31 additional patient safety indicators in the annual report, by
32 regulation. The commissioner shall consider indicators that: (1) are
33 recommended by the federal Agency for Healthcare Research and
34 Quality or the Centers for Medicare and Medicaid Services; (2) are
35 suitable for comparative reporting and public accountability, and
36 are risk adjusted; (3) have a strong evidence base with no
37 substantial evidence against their use for comparative reporting; and
38 (4) can be measured through data that are available through hospital
39 procedure and diagnosis codes.

40

41 2. a. A general hospital licensed pursuant to P.L.1971, c.136
42 (C.26:2H-1 et seq.) shall not charge or otherwise seek to obtain
43 payment from a patient for costs associated with a hospital acquired
44 condition subject to the hospital acquired condition payment
45 provisions of the Medicare program, as established by regulation of
46 the Centers for Medicare and Medicaid Services.

47 b. A physician licensed by the State Board of Medical
48 Examiners pursuant to Title 45 of the Revised Statutes, who was the

1 attending physician responsible for causing a condition for which a
2 hospital is prohibited from charging or seeking payment from a
3 patient pursuant to subsection a. of this section, shall not charge or
4 otherwise seek to obtain payment from a patient for costs associated
5 with the condition.

6 c. A general hospital shall be required to notify its patients of
7 the provisions of this section on a form and in a manner prescribed
8 by the Commissioner of Health and Senior Services.

9
10 3. The Commissioner of Health and Senior Services shall
11 request the Quality Improvement Advisory Committee to study and
12 make recommendations to the commissioner on how to expand
13 public reporting by the department of patient pressure ulcers,
14 patient infections due to hospital care, and falls by patients in
15 general hospitals.

16
17 4. The Commissioner of Health and Senior Services shall, in
18 accordance with the "Administrative Procedure Act," P.L.1968,
19 c.410 (C.52:14B-1 et seq.), adopt such rules and regulations as the
20 commissioner deems necessary to carry out the provisions of this
21 act.

22
23 5. This act shall take effect on the 180th day after enactment,
24 but the Commissioner of Health and Senior Services may take such
25 anticipatory administrative action in advance thereof as shall be
26 necessary for the implementation of this act.

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29 STATEMENT

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31 This bill directs the Department of Health and Senior Services
32 (DHSS) to include in the New Jersey Hospital Performance Report
33 issued annually by DHSS hospital-specific data concerning the
34 following 14 patient safety indicators:

- 35 -- Foreign body left during procedure;
- 36 -- Iatrogenic pneumothorax;
- 37 -- Postoperative hip fracture;
- 38 -- Postoperative hemorrhage or hematoma;
- 39 -- Postoperative deep vein thrombosis (DVT) or pulmonary
40 embolism (PE);
- 41 -- Postoperative sepsis;
- 42 -- Postoperative wound dehiscence;
- 43 -- Accidental puncture or laceration;
- 44 -- Transfusion reaction;
- 45 -- Birth trauma;
- 46 -- Obstetric trauma- vaginal delivery with instrument;
- 47 -- Obstetric trauma- vaginal delivery without instrument;
- 48 -- Air embolism; and

1 -- Surgery on the wrong side, wrong body part, or wrong person,
2 or wrong surgery performed on a patient.

3 DHSS will use data from procedure and diagnosis codes
4 recorded in hospital bills to compile the required information on
5 patient safety indicators. Most of the patient safety indicators listed
6 in the bill are currently risk adjusted, by age, sex, diagnosis, and
7 comorbidities, and are externally validated as suitable for hospital
8 quality comparisons. With the exception of air embolism and
9 wrong surgery, the patient safety indicators listed in the bill were
10 developed by the Agency for Healthcare Research and Quality. The
11 air embolism and wrong surgery indicators are added because they
12 are already included by the Centers for Medicare and Medicaid
13 Services in the list of hospital-acquired conditions or “never” events
14 that are not eligible for payment under the Medicare or Medicaid
15 programs.

16 The bill also authorizes the Commissioner of Health and Senior
17 Services, in consultation with the Quality Improvement Advisory
18 Committee in DHSS, to include additional patient safety indicators
19 in the annual report, by regulation. The commissioner shall
20 consider indicators that: (1) are recommended by the federal
21 Agency for Healthcare Research and Quality or the Centers for
22 Medicare and Medicaid Services; (2) are suitable for comparative
23 reporting and public accountability, and are risk adjusted; (3) have a
24 strong evidence base with no substantial evidence against their use
25 for comparative reporting; and (4) can be measured through data
26 that are available through hospital procedure and diagnosis codes.

27 Since the conditions identified in the patient safety indicators are
28 generally preventable medical errors, the bill seeks to insure
29 hospital and physician accountability by providing that a general
30 hospital shall not charge or otherwise seek to obtain payment from a
31 patient for costs associated with a condition that is subject to the
32 hospital acquired condition payment provisions of the Medicare
33 program, as established by regulation of the Centers for Medicare
34 and Medicaid Services. Similarly, a physician who was the
35 attending physician responsible for causing a condition for which a
36 hospital is prohibited from seeking payment, shall not charge or
37 otherwise seek to obtain payment from a patient for costs associated
38 with the condition.

39 The bill provides that a general hospital shall be required to
40 notify its patients of the provisions of the bill on a form and in a
41 manner prescribed by the commissioner.

42 Finally the bill directs the commissioner to request the Quality
43 Improvement Advisory Committee in DHSS to study and make
44 recommendations to the commissioner on how to expand public
45 reporting by DHSS of patient pressure ulcers, patient infections due
46 to hospital care, and falls by patients in general hospitals.

47 The bill takes effect on the 180th day after enactment, but the
48 commissioner is authorized to take such anticipatory administrative

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- 1 action in advance thereof as shall be necessary for the
- 2 implementation of the bill.