

1.1 A bill for an act

1.2 relating to health; modifying the adverse health event reporting system;  
1.3 modifying root cause analysis; requiring reports on hospital staff reductions  
1.4 resulting from state spending decisions; amending Minnesota Statutes 2008,  
1.5 section 144.7065, subdivisions 8, 10.

1.6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.7 Section 1. Minnesota Statutes 2008, section 144.7065, subdivision 8, is amended to  
1.8 read:

1.9 Subd. 8. **Root cause analysis; corrective action plan.** Following the occurrence of  
1.10 an adverse health care event, the facility must conduct a root cause analysis of the event.  
1.11 In conducting the root cause analysis, the facility must consider as one of the factors  
1.12 staffing levels and the impact of staffing levels on the event. Following the analysis, the  
1.13 facility must: (1) implement a corrective action plan to implement the findings of the  
1.14 analysis or (2) report to the commissioner any reasons for not taking corrective action. If  
1.15 the root cause analysis and the implementation of a corrective action plan are complete at  
1.16 the time an event must be reported, the findings of the analysis and the corrective action  
1.17 plan must be included in the report of the event. The findings of the root cause analysis  
1.18 and a copy of the corrective action plan must otherwise be filed with the commissioner  
1.19 within 60 days of the event.

1.20 Sec. 2. Minnesota Statutes 2008, section 144.7065, subdivision 10, is amended to read:

1.21 Subd. 10. **Relation to other law; data classification.** (a) Adverse health events  
1.22 described in subdivisions 2 to 6 do not constitute "maltreatment," "neglect," or "a physical  
1.23 injury that is not reasonably explained" under section 626.556 or 626.557 and are excluded  
1.24 from the reporting requirements of sections 626.556 and 626.557, provided the facility

2.1 makes a determination within 24 hours of the discovery of the event that this section is  
2.2 applicable and the facility files the reports required under this section in a timely fashion.

2.3 (b) A facility that has determined that an event described in subdivisions 2 to 6  
2.4 has occurred must inform persons who are mandated reporters under section 626.556,  
2.5 subdivision 3, or 626.5572, subdivision 16, of that determination. A mandated reporter  
2.6 otherwise required to report under section 626.556, subdivision 3, or 626.557, subdivision  
2.7 3, paragraph (e), is relieved of the duty to report an event that the facility determines under  
2.8 paragraph (a) to be reportable under subdivisions 2 to 6.

2.9 (c) The protections and immunities applicable to voluntary reports under sections  
2.10 626.556 and 626.557 are not affected by this section.

2.11 (d) Notwithstanding section 626.556, 626.557, or any other provision of Minnesota  
2.12 statute or rule to the contrary, neither a lead agency under section 626.556, subdivision 3c,  
2.13 or 626.5572, subdivision 13, the commissioner of health, nor the director of the Office of  
2.14 Health Facility Complaints is required to conduct an investigation of or obtain or create  
2.15 investigative data or reports regarding an event described in subdivisions 2 to 6. If the  
2.16 facility satisfies the requirements described in paragraph (a), the review or investigation  
2.17 shall be conducted and data or reports shall be obtained or created only under sections  
2.18 144.706 to 144.7069, except as permitted or required under sections 144.50 to 144.564,  
2.19 or as necessary to carry out the state's certification responsibility under the provisions of  
2.20 sections 1864 and 1867 of the Social Security Act. If a licensed health care provider  
2.21 reports to the facility an event required to be reported under subdivisions 2 to 6, in a  
2.22 timely manner, the provider's licensing board is not required to conduct an investigation of  
2.23 or obtain or create investigative data or reports regarding the individual reporting of the  
2.24 events described in subdivisions 2 to 6.

2.25 (e) Data contained in the following records are nonpublic and, to the extent they  
2.26 contain data on individuals, confidential data on individuals, as defined in section 13.02:

2.27 (1) reports provided to the commissioner under sections 147.155, 147A.155,  
2.28 148.267, 151.301, and 153.255;

2.29 (2) event reports, findings of root cause analyses, and corrective action plans filed by  
2.30 a facility under this section; and

2.31 (3) records created or obtained by the commissioner in reviewing or investigating  
2.32 the reports, findings, and plans described in clause (2).

2.33 For purposes of the nonpublic data classification contained in this paragraph, the  
2.34 reporting facility shall be deemed the subject of the data.

3.1       Sec. 3. **HEALTH DEPARTMENT WORKGROUP; HOSPITAL ASSOCIATION**  
3.2 **COMMITTEES.**

3.3           (a) The commissioner of health shall consult with representatives from the Minnesota  
3.4 Nurses Association, the Minnesota Hospital Association, and other stakeholders to further  
3.5 define staffing levels for purposes of Minnesota Statutes, section 144.7065, subdivision 8,  
3.6 and to develop questions related to staffing for inclusion in the root cause analysis tool  
3.7 required under that subdivision.

3.8           (b) The Minnesota Nurses Association and the Minnesota Hospital Association shall  
3.9 develop a memorandum of understanding that outlines ways to include representatives  
3.10 from the Minnesota Nurses Association on Minnesota Hospital Association work groups  
3.11 and committees dealing with adverse health care events and corrective action plans under  
3.12 Minnesota Statutes, section 144.7065.