LC02366

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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2011

AN ACT

RELATING TO HEALTH AND SAFETY -- HOSPITAL DISCHARGE PLANNING REQUIREMENTS

Introduced By: Senators Picard, Ciccone, Cote, Lombardo, and Miller

Date Introduced: April 14, 2011

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

| 1 | SECTION 1. Title 23 of the General Laws entitled "HEALTH AND SAFETY" is hereby |
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| 2 | amended by adding thereto the following chapter: |
| 3 | <u>CHAPTER 17.26</u> |
| 4 | COMPREHENSIVE DISCHARGE PLANNING |
| 5 | 23-17.26-1. Findings. – The general assembly hereby finds and declares that: |
| 6 | (1) According to data provided by the department of health; in 2009, over 1 in five (5) |
| 7 | adults discharged from acute care hospitals in Rhode Island were readmitted within thirty (30) |
| 8 | days; |
| 9 | (2) During that same period, the readmission rate for adults over the age of sixty-five (65) |
| 10 | rose to almost thirty percent (30%); |
| 11 | (3) The issue of hospital readmissions has emerged nationally as a critical focal point for |
| 12 | improving quality, ensuring patient safety, and controlling excessive costs; |
| 13 | (4) Locally, high hospital readmission rates are often due to: missing or incorrect |
| 14 | information regarding patients; ill-timed information transfer; medication errors or poor |
| 15 | compliance; lack of outpatient follow-up; or lack of follow-up by patients when their symptoms |
| 16 | worsen; |
| 17 | (5) Evidence-based interventions can improve communications systems and patient |
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activation, thus addressing the root causes of hospital readmissions and reducing rates;

| 1 | (6) Encouraging best practices in patient discharge and transitions out of hospitals offers |
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| 2 | significant potential for improving patient care and containing healthcare costs in Rhode Island; |
| 3 | and, |
| 4 | (7) The State of Rhode Island, with the cooperation of the state's hospitals, has already |
| 5 | made significant gains in fostering care coordination and improving quality of care. |
| 6 | 23-17.26-2. Definitions. – As used in this chapter: |
| 7 | (1) "Director" means the director of department of health. |
| 8 | (2) "Department" means the department of health. |
| 9 | (3) "Hospital" means a person or governmental entity licensed in accordance with chapter |
| 10 | 17 of this title to establish, maintain and operate a hospital. |
| 11 | 23-17.26-3. Comprehensive discharge planning. – (a) On or before July 1, 2012, each |
| 12 | hospital operating in the State of Rhode Island shall submit to the director: |
| 13 | (1) Evidence of participation in a high-quality comprehensive discharge planning and |
| 14 | transitions improvement project operated by a nonprofit organization in this state; or |
| 15 | (2) A plan for the provision of comprehensive discharge planning and information to be |
| 16 | shared with patients transitioning from the hospitals care. Such plan shall contain the adoption of |
| 17 | evidence-based practices including, but not limited to: |
| 18 | (i) Providing in-hospital education prior to discharge; |
| 19 | (ii) Ensuring patient activation such that, at discharge, patients, families, and caregivers |
| 20 | understand the patient's conditions and medications and have a point of contact for follow-up |
| 21 | questions; |
| 22 | (iii) Identifying patients' primary care providers and scheduling post-hospital follow-up |
| 23 | appointments prior to patient discharge; |
| 24 | (iv) Expanding the transmission of the department of health's continuity of care form, or |
| 25 | successor program, to include primary care providers' receipt of information at patient discharge; |
| 26 | <u>and</u> |
| 27 | (v) Coordinating and improving communication with outpatient providers. |
| 28 | (b) The director shall promulgate all rules and regulations necessary to effectuate the |
| 29 | purposes of this chapter. |
| 30 | 23-17.26-4. Severability. – If any provision of this chapter, or the application thereof to |
| 31 | any person or circumstances shall be held invalid, any invalidity shall not affect the provisions or |
| 32 | application of this chapter which can be given effect without the invalid provision or application, |
| 33 | and to this end the provisions of the chapter are declared to be severable. |
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1 SECTION 2. This act shall take effect upon passage.

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EXPLANATION

BY THE LEGISLATIVE COUNCIL

OF

AN ACT

RELATING TO HEALTH AND SAFETY -- HOSPITAL DISCHARGE PLANNING REQUIREMENTS

This act would require that Rhode Island hospitals submit to the director of the department of health a plan regarding the discharge of patients.

This act would take effect upon passage.

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