

2010 -- S 2833

LC02412

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2010

A N A C T

RELATING TO HEALTH AND SAFETY -- HEALTH CARE FACILITIES

Introduced By: Senators Lynch, Crowley, and Miller

Date Introduced: April 29, 2010

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Section 23-17-12.11 of the General Laws in Chapter 23-17 entitled
2 "Licensing of Health Care Facilities" is hereby amended to read as follows:

3 **23-17-12.11. Nursing facility quality improvement program.** -- (a) Established. - Each
4 licensed nursing facility shall develop and implement a quality improvement program and
5 establish a quality improvement committee.

6 (b) Each licensed nursing facility shall designate a qualified individual, who shall be
7 determined by the facility's administrator, to coordinate and manage the nursing facility's quality
8 improvement program.

9 (1) The nursing facility's quality improvement committee shall include at least the
10 following members:

11 (i) The nursing facility administrator;

12 (ii) The director of nursing;

13 (iii) The medical director;

14 (iv) A social worker; and

15 (v) A representative of dietary services.

16 (2) The quality improvement committee shall:

17 (i) Meet at least quarterly;

18 (ii) Maintain records of all quality improvement activities; and

19 (iii) Keep records of committee meetings that shall be available to the department during

1 any on-site visit.

2 (3) The quality improvement committee for a nursing facility shall annually review and
3 approve the quality improvement plan for the nursing facility. Said plan shall be available to the
4 public upon request.

5 (c) Each nursing facility shall establish a written quality improvement plan that shall be
6 reviewed by the department during the facility's annual survey and that:

7 (1) Provides criteria to monitor nursing care, including medication administration,
8 prevention and treatment of decubitus ulcers, dehydration and nutritional status and weight loss or
9 gain, accidents and injuries, unexpected deaths, changes in mental or psychological status, and
10 any other data necessary to monitor quality of care; and

11 (2) Includes methods to identify, evaluate and correct problems.

12 (d) The nursing facility administrator shall take appropriate remedial actions based on
13 the recommendations of the nursing facility's quality improvement committee.

14 (e) The director may not require the quality improvement committee to disclose the
15 records and the reports prepared by the committee except as necessary to assure compliance with
16 the requirements of this section.

17 (f) Good faith attempts by the quality improvement committee to identify and correct
18 quality deficiencies will not be used as a basis for sanctions.

19 (g) If the department determines that a nursing facility is not implementing its quality
20 improvement program effectively and that quality improvement activities are inadequate, the
21 department may impose sanctions on the nursing facility to improve quality of resident care
22 including mandated hiring of, directly or by contract, an independent quality consultant.

23 (h) Neither the proceedings nor the records of quality improvement committees as
24 provided for herein shall be subject to discovery or be admissible as evidence in any case save
25 litigation arising out of the imposition of sanctions against a license issued by the department.
26 Documents or records otherwise available from original sources are not to be construed as
27 immune from discovery or use in any civil proceedings merely because they were presented
28 during the proceedings of the committee.

29 SECTION 2. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
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RELATING TO HEALTH AND SAFETY -- HEALTH CARE FACILITIES

1 This act would make inadmissible for litigation purposes certain records produced by
2 health care facilities quality improvement committees.

3 This act would take effect upon passage.

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