

113TH CONGRESS
1ST SESSION

H. R. 116

To encourage the use of medical checklists through research, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 3, 2013

Mr. HOLT (for himself and Mrs. CAPPS) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To encourage the use of medical checklists through research, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Medical Checklist Act
5 of 2013”.

6 **SEC. 2. RESEARCH INTO MEDICAL CHECKLIST DEVELOP-**
7 **MENT AND EFFICACY.**

8 (a) STUDY.—The Director of the Agency for
9 Healthcare Research and Quality, acting through the Cen-
10 ter for Quality Improvement and Patient Safety, shall con-

1 duct research and a study, in accordance with the require-
2 ments of this section, regarding the development and effi-
3 cacy of medical checklists.

4 (b) CONTENTS.—In carrying out subsection (a), the
5 Director shall conduct research and a study regarding the
6 following:

7 (1) Testing of different models of medical
8 checklists to measure the effect of checklist format,
9 length, and design for different clinical tasks on—

10 (A) adoption of checklists by health care
11 professionals;

12 (B) time spent by health care professionals
13 on the clinical task of interest; and

14 (C) reliable completion of health care pro-
15 cedures.

16 (2) Examination of checklist development and
17 use in other industries, such as commercial aviation
18 and nuclear power, and the feasibility of applying
19 and adapting methodology developed in those indus-
20 tries to the health care industry in a way that would
21 result in health care quality improvement.

22 (3) Identification of organizational characteris-
23 tics needed to effectively implement the use of med-
24 ical checklists in health care settings.

1 (4) Measurement of the effects of the use of
2 medical checklists on patient safety and health out-
3 comes.

4 (5) Identification of health care procedures for
5 which the development and use of medical checklists
6 would be beneficial.

7 (6) Investigation of the development, implemen-
8 tation, and use of available medical checklists, in-
9 cluding checklists for safe surgery and central line
10 insertion and maintenance, to inform further med-
11 ical checklist development.

12 (c) SCOPE.—The Director shall ensure that each as-
13 pect of the research and study conducted under subsection
14 (a) is examined across a variety of health care provider
15 characteristics, medical procedures, patient populations,
16 and other factors that could affect the use of medical
17 checklists.

18 (d) DISSEMINATION.—The Director shall make avail-
19 able to the public the results of the study conducted under
20 subsection (a) and shall disseminate such results to pa-
21 tient safety organizations listed pursuant to section 924(d)
22 of the Public Health Service Act (42 U.S.C. 299b–24(d)).

23 (e) AUTHORIZATION OF APPROPRIATIONS.—There
24 are authorized to be appropriated to carry out this section

1 such sums as may be necessary for each of fiscal years
2 2014 through 2017.

3 **SEC. 3. COORDINATING MEDICAL CHECKLISTS AND**
4 **HEALTH INFORMATION TECHNOLOGY SYS-**
5 **TEMS.**

6 (a) IN GENERAL.—The HIT Policy Committee in the
7 Office of the National Coordinator for Health Information
8 Technology (as established in section 3002 of the Public
9 Health Service Act (42 U.S.C. 300jj–12)) shall develop
10 policy recommendations regarding—

11 (1) the extent to which the use of medical
12 checklists should be incorporated into health infor-
13 mation technology systems; and

14 (2) measures to determine the effectiveness of
15 such use.

16 (b) AREAS OF CONSIDERATION.—In making rec-
17 ommendations under subsection (a), the HIT Policy Com-
18 mittee may consider the following areas:

19 (1) The ease with which medical checklists in
20 electronic formats can be used by health care profes-
21 sionals.

22 (2) The effect of the availability of medical
23 checklists in electronic formats on the adoption and
24 use of medical checklists by health care profes-
25 sionals.

1 (3) The effect of the use of medical checklists
2 in electronic formats on the time spent by health
3 care professionals on medical procedures.

4 (4) The ability of the health information tech-
5 nology system to collect data on patient safety and
6 health outcomes that could be analyzed to aid in the
7 design and update of medical checklists.

8 (5) The ease with which medical checklists in
9 electronic formats can be updated on an ongoing
10 basis based on evidence from medical research and
11 local experience.

12 (6) The capability of health information tech-
13 nology systems to collect data, where applicable, re-
14 garding the use of medical checklists by health care
15 clinicians and providers, and any relation between
16 that use and patient safety and health outcomes.

17 **SEC. 4. INSTITUTE OF MEDICINE STUDY ON FURTHER MED-**
18 **ICAL CHECKLIST RESEARCH.**

19 (a) IN GENERAL.—The Secretary of Health and
20 Human Services shall enter into an agreement with the
21 Institute of Medicine and the National Academy of Engi-
22 neering of the National Academies to conduct a study in
23 accordance with this section.

24 (b) STUDY.—The Secretary shall ensure that the
25 study conducted under this section—

1 (1) reviews available medical checklists and
2 similar quality improvement techniques, data on the
3 adoption and use of such techniques by health care
4 professionals, and evidence of the efficacy of such
5 techniques in relation to patient safety and health
6 outcomes;

7 (2) identifies areas of research needed to im-
8 prove medical checklists in order to increase the
9 adoption and efficacy of medical checklists;

10 (3) analyzes organizational impediments to the
11 adoption and use of medical checklists;

12 (4) reviews the degree to which there is suffi-
13 cient evidence with which to develop new medical
14 checklists and, if such evidence is insufficient, identi-
15 fies areas requiring further study in order to develop
16 such evidence; and

17 (5) determines whether the availability of an in-
18 creased number of medical checklists would improve
19 patient safety and health outcomes and, if so, identi-
20 fies methods for using recent medical research to de-
21 velop new medical checklists.

22 (c) METHODOLOGY OF STUDY.—

23 (1) SCOPE.—The Secretary shall ensure that
24 the agreement entered into under subsection (a) pro-

1 vides that the study conducted under such sub-
2 section will consider the perspectives of—

3 (A) various types of health care profes-
4 sionals in various types of health care settings;

5 (B) individuals conducting academic re-
6 search in health care quality; and

7 (C) patients.

8 (2) CONSULTATION WITH RELEVANT ORGANIZA-
9 TIONS.—The Secretary shall ensure that the agree-
10 ment entered into under subsection (a) provides that
11 relevant agencies and organizations with expertise
12 on medical checklists will be consulted during the
13 study conducted under such subsection, including
14 the following:

15 (A) The Agency for Healthcare Research
16 and Quality.

17 (B) The American Nurses Association.

18 (C) The Institute for Healthcare Improve-
19 ment.

20 (D) The American Hospital Association.

21 (E) The American Medical Association.

22 (F) The World Health Organization.

23 (G) The National Committee for Quality
24 Assurance.

25 (H) The Joint Commission.

1 (I) The American Academy of Physician
2 Assistants.

3 (d) REPORT.—The Secretary shall ensure that the
4 agreement entered into under subsection (a) provides that
5 not later than 18 months after the date of the enactment
6 of this Act, a report providing the findings and rec-
7 ommendations made in the study conducted under such
8 subsection will be submitted to the Secretary, the Com-
9 mittee on Energy and Commerce of the House of Rep-
10 resentatives, and the Committee on Health, Education,
11 Labor, and Pensions of the Senate.

12 **SEC. 5. DEFINITIONS.**

13 In this Act, the following definitions apply:

14 (1) HEALTH CARE PROFESSIONAL.—The term
15 “health care professional” means an individual who
16 provides health care services, including a physician,
17 physician assistant, nurse practitioner, clinical nurse
18 specialist (as those terms are defined in section
19 1861 of the Social Security Act (42 U.S.C. 1395x)),
20 and such other individuals as the Secretary of
21 Health and Human Services determines appropriate.

22 (2) HEALTH CARE SETTING.—The term “health
23 care setting” means a facility at which health care
24 services are provided, including a hospital providing
25 inpatient hospital services (as that term is defined in

1 section 1861 of the Social Security Act (42 U.S.C.
2 1395x)), an ambulatory surgical center (meeting the
3 standards specified under section 1832(a)(2)(F)(i)
4 of the Social Security Act (42 U.S.C. 1395k)), and
5 such other settings as the Secretary of Health and
6 Human Services determines appropriate.

7 (3) HEALTH CARE PROVIDER.—The term
8 “health care provider” means a health care profes-
9 sional or a health care setting.

10 (4) MEDICAL CHECKLIST.—The term “medical
11 checklist” means a predetermined, evidence-based,
12 well-defined set of steps that should be completed
13 during a designated medical clinical encounter or
14 medical procedure, as further defined by the Direc-
15 tor of the Agency for Healthcare Research and
16 Quality in consultation with the Institute of Medi-
17 cine and the National Academy of Engineering of
18 the National Academies.

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