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112TH CONGRESS
1ST SESSION

H. R. 3386

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

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 4, 2011

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

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A BILL

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

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Medical Checklist Act of 2011''.

SEC. 2. RESEARCH INTO MEDICAL CHECKLIST DEVELOPMENT AND EFFICACY.

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

duct research and a study, in accordance with the requirements of this section, regarding the development and efficacy of medical checklists.

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

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

(A) adoption of checklists by health care professionals;

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

(C) reliable completion of health care procedures.

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

(3) Identification of organizational characteristics needed to effectively implement the use of medical checklists in health care settings.

(4) Measurement of the effects of the use of medical checklists on patient safety and health outcomes.

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

(6) Investigation of the development, implementation, and use of available medical checklists, including checklists for safe surgery and central line insertion and maintenance, to inform further medical checklist development.

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

(d) DISSEMINATION.—The Director shall make available to the public the results of the study conducted under subsection (a) and shall disseminate such results to patient safety organizations listed pursuant to section 924(d) of the Public Health Service Act (42 U.S.C. 299b–24(d)).

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

such sums as may be necessary for each of fiscal years 2012 through 2015.

SEC. 3. COORDINATING MEDICAL CHECKLISTS AND HEALTH INFORMATION TECHNOLOGY SYSTEMS.

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

(1) the extent to which the use of medical checklists should be incorporated into health information technology systems; and

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

(b) AREAS OF CONSIDERATION.—In making recommendations under subsection (a), the HIT Policy Committee may consider the following areas:

(1) The ease with which medical checklists in electronic formats can be used by health care professionals.

(2) The effect of the availability of medical checklists in electronic formats on the adoption and use of medical checklists by health care professionals.

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

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

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

(6) The capability of health information technology systems to collect data, where applicable, regarding the use of medical checklists by health care clinicians and providers, and any relation between that use and patient safety and health outcomes.

SEC. 4. INSTITUTE OF MEDICINE STUDY ON FURTHER MEDICAL CHECKLIST RESEARCH.

(a) IN GENERAL.—The Secretary of Health and Human Services shall enter into an agreement with the Institute of Medicine and the National Academy of Engineering of the National Academies to conduct a study in accordance with this section.

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

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

(2) identifies areas of research needed to improve medical checklists in order to increase the adoption and efficacy of medical checklists;

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

(4) reviews the degree to which there is sufficient evidence with which to develop new medical checklists and, if such evidence is insufficient, identifies areas requiring further study in order to develop such evidence; and

(5) determines whether the availability of an increased number of medical checklists would improve patient safety and health outcomes and, if so, identifies methods for using recent medical research to develop new medical checklists.

(c) METHODOLOGY OF STUDY.—

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

vides that the study conducted under such subsection will consider the perspectives of—

(A) various types of health care professionals in various types of health care settings;

(B) individuals conducting academic research in health care quality; and

(C) patients.

(2) CONSULTATION WITH RELEVANT ORGANIZATIONS.—The Secretary shall ensure that the agreement entered into under subsection (a) provides that relevant agencies and organizations with expertise on medical checklists will be consulted during the study conducted under such subsection, including the following:

(A) The Agency for Healthcare Research and Quality.

(B) The American Nurses Association.

(C) The Institute for Healthcare Improvement.

(D) The American Hospital Association.

(E) The American Medical Association.

(F) The World Health Organization.

(G) The National Committee for Quality Assurance.

(H) The Joint Commission.

(I) The American Academy of Physician Assistants.

(d) REPORT.—The Secretary shall ensure that the agreement entered into under subsection (a) provides that not later than 18 months after the date of the enactment of this Act, a report providing the findings and recommendations made in the study conducted under such subsection will be submitted to the Secretary, the Committee on Energy and Commerce of the House of Representatives, and the Committee on Health, Education, Labor, and Pensions of the Senate.

SEC. 5. DEFINITIONS.

In this Act, the following definitions apply:

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

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

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

(3) HEALTH CARE PROVIDER.—The term ''health care provider'' means a health care professional or a health care setting.

(4) MEDICAL CHECKLIST.—The term ''medical checklist'' means a predetermined, evidence-based, well-defined set of steps that should be completed during a designated medical clinical encounter or medical procedure, as further defined by the Director of the Agency for Healthcare Research and Quality in consultation with the Institute of Medicine and the National Academy of Engineering of the National Academies.

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