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Sentinel Events Registry Methodology

STAFFING

Option #1 FY04 - \$582,665 FY05 - \$550,812

This optimal option assumes full staffing (4 FTE's) to complete AB1 tasks (Sections 29-31). Staff additions are a Health Program Specialist I to serve as the lead to develop and process regulations, train health facilities that need to report, write policies and procedures and evaluate work completed. A Health Program Analyst II to clean, edit and aggregate data reported and interface with the quality improvement organization to clear and transmit data and receive reports. The two Administrative Assistant II's to enter data reported, compile data for cleaning, editing and aggregating and perform other administrative and clerical duties to operate the Registry. The Bureau's Planning Unit will negotiate with the quality improvement organization and execute a contract for that organizations role in the Registry.

Option #2 FY04 - \$399,524 FY05 \$ 347,875

This option has 3 FTE's and places the responsibility for the supervision of the Registry with a Health Resource Analyst III, who will develop and process regulations, conduct training for reporting facilities, clean, edit and assemble the data. The Administrative Assistant III will maintain the Registry and follow-up with reporting facilities, and distribute reports produced. The Administrative Assistant II will do data entry and compile the data and perform other administrative and clerical duties essential to the operation of the Registry. As in option #1 the Bureau's Planning Unit will negotiate with the quality improvement organization and execute a contract for that organization's role in the Registry. This staffing is the minimum acceptable level for truly operating a Registry and fulfilling expectations of AB1.

Option #3 FY04 - \$144,375 FY05. \$ 133,521

This option has 2 FTE's and places the supervisory responsibility with the Health Resource Analyst III, who will develop and process regulations. These regulations would have to recognize the very limited capability of the Registry and clearly place the onus of reporting on the facilities with only minimal training and limited follow-up from the Registry. This condition is crucial to the functioning of the Registry at this very minimal staffing level, and would require the assistance of the Nevada Hospital Association in encouraging effective compliance with AB1 by their membership. The Health Resource Analyst III would also have to assemble and analyze the data submitted and prepare quarterly reports without the benefit of an outside quality improvement organization. The Administrative Assistant III would have to enter and compile the data, and be trained to clean and edit the data for analysis. This position would also be responsible for distributing the reports and providing the administrative and clerical support for



c 104 5

the Registry. This version would be a minimal registry and its effectiveness would also be limited and potentially subject to outside criticism for not fulfilling expectations of AB1.

Quality Improvement Organization

Option #1

Anticipates contracting with a 42CFR 400.200 quality improvement (QI) organization at a cost of \$200,000 per year, an estimate provided by HealthInsight, a quality improvement organization meeting the 42CFR 400.200 requirements. This contract would enable the QI organization to analyze the sentinel events data and report quarterly their findings regarding the analysis of aggregated trends of sentinel events, and meet the expectations of AB1.

Option #2

This version cuts the contract cost by 25% to \$150,000 per year, but would still produce a quarterly report, on a less timely basis, but still meeting the expectations of AB1.

Option #3

Does not fulfill the AB1 desired involvement of the 42CFR 400.200 quality improvement organization, and would most probably produce a less timely and less complete quarterly report. This option would not satisfy or meet the expectations of AB1. This would at least provide a start to a Sentinel Events Registry that could be expanded when funds were available.

Sec. 29. 1. The health division shall, to the extent of legislative appropriation and authorization:

(a) Collect and maintain reports received pursuant to section 28 of this act; and

(b) Ensure that such reports, and any additional documents created from such reports, are protected adequately from fire, theft, loss, destruction and other hazards and from unauthorized access.

2. Reports received pursuant to section 28 of this act are confidential, not subject to subpoena or discovery and not subject to inspection by the general public.

Sec. 30. 1. The health division shall, to the extent of legislative appropriation and authorization, contract with a quality improvement organization, as defined in 42 C.F.R. § 400.200, to analyze and report trends regarding sentinel events.

2. When the health division receives notice from a medical facility that the medical facility has taken corrective action to remedy the causes or contributing factors, or both, of a sentinel event, the health division shall:

- (a) Make a record of the information;**
- (b) Ensure that the information is aggregated so as not to reveal the identity of a specific person or medical facility; and**
- (c) Transmit the information to a quality improvement organization.**

3. A quality improvement organization to whom information is transmitted pursuant to subsection 2 shall, at least quarterly, report its findings regarding the analysis of aggregated trends of sentinel events to the repository for health care quality assurance.

Sec. 31. 1. The repository for health care quality assurance is hereby created within the health division.

2. The repository shall, to the extent of legislative appropriation and authorization, function as a clearinghouse of information relating to aggregated trends of sentinel events.

Sentinel Events Registry Comparative Matrix

First Two Years Expenses
SFY 2004 and SFY 2005

2/18/2003

Staff Position	Grade/ Step	02/03 Salary	Option 1			Option 2			Option 3		
			# FTEs	Year 1 Total	Year 2 Total	# FTEs	Year 1 Total	Year 2 Total	# FTEs	Year 1 Total	Year 2 Total
			Health Program Specialist I Program Manager	35/5	47,231	1	48,648	51,080	-	-	-
Health Resource Analyst III Program Manager	37/5	53,954	1	-	-	1	55,573	58,351	1	55,573	58,351
Health Resource Analyst II Database development and maintenance. Data cleanup and analysis. Report writing.	35/5	47,231	1	48,648	51,080	-	-	-	-	-	-
Administrative Assistant III Data cleanup and report maintenance.	27/5	33,554	2	63,658	66,841	1	31,829	33,421	1	34,561	36,289
Administrative Assistant II Data entry and clerical support.	25/ 5	30,902	2	63,658	66,841	1	31,829	33,421	1	34,561	36,289
Total Salary				160,954	169,002		121,962	128,060		90,133	94,640
Fringe @ 32%				51,505	54,081		39,028	40,979		28,843	30,285
Total Salary & Fringe			4	212,459	223,082	3	160,990	169,040	2	118,976	124,925

Notes:

Year 1 salary is 3% increase over current 02/03 salary.

Year 2 salary is 5% over year 1 salary

24 of 5

Sentinel Events Registry Comparative Matrix

First Two Years Expenses
SFY 2004 and SFY 2005

2/18/2003

Expenses	Unit Cost	Option 1			Option 2			Option 3		
		Units	Year 1 Total	Year 2 Total	Units	Year 1 Total	Year 2 Total	Units	Year 1 Total	Year 2 Total
Salary & Fringe Benefits		4	212,459	223,082	3	160,990	169,040	2	118,976	124,925
Travel, Out-of-State			8,540	6,200		1,228	614		1,228	614
Travel, In-State			15,181	12,500		3,954	1,956		3,954	1,956
Supplies			15,000	6,000		7,000	5,000		6,000	3,000
Rent (square feet) (Based on Kincaid cost)	Year 1 Year 2	440	6,035	83,030	310	4,252	4,265	220	3,018	3,027
Furniture										
Workstations		4	13,600		3	10,200		2	6,800	
Computer Hardware										
Desktops		4	4,400		2	4,400		2	4,400	
Notebook		1	2,450							
Registry					1	7,500				
DoIT Technical/Programming			25,000			10,000				
Server for Registry			30,000							
Software for Registry										
Purchase			50,000			40,000				
Maintenance				10,000						
Quality Improvement Contract			200,000	210,000		150,000	157,000			
Required with Peer Review Organization (PRO). Data and human factors analyst, including medical and nursing consultation.										
Total Expense			582,665	550,812		399,524	347,875		144,375	133,521

c 5 of 5