

## State-by-State Adverse Event Reporting Specifics

STATE NAME	ADVERSE EVENT REPORTING	LEGAL CITATION	PUBLIC?	ONLINE RESOURCES
<b>California</b>	“Unusual Occurrences” which threaten the welfare, safety or health of patients.	Title 22, Division 5, Chapter 1, Article 70737 (2003)	Yes upon request. When occurrence is reported, an on-site investigation results in an “inspection plan of correction” which is available under state public information law.	
<b>Colorado</b>	“Occurrence reporting” includes death of a patient due to unexplained circumstances, serious injuries, surgical errors, misappropriation of drugs, abuse and neglect	Colorado Revised Statutes 25-1-124 (2000)	Yes by specific occurrence and hospital name.	<a href="http://www.cdphe.state.co.us/hf/static/hospital.htm">www.cdphe.state.co.us/hf/static/hospital.htm</a>
<b>Connecticut</b>	“Adverse Events” organized into 4 categories (suspicious deaths, injuries, abuse and other	Public Act 02-125, July (2002)	Yes. The reports scheduled for release in 2004 will name individual hospitals. (Current reports do not)	<a href="http://www.dph.state.ct.us/">www.dph.state.ct.us/</a>
<b>Florida</b>	The Agency of Health Care Administration collects complaint and adverse event data.	Florida Statutes 408.05 (4) (g) (2003)	Yes. Reports are available online.	<a href="http://www.floridahealthstat.com/shdc_intro.shtml">www.floridahealthstat.com/shdc_intro.shtml</a>

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<b>Georgia</b>	Surgery on the wrong body part, rape, and death not related to the natural course of illness must be reported. In 2005/2006, 6 more categories of errors will be added.	Ga. Comp. R. & Regs, Rule 290-9-7-.07 (2003)	No because reports go through a peer review committee which are protected by statute.	
<b>Illinois</b>	Hospitals must report 3 categories of hospital infection rates: surgical site infections, ventilator-associated pneumonia, and central line-related bloodstream infections.	Illinois Public Act 93-0563 (2003)	Yes. Quarterly and annual reports must be released to the public by the hospital on-site and by the DPH.	An annual report will be published online.
<b>Kansas</b>	“Incident reporting” defined as falling below standard of care or disciplinary action	Kansas Administrative Code 28-52-1 (2002) and Kansas Statutes 65-4923 (2002)	No	
<b>Maine</b>	“Sentinel Events” include death, loss of function, surgery on wrong body part, hemolytic transfusion reaction etc.	Maine Revised Statutes, Subtitle 6, Chapter 1684, §8752- 8754 (2003)	No.	Reports are not currently online – see <a href="http://www.mdho.state.me.us">www.mdho.state.me.us</a> for general information

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<b>Massachusetts</b>	“Adverse events” include “serious physical injury” and “other serious incidents” that result in death, life-threatening injury, or require significant additional treatment	Code of Massachusetts Regulations (CMR), Title 105, Chapter 130.331 (2003)	DPH reports are public and hospitals are named individually.	Reports are not available online but can be accessed via a public information request by email.
<b>Minnesota</b>	Must report 27 adverse hospital events that include surgical errors, drug misappropriation, medication errors and care management events	Minnesota Statutes, section 144.706 et seq. (2003)	Yes via annual reports with hospitals named individually.	Reports not yet available online. Go to <a href="http://www.revisor.leg.state.mn.us/slaws/2003/c099.html">www.revisor.leg.state.mn.us/slaws/2003/c099.html</a> for specifics on this law
<b>Nevada</b>	“Sentinel events” broad definition of “unexpected occurrences” that involve death or serious injury to the patient	Nevada Revised Statutes Ann. 439.835 (2003)	No, except that the patient’s family must be notified within seven days of event.	
<b>New York</b>	Occurrence/Incident reporting includes patient death, body impairment, medical errors in circumstances other than accepted medical standards	New York State Public Health Law Section 2805-1 (1986)	Not by individual incident or hospital. Summary reports are published by the DOH.	<a href="http://www.health.state.us/nysdoh/search/index.htm">www.health.state.us/nysdoh/search/index.htm</a>

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<b>Pennsylvania</b>	Will report “serious events” defined as an occurrence that “results in death or compromises patient safety and results in unanticipated injury requiring the delivery of additional services.” Separately, hospitals must report infection rates.	Act 13 – 2002 (Not funded until Fall 2003) and 35 P.S. 449.7 (2003)	No. May report the number of serious events to the public and aggregate patient safety trends.  Comparative hospital infection rates will be public.	<a href="http://www.poonline.org/page.cfm/22%20#safety">www.poonline.org/page.cfm/22%20#safety</a>
<b>Rhode Island</b>	Reportable incidents include surgical errors, any incident that must be reported for malpractice, procedural errors, complications from a hospital stay, infections and more.	Rhode Island Statutes 23-17-40 (2002)	No, but the Dept. of Health must produce an annual, aggregate, summary report.	www.health.ri.gov
<b>South Carolina</b>	Incidents resulting in death or injury, medication errors, and adverse drug reactions	SC Code of Regulations No. 62-16 Section 206 (1992)	No	
<b>South Dakota</b>	Must report “any death resulting from other than natural causes... such as accidents, abuse, negligence, or suicide”	Administrative Rules of South Dakota 44:04:01:07	No	

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<b>Texas</b>	Medical error reporting by hospitals, psychiatric hospitals, and ambulatory surgical centers. Includes reporting on medication errors, surgical errors, foreign objects left in patients, abuse, patient death etc.	Texas Health & Safety Code, Subchapter H, Sections 241.201-241.209 (2003)	No	
<b>Tennessee</b>	“Unusual events” includes medication errors, procedural errors, criminal acts, patient abuse	Tennessee Rules Chapter 1200-8-1.11 (2000)	No except in aggregate form without naming specific hospitals.	<a href="http://www2.sate.tn.us/health/data/htm">www2.sate.tn.us/health/data/htm</a>
<b>Utah</b>	“Sentinel events” include surgical errors, safety events that negatively impact the patient, suicide, rape, intentional injury to pt.	Utah Administrative Rule, R380-200 (2003)	The number of adverse events (prior to adoption of Administrative Rule, R380-200) was reported to the public by hospital until passage of amendments this year. Now no information is public.	<a href="http://Health.utah.gov/hda/Reports.adverse_events.pdf">Health.utah.gov/hda/Reports.adverse_events.pdf</a>

## State-by-State Mortality Reporting Specifics

STATE NAME	MORTALITY RATE REPORTING	LEGAL CITATION	PUBLIC?	ONLINE RESOURCES
<b>California</b>	CABG surgery reporting with risk-adjusted mortality rates. California also has a voluntary system for reporting ICU mortality.	Senate Bill 680 (Chapter 898, Statutes) (2001)	Yes	<a href="http://www.oshpd.state.ca.us/hqad/HIRC/hospital/Outcomes/CABG/1999report/print.htm#Summary">www.oshpd.state.ca.us/hqad/HIRC/hospital/Outcomes/CABG/1999report/print.htm#Summary</a> <a href="http://www.oshpd.cahwnet.gov/HQAD/aboutus/Outcomes/Clinical">www.oshpd.cahwnet.gov/HQAD/aboutus/Outcomes/Clinical</a>
<b>Florida</b>	Mortality rates are reported in some health outcome reports like Florida's Septicemia report.	Florida Statutes 408.062-063 and Florida Admin. Code 59E et seq. (2003)	Yes. Data analysis and format is up to discretion of Agency of Health Care Administration.	<a href="http://www.floridahealthstat.com">www.floridahealthstat.com</a> and <a href="http://www.floridahealthstat.com/publications/septicemia2000.pdf">http://www.floridahealthstat.com/publications/septicemia2000.pdf</a>
<b>Illinois</b>	Risk-adjusted mortality rates are collected and reported to the public.	Illinois Public Act 93-0563 (2003)	Yes. Hospital Report Card will list mortality as well as numerous other indicators.	The reports will be published online.
<b>New Jersey</b>	"Outcome based quality indicators" – CABG reports include risk-adjusted mortality rates	New Jersey Regs NJAC 8:43G-27.6 (1999)	Yes and available online by hospital name and physician name.	<a href="http://www.state.nj.us/health/hc/sa/cabgs01/cabg_consumer01.pdf">www.state.nj.us/health/hc/sa/cabgs01/cabg_consumer01.pdf</a>
<b>New York</b>	CABG related mortality reporting and other procedures like angioplasty.	New York State Public Health Law Section 2805-1 (1986)	Yes and available online by hospital name.	<a href="http://www.health.state.ny.us/nysdoh/heart/1997-99cabg.pdf">www.health.state.ny.us/nysdoh/heart/1997-99cabg.pdf</a>
<b>Ohio</b>	Health outcome reports on medical procedures like CABG and angioplasty include data on the number of deaths.	Ohio Administrative Code 3701-84 (2003)	Yes, but difficult to access. Obtained via a public information request.	<a href="http://www.ohanet.org/research/drg/2002/">www.ohanet.org/research/drg/2002/</a>

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<b>Pennsylvania</b>	Risk-adjusted mortality rates are reported for a variety of different health outcome studies.	Act 14 (2003)	Yes via annual reports with individual hospitals named.	<a href="http://www.phc4.org">www.phc4.org</a> and <a href="http://www.phc4.org/ibg/HPR/HPR_County_Search_county.cfm">www.phc4.org/ibg/HPR/HPR_County_Search_county.cfm</a>
<b>Texas</b>	Risk-adjusted mortality rates on a variety of procedures are reported.	Chapter 108 (Texas Healthcare Information Council) – 108.009 (1995)	Yes via online reports with individual hospitals named.	<a href="http://www.thcic.state.tx.us">www.thcic.state.tx.us</a> for specific example: <a href="http://www.thcic.state.tx.us/IQIReport2001/IQIReport2001.htm">www.thcic.state.tx.us/IQIReport2001/IQIReport2001.htm</a>
<b>Virginia</b>	Mortality data is reported on some procedures like CABG.	54.1-2906 allows patient data to be collected and placed in a database (1992)	Yes with individual hospitals named. Published by Virginia Health Information (hired by Dept of Health)	<a href="http://www.vhi.org">www.vhi.org</a>