

SENATE
S. No. 1579

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Introduced by Senator Miriam Defensor Santiago

EXPLANATORY NOTE

The Constitution, Article 2, Section 15 provides that:

SEC. 15. The State shall protect and promote the right to health of the people and instill health consciousness among them.

This bill is intended to encourage the use of medical checklists, and calls on the Department of Health (DOH) to conduct a study on the development and efficacy of medical checklists.

Checklists are used in both medical and non-medical industries as cognitive aids to guide users through accurate task completion. A checklist is an organized tool that outlines criteria of consideration for a particular process. It functions as a support resource by delineating and categorizing items as a list - a format that simplifies conceptualization and recall of information. Checklists have proven effective in various aspects of performance improvement and error prevention and management.*

Under the proposed bill, a medical checklist is defined as a predetermined, evidence-based, well-defined set of steps that should be completed during a designated medical clinical encounter or medical procedure.

The bill also requires the DOH to develop policy recommendations regarding the extent to which medical checklists should be incorporated into health information technology systems and measures to evaluate their effectiveness.

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* <http://intqhc.oxfordjournals.org/content/20/1/22.full.pdf>



13 SEP -5 P5 :46

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1 AN ACT
2 TO ENCOURAGE THE USE OF MEDICAL CHECKLISTS

Be it enacted by the Senate and the House of Representatives of the Philippines in Congress assembled:

3 SECTION 1. *Short Title.* – This Act shall be known as the “The Medical Checklists Act.”

4 SECTION 2. *Definition of Terms.* – For purposes of this Act, the term:

5 (A) “DOH” refers to the Department of Health;

6 (B) “Health care professional” means an individual who provides health care services,
7 including a physician, physician assistant, nurse practitioner, clinical nurse specialist, and such
8 other individuals as the Secretary of Health determines appropriate;

9 (C) “Health care setting” means a facility at which health care services are provided,
10 including a hospital providing inpatient hospital services, an ambulatory surgical center, and
11 such other settings as the Secretary of Health determines appropriate;

12 (D) “Health care provider” refers to:

13 (a) a health care institution, which is duly licensed and accredited devoted
14 primarily to the maintenance and operation of facilities for health
15 promotion, prevention, diagnosis, treatment, and care of individuals
16 suffering from illness, disease, injury, disability, or deformity, or in need of
17 obstetrical or other medical and nursing care. It shall also be construed as
18 any institution, building, or place where there are installed beds, cribs, or
19 bassinets for twenty-four hour use or longer by patients in the treatment of
20 diseases, injuries, deformities, or abnormal physical and mental states,

1 maternity cases or sanitarial care; or infirmaries, nurseries, dispensaries, and
2 such other similar names by which they may be designated; or

3 (b) a health care professional, who is any doctor of medicine, nurse, midwife,
4 dentist, or other health care professional or practitioner duly licensed to
5 practice in the Philippines; or

6 (c) a health maintenance organization, which is an entity that provides, offers,
7 or arranges for coverage of designated health services needed by plan
8 members for a fixed prepaid premium; or

9 (d) a community-based health care organization, which is organized for the
10 purpose of improving the health status of that community through
11 preventive, promotive, and curative health services.

12 (E) "Medical checklist" means a predetermined, evidence-based, well-defined set of
13 steps that should be completed during a designated medical clinical encounter or medical
14 procedure, as further defined by the Secretary of Health.

15 SECTION 3. *Research into Medical Checklist Development and Efficacy.* –

16 (A) Study – The DOH shall conduct research and a study, in accordance with the
17 requirements of this section, regarding the development and efficacy of medical checklists.

18 (B) Contents – In carrying out subsection (A), the DOH shall conduct research and a
19 study regarding the following:

20 (1) Testing of different models of medical checklists to measure the effect of
21 checklist format, length, and design for different clinical tasks on the
22 adoption of checklists by health care professionals; time spent by health care
23 professionals on the clinical task of interest; and reliable completion of
24 health care procedures.

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

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

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

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

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

10 (C) Scope – The Secretary of Health shall ensure that each aspect of the research and
11 study conducted under subsection (A) is examined across a variety of health care provider
12 characteristics, medical procedures, patient populations, and other factors that could affect the
13 use of medical checklists.

14 (D) Dissemination – The DOH shall make available to the public the results of the
15 study conducted under subsection (A) through its website.

16 (E) Authorization of Appropriations – There are authorized to be appropriated to
17 carry out this section such sums as may be necessary for each of the fiscal years 2013 through
18 2017.

19 SECTION 4. *Coordinating Medical Checklists and Health Information Technology*
20 *Systems.* –

21 (A) In General – The Secretary of Health shall develop policy recommendations
22 regarding the extent to which the use of medical checklists should be incorporated into health
23 information technology systems; and measures to determine the effectiveness of such use.

24 (B) Areas of Consideration – In making recommendations under subsection (A), the
25 Secretary may consider the following areas:

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

- 1 (2) The effect of the availability of medical checklists in electronic formats on
2 the adoption and use of medical checklists by health care professionals.
- 3 (3) The effect of the use of medical checklists in electronic formats on the time
4 spent by health care professionals on medical procedures.
- 5 (4) The ability of the health information technology system to collect data on
6 patient safety and 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 electronic formats can be updated
9 on an on-going basis based on evidence from medical research and local
10 experience.
- 11 (6) The capability of health information technology systems to collect data,
12 where applicable, regarding the use of medical checklists by health care
13 clinicians and providers, and any relation between that use and patient safety
14 and health outcomes.

15 SECTION 5. *Separability Clause.* – If any provision or part thereof is held invalid or
16 unconstitutional, the remainder of the law or the provision not otherwise affected shall remain
17 valid and subsisting.

18 SECTION 6. *Repealing Clause.* – Any law, presidential decree or issuance, executive
19 order, letter of instruction, administrative order, rule, or regulation contrary to or inconsistent
20 with the provision of this Act is hereby repealed, modified, or amended accordingly.

21 SECTION 7. *Effectivity Clause.* – This Act shall take effect fifteen (15) days after its
22 publication in at least two (2) newspapers of general circulation.

Approved,