

FINAL BILL REPORT

ESSB 6210

C 145 L 04

Synopsis as Enacted

Brief Description: Modifying medical information exchange and disclosure provisions.

Sponsors: Senate Committee on Health & Long-Term Care (originally sponsored by Senators Keiser, Winsley, Thibaudeau and Deccio).

Senate Committee on Health & Long-Term Care
House Committee on Health Care

Background: Under Washington law, hospitals are required to maintain coordinated quality improvement programs designed to improve the quality of health care services and prevent medical malpractice. Other health institutions and medical facilities, and health provider groups consisting of at least ten providers, are authorized to maintain coordinated quality improvement programs. Programs maintained by these other entities must be approved by the Department of Health and must comply, or substantially comply, with the statutorily required components of the hospital coordinated quality improvement programs.

Coordinated quality improvement programs must include: a medical staff privileges sanction procedure; periodic review of employee credentials and competency in the delivery of health care services; a procedure for prompt resolution of patient grievances; collection of information relating to negative outcomes, patient grievances, settlements and awards, and safety improvement activities; and quality improvement education programs. Components of the education programs include quality improvement, patient safety, injury prevention, improved communication with patients, and causes of malpractice claims.

With some limited exceptions, information and documents created for or collected and maintained by a quality improvement committee are not subject to discovery, not admissible into evidence in any civil action, and are confidential and not subject to public disclosure.

Summary: A coordinated quality improvement program or regularly constituted review committee or board of a professional society or hospital with a duty to evaluate health care professionals may share information created for, and collected and maintained by, a quality improvement committee, a peer review committee or review boards with other such programs, committees, or boards for the purpose of improving the quality of health care services and preventing medical malpractice. Information shared between coordinated quality improvement programs, committees, or boards and information created or maintained as a result of sharing information, is confidential and not discoverable or admissible in civil proceedings. The privacy protections of Washington's Uniform Health Care Information Act and the federal Health Insurance Portability and Accountability Act apply to the sharing of individually identifiable patient information held by a coordinated quality improvement program. Any rules adopted to implement provisions related to coordinated quality improvement programs and the sharing of information pertaining to them must meet applicable federal and state laws.

Health care provider groups that consist of five or more providers may maintain a coordinated quality improvement program.

A presumption of good faith is created for persons and entities who share information or documents with other programs, committees, or boards. This presumption, however, may be rebutted upon a showing of clear, cogent, and convincing evidence.

Medication errors are added to the list of issues that must be included in quality improvement education programs.

Votes on Final Passage:

Senate	49	0	
House	96	0	(House amended)
Senate	49	0	(Senate concurred)

Effective: June 10, 2004