SENATE BILL REPORT
SB 6210

As Reported By Senate Committee On:
Health & Long-Term Care, February 4, 2004

Title: An act relating to peer review committees and coordinated quality improvement programs.

Brief Description: Modifying medical information exchange and disclosure provisions.

Sponsors: Senators Keiser, Winsley, Thibaudeau and Deccio.

Brief History:
Committee Activity: Health & Long-Term Care: 1/27/04, 2/4/04 [DPS].

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: That Substitute Senate Bill No. 6210 be substituted therefor, and the substitute bill do pass.

Signed by Senators Deccio, Chair; Winsley, Vice Chair; Brandland, Franklin, Keiser, Parlette and Thibaudeau.

Staff: Tanya Karwaki (786-7447)

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 of Substitute Bill: 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.

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.

Substitute Bill Compared to Original Bill: The number of providers who may maintain a coordinated quality improvement program is changed from two to five. Those who can share information are broadened to include committees and boards whose duty it is to evaluate the competency and qualifications of health care professionals. A presumption of good faith is created for persons and entities who share information or documents with these programs, committees, or boards. This presumption may be rebutted upon a showing of clear, cogent, and convincing evidence that the information shared was knowingly false or deliberately misleading.

Appropriation: None.

Fiscal Note: Not requested.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Testimony For: This bill would work tremendously to improve quality of care. The bill needs an amendment to change the number of providers that may form a coordinated quality improvement program from two to five. This bill would ensure better patient care delivery.

Testimony Other: The bill needs an amendment to change the number of providers that may form a coordinated quality improvement program from two to five.

Testimony Against: None.

Testified: Patti Rathbun, DOH (pro); Becky Repp, WHCRMS (pro); Lisa Thatcher, Washington State Hospital Association (pro); Judy Massong, WSTLD (concerns).