

SENATE BILL REPORT

SB 6247

As of January 20, 2010

Title: An act relating to penalties for violating requirements concerning reporting adverse health events.

Brief Description: Reporting adverse health events.

Sponsors: Senator Keiser.

Brief History:

Committee Activity: Health & Long-Term Care: 1/20/10.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Staff: Edith Rice (786-7444)

Background: According to a 2008 report entitled, "Adverse Events in Hospitals: State Reporting Systems," issued by the Department of Health and Human Services, Office of the Inspector General, no national adverse events system exists and there are no federal standards regarding state systems. States may opt to require hospitals to report adverse events, identify and define which events are reportable, and establish parameters surrounding the specific information for hospitals to report. The Institute of Medicine maintains that reporting can serve two purposes. It can hold individual hospitals accountable for performance and provide information that can lead to improved patient safety.

Since 2006 medical facilities have been required to notify the Department of Health (department) regarding confirmation of any adverse events as defined by the list of serious reportable events adopted by the Nation Quality Forum in 2002. The department compiles this information quarterly and plans to issue reports annually. By July 2009 the department had received 534 adverse event notifications from 58 of 93 hospitals, or 62 percent.

Concerns have been raised regarding the need to make this information available to the public, its utilization to improve patient safety, and how to ensure full participation in reporting by medical facilities.

Summary of Bill: If the department determines that a medical facility has failed to provide notification or to report an adverse event the department is required to assess a penalty, not to exceed \$1,000 per violation per day.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Appropriation: None.

Fiscal Note: Requested on January 18, 2010.

Committee/Commission/Task Force Created: No.

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

Staff Summary of Public Testimony: CON: We find that when these reports are made, all dialogue shuts down. Although we support the original legislation, we are alarmed that there are hospitals that aren't reporting. It is primarily small, critical access hospitals with patients who stay for a short period of time who have not reported.

OTHER: We have been working with hospitals to improve their awareness of reporting requirements.

Persons Testifying: CON: David Fitzgerald, Washington Ambulatory Surgery Centers Association; Brenda Suiter, Washington State Hospital Association.

OTHER: Karen Jensen, Department of Health.