

HOUSE BILL REPORT

SHB 1239

As Passed Legislature

Title: An act relating to protecting the confidentiality of health care quality and peer review discussions to support effective patient safety.

Brief Description: Protecting the confidentiality of health care quality and peer review discussions to support effective patient safety.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Cody, Schmick, Macri, Harris, Appleton, Thai, Wylie and Chambers).

Brief History:

Committee Activity:

Health Care & Wellness: 2/5/19, 2/6/19 [DPS].

Floor Activity:

Passed House: 3/8/19, 98-0.

Passed Senate: 4/13/19, 44-0.

Passed Legislature.

Brief Summary of Substitute Bill

- Allows public hospitals to conduct executive sessions regarding hospital privileges and quality improvement programs.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 15 members: Representatives Cody, Chair; Macri, Vice Chair; Schmick, Ranking Minority Member; Caldier, Assistant Ranking Minority Member; Chambers, Davis, DeBolt, Harris, Jinkins, Maycumber, Riccelli, Robinson, Stonier, Thai and Tharinger.

Staff: Jim Morishima (786-7191).

Background:

I. Privileges.

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.

Hospital privileges are the grant of authority by a hospital for a provider to use its facilities and equipment. If a provider's privileges are restricted or revoked, the hospital must keep records of the restriction or revocation. If the restriction or revocation involved unprofessional conduct under the Uniform Disciplinary Act, the hospital must report the restriction or revocation to the Department of Health.

II. Quality Improvement Programs.

A licensed hospital is required to establish coordinated quality improvement programs for the improvement of care services and the identification and prevention of medical malpractice. The hospital's quality improvement program must include a variety of elements, including the establishment of one or more quality improvement committees and a process to review of the staff's credentials, physical and mental capacity, professional conduct, and competence as part of an evaluation of staff privileges. Quality improvement committees must report to the governing board of the hospital on a quarterly basis.

Information and documents created specifically for a quality improvement committee are exempt from public disclosure under the Public Disclosure Act. Discovery and use of the information and documents in civil proceedings are also limited.

III. Open Public Meetings.

Under the Open Public Meetings Act, meetings of a public agency where official businesses is transacted must be open to the public. Unless there is an emergency, the public must be given advance notice of all meetings.

Public agencies may conduct executive sessions out of the view of the public for certain enumerated purposes. For example, the board of commissioners of a public hospital district may conduct executive sessions concerning the granting, denial, revocation, restriction, or other consideration of the status of the clinical or staff privileges of a physician or other health care provider, although the final action must be taken in public.

Similarly, the meetings, proceedings, and deliberations of a quality improvement committee and the meetings, proceedings and deliberations of the board of governors of a public hospital district to review the activities of a quality improvement committee may be conducted in executive session, although any final actions must be taken in public. A review by the board of governors is subject to the same protections, limitations, and exemptions that apply to quality improvement committee activities.

Summary of Substitute Bill:

Public hospitals are granted the authority to conduct executive sessions regarding staff privileges and quality improvement, similar to the authority granted to public hospital districts.

The meetings of a governing body of a public hospital concerning the granting, denial, revocation, restriction, or other consideration of the clinical staff privileges of a health

provider are confidential and may be conducted in executive session. Final action, however, must be taken in public.

All meetings, proceedings, and deliberations of a quality improvement committee of a public hospital and all meetings, proceedings, and deliberations to review the activities of a quality improvement committee may, at the discretion of the governing body of the hospital, be confidential and conducted in executive session. Final action, however, must be taken in public. A review by the governing body is subject to the same protections, limitations, and exemptions that apply to quality improvement committee activities.

A public hospital is defined as any hospital owned or operated by the state or any of its subdivisions, including the University of Washington. A governing body is defined as the board or committee of a public hospital with authority to make final decisions concerning the granting, denial, revocation, restriction, or other consideration of the clinical or staff privileges of a health care provider.

Appropriation: None.

Fiscal Note: Not requested.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) Currently, nonprofit hospitals and public hospital districts have the ability to conduct peer review and quality improvement processes confidentially. The final reports are then made available to the public. The University of Washington does not fall into any of the categories of hospitals that enjoy this protection, but has been engaging in these activities assuming the privilege exists. This bill closes this gap by giving the same authority given to nonprofit hospitals and public hospital districts to the University of Washington hospitals.

(Opposed) None.

Persons Testifying: Ian Goodhew, University of Washington Medical Health System.

Persons Signed In To Testify But Not Testifying: None.