

SENATE BILL REPORT

SHB 1239

As Passed Senate, April 13, 2019

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: Passed House: 3/08/19, 98-0.

Committee Activity: Health & Long Term Care: 3/18/19, 3/20/19 [DP].

Floor Activity:

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

Brief Summary of Bill

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

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Majority Report: Do pass.

Signed by Senators Cleveland, Chair; Randall, Vice Chair; O'Ban, Ranking Member; Bailey, Becker, Conway, Frockt, Keiser and Van De Wege.

Staff: LeighBeth Merrick (786-7445)

Background: Hospital Privileges. Hospital privileges are granted when a hospital authorizes a health care provider to use its facilities and equipment. If a hospital restricts or revokes a provider's privileges, 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.

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.

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.

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 purposes. Public hospital districts may conduct confidential executive sessions regarding a provider's privileges, or matters relating to the quality improvement committee. However, any final action must be taken in public.

Summary of Bill: Public hospitals are authorized to conduct executive sessions regarding staff privileges and quality improvement, similar to the authority granted to public hospital districts. However, any final action must be taken in public.

A public hospital is defined as any hospital owned or operated by the state or any of its subdivisions, including the University of Washington.

Appropriation: None.

Fiscal Note: Not requested.

Creates Committee/Commission/Task Force that includes Legislative members: No.

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

Staff Summary of Public Testimony: PRO: Public hospital districts have protections explicitly in statute that allow for them to conduct executive sessions regarding quality improvement and hospital privileges. Non-profit hospitals are also protected. This bill would ensure that the two hospitals within the University of Washington's public system are afforded the same protections as the public hospital districts and the non-profit hospitals.

Persons Testifying: PRO: Ian Goodhew, University of Washington Medicine.

Persons Signed In To Testify But Not Testifying: No one.