

SENATE BILL REPORT

2E2SHB 1291

As Reported By Senate Committee On:
Health & Long-Term Care, February 22, 2006

Title: An act relating to improving health care professional and health care facility patient safety practices.

Brief Description: Improving health care professional and health care facility patient safety practices.

Sponsors: House Committee on Appropriations (originally sponsored by Representatives Cody, Bailey, Morrell, Hinkle, Green, Moeller, Kessler, Haigh, Linville, Kagi, Santos and Ormsby).

Brief History: Passed House: 1/23/06, 73-24.

Committee Activity: Health & Long-Term Care: 2/16/06, 2/22/06 [DPA].

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: Do pass as amended.

Signed by Senators Keiser, Chair; Thibaudeau, Vice Chair; Deccio, Ranking Minority Member; Franklin, Kastama, Kline and Poulsen.

Staff: Edith Rice (786-7444)

Background: In 1999, the Institute of Medicine reported that between 44,000 and 98,000 people die in the United States every year due to medical errors. At the federal level, the Agency for Healthcare Research and Quality (AHRQ) funds research to reduce medical errors and increase patient safety. In 2001, AHRQ provided almost \$50 million in funding for 94 grants related to health care work conditions, the use of information technology, medical errors data reporting, and other patient safety projects.

In Washington, hospitals maintain quality improvement committees to improve the quality of health care services and prevent medical malpractice. Quality improvement proceedings review medical staff privileges and employee competency, collect information related to negative health outcomes, and conduct safety improvement activities. Provider groups and medical facilities other than hospitals are encouraged to conduct similar activities.

Summary of Amended Bill: The "Patient Safety Account" is created. The account is to be funded in two ways. First, the Secretary of Health must collect a two dollar surcharge on licenses for thirteen health professions, and two dollars per licensed bed are charged to acute care hospitals and psychiatric hospitals. Second, one percent of the fees collected by attorneys in medical malpractice cases where the plaintiff received money in a settlement or judgment must be provided to the Department of Health (Department) for transfer into the account. The Secretary is also allowed to solicit and accept grants or other funds to support patient safety and medical error reduction efforts.

The account is an appropriated account that is to be used for grants, loans, and other arrangements that support efforts to reduce medical errors and enhance patient safety. The Department must establish criteria for the types of programs to receive funds. The criteria must emphasize evidence-based practices recommended by government and private organizations including the Agency for Healthcare Research and Quality, the Institute of Medicine, the Joint Commission on Accreditation of Health Care Organizations, and the National Quality Forum. At least two of the projects must implement recommendations of the Institute of Medicine's report *Keeping Patients Safe: Transforming the Work Environment of Nurses*. Funding priority is given to projects that are proven to enhance patient safety and reduce medical errors as opposed to those that only have a substantial likelihood of doing so.

By December 1, 2008, the Department must report to the Legislature about the funds raised, criteria developed, and projects funded.

Amended Bill Compared to Original Bill: The amended bill adds a requirement that the Department of Health convene a task force on nurses' work environment and patient safety. The task force will have sixteen members with health experience appointed by the Secretary. The task force will issue an interim report by December 31, 2006 and a final report by September 1, 2007.

Appropriation:

None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed, except for section 4, regarding a surcharge on healthcare provider and facility licenses, which takes effect July 1, 2005.

Testimony For: We think it's important to look more closely at the nurse staffing issues related to patient safety, and suggest that a task force be established to look at this.

Testimony Against: None.

Who Testified: PRO: Ann Tan Piazza, Washington State Nurses Association.