

RCW 70.41.230 Duty of hospital to request information on physicians, physician assistants, or advanced registered nurse practitioners granted privileges. (1) Except as provided in subsection (3) of this section, prior to granting or renewing clinical privileges or association of any physician, physician assistant, or advanced registered nurse practitioner or hiring a physician, physician assistant, or advanced registered nurse practitioner who will provide clinical care under his or her license, a hospital or facility approved pursuant to this chapter shall request from the physician, physician assistant, or advanced registered nurse practitioner and the physician, physician assistant, or advanced registered nurse practitioner shall provide the following information:

(a) The name of any hospital or facility with or at which the physician, physician assistant, or advanced registered nurse practitioner had or has any association, employment, privileges, or practice during the prior five years: PROVIDED, That the hospital may request additional information going back further than five years, and the physician, physician assistant, or advanced registered nurse practitioner shall use his or her best efforts to comply with such a request for additional information;

(b) Whether the physician, physician assistant, or advanced registered nurse practitioner has ever been or is in the process of being denied, revoked, terminated, suspended, restricted, reduced, limited, sanctioned, placed on probation, monitored, or not renewed for any professional activity listed in (b)(i) through (x) of this subsection, or has ever voluntarily or involuntarily relinquished, withdrawn, or failed to proceed with an application for any professional activity listed in (b)(i) through (x) of this subsection in order to avoid an adverse action or to preclude an investigation or while under investigation relating to professional competence or conduct:

(i) License to practice any profession in any jurisdiction;

(ii) Other professional registration or certification in any jurisdiction;

(iii) Specialty or subspecialty board certification;

(iv) Membership on any hospital medical staff;

(v) Clinical privileges at any facility, including hospitals, ambulatory surgical centers, or skilled nursing facilities;

(vi) Medicare, medicaid, the food and drug administration, the national institute[s] of health (office of human research protection), governmental, national, or international regulatory agency, or any public program;

(vii) Professional society membership or fellowship;

(viii) Participation or membership in a health maintenance organization, preferred provider organization, independent practice association, physician-hospital organization, or other entity;

(ix) Academic appointment;

(x) Authority to prescribe controlled substances (drug enforcement agency or other authority);

(c) Any pending professional medical misconduct proceedings or any pending medical malpractice actions in this state or another state, the substance of the allegations in the proceedings or actions, and any additional information concerning the proceedings or actions as the physician, physician assistant, or advanced registered nurse practitioner deems appropriate;

(d) The substance of the findings in the actions or proceedings and any additional information concerning the actions or proceedings

as the physician, physician assistant, or advanced registered nurse practitioner deems appropriate;

(e) A waiver by the physician, physician assistant, or advanced registered nurse practitioner of any confidentiality provisions concerning the information required to be provided to hospitals pursuant to this subsection; and

(f) A verification by the physician, physician assistant, or advanced registered nurse practitioner that the information provided by the physician, physician assistant, or advanced registered nurse practitioner is accurate and complete.

(2) Except as provided in subsection (3) of this section, prior to granting privileges or association to any physician, physician assistant, or advanced registered nurse practitioner or hiring a physician, physician assistant, or advanced registered nurse practitioner who will provide clinical care under his or her license, a hospital or facility approved pursuant to this chapter shall request from any hospital with or at which the physician, physician assistant, or advanced registered nurse practitioner had or has privileges, was associated, or was employed, during the preceding five years, the following information concerning the physician, physician assistant, or advanced registered nurse practitioner:

(a) Any pending professional medical misconduct proceedings or any pending medical malpractice actions, in this state or another state;

(b) Any judgment or settlement of a medical malpractice action and any finding of professional misconduct in this state or another state by a licensing or disciplinary board; and

(c) Any information required to be reported by hospitals pursuant to RCW 18.71.0195.

(3) In lieu of the requirements of subsections (1) and (2) of this section, when granting or renewing credentials and privileges or association of any physician, physician assistant, or advanced registered nurse practitioner providing telemedicine or store and forward services, an originating site hospital may rely on a distant site hospital's decision to grant or renew credentials and clinical privileges or association of the physician, physician assistant, or advanced registered nurse practitioner if the originating site hospital obtains reasonable assurances, through a written agreement with the distant site hospital, that all of the following provisions are met:

(a) The distant site hospital providing the telemedicine or store and forward services is a medicare participating hospital;

(b) Any physician, physician assistant, or advanced registered nurse practitioner providing telemedicine or store and forward services at the distant site hospital will be fully credentialed and privileged to provide such services by the distant site hospital;

(c) Any physician, physician assistant, or advanced registered nurse practitioner providing telemedicine or store and forward services will hold and maintain a valid license to perform such services issued or recognized by the state of Washington; and

(d) With respect to any distant site physician, physician assistant, or advanced registered nurse practitioner who holds current credentials and privileges at the originating site hospital whose patients are receiving the telemedicine or store and forward services, the originating site hospital has evidence of an internal review of the distant site physician's, physician assistant's, or advanced registered nurse practitioner's performance of these credentials and

privileges and sends the distant site hospital such performance information for use in the periodic appraisal of the distant site physician, physician assistant, or advanced registered nurse practitioner. At a minimum, this information must include all adverse events, as defined in RCW 70.56.010, that result from the telemedicine or store and forward services provided by the distant site physician, physician assistant, or advanced registered nurse practitioner to the originating site hospital's patients and all complaints the originating site hospital has received about the distant site physician, physician assistant, or advanced registered nurse practitioner.

(4) (a) The Washington medical commission or the board of osteopathic medicine and surgery shall be advised within thirty days of the name of any physician or physician assistant denied staff privileges, association, or employment on the basis of adverse findings under subsection (1) of this section.

(b) The *nursing care quality assurance commission shall be advised within thirty days of the name of any advanced registered nurse practitioner denied staff privileges, association, or employment on the basis of adverse findings under subsection (1) of this section.

(5) A hospital or facility that receives a request for information from another hospital or facility pursuant to subsections (1) through (3) of this section shall provide such information concerning the physician, physician assistant, or advanced registered nurse practitioner in question to the extent such information is known to the hospital or facility receiving such a request, including the reasons for suspension, termination, or curtailment of employment or privileges at the hospital or facility. A hospital, facility, or other person providing such information in good faith is not liable in any civil action for the release of such information.

(6) Information and documents, including complaints and incident reports, created specifically for, and collected, and maintained by a quality improvement committee are not subject to discovery or introduction into evidence in any civil action, and no person who was in attendance at a meeting of such committee or who participated in the creation, collection, or maintenance of information or documents specifically for the committee shall be permitted or required to testify in any civil action as to the content of such proceedings or the documents and information prepared specifically for the committee. This subsection does not preclude: (a) In any civil action, the discovery of the identity of persons involved in the medical care that is the basis of the civil action whose involvement was independent of any quality improvement activity; (b) in any civil action, the testimony of any person concerning the facts which form the basis for the institution of such proceedings of which the person had personal knowledge acquired independently of such proceedings; (c) in any civil action by a health care provider regarding the restriction or revocation of that individual's clinical or staff privileges, introduction into evidence information collected and maintained by quality improvement committees regarding such health care provider; (d) in any civil action, disclosure of the fact that staff privileges were terminated or restricted, including the specific restrictions imposed, if any and the reasons for the restrictions; or (e) in any civil action, discovery and introduction into evidence of the patient's medical records required by regulation of the department of health to be made regarding the care and treatment received.

(7) Hospitals shall be granted access to information held by the Washington medical commission, the board of osteopathic medicine and surgery, and the *nursing care quality assurance commission pertinent to decisions of the hospital regarding credentialing and recredentialing of practitioners.

(8) Violation of this section shall not be considered negligence per se. [2019 c 104 § 1; 2019 c 55 § 15; 2019 c 49 § 1; 2016 c 68 § 6; 2015 c 23 § 6; 2013 c 301 § 3; 1994 sp.s. c 9 § 744; 1993 c 492 § 416; 1991 c 3 § 337; 1987 c 269 § 6; 1986 c 300 § 11.]

Reviser's note: *(1) The reference to "nursing care quality assurance commission" was changed to "board of nursing" by 2023 c 123.

(2) This section was amended by 2019 c 49 § 1, 2019 c 55 § 15, and by 2019 c 104 § 1, without reference to one another. All amendments are incorporated in the publication of this section under RCW 1.12.025(2). For rule of construction, see RCW 1.12.025(1).

Intent—2016 c 68: See note following RCW 48.43.735.

Intent—2015 c 23: See note following RCW 41.05.700.

Severability—Headings and captions not law—Effective date—1994 sp.s. c 9: See RCW 18.79.900 through 18.79.902.

Findings—Intent—1993 c 492: See notes following RCW 43.20.050.

Short title—Savings—Reservation of legislative power—Effective dates—1993 c 492: See RCW 43.72.910 through 43.72.915.

Legislative findings—Severability—1986 c 300: See notes following RCW 18.57.245.

Washington medical commission: Chapter 18.71 RCW.