

# HOUSE BILL REPORT

## SSB 5146

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### As Reported by House Committee On: Health Care

**Title:** An act relating to allowing confidential quality improvement committee meetings, proceedings, and deliberations.

**Brief Description:** Allowing quality improvement committee confidentiality.

**Sponsors:** Senate Committee on Health & Long-Term Care (originally sponsored by Senators Keiser, Parlette, Kastama and Brandland).

#### **Brief History:**

##### **Committee Activity:**

Health Care: 3/17/05, 3/18/05 [DP].

#### **Brief Summary of Substitute Bill**

- Allows meetings of quality improvement committees and boards of commissioners for public hospital districts that are held to review quality improvement reports and activities to be confidential and held in executive session.

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### HOUSE COMMITTEE ON HEALTH CARE

**Majority Report:** Do pass. Signed by 12 members: Representatives Cody, Chair; Campbell, Vice Chair; Morrell, Vice Chair; Bailey, Ranking Minority Member; Curtis, Assistant Ranking Minority Member; Alexander, Clibborn, Green, Hinkle, Moeller, Schual-Berke and Skinner.

**Minority Report:** Without recommendation. Signed by 2 members: Representatives Appleton and Lantz.

**Staff:** Chris Blake (786-7392).

#### **Background:**

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 care outcomes, and conduct safety improvement activities. These committees are required to report to the governing board of the hospital at least twice a year to review quality improvement activities and actions taken as a result of those activities. Provider

groups and medical facilities other than hospitals are encouraged to conduct similar activities. With some limited exceptions, information and documents created for or collected and maintained by a quality improvement committee are not subject to discovery, not admissible into evidence in any civil action, and are confidential and not subject to public disclosure.

Public hospital districts are types of municipal corporations that are authorized to operate hospitals and other health care facilities and provide other hospital and health care services within a specified community. In addition to operating hospitals, these services may include nursing homes, extended care, long-term care, outpatient and rehabilitation facilities, and ambulance services. As municipal corporations, all meetings of the governing board of a public hospital district must be open and public unless an executive session is authorized. In addition to general executive session authority, public hospital districts are specifically authorized to consider the status of the clinical or staff privileges of a health care provider in executive session.

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**Summary of Bill:**

Meetings of quality improvement committees and boards of commissioners for public hospital districts to review reports or activities of a quality improvement committee may be confidential and may be conducted at executive session. Any such review of reports or activities of a quality improvement committee is afforded the same protections regarding use in discovery, admissibility into evidence, confidentiality, and public disclosure as apply to quality improvement committees. Any final action by the board of commissioners regarding the quality improvement committee's report must be taken in public session.

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**Appropriation:** None.

**Fiscal Note:** Not requested.

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

**Testimony For:** Public hospital districts are not able to receive quality improvement briefings with the same opportunity for frank and confidential discussions as private hospitals because they must comply with the Open Public Meetings Act and hold the meetings in public.

**Testimony Against:** None.

**Persons Testifying:** Lisa Thatcher, Association of Washington Public Hospital Districts.

**Persons Signed In To Testify But Not Testifying:** None.