

SENATE BILL REPORT

SHB 2670

As Reported By Senate Committee On:
Health & Long-Term Care, February 27, 2008

Title: An act relating to the adverse health events and incident reporting system.

Brief Description: Modifying disclosure provisions under the adverse health events and incident reporting system.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Campbell, Hunt and Kenney; by request of Governor Gregoire).

Brief History: Passed House: 2/13/08, 97-0.

Committee Activity: Health & Long-Term Care: 2/21/08, 2/27/08 [DP].

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: Do pass.

Signed by Senators Keiser, Chair; Franklin, Vice Chair; Pflug, Ranking Minority Member; Carrell, Fairley, Kastama, Kohl-Welles, Marr and Parlette.

Staff: Edith Rice (786-7444)

Background: In 2006 the Legislature passed new requirements for the systemic notification and reporting of adverse events and incidents that occur in medical facilities, including hospitals, ambulatory surgical facilities, childbirth centers, psychiatric hospitals, and correctional medical facilities. Adverse events are serious reportable events defined by the National Quality Forum and adopted by the Department of Health (Department) through rulemaking. There are two types of incidents: (1) acts that result in unanticipated injury to the patient that are not included in the definition of an adverse event; and (2) acts that could have caused unanticipated injury or required additional health services, but did not.

The new reporting program requires that medical facilities notify the Department about the occurrence of an adverse event within 48 hours. Within 45 days of the notification, the medical facility must file a detailed report related to the adverse event that includes a root cause analysis and a description of a corrective action plan or reasons for not adopting a corrective action plan. Medical facilities have the option of reporting the occurrence of an incident to an independent entity that the Department will contract with to collect and analyze data received through the reporting program.

Previous reporting standards required the Department to publicly disclose reports filed by hospitals in accordance with public disclosure requirements. Since adoption of the new

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notification and reporting system in 2006, public access has been limited to information contained in an annual report that states the number of adverse events and incidents by geographic location.

Summary of Bill: The intent of the adverse events notification and reporting system is expanded to include the goal of assisting the public in making informed health care choices.

Notifications of adverse events are subject to public disclosure. Notifications of adverse events must contain any additional contextual information that the facility chooses to provide. Notifications and reports of adverse events may be amended within 60 days of submission.

The annual reports of the independent entity must contain aggregated information reported on a geographic basis. It is clarified that the report must include a summary of actions taken by facilities in response to adverse events and incidents. The report must also include information for consumers and providers about best practices and prevention tools that medical facilities are implementing to prevent adverse events as well as other patient safety initiatives.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

Effective Date: The bill contains several effective dates. Please refer to the bill.

Staff Summary of Public Testimony on Substitute Bill: PRO: This bill support's the Governor's focus on health care quality and transparency.

CON: We have concerns about information being reported in the aggregate. This bill violates provisions of the public records act and is an invitation to litigation.

Persons Testifying: PRO: Jonathan Seib, Office of the Governor.

CON: Bill Will, Washington Newspaper Association.