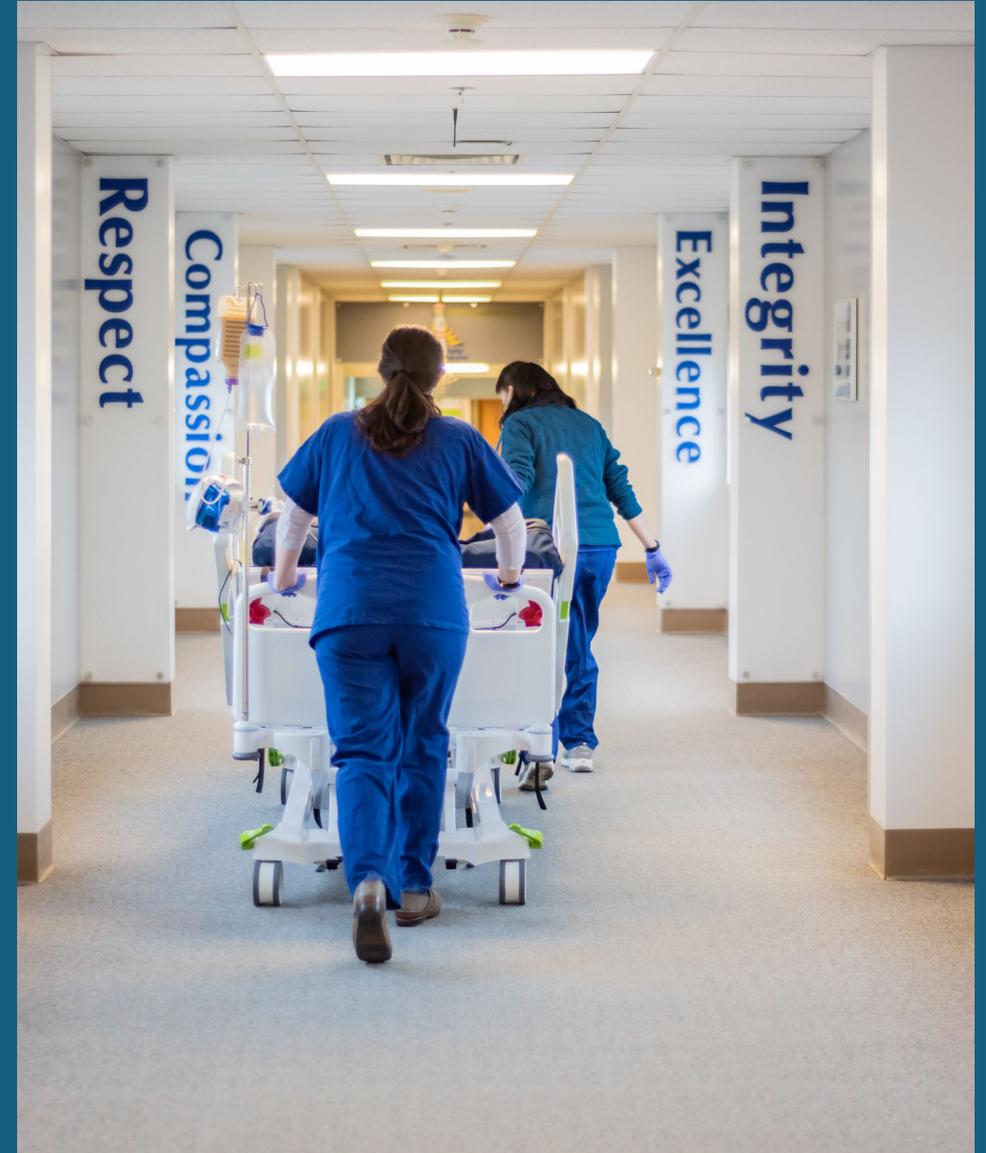




## 2026 Governance Education Quality Assurance & Public Governance

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# Quality Assurance & Public Governance

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# Disclaimer

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- This presentation provides overviews of otherwise complex and detailed laws and regulations.
- Depending on the facts and circumstances of a particular matter, the statements in this presentation may or may not apply.
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# Agenda

- Governance Oversight
- Legal Protections
- OPMA Considerations
- HIPAA Obligations



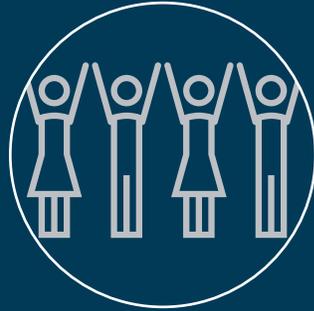
# Quality & Safety Oversight Duties

- Board responsibility for overall quality of care
  - WA hospital licensing laws and regulations
  - CMS Conditions of Participation
- Regular review of quality metrics and adverse events
- Ensuring systems for patient safety and risk management are in place

# Key Governance Responsibilities



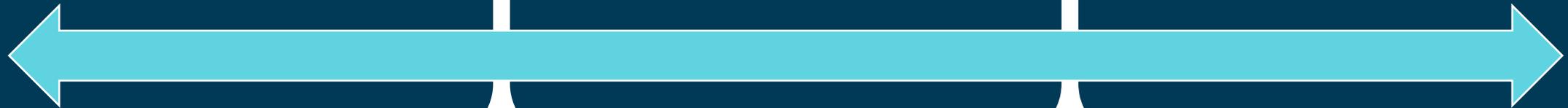
Review policies supporting quality improvement



Support a culture of safety and transparency



Ensure leadership accountability for quality outcomes



# Patient Safety & Quality Protections



- Generally, federal and state law protect certain PSQI activities from fear of liability
  - i.e., civil immunity
- Certain PSQI information is privileged and confidential
  - i.e., not subject to disclosure
- Responsibility of the quality staff and administration

# Applicable Federal Law

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- Health Care Quality Improvement Act of 1986 (“HCQIA”)
- Patient Safety & Quality Improvement Act of 2005 (“PSQIA”)
  - Broad privilege for certain information deemed Patient Safety Work Product (“PSWP”)
  - Participating in certified Patient Safety Organization (“PSO”)
  - Detailed Patient Safety Evaluation System (“PSES”) policy

# PSQIA: Privilege and Confidentiality

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- PSQIA broad privilege extends to PSWP:
  - Any data, reports, records, memoranda, analyses, communications in any form (including emails and text messages), or written or recorded statements created ***for the purpose of improving patient safety, quality, and clinical outcomes***
  - Any deliberation or analysis ***conducted for the purpose of improving safety, quality, and clinical outcomes***
- ***Must establish Patient Safety Evaluation System and report to certified Patient Safety Organization***

# Northwest Safety & Quality PSO



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- A component of WSHA since 2019
- Any licensed provider can participate
- Requires orientation, Participation Agreement, and quarterly Safe Tables
- Distinct from WA Coordinated Quality Improvement Program (CQIP)

# WA State Law

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- PHD Board QI confidentiality (RCW 70.44.062)
- Hospital QI committee protections (RCW 70.41.200 – .205)
- Peer review immunity and privilege (RCW 4.24.250)
- DOH Coordinated Quality Improvement Program (RCW 43.70.510)
- Public Records Act exemptions (RCW 42.56.360)

# Open Public Meetings Act (OPMA) – Ch. 42.30 RCW



- Applies to governing bodies of public hospital districts
- Meetings must generally be open to the public
- Actions taken outside an open meeting may be invalid
- ***Different*** from Public Records Act (Ch. 42.56 RCW)

# Board QI Confidentiality – RCW 70.44.062

- (2) All meetings, proceedings, and deliberations of a quality improvement committee ... and **all meetings, proceedings, and deliberations of the board of commissioners, its staff or agents, to review the report or the activities of a quality improvement committee ... may, at the discretion of the quality improvement committee or the board of commissioners, **be confidential and may be conducted in executive session**. Any review conducted by the board of commissioners or quality improvement committee, or their staffs or agents, shall be subject to the same protections, limitations, and exemptions that apply to quality improvement committee activities .... **However, any final action of the board of commissioners on the report of the quality improvement committee shall be done in public session**.**
- See also RCW 70.41.205 – clinical staff privileges

# What does that mean?

## Executive Session

- Meetings, proceedings, deliberations to review reports of QI committee
- At the discretion of Board or QI committee
- Not required, but permissible

## Public Session

- Any final action on the QI committee report or related matters

# Executive Session Considerations

- Limited to certain purposes (RCW 42.30.110):
  - potential litigation
  - personnel issues
  - hospital staff privileges and QI committee information
- Who can attend?
- Confidentiality





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## Example: Quarterly Reports

- QI staff prepare and present
- De-identified and aggregated data
- No specific cases

# Example: Physician Discipline

- Employed physician involved in multiple adverse events, including a patient who is a well-known community member
- Complaints from nurses regarding physician behavior
- Medical Staff and HR parallel processes



# Example: Physician Discipline (cont'd)

- Initial Executive session to discuss:
  - Identifiable patient information (as needed)
  - Potential malpractice litigation
  - Root cause analysis findings
  - Peer review materials
- Public session:
  - High level de-identified summary (e.g., “serious safety events occurred”)
  - General discussion of corrective actions (e.g., termination/revoking privileges, “enhanced supervision or observation protocols”)
  - Final actions, if any

# What about HIPAA?

# HIPAA: Board & Administrator Obligations

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- Protected health information (PHI)
  - Individually identifiable information relating to:
    - Past, present, or future physical or mental health or condition;
    - Provision of health care to the individual; or
    - Past, present, or future payment for the provision of health care to the individual
  - Reasonable basis to believe info can be used to identify the individual
- Ensure administrative, technical, and physical safeguards
- Board members are subject to HIPAA when accessing PHI



# PHI: Special Considerations for PHDs

- PHI includes many common identifiers
  - Name, address, DOB, SSN, etc.
- Risk of reidentification in certain communities
- Reasonable basis to believe de-identified information can be used to identify the individual
  - If so, do not disclose

# HIPAA in Governance Context

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Avoid discussing  
PHI in open  
meetings

Use de-identified  
or aggregated  
data whenever  
possible

Follow secure  
communication  
practices when  
receiving reports



## Example: Community Report

- Community member approaches commissioner at public gathering
- Discloses quality concern
- Commissioner action?

# Key Takeaways for Boards & Administrators

- Board oversight role
- Legal protections for certain PSQI activities
- Executive Session may be appropriate for certain matters
- Ensure HIPAA compliance



# Questions?

# Thank you.



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