

RCW 70.168.090

Statewide data registry—Statewide electronic emergency medical services data system—Quality assurance program—Confidentiality.

(1)(a) By July 1991, the department shall establish a statewide data registry to collect and analyze data on the incidence, severity, and causes of trauma, including traumatic brain injury. The department shall collect additional data on traumatic brain injury should additional data requirements be enacted by the legislature. The registry shall be used to improve the availability and delivery of prehospital and hospital trauma care services. Specific data elements of the registry shall be defined by rule by the department. To the extent possible, the department shall coordinate data collection from hospitals for the trauma registry with the health care data system authorized in chapter [70.170](#) RCW. Every hospital, facility, or health care provider authorized to provide level I, II, III, IV, or V trauma care services, level I, II, or III pediatric trauma care services, level I, level I-pediatric, II, or III trauma-related rehabilitative services, and prehospital trauma-related services in the state shall furnish data to the registry. All other hospitals and prehospital providers shall furnish trauma data as required by the department by rule.

(b) The department may respond to requests for data and other information from the registry for special studies and analysis consistent with requirements for confidentiality of patient and quality assurance records. The department may require requestors to pay any or all of the reasonable costs associated with such requests that might be approved.

(2) The department must establish a statewide electronic emergency medical services data system and adopt rules requiring licensed ambulance and aid services to report and furnish patient encounter data to the electronic emergency medical services data system. The data system must be used to improve the availability and delivery of prehospital emergency medical services. The department must establish in rule the specific data elements of the data system and secure transport methods for data. The data collected must include data on suspected drug overdoses for the purposes of including, but not limited to, identifying individuals to engage substance use disorder peer professionals, patient navigators, outreach workers, and other professionals as appropriate to prevent further overdoses and to induct into treatment and provide other needed supports as may be available.

(3) In each emergency medical services and trauma care planning and service region, a regional emergency medical services and trauma care systems quality assurance program shall be established by those facilities authorized to provide levels I, II, and III trauma care services. The systems quality assurance program shall evaluate trauma care delivery, patient care outcomes, and compliance with the requirements of this chapter. The systems quality assurance program may also evaluate emergency cardiac and stroke care delivery. The emergency medical services medical program director and all other health care providers and facilities who provide trauma and emergency cardiac and stroke care services within the region shall be invited to participate in the regional emergency medical services and trauma care quality assurance program.

(4) Data elements related to the identification of individual patient's, provider's and facility's care outcomes shall be confidential, shall be exempt from RCW [42.56.030](#) through [42.56.570](#) and * [42.17.350](#) through [42.17.450](#), and shall not be subject to discovery by subpoena or admissible as evidence.

(5) Patient care quality assurance proceedings, records, and reports developed pursuant to this section are confidential, exempt from chapter [42.56](#) RCW, and are not subject to discovery by subpoena or admissible as evidence in any civil action, except, after in camera review, pursuant to a court order which provides for the protection of sensitive information of interested parties including the

department: (a) In actions arising out of the department's designation of a hospital or health care facility pursuant to RCW [70.168.070](#); (b) in actions arising out of the department's revocation or suspension of designation status of a hospital or health care facility under RCW [70.168.070](#); (c) in actions arising out of the department's licensing or verification of an ambulance or aid service pursuant to RCW [18.73.030](#) or [70.168.080](#); (d) in actions arising out of the certification of a medical program director pursuant to RCW [18.71.212](#); or (e) in actions arising out of the restriction or revocation of the clinical or staff privileges of a health care provider as defined in RCW [7.70.020](#) (1) and (2), subject to any further restrictions on disclosure in RCW [4.24.250](#) that may apply. Information that identifies individual patients shall not be publicly disclosed without the patient's consent. [[2019 c 314 § 19](#); [2010 c 52 § 5](#); [2005 c 274 § 344](#); [1990 c 269 § 11](#).]

NOTES:

***Reviser's note:** RCW [42.17.350](#) through [42.17.450](#) were recodified and repealed by chapter 204, Laws of 2010.

Declaration—2019 c 314: See note following RCW [18.22.810](#).

Findings—Intent—2010 c 52: See note following RCW [70.168.015](#).