
A BILL FOR AN ACT

RELATING TO TRAUMA.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature has recognized that in Hawaii,
2 injury is the leading cause of death for persons between the
3 ages of one to forty-four, and, therefore, the improvement of
4 trauma care in Hawaii is a public health priority.

5 By Act 305, Session Laws of Hawaii 2006, the department of
6 health was charged with the continuing development and operation
7 of a comprehensive statewide trauma system to save lives and
8 improve outcomes of injured patients. To improve patient care,
9 a comprehensive trauma system requires the systematic review of
10 information related to patient care and system performance by
11 all parties involved, in a protected environment that supports
12 participation and frank discussion. The importance of
13 protecting peer review of health care provided is recognized in
14 Hawaii by statute in section 624-25.5, Hawaii Revised Statutes.
15 The department of health's child death review is also protected
16 under sections 321-341 and 321-345, Hawaii Revised Statutes.

17 The purpose of this measure is to give statewide emergency
18 and trauma system multidisciplinary quality assurance and peer



1 review subcommittees convened and conducted by the department of
2 health for the purposes of making system improvements, peer
3 review protections similar to those applicable to peer review
4 committees formed by hospitals and health maintenance
5 organizations.

6 SECTION 2. Section 624-25.5, Hawaii Revised Statutes, is
7 amended to read as follows:

8 **"§624-25.5 Proceedings and records of peer review**
9 **committees and quality assurance committees.** (a) As used in
10 this section:

11 "Case review forum" means any meeting convened by the
12 administrative or professional staff of a licensed hospital or
13 clinic for the presentation and critique of cases for
14 educational purposes.

15 "Health care review organization" means any organization
16 that gathers and reviews information relating to the procedures
17 and outcomes of health care providers and the care and treatment
18 of patients for the purposes of evaluating and improving quality
19 and efficiency of health care.

20 "Licensed health maintenance organization" means a health
21 maintenance organization licensed in Hawaii under chapter 432D.



1 "Peer review committee" means a committee created by a
2 professional society, or by the medical, dental, optometric, or
3 administrative staff of a licensed hospital, clinic, health
4 maintenance organization, preferred provider organization, or
5 preferred provider network, whose function is to maintain the
6 professional standards of persons engaged in its profession,
7 occupation, specialty, or practice established by the bylaws of
8 the society, hospital, clinic, health maintenance organization,
9 preferred provider organization, or preferred provider network
10 of the persons engaged in its profession [~~or~~], occupation, or
11 area of specialty practice, or in its hospital, clinic, health
12 maintenance organization, preferred provider organization, or
13 preferred provider network[-]; or a multidisciplinary committee
14 established by the department of health for the purpose of
15 monitoring, improving, and evaluating patient care within the
16 statewide trauma care system.

17 "Preferred provider organization" or "preferred provider
18 network" means a partnership, association, corporation, or other
19 entity that delivers or arranges for the delivery of health
20 services, and that has entered into a written service
21 arrangement or arrangements with health professionals, a



1 majority of whom are licensed to practice medicine or
2 osteopathy.

3 "Professional society" or "society" means any association
4 or other organization of persons engaged in the same profession,
5 occupation, or a specialty within a profession or occupation, a
6 primary purpose of which is to maintain the professional
7 standards of the persons engaged in its profession [e],
8 occupation, or specialty practice.

9 "Quality assurance committee" means an interdisciplinary
10 committee established by the board of trustees or administrative
11 staff of a licensed hospital, clinic, long-term care facility,
12 skilled nursing facility, assisted living facility, home care
13 agency, hospice, health maintenance organization, preferred
14 provider organization, or preferred provider network providing
15 medical, dental, or optometric care, whose function is to
16 monitor and evaluate patient care, to identify, study, and
17 correct deficiencies in the health care delivery system to
18 reduce the risk of harm to patients and improve patient safety
19 or otherwise improve the quality of care delivered to patients.
20 The department of health may establish quality assurance
21 committees for the purpose of monitoring, improving, and
22 evaluating patient care within the statewide trauma care



1 systems. The proceedings of any quality assurance committees
2 established by the department of health are not subject to part
3 I of chapter 92, and the records of the proceedings shall be
4 confidential for purposes of chapter 92F.

5 (b) To analyze, evaluate, and improve the statewide trauma
6 system, the department of health may form multidisciplinary
7 quality assurance and peer review committees comprising
8 representatives of trauma, emergency, and tertiary care
9 providers and agencies. These committees shall have access to
10 patient care records and system performance data for the purpose
11 of making recommendations to the department of health for
12 statewide trauma system improvements. These committees shall be
13 exempt from chapter 92.

14 ~~[-(b)]~~ (c) Neither the proceedings nor the records of peer
15 review committees, quality assurance committees, or case review
16 forums shall be subject to discovery. For the purposes of this
17 section, "records of quality assurance committees" are limited
18 to recordings, transcripts, minutes, summaries, and reports of
19 committee meetings and conclusions contained therein.
20 Information protected shall not include incident reports,
21 occurrence reports, or similar reports that state facts
22 concerning a specific situation, or records made in the regular



1 course of business by a hospital or other provider of health
2 care. Original sources of information, documents, or records
3 shall not be construed as being immune from discovery or use in
4 any civil proceeding merely because they were presented to, or
5 prepared at the direction of, the committees. Except as
6 hereinafter provided, no person in attendance at a meeting of a
7 committee or case review forum shall be required to testify as
8 to what transpired at the meeting. The prohibition relating to
9 discovery or testimony shall not apply to the statements made by
10 any person in attendance at the meeting who is a party to an
11 action or proceeding the subject matter of which was reviewed at
12 the meeting, or to any person requesting hospital staff
13 privileges, or in any action against an insurance carrier
14 alleging bad faith by the carrier in refusing to accept a
15 settlement offer within the policy limits.

16 ~~(e)~~ (d) Information and data relating to a medical error
17 reporting system that is compiled and submitted by a medical
18 provider to a health care review organization for the purpose of
19 evaluating and improving the quality and efficiency of health
20 care, when done through a peer review committee or hospital
21 quality assurance committee, shall not be subject to discovery.



1 For purposes of this subsection, the information and data
2 protected shall include proceedings and records of a peer review
3 committee, hospital quality assurance committee, or health care
4 review organization that include recordings, transcripts,
5 minutes, and summaries of meetings, conversations, notes,
6 materials, or reports created for, by, or at the direction of a
7 peer review committee, quality assurance committee, or a health
8 care review organization when related to a medical error
9 reporting system.

10 Information and data protected from discovery shall not
11 include incident reports, occurrence reports, statements, or
12 similar reports that state facts concerning a specific situation
13 and shall not include records made in the regular course of
14 business by a hospital or other provider of health care,
15 including patient medical records. Original sources of
16 information, documents, or records shall not be construed as
17 being immune from discovery or use in any civil proceeding
18 merely because they were reviewed or considered by a medical
19 provider for submission to, or were in fact submitted to, a
20 health care review organization.

21 [~~(d)~~] (e) The prohibitions contained in this section shall
22 not apply to medical, dental, or optometric society committees



1 that exceed ten per cent of the membership of the society, nor
2 to any committee if any person serves upon the committee when
3 the person's own conduct or practice is being reviewed.

4 ~~[(e)]~~ (f) The prohibitions contained in this section shall
5 apply to investigations and discovery conducted by the Hawaii
6 medical board, except as required by ~~[sections]~~ section 92-17,
7 453-8.7, or 663-1.7(e)."

8 SECTION 3. Statutory material to be repealed is bracketed
9 and stricken. New statutory material is underscored.

10 SECTION 4. This Act shall take effect upon its approval.

11



Report Title:

Trauma

Description:

Amends the definitions of "peer review committee" and "quality assurance committee" to include committees established by the department of health; permits the department of health to establish peer review and quality assurance committees to examine trauma care and provides those committees with statutory protection from discovery; provides that quality assurance committees established by the department of health are not subject to part I of chapter 92, HRS, and the records of proceedings are confidential for purposes of chapter 92F, HRS. Effective upon approval. (SD2)

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