

Oversight of hospital data reporting, inspections, and complaints

Legislative Auditor's conclusion

The Department of Health (DOH) does not complete inspections on time, ensure third-party inspections meet state standards, or review medical error reports. This limits its ability to ensure patient safety

Key points

- DOH must inspect hospitals, investigate patient complaints, review hospital reports of adverse health events (i.e., avoidable medical errors), and collect and publish hospital data.
- 72% of hospital inspections were late, with nearly half overdue by six months or more. DOH has not specified how it will complete inspections on time.
- DOH does not know if third-party inspections meet state standards. Few hospitals share proof that inspections were completed.
- DOH does not review hospitals' reports of adverse health events as required by law.
- DOH publishes data reported by hospitals online. Other states make similar information more accessible to inform the public about health care issues.

Read the full report: leg.wa.gov/jlarc/audits

Recommendation to the Legislature

1. The Legislature should consider specifying the maximum amount of time allowed between acute care hospital inspections and clarify the basis for calculating the 18-month average.

Recommendations to DOH

DOH should:

1. Meet the timeline in statute for all hospital inspections and report its performance to the Legislature.
2. Verify accrediting organization standards for hospital inspections and enforce the requirement for hospitals to submit proof of inspections.
3. Assess whether language access barriers exist that may limit use of its complaint system.
4. Review hospitals' plans to address adverse health events and provide feedback to hospitals to help prevent the reoccurrence of these events.
5. Make reported hospital data more accessible to the public.

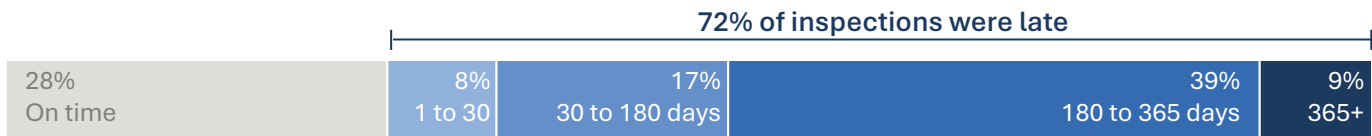
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DOH is not inspecting acute care hospitals within the legal timeframe

- DOH must inspect each acute care hospital “on average, at least every 18 months.” The law does not specify the maximum time between inspections or the basis for the average.
- Inspections by third-party accrediting organizations may substitute for every other DOH inspection if:
 - DOH ensures the standards are equivalent to state standards.
 - The hospital gives DOH “documentary evidence” that it passed the inspection.
- DOH counts third-party inspections but does not verify the organizations’ standards or receive proof of inspection from all hospitals.



JLARC staff analysis of DOH data, December 2024. Figures do not add to 100% due to rounding.

DOH has not evaluated what resources it needs to complete inspections on time

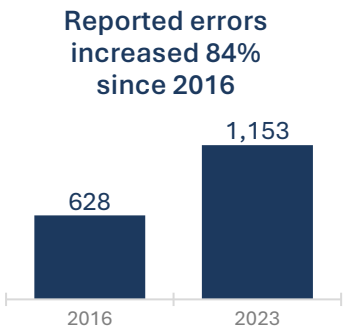
- DOH has not done a staffing analysis for the inspections unit in at least 12 years.
- DOH does not know the number of inspections due each year or the staff time needed for other work.

DOH publishes data reported by hospitals but can make it more readily available

- The Legislature set hospital data reporting requirements to help inform the public about health care issues.
- DOH posts reports and data. Often, users must download and compare information on their own.
- Best practices: ensure users can easily find content, make it relevant and user-friendly, and give comparisons.

DOH does not review hospitals’ reports of avoidable medical errors, as required by state law

- By law, hospitals must report avoidable medical errors and a corrective action plan to DOH.
- Reviewing reports could allow DOH to find common problems among hospitals and inform prevention and education efforts.
- No dedicated funding for this work since 2011.



DOH investigated about 3,000 complaints in the last ten years. Two were in a language other than English.

- DOH must investigate complaints related to patient well-being at hospitals.
- Comparison: About 1 in 7 patients say they prefer a language other than English (2023).
- Best practices suggest that agencies should assess whether language access barriers exist and whether they limit use of complaint systems.