

SENATE BILL REPORT

E2SHB 1015

As of February 21, 2006

Title: An act relating to the reporting of infections acquired in health care facilities.

Brief Description: Requiring reporting of hospital-acquired infections in health care facilities.

Sponsors: House Committee on Appropriations (originally sponsored by Representatives Campbell, Morrell, Skinner, Hankins, Simpson, Schindler and Chase).

Brief History: Passed House: 2/13/06, 59-39.

Committee Activity: Health & Long-Term Care: 2/20/06.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Staff: Sharon Swanson (786-7447)

Background: The United States Centers for Disease Control and Prevention (CDC) collects data about hospital-acquired infections through the National Nosocomial Infections Surveillance System. This program collects information from approximately 300 large-size hospitals on a voluntary basis. The database is intended to serve three functions: (1) describe the epidemiology of health care-associated infections; (2) describe the antimicrobial resistance associated with these infections; and (3) produce aggregated infection rates suitable for inter hospital comparisons. Hospital-specific data is not released through this program. Through this data, the CDC estimates that each year approximately two million patients are infected as a result of the receipt of health care services that they receive and about 90,000 of these patients die from their infections.

The Washington State Department of Health (Department) licensing standards require that hospitals maintain infection control programs to reduce the occurrence of hospital-acquired infections. As a part of this program, hospitals must adopt policies and procedures based on CDC guidelines for reducing infections.

Summary of Bill: Acute care hospitals are required to collect information about outcome measures for health care-associated infections at their facilities including surgical site infections, surgical antimicrobial prophylaxis, ventilator-associated pneumonia, and central line-related bloodstream infections in the intensive care unit. As national organizations make additional guidelines available for evidence-based procedures that are feasible for hospitals to track, the Department shall adopt them as part of the reporting program. Hospitals must submit quarterly reports of this data to the Department. Information contained in the hospital reports is not subject to public disclosure or discovery or admissible as evidence in a court proceeding.

The Department shall adopt guidelines and rules for the collection, reporting, analysis, and release of information related to health care-associated infections at hospitals. An advisory committee consisting of infection control professionals and epidemiologists is established to

make recommendations to the Department in developing standards for conducting these activities. The Department shall publish an annual report which will provide comparisons of infection outcomes at different hospitals. The data in the Department's reports must be risk-adjusted to account for patient mix and aggregated by facility.

Hospitals are required to maintain information concerning health care-associated infections in their quality improvement programs.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

Effective Date: The bill takes effect August 1, 2006.

Testimony For: If this bill becomes law, two things will happen. First, hospitals will be accountable in a public way. Second, the public will be allowed to be engaged with this aspect of their health care and will react. Passage of this bill will end the secrecy. Currently, there is no accountability in the system. This lack of accountability and secrecy allows hospitals to act in a very arrogant fashion. Where else in the business world or service industry can there be action without accountability? Not even members of the Legislature have that. Citizens can look online and review voting records going back years. The availability of information allows the public to hold legislators accountable for their actions. That is what this bill will do, provide the public with the necessary information to allow hospitals to be held accountable. Until something gets measured, it will not get managed.

Testimony Against: As currently drafted, the bill does not include all necessary stakeholders to be part of the advisory committee. Additionally, this act is not funded in the Governor's budget. The Department of Health will need funding to implement the necessary changes. The bill addresses outcome data only. The current health care system is moving towards evidence based medicine so the type of approach addressed in this bill creates an inconsistency. Continuing to require hospitals to generate reports simply takes resources and staff away from patient care. The bill will not provide meaningful data for consumers. The Center for Disease Control provides national oversight. The CDC is not recommending a state by state approach. There is no benefit to the approach proposed in this bill.

Who Testified: PRO: Fred Whittlesey, Parent; Jude Van Buren, Department of Health.

CON: Lisa Thatcher, Washington State Hospital Association; Gary Peck, St. Joseph's Hospital; Jeanette Harris, Puget Sound / Association of Professional in Infection Control & Epidemiology.