HOUSE BILL REPORT
2SHB 1106

As Amended by the Senate

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: By House Committee on Appropriations (originally sponsored by Representatives Campbell, Chase, Hankins, Morrell, Appleton, Hudgins, McDermott and Wallace).

Brief History:

Committee Activity:

Health Care & Wellness: 1/24/07, 2/8/07 [DPS];

Appropriations: 2/22/07, 2/26/07 [DP2S(w/o sub HCW)].

Floor Activity:

Passed House: 3/8/07, 86-10.

Senate Amended.

Passed Senate: 4/11/07, 49-0.

Brief Summary of Second Substitute Bill

- Beginning July 1, 2008, requires hospitals to collect data on certain health care associated infections and report the data to the federal government and release or grant access to this information to the Department of Health.
- Requires the Department of Health to publish at least annually a report, beginning December 1, 2009, that compares health-care associated infections outcomes at individual hospitals.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 11 members: Representatives Cody, Chair; Morrell, Vice Chair; Hinkle, Ranking Minority Member; Barlow, Campbell, Curtis, Green, Moeller, Pedersen, Schual-Berke and Seaquist.

Minority Report: Do not pass. Signed by 2 members: Representatives Alexander, Assistant Ranking Minority Member and Condotta.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Staff: Chris Cordes (786-7103).

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: The second substitute bill be substituted therefor and the second substitute bill do pass and do not pass the substitute bill by Committee on Health Care & Wellness. Signed by 30 members: Representatives Sommers, Chair; Dunshee, Vice Chair; Bailey, Assistant Ranking Minority Member; Haler, Assistant Ranking Minority Member; Anderson, Cody, Conway, Darneille, Dunn, Ericks, Fromhold, Grant, Haigh, Hinkle, Hunt, Hunter, Kagi, Kenney, Kessler, Linville, McDermott, McDonald, McIntire, Morrell, Pettigrew, Priest, Schual-Berke, Seaquist, P. Sullivan and Walsh.

Minority Report: Do not pass. Signed by 4 members: Representatives Alexander, Ranking Minority Member; Buri, Chandler and Kretz.

Staff: Bernard Dean (786-7130).

Background:

National Surveillance of Health Care-Associated Infection

The United States Centers for Disease Control and Prevention (CDC) has collected data about hospital-acquired infections since 1970 through the National Nosocomial Infections Surveillance System. This program has been collecting information from approximately 300 large hospitals on a voluntary, confidential basis. Redesigned as the National Healthcare Safety Network in 2006, the new web-based program became available for use by all health care facilities in 2006. The database is intended to serve three functions:

- describe the epidemiology of health care-associated infections;
- describe the antimicrobial resistance associated with these infections; and
- produce aggregated infection rates suitable for interhospital comparisons.

From its collected data, the CDC estimates that approximately two million patients are infected each year as a result of the health care services that they received and about 90,000 of these patients die from those infections.

Washington State Requirements for Hospital Infection Control and Quality Improvement

The Department of Health (DOH) hospital licensing standards require hospitals to maintain infection control programs to reduce the occurrence of hospital-acquired infections. As a part of this program, hospitals must adopt policies and procedures consistent with CDC guidelines regarding infection control in hospitals.

Hospitals are also required by statute to maintain a coordinated quality improvement program to improve the quality of health care services rendered to patients. Among other things, the program must:

- collect and maintain information on the hospital's experience with negative health care outcomes and incidents injurious to patients;

- provide education programs dealing with quality improvement; and
- make reports to the hospital's board.

Other States' Requirements for Health Care-Associated Infection Reporting

In 2003 Pennsylvania became the first state to require its hospitals to report health-care associated infections. Of the other 14 state laws enacted to require this reporting since 2003, eight were enacted in 2006. The states requiring reporting are California, Colorado, Connecticut, Florida, Illinois, Maryland, Missouri, Nevada, New Hampshire, New York, Pennsylvania, South Carolina, Tennessee, Vermont, and Virginia.

Summary of Second Substitute Bill:

Hospital Reporting of Health Care-Associated Infections

Acute care hospitals and hospital-owned ambulatory surgical facilities must collect and report data on health care-associated infections. This requirement also applies to other ambulatory surgical facilities on the effective date of a requirement for state credentialing of these facilities.

The data must be collected according to the definitions and methods of the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN). The categories to be reported are phased in as follows:

- on July 1, 2008, reporting begins on central line-associated bloodstream infections in the intensive care unit;
- on January 1, 2009, reporting begins on ventilator-associated pneumonia and, as determined by the Department of Health (DOH), on antimicrobial use and resistance;
- on January 1, 2010, reporting begins on surgical site infections for selected procedures, as determined by the DOH; and
- on January 1, 2011, reporting begins on other categories as determined by the DOH.

The DOH may add categories to be reported if they are reported under the NHSN and are found to be necessary to protect public health and safety, and may delete categories found to be no longer necessary to protect public health and safety. Hospitals must routinely submit the data to the NHSN in accordance with its requirements. Data collection and submission must be overseen by a trained infection control professional. Hospitals must release their hospital-specific NHSN report to the DOH. These reports obtained by the DOH, and the information contained in the reports, are not subject to public disclosure or discovery and are not admissible as evidence in a court proceeding.

The DOH may require reporting under the Centers for Medicare and Medicaid Services Hospital Compare (Hospital Compare) program, instead of the NHSN, if: the change is recommended by the Advisory Committee; the reported procedures and events are substantially the same; the information is available to the DOH; and the DOH determines that reporting to Hospital Compare will facilitate reporting and will provide substantially the same information to the hospitals and the public as reporting under the NHSN system.

Ambulatory surgical centers will continue reporting under the NHSN system unless the DOH determines that Hospital Compare is available to them.

Hospitals are also required to maintain and collect information on health care-associated infections in their quality improvement programs and to include infection control information in their quality improvement education programs.

DOH Annual Reports on Health Care-Associated Infections

By December 1, 2009, and at least annually thereafter, the DOH must prepare and publish a report on the agency's website that compares the health care-associated infection rates at each individual hospital using the data reported in the previous year. Reports may be updated quarterly. This report must not disclose information about individual patients and must not include data sets determined by the DOH to be too small or unrepresentative of a hospital's ability to achieve an outcome. The DOH must establish an advisory committee consisting of infection control professionals and epidemiologists, licensed health care providers, nursing staff, organizations that represent health care providers and facilities, health maintenance organizations, health care payers and consumers, and the DOH. In developing recommendations, the advisory committee must consider methodologies related to health care-associated infections of the Centers for Disease Control and Prevention, the Centers for Medicare and Medicaid Services, the Joint Commission, the National Quality Forum, and the Institute for Healthcare Improvement. The advisory committee is expressly allowed to make recommendations on allowing a hospital to review and verify data to be released in the report and on excluding selected data from certified critical access hospitals.The DOH may respond to data requests, at the requestor's expense, for analysis consistent with confidentiality of patient records and quality improvement.

Hospital Infection Control Grants

An account is created from which the DOH may award hospital infection control grants to hospitals and public agencies for infection control and surveillance programs.

EFFECT OF SENATE AMENDMENT(S):

The Senate amendment:

(1) makes the primary reporting of health care-associated infections (HAI) to the Centers for Disease Control and Prevention's National Healthcare Safety Network (CDC). However, the Department of Health (DOH) must adopt rules requiring reporting on an HAI to the Centers for Medicare and Medicaid Services' Hospital Compare (CMS) if CMS reporting of that HAI is allowed under substantially the same definitions, and the public will get substantially the same information. That reporting must occur as soon as practicable, but not more than 120 days, after the CMS allows hospitals to report to Hospital Compare. If CMS allows CDC reporting to be used, the rules must reduce the burden for reporting and minimize changes hospitals must make to report;

(2) changes the infections that must be reported by (1) deleting antimicrobial use and resistance, (2) limiting surgical site infections to (a) deep sternal wound for cardiac surgery, (b) total hip and knee replacement surgery; and (c) hysterectomy surgery; and (3) deleting DOH discretion to add additional HAI reporting, and requiring DOH to recommend to the Legislature by 1-1-11 any additional reporting;

(3) deletes the requirement for ambulatory surgical facilities (ASF) to report HAI, and establishes a stakeholder work group to review options for ASF coverage and make a recommendation to the DOH by December 15, 2008; and
(4) requires overseeing of the collection of HAI data by a qualified individual with the appropriate level of skill and knowledge to oversee data collection and submission, rather than a trained infection control professional.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of session in which the bill is passed. However, the bill is null and void unless funded in the budget.

Staff Summary of Public Testimony: (Health Care & Wellness)

(In support) The first state to require infection reporting for hospitals was Pennsylvania. The hospitals there are helping to shape the system with constructive criticism. The reports from that state show astounding costs related to health care-associated infections. This is a place to find large savings in the health care system. It is time to move forward with reporting and learning from those who have already broken ground. A system could be developed to report infection rates where consistent standards have been developed. The hospitals need outcome data to know what they are dealing with. Funding is needed to provide agency staff to assist with antibiotic-resistant bacteria. The CDC reporting system was adapted from a system intended to be a sentinel system. That system provides guides to what a good system should have: it should be evidence-based and multidisciplinary, use proven measures, be phased in over time to allow evaluation, and allow regular and confidential feedback to facilities. Some other states require participation in the CDC reporting system. The goal of facilities should be zero health care-associated infections.

(With concerns) While Pennsylvania leads in reporting, Washington leads in efforts to reduce infections. There are now nationally recognized standards with uniform definitions through the National Quality Forum, which Washington should use. This would allow hospitals to report to the Hospital Compare system. Hospitals have a large number of reporting requirements, and the bill should make it as easy as possible to comply. Ambulatory surgical centers should not be included, because hospitals only collect inpatient data. The list of reported infections should be finite, with legislative review to add future items. The hospitals have taken steps, such as the hand hygiene initiative to decrease infections by 50 percent. Small hospitals do not report infection data now. The hospitals need help to fight methicillin-resistant staphylococcus aureus infections. The state no longer has funding to help with antibiotic-resistant bacteria issues.

(Opposed) None.

Staff Summary of Public Testimony: (Appropriations)

(In support) Section 5 of the bill creates an account that could be funded with public or private moneys that could then go out for infection control efforts. Section 6 is very important to hospitals, patients, and the broader community. It would replace lost federal moneys through the Department of Health that were used to help with surveillance tracking and information on multi-drug resistant organisms.

(Opposed) None.

Persons Testifying: (Health Care & Wellness) Representative Campbell, prime sponsor; Lauren Moughon, American Association of Retired Persons; and Brian Peyton, Department of Health.

(With concerns) Lisa Thatcher and Jeanette Harris, Washington Hospital Association and MultiCare Health Systems.

Persons Testifying: (Appropriations) Lisa Thatcher, Washington State Hospital Association.

Persons Signed In To Testify But Not Testifying: (Health Care & Wellness) None.

Persons Signed In To Testify But Not Testifying: (Appropriations) None.