

HOUSE BILL REPORT

SHB 2828

As Passed Legislature

Title: An act relating to requiring hospitals to report certain health care-associated infections to the Washington state hospital association's quality benchmarking system until the national health care safety network is able to accept aggregate denominator data.

Brief Description: Requiring hospitals to report certain health care data.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Campbell and Morrell).

Brief History:

Committee Activity:

Health Care & Wellness: 1/26/10, 1/29/10 [DPS].

Floor Activity:

Passed House: 2/12/10, 95-0.

Passed Senate: 3/1/10, 47-0.

Passed Legislature.

Brief Summary of Substitute Bill

- Requires hospitals to report health care-associated infections for specified surgical sites to the Washington State Hospital Association's Quality Benchmarking System for three years or until the National Healthcare Safety Network releases a revised module successfully interfacing with a majority of Washington's hospitals' computer systems, whichever occurs first.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 13 members: Representatives Cody, Chair; Driscoll, Vice Chair; Ericksen, Ranking Minority Member; Bailey, Campbell, Clibborn, Green, Herrera, Hinkle, Kelley, Moeller, Morrell and Pedersen.

Staff: Chris Cordes (786-7103).

Background:

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.

Under Department of Health (DOH) hospital licensing standards, hospitals must 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 Centers for Disease Control and Prevention (CDC) guidelines regarding infection control in hospitals.

Hospitals are also required to collect and report data on certain health care-associated infections. This requirement was phased in as follows:

- on July 1, 2008, reporting began on central line-associated bloodstream infections in the intensive care unit;
- on January 1, 2009, reporting began on ventilator-associated pneumonia; and
- on January 1, 2010, reporting began on surgical site infections related to cardiac surgery, total hip and knee replacement, and hysterectomy.

The data on these infections must be collected according to the definitions and methods of the CDC's National Healthcare Safety Network (NHSN). The data must be routinely submitted to the NHSN in accordance with its requirements. Hospitals must release to the DOH, or grant the DOH access to, their hospital-specific information as requested.

Annually on December 1, the DOH publishes on its website a health care-associated infection report that compares infection rates at individual hospitals. The Washington State Hospital Association also publishes various hospital quality measures on its website.

Summary of Substitute Bill:

The requirement is modified for hospitals to report health-care associated infections for specified surgical sites. For three years or until the National Healthcare Safety Network releases a revised module successfully interfacing with a majority of the reporting hospitals' computer systems, whichever occurs first, the hospitals must report the surgical site infection data to the Washington State Hospital Association's Quality Benchmarking System (QBS). The data must include the number of infections and the total number of surgeries performed for each type of surgery.

The data reported to the QBS are not to be included in the DOH's annual health care-associated infection report. The Washington State Hospital Association must use the QBS data as the basis for an annual report published on its website, beginning December 1, 2010, comparing surgical site infection rates at individual hospitals.

Appropriation: None.

Fiscal Note: Not requested.

Effective Date: The bill contains an emergency clause and takes effect immediately.

Staff Summary of Public Testimony:

(In support) Reporting surgery site infection data requires more intensive reporting, with more than 30 data elements. Even with electronic medical records the reporting can take many hours of work. Having an alternative method of reporting would allow the infection prevention staff to do their prevention jobs instead of doing paperwork. The NHSN system

was really designed for researchers, not public reporting. The CDC is working on improvements that will make it more workable for the many hospitals that are now using it. The QBS is an excellent system that worked well with H1N1 reporting recently. The parties are working on some amendments to the bill that will make reporting reasonable and workable. An emergency clause is suggested because the reporting requirement took effect this month.

(Opposed) None.

Persons Testifying: Dennis M. Dennis, Department of Health; Marsha Patrick, MultiCare Health System; Will Shelton, Swedish Medical Center; and Lisa Thatcher, Washington State Hospital Association.

Persons Signed In To Testify But Not Testifying: None.