
SUBSTITUTE HOUSE BILL 2828

State of Washington **61st Legislature** **2010 Regular Session**

By House Health Care & Wellness (originally sponsored by
Representatives Campbell and Morrell)

READ FIRST TIME 02/02/10.

1 AN ACT Relating to requiring hospitals to report certain health
2 care-associated infections to the Washington state hospital
3 association's quality benchmarking system until the national health
4 care safety network is able to accept aggregate denominator data;
5 amending RCW 43.70.056; and declaring an emergency.

6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

7 **Sec. 1.** RCW 43.70.056 and 2009 c 244 s 2 are each amended to read
8 as follows:

9 (1) The definitions in this subsection apply throughout this
10 section unless the context clearly requires otherwise.

11 (a) "Health care-associated infection" means a localized or
12 systemic condition that results from adverse reaction to the presence
13 of an infectious agent or its toxins and that was not present or
14 incubating at the time of admission to the hospital.

15 (b) "Hospital" means a health care facility licensed under chapter
16 70.41 RCW.

17 (2)(a) A hospital shall collect data related to health
18 care-associated infections as required under this subsection (2) on the
19 following:

1 (i) Beginning July 1, 2008, central line-associated bloodstream
2 infection in the intensive care unit;

3 (ii) Beginning January 1, 2009, ventilator-associated pneumonia;
4 and

5 (iii) Beginning January 1, 2010, surgical site infection for the
6 following procedures:

7 (A) Deep sternal wound for cardiac surgery, including coronary
8 artery bypass graft;

9 (B) Total hip and knee replacement surgery; and

10 (C) Hysterectomy, abdominal and vaginal.

11 (b) ~~((Until))~~ (i) Except as required ((otherwise)) under (b)(ii)
12 and (c) of this subsection, a hospital must routinely collect and
13 submit the data required to be collected under (a) of this subsection
14 to the national healthcare safety network of the United States centers
15 for disease control and prevention in accordance with national
16 healthcare safety network definitions, methods, requirements, and
17 procedures.

18 (ii) Until the national health care safety network releases a
19 revised module that successfully interfaces with a majority of computer
20 systems of Washington hospitals required to report data under (a)(iii)
21 of this subsection or three years, whichever occurs sooner, a hospital
22 shall monthly submit the data required to be collected under (a)(iii)
23 of this subsection to the Washington state hospital association's
24 quality benchmarking system instead of the national health care safety
25 network. The department shall not include data reported to the quality
26 benchmarking system in reports published under subsection (3)(d) of
27 this section. The data the hospital submits to the quality
28 benchmarking system under (b)(ii) of this subsection:

29 (A) Must include the number of infections and the total number of
30 surgeries performed for each type of surgery; and

31 (B) Must be the basis for a report developed by the Washington
32 state hospital association and published on its web site that compares
33 the health care-associated infection rates for surgical site infections
34 at individual hospitals in the state using the data reported in the
35 previous calendar year pursuant to this subsection. The report must
36 be published on December 1, 2010, and every year thereafter until data
37 is again reported to the national health care safety network.

1 (c)(i) With respect to any of the health care-associated infection
2 measures for which reporting is required under (a) of this subsection,
3 the department must, by rule, require hospitals to collect and submit
4 the data to the centers for medicare and medicaid services according to
5 the definitions, methods, requirements, and procedures of the hospital
6 compare program, or its successor, instead of to the national
7 healthcare safety network, if the department determines that:

8 (A) The measure is available for reporting under the hospital
9 compare program, or its successor, under substantially the same
10 definition; and

11 (B) Reporting under this subsection (2)(c) will provide
12 substantially the same information to the public.

13 (ii) If the department determines that reporting of a measure must
14 be conducted under this subsection (2)(c), the department must adopt
15 rules to implement such reporting. The department's rules must require
16 reporting to the centers for medicare and medicaid services as soon as
17 practicable, but not more than one hundred twenty days, after the
18 centers for medicare and medicaid services allow hospitals to report
19 the respective measure to the hospital compare program, or its
20 successor. However, if the centers for medicare and medicaid services
21 allow infection rates to be reported using the centers for disease
22 control and prevention's national healthcare safety network, the
23 department's rules must require reporting that reduces the burden of
24 data reporting and minimizes changes that hospitals must make to
25 accommodate requirements for reporting.

26 (d) Data collection and submission required under this subsection
27 (2) must be overseen by a qualified individual with the appropriate
28 level of skill and knowledge to oversee data collection and submission.

29 (e)(i) A hospital must release to the department, or grant the
30 department access to, its hospital-specific information contained in
31 the reports submitted under this subsection (2), as requested by the
32 department.

33 (ii) The hospital reports obtained by the department under this
34 subsection (2), and any of the information contained in them, are not
35 subject to discovery by subpoena or admissible as evidence in a civil
36 proceeding, and are not subject to public disclosure as provided in RCW
37 42.56.360.

38 (3) The department shall:

1 (a) Provide oversight of the health care-associated infection
2 reporting program established in this section;

3 (b) By January 1, 2011, submit a report to the appropriate
4 committees of the legislature based on the recommendations of the
5 advisory committee established in subsection (5) of this section for
6 additional reporting requirements related to health care-associated
7 infections, considering the methodologies and practices of the United
8 States centers for disease control and prevention, the centers for
9 medicare and medicaid services, the joint commission, the national
10 quality forum, the institute for healthcare improvement, and other
11 relevant organizations;

12 (c) Delete, by rule, the reporting of categories that the
13 department determines are no longer necessary to protect public health
14 and safety;

15 (d) By December 1, 2009, and by each December 1st thereafter,
16 prepare and publish a report on the department's web site that compares
17 the health care-associated infection rates at individual hospitals in
18 the state using the data reported in the previous calendar year
19 pursuant to subsection (2) of this section. The department may update
20 the reports quarterly. In developing a methodology for the report and
21 determining its contents, the department shall consider the
22 recommendations of the advisory committee established in subsection (5)
23 of this section. The report is subject to the following:

24 (i) The report must disclose data in a format that does not release
25 health information about any individual patient; and

26 (ii) The report must not include data if the department determines
27 that a data set is too small or possesses other characteristics that
28 make it otherwise unrepresentative of a hospital's particular ability
29 to achieve a specific outcome; and

30 (e) Evaluate, on a regular basis, the quality and accuracy of
31 health care-associated infection reporting required under subsection
32 (2) of this section and the data collection, analysis, and reporting
33 methodologies.

34 (4) The department may respond to requests for data and other
35 information from the data required to be reported under subsection (2)
36 of this section, at the requestor's expense, for special studies and
37 analysis consistent with requirements for confidentiality of patient
38 records.

1 (5)(a) The department shall establish an advisory committee which
2 may include members representing infection control professionals and
3 epidemiologists, licensed health care providers, nursing staff,
4 organizations that represent health care providers and facilities,
5 health maintenance organizations, health care payers and consumers, and
6 the department. The advisory committee shall make recommendations to
7 assist the department in carrying out its responsibilities under this
8 section, including making recommendations on allowing a hospital to
9 review and verify data to be released in the report and on excluding
10 from the report selected data from certified critical access hospitals.
11 Annually, beginning January 1, 2011, the advisory committee shall also
12 make a recommendation to the department as to whether current science
13 supports expanding presurgical screening for methicillin-resistant
14 staphylococcus aureus prior to open chest cardiac, total hip, and total
15 knee elective surgeries.

16 (b) In developing its recommendations, the advisory committee shall
17 consider methodologies and practices related to health care-associated
18 infections of the United States centers for disease control and
19 prevention, the centers for medicare and medicaid services, the joint
20 commission, the national quality forum, the institute for healthcare
21 improvement, and other relevant organizations.

22 (6) The department shall adopt rules as necessary to carry out its
23 responsibilities under this section.

24 NEW SECTION. **Sec. 2.** This act is necessary for the immediate
25 preservation of the public peace, health, or safety, or support of the
26 state government and its existing public institutions, and takes effect
27 immediately.

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