
SENATE BILL 5500

State of Washington 61st Legislature 2009 Regular Session

By Senators Keiser, Pflug, Franklin, Parlette, Murray, and Kohl-Welles

Read first time 01/23/09. Referred to Committee on Health & Long-Term Care.

1 AN ACT Relating to the screening for and reporting of methicillin-
2 resistant staphylococcus aureus in Washington hospitals; amending RCW
3 43.70.056; adding a new section to chapter 70.58 RCW; and creating a
4 new section.

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

6 NEW SECTION. **Sec. 1.** The legislature finds that increasing rates
7 of methicillin-resistant staphylococcus aureus are a threat to the
8 public health. The legislature further finds that methicillin-
9 resistant staphylococcus aureus poses a particular threat to patients
10 in hospital intensive care units and undergoing certain surgeries.
11 Measurement of rates of methicillin-resistant staphylococcus aureus in
12 patients in intensive care units can serve as a useful indicator of the
13 effectiveness of hospital infection control practices. The public
14 health may be improved by a uniform strategy of risk assessment and
15 screening for methicillin-resistant staphylococcus aureus for all
16 patients in hospital intensive care units.

17 **Sec. 2.** RCW 43.70.056 and 2007 c 261 s 2 are each amended to read
18 as follows:

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

3 (a) "Admission" means within seventy-two hours for all patients
4 expected to stay longer than seventy-two hours in an intensive care
5 unit.

6 (b) "Discharge" means patients who are discharged from the
7 intensive care unit after staying more than seventy-two hours.

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

12 ((+b+)) (d) "Hospital" means a health care facility licensed under
13 chapter 70.41 RCW.

14 (e) "Intensive care unit" means adult and pediatric, but not
15 neonatal, intensive care units.

16 (f) "Screen" means using a nasal swab tested by standard culture or
17 advanced technologies to detect the presence or absence of methicillin-
18 resistant staphylococcus aureus.

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

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

24 (ii) Beginning January 1, 2009, ventilator-associated pneumonia;
25 and

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

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

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

31 (C) Hysterectomy, abdominal and vaginal.

32 (b) Until required otherwise under (c) of this subsection, a
33 hospital must routinely collect and submit the data required to be
34 collected under (a) of this subsection to the national healthcare
35 safety network of the United States centers for disease control and
36 prevention in accordance with national healthcare safety network
37 definitions, methods, requirements, and procedures.

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.

1 (3) A hospital methicillin-resistant staphylococcus aureus risk
2 assessment and surveillance program is established as follows:

3 (a) Hospitals shall conduct methicillin-resistant staphylococcus
4 aureus risk assessment and surveillance as recommended in the
5 compendium of strategies to prevent health care-associated infections
6 in intensive care units and report to the department as follows:

7 (i) For three months beginning April 1st of each year, screen all
8 patients for methicillin-resistant staphylococcus aureus on admission
9 and discharge from each intensive care unit. However, if a hospital
10 operates more than two intensive care units it must complete its
11 screening for at least two intensive care units during the three months
12 beginning April 1st, and the hospital may elect to screen intensive
13 care unit patients in the additional units during three months
14 beginning July 1st of each year. Hospitals are not required to screen
15 patients known to have a medical history of methicillin-resistant
16 staphylococcus aureus, but must include those patients as positive in
17 the admission rate for purposes of the report required by (a)(ii) of
18 this subsection.

19 (ii) At the conclusion of the screening period in (a)(i) of this
20 subsection hospitals shall report to the department: (A) The number of
21 patients screened on admission to an intensive care unit, (B) the
22 methicillin-resistant staphylococcus aureus rate among patients
23 screened on admission to the intensive care unit, (C) the number of
24 patients screened on discharge from the intensive care unit, and (D)
25 the methicillin-resistant staphylococcus aureus rate among patients
26 screened on discharge from the intensive care unit.

27 (iii)(a) The difference in rates between admission and discharge
28 must be identified in the report as the hospital transmission rate.

29 (b) The combined methicillin-resistant staphylococcus aureus rate
30 among patients who have a previous medical history of methicillin-
31 resistant staphylococcus aureus and who test positive on admission to
32 an intensive care unit shall be identified in the report as the
33 community acquired rate.

34 (c) If the results of the methicillin-resistant staphylococcus
35 aureus intensive care unit surveillance described under (a) of this
36 subsection show a hospital transmission rate of two cases or five
37 percent of intensive care unit admissions, whichever is greater, the
38 hospital shall continue screening intensive care unit patients on

1 admission and on discharge and report to the department quarterly
2 information on the numbers of patients screened on admission to the
3 intensive care unit, the methicillin-resistant staphylococcus aureus
4 rate among patients screened on admission to the intensive care unit,
5 the number of patients screened on discharge from the intensive care
6 unit, and the methicillin-resistant staphylococcus aureus rate among
7 patients screened on discharge from the intensive care unit until the
8 hospital transmission rate is less than two cases or five percent of
9 intensive care unit admissions, whichever is greater for two
10 consecutive quarters.

11 (d) Hospitals not required to conduct ongoing intensive care unit
12 patient screening and reporting under (a) of this subsection may
13 voluntarily screen intensive care unit patients for methicillin-
14 resistant staphylococcus aureus on an ongoing basis and submit data to
15 the department.

16 (e) Hospitals shall ensure that any inpatient under the care of a
17 physician or other practitioner at the hospital who receives a positive
18 screening result for methicillin-resistant staphylococcus aureus is
19 informed of the result. Hospitals shall provide any patient who is
20 notified of a positive methicillin-resistant staphylococcus aureus
21 screening result with (i) education and counseling regarding the
22 recommended treatment for his or her condition, including possible
23 nontreatment and (ii) information about how the patient can prevent the
24 spread of methicillin-resistant staphylococcus aureus and safely
25 interact with family members and members of the public.

26 (4) The department shall:

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

29 (b) By January 1, 2011, submit a report to the appropriate
30 committees of the legislature based on the recommendations of the
31 advisory committee established in subsection ~~((+5+))~~ (6) of this
32 section for additional reporting requirements related to health care-
33 associated infections, considering the methodologies and practices of
34 the United States centers for disease control and prevention, the
35 centers for medicare and medicaid services, the joint commission, the
36 national quality forum, the institute for healthcare improvement, and
37 other relevant organizations;

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

4 (d) By December 1, 2009, and by each December 1st thereafter,
5 prepare and publish a report on the department's web site that compares
6 the health care-associated infection rates at individual hospitals in
7 the state using the data reported in the previous calendar year
8 pursuant to subsection (2) of this section. The department may update
9 the reports quarterly. In developing a methodology for the report and
10 determining its contents, the department shall consider the
11 recommendations of the advisory committee established in subsection
12 ~~((+5))~~ (6) of this section. The report is subject to the following:

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

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

19 (e) Evaluate, on a regular basis, the quality and accuracy of
20 health care-associated infection reporting required under subsection
21 (2) of this section and the data collection, analysis, and reporting
22 methodologies.

23 ~~((+4))~~ (5) The department may respond to requests for data and
24 other information from the data required to be reported under
25 subsections (2) and (3) of this section, at the requestor's expense,
26 for special studies and analysis consistent with requirements for
27 confidentiality of patient records.

28 ~~((+5))~~ (6)(a) The department shall establish an advisory committee
29 which may include members representing infection control professionals
30 and epidemiologists, licensed health care providers, nursing staff,
31 organizations that represent health care providers and facilities,
32 health maintenance organizations, health care payers and consumers, and
33 the department. The advisory committee shall make recommendations to
34 assist the department in carrying out its responsibilities under this
35 section, including making recommendations on allowing a hospital to
36 review and verify data to be released in the report and on excluding
37 from the report selected data from certified critical access hospitals.

1 (b) In developing its recommendations, the advisory committee shall
2 consider methodologies and practices related to health care-associated
3 infections of the United States centers for disease control and
4 prevention, the centers for medicare and medicaid services, the joint
5 commission, the national quality forum, the institute for healthcare
6 improvement, and other relevant organizations.

7 ((+6+)) (7) The department shall adopt rules as necessary to carry
8 out its responsibilities under this section.

9 NEW SECTION. **Sec. 3.** A new section is added to chapter 70.58 RCW
10 to read as follows:

11 In completing a certificate of death in compliance with this
12 chapter, a physician, physician assistant, or advanced registered nurse
13 practitioner must note the presence of methicillin-resistant
14 staphylococcus aureus, if it is a cause or contributing factor in the
15 patient's death.

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