

HB 1471 - S COMM AMD
By Committee on Health Care

ADOPTED 04/12/2013

1 Strike everything after the enacting clause and insert the
2 following:

3 "Sec. 1. RCW 43.70.056 and 2010 c 113 s 1 are each amended to read
4 as follows:

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

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

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

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

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

18 ~~(ii) Beginning January 1, 2009, ventilator-associated pneumonia;~~
19 ~~and~~

20 ~~(iii) Beginning January 1, 2010,))~~ Central line-associated
21 bloodstream infection in all hospital inpatient areas where patients
22 normally reside at least twenty-four hours;

23 (ii) Surgical site infection for the following procedures:

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

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

27 (C) ~~((Hysterectomy, abdominal and vaginal.~~

28 ~~(b)(i) Except as required under (b)(ii) and (c) of this~~
29 ~~subsection,))~~ Colon and abdominal hysterectomy procedures.

1 (b) The department shall, by rule, delete, add, or modify
2 categories of reporting when the department determines that doing so is
3 necessary to align state reporting with the reporting categories of the
4 centers for medicare and medicaid services. The department shall begin
5 rule making forty-five calendar days, or as soon as practicable, after
6 the centers for medicare and medicaid services adopts changes to
7 reporting requirements.

8 (c) A hospital must routinely collect and submit the data required
9 to be collected under (a) and (b) of this subsection to the national
10 healthcare safety network of the United States centers for disease
11 control and prevention in accordance with national healthcare safety
12 network definitions, methods, requirements, and procedures.

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

24 ~~(A) Must include the number of infections and the total number of~~
25 ~~surgeries performed for each type of surgery; and~~

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

33 ~~(c)(i) With respect to any of the health care associated infection~~
34 ~~measures for which reporting is required under (a) of this subsection,~~
35 ~~the department must, by rule, require hospitals to collect and submit~~
36 ~~the data to the centers for medicare and medicaid services according to~~
37 ~~the definitions, methods, requirements, and procedures of the hospital~~

1 ~~compare program, or its successor, instead of to the national~~
2 ~~healthcare safety network, if the department determines that:~~

3 ~~(A) The measure is available for reporting under the hospital~~
4 ~~compare program, or its successor, under substantially the same~~
5 ~~definition; and~~

6 ~~(B) Reporting under this subsection (2)(c) will provide~~
7 ~~substantially the same information to the public.~~

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

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

28 (e)(i) A hospital must release to the department, or grant the
29 department access to, its hospital-specific information contained in
30 the reports submitted under this subsection (2), as requested by the
31 department consistent with RCW 70.02.050.

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

37 (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))~~ 2014, and biennially thereafter, submit
4 a report to the appropriate committees of the legislature ~~((based on~~
5 ~~the recommendations of the advisory committee established in subsection~~
6 ~~(5) of this section for additional reporting requirements related to~~
7 ~~health care associated infections, considering the methodologies and~~
8 ~~practices of the United States centers for disease control and~~
9 ~~prevention, the centers for medicare and medicaid services, the joint~~
10 ~~commission, the national quality forum, the institute for healthcare~~
11 ~~improvement, and other relevant organizations))~~ that contains: (i)
12 Categories of reporting currently required of hospitals under
13 subsection (2)(a) of this section; (ii) categories of reporting the
14 department plans to add, delete, or modify by rule; and (iii) a
15 description of the evaluation process used under (f) of this
16 subsection;

17 ~~((Delete, by rule, the reporting of categories that the~~
18 ~~department determines are no longer necessary to protect public health~~
19 ~~and safety;~~

20 ~~(d))~~ By December 1, 2016, report to the appropriate committees of
21 the legislature with an update on the categories of reporting required
22 under subsection (2)(a) of this section, any plans for federal
23 reporting requirements on the categories, and recommendations for an
24 expiration of the reporting requirements;

25 (d) By rule, delete, add, or modify categories of reporting when
26 the department determines that it is necessary to align state reporting
27 with the reporting categories of the centers for medicare and medicaid
28 services. The department shall begin rule making forty-five calendar
29 days, or as soon as practicable, after the centers for medicare and
30 medicaid services adopts changes to reporting requirements;

31 (e) By December 1, 2009, and by each December 1st thereafter,
32 prepare and publish a report on the department's web site that compares
33 the health care-associated infection rates at individual hospitals in
34 the state using the data reported in the previous calendar year
35 pursuant to subsection (2) of this section. The department may update
36 the reports quarterly. In developing a methodology for the report and
37 determining its contents, the department shall consider the

1 recommendations of the advisory committee established in subsection (5)
2 of this section. The report is subject to the following:

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

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

9 ~~(e))~~ (f) Evaluate, on a regular basis, the quality and accuracy of
10 health care-associated infection reporting required under subsection
11 (2) of this section and the data collection, analysis, and reporting
12 methodologies; and

13 (g) Provide assistance to hospitals with the reporting requirements
14 of this chapter including definitions of required reporting elements.

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

20 (5)(a) The department shall establish an advisory committee which
21 may include members representing infection control professionals and
22 epidemiologists, licensed health care providers, nursing staff,
23 organizations that represent health care providers and facilities,
24 health maintenance organizations, health care payers and consumers, and
25 the department. The advisory committee shall make recommendations to
26 assist the department in carrying out its responsibilities under this
27 section, including making recommendations on allowing a hospital to
28 review and verify data to be released in the report and on excluding
29 from the report selected data from certified critical access hospitals.
30 ~~((Annually, beginning January 1, 2011, the advisory committee shall~~
31 ~~also make a recommendation to the department as to whether current~~
32 ~~science supports expanding presurgical screening for methicillin-~~
33 ~~resistant staphylococcus aureus prior to open chest cardiac, total hip,~~
34 ~~and total knee elective surgeries.))~~

35 (b) In developing its recommendations, the advisory committee shall
36 consider methodologies and practices related to health care-associated
37 infections of the United States centers for disease control and

1 prevention, the centers for medicare and medicaid services, the joint
2 commission, the national quality forum, the institute for healthcare
3 improvement, and other relevant organizations.

4 (6) The department shall adopt rules as necessary to carry out its
5 responsibilities under this section."

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6 On page 1, line 2 of the title, after "reporting;" strike the
7 remainder of the title and insert "and amending RCW 43.70.056."

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