
Health Care & Wellness Committee

HB 1471

Brief Description: Updating and aligning with federal requirements hospital health care-associated infection rate reporting.

Sponsors: Representatives Riccelli, Schmick, Cody, Clibborn, Ross, Short, Rodne, Green, Angel and Morrell; by request of Department of Health.

Brief Summary of Bill

- Updates hospital reporting requirements for health care-associated infections to align state requirements with federal standards.
- Grants the Department of Health rulemaking authority to add, delete, or modify reporting requirements to maintain alignment with federal standards.

Hearing Date: 2/14/13

Staff: Sara Campbell (786-7119) and Chris Blake (786-7392).

Background:

Hospitals are required by federal and state law to collect and report certain health care-associated infection (HAI) data. A HAI is a localized or systemic condition that results from adverse reactions to the presence of infectious agents or toxins that were not present or incubating at the time the patient was admitted to the hospital. According to the Centers for Disease Control and Prevention (CDC), there are 1.7 million HAIs every year that affect 5 percent of all patients admitted to hospitals nationwide. These infections add \$26-\$33 billion in excess costs, and contribute to 99,000 associated deaths annually.

Washington requires acute care hospitals to report certain HAIs to the CDC's National Healthcare Safety Network (NHSN). The NHSN is a voluntary, secure, internet-based surveillance system that integrates patient and healthcare personnel safety surveillance systems. The Centers for Medicare and Medicaid (CMS) also requires that hospitals report certain infections to the NHSN. These requirements apply to central line-associated bloodstream

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.

infections (CLABSI), ventilator-associated pneumonia (VAP), and some surgical site infections (SSI). Hospitals report the data to the Washington State Hospital Association, and the Department of Health (DOH) publicly reports the infection rates on its HAI website. The DOH also is responsible for assessing the quality of HAI surveillance data.

In 2011, the DOH submitted to the Legislature the HAI advisory committee's report and recommendations for reporting requirement changes. The recommendations include:

- deleting the VAP rate reporting requirement;
- expanding the scope of CLABSI reporting to include all in-patient areas of hospitals;
- replacing the current list of specific SSIs required with the list provided by CMS; and
- replacing the annual reporting requirement on methicillin resistant staphylococcus aureus presurgical screening with biennial reporting.

Summary of Bill:

Hospitals are required to report health care-associated infection (HAI) data to the National Healthcare Safety Network system rather than to the Washington State Hospital Association. The following changes are incorporated into the reporting requirements:

- ventilator-associated pneumonia reporting is eliminated;
- central line-associated bloodstream infection reporting is expanded to include all in-patient hospital areas; and
- eliminates the listing of specific surgical procedures for surgical site infection reporting and instead requires surgical site infection reporting for all colon and abdominal hysterectomy procedures.

The Department of Health is granted rule making authority to add, delete, or modify reporting requirements as needed to stay consistent with federal requirements.

The requirement that the HAI Advisory Committee make an annual methicillin resistant staphylococcus aureus testing recommendation is eliminated, and instead the Department of Health is required to produce a biennial report to the Legislature that contains: current reporting categories, any proposed changes, and a description of the evaluation process that checks the quality and accuracy of hospital data.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.