

FINAL BILL REPORT

HB 1471

PARTIAL VETO C 319 L 13 Synopsis as Enacted

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.

House Committee on Health Care & Wellness
Senate Committee on Health Care

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 Services (CMS) also require that hospitals report certain infections to the NHSN. These requirements apply to central line-associated bloodstream infections (CLABSI), ventilator-associated pneumonia, and some surgical site infections. In the event that the NHSN does not support specified HAI reporting, hospitals must report the data to the Washington State Hospital Association and the Department of Health (Department) must publicly report the infection rates on its website. The Department also is responsible for assessing the quality of HAI surveillance data.

In 2011 the Department submitted to the Legislature the HAI Advisory Committee's report and recommendations for reporting requirement changes. The recommendations include:

- deleting the ventilator-associate pneumonia rate reporting requirement;
- expanding the scope of CLABSI reporting to include all in-patient areas of hospitals;

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- replacing the current list of specific surgical site infections required with the list provided by CMS; and
- replacing the annual reporting requirement on methicillin resistant staphylococcus aureus presurgical screening with biennial reporting.

Summary:

Hospitals must 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;
- reporting of surgical site infections for colon procedures is added;
- reporting of surgical site infections for vaginal hysterectomy procedures is eliminated; and
- as of July 1, 2017, reporting of surgical site infections for deep sternal wounds for cardiac surgery and total hip and knee replacement surgery is eliminated.

The Department of Health is granted rulemaking 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. 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.

Votes on Final Passage:

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|--------|----|---|---------------------------|
| House | 98 | 0 | |
| Senate | 46 | 0 | (Senate amended) |
| House | | | (House refused to concur) |
| Senate | 46 | 0 | (Senate amended) |
| House | 96 | 0 | (House concurred) |

Effective: July 28, 2013
 July 1, 2017 (Section 2)

Partial Veto Summary: Technical provisions regarding the expiration of the specific health care-associated infections are eliminated.