

SENATE BILL REPORT

HB 1471

As Reported by Senate Committee On:
Health Care, March 26, 2013

Title: An act relating to updating and aligning with federal requirements hospital health care-associated infection rate reporting.

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 History: Passed House: 3/11/13, 98-0.

Committee Activity: Health Care: 3/25/13, 3/26/13 [DPA, w/oRec].

SENATE COMMITTEE ON HEALTH CARE

Majority Report: Do pass as amended.

Signed by Senators Becker, Chair; Dammeier, Vice Chair; Keiser, Ranking Member; Bailey, Ericksen, Frockt, Parlette and Schlicher.

Minority Report: That it be referred without recommendation.

Signed by Senator Cleveland.

Staff: Mich'l Needham (786-7442)

Background: Hospitals are required by federal and state law to collect and report certain health care-associated infection (HAI) data. An 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 CDC's National Healthcare Safety Network (NHSN). NHSN is a voluntary, secure, internet-based surveillance system that integrates patient and health care personnel safety surveillance systems. The Centers for Medicare and Medicaid (CMS) also requires that hospitals report

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certain infections to NHSN. These requirements apply to central line-associated bloodstream 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. DOH also is responsible for assessing the quality of HAI surveillance data.

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

- 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 (Recommended Amendments): Hospitals must report health care-associated infection (HAI) data to the NHSN system rather than to the Washington State Hospital Association quality benchmarking system. The following changes are incorporated into the reporting requirements:

- VAP reporting is eliminated; and
- CLABSI reporting is expanded to include all in-patient hospital areas.

DOH 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 recommendation on methicillin resistant staphylococcus aureus testing is eliminated, and instead DOH must 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. DOH must report to the Legislature by December 2016, with an update on the required categories of reporting, any plans for federal reporting requirements in the surgical infection categories, and recommendations for an expiration of the reporting requirements.

EFFECT OF CHANGES MADE BY HEALTH CARE COMMITTEE (Recommended Amendments): Restores the hospital reporting for infections related to cardiac surgery and total hip and knee replacement surgery. DOH must report to the Legislature by December 2016, with an update on the required categories of reporting, any plans for federal reporting requirements in the surgical infection categories, and recommendations for an expiration of the reporting requirements.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony on House Bill: PRO: This is an effort to improve patient safety and provide streamlined reporting inline with federal requirements that allow the data to be compared in a meaningful way. This is an agency request and reflects the recommendations of the workgroup. The hospitals currently report the data one time to the National Safety Network at the CDC, and the data is then available on multiple websites that allow comparable, statistically significant data to be posted and analyzed. It is anticipated that the national reporting standards will continue to expand as the national committees reach consensus on the appropriate reporting definitions and measurements. The Hospital Association strongly supports this current bill, we worked on the language with DOH. It is important to shift the focus on reporting to the most significant infections and the areas with high volume. For example, there were approximately 27,000 cases of MRSA and approximately 150 hip surgery infections. We need to focus the attention and quality improvement monitoring on these big areas with major consequences. Streamlining the reporting with the federal requirements is a significant change in the impact for the hospitals. The federal reporting requirements include all the infrastructure and format but the state-specific requirements are incredibly cumbersome. We remain committed to transparency on the quality and made one of the most robust patient-safety websites across the country.

CON: We are opposed to removing the state-specific reporting, especially in regard to reporting of infections for hip, knee, and cardiac surgeries. We believe it is helpful for patients to see the variation in hospital infections to help inform their choice of hospital. There is a wide variation in infections and some hospitals have high rates that patients should know about. These surgeries are not included in the federal reporting at this time and it would be a loss of information for Washington consumers. More of the population is likely to have these surgeries as the population ages – there is high volume in these surgeries today. Amend this bill and retain reporting of infections on these three surgery areas. The Food and Drug Administration just released a warning about hip implants so it is important to track all information related to hip implants. We do not want to lose any information that is reported today. It is important to have the ability to compare infection data. Keep the reporting on infections for hip, knee, and cardiac surgeries.

Persons Testifying: PRO: Representative Riccelli, prime sponsor; Pamela Lovinger, DOH; Cassie Sauer, WA State Hospital Assn.

CON: Yanling Yu, WA Advocates for Patient Safety; Dwight Schrag, citizen; Rex Johnson, Consumer's Union.