FINAL BILL REPORT
2SHB 1106

C 261 L 07
Synopsis as Enacted

Brief Description: Requiring reporting of hospital-acquired infections in health care facilities.

Sponsors: By House Committee on Appropriations (originally sponsored by Representatives Campbell, Chase, Hankins, Morrell, Appleton, Hudgins, McDermott and Wallace).

House Committee on Health Care & Wellness
House Committee on Appropriations
Senate Committee on Health & Long-Term Care
Senate Committee on Ways & Means

Background:

National Surveillance of Health Care-Associated Infection.

The United States Centers for Disease Control and Prevention (CDC) has collected data on hospital-acquired infections since 1970 through the National Nosocomial Infections Surveillance System. This program has been collecting information from approximately 300 large hospitals on a voluntary, confidential basis. Redesigned as the National Healthcare Safety Network in 2006, the new web-based program became available for use by all health care facilities in 2006. The database is intended to serve three functions:

- describe the epidemiology of health care-associated infections;
- describe the antimicrobial resistance associated with these infections; and
- produce aggregated infection rates suitable for interhospital comparisons.

From its collected data, the CDC estimates that approximately two million patients are infected each year as a result of the health care services that they received, and about 90,000 of these patients die from those infections.

Washington State Requirements for Hospital Infection Control and Quality Improvement.

The Department of Health (DOH) hospital licensing standards require hospitals to maintain infection control programs to reduce the occurrence of hospital-acquired infections. As a part of this program, hospitals must adopt policies and procedures consistent with CDC guidelines regarding infection control in hospitals.

Hospitals are also required by statute to maintain a coordinated quality improvement program to improve the quality of health care services rendered to patients. Among other things, the program must:

- collect and maintain information on the hospital's experience with negative health care outcomes and incidents injurious to patients;
- provide education programs dealing with quality improvement; and

- make reports to the hospital's board.

Other States' Requirements for Health Care-Associated Infection Reporting.

In 2003 Pennsylvania became the first state to require its hospitals to report health-care associated infections. Of the other 14 state laws enacted to require this reporting since 2003, eight were enacted in 2006. The states requiring reporting are California, Colorado, Connecticut, Florida, Illinois, Maryland, Missouri, Nevada, New Hampshire, New York, Pennsylvania, South Carolina, Tennessee, Vermont, and Virginia.

Summary:

A program for collecting and reporting health care-associated infection data at hospitals is established, with reporting beginning July 1, 2008. The DOH will oversee and evaluate the program and publish annual reports, beginning December 1, 2009, comparing health care-associated infection rates at individual hospitals.

Hospital Reporting of Health Care-Associated Infections.

Acute care hospitals must collect and report data on health care-associated infections, phased in as follows:
- on July 1, 2008, reporting begins on central line-associated bloodstream infections in the intensive care unit;
- on January 1, 2009, reporting begins on ventilator-associated pneumonia; and
- on January 1, 2010, reporting begins on surgical site infections related to cardiac surgery, total hip and knee replacement, and hysterectomy.

By January 1, 2011, the DOH will make recommendations to the Legislature for additional health care-associated infections to be reported. The DOH may delete categories found to be no longer necessary to protect public health and safety.

The data on these infections must be collected according to the definitions and methods of the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN). The data must be routinely submitted to the NHSN in accordance with its requirements, with oversight by a qualified individual with appropriate skill and knowledge.

The DOH must require, by rule, reporting any of the measures to the Centers for Medicare and Medicaid Services (CMS) Hospital Compare program, instead of the NHSN, if the DOH determines that the measure is available for reporting under substantially the same definition and that reporting to Hospital Compare will provide substantially the same information to the public. Rules adopted by the DOH must require reporting to Hospital Compare as soon as practicable, but within 120 days, after the CMS allows the respective measure to be reported to Hospital Compare program. If the CMS allows infection rates to be reported through the NHSN, the DOH rules must require reporting that reduces the burden and minimizes changes to accommodate reporting.

Hospitals must release their hospital-specific information to the DOH. These reports obtained by the DOH, and the information contained in the reports, are not subject to public disclosure or discovery and are not admissible as evidence in a court proceeding.

Hospitals are also required to maintain and collect information on health care-associated infections in their quality improvement programs and to include infection control information in their quality improvement education programs.

The DOH must convene a stakeholder group to review infection protocols at ambulatory surgical facilities (ASFs) and report to the DOH, by December 15, 2008, on whether ASFs should be required to report health care-associated infections. The DOH must make recommendations on ASF reporting to the Legislature by January 1, 2009.

The DOH Annual Reports on Health Care-Associated Infection.

By December 1, 2009, and at least annually thereafter, the DOH must prepare and publish a report on the agency's website that compares the health care-associated infection rates at each individual hospital using the data reported in the previous year. Reports may be updated quarterly. This report must not disclose information about individual patients and must not include data sets determined by the DOH to be too small or unrepresentative of a hospital's ability to achieve an outcome.

The DOH may respond to data requests, at the requestor's expense, for analysis consistent with confidentiality of patient records and quality improvement.

Advisory Committee.

The DOH must establish an advisory committee consisting of infection control professionals and epidemiologists, licensed health care providers, nursing staff, organizations that represent health care providers and facilities, health maintenance organizations, health care payers and consumers, and the DOH. In developing recommendations, the advisory committee must consider methodologies related to health care-associated infections of the Centers for Disease Control and Prevention, the Centers for Medicare and Medicaid Services, the Joint Commission, the National Quality Forum, and the Institute for Healthcare Improvement. The advisory committee is expressly authorized to make recommendations on allowing a hospital to review and verify data to be released in the hospital infection report and on excluding selected data from certified critical access hospitals.

Hospital Infection Control Grants.

An account is created from which the DOH may award hospital infection control grants to hospitals and public agencies for infection control and surveillance programs.

Votes on Final Passage:

House	86	10	
Senate	49	0	(Senate amended)
House	93	2	(House concurred)

Effective: July 22, 2007