
**Health Care & Wellness
Committee**

HB 1106

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

Sponsors: Representatives Campbell, Chase, Hankins, Morrell, Appleton, Hudgins, McDermott and Wallace.

Brief Summary of Bill

- Requires the Department of Health to adopt standards for identifying, tracking, and reporting health-care associated infections acquired in hospitals and to publish annual reports of outcomes measures at individual hospitals.
- Requires hospitals to report to the Department of Health every three months on certain health care-associated infection outcome measures.

Hearing Date: 1/24/07

Staff: Chris Cordes (786-7103).

Background:

National Surveillance of Health Care-Associated Infection

The United States Centers for Disease Control and Prevention (CDC) has collected data about 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. Redesignated 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.

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.

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 of Bill:

Standards for Health Care-Associated Infection Reports

The Department of Health (DOH) is required to adopt guidelines and rules for identifying, tracking, reporting, and releasing information related to health care-associated infections acquired in hospitals. In developing these standards, the DOH must consider the recommendations of an advisory committee consisting of infection control professionals and epidemiologists and the recommendations, definitions, and methodologies of organizations with recognized expertise in infection control or quality improvement.

The standards must:

- consider outcome measures in specified categories, including surgical site infections for selected procedures, surgical antimicrobial prophylaxis, ventilator-associated pneumonia, and central line-associated bloodstream infections in intensive care units;
- include additional procedures or categories of infections in the standards, if the DOH determines that there are evidence-based guidelines demonstrated to reduce health-care associated infections and they are feasible to track; and
- establish criteria for excluding data sets that are too small or otherwise unrepresentative of a hospital's ability to achieve a specific outcome.

Reports on Health Care-Associated Infections

Hospitals. Acute care hospitals and hospital-owned ambulatory or outpatient surgical centers are required to collect information about health care-associated infection outcome measures in the categories identified in the DOH standards. Hospitals must report information every three months to the DOH. These reports and the data contained in the reports are not subject to public disclosure or discovery and are not admissible as evidence in a court proceeding.

Hospitals are 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.

Department of Health. The DOH must publish an annual report on the agency's website that compares infection outcomes at individual hospitals. The data in report must be adjusted to account for patient mix and other risk factors and may not include data sets that are determined to be too small or otherwise unrepresentative of a hospital's ability to achieve a specific outcome. The report may not disclose information about an individual patient.

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

The DOH must report to the Legislature in November 2009 on the activities of the United States Centers for Disease Control, Centers for Medicare and Medicaid Services, Joint Commission for the Accreditation of Health Care Organizations, and the Institute for Health Care Improvement related to reporting health care-associated infections.

Appropriation: None.

Fiscal Note: Requested on January 17, 2007.

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