
HOUSE BILL 2828

State of Washington 61st Legislature 2010 Regular Session

By Representatives Campbell and Morrell

Read first time 01/14/10. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to requiring hospitals to report certain health
2 care-associated infections to the Washington state hospital
3 association's quality benchmarking system until the national health
4 care safety network is able to accept aggregate denominator data; and
5 amending RCW 43.70.056.

6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

7 **Sec. 1.** RCW 43.70.056 and 2009 c 244 s 2 are each amended to read
8 as follows:

9 (1) The definitions in this subsection apply throughout this
10 section unless the context clearly requires otherwise.

11 (a) "Health care-associated infection" means a localized or
12 systemic condition that results from adverse reaction to the presence
13 of an infectious agent or its toxins and that was not present or
14 incubating at the time of admission to the hospital.

15 (b) "Hospital" means a health care facility licensed under chapter
16 70.41 RCW.

17 (2)(a) A hospital shall collect data related to health
18 care-associated infections as required under this subsection (2) on the
19 following:

1 (i) Beginning July 1, 2008, central line-associated bloodstream
2 infection in the intensive care unit;

3 (ii) Beginning January 1, 2009, ventilator-associated pneumonia;
4 and

5 (iii) Beginning January 1, 2010, surgical site infection for the
6 following procedures:

7 (A) Deep sternal wound for cardiac surgery, including coronary
8 artery bypass graft;

9 (B) Total hip and knee replacement surgery; and

10 (C) Hysterectomy, abdominal and vaginal.

11 (b) (~~Until~~) (i) Except as required (~~(otherwise)~~) under (b)(ii)
12 and (c) of this subsection, a hospital must routinely collect and
13 submit the data required to be collected under (a) of this subsection
14 to the national healthcare safety network of the United States centers
15 for disease control and prevention in accordance with national
16 healthcare safety network definitions, methods, requirements, and
17 procedures.

18 (ii) Until the national health care safety network allows the data
19 to be submitted with aggregate denominator data, a hospital shall
20 monthly submit the data required to be collected under (a)(iii) of this
21 subsection to the Washington state hospital association's quality
22 benchmarking system instead of the national health care safety network.
23 The data the hospital submits to the quality benchmarking system under
24 this subsection (2)(b)(ii):

25 (A) Must include the number of infections and the total number of
26 surgeries performed for each type of surgery;

27 (B) Must be provided to the department upon request; and

28 (C) May be validated quarterly by the department.

29 (c)(i) With respect to any of the health care-associated infection
30 measures for which reporting is required under (a) of this subsection,
31 the department must, by rule, require hospitals to collect and submit
32 the data to the centers for medicare and medicaid services according to
33 the definitions, methods, requirements, and procedures of the hospital
34 compare program, or its successor, instead of to the national
35 healthcare safety network, if the department determines that:

36 (A) The measure is available for reporting under the hospital
37 compare program, or its successor, under substantially the same
38 definition; and

1 (B) Reporting under this subsection (2)(c) will provide
2 substantially the same information to the public.

3 (ii) If the department determines that reporting of a measure must
4 be conducted under this subsection (2)(c), the department must adopt
5 rules to implement such reporting. The department's rules must require
6 reporting to the centers for medicare and medicaid services as soon as
7 practicable, but not more than one hundred twenty days, after the
8 centers for medicare and medicaid services allow hospitals to report
9 the respective measure to the hospital compare program, or its
10 successor. However, if the centers for medicare and medicaid services
11 allow infection rates to be reported using the centers for disease
12 control and prevention's national healthcare safety network, the
13 department's rules must require reporting that reduces the burden of
14 data reporting and minimizes changes that hospitals must make to
15 accommodate requirements for reporting.

16 (d) Data collection and submission required under this subsection
17 (2) must be overseen by a qualified individual with the appropriate
18 level of skill and knowledge to oversee data collection and submission.

19 (e)(i) A hospital must release to the department, or grant the
20 department access to, its hospital-specific information contained in
21 the reports submitted under this subsection (2), as requested by the
22 department.

23 (ii) The hospital reports obtained by the department under this
24 subsection (2), and any of the information contained in them, are not
25 subject to discovery by subpoena or admissible as evidence in a civil
26 proceeding, and are not subject to public disclosure as provided in RCW
27 42.56.360.

28 (3) The department shall:

29 (a) Provide oversight of the health care-associated infection
30 reporting program established in this section;

31 (b) By January 1, 2011, submit a report to the appropriate
32 committees of the legislature based on the recommendations of the
33 advisory committee established in subsection (5) of this section for
34 additional reporting requirements related to health care-associated
35 infections, considering the methodologies and practices of the United
36 States centers for disease control and prevention, the centers for
37 medicare and medicaid services, the joint commission, the national

1 quality forum, the institute for healthcare improvement, and other
2 relevant organizations;

3 (c) Delete, by rule, the reporting of categories that the
4 department determines are no longer necessary to protect public health
5 and safety;

6 (d) By December 1, 2009, and by each December 1st thereafter,
7 prepare and publish a report on the department's web site that compares
8 the health care-associated infection rates at individual hospitals in
9 the state using the data reported in the previous calendar year
10 pursuant to subsection (2) of this section. The department may update
11 the reports quarterly. In developing a methodology for the report and
12 determining its contents, the department shall consider the
13 recommendations of the advisory committee established in subsection (5)
14 of this section. The report is subject to the following:

15 (i) The report must disclose data in a format that does not release
16 health information about any individual patient; and

17 (ii) The report must not include data if the department determines
18 that a data set is too small or possesses other characteristics that
19 make it otherwise unrepresentative of a hospital's particular ability
20 to achieve a specific outcome; and

21 (e) Evaluate, on a regular basis, the quality and accuracy of
22 health care-associated infection reporting required under subsection
23 (2) of this section and the data collection, analysis, and reporting
24 methodologies.

25 (4) The department may respond to requests for data and other
26 information from the data required to be reported under subsection (2)
27 of this section, at the requestor's expense, for special studies and
28 analysis consistent with requirements for confidentiality of patient
29 records.

30 (5)(a) The department shall establish an advisory committee which
31 may include members representing infection control professionals and
32 epidemiologists, licensed health care providers, nursing staff,
33 organizations that represent health care providers and facilities,
34 health maintenance organizations, health care payers and consumers, and
35 the department. The advisory committee shall make recommendations to
36 assist the department in carrying out its responsibilities under this
37 section, including making recommendations on allowing a hospital to
38 review and verify data to be released in the report and on excluding

1 from the report selected data from certified critical access hospitals.
2 Annually, beginning January 1, 2011, the advisory committee shall also
3 make a recommendation to the department as to whether current science
4 supports expanding presurgical screening for methicillin-resistant
5 staphylococcus aureus prior to open chest cardiac, total hip, and total
6 knee elective surgeries.

7 (b) In developing its recommendations, the advisory committee shall
8 consider methodologies and practices related to health care-associated
9 infections of the United States centers for disease control and
10 prevention, the centers for medicare and medicaid services, the joint
11 commission, the national quality forum, the institute for healthcare
12 improvement, and other relevant organizations.

13 (6) The department shall adopt rules as necessary to carry out its
14 responsibilities under this section.

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