

HOUSE BILL REPORT

HB 1471

As Amended by the Senate

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:

Committee Activity:

Health Care & Wellness: 2/14/13, 2/15/13 [DP].

Floor Activity:

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

Senate Amended.

Passed Senate: 4/12/13, 46-0.

Senate Amended.

Passed Senate: 4/24/13, 46-0.

Brief Summary of Bill

- Updates hospital reporting requirements for health care-associated infections to align state requirements with federal standards.
- Grants the Department of Health rulemaking authority to add, delete, or modify reporting requirements to maintain alignment with federal standards.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: Do pass. Signed by 15 members: Representatives Cody, Chair; Jinkins, Vice Chair; Schmick, Ranking Minority Member; Hope, Assistant Ranking Minority Member; Angel, Clibborn, Green, Harris, Manweller, Morrell, Riccelli, Ross, Short, Tharinger and Van De Wege.

Staff: Sara Campbell (786-7119) and Chris Blake (786-7392).

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.

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 (CMS) also requires that hospitals report certain infections to the 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. The DOH also is responsible for assessing the quality of HAI surveillance data.

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

- 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:

Hospitals are required to 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; and
- eliminates the listing of specific surgical procedures for surgical site infection reporting and instead requires surgical site infection reporting for all colon and abdominal hysterectomy procedures.

The Department of Health (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 methicillin resistant staphylococcus aureus testing recommendation is eliminated, and instead the DOH 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.

EFFECT OF SENATE AMENDMENT(S):

The Senate amendment restores data collection and reporting requirement for hospitals related to surgical site infections for deep sternal wounds for cardiac surgery and total hip and knee replacement surgery. The data collection and reporting requirement for those conditions expires on July 1, 2017.

The biennial reporting requirement related to the health care-associated infection program that begins on January 1, 2014, is changed to begin on November 1, 2013.

Appropriation: None.

Fiscal Note: Available.

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

Staff Summary of Public Testimony:

(In support) The availability of information about health care-associated infections (HAI) is continually changing, and our systems need to change alongside it to stay relevant and useful. This bill will improve existing law by expanding central line-associated bloodstream infection reporting to include all in-patient hospital areas. Ventilator-associated pneumonia reporting is eliminated as the testing currently used is costly and unreliable. The Department of Health will have the authority to keep Washington HAI reporting current, and will streamline the process. The improved process will enhance transparency in the system, and improve the availability and quality of data.

(In support with concerns) The bill should be amended to retain the surgical site infection (SSI) reporting for cardiac surgical procedures and for total hip and knee replacements. That data is still needed and relevant. Additionally, there is concern about linking Washington's reporting standards to a federal standard that is voluntary, not mandatory.

(With concerns) The removal of SSI reporting for cardiac surgical procedures and for total hip and knee replacement is concerning. These procedures are being performed in increasing numbers each year, and are associated with some of the highest HAI rates. To best serve the interests of patients, hospitals should continue to be required to report HAI data associated with these SSIs. Public reporting motivates and encourages hospitals to improve their outcomes, and families and patients have a right to this information.

(Opposed) None.

Persons Testifying: (In support) Representative Riccelli, prime sponsor; Pamela Lovinger, Department of Health; and Lisa Thatcher, Washington State Hospital Association.

(In support with concerns) Rex Johnson.

(With concerns) Yanling Yu and Jaycie Giraud, Washington Advocates for Patient Safety.

Persons Signed In To Testify But Not Testifying: None.