

# HOUSE BILL REPORT

## E2SHB 1015

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**As Passed House:**  
February 13, 2006

**Title:** An act relating to the reporting of infections acquired in health care facilities.

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

**Sponsors:** By House Committee on Appropriations (originally sponsored by Representatives Campbell, Morrell, Skinner, Hankins, Simpson, Schindler and Chase).

**Brief History:**

**Committee Activity:**

Health Care: 1/10/06, 1/31/06 [DPS];  
Appropriations: 2/4/06 [DP2S(w/o sub HC)].

**Floor Activity:**

Passed House: 2/13/06, 59-39.

**Brief Summary of Engrossed Second Substitute Bill**

- Requires hospitals to provide the Department of Health with quarterly reports detailing the rates of health care-associated infections at their facilities.
- Requires the Department of Health to provide annual reports of infection rates at individual hospitals.

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### HOUSE COMMITTEE ON HEALTH CARE

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 9 members: Representatives Cody, Chair; Campbell, Vice Chair; Morrell, Vice Chair; Appleton, Clibborn, Green, Lantz, Moeller and Schual-Berke.

**Minority Report:** Do not pass. Signed by 5 members: Representatives Hinkle, Ranking Minority Member; Curtis, Assistant Ranking Minority Member; Alexander, Bailey and Condotta.

**Staff:** Chris Blake (786-7392).

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### HOUSE COMMITTEE ON APPROPRIATIONS

**Majority Report:** The second substitute bill be substituted therefor and the second substitute bill do pass and do not pass the substitute bill by Committee on Health Care. Signed by 30

members: Representatives Sommers, Chair; Fromhold, Vice Chair; Alexander, Ranking Minority Member; Anderson, Assistant Ranking Minority Member; McDonald, Assistant Ranking Minority Member; Armstrong, Bailey, Buri, Chandler, Clements, Cody, Conway, Darneille, Dunshee, Grant, Haigh, Hinkle, Hunter, Kagi, Kenney, Kessler, Linville, McDermott, Miloscia, Pearson, Priest, Schual-Berke, P. Sullivan, Talcott and Walsh.

**Staff:** Amy Hanson (786-7118).

**Background:**

The United States Centers for Disease Control and Prevention (CDC) collects data about hospital-acquired infections through the National Nosocomial Infections Surveillance System. This program collects information from approximately 300 large-size hospitals on a voluntary basis. The database is intended to serve three functions: (1) describe the epidemiology of health care-associated infections; (2) describe the antimicrobial resistance associated with these infections; and (3) produce aggregated infection rates suitable for interhospital comparisons. Hospital-specific data is not released through this program. Through this data, the CDC estimates that each year approximately two million patients are infected as a result of the receipt of health care services that they receive and about 90,000 of these patients die from their infections.

The Washington State Department of Health (Department) licensing standards require that hospitals maintain infection control programs to reduce the occurrence of hospital-acquired infections. As a part of this program, hospitals must adopt policies and procedures based on CDC guidelines for reducing infections.

**Summary of Engrossed Second Substitute Bill:**

Acute care hospitals are required to collect information about outcome measures for health care-associated infections at their facilities including surgical site infections, surgical antimicrobial prophylaxis, ventilator-associated pneumonia, and central line-related bloodstream infections in the intensive care unit. As national organizations make additional guidelines available for evidence-based procedures that are feasible for hospitals to track, the Department shall adopt them as part of the reporting program. Hospitals must submit quarterly reports of this data to the Department. Information contained in the hospital reports is not subject to public disclosure or discovery or admissible as evidence in a court proceeding.

The Department shall adopt guidelines and rules for the collection, reporting, analysis, and release of information related to health care-associated infections at hospitals. An advisory committee consisting of infection control professionals and epidemiologists is established to make recommendations to the Department in developing standards for conducting these activities. The Department shall publish an annual report which will provide comparisons of infection outcomes at different hospitals. The data in the Department's reports must be risk-adjusted to account for patient mix and aggregated by facility.

Hospitals are required to maintain information concerning health care-associated infections in their quality improvement programs.

**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date:** The bill takes effect August 1, 2006.

**Testimony For:** (Health Care) This bill is a necessary and complementary component to what hospitals are doing to improve patient safety. The hospitals' initiative is only voluntary while this program is mandatory. Rates of hospital-acquired infections have grown to about 100,000 deaths per year. Transparency is the key to reducing the infection rates at hospitals. Washington cannot wait for other organizations to develop guidelines. This bill furthers the consumers' right to know information when making health care decisions. In order to provide accurate information, a comprehensive program will need to be developed.

**Testimony For:** (Appropriations) None.

**Testimony Against:** (Health Care) In the past year the Institute for Healthcare Improvement Program has encouraged hospital CEOs to provide resources to make their institutions more safe through scientifically sound practices that are feasible to implement and hospitals realize that they make good business sense. The advisory committee could slow down the system. It would be very challenging to get all providers to report data in a consistent way without national reporting standards. There are financial incentives at the federal level that are promoting patient safety practices regarding infections. Washington should build on these existing programs.

**Testimony Against:** (Appropriations) The Washington State Hospital Association has worked with the sponsor of this bill to make this bill consistent with current efforts of hospitals. We have some concerns with the section of the bill that directs the Department of Health to immediately include evidence-based procedures to reduce infections identified by other organizations in the guidelines and rules regarding hospital reporting. The other provision that is problematic is the extension of this bill to ambulatory surgical centers. Ambulatory surgical centers are not currently licensed. The bill sets up an obligation for ambulatory surgical centers owned by hospitals to perform reporting while it is permissive for others. We would prefer that ambulatory surgical center provisions are looked at holistically and not in a piecemeal fashion.

**Persons Testifying:** (Health Care) (In support ) Representative Tom Campbell, prime sponsor; and Jude Van Buren, Department of Health.

(Opposed) Marcia Patrick, Multicare Health System; and Lisa Thatcher, Washington State Hospital Association.

**Persons Testifying:** (Appropriations) Lisa Thatcher, Washington State Hospital Association.

**Persons Signed In To Testify But Not Testifying:** (Health Care) None.

**Persons Signed In To Testify But Not Testifying:** (Appropriations) None.