

HB 1471 - S AMD 321

By Senators Becker, Keiser

ADOPTED 04/24/2013

1 Strike everything after the enacting clause and insert the
2 following:

3 "Sec. 1. RCW 43.70.056 and 2010 c 113 s 1 are each amended to read
4 as follows:

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

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

11 (b) "Hospital" means a health care facility licensed under chapter
12 70.41 RCW.

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

16 (i) ~~((Beginning July 1, 2008,))~~ Central line-associated bloodstream
17 infection in ((the intensive care unit)) all hospital inpatient areas
18 where patients normally reside at least twenty-four hours;

19 (ii) ~~((Beginning January 1, 2009, ventilator-associated pneumonia;~~
20 ~~and~~

21 ~~((iii) Beginning January 1, 2010,))~~ Surgical site infection for the
22 following procedures:

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

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

26 (C) ~~((Hysterectomy, abdominal and vaginal.~~

27 ~~(b)(i) Except as required under (b)(ii) and (c) of this~~
28 ~~subsection,))~~ Colon and abdominal hysterectomy procedures.

29 (b) The department shall, by rule, delete, add, or modify
30 categories of reporting when the department determines that doing so is

1 necessary to align state reporting with the reporting categories of the
2 centers for medicare and medicaid services. The department shall begin
3 rule making forty-five calendar days, or as soon as practicable, after
4 the centers for medicare and medicaid services adopts changes to
5 reporting requirements.

6 (c) A hospital must routinely collect and submit the data required
7 to be collected under (a) and (b) of this subsection to the national
8 healthcare safety network of the United States centers for disease
9 control and prevention in accordance with national healthcare safety
10 network definitions, methods, requirements, and procedures.

11 ~~((ii) Until the national health care safety network releases a~~
12 ~~revised module that successfully interfaces with a majority of computer~~
13 ~~systems of Washington hospitals required to report data under (a)(iii)~~
14 ~~of this subsection or three years, whichever occurs sooner, a hospital~~
15 ~~shall monthly submit the data required to be collected under (a)(iii)~~
16 ~~of this subsection to the Washington state hospital association's~~
17 ~~quality benchmarking system instead of the national health care safety~~
18 ~~network. The department shall not include data reported to the quality~~
19 ~~benchmarking system in reports published under subsection (3)(d) of~~
20 ~~this section. The data the hospital submits to the quality~~
21 ~~benchmarking system under (b)(ii) of this subsection:~~

22 ~~(A) Must include the number of infections and the total number of~~
23 ~~surgeries performed for each type of surgery; and~~

24 ~~(B) Must be the basis for a report developed by the Washington~~
25 ~~state hospital association and published on its web site that compares~~
26 ~~the health care associated infection rates for surgical site infections~~
27 ~~at individual hospitals in the state using the data reported in the~~
28 ~~previous calendar year pursuant to this subsection. The report must be~~
29 ~~published on December 1, 2010, and every year thereafter until data is~~
30 ~~again reported to the national health care safety network.~~

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

1 ~~(A) The measure is available for reporting under the hospital~~
2 ~~compare program, or its successor, under substantially the same~~
3 ~~definition; and~~

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

6 ~~(ii) If the department determines that reporting of a measure must~~
7 ~~be conducted under this subsection (2)(c), the department must adopt~~
8 ~~rules to implement such reporting. The department's rules must require~~
9 ~~reporting to the centers for medicare and medicaid services as soon as~~
10 ~~practicable, but not more than one hundred twenty days, after the~~
11 ~~centers for medicare and medicaid services allow hospitals to report~~
12 ~~the respective measure to the hospital compare program, or its~~
13 ~~successor. However, if the centers for medicare and medicaid services~~
14 ~~allow infection rates to be reported using the centers for disease~~
15 ~~control and prevention's national healthcare safety network, the~~
16 ~~department's rules must require reporting that reduces the burden of~~
17 ~~data reporting and minimizes changes that hospitals must make to~~
18 ~~accommodate requirements for reporting.)) If the centers for medicare~~
19 ~~and medicaid services changes reporting from the national healthcare~~
20 ~~safety network to another database or through another process, the~~
21 ~~department shall review the new reporting database or process and~~
22 ~~consider whether it aligns with the purposes of this section.~~

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

26 (e)(i) A hospital must release to the department, or grant the
27 department access to, its hospital-specific information contained in
28 the reports submitted under this subsection (2), as requested by the
29 department consistent with RCW 70.02.050.

30 (ii) The hospital reports obtained by the department under this
31 subsection (2), and any of the information contained in them, are not
32 subject to discovery by subpoena or admissible as evidence in a civil
33 proceeding, and are not subject to public disclosure as provided in RCW
34 42.56.360.

35 (3) The department shall:

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

1 (b) By ~~((January 1, 2011))~~ November 1, 2013, and biennially
2 thereafter, submit a report to the appropriate committees of the
3 legislature ~~((based on the recommendations of the advisory committee~~
4 ~~established in subsection (5) of this section for additional reporting~~
5 ~~requirements related to health care associated infections, considering~~
6 ~~the methodologies and practices of the United States centers for~~
7 ~~disease control and prevention, the centers for medicare and medicaid~~
8 ~~services, the joint commission, the national quality forum, the~~
9 ~~institute for healthcare improvement, and other relevant~~
10 ~~organizations))~~ that contains: (i) Categories of reporting currently
11 required of hospitals under subsection (2)(a) of this section; (ii)
12 categories of reporting the department plans to add, delete, or modify
13 by rule; and (iii) a description of the evaluation process used under
14 (d) of this subsection;

15 (c) ~~((Delete, by rule, the reporting of categories that the~~
16 ~~department determines are no longer necessary to protect public health~~
17 ~~and safety;~~

18 ~~(d))~~ By December 1, 2009, and by each December 1st thereafter,
19 prepare and publish a report on the department's web site that compares
20 the health care-associated infection rates at individual hospitals in
21 the state using the data reported in the previous calendar year
22 pursuant to subsection (2) of this section. The department may update
23 the reports quarterly. In developing a methodology for the report and
24 determining its contents, the department shall consider the
25 recommendations of the advisory committee established in subsection (5)
26 of this section. The report is subject to the following:

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

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

33 ~~(e))~~ (d) Evaluate, on a regular basis, the quality and accuracy of
34 health care-associated infection reporting required under subsection
35 (2) of this section and the data collection, analysis, and reporting
36 methodologies; and

37 (e) Provide assistance to hospitals with the reporting requirements
38 of this chapter including definitions of required reporting elements.

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

6 (5)(a) The department shall establish an advisory committee which
7 may include members representing infection control professionals and
8 epidemiologists, licensed health care providers, nursing staff,
9 organizations that represent health care providers and facilities,
10 health maintenance organizations, health care payers and consumers, and
11 the department. The advisory committee shall make recommendations to
12 assist the department in carrying out its responsibilities under this
13 section, including making recommendations on allowing a hospital to
14 review and verify data to be released in the report and on excluding
15 from the report selected data from certified critical access hospitals.
16 (~~Annually, beginning January 1, 2011, the advisory committee shall~~
17 ~~also make a recommendation to the department as to whether current~~
18 ~~science supports expanding presurgical screening for methicillin-~~
19 ~~resistant staphylococcus aureus prior to open chest cardiac, total hip,~~
20 ~~and total knee elective surgeries.))~~

21 (b) In developing its recommendations, the advisory committee shall
22 consider methodologies and practices related to health care-associated
23 infections of the United States centers for disease control and
24 prevention, the centers for medicare and medicaid services, the joint
25 commission, the national quality forum, the institute for healthcare
26 improvement, and other relevant organizations.

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

29 **Sec. 2.** RCW 43.70.056 and 2013 c ... s 1 (section 1 of this act)
30 are each amended to read as follows:

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

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

1 (b) "Hospital" means a health care facility licensed under chapter
2 70.41 RCW.

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

6 (i) Central line-associated bloodstream infection in all hospital
7 inpatient areas where patients normally reside at least twenty-four
8 hours;

9 (ii) Surgical site infection for ~~((the following procedures:~~

10 ~~(A) Deep sternal wound for cardiac surgery, including coronary~~
11 ~~artery bypass graft;~~

12 ~~(B) Total hip and knee replacement surgery; and~~

13 ~~(C))~~ colon and abdominal hysterectomy procedures.

14 (b) The department shall, by rule, delete, add, or modify
15 categories of reporting when the department determines that doing so is
16 necessary to align state reporting with the reporting categories of the
17 centers for medicare and medicaid services. The department shall begin
18 rule making forty-five calendar days, or as soon as practicable, after
19 the centers for medicare and medicaid services adopts changes to
20 reporting requirements.

21 (c) A hospital must routinely collect and submit the data required
22 to be collected under (a) and (b) of this subsection to the national
23 healthcare safety network of the United States centers for disease
24 control and prevention in accordance with national healthcare safety
25 network definitions, methods, requirements, and procedures.

26 If the centers for medicare and medicaid services changes reporting
27 from the national healthcare safety network to another database or
28 through another process, the department shall review the new reporting
29 database or process and consider whether it aligns with the purposes of
30 this section.

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

34 (e)(i) A hospital must release to the department, or grant the
35 department access to, its hospital-specific information contained in
36 the reports submitted under this subsection (2), as requested by the
37 department consistent with RCW 70.02.050.

1 (ii) The hospital reports obtained by the department under this
2 subsection (2), and any of the information contained in them, are not
3 subject to discovery by subpoena or admissible as evidence in a civil
4 proceeding, and are not subject to public disclosure as provided in RCW
5 42.56.360.

6 (3) The department shall:

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

9 (b) By November 1, 2013, and biennially thereafter, submit a report
10 to the appropriate committees of the legislature that contains: (i)
11 Categories of reporting currently required of hospitals under
12 subsection (2)(a) of this section; (ii) categories of reporting the
13 department plans to add, delete, or modify by rule; and (iii) a
14 description of the evaluation process used under (d) of this
15 subsection;

16 (c) By December 1, 2009, and by each December 1st thereafter,
17 prepare and publish a report on the department's web site that compares
18 the health care-associated infection rates at individual hospitals in
19 the state using the data reported in the previous calendar year
20 pursuant to subsection (2) of this section. The department may update
21 the reports quarterly. In developing a methodology for the report and
22 determining its contents, the department shall consider the
23 recommendations of the advisory committee established in subsection (5)
24 of this section. The report is subject to the following:

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

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

31 (d) Evaluate, on a regular basis, the quality and accuracy of
32 health care-associated infection reporting required under subsection
33 (2) of this section and the data collection, analysis, and reporting
34 methodologies; and

35 (e) Provide assistance to hospitals with the reporting requirements
36 of this chapter including definitions of required reporting elements.

37 (4) The department may respond to requests for data and other
38 information from the data required to be reported under subsection (2)

1 of this section, at the requestor's expense, for special studies and
2 analysis consistent with requirements for confidentiality of patient
3 records.

4 (5)(a) The department shall establish an advisory committee which
5 may include members representing infection control professionals and
6 epidemiologists, licensed health care providers, nursing staff,
7 organizations that represent health care providers and facilities,
8 health maintenance organizations, health care payers and consumers, and
9 the department. The advisory committee shall make recommendations to
10 assist the department in carrying out its responsibilities under this
11 section, including making recommendations on allowing a hospital to
12 review and verify data to be released in the report and on excluding
13 from the report selected data from certified critical access hospitals.

14 (b) In developing its recommendations, the advisory committee shall
15 consider methodologies and practices related to health care-associated
16 infections of the United States centers for disease control and
17 prevention, the centers for medicare and medicaid services, the joint
18 commission, the national quality forum, the institute for healthcare
19 improvement, and other relevant organizations.

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

22 NEW SECTION. **Sec. 3.** Section 1 of this act expires July 1, 2017.

23 NEW SECTION. **Sec. 4.** Section 2 of this act takes effect July 1,
24 2017."

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By Senators Becker, Keiser

ADOPTED 04/24/2013

25 On page 1, line 2 of the title, after "reporting;" strike the
26 remainder of the title and insert "amending RCW 43.70.056 and
27 43.70.056; providing an effective date; and providing an expiration
28 date."

EFFECT: Inserts an expiration date for the reporting of infections related to cardiac, hip, and knee surgeries of July 1, 2017 (Follows the Department of Health report due December 2016 on any federal reporting changes relative to these infections).

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