
SENATE BILL 5415

State of Washington

63rd Legislature

2013 Regular Session

By Senators Schlicher, Becker, Bailey, and Keiser; by request of Department of Health

Read first time 01/29/13. Referred to Committee on Health Care .

1 AN ACT Relating to updating and aligning with federal requirements
2 hospital health care-associated infection rate reporting; and amending
3 RCW 43.70.056.

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

5 **Sec. 1.** RCW 43.70.056 and 2010 c 113 s 1 are each amended to read
6 as follows:

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

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

13 (b) "Hospital" means a health care facility licensed under chapter
14 70.41 RCW.

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

18 (i) ~~((Beginning July 1, 2008, central line associated bloodstream
19 infection in the intensive care unit;~~

1 ~~(ii) Beginning January 1, 2009, ventilator-associated pneumonia;~~
2 and
3 ~~(iii) Beginning January 1, 2010,))~~ Central line-associated
4 bloodstream infection in all hospital inpatient areas where patients
5 normally reside at least twenty-four hours;
6 (ii) Surgical site infection for ((the 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)(i) Except as required under (b)(ii) and (c) of this~~
12 ~~subsection,))~~ colon and abdominal hysterectomy procedures.
13 (b) The department shall, by rule, delete, add, or modify
14 categories of reporting when the department determines that doing so is
15 necessary to align state reporting with the reporting categories of the
16 centers for medicare and medicaid services. The department shall begin
17 rule making forty-five calendar days, or as soon as practicable, after
18 the centers for medicare and medicaid services adopts changes to
19 reporting requirements.
20 (c) A hospital must routinely collect and submit the data required
21 to be collected under (a) and (b) of this subsection to the national
22 healthcare safety network of the United States centers for disease
23 control and prevention in accordance with national healthcare safety
24 network definitions, methods, requirements, and procedures.
25 ~~((ii) Until the national health care safety network releases a~~
26 ~~revised module that successfully interfaces with a majority of computer~~
27 ~~systems of Washington hospitals required to report data under (a)(iii)~~
28 ~~of this subsection or three years, whichever occurs sooner, a hospital~~
29 ~~shall monthly submit the data required to be collected under (a)(iii)~~
30 ~~of this subsection to the Washington state hospital association's~~
31 ~~quality benchmarking system instead of the national health care safety~~
32 ~~network. The department shall not include data reported to the quality~~
33 ~~benchmarking system in reports published under subsection (3)(d) of~~
34 ~~this section. The data the hospital submits to the quality~~
35 ~~benchmarking system under (b)(ii) of this subsection:~~
36 ~~(A) Must include the number of infections and the total number of~~
37 ~~surgeries performed for each type of surgery; and~~

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

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

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

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

20 ~~(ii) If the department determines that reporting of a measure must~~
21 ~~be conducted under this subsection (2)(c), the department must adopt~~
22 ~~rules to implement such reporting. The department's rules must require~~
23 ~~reporting to the centers for medicare and medicaid services as soon as~~
24 ~~practicable, but not more than one hundred twenty days, after the~~
25 ~~centers for medicare and medicaid services allow hospitals to report~~
26 ~~the respective measure to the hospital compare program, or its~~
27 ~~successor. However, if the centers for medicare and medicaid services~~
28 ~~allow infection rates to be reported using the centers for disease~~
29 ~~control and prevention's national healthcare safety network, the~~
30 ~~department's rules must require reporting that reduces the burden of~~
31 ~~data reporting and minimizes changes that hospitals must make to~~
32 ~~accommodate requirements for reporting.)) If the centers for medicare~~
33 ~~and medicaid services changes reporting from the national healthcare~~
34 ~~safety network to another database or through another process, the~~
35 ~~department shall review the new reporting database or process and~~
36 ~~consider whether it aligns with the purposes of this section.~~

37 (d) Data collection and submission required under this subsection

1 (2) must be overseen by a qualified individual with the appropriate
2 level of skill and knowledge to oversee data collection and submission.

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

7 (ii) The hospital reports obtained by the department under this
8 subsection (2), and any of the information contained in them, are not
9 subject to discovery by subpoena or admissible as evidence in a civil
10 proceeding, and are not subject to public disclosure as provided in RCW
11 42.56.360.

12 (3) The department shall:

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

15 (b) By January 1, ~~((2011))~~ 2014, and biennially thereafter, submit
16 a report to the appropriate committees of the legislature ~~((based on
17 the recommendations of the advisory committee established in subsection
18 (5) of this section for additional reporting requirements related to
19 health care associated infections, considering the methodologies and
20 practices of the United States centers for disease control and
21 prevention, the centers for medicare and medicaid services, the joint
22 commission, the national quality forum, the institute for healthcare
23 improvement, and other relevant organizations))~~ that contains: (i)
24 Categories of reporting currently required of hospitals under
25 subsection (2)(a) of this section; (ii) categories of reporting the
26 department plans to add, delete, or modify by rule; and (iii) a
27 description of the evaluation process used under (e) of this
28 subsection;

29 ~~((Delete, by rule, the reporting of categories that the
30 department determines are no longer necessary to protect public health
31 and safety))~~ By rule, delete, add, or modify categories of reporting
32 when the department determines that it is necessary to align state
33 reporting with the reporting categories of the centers for medicare and
34 medicaid services. The department shall begin rule making forty-five
35 calendar days, or as soon as practicable, after the centers for
36 medicare and medicaid services adopts changes to reporting
37 requirements;

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

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

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

16 (e) Evaluate, on a regular basis, the quality and accuracy of
17 health care-associated infection reporting required under subsection
18 (2) of this section and the data collection, analysis, and reporting
19 methodologies; and

20 (f) Provide assistance to hospitals with the reporting requirements
21 of this chapter including definitions of required reporting elements.

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

27 (5)(a) The department shall establish an advisory committee which
28 may include members representing infection control professionals and
29 epidemiologists, licensed health care providers, nursing staff,
30 organizations that represent health care providers and facilities,
31 health maintenance organizations, health care payers and consumers, and
32 the department. The advisory committee shall make recommendations to
33 assist the department in carrying out its responsibilities under this
34 section, including making recommendations on allowing a hospital to
35 review and verify data to be released in the report and on excluding
36 from the report selected data from certified critical access hospitals.
37 ~~((Annually, beginning January 1, 2011, the advisory committee shall~~
38 ~~also make a recommendation to the department as to whether current~~

1 ~~science supports expanding presurgical screening for methicillin-~~
2 ~~resistant staphylococcus aureus prior to open chest cardiac, total hip,~~
3 ~~and total knee elective surgeries.))~~

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

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

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