

# Healthcare-Associated Infections and Antimicrobial Resistance Program

August 2023

RCW 43.70.056

[www.doh.wa.gov/healthcareassociatedinfections](http://www.doh.wa.gov/healthcareassociatedinfections)

Prepared by  
Healthcare-Associated Infections &  
Antimicrobial Resistance Program  
Disease Control and Health Statistics Division



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).

**Publication Number**

420-505

For more information or additional copies of this report:

Disease Control and Health Statistics Division  
Office of Communicable Disease  
Epidemiology 1610 N.E. 150<sup>th</sup> St.  
Shoreline, Washington 98155

206-418-5500  
206-364-1060 (fax)  
HAI@doh.wa.gov

**Report Authors**

Sara Podczervinski  
Jamie Ford  
Lynae Kibiger  
Sandy Ng  
Margaret Douglas  
Ether Jhingan

# Contents

- Executive Summary .....1
- Categories of Reporting Currently Required of Hospitals .....2
- Categories of Reporting the Washington State Department of Health Plans to Add, Delete, or Modify by Rule .....2
  - Table 1: Timeline of HAI Reporting in WA State.....3
  - Evaluating the Quality of HAI Reporting .....3
- Appendix A: Definitions .....6
- Appendix B: WAC 246-440-100 Hospital reporting requirements for health care-associated infections .....7
  - Table 1. National Health Safety Network Health Care-Associated Infection Reporting Requirements for Hospitals.....7
  - Table 2. Optional Reporting .....9
- Appendix C: Resources .....10



## Executive Summary

Healthcare-associated infections (HAIs) are a threat to patient safety. HAIs are infections acquired while receiving treatment for another condition in a healthcare setting. These infections can lead to increased hospitalization, potential death, financial burden, and loss of trust in healthcare. The Centers for Disease Control and Prevention (CDC) reports that on any given day, about one in 31 hospitalized patients has at least one HAI. Preventing these infections is a priority in Washington State.

The Washington State Department of Health (DOH) tracks infection data collected under the Revised Code of Washington (RCW) 43.70.056. In Washington, 96 hospitals report select HAIs to the DOH using the CDC's National Healthcare Safety Network (NHSN) surveillance system.

This report to the legislature, prepared as required by RCW 43.70.056 (3) (b), contains:

1. Categories of reporting currently required of hospitals;
2. Categories of reporting DOH plans to add, delete, or modify by rule;
3. A description of the HAI data evaluation process.

Appendix A includes definitions of terms used in this report.

## Categories of Reporting Currently Required of Hospitals

The Revised Code of Washington ([RCW](#)) [43.70.056](#) and Washington Administrative Code ([WAC](#)) [246-440-100](#) establish HAI reporting requirements for hospitals licensed by DOH. Reporting requirements vary depending on hospital type. Reporting requirements have changed over time, as seen in Table 1. For example, acute care hospitals and critical access hospitals. You can find reporting requirements for each hospital type in [Appendix B](#).

To submit data, hospitals enter data into a national tracking system known as the [National Healthcare Safety Network \(NHSN\)](#). NHSN is a secure, web-based system operated by federal public health partners at the CDC. After the hospital enters data into NHSN, DOH downloads the data, assesses data quality, conducts analyses, and annually publishes hospital infection data on the [HAI Reports webpage](#).

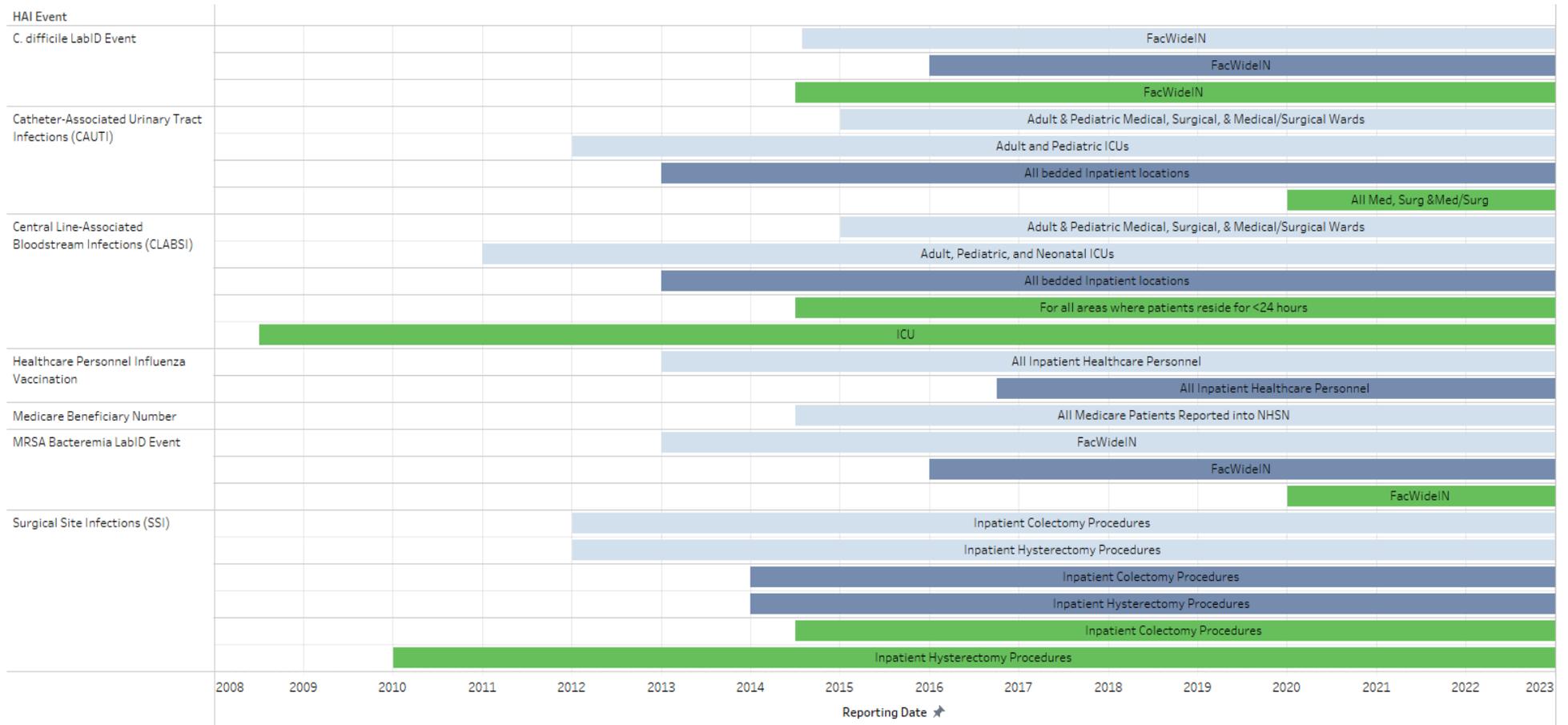
A total of 96 hospitals submit required HAI data to DOH via NHSN. Types of hospitals that report HAI data include 56 acute care hospitals, 39 critical access hospitals, and one long-term acute care hospital. Critical access hospitals are only required to submit their annual survey and healthcare worker influenza and COVID-19 vaccinations to NHSN.

## Categories of Reporting the Washington State Department of Health Plans to Add, Delete, or Modify by Rule

Hospitals must report infections to both federal and state agencies. The primary federal entity that hospitals report HAIs to is the Centers for Medicare and Medicaid Services (CMS). With multiple organizations requesting infection data, it can be burdensome for hospitals to comply with different reporting requirements. Passed in 2010, [RCW 43.70.056](#) language formally advocates for a streamlined reporting approach.

As described in [RCW 43.70.056\(2\)\(b\)](#), if CMS revises reporting rules, DOH will decide if rulemaking is necessary to align state reporting with CMS. Currently, DOH is in alignment with CMS, and has no plans to modify HAI reporting rules.

### Table 1: Timeline of HAI Reporting in WA State



- Hospital Inpatient Quality Reporting (IQR) Program
- PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program
- WA Reporting Requirement

\*Facility wide inpatient (FacWideIN) refers to the requirement that all facility inpatient units must report.

## Evaluating the Quality of HAI Reporting

DOH provides HAI surveillance expertise to hospitals through infection prevention nurse consultants, epidemiologists, and an industrial hygienist. Agency experts work closely with hospitals to ensure that infections are identified and entered in the surveillance system correctly. These “quality checks” are known as external validation. External validation is an auditing process to assess the quality of hospitals’ surveillance and reporting methods for reportable HAIs. DOH follows the external data validation processes published by the CDC.

Every year DOH reviews the infection data that hospitals submit and selects one or more HAIs to validate. An HAI is selected for validation based upon several factors, including infection trends, priorities, or potential inaccuracy of data. In 2023, DOH validated central line-associated blood stream infections (CLABSI) data based upon the increase in CLABSI in the U.S. from 2020-2022. To identify potential under and over-reporting of CLABSI events, hospitals were selected for validation based on significant differences between reported and expected CLABSI. CDC methodology is used for selection of hospitals for validation; annual validation is performed in approximately 20-25% of the hospitals that report HAI in Washington.

Once the HAI is selected for validation, DOH reviews the infection events and identifies hospitals with higher or lower than expected HAIs. DOH works closely with the selected hospitals during the review of a sample of cases from the previous year to ensure that the reporting elements were captured and reported accurately. All participating hospitals receive validation feedback in-person and in a written report.

DOH also presents a summary of key findings to the Washington State Healthcare-Associated Infections and Antimicrobial Resistance Advisory Committee (HAIAR Advisory Committee). The HAIAR Advisory Committee meets quarterly to review program activities and is charged with making recommendations to DOH on surveillance and prevention of HAIs.



## Appendix A: Definitions

**Central Line Associated Bloodstream Infections (CLABSI):** Central lines are a type of catheter that go into a person's arm and ends at a large blood vessel near the heart. These lines allow for the administration of fluids, blood products, or medications, and can monitor the function of the heart and lungs.

The use of central lines can be associated with the risk of a bloodstream infection, which are referred to as Central Line-Associated Bloodstream Infections (CLABSI). CLABSIs are associated with increased morbidity, mortality, and healthcare costs. CLABSIs can often be prevented when evidence-based practices are followed.

**Methicillin-resistant Staphylococcus aureus (MRSA):** MRSA is a type of bacteria that is resistant to several antibiotics. In healthcare facilities MRSA can cause severe problems including bloodstream infections, pneumonia, surgical site infections, sepsis, and death. It is usually spread by direct contact with an infected wound or from contaminated hands.

**Critical Access Hospital (CAH):** A type of hospital designated by Centers for Medicare and Medicaid Services (CMS), must have 25 or fewer acute care inpatient beds, have an average acute care length of stay of 96 hours or less and provide 24/7 emergency services and is typically located more than 35 miles from another hospital.

**Healthcare-associated infection (HAI):** A localized or systemic condition that results from adverse reaction to the presence of an infectious agent or its toxins and that was not present or incubating at the time of admission to the hospital.

**Hospital:** A healthcare facility licensed under [chapter 70.41 RCW](#).

**Surgical Site Infections (SSI):** A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Surgical site infections can sometimes be superficial infections involving the skin only. Other SSIs are more serious and can involve tissues under the skin, organs, or implanted material.

## Appendix B: WAC 246-440-100 Hospital reporting requirements for health care-associated infections

Table 1.

National Health Safety Network Health Care-Associated Infection Reporting Requirements for Hospitals

Hospital Type (CMS Reporting Program or Project)	Reporting Requirement (Health Care-Associated Infection Event)	Reporting Specifications (if any)
Acute Care Hospital (CMS Hospital Inpatient Quality Reporting (IQR) Program authorized by 42 U.S.C. 1395ww(b)(3)(B)(viii))	Central line-associated blood stream infection	Adult, pediatric and neonatal intensive care units, medical, surgical, and medical/surgical wards
	Catheter-associated urinary tract infection	Adult and pediatric intensive care units, medical, surgical, and medical/surgical wards
	Surgical site infection - Colon procedure	Inpatient procedures
	Surgical site infection - Abdominal hysterectomy procedure	Inpatient procedures
	MRSA bacteremia LabID Event	Facility-wide Inpatient (FacWideIn)
	<i>Clostridioides</i> (FKA <i>Clostridium</i> ) <i>difficile</i> LabID Event	Facility-wide Inpatient (FacWideIn)
	Health care personnel flu vaccination	All inpatient health care personnel
Rehabilitation Hospital (CMS Inpatient Rehabilitation Facility Quality Reporting (IRFQR) Program authorized by 42 U.S.C. 1395ww(j)(7))	Catheter-associated urinary tract infection	All adult and pediatric inpatient rehabilitation locations
	<i>Clostridioides</i> (FKA <i>Clostridium</i> ) <i>difficile</i> LabID Event	Facility-wide Inpatient (FacWideIn)

Hospital Type (CMS Reporting Program or Project)	Reporting Requirement (Health Care-Associated Infection Event)	Reporting Specifications (if any)
	Health care personnel flu vaccination	All inpatient health care personnel
Cancer Hospital (CMS PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program authorized by 42 U.S.C. 1395cc(k))	Central line-associated blood stream infection	All bedded inpatient locations
	Catheter-associated urinary tract infection	All bedded inpatient locations
	Surgical site infection - Colon procedure	Inpatient procedures
	Surgical site infection - Abdominal hysterectomy procedure	Inpatient procedures
	MRSA bacteremia LabID Event	Facility-wide Inpatient (FacWideln)
	<i>Clostridioides</i> (FKA <i>Clostridium</i> ) <i>difficile</i> LabID Event	Facility-wide Inpatient (FacWideln)
	Health care personnel flu vaccination	All inpatient health care personnel
Critical Access Hospital (CMS Core Member Beneficiary Quality Improvement Project (MBQIP) Measures authorized by 42 U.S.C. 1395i-4)	National Health Safety Network Annual Hospital Survey (Antimicrobial stewardship)	
	Health care personnel flu vaccination	Required of all inpatient health care personnel

Note. Reporting requirements for hospitals are from Centers for Medicare and Medicaid Services, January 2019

Table 2.

*Optional Reporting*

<b>Hospital Type (CMS Reporting Project)</b>	<b>Optional Reporting (Health Care-Associated Infection Event)</b>
Critical Access Hospital - (CMS Additional Member Beneficiary Quality Improvement Project (MBQIP) Measures authorized by 42 U.S.C. 1395i-4)	Central line-associated blood stream infection
	Catheter-associated urinary tract infection
	Surgical site infection - Colon procedure
	Surgical site infection - Abdominal hysterectomy procedure
	MRSA bacteremia LabID Event
	<i>Clostridioides</i> (FKA <i>Clostridium</i> ) <i>difficile</i> LabID Event

## Appendix C: Resources

Centers for Disease Control and Prevention, "HAI Data," Healthcare Associated Infections. October 5, 2018, available online at: <https://www.cdc.gov/hai/data/index.html>

Centers for Disease Control and Prevention, "NHSN Data Validation," National Health Safety Network. No date, available online at: <https://www.cdc.gov/nhsn/validation/index.html>

Centers for Disease Control and Prevention, "C. diff (Clostridioides difficile)," Centers for Disease Control and Prevention. July 12, 2021, available online at: <https://www.cdc.gov/cdiff/index.html>

U.S. Department of Health and Human Services, "HAI National Action Plan," Office of Infection Disease HIV/AIDS Policy, December 7, 2022, available online at: <http://health.gov/hcq/prevent-hai-action-plan.asp>