H-2183.2

SUBSTITUTE HOUSE BILL 1123

State of Washington 61st Legislature 2009 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Campbell, Morrell, Hunter, Pedersen, Chase, Ormsby, Simpson, Wood, and Conway)

READ FIRST TIME 02/23/09.

1 AN ACT Relating to reducing the spread of methicillin-resistant
2 staphylococcus aureus; amending RCW 43.70.056; and adding a new section
3 to chapter 70.41 RCW.

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

5 NEW SECTION. **Sec. 1.** A new section is added to chapter 70.41 RCW
6 to read as follows:
7 (1) Each hospital licensed under this chapter shall, by January 1,
8 2010, adopt a policy regarding methicillin-resistant staphylococcus
9 aureus. The policy shall, at a minimum, contain the following
10 elements:
11 (a) A procedure for identifying and testing at-risk patients for
12 methicillin-resistant staphylococcus aureus. For an at-risk patient in
13 the hospital's adult or pediatric intensive care unit, the patient must
14 be tested within twenty-four hours of admission unless the patient has
15 been previously tested during that hospital stay;
16 (b) Appropriate procedures to help prevent patients who test
17 positive for methicillin-resistant staphylococcus aureus from
18 transmitting to other patients. For purposes of this subsection,
19 "appropriate procedures" include, but are not limited to, isolation or

cohorting of patients colonized or infected with methicillin-resistant staphylococcus aureus. In a hospital where patients, whose methicillin-resistant staphylococcus aureus status is either unknown or uncolonized, may be roomed with colonized or infected patients, patients must be notified they may be roomed with patients who have tested positive for methicillin-resistant staphylococcus aureus; and

(c) A requirement that every patient who has a methicillin-resistant staphylococcus aureus infection receive oral and written instructions regarding aftercare and precautions to prevent the spread of the infection to others.

(2) A hospital that has identified a hospitalized patient who has a diagnosis of methicillin-resistant staphylococcus aureus shall report the infection to the department using the department's comprehensive hospital abstract reporting system. When making its report, the hospital shall use codes used by the United States centers for medicare and medicaid services, when available.

(3) For purposes of this section, "at-risk patient" means:

(a) Any surgical patient if the hospital's risk assessment for methicillin-resistant staphylococcus aureus indicates that he or she faces risk of active infection from methicillin-resistant staphylococcus aureus during the procedure; or

(b) A patient in a hospital's adult or pediatric, but not neonatal, intensive care unit.

Sec. 2. RCW 43.70.056 and 2007 c 261 s 2 are each amended to read as follows:

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

(a) "Health care-associated infection" means 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.

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

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

1 (i) Beginning July 1, 2008, central line-associated bloodstream
2 infection in the intensive care unit;
3 (ii) Beginning January 1, 2009, ventilator-associated pneumonia;
4 and
5 (iii) Beginning January 1, 2010, surgical site infection for the
6 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) Until required otherwise under (c) of this subsection, a
12 hospital must routinely collect and submit the data required to be
13 collected under (a) of this subsection to the national healthcare
14 safety network of the United States centers for disease control and
15 prevention in accordance with national healthcare safety network
16 definitions, methods, requirements, and procedures.
17 (c)(i) With respect to any of the health care-associated infection
18 measures for which reporting is required under (a) of this subsection,
19 the department must, by rule, require hospitals to collect and submit
20 the data to the centers for medicare and medicaid services according to
21 the definitions, methods, requirements, and procedures of the hospital
22 compare program, or its successor, instead of to the national
23 healthcare safety network, if the department determines that:
24 (A) The measure is available for reporting under the hospital
25 compare program, or its successor, under substantially the same
26 definition; and
27 (B) Reporting under this subsection (2)(c) will provide
28 substantially the same information to the public.
29 (ii) If the department determines that reporting of a measure must
30 be conducted under this subsection (2)(c), the department must adopt
31 rules to implement such reporting. The department's rules must require
32 reporting to the centers for medicare and medicaid services as soon as
33 practicable, but not more than one hundred twenty days, after the
34 centers for medicare and medicaid services allow hospitals to report
35 the respective measure to the hospital compare program, or its
36 successor. However, if the centers for medicare and medicaid services
37 allow infection rates to be reported using the centers for disease
38 control and prevention's national healthcare safety network, the

1 department's rules must require reporting that reduces the burden of
2 data reporting and minimizes changes that hospitals must make to
3 accommodate requirements for reporting.
4 (d) Data collection and submission required under this subsection
5 (2) must be overseen by a qualified individual with the appropriate
6 level of skill and knowledge to oversee data collection and submission.
7 (e)(i) A hospital must release to the department, or grant the
8 department access to, its hospital-specific information contained in
9 the reports submitted under this subsection (2), as requested by the
10 department.
11 (ii) The hospital reports obtained by the department under this
12 subsection (2), and any of the information contained in them, are not
13 subject to discovery by subpoena or admissible as evidence in a civil
14 proceeding, and are not subject to public disclosure as provided in RCW
15 42.56.360.
16 (3) The department shall:
17 (a) Provide oversight of the health care-associated infection
18 reporting program established in this section;
19 (b) By January 1, 2011, submit a report to the appropriate
20 committees of the legislature based on the recommendations of the
21 advisory committee established in subsection (5) of this section for
22 additional reporting requirements related to health care-associated
23 infections, considering the methodologies and practices of the United
24 States centers for disease control and prevention, the centers for
25 medicare and medicaid services, the joint commission, the national
26 quality forum, the institute for healthcare improvement, and other
27 relevant organizations;
28 (c) Delete, by rule, the reporting of categories that the
29 department determines are no longer necessary to protect public health
30 and safety;
31 (d) By December 1, 2009, and by each December 1st thereafter,
32 prepare and publish a report on the department's web site that compares
33 the health care-associated infection rates at individual hospitals in
34 the state using the data reported in the previous calendar year
35 pursuant to subsection (2) of this section. The department may update
36 the reports quarterly. In developing a methodology for the report and
37 determining its contents, the department shall consider the

recommendations of the advisory committee established in subsection (5) of this section. The report is subject to the following:

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

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

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

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

(5)(a) The department shall establish an advisory committee which may include members representing infection control professionals and epidemiologists, licensed health care providers, nursing staff, organizations that represent health care providers and facilities, health maintenance organizations, health care payers and consumers, and the department. The advisory committee shall make recommendations to assist the department in carrying out its responsibilities under this section, including making recommendations on allowing a hospital to review and verify data to be released in the report and on excluding from the report selected data from certified critical access hospitals. Annually, beginning January 1, 2011, the advisory committee shall also make a recommendation to the department as to whether current science supports expanding presurgical screening for methicillin-resistant staphylococcus aureus beyond what is required under section 1 of this act.

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

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

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