

SENATE BILL REPORT

SB 5415

As Reported by Senate Committee On:
Health Care, February 14, 2013

Title: An act relating to updating and aligning with federal requirements hospital health care-associated infection rate reporting.

Brief Description: Updating and aligning with federal requirements hospital health care-associated infection rate reporting.

Sponsors: Senators Schlicher, Becker, Bailey and Keiser; by request of Department of Health.

Brief History:

Committee Activity: Health Care: 2/07/13, 2/14/13 [DP].

SENATE COMMITTEE ON HEALTH CARE

Majority Report: Do pass.

Signed by Senators Becker, Chair; Dammeier, Vice Chair; Bailey, Cleveland, Keiser, Ranking Member; Parlette and Schlicher.

Staff: Mich'l Needham (786-7442)

Background: Health care-associated infections (HAIs) typically begin while a patient is receiving medical or surgical treatment in a health care setting. Hospital-acquired infections are among the leading causes of death in the United States, and represent billions of dollars annually in preventable health care expenditures. The United States Centers for Disease Control and Prevention (CDC) has collected data on hospital-acquired infections since 1970. In 2008, the U.S. Department of Health and Human Services (HHS) formed a Steering Committee for the Prevention of Health Care-Associated Infections, with broad participation of federal agencies, clinicians, and scientists.

The Steering Committee developed a five-year goal reflected in their action plan which includes annual monitoring of nine major categories of HAIs. The nine targets are the focus for phase one reporting and monitoring, and include the following: bloodstream infections; adherence to central-line insertion practices; clostridium difficile hospitalizations and infections; catheter-associated urinary tract infections; methicillin resistant staphylococcus aureus (MRSA) invasive infections and MRSA bacteremia, or hospital-acquired MRSA; surgical site infections; and surgical care improvement project measures. Forty-eight states

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and 9000 health care facilities report some data to the Centers for Medicare and Medicaid Services (CMS) and the CDC.

State legislation passed in 2007 requires hospitals to collect data related to HAIs. Specific infections and procedures were called out in the statute, however the focus on HAIs has been evolving with the federal Steering Committee and the state categories do not align with the current federal categories. It is anticipated the reporting requirements will continue to evolve.

Summary of Bill: The list of HAIs that hospitals must report is modified. Hospitals must report central line associated bloodstream infections in all hospital inpatient areas instead of just for the intensive care unit; and surgical site infections for colon and abdominal hysterectomy procedures instead of infections associated with cardiac surgery or total hip and knee replacement.

The Department of Health (DOH) must modify the categories of reporting by rule, when is it necessary to align state reporting with the categories used by CMS. DOH must begin rulemaking within 45 days, or as soon as practicable, after CMS adopts changes to the reporting requirements. Hospital reporting must be consistent with federal and state privacy laws governing the disclosure of patient information.

If CMS changes the reporting system from the National Health Care Safety Network to another database or through another process, DOH must review the new reporting database or process and consider whether it aligns with the reporting purposes established in state law. References to the previous computer reporting system are removed, and references to publishing a report on the Washington State Hospital Association website are removed.

By January 1, 2014, and biennially thereafter, DOH must provide a report to the Legislature with the categories of reporting required for hospitals; categories of reporting DOH plans to add, delete, or modify by rule; and a description of the evaluation process regarding the quality and accuracy of the reporting. DOH must provide assistance to hospitals with the reporting requirements including definitions of required reporting elements.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: This bill represents an opportunity to streamline reporting and address administrative simplification. The unified federal requirements have evolved since the state first passed the reporting requirements, and they will continue to be modified as we track emerging infections. Washington has been a leader in preventing and tracking infections, and we have seen great improvements. New federal recommendations on surgical infections will be updated very soon and we will update the reporting rules. It is important to align the procedures and reporting requirements for CMS

and DOH. There are many requirements now for CMS and CDC and we would like the reporting to be minimized and streamlined where possible. The information will still be broadly available to the public through various web sites including CDC, CMS, DOH, and hospitals.

Persons Testifying: PRO: Senator Schlicher, prime sponsor; Pamela Lovinger, DOH; Lisa Thatcher, WA State Hospital Assn.