

ESHB 1123 - S COMM AMD

By Committee on Health & Long-Term Care

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

3 "NEW SECTION. **Sec. 1.** A new section is added to chapter 70.41 RCW
4 to read as follows:

5 (1) Each hospital licensed under this chapter shall, by January 1,
6 2010, adopt a policy regarding methicillin-resistant staphylococcus
7 aureus. The policy shall, at a minimum, contain the following
8 elements:

9 (a) A requirement to test any patient for methicillin-resistant
10 staphylococcus aureus who is a member of a patient population
11 identified as appropriate to test based on the hospital's risk
12 assessment for methicillin-resistant staphylococcus aureus;

13 (b) A requirement that a patient in the hospital's adult or
14 pediatric, but not neonatal, intensive care unit be tested for
15 methicillin-resistant staphylococcus aureus within twenty-four hours of
16 admission unless the patient has been previously tested during that
17 hospital stay or has a known history of methicillin-resistant
18 staphylococcus aureus;

19 (c) Appropriate procedures to help prevent patients who test
20 positive for methicillin-resistant staphylococcus aureus from
21 transmitting to other patients. For purposes of this subsection,
22 "appropriate procedures" include, but are not limited to, isolation or
23 cohorting of patients colonized or infected with methicillin-resistant
24 staphylococcus aureus. In a hospital where patients, whose
25 methicillin-resistant staphylococcus aureus status is either unknown or
26 uncolonized, may be roomed with colonized or infected patients,
27 patients must be notified they may be roomed with patients who have
28 tested positive for methicillin-resistant staphylococcus aureus; and

29 (d) A requirement that every patient who has a methicillin-

1 resistant staphylococcus aureus infection receive oral and written
2 instructions regarding aftercare and precautions to prevent the spread
3 of the infection to others.

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

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

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

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

18 (b) "Hospital" means a health care facility licensed under chapter
19 70.41 RCW.

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

23 (i) Beginning July 1, 2008, central line-associated bloodstream
24 infection in the intensive care unit;

25 (ii) Beginning January 1, 2009, ventilator-associated pneumonia;
26 and

27 (iii) Beginning January 1, 2010, surgical site infection for the
28 following procedures:

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

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

32 (C) Hysterectomy, abdominal and vaginal.

33 (b) Until required otherwise under (c) of this subsection, a
34 hospital must routinely collect and submit the data required to be
35 collected under (a) of this subsection to the national healthcare
36 safety network of the United States centers for disease control and

1 prevention in accordance with national healthcare safety network
2 definitions, methods, requirements, and procedures.

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

10 (A) The measure is available for reporting under the hospital
11 compare program, or its successor, under substantially the same
12 definition; and

13 (B) Reporting under this subsection (2)(c) will provide
14 substantially the same information to the public.

15 (ii) If the department determines that reporting of a measure must
16 be conducted under this subsection (2)(c), the department must adopt
17 rules to implement such reporting. The department's rules must require
18 reporting to the centers for medicare and medicaid services as soon as
19 practicable, but not more than one hundred twenty days, after the
20 centers for medicare and medicaid services allow hospitals to report
21 the respective measure to the hospital compare program, or its
22 successor. However, if the centers for medicare and medicaid services
23 allow infection rates to be reported using the centers for disease
24 control and prevention's national healthcare safety network, the
25 department's rules must require reporting that reduces the burden of
26 data reporting and minimizes changes that hospitals must make to
27 accommodate requirements for reporting.

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

31 (e)(i) A hospital must release to the department, or grant the
32 department access to, its hospital-specific information contained in
33 the reports submitted under this subsection (2), as requested by the
34 department.

35 (ii) The hospital reports obtained by the department under this
36 subsection (2), and any of the information contained in them, are not
37 subject to discovery by subpoena or admissible as evidence in a civil

1 proceeding, and are not subject to public disclosure as provided in RCW
2 42.56.360.

3 (3) The department shall:

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

6 (b) By January 1, 2011, submit a report to the appropriate
7 committees of the legislature based on the recommendations of the
8 advisory committee established in subsection (5) of this section for
9 additional reporting requirements related to health care-associated
10 infections, considering the methodologies and practices of the United
11 States centers for disease control and prevention, the centers for
12 medicare and medicaid services, the joint commission, the national
13 quality forum, the institute for healthcare improvement, and other
14 relevant organizations;

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) 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.

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 Annually, beginning January 1, 2011, the advisory committee shall also
15 make a recommendation to the department as to whether current science
16 supports expanding presurgical screening for methicillin-resistant
17 staphylococcus aureus prior to open chest cardiac, total hip, and total
18 knee elective surgeries.

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

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

27 NEW SECTION. Sec. 3. A new section is added to chapter 70.58 RCW
28 to read as follows:

29 In completing a certificate of death in compliance with this
30 chapter, a physician, physician assistant, or advanced registered nurse
31 practitioner must note the presence of methicillin-resistant
32 staphylococcus aureus, if it is a cause or contributing factor in the
33 patient's death."

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1 On page 1, line 2 of the title, after "aureus;" strike the
2 remainder of the title and insert "amending RCW 43.70.056; adding a new
3 section to chapter 70.41 RCW; and adding a new section to chapter 70.58
4 RCW."

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