

HOUSE No. 2073

By Mr. Coughlin of Dedham, petition of Robert K. Coughlin and others for legislation to require the reporting of hospital acquired infections and providing for the compilation by the Health Care Quality and Cost Council of a database containing such information. Public Health.

The Commonwealth of Massachusetts

PETITION OF:

Robert K. Coughlin
Kathi-Anne Reinstein

Bruce E. Tarr
Jennifer M. Callahan

In the Year Two Thousand and Seven.

AN ACT TO REQUIRE THE REPORTING OF HOSPITAL ACQUIRED INFECTIONS.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Subsection (h) of Section 16L of Chapter 6A of
2 the General Laws is hereby amended by inserting the following
3 paragraph:—
4 (). The council shall establish a state-wide database of all
5 hospital acquired infection information, reported to the council
6 pursuant to section 205A of Chapter 111, for the purpose of
7 supporting quality improvement and infection control activities in
8 hospitals. The database shall be organized so that consumers,
9 hospitals, healthcare professionals, purchasers and payers may
10 compare individual hospital experience with that of other indi-
11 vidual hospitals as well as regional and state-wide averages and,
12 where available, national data. A summary table, in a format
13 designed to be easily understood by lay consumers, that includes
14 individual facility hospital acquired infection rates adjusted for
15 potential differences in risk factors and comparisons with
16 regional and/or state averages shall be developed and posted on
17 the council's web site. The council may consult with consumer
18 and patient advocates and representatives of reporting facilities

19 for the purpose of ensuring that such summary table report format
20 is easily understandable by the public, and clearly and accurately
21 portrays comparative hospital performance in the prevention and
22 control of hospital acquired infections.

1 SECTION 2. Subsection (h) of section 16L of Chapter 6A of
2 the General Laws is hereby amended by inserting after the word
3 “appropriate”, in the second sentence, the following words:—
4 “, including, but not limited to, hospital acquired infection
5 information”.

1 SECTION 3. Chapter 111 of the General Laws, is hereby
2 amended by inserting after section 205, the following new section:

3 Section 205A. Hospital acquired infection reporting.

4 Section 1. For the purposes of this section, “hospital acquired
5 infection” shall mean any localized or systemic patient condition
6 that: (a) resulted from the presence of an infectious agent or
7 agents, or its toxin or toxins as determined by clinical examination
8 or by laboratory testing; and (b) was not found to be present or
9 incubating at the time of admission unless the infection was
10 related to a previous admission to the same setting.

11 Section 2. (a) Each hospital shall maintain a program capable
12 of identifying and tracking hospital acquired infections for the
13 purpose of public reporting under this section and quality
14 improvement. Such programs shall have the capacity to identify
15 the following elements: the specific infectious agents or toxins
16 and site of each infection; the clinical department or unit within
17 the facility where the patient first became infected; and the
18 patient’s diagnoses and any relevant specific surgical, medical or
19 diagnostic procedure performed during the current admission.

20 (b) No later than October 1, 2007, the department of public
21 health shall promulgate regulations, guidelines, definitions, cri-
22 teria, standards and coding for hospital identification, tracking and
23 reporting of hospital acquired infections which shall be consis-
24 tent with the recommendations of recognized centers of expertise
25 in the identification and prevention of hospital acquired infections
26 including, but not limited to the National Health Care Safety
27 Network of the Centers for Disease Control and Prevention or its
28 successor. The department shall consult with the Health Care

29 Quality and Cost Council prior to such promulgation, and may
30 solicit and consider public comment.

31 (c) Hospitals shall be initially required to identify, track and
32 report hospital acquired infections that occur in critical care units
33 to include surgical wound infections and central line related
34 bloodstream infections.

35 (d) Subsequent to the initial requirements identified in para-
36 graph (c) of this subdivision the department shall, in consultation
37 with the Health Care Quality and Cost Council, annually review
38 and make a determination whether to require the tracking and
39 reporting of other types of hospital acquired infections (for
40 example, ventilator - associated pneumonias) that occur in hospi-
41 tals and may also require the reporting of other standard quality
42 measures and outcomes.

43 Section 3. Each hospital shall regularly report to the depart-
44 ment, the Health Care Quality and Cost Council, and the Betsy
45 Lehman Center for Patient Safety and Medical Error Reduction, in
46 accordance with the guidelines established in section (b) above,
47 the hospital infection data it has collected. The department shall
48 establish data collection and analytical methodologies that meet
49 accepted standards for validity and reliability. In no case shall the
50 frequency of reporting be required to be more frequently than
51 once every six months, and reports shall be submitted not more
52 than sixty days after the close of the reporting period.

53 Section 4. (a) Subject to paragraph (c) of this subsection, on or
54 before May first of each year the commissioner shall submit a
55 report to the governor, the joint committee on health care
56 financing, and the House and Senate committees on ways and
57 means, and the Health Care Quality and Cost Council, which shall
58 simultaneously be published in its entirety on the council's web
59 site, that includes, but is not limited to, hospital acquired infection
60 rates adjusted for the potential differences in risk factors for each
61 reporting hospital, an analysis of trends in the prevention and
62 control of hospital acquired infection rates in hospitals across
63 the state, regional and, if available, national comparisons for the
64 purpose of comparing individual hospital performance, and a nar-
65 rative describing lessons for safety and quality improvement that
66 can be learned from leadership hospitals and programs.

67 (b) The commissioner shall consult with the Health Care
68 Quality and Cost Council, and may consult with any technical
69 advisors who have regionally or nationally acknowledged exper-
70 tise in the prevention and control of hospital acquired infection
71 and infectious disease, in order to develop the adjustment for
72 potential differences in risk factors to be used for public reporting.

73 (c) (i) No later than January 1, 2008, the department shall
74 establish a hospital acquired infection reporting system capable
75 of receiving electronically transmitted reports from hospitals.
76 Hospitals shall begin to submit such reports as directed by the
77 commissioner but in no case later than July 1, 2008.

78 (ii) The first year of data submission under this section shall be
79 considered the “pilot phase” of the statewide hospital acquired
80 infection reporting system. The purpose of the pilot phase is to
81 ensure, by various means, including any audit process referred to
82 in subdivision seven of this section, the completeness and accu-
83 racy of hospital acquired infection reporting by hospitals. For the
84 data reported during the pilot phase, hospital identifiers shall be
85 encrypted by the department in any and all public databases and
86 reports. The department shall provide each hospital with an
87 encryption key for that hospital only to permit access to its own
88 performance data for internal quality improvement purposes.

89 Information and records which are necessary to comply with
90 the “pilot phase” of the statewide hospital acquired infection
91 reporting system established pursuant to this section and which
92 are necessary to the work product of medical peer review commit-
93 tees and agents of the department, including incident reports
94 required to be furnished to the Board of Registration in Medicine
95 or any information collected or compiled for the purpose of
96 providing information for the development of the statewide
97 hospital acquired infection reporting system shall be deemed to be
98 proceedings, reports or records of a medical peer review
99 committee for purposes of section two hundred and four of this
100 chapter and may be so designated by the patient care assessment
101 coordinator; provided, however, that such information and records
102 so designated by the patient care assessment coordinator may be
103 inspected, maintained and utilized by the Board of Registration in
104 Medicine, including but not limited to its data repository and
105 disciplinary unit. Such information and records inspected, main-

106 tained or utilized by the board of registration in medicine shall
107 remain confidential, and not subject to subpoena, discovery or
108 introduction into evidence, consistent with section two hundred
109 and four; however, such records may not remain confidential if
110 disclosed in an adjudicatory proceeding of the Board of Registra-
111 tion in Medicine, but the information and records shall be other-
112 wise subject to the protections afforded by section two hundred
113 and four. In no event, however, shall records of treatment main-
114 tained pursuant to section seventy of this chapter, or incident
115 reports or records or information which are not necessary to
116 comply with the development of the statewide hospital acquired
117 infection reporting system pursuant to this section be deemed to
118 be proceedings, reports or records of a medical peer review com-
119 mittee under this section; nor shall any person be prevented by the
120 provisions of this section from testifying as to matters known by
121 such person independent of the development of the statewide hos-
122 pital acquired infection reporting system pursuant to this section.

123 (iii) No later than one hundred eighty days after the conclusion
124 of the pilot phase, the department shall issue a report to hospi-
125 tals assessing the overall accuracy of the data submitted in the
126 pilot phase and provide guidance for improving the accuracy of
127 hospital acquired infection reporting. The department shall also
128 issue a report to the governor, the joint committee on health care
129 financing, and the House and Senate committees on ways and
130 means, assessing the overall completeness and accuracy of the
131 data submitted by hospitals during the pilot phase and make rec-
132 ommendations for the improvement or modification of hospital
133 acquired infection data reporting based on the pilot phase as well
134 as share lessons learned in prevention of hospital acquired
135 infections. No hospital identifiable data shall be included in the
136 pilot phase report, but aggregate or otherwise de-identified data
137 may be included.

138 (iv) After the pilot phase is completed, all data submitted under
139 this section and compiled in the statewide hospital acquired
140 infection database established herein and all public reports
141 derived therefrom shall include hospital identifiers.

142 Section 5. To assure the accuracy of the self-reported hospital
143 acquired infection data and to assure that public reporting fairly
144 reflects what actually is occurring in each hospital, the department
145 shall develop and implement an audit process.

146 Section 6. For the purpose of ensuring that hospitals have the
147 resources needed for ongoing staff education and training in
148 hospital acquired infection prevention and control, the department
149 may make such grants to hospitals within amounts appropriated
150 therefore.

151 Section 7. Individual patient identifying information reported to
152 the department under this section shall be subject to the provisions
153 of section 70 of chapter 111. Regulations under this section shall
154 include standards to assure the protection of patient privacy in
155 data collected and released under this section and standards for
156 the publication and release of data reported under this section.

157 Section 8. Any licensed hospital in the Commonwealth, which
158 does not comply with this section and the rules and regulation set
159 forth by the department may have its license revoked or
160 suspended by said department, be fined up to \$1,000 per day per
161 violation, or both.

1 SECTION 4. This act shall take effect upon its passage.