

HOUSE No. 2207

By Mr. Patrick of Falmouth, petition of Matthew C. Patrick and others for legislation to require hospitals to submit quarterly reports on hospital-acquired infection rates to the Department of Public Health. Public Health.

The Commonwealth of Massachusetts

PETITION OF:

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In the Year Two Thousand and Seven.

AN ACT RELATIVE TO HOSPITAL INFECTIONS DISCLOSURE.

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. Short title. This Act may be cited as the Hospital
2 Infections Disclosure Act.

1 SECTION 2. Definitions. For purposes of this Act:
2 (a) "Department" means the Department of Public Health
3 (b) "Hospital" means an acute care health care facility licensed
4 under the Hospital Licensing Act
5 (c) "Hospital-acquired infection" means a localized or systemic
6 condition (1) that results from adverse reaction to the presence of an
7 infectious agent(s) or its toxin(s) and (2) that was not present or
8 incubating at the time of admission to the hospital.

1 SECTION 3. Hospital reports.
2 (a) Individual hospitals shall collect data on hospital-acquired
3 infection rates for the specific clinical procedures determined by the
4 Department by regulation, including the following categories:
5 (1) Surgical site infections;
6 (2) Ventilator-associated pneumonia;

7 (3) Central line-related bloodstream infections;
8 (4) Urinary tract infections; and
9 (5) Other categories as provided under subdivision (d) of this
10 section.

11 (b)(1) Hospitals shall submit quarterly reports on their hospital-
12 acquired infection rates to the Department. Quarterly reports shall be
13 submitted, in a format set forth in regulations adopted by the Depart-
14 ment, to the Department by April 30, July 31, October 31, and Jan-
15 uary 31 each year for the previous quarter. Data in quarterly reports
16 must cover a period ending not earlier than one month prior to sub-
17 mission of the report. Quarterly reports shall be made available to
18 the public at each hospital and through the Department. The first
19 quarterly report shall be due in 2006. [Note to advocates: we propose
20 making the first report due in the year after the bill becomes effec-
21 tive. For example, if the bill becomes effective Jan. 1, 2005, the first
22 quarterly report would be due on April 30, 2006; the first annual
23 report from the Dept. would be due in 2007. Adjust the year for the
24 quarterly report being due to your legislative calendar if the effective
25 date of the bill is other than Jan. 1, 2005.]

26 (2) If the hospital is a division or subsidiary of another entity that
27 owns or operates other hospitals or related organizations, the quar-
28 terly report shall be for the specific division or subsidiary and not for
29 the other entity.

30 (c) (1) The Director of the Department shall appoint an advisory
31 committee, including representatives from public and private hospi-
32 tals (including from hospital infection control departments), direct
33 care nursing staff, physicians, epidemiologists with expertise in hos-
34 pital-acquired infections, academic researchers, consumer organiza-
35 tions, health insurers, health maintenance organizations, organized
36 labor, and purchasers of health insurance, such as employers. The
37 advisory committee shall have a majority of members representing
38 interests other than hospitals.

39 (2) The advisory committee shall assist the Department in the
40 development of all aspects of the Department's methodology for col-
41 lecting, analyzing, and disclosing the information collected under
42 this Act, including collection methods, formatting, and methods and
43 means for release and dissemination.

44 (3) In developing the methodology for collecting and analyzing
45 the infection rate data, the Department and advisory committee shall

46 consider existing methodologies and systems for data collection,
47 such as the Centers for Disease Control's National Nosocomial
48 Infection Surveillance Program, or its successor, however the
49 Department's discretion to adopt a methodology shall not be limited
50 or restricted to any existing methodology or system. The data collec-
51 tion and analysis methodology shall be disclosed to the public prior
52 to any public disclosure of hospital-acquired infection rates.

53 (4) The Department and the advisory committee shall evaluate on
54 a regular basis the quality and accuracy of hospital information
55 reported under this Act and the data collection, analysis, and dissem-
56 ination methodologies.

57 (d) The Department may, after consultation with the advisory
58 committee, require hospitals to collect data on hospital-acquired
59 infection rates in categories additional to those set forth in subdivi-
60 sion (a).

1 SECTION 4. Department Reports.

2 (a) The Department shall annually submit to the Legislature a
3 report summarizing the hospital quarterly reports and shall publish
4 the annual report on its website. The first annual report shall be sub-
5 mitted and published in 2007. The Department may issue quarterly
6 informational bulletins at its discretion, summarizing all or part of
7 the information submitted in the hospital quarterly reports.

8 (b) All reports issued by the department shall be risk adjusted.

9 (c) The annual report shall compare the risk-adjusted hospital-
10 acquired infection rates, collected under Section 3 of this Act, for
11 each individual hospital in the state. The Department, in consultation
12 with the advisory committee, shall make this comparison as easy to
13 comprehend as possible. The report shall also include an executive
14 summary, written in plain language, that shall include, but not be
15 limited to, a discussion of findings, conclusions, and trends con-
16 cerning the overall state of hospital-acquired infections in the state,
17 including a comparison to prior years. The report may include policy
18 recommendations, as appropriate.

19 (d) The Department shall publicize the report and its availability
20 as widely as practical to interested parties, including, but not limited
21 to, hospitals, providers, media organizations, health insurers, health
22 maintenance organizations, purchasers of health insurance, orga-
23 nized labor, consumer or patient advocacy groups, and individual

24 consumers. The annual report shall be made available to any person
25 upon request.

26 (e) No hospital report or Department disclosure may contain
27 information identifying a patient, employee, or licensed health care
28 professional in connection with a specific infection incident.

1 SECTION 5. Privacy.

2 It is the expressed intent of the Legislature that a patient's right of
3 confidentiality shall not be violated in any manner. Patient social
4 security numbers and any other information that could be used to
5 identify an individual patient shall not be released notwithstanding
6 any other provision of law.

1 SECTION 6. Penalties.

2 A determination that a hospital has violated the provisions of this
3 Act may result in any of the following:

4 (a) termination of licensure or other sanctions relating to licensure
5 under the Hospital Licensing Act [Note to advocates: insert the name
6 and citation of your state hospital licensing act here].

7 (b) a civil penalty of up to \$1,000 per day per violation for each
8 day the hospital is in violation of the Act.

1 SECTION 7. Regulatory oversight.

2 The Department shall be responsible for ensuring compliance
3 with this Act as a condition of licensure under M.G.L.:51G. I and
4 shall enforce such compliance according to the provisions of
5 M.G.L.:51G. I .

1 SECTION 8. M.G.L.:51G. I is amended as follows:

2 Violations of the Infections Disclosure Act is a grounds for
3 license termination or sanctions.