SB2492

Measure Title:
RELATING TO HOSPITAL-ACQUIRED INFECTIONS.

Report Title:
Hospital-Acquired Infection; Disclosure; Prevention

Description:
Enacts the hospital-acquired infection disclosure and hospital-acquired infection prevention law to detect, report, and prevent organism caused infections in hospitals and medical facilities.

Introducer(s):
GABBARD, ESPERO, English, Hanabusa, Hooser, Inouye

Current Referral:
HTH, WAM

LINDA LINGLE
GOVERNOR OF HAWAII

CHIYOME LEINAALA FUKINO, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

Committee on Health

SB 2492, Relating to Hospital Acquired Infections

Testimony of Chiyome Leinaala Fukino, M.D.
Director of Health

February 13, 2008, 1:15 p.m.

Department's Position: We appreciate the over-all concept of this bill as it includes initiatives supportive of our goals and objectives, but we are concerned about the cost implications generated by this proposal.

Fiscal Implications: Implementation of a reporting system for hospital acquired infections would require significant fiscal and personnel resources that are not currently available to the Department as well as the hospitals that would be mandated to report.

Purpose and Justification: The purpose of this bill is to combat hospital-acquired infections by imposing specific data collection and prevention programs by hospitals, and requiring the Department to assist in the methodology and public disclosure of each hospital's infection rates. While the Department supports the intent of this measure we do not support this approach.

Hawaii's hospitals are too diverse in the patient populations they serve and the services they offer to permit meaningful comparison of nosocomial infection rates. This bill assumes that publication of comparisons of infection rates would stimulate hospitals to reduce these rates for competitive reasons. This assumption has not been proven. In fact, Hawaii's hospitals routinely operate very near full capacity.

This proposal would be costly to implement, both for hospitals and for the Department. We feel

that the Joint Commission on Accreditation of Healthcare Organizations reviews and other activities are already addressing this issue. Thank you for the opportunity to testify.

HAH
Healthcare Association
of Hawaii

SENATE COMMITTEE ON HEALTH
Senator David Ige, Chair

Conference Room 016
February 13, 2008 at 1:15 p.m.

Testimony in opposition to SB 2492.

I am Rich Meiers, President and CEO of the Healthcare Association of Hawaii, which represents the entire spectrum of health care, including acute care hospitals, two-thirds of the long term care beds in Hawaii, as well as home care and hospice providers. Thank you for this opportunity to testify in opposition to SB 2492, which requires hospitals to report hospital-acquired infections to the Department of Health, which in turn is required to report to the Legislature and publish information on its website.

The Healthcare Association opposes the bill not because it is a bad idea, but because the Association is already working toward the same goal. As such, this bill would unnecessarily duplicate our efforts.

The Healthcare Association established a task force to develop a system for reporting hospital-acquired infections to the public that included representation from various hospitals and the Department of Health. The task force began to set the foundation for the infection reporting system before it was recently merged with the Association's Patient Safety Task Force. The merged group is called the Quality Committee, and it will hold its first meeting shortly.

The Quality Committee intends to adopt standards for hospitals to report infections. The infection information will be reported to the public, and the preliminary plan is to use a website similar to the one already being used by the Hawaii Health Information Corporation to report patient safety information to the public.

I would like to assure the committee that the infection reporting system being developed by the Healthcare Association will utilize national standards. The reporting system will be funded by Hawaii's hospitals, with no public funding needed.

For the foregoing reasons, the Healthcare Association of Hawaii opposes SB 2492.

932 Ward Avenue Suite 430 Honolulu, Hawaii 96814-2126 Phone: 808/521-8961 FAX: 808/599-2879

ASSOCIATION FOR PROFESSIONALS
IN INFECTION CONTROL AND
EPIDEMIOLOGY, INC.

SENATE COMMITTEE ON HEALTH
Senator David Y. Ige, Chair
Senator Carol Fukunaga, Vice Chair

Wednesday, February 13, 2008 – 1:15p.m.
State Capitol, Conference Room 016
Deliver to: Committee Clerk, Room 215, 1 copy

SB 2492, Relating to Hospital-Acquired Infections

Chair Ige, Vice Chair Fukunaga and Members of the Committee:

My name is James Reisen and I am an infection prevention and control professional in Honolulu and president of the Hawaii Chapter of the Association for Professionals in Infection Control and Epidemiology (APIC). I am testifying on SB 2492 on behalf of APIC-Hawaii.
After careful review of this comprehensive piece of legislation, APIC-Hawaii is not in support of the bill as currently presented. And we have several comments and recommendations for your consideration.

On Page 3 of the proposed legislation hospitals would be required to "collect and report information on healthcare acquired ….." The requirement to collect is unnecessary as hospitals in Hawaii and across the country have been collecting data on healthcare associated infections for many years. Depending on the specific facility and the patient population serviced/services provided, infections identified include surgical site infections, ventilator-associated pneumonias, central-line bloodstream infections and multi-drug resistant organisms. The data is evaluated and reported to hospital based Infection Control committees as well as management, physician leadership and hospital boards. In addition, when problems are identified, action is taken to reduce the occurrence of infections by the use of evidenced based protocols, bundles, etc.

On Page 4 there is a requirement for "hospitals and medical facilities to implement a hospital-acquired infection prevention program." Again this is a redundant requirement as both the Hawaii State Department of Health and the Joint Commission require hospitals to have infection prevention and control programs. All of the acute care facilities in the state have active programs to prevent and control healthcare associated infections in their individual organization. Each organization has developed a comprehensive Infection Prevention and Control risk assessment and control plan based on the patient population they serve and the types of care they provide. Data is collected on the occurrence of surgical site infections, central-line related blood stream infections, ventilator-associated pneumonias, catheter-related urinary tract infections as well as multi-drug resistant organisms including *Staphylococcus aureus*, vancomycin resistant Enterococcus, gram-negative organisms that are extended spectrum beta lactamase producers and *Clostridium difficile.*

On Page 4-5 the bill references the reporting of infections associated with specific organisms. We wish to bring to the Committee's attention that all cultures positive for these organisms do not automatically indicate the presence of infection. Clinical evidence needs to be identified to differentiate between colonization and infection. In addition, some cultures that are positive may not be related to the patient's hospitalization.

On page 5, §323-B:

(a) (1) there is a requirement to "include the pathogen causing the infection;"
We would recommend that this statement be amended to say "if identified." since 1) cultures are not always done in every case where an infection exists and 2) a causative organism may not always be identified. Neither of these situations mean that an infection cannot identified as CDCs National Healthcare Safety Network (NHSN) program provides criteria for identification of healthcare associated in the absence of a positive culture.

(b) related to individual physician reporting – we recommend that this be deleted as it is an onerous requirement for physicians and there is no way to enforce the mandate.

On page 6, §323-B:

(d) the bill requires the Department of Health to provide "an annual report no later than January 5th of each year containing information pertaining to the immediate preceding year on hospital-acquired infection:" The requirement can not be achieved using the time frame specified because:

1. NHSN defines a surgical site infection as one occurring within 30 days of the procedure; if the procedure is performed on December 15th, the facility where the procedure was performed cannot determine presence or absence of a surgical site infection until at least the 14th day of the following month, in this case January. This 30 day period needs to be extended to 365 days when the procedure involves an implant (e.g. knee/hip replacement, cardiac heart valve replacement). In addition, solid organ transplant procedures are evaluated for infection at 30 days, 100 days and up to 365 days post procedure.

2. Cultures done on patients near the end of the calendar year may take several days to have results finalized. Until that process had occurred full assessment of the presence of infection cannot be completed.

3. For information being reported by the individual healthcare organizations to be accurate and meaningful, analysis must be done prior to reporting.

Based on the information provided above we would recommend that the Department of Health provide their annual report either at the end of the 1st quarter of the calendar year or provide data to the governor and legislature on a fiscal year basis (e.g. July-June).

On page 8 §323-C: Advisory committee:

There is a reference to the Advisory committee using a specific guideline prepared by the Society of Healthcare Epidemiology of America. We would recommend that references to be used in advising the department be expanded to allow newer documents including:

1) Management of Multidrug-Resistant Organisms in Healthcare Settings, 2006 (CDC/HICPAC)

2) Legislative Mandates for Use of Active Surveillance Cultures to Screen for Methicillin-Resistant *Staphylococcus aureus* and Vancomycin-Resistant Enterococci: Position Statement from the Joint SHEA and APIC Task Force, ICHE, March 2007, Vol 28, No.3

On page 9 §323-D Hospital-acquired infection prevention program:

We have already spoken to this issue on page 1 of this testimony. However, we do feel that the use of surveillance cultures should be a decision made by the Department of Health in collaboration with each individual reporting facility. This recommendation is made based on the fact that CDC recommends the use of surveillance cultures only for selected high-risk units or high-risk populations and that this strategy be employed in conjunction with other intensified MDRO control efforts when general efforts to control the MDRO have proven unsuccessful. It is also important to point out that rapid tests (results within 2-4 hours) are not available for all multi-drug resistant organisms identified in the proposed legislation. Regardless of the type of testing done, blanket surveillance cultures would be extremely costly, not reimbursed by insurance and may not recover the number of MRDOs anticipated.

Thank you for the opportunity to provide this input to the Committee.

James Riesen, RN, CIC
President
APIC - Hawaii Chapter

THE QUEEN'S MEDICAL CENTER

1301 Punchbowl Street • Honolulu, Hawaii 96813 • Phone (808) 538-9011 • Fax: (808) 547-4646

SENATE COMMITTEE ON HEALTH
Senator David Y. Ige, Chair
Senator Carol Fukunaga, Vice Chair

Wednesday, February 13, 2008 – 1:15 p.m.
State Capitol, Conference Room 016
Deliver to: Committee Clerk, Room 215, 1 copy

SB 2492, Relating to Hospital-Acquired Infections

Chair Ige, Vice Chair Fukunaga and Members of the Committee:

My name is Mary Kim Infection Prevention and Control Coordinator at The Queen's Medical Center testifying in opposition to SB 2492 and offering the following comments and recommendations for your consideration.

On Page 3 of the proposed legislation hospitals would be required to "collect and report information on healthcare acquired ....." The requirement to collect is unnecessary as hospitals in Hawaii and across the country have been collecting data on healthcare associated infections for many years. Depending on the specific facility and the patient population serviced/services provided, infections identified include surgical site infections, ventilator-associated pneumonias, central-line bloodstream infections and multi-drug resistant organisms. The data is evaluated and reported to hospital based Infection Control committees as well as management, physician leadership and hospital boards. In addition, when problems are identified, action is taken to reduce the occurrence of infections by the use of evidenced based protocols, bundles, etc.

On Page 4 there is a requirement for "hospitals and medical facilities to implement a hospital-acquired infection prevention program." Again this is a redundant requirement as both the Hawaii State Department of Health and the Joint Commission require hospitals to have infection prevention and control programs. The Queen's Medical Center has had an infection prevention and control program in place since 1968. We currently collect and report data on ventilator associated pneumonias, surgical site infections, central line related blood stream infections as well as rates of both healthcare related and community associated multi-drug resistant organisms including methicillin-resistant Staphylococcus aureus, vancomycin resistant Enterococcus, gram-negative organisms that are extended spectrum beta lactamase producers and Clostridium difficile. While we do not maintain a data base on rates of Acinetobacter baumanii because we have not seen it as a healthcare associated problem for our patient population to date, we do monitor the number of isolates of this organism on an ongoing basis looking for increasing numbers, increases in antibiotic resistance and increases in healthcare associated cases.

On Page 4-5 the bill references the reporting of infections associated with specific organisms. We wish to bring to the Committee's attention that all cultures positive for these organisms do not automatically indicate the presence of infection. Clinical evidence needs to be identified to differentiate between colonization and infection.

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On page 6, §323-B:

(d) the bill requires the Department of Health to provide "an annual report no later than January 5th of each year containing information pertaining to the immediate preceding year on hospital-acquired infection:" The requirement can not be achieved using the time frame specified for several reasons. Reporting using January 5th as the date cannot be achieved because:

1. NHSN defines a surgical site infection as one occurring within 30 days of the procedure; if the procedure is performed on December 15th, the facility where the procedure was performed cannot determine presence or absence of a surgical site infection until at least the 14th day of the following month, in this case January. This 30 day period needs to be extended to 365 days when the procedure involves an implant (e.g. knee/hip replacement, cardiac heart valve replacement, etc.)

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3. For information being reported by the individual healthcare organizations to be accurate and meaningful, analysis must be done prior to reporting.

Based on the information provided above we would recommend that the Department of Health provide their annual report either at the end of the 1st quarter of the calendar year or provide data to the governor and legislature on a fiscal year basis (e.g. July-June).

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We have already spoken to this issue on page 1 of this testimony. However, we do feel that the use of surveillance cultures should be a decision made by the Department of Health in collaboration with each individual reporting facility. This recommendation is made based on the fact that CDC recommends the use of surveillance cultures only for selected high-risk units or high-risk populations and that this strategy be employed in conjunction with other intensified MDRO control efforts when general efforts have proven unsuccessful. It is also important to point out that rapid tests (results within 2-4 hours) are not available for all multi-drug resistant organisms identified in the proposed legislation. Regardless of the type of testing done, blanket surveillance cultures would be extremely costly, not reimbursed by insurance and may not recover the number MRDOs anticipated.

Thank you for this opportunity to testify.

Mary Kim, MSPH, CIC
Coordinator, Infection Prevention and Control
The Queen's Medical Center

testimony

From: Pang, Lorrin W. [lorrin.pang@doh.hawaii.gov]
Sent: Tuesday, February 12, 2008 10:30 AM
To: testimony
Cc: Panghi@hawaii.rr.com
Subject: Testimony for SB2492, Hosptial Acquired Infections

Testimony to HTH and WAM
SB 2492 – Relating to Hospital Acquired Infections
Introducers: Sen Gabbard and Espero

From: Dr Lorrin Pang, MD, MPH
As Private Citizen
166 River Rd
Wailuku, Hawaii 96793
Panghi@hawaii.rr.com

Aloha Committee Members:

I support SB 2492 with modifications.

Through my position as health officer for Maui County we have monitored MRSA with the Maui Memorial Medical Center for the past several years. Over this time we have watched the rise and dominance of community acquired MRSA (at least on Maui). We were not sure if this represented another epidemic within the community or if this was an extension of the hospital based MRSA to the community. I was a bit surprised to hear recent mainland reports of 1) higher hospital acquired MRSA rates and 2) the "panic" for detection of MRSA in the community (schools).

The issue of MRSA in Hawaii does need the higher priority as outline in this Bill. As the Bill points out Hawaii may be different for both quantity of MRSA as well as risk factors of transmission. Furthermore, the risk factors may differ among the different Hawaii hospitals. I fully support the need for a reporting system, oversight committee and the need for investigations/interventions. I do feel that some of the recommendations in sections 323-D (b) are a little premature and may not necessarily the most cost effective approach. The recommendations for interventions (aside from the obvious ones like hand washing) should be based on investigations (studies) – else we may buy into an expensive law which is not cost-effective. For example to determine the rate of MRSA acquired from the hospital we could do by screening (periodically) a sample rather than all patients admitted. Rules for isolation may be mute if we find that many come in colonized with community acquired MRSA. We needs to do a well designed study first then intervene based on those findings. Again we need to consider that each hospital/community may differ. Furthermore, the risk factors may change over time. I trust the advisory committee section 323-C (similar to the one already formed under Dr Tice of UH) to make the right cost-effective decision in t timely manner.

Lorrin Pang, MD, MPH

Kanoe Kamanao

From: Consumers@smtp2.pauspam.net on behalf of Glenn Hashimoto [glennkh@yahoo.com]
Sent: Tuesday, February 12, 2008 12:02 PM
To: Sen. David Ige
Subject: Support Hospital Infection Disclosure Bill!

Feb 12, 2008

Senator David Ige
415 South Beretania Street
Honolulu, HI 96813

Dear Senator Ige,

As a member of the Senate Committee on Health, I urge you to support SB 2492 (Gabbard), requiring hospitals and medical facilities to detect, prevent and publicly report their infection rates. Important provisions to contain the spread of drug resisitant bacteria, including MRSA, are also in the bill.

Twenty-one states now require reporting of hospital-acquired infection rates to their citizens and it is time for our state to do the same.
One in 20 patients develop infections while in the hospital, yet we have no idea how well our local hospitals are doing when it comes to keeping patients safe.
To make matters worse, more and more infections are becoming

antibiotic-resistant. Last June, the Association for Practitioners in Infection Control and Epidemiology (APIC) published the first nationwide MRSA prevalence study and found that MRSA was 8.6 times more common than previous estimates had indicated.
In October, the Centers for Disease Control and Prevention (CDC) estimated that nearly 95,000 developed MRSA infections in 2005 and almost 19,000 people died. According the CDC, 85 percent of these infections are picked up by patients exposed to MRSA in hospitals and other healthcare settings, like nursing homes and dialysis centers.
SB 2492 requires hospitals to implement a comprehensive infection control program that will include strategies specifically designed to

prevent and contain the spread of MRSA. These include identifying and isolating patients with MRSA.

Thank you for supporting this important patient safety measure.

Sincerely,

Mr. Glenn Hashimoto
2208 Young St
Honolulu, HI 96826-2304

Many people had sent in the same form letter in support of SB 2492.

HAWAII GOVERNMENT EMPLOYEES ASSOCIATION
AFSCME LOCAL 152, AFL-CIO
888 MILILANI STREET, SUITE 601 • HONOLULU, HAWAII 96813-2991

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The Twenty Fourth Legislature, State of Hawaii
Hawaii State Senate
Committee on Health
Committee on Commerce, Consumer Protection and Affordable Housing

Testimony by
HGEA/AFSCME, Local 152, AFL-CIO
February 13, 2008

S.B. 2492 - RELATING TO HOPITAL-ACQUIRED INFECTIONS

The Hawaii Government Employees Association, Local 152, AFL-CIO supports S.B. 2492. This bill proposes to require hospitals and medical facilities to collect and report information related to hospital-acquired infections, including Methicillin-resistant staphylococcus aureus infections to the Department of Health. This bill also requires the Department of Health to appoint an advisory committee to develop the methodology for accomplishing this task.

The Center for Disease Control reports that nearly two million patients acquire infections while hospitalized and ninety-eight thousand die from these infections per year. In Hawaii, our paradise is home to bacteria that causes more than half the hospital-acquired staphylococcus aureus infections. Facts reveal that Methicillin-resistant staphylococcus aureus infections affect the heart or lungs and may be fatal. Hawaii also ranks the worst in terms of the rate of patients with Methicillin-resistant staphylococcus aureus infections, twice the national average.

Requiring the documentation and reporting of a hospital or medical facility's hospital-acquired infection occurrences may prompt the facilities to enforce practices to reduce the rate of infections. This would have a positive effect on the community by making our medical facilities a safer place to have medical procedures done without worrying about acquiring a fatal infection while hospitalized.

We respectfully urge passage of S.B. 2492 from your committees. Thank you for the opportunity to provide our testimony in support of this bill.

Respectfully Submitted,

Nora A. Nomura
Deputy Executive Director