
A BILL FOR AN ACT

RELATING TO HEALTH.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that, according to the
2 Consumer's Union, more Americans die each year from hospital-
3 acquired infections than from automobile accidents and homicides
4 combined. Furthermore, according to the Centers for Disease
5 Control and Prevention, an estimated two million patients per
6 year, or one in every twenty patients, contract an infection
7 through a health procedure and about ninety thousand people die
8 each year in the United States from infections contracted in the
9 hospital, incurring a cost of some \$4,500,000,000.

10 Statistics indicate that approximately five to ten per cent
11 of all hospital patients develop infections, adding to hospital
12 mortalities, length of stay, and costs. The risks for
13 contracting an infection while hospitalized have steadily
14 increased during recent decades. However, existing law and
15 rules in Hawaii do not require hospitals to report infection
16 rates. Thus, there is no means of comparison between hospitals
17 and the public has no way of knowing if a particular hospital is
18 doing a good job of minimizing infection risks. At least



1 fourteen other states have enacted laws requiring public
2 reporting of infection rates by hospitals.

3 The legislature also finds that the most expedient means of
4 reducing hospital infection rates is to make information on
5 infection rates public. For hospitals, there is no greater
6 incentive to reduce infection rates than the need to respond to
7 informed consumers demanding the quality of care they deserve.

8 The purpose of this Act is to require hospitals to report
9 infection rates and to establish procedures for collecting
10 information and disclosing it to the public.

11 SECTION 2. Chapter 321, Hawaii Revised Statutes, is
12 amended by adding a new section to be appropriately designated
13 and to read as follows:

14 "§321- Hospitals; infection rates reporting; quarterly
15 and annual reports; advisory committee; methodology; rules;
16 patient privacy; definitions. (a) Each hospital in the state
17 shall collect and maintain records on hospital-acquired
18 infection rates for specific clinical procedures determined by
19 the department, including the causative pathogen if the
20 infection is laboratory-confirmed, for the following categories:

21 (1) Surgical site infections;

22 (2) Ventilator-associated pneumonia;



- 1 (3) Central line-associated bloodstream infections;
2 (4) Catheter-associated urinary tract infections; and
3 (5) Other categories as determined by the department.

4 Each physician who performs a clinical procedure to be
5 reported in accordance with this section shall report to the
6 hospital at which the clinical procedure was performed a
7 hospital-acquired infection that the physician diagnoses at a
8 follow-up appointment with the patient. This information shall
9 be included in the hospital reports required pursuant to
10 subsection (b).

11 (b) Each hospital in the state shall submit quarterly
12 reports on its hospital-acquired infection rates to the Centers
13 for Disease Control and Prevention's National Healthcare Safety
14 Network in accordance with its requirements and procedures.
15 Reports shall be submitted by January 31, April 30, July 31, and
16 October 31 of each year for the previous quarter. Data in the
17 quarterly reports shall cover a period ending no earlier than
18 one month prior to submission of the report. The first
19 quarterly report shall be due no later than October 31, 2010.
20 Hospitals shall authorize the department to have access to
21 hospital-specific data contained in the National Healthcare



1 Safety Network database consistent with the requirements of this
2 section.

3 (c) The department shall annually submit to the
4 legislature, by September 1 of each year, a report summarizing
5 the hospital quarterly reports and shall publish the annual
6 report on its website. The first annual report shall be
7 submitted and published no later than November 1, 2011, and
8 following that report, the department shall update the public
9 information on a quarterly basis. All reports issued by the
10 department shall:

11 (1) Be risk-adjusted, or use some other method to account
12 for the differences in patient populations among
13 hospitals;

14 (2) Compare hospital-acquired infection rates, collected
15 under subsection (a), for each individual hospital in
16 the state; provided that the department shall consult
17 with the advisory committee to make this comparison as
18 easy to comprehend as possible;

19 (3) Include an executive summary, written in plain
20 language that shall include a discussion of findings,
21 conclusions, and trends concerning the overall state
22 of hospital-acquired infections in the state,



1 including a comparison to prior years and, as
2 appropriate, policy recommendations;

3 (4) Be publicized as widely as practical to interested
4 parties, including hospitals, providers, media
5 organizations, health insurers, health maintenance
6 organizations, purchasers of health insurance,
7 organized labor, consumer or patient advocacy groups,
8 and individual consumers; and

9 (5) Be made available to any person upon request.

10 (d) If a hospital is a division or subsidiary of another
11 entity that owns or operates other hospitals or related
12 organizations, the quarterly report shall be for the specific
13 division or subsidiary and not for the other entity.

14 (e) The director of health shall establish and appoint an
15 advisory committee that shall include representation from public
16 and private hospitals, infection control professionals, direct
17 care nursing staff, physicians, epidemiologists with hospital-
18 acquired infection expertise, academic researchers, health
19 insurers, health maintenance organizations, consumer
20 organizations, organized labor, and purchasers of health
21 insurance such as employers. The majority of the members of the



1 advisory committee shall represent interests other than
2 hospitals.

3 (f) The advisory committee shall assist the department in
4 the development of all aspects of the department's methodology
5 for collecting, analyzing, and disclosing the information
6 collected pursuant to this section, including collection
7 methods, formatting, and method and means for release and
8 dissemination. In addition, the department and the advisory
9 committee shall evaluate on a regular basis the quality and
10 accuracy of hospital information reported pursuant to this
11 section and the data collection, analysis, and dissemination
12 methodologies. The department, after consultation with the
13 advisory committee, may require hospitals to collect data on
14 hospital-acquired infection rates in categories additional to
15 those set forth in subsection (a).

16 (g) In developing the methodology for collecting and
17 analyzing the infection rate data, the department and the
18 advisory committee shall use the existing methodologies and
19 system for data collection at the Centers for Disease Control
20 and Prevention's National Healthcare Safety Network, or its
21 successor. The data collection and analysis methodology shall
22 be disclosed to the public.



1 (h) The department shall adopt rules under chapter 91 to
2 effectuate the purposes of this section, including enforcing
3 compliance with this section.

4 (i) No hospital report or department disclosure made
5 available to the public shall contain information identifying a
6 patient, employee, or licensed health care professional in
7 connection with a specific infection incident.

8 (j) Nothing in this section shall be construed to
9 authorize disclosure of confidential patient information or
10 violation of a patient's right of confidentiality in any way.
11 Patient social security numbers and any other information that
12 could be used to identify an individual patient shall not be
13 released notwithstanding any other provision of law.

14 (k) As used in this section:

15 "Department" means the department of health.

16 "Hospital" means a general or special hospital, nonprofit
17 or for-profit, licensed by the department.

18 "Hospital-acquired infection" means any localized or
19 systemic patient condition that:

20 (1) Results from an adverse reaction to the presence of an
21 infectious agent or its toxin; and



1 (2) Was not present or incubating at the time of the
2 patient's admission to the hospital."

3 SECTION 3. New statutory material is underscored.

4 SECTION 4. This Act shall take effect on December 21,
5 2058.



Report Title:

Hospitals; Infection Rates; Disclosure

Description:

Requires hospitals to disclose infection rates; protects patient privacy rights. Effective December 21, 2058. (HB2829 HD1)

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

