

JAN 28 2009

A BILL FOR AN ACT

RELATING TO HEALTH.

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

1 SECTION 1. According to the Centers for Disease Control
2 and Prevention, every year almost two million patients are
3 infected while hospitalized and ninety-eight thousand of those
4 patients die. This is more than the number of deaths caused by
5 auto accidents and homicides combined. The costs are estimated
6 to add \$27,500,000,000 to hospital expenses each year. In 2005,
7 of the infected patients, the Centers for Disease Control and
8 Prevention estimated that 94,360 patients developed serious
9 methicillin-resistant staphylococcus aureus (commonly known as
10 MRSA) and nineteen thousand of them died, exceeding the number
11 of annual acquired immune deficiency syndrome-related deaths in
12 the United States.

13 Hospital-acquired infections include antibiotic resistant
14 superbugs, such as MRSA and vancomycin-resistant enterococci
15 (commonly known as VRE). As of 2007, about eighty-five per cent
16 of all invasive MRSA infections were associated with health care
17 delivery. Of those infections, approximately two-thirds



1 occurred outside of the hospital and one-third occurred during
2 hospitalization.

3 According to a local television news story of October 19,
4 2007, Hawaii's tropical paradise is also home to bacteria that
5 cause infections. Methicillin-resistant staphylococcus aureus,
6 the deadliest strain, may go to the heart or lungs after
7 entering the body and may cause death, according to a University
8 of Hawaii John A. Burns school of medicine infectious disease
9 specialist. Although the bacteria that causes staphylococcus
10 infection has been around for thousands of years, a 2007 medical
11 study conducted by the Association for Professionals in
12 Infection Control and Epidemiology found a disturbing trend in
13 MRSA cases in Hawaii. Upon review of all the states, Hawaii
14 ranked the worst in terms of the prevalence rate of patients
15 with MRSA colonization and infection. In fact, Hawaii has twice
16 the national average. Methicillin-resistant staphylococcus
17 aureus is so serious, it has overtaken other well-known
18 diseases, killing people as quickly as acquired immune
19 deficiency syndrome in many respects and many other diseases as
20 well.

21 Hospitals throughout the United States have demonstrated
22 that using evidence-based prevention practices can dramatically



1 reduce central line-related blood stream infection, surgical-
2 site infection, ventilator-associated pneumonia, and catheter-
3 related urinary tract infections. Evidence-based interventions,
4 including utilizing practices such as screening new patients to
5 identify those colonized with MRSA, isolating and decolonizing
6 the patients identified, practicing strict hand hygiene, using
7 contact precautions (gloves, gowns, and masks), and disinfecting
8 the environment and equipment, can also contribute to the
9 prevention of MRSA.

10 The purpose of this Act is to:

- 11 (1) Establish reporting requirements for hospitals,
12 medical facilities, and certain medical professionals
13 regarding hospital-acquired infections;
- 14 (2) Require the department of health to appoint an
15 advisory committee to assist the department in the
16 development of all aspects of the department's
17 methodology for collecting, analyzing, and publicly
18 disclosing information collected on hospital-acquired
19 infections;
- 20 (3) Require the department of health to report annually to
21 the legislature and the governor regarding hospital-



1 acquired infections and to post the report on its
2 website; and

3 (4) Require hospitals and medical facilities to implement
4 hospital-acquired infection prevention programs that
5 include strategies specified by this Act.

6 SECTION 2. Chapter 323, Hawaii Revised Statutes, is
7 amended by adding a new part to be appropriately designated and
8 to read as follows:

9 "PART . HOSPITAL-ACQUIRED

10 INFECTION DISCLOSURE AND HOSPITAL-ACQUIRED INFECTION PREVENTION

11 §323-A Definitions. As used in this part:

12 "Department" means the department of health.

13 "Hospital" shall include the same entities as referred to
14 in section 321-11(10).

15 "Hospital-acquired infection" means a localized or systemic
16 condition that:

17 (1) Results from adverse reaction to the presence of an
18 infectious agent or its toxins; and

19 (2) Was not present or incubating at the time of admission
20 of a patient to a hospital.



1 The term includes methicillin-resistant staphylococcus aureus,
2 vancomycin-resistant enterococci, clostridium difficile, and
3 acinetobacter baumannii infections.

4 §323-B Reporting requirements, hospital and departmental.

5 (a) Beginning January 1, 2010, in a format and at intervals as
6 required thereafter by the department, each hospital shall
7 report to the department the information concerning:

8 (1) Incidents of hospital-acquired infection occurring at
9 that hospital, including the pathogen causing the
10 infection;

11 (2) Hand hygiene compliance rates, provided that the rate
12 shall reflect compliance throughout the hospital as
13 well as by hospital unit; and

14 (3) Other information as the department may determine to
15 be relevant.

16 (b) The department may require hospitals to report
17 information required under subsection (a) to the Centers for
18 Disease Control and Prevention, the National Healthcare Safety
19 Network, or its successor. If required, hospitals shall
20 authorize the department to have access to hospital-specific
21 data contained in the National Healthcare Safety Network
22 database consistent with the requirements of this section.



1 (c) Beginning January 1, 2010, in a format and at
2 intervals as required thereafter by the department, every
3 physician, osteopathic physician, podiatrist, and dentist that
4 has performed a clinical procedure in a hospital during the
5 relevant time period shall report to the department information
6 on the specific procedure performed and any diagnosis of
7 hospital-acquired infection that the physician, osteopathic
8 physician, podiatrist, or dentist diagnoses on a follow-up
9 appointment or subsequent hospital visit.

10 (d) Based upon the information acquired under subsections
11 (a) and (c), the department shall calculate the infection rates
12 for the following categories of infection:

- 13 (1) Surgical site infections;
- 14 (2) Ventilator-associated pneumonia;
- 15 (3) Central line-associated blood stream infections;
- 16 (4) Catheter-related urinary tract infections;
- 17 (5) Methicillin-resistant staphylococcus aureus,
18 vancomycin-resistant enterococci, clostridium
19 difficile, and acinetobacter baumannii; and
- 20 (6) Other categories as may be determined by the advisory
21 committee under section 323-C.



1 (e) The department shall submit an annual report, no later
2 than January 5 of each year, to the governor and legislature
3 containing information pertaining to the immediate preceding
4 year on hospital-acquired infection, as follows:

- 5 (1) The infection rate calculated under subsection (d) for
6 each hospital in the State, accounting for differences
7 in patient populations among hospitals;
8 (2) The hand hygiene compliance rate; and
9 (3) A comparison of hospital-acquired infection rates
10 among hospitals in the State.

11 The department shall make the report available on its website to
12 the general public. The report shall be prepared on the advice,
13 format, and recommendation of the advisory committee under
14 section 323-C, provided that the report shall be written in
15 plain language and shall include an executive summary, findings,
16 conclusions, recommendations, and trends concerning the overall
17 state of hospital-acquired infections in this State. Each
18 hospital shall make the report available to the public upon the
19 request of any patient or potential patient.

20 (f) No report under this section shall disclose
21 confidential information, patient identification information,



1 social security numbers, or any information prohibited from
2 disclosure by law.

3 **§323-C Advisory committee.** (a) The department shall
4 appoint an advisory committee, exempt from section 26-34, to
5 assist the department in the development and periodic updating
6 of all aspects of the department's methodology for collecting,
7 analyzing, and disclosing the information required to be
8 reported by hospitals under this part, including but not limited
9 to, collection methods, formatting, and methods and means for
10 release and dissemination of infection rates.

11 The advisory committee shall also assist the department in
12 developing, implementing, and monitoring the hospital-acquired
13 infection prevention program under section 323-D. In advising
14 the department on section 323-D, the advisory committee shall
15 apply guidelines prepared by The Society for Health Care
16 Epidemiology of America, as published in the "Infection Control
17 & Hospital Epidemiology", May 2003 issue.

18 (b) The advisory committee shall consist of
19 representatives of public and private hospitals, infection
20 control preventionists, direct care nursing staff, physicians,
21 epidemiologists with expertise in hospital-acquired infections,
22 academic researchers, consumer organizations, health insurers,



1 health maintenance organizations, organized labor, and large
2 purchasers of health insurance such as employers. The majority
3 of the members shall represent interests other than hospitals.

4 (c) In developing the department's methodology under
5 subsection (a), the advisory committee shall consider existing
6 methodologies and systems for data collection, including the
7 Centers for Disease Control and Prevention's national healthcare
8 safety network.

9 **§323-D Hospital-acquired infection prevention program.**

10 (a) No later than March 31, 2010, each hospital shall implement
11 a hospital-acquired infection prevention program with priority
12 given to the hospital's intensive care unit and surgical unit,
13 or other unit where there is significant risk of hospital-
14 acquired infections. Thereafter, other units of each hospital
15 shall be incorporated into the program by no later than
16 June 30, 2011.

17 (b) The hospital-acquired infection prevention program
18 shall include the following strategies:

19 (1) Identification of methicillin-resistant staphylococcus
20 aureus-colonized and -infected patients upon admission
21 using active surveillance culture;



- 1 (2) Isolation of methicillin-resistant staphylococcus
2 aureus-colonized and -infected patients in an
3 appropriate manner;
- 4 (3) Contact precautions for patients found to test
5 positive for methicillin-resistant staphylococcus
6 aureus colonization and patients with methicillin-
7 resistant staphylococcus aureus infections, as defined
8 by the Centers for Disease Control and Prevention;
- 9 (4) A hand hygiene program and measures for strict
10 adherence to hand hygiene, with oversight of personnel
11 so that they are observed without their knowledge of
12 the observation;
- 13 (5) Collection of patient cultures for methicillin-
14 resistant staphylococcus aureus upon discharge or
15 transfer from a unit that is implementing an infection
16 prevention program and flagging colonized and infected
17 patients who subsequently are readmitted to the
18 hospital;
- 19 (6) A written infection prevention and control policy,
20 formulated with input from frontline caregivers in the
21 hospital; and



1 (7) A worker education requirement regarding modalities of
2 transmission of hospital-acquired infection, use of
3 protective equipment, disinfection policies and
4 procedures, and other preventive measures.

5 **§323-E Penalty.** A violation of this part by a hospital
6 shall be deemed grounds for suspension of a hospital's license
7 or other disciplinary action by the department."

8 SECTION 3. Section 321-11, Hawaii Revised Statutes, is
9 amended to read as follows:

10 "**§321-11 Subjects of health rules, generally.** The
11 department pursuant to chapter 91 may adopt rules that it deems
12 necessary for the public health and safety respecting:

13 (1) Nuisances, foul or noxious odors, gases, vapors,
14 waters in which mosquitoes breed or may breed, sources
15 of filth, and causes of sickness or disease, within
16 the respective districts of the State, and on board
17 any vessel;

18 (2) Adulteration and misbranding of food or drugs;

19 (3) Location, air space, ventilation, sanitation,
20 drainage, sewage disposal, and other health conditions
21 of buildings, courts, construction projects,
22 excavations, pools, watercourses, areas, and alleys;



- 1 (4) Privy vaults and cesspools;
- 2 (5) Fish and fishing;
- 3 (6) Interments and dead bodies;
- 4 (7) Disinterments of dead human bodies, including the
- 5 exposing, disturbing, or removing of these bodies from
- 6 their place of burial, or the opening, removing, or
- 7 disturbing after due interment of any receptacle,
- 8 coffin, or container holding human remains or a dead
- 9 human body or a part thereof and the issuance and
- 10 terms of permits for the aforesaid disinterments of
- 11 dead human bodies;
- 12 (8) Cemeteries and burying grounds;
- 13 (9) Laundries, and the laundering, sanitation, and
- 14 sterilization of articles including linen and uniforms
- 15 used by or in the following businesses and
- 16 professions: barber shops, manicure shops, beauty
- 17 parlors, electrology shops, restaurants, soda
- 18 fountains, hotels, rooming and boarding houses,
- 19 bakeries, butcher shops, public bathhouses, midwives,
- 20 masseurs, and others in similar calling, public or
- 21 private hospitals, and canneries and bottling works
- 22 where foods or beverages are canned or bottled for



1 public consumption or sale; provided that nothing in
2 this chapter shall be construed as authorizing the
3 prohibiting of laundering, sanitation, and
4 sterilization by those conducting any of these
5 businesses or professions where the laundering or
6 sterilization is done in an efficient and sanitary
7 manner;

8 (10) Hospitals, freestanding surgical outpatient
9 facilities, skilled nursing facilities, intermediate
10 care facilities, adult residential care homes, adult
11 foster homes, assisted living facilities, special
12 treatment facilities and programs, home health
13 agencies, hospices, freestanding birthing facilities,
14 adult day health centers, independent group
15 residences, and therapeutic living programs, but
16 excluding youth shelter facilities unless clinical
17 treatment of mental, emotional, or physical disease or
18 handicap is a part of the routine program or
19 constitutes the main purpose of the facility, as
20 defined in section 346-16 under "child [care] caring
21 institution". For the purpose of this paragraph,



- 1 "adult foster home" has the same meaning as provided
2 in section 321-11.2;
- 3 (11) Hotels, rooming houses, lodging houses, apartment
4 houses, tenements, and residences for persons with
5 developmental disabilities including, but not limited
6 to, those built under federal funding;
- 7 (12) Laboratories;
- 8 (13) Any place or building where noisome or noxious trades
9 or manufacturers are carried on, or intended to be
10 carried on;
- 11 (14) Milk;
- 12 (15) Poisons and hazardous substances, the latter term
13 including but not limited to any substance or mixture
14 of substances which:
- 15 (A) Is corrosive;
16 (B) Is an irritant;
17 (C) Is a strong sensitizer;
18 (D) Is inflammable; or
19 (E) Generates pressure through decomposition, heat,
20 or other means,
- 21 if the substance or mixture of substances may cause
22 substantial personal injury or substantial illness



- 1 during or as a proximate result of any customary or
2 reasonably foreseeable handling or use, including
3 reasonably foreseeable ingestion by children;
- 4 (16) Pig and duck ranches;
- 5 (17) Places of business, industry, employment, and
6 commerce, and the processes, materials, tools,
7 machinery, and methods of work done therein; and
8 places of public gathering, recreation, or
9 entertainment;
- 10 (18) Any restaurant, theater, market, stand, shop, store,
11 factory, building, wagon, vehicle, or place where any
12 food, drug, or cosmetic is manufactured, compounded,
13 processed, extracted, prepared, stored, distributed,
14 sold, offered for sale, or offered for human
15 consumption or use;
- 16 (19) Foods, drugs, and cosmetics, and the manufacture,
17 compounding, processing, extracting, preparing,
18 storing, selling, and offering for sale, consumption,
19 or use of any food, drug, or cosmetic;
- 20 (20) Devices as defined in section 328-1;
- 21 (21) Sources of ionizing radiation;



- 1 (22) Medical examination, vaccination, revaccination, and
2 immunization of school children. No child shall be
3 subjected to medical examination, vaccination,
4 revaccination, or immunization, whose parent or
5 guardian objects in writing thereto on grounds that
6 the requirements are not in accordance with the
7 religious tenets of an established church of which the
8 parent or guardian is a member or adherent, but no
9 objection shall be recognized when, in the opinion of
10 the department, there is danger of an epidemic from
11 any communicable disease;
- 12 (23) Disinsectization of aircraft entering or within the
13 State as may be necessary to prevent the introduction,
14 transmission, or spread of disease or the introduction
15 or spread of any insect or other vector of
16 significance to health;
- 17 (24) Fumigation, including the process by which substances
18 emit or liberate gases, fumes, or vapors which may be
19 used for the destruction or control of insects,
20 vermin, rodents, or other pests, which, in the opinion
21 of the department, may be lethal, poisonous, noxious,
22 or dangerous to human life;



- 1 (25) Ambulances and ambulance equipment;
- 2 (26) Development, review, approval, or disapproval of
- 3 management plans submitted pursuant to the Asbestos
- 4 Hazard Emergency Response Act of 1986, Public Law
- 5 99-519; [and]
- 6 (27) Development, review, approval, or disapproval of an
- 7 accreditation program for specially trained persons
- 8 pursuant to the Residential Lead-Based Paint Hazard
- 9 Reduction Act of 1992, Public Law 102-550 [-]; and
- 10 (28) Hospital-acquired infection prevention and reporting.

11 The department may require any certificates, permits, or
 12 licenses that it may deem necessary to adequately regulate the
 13 conditions or businesses referred to in this section."

14 SECTION 4. In codifying this Act, the revisor shall
 15 substitute the appropriate numbers for the letter designations
 16 used in this Act.

17 SECTION 5. Statutory material to be repealed is bracketed
 18 and stricken. New statutory material is underscored.

19 SECTION 6. This Act shall take effect upon its approval.

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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 hospital-acquired infections.

