



Senate

General Assembly

File No. 326

February Session, 2006

Substitute Senate Bill No. 160

Senate, April 4, 2006

The Committee on Public Health reported through SEN. MURPHY of the 16th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING HOSPITAL ACQUIRED INFECTIONS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective from passage*) (a) As used in this section,
2 "hospital" means any hospital or outpatient surgical facility licensed
3 under chapter 368v of the general statutes; and "hospital acquired
4 infection" means any localized or systemic patient condition that (1)
5 resulted from the presence of an infectious agent or agents, or its toxin
6 or toxins, as determined by clinical examination and confirmed by
7 laboratory testing, and (2) was not found to be present or incubating at
8 the time of admission unless the infection was related to a previous
9 admission to the same hospital.

10 (b) On or before October 1, 2006, the Commissioner of Public Health
11 shall compile a list of reportable hospital acquired infections that occur
12 in critical care units, which shall include, but not be limited to, surgical
13 wound infections, central line related bloodstream infections and
14 ventilator associated pneumonia. The commissioner shall review the
15 list of reportable hospital acquired infections periodically, but not less

16 than annually, to ascertain whether any additions, deletions or
17 modifications to the list are necessary.

18 (c) On or before October 1, 2008, the commissioner shall expand the
19 list pursuant to subsection (b) of this section to include additional
20 types of hospital acquired infections identified by the commissioner
21 after consultation with persons with expertise in the prevention,
22 identification and control of hospital acquired infections and the public
23 reporting of such information.

24 (d) A hospital shall report each hospital acquired infection on the
25 list of reportable hospital acquired infections to the Department of
26 Public Health not later than seven days after the diagnosis of such
27 hospital acquired infection.

28 (e) The Commissioner of Public Health shall adopt regulations, in
29 accordance with chapter 54 of the general statutes, to carry out the
30 provisions of this section. Such regulations shall include, but shall not
31 be limited to: (1) A list of reportable hospital acquired infections that
32 are consistent with the requirements of subsections (b) and (c) of this
33 section; (2) a prescribed form for the reporting of hospital acquired
34 infections that requires information concerning (A) the specific
35 infectious agents or toxins and the site of each infection, (B) the clinical
36 department or unit where the patient first became infected or was first
37 diagnosed, (C) the patient's diagnosis at the time of admission and any
38 relevant specific surgical, medical or diagnostic procedure performed
39 during the admission; and (3) standards and coding for the tracking
40 and reporting of hospital acquired infections that are consistent with
41 the recommendations of the National Healthcare Safety Network of
42 the Centers for Disease Control and Prevention. The commissioner
43 may require the use of said forms prior to the adoption of said
44 regulations.

45 (f) (1) On or before October 1, 2007, and annually thereafter, the
46 commissioner shall report, in accordance with the provisions of section
47 11-4a of the general statutes, on hospital acquired infections, to the
48 joint standing committee of the General Assembly having cognizance

49 of matters relating to public health.

50 (2) For the report due on or before October 1, 2007, the
51 commissioner shall include (A) an aggregate total number of hospital
52 acquired infections reported by hospitals to the department, and (B)
53 recommendations concerning any changes in reporting requirements
54 that would improve the completeness and accuracy of the information
55 submitted by hospitals to the department concerning hospital acquired
56 infections.

57 (3) For the report due on or before October 1, 2008, and annually
58 thereafter, the commissioner shall include (A) an aggregate total
59 number of hospital acquired infections, (B) individual hospital
60 acquired infection rates, adjusted for potential differences in risk
61 factors, which factors shall be established by the commissioner in
62 regulations adopted in accordance with chapter 54 of the general
63 statutes, and (C) comparisons with state-wide averages and the steps
64 that hospitals are taking to reduce the incidence of such infections.

65 (g) Except as provided in subsection (d) of this section, information
66 collected pursuant to this section shall not be disclosed pursuant to
67 subsection (a) of section 1-210 of the 2006 supplement to the general
68 statutes at any time, and information collected pursuant to this section
69 shall not be subject to subpoena or discovery or introduced into
70 evidence in any judicial or administrative proceeding except as
71 otherwise specifically provided by law. Nothing in this section shall be
72 construed to limit access to or disclosure of investigative files,
73 including any hospital acquired infection report contained in such
74 files, maintained by the department as otherwise provided in section
75 19a-499 of the general statutes.

76 (h) If the department determines that it will initiate an investigation
77 of a hospital acquired infection that has been reported, such
78 investigation may include review by one or more practitioners with
79 clinical expertise of the type involved in the reported hospital acquired
80 infection.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section

Statement of Legislative Commissioners:
Subsection (d) of section 1 was rewritten for clarity.

PH *Joint Favorable Subst.*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 07 \$	FY 08 \$
Public Health, Dept.	GF - Cost	321,575	356,475
UConn Health Ctr.	Various - Cost	See Below	See Below
Comptroller Misc. Accounts (Fringe Benefits)	GF - Cost	93,978	284,955
State Health Assistance Programs	GF - Savings	Potential Indeterminate	Potential Indeterminate

Note: GF=General Fund

Municipal Impact:

Municipalities	Effect	FY 07 \$	FY 08 \$
Various Municipalities	Savings	Potential Indeterminate	Potential Indeterminate

Explanation

Passage of this bill will result in costs to the Department of Public Health and Dempsey Hospital at the University of Connecticut Health Center. It will also result in potential indeterminate savings to state and local health assistance programs.

Department of Public Health

A FY 07 cost of approximately \$167,200 will be incurred by the Department of Public Health to compile a list of reportable hospital acquired infections in critical care units, design a reporting form, develop regulations, educate hospitals and monitor their compliance with the new reporting mandate. This reflects costs associated with the full-year salary of 1 Epidemiologist, the nine-month salary of 1 Health Program Assistant, and the ten-month salary of 0.5 Systems Developer; as well as associated other expenses and one-time equipment costs. The annualized DPH cost associated with these staff will be approximately \$176,750 in FY 08 and subsequent years.

By 10/1/08 the agency must adopt an expanded list of hospital acquired infections. An estimated 900 infections will be reported to DPH each year, upon expansion to hospital-wide reporting (and including outpatient surgical facilities). Of these, it is estimated that 100 will require further investigation.

The DPH will incur FY 07 costs of approximately \$154,375 to support the three-quarter year salaries of 1.5 Nurse Consultants, 0.5 Office Assistant and 0.5 Physician Consultant needed to investigate reported cases, as well as associated other expenses and equipment. The annualized DPH cost of these staff will be approximately \$179,725 in FY 08.

Additional investigatory staff will be required commencing in FY 09, since reporting of infections will likely be expanded beyond critical care units by 10/1/08. An additional 1.5 Nurse Consultants, 0.5 Office Assistants and 0.5 Physician Consultant will be required.

Fringe benefits costs associated with the DPH analytical and investigatory staff will be \$66,445 in FY 07 and \$203,335, in FY 08. DPH and fringe benefits costs are reflected in the Out Year section below.

University of Connecticut Health Center

UCHC will need to hire 2 Nurse-Epidemiologists to meet the specific reporting requirements for hospital acquired infections. FY 07 state costs of \$144,200 (\$116,667 UCHC, \$27,533 fringe benefits) would be associated with ten-month support of these positions. In FY 08 the associated state cost would rise to \$221,620 (\$140,000 UCHC, \$81,620 fringe benefits) to reflect their annualized salaries.

UCHC may also require technology upgrades to report this information to DPH. Associated costs will be dependent upon the prescribed reporting forms developed by DPH.

Health Assistance Programs

It cannot be determined in advance whether reporting of hospital acquired infections will result in enhanced preventive measures and a future reduction in incidence. Should this occur, corresponding savings may be experienced by state and local health assistance programs to the extent that health care costs are mitigated.

The Out Years

State Impact:

Agency Affected	Fund-Effect	FY 09 \$	FY 10 \$	FY 11 \$
Public Health, Dept.	GF - Cost	426,110	442,500	442,500
UConn Health Ctr.	Various - Cost	See Above	See Above	See Above
Comptroller Misc. Accounts (Fringe Benefits)	GF - Cost*	303,820	337,675	337,675
Social Services, Dept.	GF - Savings	Potential Indeterminate	Potential Indeterminate	Potential Indeterminate

Note: GF=General Fund

Municipal Impact:

Municipalities	Effect	FY 09 \$	FY 10 \$	FY 11 \$
Various Municipalities	Savings	Potential Indeterminate	Potential Indeterminate	Potential Indeterminate

OLR Bill Analysis
sSB 160***AN ACT CONCERNING HOSPITAL ACQUIRED INFECTIONS.*****SUMMARY:**

This bill requires hospitals and outpatient surgical facilities to meet specific reporting requirements for hospital acquired infections. Hospitals must report such infections to the Department of Public Health (DPH) and the department must compile a list of them. A "hospital acquired infection" is any localized or systemic patient condition that (1) resulted from the presence of an infectious agent or agents, or its toxin or toxins, as determined by clinical examination and confirmed by laboratory testing, and (2) was not found to be present or incubating at the time of admission unless the infection was related to a previous admission to the same hospital.

DPH must adopt regulations including a list of reportable infections, forms for reporting them, and specific information concerning the patient and his infection. DPH must also report annually to the Public Health Committee on hospital acquired infection rates.

EFFECTIVE DATE: Upon passage

LIST OF REPORTABLE HOSPITAL ACQUIRED INFECTIONS

By October 1, 2006, this bill requires DPH to compile a list of reportable hospital acquired infections occurring in critical care units. This includes, but is not limited to, surgical wound infections, central line related bloodstream infections, and ventilator associated pneumonia. DPH must periodically, and at least annually, review this list to determine if any additions, subtractions, or modifications are necessary.

By October 1, 2008, DPH must expand the list to include additional types of hospital infections identified by DPH after consulting experts in prevention, identification, and control of them, and public reporting of such information.

FACILITY REPORTING OF INFECTIONS, REGULATIONS

Hospitals and outpatient surgical facilities must report hospital acquired infections on DPH's list to the department within seven days of the diagnosis. The department must adopt regulations that include (1) a list of reportable hospital acquired infections consistent with the requirements above; (2) a form for reporting infections that requires information on (a) specific infectious agents or toxins and the site of each infection, (b) the clinical department or unit where the patient was first infected or diagnosed, (c) the patient's diagnosis at the time of admission and any relevant specific surgical, medical, or diagnostic procedure performed during the admission; and (3) standards and coding for tracking and reporting infections consistent with the National Healthcare Safety Network of the Centers for Disease Control and Prevention. The bill specifies that DPH can require the use of these forms before the regulations are adopted.

LEGISLATIVE REPORTS

By October 1, 2007 and annually afterwards, DPH must report to the Public Health Committee on hospital acquired infections. The first report must include (1) the aggregate total number of infections reported by hospitals to DPH, (2) steps taken by DPH and hospitals to comply with the bill, and (3) recommendations for changes in reporting requirements to improve the completeness and accuracy of the information submitted by hospitals to DPH.

For annual reports beginning October 1, 2008, DPH must include (1) an aggregate total number of hospital acquired infections; (2) individual hospital infection rates, adjusted for potential differences in risk factors as established by DPH; and (3) comparisons with statewide averages and steps hospitals are taking to reduce infections.

DISCLOSURE OF INFORMATION TO THE PUBLIC

Under the bill, information collected must not be disclosed under the freedom of information law and is not subject to subpoena or discovery and cannot be introduced into evidence in any judicial or administrative proceeding except as specifically provided by law. The bill states that it should not be construed to limit access to or disclosure of investigative files, including any hospital infection report maintained by DPH.

If DPH determines it will begin an investigation of a reported infection, the investigation can include one or more practitioners with clinical expertise of the type involved in the reported infection.

BACKGROUND***Quality of Care/Adverse Event Reporting Law***

Connecticut, while not having a law specifically addressing hospital acquired infections, does require hospitals to report hospital acquired infections that result in death or serious injury as part of the quality of care/adverse event reporting law (PAs 02-125 and 04-164).

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 24 Nay 2 (03/20/2006)