

HOSPITAL-ACQUIRED INFECTIONS

2011 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Jack R. Draxler

Senate Sponsor: _____

LONG TITLE

General Description:

This bill amends the Health Care Facility Licensing and Inspection Act by requiring an ambulatory surgical facility, a general acute hospital, and a specialty hospital to provide data on hospital-acquired infections and requiring the Department of Health to release a quarterly report on hospital-acquired infections.

Highlighted Provisions:

This bill:

- ▶ defines the term "hospital-acquired infection";
- ▶ requires an ambulatory surgical facility, a general acute hospital, and a specialty hospital to provide data on hospital-acquired infections to the Department of Health and the National Center for Health Statistics on a quarterly basis;
- ▶ requires the Department of Health to use the data described in the preceding paragraph to prepare and publicly disclose a quarterly report on hospital-acquired infection rates at ambulatory surgical facilities, general acute hospitals, and specialty hospitals;
- ▶ establishes a protocol for the creation of the quarterly report;
- ▶ states that the report shall not be used as evidence in a criminal, civil, or administrative proceeding; and
- ▶ makes technical changes.

Money Appropriated in this Bill:



28 None

29 **Other Special Clauses:**

30 None

31 **Utah Code Sections Affected:**

32 ENACTS:

33 **26-21-8.5**, Utah Code Annotated 1953



35 *Be it enacted by the Legislature of the state of Utah:*

36 Section 1. Section **26-21-8.5** is enacted to read:

37 **26-21-8.5. Public reporting of hospital-acquired infections.**

38 (1) As used in this section, "hospital-acquired infection" means:

39 (a) an infection acquired in an ambulatory surgical facility, a general acute hospital, or
40 a specialty hospital by a patient who was admitted for a reason other than the infection; or

41 (b) an infection occurring in a patient of an ambulatory surgical facility, a general acute
42 hospital, or a specialty hospital in whom the infection was not present or incubating at the time
43 of admission, including infections acquired in the ambulatory surgical facility, general acute
44 hospital, or specialty hospital but appearing after discharge.

45 (2) In accordance with Subsection (3), an ambulatory surgical facility, a general acute
46 hospital, or a specialty hospital shall submit data on the incidence and rate of hospital-acquired
47 infections and any other data specified by the department by rule made in accordance with Title
48 63G, Chapter 3, Utah Administrative Rulemaking Act:

49 (a) to the National Center for Health Statistics and to the Department of Health in a
50 format established by rule adopted by the department; and

51 (b) on a quarterly basis, no more than 30 days after the last day of a calendar quarter,
52 for all hospital-acquired infections that occurred in that quarter.

53 (3) The data described in Subsection (2) shall be broken down into the following
54 categories of infections:

55 (a) central line associated bloodstream infections;

56 (b) surgical site infections;

57 (c) ventilator associated pneumonia;

58 (d) catheter associated urinary tract infections;

- 59 (e) methicillin-resistant staphylococcus aureus (MRSA);
60 (f) clostridium difficile; and
61 (g) other infections as designated by department rule.
62 (4) The department shall:
63 (a) use the data described in Subsections (2) and (3) to compile a report on
64 hospital-acquired infections in Utah ambulatory surgical facilities, general acute hospitals, and
65 specialty hospitals for public distribution in accordance with the requirements of this
66 Subsection (4);
67 (b) prepare the report described in Subsection (4)(a) on a quarterly basis;
68 (c) post the report on the department's website, and in a press release to major Utah
69 news outlets, no later than 90 days after the deadline described in Subsection (2)(b);
70 (d) include in the report:
71 (i) data on the rate of hospital-acquired infections per 100 patient admissions for the
72 infection types described in Subsection (3); and
73 (ii) data on how the rate of hospital-acquired infections in Utah ambulatory surgical
74 facilities, general acute hospitals, and specialty hospitals compares with the rates in other
75 states;
76 (e) in compiling the report described in Subsection (4)(a), use data collection and
77 analytical methodologies that meet accepted standards of validity and reliability;
78 (f) clearly identify and acknowledge, in the report, the limitations of the data sources
79 and analytic methodologies used to develop comparative hospital information;
80 (g) decide whether information supplied by a facility or hospital under Subsection
81 (5)(b) is appropriate to include in the report;
82 (h) adjust comparisons among facilities and hospitals for patient case mix and other
83 relevant factors, when appropriate; and
84 (i) control for provider peer groups, when appropriate.
85 (5) Before posting or releasing the report described in Subsection (4), the department
86 shall:
87 (a) disclose to each ambulatory surgical facility, general acute hospital, and specialty
88 hospital whose data is included in the report:
89 (i) the entire methodology for collecting and analyzing the data; and

90 (ii) the comparative hospital information and other information the department has
91 compiled for the facility or hospital; and

92 (b) give the facility or hospital 30 days to suggest corrections or add explanatory
93 comments about the data.

94 (6) The department shall develop and implement effective safeguards to protect against
95 the unauthorized use or disclosure of ambulatory surgical facility, general acute hospital, and
96 specialty hospital data, including the dissemination of inconsistent, incomplete, invalid,
97 inaccurate, or subjective data.

98 (7) The report described in Subsection (4)(a):

99 (a) shall contain only statistical, non-identifying information and may not disclose the
100 identify of:

101 (i) an employee of an ambulatory surgical facility, a general acute hospital, or a
102 specialty hospital;

103 (ii) a patient; or

104 (iii) health care provider; and

105 (b) may not be used as evidence in a criminal, civil, or administrative proceeding.

106 (8) The department shall regularly evaluate the quality and accuracy of hospital
107 information reported under this section.

Legislative Review Note
as of 2-7-11 1:41 PM

Office of Legislative Research and General Counsel