

**MODEL LEGISLATION ON PUBLIC REPORTING  
OF  
HEALTHCARE-ASSOCIATED INFECTIONS**

**APIC, SHEA, and IDSA**

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# **MODEL STATE LEGISLATION FOR COLLECTING AND REPORTING HEALTHCARE- ASSOCIATED INFECTIONS**

## **Introduction**

Healthcare-associated infections (HAIs) are a major public health problem in the United States, are thought to be responsible for increased mortality and morbidity, and add millions of dollars in healthcare expenditures by states and their taxpayers. It has been estimated that in the United States as a whole, HAIs account for an estimated 2 million infections, 90,000 deaths, and \$4.5 billion dollars in excess healthcare costs annually. There is currently no uniform statewide standard for surveillance of such infections or standardized systems for collecting and reporting HAIs when they occur. The purpose of this Act is to provide a basis for collection of HAI information in [name of state] and for using such information to improve patient safety and healthcare outcomes in ([name of state])

## **Substantive Provisions of the Act**

1. The [Name of State Health Department or Agency] (“Agency”) is hereby authorized to promulgate regulations to collect and report information on HAIs that occur in hospitals and other healthcare facilities within the State and to study the causes and prevention of such infections.
2. This Act shall be known as [Name of Law].
3. The Agency shall have the power and authority to appoint a multi-disciplinary panel (the “Advisory Panel”) comprised of not less than [ ] individuals with experience in such disciplines as healthcare, infection control, and epidemiology to study and to devise methods for healthcare facilities to track and to report the occurrence of HAIs. The Agency may delegate to the Advisory Panel such tasks and responsibilities as the Agency deems appropriate in carrying out its duties and responsibilities under this Act.
4. The Agency, in consultation with the Advisory Panel, shall by regulation require that standard methods, including HAI case-finding techniques and definitions of HAIs and other relevant terms, and risk adjustment strategies, be used for identifying and reporting HAI data. The Agency shall by regulation require reporting of adherence to recommended practices shown to reduce the risk of HAIs. Such methods and recommended practices shall be consistent with those used by the Centers for Disease Control and Prevention (CDC) and its National Healthcare Safety Network (formerly the National Nosocomial Infections Surveillance System) as well as guidelines for the prevention and control of HAIs as recommended by the CDC’s Healthcare Infection Control Practices Advisory Committee (HICPAC) and by professional organizations specializing in the control of infectious diseases such as the Society for Healthcare Epidemiology of America (SHEA), the Association for Professionals in Infection Control and Epidemiology (APIC), and the Infectious Diseases Society of America (IDSA).

5. The Agency shall have the power and authority, to make such orders, findings, rules and regulations as will ensure that healthcare facilities properly and timely track and report those HAIs designated by the Agency and to promulgate rules and regulations that prevent the transmission and reduce the occurrence of such infections.

6. The Agency, in consultation with the Advisory Panel, shall determine the type of infections surveyed and reported, and how the data collected should be adjusted for the potential differences in infection risk for each reporting entity, taking into account such factors as case mix and the severity of the infections reported. In establishing these requirements, the Agency and/or Advisory Panel, shall consider both process and outcome measures as recommended by the Healthcare Infection Control Practices Advisory Committee and the National Quality Forum, selecting those validated measures likeliest to improve the subsequent delivery and outcomes of healthcare in [name of state]. Data submitted shall be aggregated by the reporting facility and reported without reference to specific patients and/or their infections. The Agency, in consultation with the Advisory Panel, shall consider independently validating the institution-specific process or outcome measures reported to the Agency.

7. The Agency in consultation with the Advisory Panel and other bodies and individuals with recognized expertise, will determine the manner in which data collected from healthcare facilities in the state shall be publicly reported. Prior to the public reporting of data collected pursuant to existing or proposed surveillance networks such as the Surgical Care Improvement Program, the Agency shall assure that the surveillance network in question has endorsed and/or validated the selected measures for the purpose of public reporting.

8. In addition to acute care hospitals, the Agency shall have the power and authority to promulgate rules providing for collection of performance data and publication of HAI rates for other types of health facilities including but not limited to long-term care facilities and ambulatory centers for surgery, oncology, or renal dialysis.

9. The Agency shall maintain the confidentiality of all medical record information abstracted by or reported to the Agency.

10. Not later than \_\_\_\_ \_\_, 200\_ , pursuant to this Act, the Agency shall promulgate rules specifying standard methods and procedures for the collection, analysis, risk adjustment, and reporting of HAI rates; the types of infections and procedures to be monitored; and standard methods and procedures for the collection, analysis, and reporting of adherence rates to recommended practices. In so doing, consideration shall be given to utilizing the CDC's National Healthcare Safety Network (NHSN) as the state's reporting system.

11. Not later than \_\_\_\_ \_\_, 200\_ the Agency shall establish public information systems for making the data collected by the Agency available to healthcare facilities in the state and to the public at large for the purpose of supporting quality improvement and infection control activities in such facilities. The database shall be organized and presented in a manner such that

consumers, healthcare organizations, healthcare professionals, purchasers, and payers may examine an individual facility's reporting of HAI trends, and where available, compare such information to statewide or national benchmarks

12. Information obtained by the Agency from hospitals or other healthcare providers under the provisions of this Act shall not be public information. Reports and studies prepared by the Agency based upon such information shall be public information and may identify individual health care entities. The Agency shall not release data in a form which could be used to identify a specific patient. Data collected and reported pursuant to this Act shall not be deemed to have established a standard of care for any purposes of civil litigation in [name of state], nor shall data reported pursuant to this Act by a specific healthcare facility be utilized in any civil litigation brought in [name of state] against the reporting facility.