GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2007

H **2**

HOUSE BILL 1738

Senate Health Care Committee Substitute Adopted 7/25/07

Short Title: Advisory Comm./Hosp. Infection Incidence. (Public)

Sponsors:

Referred to:

April 19, 2007

A BILL TO BE ENTITLED

AN ACT TO ESTABLISH THE ADVISORY COMMISSION ON HOSPITAL INFECTION CONTROL AND DISCLOSURE.

Whereas, the Centers for Disease Control and Prevention (CDC) reports that approximately 2,000,000 people annually become ill from hospital-acquired infections, called nosocomial infections, and about 90,000 people die each year from hospital-acquired infections; and

Whereas, the CDC reports that hospital-acquired infections add at least $5,000,000,000 annually to the nation's health care bill; and

Whereas, a Pennsylvania report on hospital-acquired infections found that 76% of the cost for treating infections in that state was billed to public health insurance; and

Whereas, the CDC reports that despite the risks associated with nosocomial infections, information on nosocomial infection rates is hard to obtain, even though basic data is compiled as hospitals monitor infections, particularly in intensive care units and following surgery; and

Whereas, the CDC estimates, based on voluntary reporting, that hospital-acquired infections have become America's leading cause of death from infectious disease; and

Whereas, it is the intent of the General Assembly to enact a law requiring public disclosure of hospital-acquired infection incidence rates to become effective in 2010; Now, therefore,

The General Assembly of North Carolina enacts:

SECTION 1.(a) There is established the Advisory Commission on Hospital Infection Control and Disclosure (Advisory Commission). The purpose of the Advisory Commission is to prepare State agencies, hospitals, and the public for the reporting and public disclosure of hospital-acquired infection incidence rates as may be required by law for specific clinical procedures under the following categories:

(1) Class I surgical site infections.

(2) Ventilator-associated pneumonia.
(3) Central line-related bloodstream infections.

SECTION 1.(b) The Advisory Commission shall consist of 13 members appointed as follows:

(1) Four shall be appointed by the General Assembly upon the recommendation of the Speaker of the House of Representatives, as follows:
   a. One member who is a hospital infection control professional, as recommended by the North Carolina Hospital Association;
   b. One physician who is a member of the Society for Health Care Epidemiology, as recommended by the Society for Health Care Epidemiology;
   c. The Director of the Statewide Program for Infection Control and Epidemiology at the School of Medicine of the University of North Carolina at Chapel Hill; and
   d. One who is a member of the general public but who is neither a health care professional nor affiliated with a health care facility.
(2) Four shall be appointed by the General Assembly upon the recommendation of the President Pro Tempore of the Senate, as follows:
   a. One physician who is a member of the Society for Health Care Epidemiology, as recommended by the Society for Health Care Epidemiology;
   b. One member who is a hospital infection control professional, as recommended by the North Carolina Hospital Association;
   c. The Director of the Duke Inspection Control Network, or the Director's designee; and
   d. One who is a member of the general public but who is neither a health care professional nor affiliated with a health care facility.
(3) Five shall be appointed by the Governor, as follows:
   a. A representative of the North Carolina Institute of Medicine, as recommended by the North Carolina Institute of Medicine;
   b. The Director of the NC Center for Hospital Quality and Patient Safety;
   c. The Director of the Consumer Protection Division of the Office of the NC Attorney General;
   d. The State Health Director; and
   e. The State Epidemiologist.

The Governor shall appoint the Chair of the Advisory Committee.

SECTION 1.(c) Subject to the approval of the Legislative Services Commission, the Advisory Commission may meet in the State Legislative Building or the Legislative Office Building. The Legislative Services Commission, through the Legislative Services Officer, shall assign professional staff to assist in the work of the Advisory Commission. The Directors of Legislative Assistants for the House of

Representatives and the Senate shall assign clerical staff to the Advisory Commission, and the expenses relating to the clerical employees shall be borne by the Advisory Commission. The Advisory Commission, while in the discharge of its official duties, may exercise all the powers provided under G.S. 120-19 and G.S. 120-19.1 through G.S. 120-19.4. The Commission may meet during a regular or extra session of the General Assembly, subject to the approval of the President Pro Tempore of the Senate and the Speaker of the House of Representatives. Members of the Commission shall receive per diem, subsistence, and travel allowances in accordance with G.S. 138-5 or G.S. 138-6, as applicable.

SECTION 2.(a) The Advisory Commission shall be meaningfully involved in the development of all aspects of the methodology used for collecting, analyzing, and disclosing publicly the information on hospital-acquired infection incidence rates, including collection methods, formatting, and methods and means for release and dissemination.

SECTION 2.(b) The Advisory Commission shall develop a process to ensure that information and data on hospital-acquired infection incidence rates available for dissemination to the general public shall not be made available in any form unless the information and data have been reviewed, adjusted, and validated according to the following process:

(1) The entire methodology for collecting and analyzing the data shall be disclosed to all relevant organizations and to all hospitals and ambulatory surgical facilities that are the subject of any information to be made available to the public before any public disclosure of the information or data.

(2) Data collection and analytical methodologies shall be used that meet accepted standards of validity and reliability before any information is made available to the public.

(3) Comparisons among hospitals and freestanding ambulatory surgical facilities shall adjust for patient case mix and other relevant risk factors and control for provider peer groups, when appropriate.

(4) The limitations of the data sources and analytical methodologies used to develop comparative hospital and freestanding ambulatory surgical facility information shall be clearly identified and acknowledged, including the appropriate and inappropriate uses of the data.

(5) To the greatest extent possible, comparative hospital and freestanding ambulatory surgical facility information initiatives shall use standard-based norms derived from widely accepted provider-developed practice guidelines.

(6) Comparative hospital and freestanding ambulatory surgical facility information and other information that the statewide data processor or Department has compiled regarding the hospital or freestanding ambulatory surgical facility shall be shared with the hospital or freestanding ambulatory surgical facility under review prior to public dissemination of the information, and the hospital or freestanding

ambulatory surgical facility shall have 30 days to make corrections and to add helpful explanatory comments about the information before the publication.

(7) Safeguards shall be implemented to:

a. Protect against the unauthorized use or disclosure of hospital and freestanding ambulatory surgical facility information; and

b. Protect against the dissemination of inconsistent, incomplete, invalid, inaccurate, or subjective hospital or freestanding ambulatory surgical facility data.

(8) A process to ensure the quality and accuracy of information reported by a hospital or freestanding ambulatory surgical facility under this section and its data collection, analysis, and dissemination methodologies are evaluated regularly.

(9) A process to ensure that only the most basic identifying information from submitted reports are used, and except as otherwise authorized by Article 11A of Chapter 131E of the General Statutes, information identifying a patient, employee, or licensed professional shall not be released.

SECTION 2.(c) The Advisory Commission shall establish standardized criteria and methods for data submitted to the statewide data processor under G.S. 131E-214.2.

SECTION 3.(a) The Advisory Commission shall submit an interim report on its activities to the General Assembly on or before May 1, 2008. The Advisory Commission shall submit its final report to the 2009 General Assembly upon its convening with recommendations and proposed legislation for requiring hospital-acquired infection incidence rates public disclosure. Upon submission of its final report, the Commission shall terminate.

SECTION 3.(b) It is the intent of the General Assembly to enact legislation before adjournment sine die of the 2009 General Assembly requiring hospitals to report and publicly disclose hospital-acquired infection incidence rates.

SECTION 4. The Legislative Services Officer shall allocate funds appropriated to the General Assembly for this purpose to implement this act.

SECTION 5. This act is effective when it becomes law.