GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2005

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SENATE BILL 391

Short Title:	Hospital-Acquired Infection Rates.	(Public)
Sponsors:	Senator Lucas.	
Referred to:	Health Care.	

March 7, 2005

A BILL TO BE ENTITLED

AN ACT TO REQUIRE HOSPITALS TO REPORT HOSPITAL-ACQUIRED INFECTION INCIDENCE RATES.

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 account for 15% of all hospital charges and add between $2,500,000 and $4,000,000 to the American health care bill annually; 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; Now, therefore,

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 131E-214 reads as rewritten:

"**§ 131E-214. Title and purpose.**

(a) This Article is the Medical Care Data Act.

(b) The General Assembly finds that, as a result of rising medical care costs and the concern expressed by medical care providers, medical care consumers, third-party payors, and health care planners involved with planning for the provision of medical care, there is an urgent and continuing need to understand patterns and trends in the use and cost of medical care services in this State. The purposes of this Article are as follows:

(1) To ensure that there is an information base containing medical care data from throughout the State that can be used to improve the

appropriate and efficient use of medical care services and maintain an acceptable quality of health care services in this State.

(2) To ensure that the necessary medical care data is available to university researchers, State public policymakers, and all other interested persons to improve the decision-making process regarding access, identified needs, patterns of medical care, charges, and use of appropriate medical care services.

(3) To ensure that a data processor receiving data under this Article protects patient confidentiality.

These purposes are to be accomplished by requiring that all hospitals and freestanding ambulatory surgical facilities submit information necessary for a review and comparison of charges, utilization patterns, hospital-acquired infection incidence rates, and quality of medical services to a data processor that maintains a statewide database of medical care data and that makes medical care data available to interested persons, including medical care providers, third-party payors, medical care consumers, and health care planners."

SECTION 2. G.S. 131E-214.1(3) reads as rewritten:

"**§ 131E-214.1. Definitions.**

As used in this Article:

…

(3) "Hospital" means a facility licensed under Article 5 of this Chapter or Article 2 of Chapter 122C of the General Statutes, but does not include the following:

a. A facility with all of its beds designated for medical type "LTC" (long-term care).

b. A facility with the majority of its beds designated for medical type "PSY-3" (mental retardation).

c. A facility operated by the North Carolina Department of Correction.

d. For purposes of reporting hospital-acquired infection incidence rates only, as required by this Article, a facility licensed under Article 2 of Chapter 122C of the General Statutes.

…."

SECTION 3. G.S. 131E-214.1 is amended by adding, in alphabetical order, the following new subdivision to read:

"(4) "Hospital-acquired infection" means a localized or systemic condition that results from adverse reaction to the presence of an infection agent or its toxins and that was not present or incubating at the time of admission to the hospital or freestanding ambulatory surgical facility."

SECTION 4. G.S. 131E-214.2 reads as rewritten:

"**§ 131E-214.2. Data submission required.**

(a) Except as prohibited by federal ~~law or regulation,~~ law, each hospital and freestanding ambulatory surgical facility shall submit patient data to a statewide data

processor within 60 calendar days after the close of each calendar quarter for patients that were discharged or died during that quarter.

(b) Each hospital and freestanding ambulatory surgical facility shall collect and submit data on hospital-acquired infection incidence rates for specific clinical procedures under the following categories:

(1) Class I surgical site infections.

(2) Ventilator-associated pneumonia.

(3) Central line-related bloodstream infections.

(4) Urinary tract infections.

Each hospital and freestanding ambulatory surgical facility shall submit hospital-acquired infection incidence rates to a statewide data processor within 60 calendar days after the close of each calendar quarter for patients that were discharged or died during that quarter. If a hospital or freestanding ambulatory surgical facility is a division or subsidiary of another entity that owns or operates other hospitals or freestanding ambulatory surgical facilities, the report shall be for the specific division or subsidiary and not for the other entity. Unless otherwise authorized by this Article, data on hospital-acquired infection incidence rates submitted by hospitals and freestanding ambulatory surgical facilities, and data on hospital-acquired infection incidence rates collected, compiled, or made available by the statewide data processor or by the Department shall not contain patient-identifying information.

(c) The Department shall adopt rules specifying the standards and procedures for the collection, analysis, risk adjustment, and reporting of hospital-acquired infection incidence rates, and determining the specific clinical procedures for the categories identified in subsection (b) of this section. In adopting the rules, the Department shall:

(1) Use methodologies and systems for data collection established by the Centers for Disease Control and Prevention National Nosocomial Infection Surveillance System, and

(2) Consider the findings and recommendations of the Infection Control Advisory Committee established under G.S. 131E-216.69.

(d) To the extent this section conflicts with or is prohibited by federal law, federal law prevails."

SECTION 5. G.S. 131E-214.4 reads as rewritten:

"**§ 131E-214.4. Statewide data processor.**

(a) A statewide data processor shall perform the following duties:

(1) Make available annually to the Division, at no charge, a report that includes a comparison of the 35 most frequently reported charges of hospitals and freestanding ambulatory surgical facilities. The report is a public record and shall be made available to the public in accordance with Chapter 132 of the General Statutes. Publication or broadcast by the news media shall not constitute a resale or use of the data for commercial purposes.

(1a) Make available annually to the Division, at no charge, a report that includes the hospital-acquired infection incidence rate for each hospital and freestanding ambulatory surgical facility in this State. The

report is a public record and shall be made available to the public in accordance with Chapter 132 of the General Statutes. The Division shall publish the report on its Web site.

(2) Receive patient data and data on hospital-acquired infection incidence rates from hospitals and freestanding ambulatory surgical facilities throughout this State.

(3) Compile and maintain a uniform set of data from the patient data submitted.

(4) Analyze the patient data.

(5) Compile reports from the patient data and from the data on hospital-acquired infection incidence rates and make the reports available upon request to interested persons at a reasonable charge determined by the data processor.

(6) Ensure that adequate measures are taken to provide system security for all data and information received from hospitals and freestanding ambulatory surgical facilities pursuant to this Article.

(7) Protect the confidentiality of patient records and comply with applicable laws and regulations concerning patient confidentiality, including the confidentiality of patient-identifying information. The data processor shall not disclose patient-identifying information unless (i) the information was originally submitted by the party requesting disclosure or (ii) the State Health Director requests specific individual records for the purpose of protecting and promoting the public health under Chapter 130A of the General Statutes, and the disclosure is not otherwise prohibited by federal law or regulation. Such records shall be made available to the State Health Director at a reasonable charge. Such records made available to the State Health Director are not public records; the State Health Director shall maintain their confidentiality and shall not make the records available notwithstanding G.S. 130A-374(a)(2).

(b) The Department of Health and Human Services may take adverse action against a hospital under G.S. 131E-78 or G.S. 122C-24 or against a freestanding ambulatory surgical center under G.S. 131E-148 for a violation of this Article."

SECTION 6. Article 3 of Chapter 143B of the General Statutes is amended by adding the following new Part to read:

"Part 34. Advisory Committee on Infection Control.

"**§ 143B-216.69. Advisory Committee on Infection Control; integrity of information released.**

(a) The Secretary of Health and Human Services shall appoint an advisory committee to make findings and recommendations on the submission, collection, analysis, and dissemination of data on hospital-acquired infection incidence rates. The committee shall include representatives from the Department, public and private hospitals, direct care nursing staff, physicians, academic researchers, consumers, health insurance companies, freestanding ambulatory surgical facilities, and others the

Secretary deems appropriate. The Secretary shall ensure that the advisory committee is meaningfully involved in the development of all aspects of the methodology used for collecting, analyzing, and disclosing the information on hospital-acquired infection incidence rates, including collection methods, formatting, and methods and means for release and dissemination.

(b) 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 analytic 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) The Department and statewide data processor shall implement effective safeguards to protect against the unauthorized use or disclosure of hospital and freestanding ambulatory surgical facility information.

(8) The Department and statewide data processor shall implement safeguards to protect against the dissemination of inconsistent,

incomplete, invalid, inaccurate, or subjective hospital or freestanding ambulatory surgical facility data.

(9) The Department shall ensure that 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.

(10) The statewide data processor and the Department shall 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. None of the hospital-acquired infection incidence rate information disclosed under this section may be used to establish a standard of care in a private civil action."

SECTION 7. This act becomes effective October 1, 2005.