THE SENATE TWENTY-SIXTH LEGISLATURE, 2011 STATE OF HAWAII

S.B. NO. 184

JAN 2 1 2011

A BILL FOR AN ACT

RELATING TO HEALTH.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 Hospital-acquired infections are costly to both SECTION 1. 2 the health care system and individual patients. Antibiotic 3 resistant superbugs such as methicillin-resistant staphylococcus 4 aureus (MRSA) and vancomycin-resistant enterococci (VRE) are 5 frequently spread through hospital-based infection and can cause 6 serious illness and death. A 2007 medical study conducted by 7 the Association for Professionals in Infection Control and 8 Epidemiology found MRSA colonization and infection were more 9 prevalent in Hawaii than anywhere else in the nation, occurring 10 at twice the national average rate.

11 Hospitals throughout the United States have demonstrated 12 that certain prevention practices can dramatically reduce hospital-acquired infections including central line-related 13 14 blood stream infection, surgical-site infection, ventilator-15 associated pneumonia, and catheter-related urinary tract 16 infections. Practices such as screening new patients to 17 identify, isolate, and decolonize infected persons; practicing 18 strict hand hygiene; using contact precautions such as gloves, 2011-0134 SB SMA.doc

1	gowns, an	d masks; and disinfecting environment and equipment
2	have prov	en to be effective.
3	The	purpose of this Act is to:
4	(1)	Establish reporting requirements for hospitals,
5		medical facilities, and certain medical professionals
6		regarding hospital-acquired infections;
7	(2)	Establish an advisory committee within the department
8		of health to assist in the development of a
9		methodology for collecting, analyzing, and publicly
10		reporting information collected on hospital-acquired
11		infections;
12	(3)	Require the department of health to report annually to
13		the legislature and the governor regarding hospital-
14		acquired infections and to post the report on the
15		department's website; and
16	(4)	Require hospitals and medical facilities to implement
17		hospital-acquired infection prevention programs as
18		specified by this Act.
19	SECT	ION 2. Chapter 323, Hawaii Revised Statutes, is
20	amended b	y adding a new part to be appropriately designated and
21	to read a	s follows:
22		



1	"PART . HOSPITAL-ACQUIRED INFECTION DISCLOSURE
2	AND PREVENTION
3	§323-A Definitions. As used in this part:
4	"Department" means the department of health.
5	"Hospital" means the entities listed in section 321-11(10).
6	"Hospital-acquired infection" means invasion by and
7	multiplication of a pathogenic microorganism including
8	methicillin-resistant staphylococcus aureus, vancomycin-
9	resistant enterococci, clostridium difficile, and acinetobacter
10	baumannii in a bodily part or tissue which may produce disease
11	or tissue injury; provided that the relevant pathogen was
12	neither present nor incubating in the infected patient at the
13	time of admission to a hospital.
14	§323-B Reporting requirements; health care providers. (a)
15	Beginning January 1, 2012, each hospital in the State shall
16	report to the department, in a manner and at intervals
17	determined by the department by rule adopted pursuant to chapter
18	91, information concerning:
19	(1) Incidents of hospital-acquired infection at that
20	hospital, including the pathogen causing the
21	infection;



(2) Hand hygiene compliance rates reported in the
 aggregate and by individual hospital unit; and
 (3) Other information that the department determines to be relevant.

(b) The department may require hospitals to report
information required under subsection (a) to the National
Healthcare Safety Network of the Centers for Disease Control and
Prevention and to authorize the department access to hospitalspecific data contained in the National Healthcare Safety
Network database.

(c) Beginning January 1, 2012, each physician, osteopathic physician, nurse practitioner, podiatrist, and dentist who has performed any clinical procedure in a hospital shall report to the department, in a manner and at intervals determined by the department by rule adopted pursuant to chapter 91:

16 (1) The specific procedure performed; and

17 (2) Whether or not the physician, osteopathic physician,
18 nurse practitioner, podiatrist, or dentist diagnosed
19 the patient with a hospital-acquired infection at the
20 time of the procedure or at a later time.

21 §323-C Department's annual report. (a) No later than
22 January 5 of each year, the department shall submit to the



1 .	governor	nd to the legislature an annual report containing
2	informatio	n pertaining to hospital-acquired infection for the
3	previous	alendar year. A report submitted pursuant to this
4	section s	all include the following information for each
5	hospital	n the State:
6	(1)	The number and rate of the following categories of
7		infections:
8		(A) Surgical site infections;
9		(B) Ventilator-associated pneumonia;
10		(C) Central line-associated blood stream infections;
11		(D) Catheter-related urinary tract infections;
12		(E) Methicillin-resistant staphylococcus aureus,
13		vancomycin-resistant enterococci, clostridium
14		difficile, and acinetobacter baumannii; and
15		(F) Other categories as determined by the advisory
16		committee pursuant to section 323-D;
17	(2)	The hand hygiene compliance rate; and
18	(3)	A comparison of hospital-acquired infection rates
19		among hospitals in the State.
20	(b)	The department shall publish reports prepared pursuant
21	to this s	ction on a publicly-accessible portion of the
22	departmen	's official website and through any other means that
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1 the advisory committee, acting pursuant to section 323-D,
2 directs in order to ensure access by the general public. All
3 reports prepared pursuant to this section shall be written in
4 plain language and shall include an executive summary, findings,
5 conclusions, recommendations, and trends concerning the overall
6 state of hospital-acquired infections in this State.

7 (c) No report prepared pursuant to this section shall
8 contain any information that is protected from disclosure by
9 state or federal law.

10 §323-D Advisory committee. (a) The department shall 11 appoint an advisory committee, which shall be exempt from the 12 requirements of section 26-34, to assist the department in the 13 administration of this part. The advisory committee shall 14 include representatives of public and private hospitals, 15 infection control preventionists, direct care nursing staff, 16 physicians, epidemiologists with expertise in hospital-acquired 17 infections, académic researchers, consumer organizations, health 18 insurers, health maintenance organizations, organized labor, and 19 large purchasers of health insurance such as employers; provided 20 that the majority of members shall represent interests other 21 than hospitals.



1 (b) The advisory committee shall assist the department in 2 developing and periodically updating the department's 3 methodology and policies for collecting, analyzing, and 4 reporting the information contained in the department's annual 5 report published pursuant to section 323-C. In developing 6 methodologies and systems for data collection under this 7 subsection, the advisory committee shall consider existing 8 industry-standard practices, including those employed by the 9 National Health Care Safety Network of the Centers for Disease 10 Control.

(c) The advisory committee shall assist the department in developing, implementing, and monitoring the hospital-acquired infection prevention program as provided by section 323-E.

14 §323-E Hospital-acquired infection prevention program. 15 Each hospital in this State shall implement a hospital-(a) 16 acquired infection prevention program. A program adopted 17 pursuant to this section shall be implemented by March 31, 2012, 18 in priority units, including intensive care units, surgical 19 units, and other units where there is significant risk of 20 hospital-acquired infections. Other units of each hospital 21 shall be incorporated into the program by no later than June 30, 22 2013.



1	(b)	Each hospital-acquired infection prevention program
2	shall con	sider input from hospital personnel with direct
3	service-d	elivery experience, shall apply guidelines published by
4	the Socie	ty for Health Care Epidemiology of America in the May
5	2003 edit	ion of Infection Control & Hospital Epidemiology, and
6	shall inc	lude the following strategies:
7	(1)	Identification through active surveillance culture of
8		methicillin-resistant staphylococcus aureus-colonized
9		and -infected patients upon admission;
10	(2)	Isolation of methicillin-resistant staphylococcus
11		aureus-colonized and -infected patients in an
12		appropriate manner;
13	(3)	Use of contact precautions for methicillin-resistant
14		staphylococcus aureus-colonized and -infected
15		patients;
16	(4)	Implementation of a hand hygiene program with measures
17		for monitoring strict adherence, including unannounced
18	,	oversight of personnel;
19	(5)	Collection and analysis of patient cultures for
20		methicillin-resistant staphylococcus aureus upon
21		discharge from a hospital or transfer from a unit for



1		the purpose of identifying colonized and infected
2		patients upon readmission to the hospital or unit;
3	(6)	Publication and dissemination of a written infection
4		prevention and control policy; and
5	(7)	Implementation of worker education regarding
6		modalities of transmission of hospital-acquired
7		infection, use of protective equipment, disinfection
8		policies and procedures, and other preventive
9		measures.
10	§323	-F Penalty. A violation of this part by a hospital
11	shall be	deemed grounds for suspension of a hospital's license
12	or other	disciplinary action by the department."
13	SECT	ION 3. Section 321-11, Hawaii Revised Statutes, is
14	amended t	o read as follows:
15	"§32	1-11 Subjects of health rules, generally. The
16	departmen	t of health pursuant to chapter 91 may adopt rules that
17	it deems	necessary for the public health and safety respecting:
18	(1)	Nuisances, foul or noxious odors, gases, vapors,
19		waters in which mosquitoes breed or may breed, sources
20		of filth, and causes of sickness or disease, within
21		the respective districts of the State, and on board
22		any vessel;



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1	(2)	Adulteration and misbranding of food or drugs;
2	(3)	Location, air space, ventilation, sanitation,
3		drainage, sewage disposal, and other health conditions
4		of buildings, courts, construction projects,
5		excavations, pools, watercourses, areas, and alleys;
6	(4)	Privy vaults and cesspools;
7	(5)	Fish and fishing;
8	(6)	Interments and dead bodies;
9	(7)	Disinterments of dead human bodies, including the
10		[exposing, disturbing, or removing] exposure,
11		disturbance, or removal of [these] bodies from their
12		place of burial[, or] <u>;</u> the opening, [removing, or
13		disturbing] removal, or disturbance after due
14		interment of any receptacle, coffin, or container
15		holding human remains or a dead human body or a part
16		thereof; and the issuance and specification of terms
17		of permits for the [aforesaid] disinterments of dead
18		human bodies;
19	(8)	Cemeteries and burying grounds;
20	(9)	Laundries $[\tau]$ and the laundering, sanitation, and
21		sterilization of articles including linen and uniforms
22		used by or in the following businesses and
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1		professions: barber shops, manicure shops, beauty
2		parlors, electrology shops, restaurants, soda
3		fountains, hotels, rooming and boarding houses,
á		bakeries, butcher shops, public bathhouses, midwives,
5		masseurs, and others in similar calling, public or
6		private hospitals, and canneries and bottling works
7		where foods or beverages are canned or bottled for
8		public consumption or sale; provided that nothing in
9		this chapter shall be construed as authorizing the
10		prohibiting of laundering, sanitation, and
11		sterilization by those conducting any of these
12		businesses or professions where the laundering or
13		sterilization is done in an efficient and sanitary
14		manner;
15	(10)	Hospitals, freestanding surgical outpatient
16		facilities, skilled nursing facilities, intermediate
17		care facilities, adult residential care homes, adult
18		foster homes, assisted living facilities, special
19		treatment facilities and programs, home health
20		agencies, home care agencies, hospices, freestanding
21	•	birthing facilities, adult day health centers,
22		independent group residences, and therapeutic living



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1		programs[, but excluding]; provided that this
2		paragraph shall not apply to youth shelter facilities
3		unless clinical treatment of mental, emotional, or
4		physical disease or handicap is a part of the routine
5		program or constitutes the main purpose of the
6		facility[, as defined in section 346 16 under "child
7		[caring] institution"]. For the purpose of this
8		paragraph, "adult foster home" has the same meaning as
9		provided in section 321-11.2;
10	(11)	Hotels, rooming houses, lodging houses, apartment
11		houses, tenements, and residences for persons with
12		developmental disabilities including those built under
13		federal funding;
14	(12)	Laboratories;
15	(13)	Any place or building where noisome or noxious trades
16		or manufacturing is carried on, or intended to be
17		carried on;
18	(14)	Milk;
19	(15)	Poisons and hazardous substances [$-$ the latter term]
20		including any substance or mixture of substances that:
21	•	(A) Is corrosive;
22	• •	(B) Is an irritant;



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1		(C) Is a strong sensitizer;
2		(D) Is inflammable; or
3		(E) Generates pressure through decomposition, heat,
4		or other means,
5		if the substance or mixture of substances may cause
6		substantial personal injury or substantial illness
7		during or as a proximate result of any customary or
8		reasonably foreseeable handling or use, including
9		reasonably foreseeable ingestion by children;
10	(16)	Pig and duck ranches;
11	(17)	Places of business, industry, employment, and
12		commerce, and the processes, materials, tools,
13		machinery, and methods of work done therein; and
14		places of public gathering, recreation, or
15		entertainment;
16	(18)	Any restaurant, theater, market, stand, shop, store,
17		factory, building, wagon, vehicle, or place where any
18		food, drug, or cosmetic is manufactured, compounded,
19		processed, extracted, prepared, stored, distributed,
20		sold, offered for sale, or offered for human
21		consumption or use;



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1	(19)	Foods, drugs, and cosmetics, and the manufacture,
2		compounding, processing, extracting, preparing,
3		storing, selling, and offering for sale, consumption,
4		or use of any food, drug, or cosmetic;
5	(20)	[[Device]] <u>Devices</u> as defined in section 328-1;
6	(21)	Sources of ionizing radiation;
7	(22)	Medical examination, vaccination, revaccination, and
8		immunization of school children[. No]; provided that
9		no child shall be subjected to medical examination,
10	,	vaccination, revaccination, or immunization[$_{ au}$] whose
11		parent or guardian objects in writing thereto on
12		grounds that the requirements are not in accordance
13		with the religious tenets of an established church of
14		which the parent or guardian is a member or adherent[$ au$
15	x	but]; provided further that no objection shall be
16		recognized when, in the opinion of the department,
17		there is danger of an epidemic from any communicable
18		disease;
19	(23)	Disinsectization of aircraft entering or within the
20		State as may be necessary to prevent the introduction,
21		transmission, or spread of disease or the introduction



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1		or spread of any insect or other vector of
2		significance to health;
3	(24)	Fumigation, including the process by which substances
4		emit or liberate gases, fumes, or vapors that may be
5		used for the destruction or control of insects,
6		vermin, rodents, or other pests, which, in the opinion
7		of the department, may be lethal, poisonous, noxious,
8		or dangerous to human life;
9	(25)	Ambulances and ambulance equipment;
10	(26)	Development, review, approval, or disapproval of
11		management plans submitted pursuant to the Asbestos
12		Hazard Emergency Response Act of 1986, Public Law 99-
13		519; [and]
14	(27)	Development, review, approval, or disapproval of an
15		accreditation program for specially trained persons
16		pursuant to the Residential Lead-Based Paint Hazard
17		Reduction Act of 1992, Public Law $102-550[-]$; and
18	(28)	Hospital-acquired infection prevention and reporting.
19	The	department of health may require any certificates,
20	permits,	or licenses that it may deem necessary to adequately
21	regulate	the conditions or businesses referred to in this
22	section.'	



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SECTION 4. In codifying the new sections added by section
 2 of this Act, the revisor of statutes shall substitute
 appropriate section numbers for the letters used in designating
 the new sections in this Act.

5 SECTION 5. Statutory material to be repealed is bracketed6 and stricken. New statutory material is underscored.

7 SECTION 6. This Act shall take effect upon its approval.

INTRODUCED BY:

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Clarence & Sushik



Report Title:

Hospital-Acquired Infection; Department of Health

Description:

Requires hospitals to implement measures to prevent the spread of certain hospital-acquired infections; creates reporting requirements for hospitals and other health care providers; creates information-gathering, public disclosure, and oversight requirements for the department of health.

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