

Public Health Law and State Reporting of Healthcare-Associated Infections



Kristine M. Gebbie, DrPH, RN

Benjamin Mason Meier, JD, LLM, MPhil

Patricia Stone, PhD, RN



CENTER FOR
HEALTH POLICY
COLUMBIA UNIVERSITY
SCHOOL OF NURSING



Objectives

- Which states require reporting of HAI, and if so, is this done by legislation or administrative regulation?
- Are the specific HAIs to be reported identified in state law or are these HAI considered to be diseases “of public health importance,” with reporting specified by administrative regulation?
- Whether in law or regulation, what reporting policies and procedures are detailed in law (e.g., who is required to report, at what level of detail, and to whom (if anyone) beyond the public health authority will institutionally identifiable information be released)?



Background

- Hospital-Acquired
 - Washing Hands
 - Infection-Preventing Attire
 - Antibiotic Mis-Prescription
- MDRO (e.g., MRSA)
- Harms
 - 2 million cases - 90,000+ deaths
 - \$4 billion +
- Reporting Efficacy?



Background

- Infection Control Systems
 - Voluntary
 - NHSN
 - JCAHO
 - Tort Liability
 - State Legislation
 - Guidance Documents – CDC & APIC
 - Model Legislation
 - Model State Legislation for Collecting and Reporting Healthcare-Associated Infections
 - Consumers Union Model Hospital Infections Disclosure Act



Methods

- State Legislation & Regulations
- Starting point
 - data collected through a Joint Task Force of the Society for Healthcare Epidemiology of America (SHEA) and APIC
 - procedures developed by the Healthcare-Associated Infection Working Group's Tool Kit for reporting HAI
- Web databases
 - Lexis-Nexis
 - Westlaw
 - state legislative websites
- Categorization of Data



Challenges

- The regulatory world keeps changing!
- The level of detail readily available varies widely
- The best method for organizing the information took several tries to adjust
 - Our public health infrastructure interests are not the same as those of the primary user audience



Format for searchable site

- (1) General or specific legislative authority
- (2) Organisms and infection sites specifically enumerated (i.e., case/intervention definition)
- (3) Required hospital reporter
- (4) Detail in the report (aggregate for hospital vs. individual case report)
- (5) Extent to which reports are released to the public with identifiable information

Results – Legislation vs. Regulation

Adopted Legislation		Proposed Legislation	Adopted Regulations	
Alaska	Missouri	Alabama	Arizona	New Mexico
Arkansas	Nebraska	Massachusetts	Hawaii	North Dakota
California	Nevada	Michigan	Idaho	Ohio
Colorado	New Hampshire	New Jersey	Indiana	Oklahoma
Connecticut	New York	North Carolina	Iowa	South Dakota
Delaware	Oregon	Pennsylvania	Kansas	Utah
Florida	Rhode Island	Washington	Kentucky	West Virginia
Georgia	South Carolina		Louisiana	Wisconsin
Illinois	Tennessee		Maine	Wyoming
Maryland	Texas		Montana	
Minnesota	Vermont			
Mississippi	Virginia			



Results

- Reporting Agency – State DOH or independent agency
- Organisms & Infection Site – By Legislation or Bureaucratic Delegation
- Public Disclosure – Aggregate & Hospital-Based



Discussion

- Harbingers of Legislative Success
 - Legislation regarding “matters of public health importance” and subsequent detailed administrative regulation
 - Task Force Politics
 - Prolonged Consideration/Hospital Cooperation





Discussion

- Model Legislation
 - Turning Point Act – general enabling legislation for “matters of public health importance”
 - Inadequacies of Current HAI models
- Public Health – From Surveillance to Quality Control



Conclusion

- Web-Based Database to Assist HAI Advocates
- Future Research – Effect of Law on HAI Practice/Rates
- Thank You
 - CIRAR
 - RAs – Keila Torres, RN & Dru Bhattacharya, JD, MPH