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GUIDANCE FOR INFECTION CONTROL PROFESSIONALS WORKING WITH LEGISLATION & REGULATIONS ON MANDATORY PUBLIC REPORTING OF HEALTHCARE-ASSOCIATED INFECTIONS (HAI)

1. Approach the issue of mandatory public reporting of HAI thoughtfully. A few states have already mandated reporting and many others have proposed legislation. Rather than oppose this issue, serve as an infection prevention specialist and patient safety advocate and work to become a major player in formulating both the legislation and the rules for interpreting the legislation.
2. In addition to this document, refer to the APIC website section on Mandatory Public Reporting. See <http://www.apic.org>, then click on “Advocacy” and “Mandatory Reporting” and the HICPAC Guidance on Public Reporting of Healthcare-Associated Infections at <http://www.cdc.gov/ncidod/hip/PublicReportingGuide.pdf>
3. Be familiar with quality measurement and improvement programs, including any public report cards, that are already in place in your state.
4. Be familiar with national quality measurement and improvement programs already in place:
 - a. Centers for Medicare and Medicaid Services (CMS) - CMS Hospital Quality Initiative - <http://www.cms.hhs.gov/quality/hospital>
 - b. Centers for Medicare and Medicaid Services (CMS) - CMS Nursing Home Quality Initiative - <http://www.cms.hhs.gov/quality/nhqj>
 - c. Surgical Infection Prevention Project - <http://www.medqic.org/content/nationalpriorities/index.jsp>
5. Be familiar with existing national quality measurement organizations and initiatives, such as:
 - a. JCAHO initiatives at <http://www.jcaho.org>
 - b. American Hospital Association initiatives at <http://www.aha.org>
 - c. National Quality Forum at <http://www.qualityforum.org/>
 - d. Institute for Healthcare Improvement “100,000 Lives Campaign” at <http://www.ihl.org/ihl>
6. Get involved early. Meet with:
 - a. APIC chapters in your state
 - b. State Hospital Association
 - c. State Department of Health (DOH)
 - d. Legislators with medical knowledge
 - e. Legislator(s) who submitted a bill and the Legislative staffers assigned to work on the bill.
 - f. Physician epidemiologists

- g. Contacts in other states who are already dealing with the issue
 - h. Members of the national APIC office and Mandatory Reporting Task Force
7. It is important that all of those involved in this process understand:
- a. There is currently no national standardized method used to collect and report data on hospital or healthcare-associated infections.
 - b. Different hospitals currently collect data on different types of HAI because patient populations are different in different hospitals (e.g. children, adolescents, adults, and elderly) and different procedures and treatments are done in different hospitals. This makes it difficult to compare rates between hospitals.
 - c. Risk-stratification must be done in order to compare rates between hospitals and there is currently no standard system for risk stratifying HAI data.
8. When working on the legislation:
- a. Include provisions for a multidisciplinary Advisory Committee. The Advisory Committee should be composed of physician epidemiologists, certified ICPs, consumer representatives, a microbiologist, and a statistician. Ad Hoc members should include DOH and State Hospital Association Representatives. Representatives of insurance companies, third party payers etc. may also be appropriate.
 - the advisory committee should identify which infections or processes to monitor, and the methodology for data collection, analysis and reporting/disclosing the data (this may include website design of how infection data will be displayed)
 - b. Another approach, depending on the political climate, would be to work directly with the Legislative staff person assigned to the bill. The multidisciplinary Advisory Committee was helpful in Missouri, but because of the political climate in California (The Department wanted to create their own methodology and not necessarily recognize CDC methodology), it was advantageous to work directly with the Legislative staff person. This enabled CA ICPs to work with the legislative staff person and Consumers Union directly and craft language that was consistent with CDC guidelines.
 - c. Include a provision that reports will be provided to the public on an annual basis, not quarterly. The data sets are too small to provide valid quarterly information.
 - d. Include a provision that infections monitored and methodology used should be consistent with CDC NNIS/NHSN methodology.
 - e. Try not to be too prescriptive in the legislation (i.e., the bill or other regulation), because it cements anything that is passed and decreases flexibility. Another law would be needed to alter the original legislation. Avoid stating that any specific infection or process must be measured. Instead, incorporate a statement such as “The following infections and processes may be included....”
 - Make the wording flexible so changes can be made during the rule writing process. Changing rules is much easier than changing laws.
 - Exactly what you will monitor should be determined through the Advisory Committee. This will allow flexibility and the ability to change monitors as needed.
 - f. When used, process monitors should include those already used by the CMS and JCAHO, such as the Surgical Infection Prevention Quality Measures.
 - g. Include provision for personnel and technical support for both the hospitals and the data collection agency.

- h. Include appropriate time to develop the reporting program. It will take some time to develop a system for mandatory reporting. Therefore the legislation should reflect this and **allow a year or more** to get the system up and running before results are reported to the agency that will be responsible for making the information public. Have a separate implementation date of when the results must be made available to the public, preferably at least 6-9 months later than the first 'report date'.
 - i. Consider including wording that allows this legislation to be overturned if it is found that the publication of these rates is harmful to consumers doesn't change outcomes, or is so labor-intensive that it cannot be justified with current levels of funding.
 - j. The rules that are written should acknowledge that the measurement program is new and will be a work in progress. Consider adding wording in the legislation that allows for demonstration projects.
 - k. Include funding language in the bill filed with the legislature (must have a "fiscal note" to any proposed bill). The ability of states to set up systems to monitor HAI rates and provide public report cards is limited by current funding--the legislation could become an unfunded mandate
 9. Be familiar with the scientific literature that discusses the limitations of using nosocomial, or healthcare-associated infection rates, as indicators of quality:
 - a. Quality Indicator Study Group. An approach to the evaluation of quality indicators of the outcome of care in hospitalized patients, with a focus on nosocomial infection indicators. *Infect Control Hosp Epidemiol* 1995;16:308-316. SHEA position paper - available at <http://www.shea-online.org>
 - b. Archibald LK, Gaynes RP. Hospital-acquired infections in the United States. The importance of interhospital comparisons. *Infect Dis Clin North Am* 1997. Jun;11(2):245-55.
 - c. Gaynes RP. Surveillance of Nosocomial infections: a fundamental ingredient for quality. *Infect Control Hosp Epidemiol* 1997;18:475-78.
 - d. CDC. Nosocomial infection rates for interhospital comparison: limitations and possible solutions. A report from the National Nosocomial Infections Surveillance (NNIS) System. *Infect Control Hosp Epidemiol.* 1991;12:609-21.
 10. Testifying at hearings: Depending on your state legislature requirements, you may be able to register to testify on a bill either "In Support", "In Support, with Amendments" or "Opposed." If you do not support the legislation or the bill has clauses that you do not support, It's better to register "In Support, with Amendments" (rather than "Opposed") as this allows your voice to be heard in a positive way. At the hearing introduce yourself and offer your expertise and recommendations for amendments. You will likely have only 2-3 minutes to do this. Be prepared to answer questions. Be concise and positive.
 - a. **If you are testifying as an APIC or APIC chapter representative, please do not register or testify at a hearing as "Opposed" to a bill.** This does not support APIC's position or the ICP's role as a patient advocate and puts APIC in an obstructionist position. If you do not support the legislation, or the bill has clauses that you do not support, you should testify "In Support, with Amendments" (or as appropriate in your state) and provide suggestions for amendments. If you wish to "oppose" a bill, do this as an individual ICP or as a representative of your facility.
 - b. The APIC national office can provide you with sample oral testimonies that APIC members have given.

- c. Let the legislators know:
 - There is currently no standard method for collecting and reporting HAI rates (see “Talking Points”)
 - The rapid movement in the states to legislate public reporting of HAI is resulting in reporting requirements that are different in each state. This will make it difficult to use this data for comparing performance among hospitals.
 - APIC is currently working with other organizations who were at a February Consensus Conference to develop a national consensus standard for publicly reporting HAIs. (Depending on the questions and tone of the hearing, you may have an opportunity to suggest that they consider waiting to pass legislation until this national consensus standard is developed.)
 - APIC is working with members in states that have passed and proposed legislation on public reporting of HAI. This has allowed APIC to identify many of the problems and barriers to setting up an effective public reporting system. You wish to avoid these problems in your state.
 - You would like to work with them to develop a program that will enable your state to provide hospital infection data that will be useful for both consumers and hospitals.
 - d. As soon as possible after the hearing, arrange follow-up meetings with the legislators to discuss the bill. At the follow-up meetings, discuss the problems you see with the bill and offer solutions to address them. At the follow-up meetings discuss your concerns about passing legislation on public reporting of HAIs at this time.
11. Written testimony: Use the APIC position statement and talking points on the APIC website for guidance. The national APIC staff has been working with ICPs around the country and can assist you.
- a. **If you are testifying as an APIC or APIC chapter representative, please do not submit written testimony as “Opposed” to a bill.** You should submit testimony “In Support, with Amendments” (or as appropriate in your state) and provide suggestions for amendments. If you wish to “oppose” a bill, do this as an individual ICP or as a representative of your facility
 - b. Use factual, scientific information to ensure the final outcome has potential to benefit the consumer and hospitals in the quest to provide actionable data.
 - c. The APIC national office can provide you with sample written testimonies that APIC members have given.