

1 STATE OF OKLAHOMA

2 2nd Session of the 51st Legislature (2008)

3 HOUSE BILL 3169

By: Jackson

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5  
6 AS INTRODUCED

7 An Act relating to public health and safety; creating  
8 the Hospital Infection Rate Information Act; defining  
9 terms; directing the State Department of Health to  
10 promulgate rules establishing a program to track  
11 specific hospital-acquired infections; providing for  
12 the establishment of an advisory committee;  
13 specifying member qualifications; providing for the  
14 establishment of a statewide database available to  
15 the public on a website; specifying phases of  
16 program; providing for encryption of data for certain  
17 period of time; providing for report to public;  
18 directing the establishment of an audit process;  
19 providing for an administrative penalty; prohibiting  
20 data to be used for litigation purposes; providing  
21 for codification; and providing an effective date.

22 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

23 SECTION 1. NEW LAW A new section of law to be codified  
24 in the Oklahoma Statutes as Section 1-706a of Title 63, unless there  
is created a duplication in numbering, reads as follows:

This act shall be known and may be cited as the "Hospital  
Infection Rate Information Act".

1 SECTION 2. NEW LAW A new section of law to be codified  
2 in the Oklahoma Statutes as Section 1-706b of Title 63, unless there  
3 is created a duplication in numbering, reads as follows:

4 As used in the Hospital Infection Rate Information Act:

5 1. "Hospital" means a facility as defined in Section 1-701 of  
6 Title 63 of the Oklahoma Statutes;

7 2. "Hospital-acquired infection" means any localized or  
8 systemic condition resulting from an adverse reaction to the  
9 presence of an infectious agent or its toxin that:

10 a. occurs in a patient in a hospital, and

11 b. was found not to be present or incubating at the time  
12 of admission to the hospital, unless the infection was  
13 related to a previous admission to the same hospital;  
14 and

15 3. "Risk adjustment" means a statistical procedure for  
16 comparing patient outcomes, taking into account the differences in  
17 patient populations, including risk factors such as the number of  
18 patients on central line catheters, or the number of patients  
19 undergoing specific types of surgery, as a percentage of the overall  
20 number of patients treated. For the purposes of the Hospital  
21 Infection Rate Information Act, risk adjustment shall be calculated  
22 using the National Nosocomial Infections Surveillance System  
23 surgical wound infection risk index of the Centers for Disease  
24

1 Control and Prevention or the number of central-catheter days as a  
2 risk-adjustment factor for central line infections.

3 SECTION 3. NEW LAW A new section of law to be codified  
4 in the Oklahoma Statutes as Section 1-706c of Title 63, unless there  
5 is created a duplication in numbering, reads as follows:

6 A. The State Department of Health shall promulgate rules  
7 requiring hospitals to use established public health surveillance  
8 methods to maintain a program of identifying and tracking the  
9 following types of hospital-acquired infections for the purpose of  
10 reporting such data semiannually to the State Department of Health:

- 11 1. Central-line-associated infections;
- 12 2. Laboratory-confirmed primary bloodstream infections  
13 contracted by intensive care unit patients; and
- 14 3. Surgical site infections.

15 B. The Department shall establish an advisory committee that  
16 includes recognized experts in the field of hospital-acquired  
17 infection, public reporting of hospital data, and health care  
18 quality management to establish data collection and analysis  
19 methodologies and risk-adjustment procedures.

20 C. The Department shall establish a statewide database of all  
21 risk-adjusted, hospital-specific infection rates and make it  
22 available to the public on a website and in printed materials that  
23 can be used by consumers, purchasers of health care, and advocacy  
24 groups to compare the performance of individual hospitals, and the

1 aggregate performance of hospitals in the state with those in other  
2 states and nationwide.

3 D. The first year of data submission, beginning November 1,  
4 2008, shall be considered the pilot phase of the reporting system.  
5 The pilot phase is to ensure the completeness and accuracy of  
6 hospital reporting and the fairness and completeness of the report  
7 of the Department to the public. During the pilot phase, hospital  
8 identifiers shall be encrypted, the Department shall provide each  
9 hospital with an encryption key for that hospital only, and no  
10 public hospital comparisons shall be available. The Department  
11 shall provide its first report to the public with hospital-specific  
12 infection rates included sixty (60) days from the end of the second  
13 year of data submission.

14 E. The Department shall establish an audit process to ensure  
15 compliance with the Hospital Infection Rate Information Act and the  
16 accuracy of self-reporting by the hospitals. An administrative fine  
17 of Five Hundred Dollars (\$500.00) shall be imposed on a hospital for  
18 every day it fails to report on time, or is shown to substantially  
19 underreport infections, for each semiannual reporting period.

20 F. None of the data collected and reported under the Hospital  
21 Infection Rate Information Act shall be used for litigation purposes  
22 against an individual hospital.

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SECTION 4. This act shall become effective November 1, 2008.

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