

Senate Health and Human Services Committee

Kirsten Koch 271-3266

HB 131, relative to reporting of health care associated infections.

Hearing Date: April 28, 2021

Time Opened: 9:39 a.m.

Time Closed: 9:52 a.m.

Members of the Committee Present: Senators Bradley, Gray, Avard, Sherman and Whitley

Members of the Committee Absent : None

Bill Analysis: This bill clarifies the information that hospitals must report regarding infections.

Sponsors:
Rep. Woods

Who supports the bill: Rep. Gary Woods, Merrimack 23; Elissa Malcolm, Dartmouth-Hitchcock Value Reporting and Analytics; Paula Minnehan, NH Hospital Association; Katrina Hansen, DHHS; Courtney Tanner, Dartmouth-Hitchcock.

Who opposes the bill: Kate Horgan, NH Association of Counties; Melissa White; John Marino; Jandee Porter; Shayla Anderson; Janelle Lorento; Joseph Lorento; Laura Condon.

Who is neutral on the bill: None.

Summary of Testimony Presented:

NOTE: The speakers referred to two acronyms during their testimony. The acronyms are defined below.

- *Central Line Insertion Practices (CLIP)*
- *Surgical Antimicrobial Prophylaxis and Intravenous Antimicrobial Administration, or previously known as the Surgical Care Improvement Project (SCIP)*

Representative Gary Woods, Merrimack 23

- Rep. Woods testified in support of this bill.
- Rep. Wood said, the bill came out of committee with an OTP motion on a vote of 17-3. This bill passed the House 230-130 on roll call.
- Rep. Woods referred to the committee members to his submission of written testimony.
- Rep. Woods said, this bill updates and clarifies standardization rules, and relieves a burden on DHHS.

- Rep. Woods said, lines 4 and 5, stricken two measures that were in place for surgical practices. Over the course of several years the facilities reviewed maintained a 94-95% compliance and no longer need to go through reporting, but will still get scrutiny during on site reviews.
- Rep. Woods said, Section 1 continued reporting of influenza vaccines. This is depersonalized data. It allows DHHS to reliably comment on statuses and form recommendations for the public in NH.
- Rep. Woods said, protocols do not have to mirror national organization, they just have to establish a conforming standard.
- Rep. Woods said, this bill provides a standard of which the department can do its job and advise the state.

Elissa Malcolm, Director of Value and Reporting Analytics, Dartmouth-Hitchcock

- Ms. Malcolm testified in support of this bill.
- Ms. Malcolm said, when the state stays current with scientific measures it makes reporting requirements easier.
- Ms. Malcolm said, this bill allows the state to use the rules process to stay current and reduces the reporting burden for hospitals.
- Ms. Malcolm said, both the state and hospitals have struggled to meet the CLIP and SCIP measures. For the past decade, we have been trying to figure out to how to improve the CLIP measure as a metric. It is a low value metric. While the concept of CLIP is really important, what it measures is our ability to document the line insertion process.
- Ms. Malcolm said, over the past few years, the measure and performance was so high it could no longer be measured by the metrics. The measurements and standards are out of date. This bill fixes both these measures. These are process measures, not outcome measures.
- Ms. Malcolm said, the old metric is a low value measure and time insensitive. It does not serve hospital nor citizens
- Ms. Malcolm said, this bill helps the state to line up with CMS practices and changes with the CDC. This bill allows the state to be flexible.
- Ms. Malcolm said, DHHS has brought positive changes with the rules and process for reporting. The rules changes allows hospitals to report SCIP data through a survey program. This has saved us about eight hours per week.
- Ms. Malcolm said, HB 131 gives the state the means they need to stay current with scientifically valid measures.

Paula Minnehan, NH Hospital Association

- Ms. Minnehan testified in support of the bill.
- Ms. Minnehan said she commends the testimony of Ms. Malcolm and Rep. Woods.
- Ms. Minnehan referred the committee members to her written testimony.

- Ms. Minnehan said she wanted to acknowledge that Rep. woods introduced this bill, with the exact same language, last year but it got held up due to the pandemic. She said, last year this bill passed in the House and it was heard in the Senate HHS Committee.

Katrina Hansen, Chief of Infectious Disease Surveillance, Division of Public Health Services, Department Health and Human Services

- Ms. Hansen testified in support of this bill.
- Ms. Hansen said, a health care associated infection (HAI) is an infection that a patient acquires during the course of receiving treatment for another condition within a health care setting.
- Ms. Hansen said, NH DHHS does not have concerns and supports the proposed bill.
- Ms. Hansen said, few states monitor CLIP and it is not a nationally collected measure for other organizations (e.g., CMS). Monitoring CLIP data is burdensome for health care facilities as it requires manual data entry for every insertion that occurs. Though CLIP data was useful in understanding adherence initially, it is less relevant now after more than 10 years of reporting and overall high adherence. Other measures may be more relevant with the changing landscape of HAI. Additionally, CLIP is not used routinely by the HAI program to provide recommendations or feedback to hospitals for quality improvement.
- Ms. Hansen said, surgical antibiotic prophylaxis data via SCIP have not been available since 2014 and are no longer a national quality measure. Going forward, NH hospitals would have to report this measure through a different mechanism to DHHS, such as through an online survey. This measure has less utility, and the HAI program would like to focus efforts in working with facilities to collect more meaningful data to measure antibiotic resistance and stewardship.

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Date Hearing Report completed: April 30, 2021