

Regular Session, 2010

HOUSE CONCURRENT RESOLUTION NO. 202

BY REPRESENTATIVE WILLMOTT

A CONCURRENT RESOLUTION

To urge and request the Healthcare-Acquired Infections Advisory Group to identify the most health-compromising and costly healthcare-acquired infections in Louisiana, to rank them in order of severity and prevalence, to provide health care providers with strategies to combat healthcare-acquired infections, to determine a cost-effective method to use infection information currently reported to the Centers for Disease Control and Prevention (CDC) and Centers for Medicare and Medicaid Services (CMS) and to provide this information in a manner that allows the public access to this data, and to compile these findings in a written report to be submitted to the House and Senate committees on health and welfare no later than February 1, 2011.

WHEREAS, healthcare-acquired infections, also known as nosocomial infections, are serious public health concerns throughout the United States, with an estimated one million seven hundred thousand cases occurring each year; and

WHEREAS, according to the United States Department of Health and Human Services, the treatment of nosocomial infections adds more than twenty billion dollars to health care spending each year, costing on average, eight thousand, eight hundred and thirty-two dollars per patient per admission; and

WHEREAS, in 2006 alone, forty-eight thousand patients died from nosocomial infections nationwide; and

WHEREAS, the Centers for Medicare and Medicaid (CMS), the Centers for Disease Control and Prevention (CDC), and the Institute for Healthcare Improvement have made it a top priority to reduce the incidence of nosocomial infections; and

WHEREAS, in 2008, the legislature passed the Louisiana Health Care Consumers' Right to Know Act (R.S. 40:1300.111 through 1300.114) to provide consumers access to health care cost, quality, and performance data on health care facilities, so that consumers

may make "meaningful comparison of costs for specific health care services and specific quality of care measures between and among medical facilities, health care providers, and health plans"; and

WHEREAS, it has been established that nosocomial infections contribute to a significant number of undesirable health outcomes, and it is a critical goal for the Department of Health and Hospitals (DHH) to decrease these undesirable events by providing health care providers with infection reduction strategies and making available useful, relevant statistical data to the public so that Louisiana's patients will have the ability to make informed, effective health care decisions; and

WHEREAS, the Healthcare-Acquired Infections Advisory Group created by DHH is comprised of a variety of key stakeholders in the health care provider community, with representatives from the Louisiana Hospital Association, Louisiana Board of Pharmacy, Louisiana State University Health Sciences Center, Tulane University School of Medicine, the Department of Health and Hospitals, and other health care providers, making this established group of stakeholders particularly well-qualified to achieve the goals described herein.

THEREFORE, BE IT RESOLVED that the Legislature of Louisiana does hereby urge and request the Healthcare-Acquired Infections Advisory Group to identify the most health-compromising and costly healthcare-acquired infections in Louisiana, to rank them in order of severity and prevalence, to provide health care providers with strategies to combat healthcare-acquired infections, to determine a cost-effective method to use infection information currently reported to the Centers for Disease Control and Prevention (CDC) and Centers for Medicare and Medicaid Services (CMS) and to provide this information in a manner that allows the public access to this data, and to compile these findings in a written report to be submitted to the House and Senate committees on health and welfare.

BE IT FURTHER RESOLVED that the report by the Healthcare-Acquired Infections Advisory Group shall:

(1) According to statistical data, rank the most health-compromising and costly healthcare-acquired infections in those licensed health care facilities included in the Louisiana Health Care Consumers' Right to Know Act in order of severity and prevalence.

(2) Determine the most cost-effective method for Louisiana health care providers to report the prevalence of nosocomial infections in their respective facilities from the list established by the Healthcare-Acquired Infections Advisory Group.

(3) Determine which information on nosocomial infections should be reported by each licensed health care provider included in the Louisiana Health Care Consumers' Right to Know Act, including but not limited to the number and type of diagnosed nosocomial infections identified by those licensed health care providers.

(4) Determine how frequently the information on nosocomial infections should be reported by each licensed health care provider. In its determination, the Healthcare-Acquired Infections Advisory Group shall balance public safety with the operational and financial burden to licensed health care providers.

(5) Assess whether the CDC National Healthcare Safety Network should be incorporated into the new reporting system and, if so, how it should be incorporated.

(6) Determine which reported information on nosocomial infections DHH should be required to post on a designated website for public review and use. In its determination, the Healthcare-Acquired Infections Advisory Group shall balance legal restrictions and privacy concerns with the goal for the public to have access to the essential information which facilitates consumer choice among health care providers based on quality outcomes.

BE IT FURTHER RESOLVED that the list of healthcare-acquired infections deemed to be the most health-compromising and costly may include but not be limited to those infections currently being reported by hospitals and other health care providers to CMS and the CDC and will also include:

- (1) Methicillin-resistant Staphylococcus aureus infections (MRSA)
- (2) Multiple Drug Resistant Organisms (MDRO)
- (3) Clostridium difficile-associated diarrhea (CDAD)
- (4) Central line associated bloodstream infections (CLABSI)
- (5) Catheter associated urinary tract infections (CAUTI)
- (6) Ventilator-associated pneumonia (VAP)
- (7) Mediastinitis following Coronary Artery Bypass Graft (CABG)

BE IT FURTHER RESOLVED that the report of the Healthcare-Acquired Advisory Group's findings shall be submitted to the House and Senate committees on health and welfare no later than February 1, 2011.

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SPEAKER OF THE HOUSE OF REPRESENTATIVES

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PRESIDENT OF THE SENATE