This revised analysis replaces the analysis dated 3-11-92.

House
Legislative
Analysis
Section

Olds Plaza Building, 10th Floor
Lansing, Michigan 48909
Phone: 517/373-6466

HOSPITAL INFECTIONS, DEATHS

House Bill 5153 (Substitute H-2)
Revised First Analysis (3-18-92)

Sponsor: Rep. Michael J. Bennane
Committee: Public Health

THE APPARENT PROBLEM:

While many people are familiar with newspaper reports of "bad" doctors, whose careless or incompetent practice harms their patients, many fewer people realize that hospitals also have the potential to injure patients through so-called "nosocomial," or hospital-acquired, infections. These infections can be acquired from especially antibiotic-resistant organisms that are found in the hospital environment itself, from hospital staff (including doctors, nurses, and other hospital staff), from inadequately sterilized equipment, or even from the patient's own microflora when the patient has been treated with extensive antibiotics.

While it cannot be expected that hospitals entirely eliminate the problem of hospital-acquired infections, some hospitals do better in controlling these infections than other hospitals do. However, currently there is no way for patients to know which hospitals do better -- and which do worse -- at controlling hospital-acquired infections.

THE CONTENT OF THE BILL:

The bill would amend the part of the Public Health Code that requires the Department of Public Health to promulgate and enforce rules establishing certain standards for health facilities and agencies. The bill would require the department to promulgate rules establishing standards regarding (a) a minimum plan of infection control for all health facilities and agencies, and (b) the prevention and control of illness or infection that occurred as a result of treatment received in a health facility or agency (to be called "iatrogenic illness or infection").

The rules regarding the prevention and control of iatrogenic illness or infection would have to require each health facility or agency, at a minimum, to:
(1) Train staff annually in implementing the procedures required by the rules;
(2) Give patients, upon admission, certain information (on a form provided by the DPH) regarding iatrogenic illnesses and infections (including deaths) that had occurred in the health facility or agency in the year immediately preceding the patient's admission;
(3) Give information to the DPH regarding any infection control measures used in addition to those required by department rule; and
(4) Refer each incident of iatrogenic illness or infection to a staff member skilled in epidemiology in order to see if any changes in their infection control was necessary.

The information also would have to be made available, free of charge, to the DPH and the general public upon request. The information would have to be updated at least every six months, and would have to be specific to the type of medical procedure that the patient is scheduled to undergo or that the department or public asks about. The information would, at a minimum, have to specify:
* the number of times the specific medical procedure was performed in the health facility or agency during the previous year;
* the aggregate number of infections resulting from that medical procedure in the health facility or agency; and
* the aggregate number of deaths resulting from that medical procedure in that health facility or agency. The information also could be made specific to a particular health care provider.

MCL 333.20171

FISCAL IMPLICATIONS:

The Department of Public Health said that the bill in its original form would result in costs to the department, both to promulgate rules and to

monitor and enforce its provisions, but did not give an estimate of the costs. (1-30-92)

ARGUMENTS:

For:

The better informed prospective hospital patients are about their relative risks of being infected during proposed hospital treatment, the better they will be able to choose their hospitals for treatment.

Against:

According to the Department of Public Health, it is widely acknowledged by the federal Centers for Disease Control and other experts that gross nosocomial (hospital-acquired) infection rates do not indicate the quality of care provided in a particular health care facility. Such rates vary widely, depending on the scope and level of services provided in that facility and upon the severity of the illness of the patients being treated. Comparisons of infection rates among hospitals is meaningless without understanding the complexity of the issues involved. No public good would be served by the department collecting or publishing gross rates of infection, and, further, the department believes that it is not possible to accurately adjust gross rates of infection given the complexities involved with patient care.

Response:

In the first place, the bill addresses only iatrogenic illnesses and infections, that is, illnesses and infections caused by treatment in a health care facility or agency, and does not, strictly speaking, address the problem of nosocomial illnesses and infections (illnesses and infections acquired in a health facility or agency). So the illness or infection in question would have to have been acquired in the course of some specific treatment in the facility or agency. But in hard economic times, when medical costs -- and especially hospital costs -- continue to rise faster than the rate of inflation, it is understandable that hospitals would not want to encourage "hospital shopping." And perhaps patients could not, in fact, make truly informed decisions about their hospitals based solely on the information that the bill would require. Nevertheless, the bill provides a starting point for patients to begin to get information that can be vital to their health and their very lives. It is inconceivable that hospitals would not attempt to place the required information in the larger context needed to understand its implications, so the likelihood is that the bill would in reality generate even more information than it requires at a minimum. Hospitals, moreover, with low infection rates, no doubt would be quick to use this information as a "selling point," thereby increasing competition -- and perhaps even lowering costs -- in a marketplace in which traditionally the patient-consumer has had little say.

Against:

The bill's requirements for the annual training of staff in prevention of nosocomial infections are redundant, since this training already is required under recently issued Occupational Safety and Health Administration rules for the use of universal precautions and the prevention of transmission of bloodborne pathogenic diseases.

Response:

It is not uncommon to place federal requirements into state law, thereby enabling the state to enforce these requirements when the federal government does not or cannot. Considering that patients have died of hospital-acquired infections, surely it is not too much to ask of the health department that it take seriously the training of hospital staff in how to avoid and reduce at least some of these infections (namely, those acquired in the facility or agency during the course of treatment).

Against:

By restricting the bill's focus to infections or illnesses acquired in hospitals during the course of treatment, the bill would seem to be singling out physicians -- who, after all, are responsible for treatment decisions in the hospital setting -- in a way that could lead to increased medical malpractice suits. And yet there are many people who believe that the opportunities for bringing such suits should be reduced, not increased, if the current "medical malpractice crisis" in the state is to be resolved.

POSITIONS:

The Michigan State Medical Society does not oppose the bill. (3-10-92)

The Department of Public Health does not support the bill. (3-10-92)

The Michigan Hospital Association opposes the bill. (3-5-92)

The Michigan Association of Osteopathic Physicians and Surgeons has not yet taken a position on the

bill, but is concerned with its possible implications regarding liability. (3-11-92)