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The Impact of State Mandated Healthcare-Associated Infection Reporting on Infection Prevention and Control Departments in Acute Care Hospitals: Results from a National Survey

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BACKGROUND

- Healthcare-associated infections (HAI) cost US hospitals about 33 billion dollars annually
- Most states and territories have laws requiring HAI data submission (71% as of January 31, 2013), in addition to federal reporting requirements
- Evidence that state HAI laws have increased patient safety and reduced HAI rates is inconsistent
- Facility and state resources needed to comply with HAI laws are considerable

OBJECTIVE

- To evaluate the perceived impact of US state and territorial HAI laws on Infection Prevention and Control Departments (IPCDs)

METHODS

- Non-VA hospitals enrolled in the National Healthcare Safety Network were eligible to participate in a web-based survey of IPCDs conducted in Fall 2011¹
- States with HAI laws effective prior to Fall 2011 were identified using systematic legal review²
- Variations in IPCD resources and characteristics in states with and without HAI laws were evaluated using χ^2 or Wilcoxon-Mann-Whitney tests
- Multinomial logistic regression was used to evaluate perceived increases or decreases (versus no change) in resources, time, influence, and visibility of IPCDs in states with HAI laws

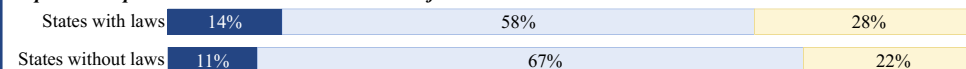
ACKNOWLEDGEMENT

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¹Stone PW et al. Am J Infect Control. 2014 Feb;42(2):94-9
²Herzig CT et al. Am J Med Qual. 2014 Jun 20

RESULTS: PERCEIVED IMPACT OF MANDATORY REPORTING ON IPCDS

Impact on department resources to assist with infection control:



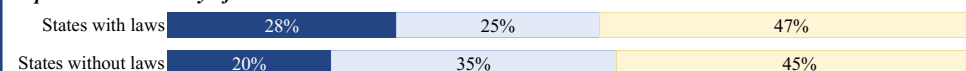
Impact on time for routine infection control activities:



Impact on the influence of the IPCD in hospital decision making:



Impact on the visibility of the IPCD:



Less About the same More

RESULTS: IPCD RESOURCES AND CHARACTERISTICS IN STATES WITH AND WITHOUT HAI LAWS

Variable	Hospitals in states with laws (n=756)	Hospitals in states without laws (n=282)	p-value
Resources to assist with infection control			<0.01
About the same	440 (58.2)	189 (67.0)	
Different	316 (41.8)	93 (33.0)	
Time for routine infection control activities			<0.01
About the same	159 (21.0)	83 (29.4)	
Different	597 (79.0)	199 (70.6)	
Influence in hospital decision making			0.04
About the same	339 (44.8)	147 (52.1)	
Different	417 (55.2)	135 (47.9)	
Visibility			<0.001
About the same	187 (24.7)	99 (35.1)	
Different	569 (75.3)	183 (64.9)	
Average number of hours per week spent fulfilling reporting requirements, mean (SD)	17.0 (17.8)	12.9 (15.7)	<0.0001
Presence of a full-time physician HE (n=956)	212 (30.1)	63 (24.1)	0.05
Presence of any physician HE (n=1018)	385 (51.8)	118 (43.1)	0.01

Notes: Values are n (%) unless otherwise noted; SD=Standard Deviation; HE=Hospital Epidemiologist

RESULTS: CHANGES TO RESOURCES, TIME, INFLUENCE, AND VISIBILITY

Variable	OR	p-value
Resources to assist with infection control		
Less vs. Same	1.38	0.18
More vs. Same	1.37	0.09
Time for routine infection control activities		
Less vs. Same	1.62	<0.01
More vs. Same	1.35	0.23
Influence in hospital decision making		
Less vs. Same	1.28	0.42
More vs. Same	1.27	0.13
Visibility		
Less vs. Same	1.74	<0.01
More vs. Same	1.37	0.08

Notes: OR=Odds Ratio; Models were adjusted for setting, location, and presence of any physician HE

- 1038 hospital IPCDs provided complete data on how mandatory reporting impacted their department (30% response rate)
- 756 hospitals (73%) were located in states with HAI laws
- Geographic location, urban setting, and presence of a Hospital Epidemiologist were significantly associated with being a state with HAI laws
- Hospital bed size and Infection Preventionist certification were not significantly associated with being in a state with HAI laws

CONCLUSIONS

- Beyond what was required by federally mandated HAI reporting alone, IPCDs in states with HAI laws reported a higher burden to their departments
- Moreover, evidence suggests that IPCDs in states with HAI laws are less visible to the rest of the hospital but receive increased resources
- Further research is needed to investigate resources that will successfully offset the demands of complying with state HAI laws