

Economic Impact Statement

LSA Document #19-572

IC 4-22-2.1-5 Statement Concerning Rules Affecting Small Businesses**Description of the Rule:**

The healthcare associated infection reporting rule will require health care facilities licensed by the Indiana State Department of Health (ISDH) to report information data that is required to be reported to the Centers for Medicare and Medicaid Services (CMS) for various quality reporting programs. The reporting will be done through a web-based system created and managed by the Centers for Disease Control and Prevention (CDC) known as the National Healthcare Safety Network (NHSN). The NHSN has become the national standard for infection reporting and the one used by hospitals that wish to receive higher reimbursement from CMS reimbursement. Each health care facility will be required to enroll in the NHSN and confer rights to the ISDH for access to the nonidentifying information that they enter on healthcare associated infections.

1. Description of the Affected Industry

This rule will affect any health care facility in Indiana that is participating in a CMS Quality Reporting Program.

2. Reporting, Record Keeping, and Other Administrative Costs

[410 IAC 15-1.4-2](#) requires hospitals to have quality assessment and improvement programs which include the area of infection control. Quality assessment and improvement programs should include monitoring and tracking of infections currently.

3. Estimated Total Annual Economic Impact on Small Businesses

This proposed rule will not impact any small businesses. Information that is being requested in this proposed rule is already required to be reported through a CMS Quality Reporting Program.

4. Justification for Costs

This rule is intended to promote and protect public safety and health. Healthcare associated infections are the most common complication of hospital care. On any given day, about 1 in 31 hospital patients has at least one healthcare associated infection. In 2012, healthcare associated infections had an annual cost of \$9.8 billion. On a per-case basis, central line-associated bloodstream infections are the most costly infection at \$45,814 per infection, followed by ventilator-associated pneumonia at \$40,144, surgical site infections at \$20,785, *Clostridioides difficile* infection at \$11,285, and catheter-associated urinary tract infections at \$896. The extent of the impact on Indiana is not precisely known as data has never been collected and shared, except within individual hospitals. This data comes from a research article titled, "Healthcare-Associated Infections A Meta-analysis of Costs and Financial Impact on the US Health Care System." Data was an estimation of attributable costs from a systematic review of literature from 1986 through April 2013. Reporting of healthcare associated infections through this rule will provide the data from hospitals to identify the rates, infection problem areas, help provide the focus for remedial and preventative actions to improve infection control, and inform the public about infection rates. Reporting increases accountability and transparency. Data on healthcare associated infections can drive focused prevention initiatives. When data establishes where infections are occurring, prevention efforts can be aimed at the problem infection areas to protect patients.

5. Regulatory Flexibility Analysis

Healthcare associated infections are an increasing problem threatening the health and safety of patients not only in Indiana, but nationwide. While this problem has not been ignored by health care facilities, it is clear from the data that is available that the problem is not decreasing. More attention and resources must be brought to bear to address the situation. Hospitals have not voluntarily made their infection rates available to the public. In fact, when offered the opportunity to join the voluntary Indiana Healthcare Associated Infection Initiative many hospitals declined to join when they learned that their infection rates could become public. The reporting requirements fit the situation no matter the size of the hospital. The reporting required through the NHSN will be based on the number of patients and the numbers of healthcare associated infections that occur at the facility. Other reporting options would require additional software costs or duplication of data entry for hospitals covered by this proposed rule.

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