2015 HOUSE HUMAN SERVICES

HCR 3043

2015 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HCR 3043
3/4/2015
24306

☐ Subcommittee
☐ Conference Committee

Explanation or reason for introduction of bill/resolution:

Study of hospital sterilization protocol.

Minutes: Testimony #1

Chairman Weisz: opened the hearing on HCR 3043.

Rep. Ben Hanson: Introduced the bill. I was approached by a continuant in my district who works at Sanford Hospital, he had some concerns about CSPD (Central Sterile Process Department) and folks who work with surgical equipment in our hospital systems. There are a few states doing a few new things with sterilization of surgical equipment and I am certainly no expert. He did explain it all to me and I found it very interesting, I did some research on my own and I thought it was worth presenting at least for a study. I did not thing a bill would be appropriate at this time.

Tim Motl: Testified in support of the bill (See Testimony #1)

Rep. Porter: Could you go into a little more depth in regards to what that national certification program is and as an employee how many hours does it take to gain that level of certification for someone working central supply?

Motl: I believe its 400 hours. There are various aspects of the job duty required. Sterilization you have to understand the operation of the sterilizers and there is various types of sterilization processes that are needed for specific items that are used in the medical industry.

Rep. Porter: Is the course online or a combination and a test?

Motl: You put up 110 dollars and if you pass it will be covered from your employer but if you fail then you have to wait six weeks to take it again. If I had waited to the end of that concurrent time of two years and failed the test I would not be able to work in that environment I would have to wait six weeks and take the test if I wanted to go back to that job.

Rep. Porter: Inside of the health care industry they are all credited through an accreditation component and inside of that accreditation component they have standards that they have to meet in order to be accredited and infection control is one of those standards and so is this what you are proposing for the legislature to study above and beyond the current accreditation standards are or is it in line with what is kind of nationally pushed back in regards to accreditation?

Motl: I believe in looking at what both New York and New Jersey have is very similar to what Sanford has and I believe Altru and St. Alexis have is that after two years they perceive through Inter National Association of Health Service and that certifies them annually and continual educational credits are required to maintain that certification. You have to supply that or go to the website for that purpose as well.

Rep. B. Anderson: Where in North Dakota is this a problem?

Motl: It's my understanding that the VA and Sanford. Essentia, and I haven't received proof, that they are five to seven years for certification and that to me seems a little loose. Not that they are providing poor health care but I think there should be some sort of standard to what we do because of the complexity of all that is involved.

Rep. B. Anderson: So there isn't anything specific?

Motl: Nothing specific.

Rep. Mooney: You have sited in here some statistics related to national information but do you have any North Dakota data that we can relate to?

Motl: I do not.

Rep. Mooney: If the CDC is tracking nationally wouldn't they also be tracking just for North Dakota?

Motl: I believe there would.

Rep Fehr: We did not hear from the Hospital Association, I would really like to hear from them on this bill. I understand the seriousness of infection, but I'm not convinced there is a problem in North Dakota.

Rep Porter: When I look at this issue I don't know what the legislature would study. I printed out the one sheet from the joint commission on accreditation for hospitals and they have a huge component on infection control, standard practices, the FDA has a huge component and a mandate back on hospitals, OSHA has a huge component inside of infection control in hospitals so I'm not exactly sure what the legislature would even study with this. I understand that infection control is a big deal. Those super bugs are out there and everybody in health care is aware of their existence and the necessity in doing things to make sure they don't happen in their hospital.

Chairman Weisz: Out of curiosity Representative Porter, what do you do?

Rep. Porter: Our standards were set by OSHA. They came out with blood born pathogen standards and inside of those standards it did affect the way we run our operation, because before that ambulance can be back in service for the next call there is a basic list of things that has to happen and be cleaned. It gets more and more extensive and the possibility of infection once you start getting more and more body fluids involved in that confined space it gets more and more extensive on how you have to clean it. There is basic set of requirements from OSHA that say at a minimum you have to spray a direct contact spray on the surfaces of where the patient was at. If there is any coughing or sneezing that's the personnel side and they have to have goggles and masks and then they aerosol side of the ambulance has to be cleaned better.

Chairman Weisz: So you aren't regulated?

Rep. Porter: It's all federal. The equipment that we have that is reusable type equipment then we have to go through the manufactures recommended sterilization procedure. What we do is just send it through the hospital central supply and what they do is gas sterilize it and bring it back to us sealed so that it is guaranteed to be clean.

Chairman Weisz: So you actually use their services?

Rep. Porter: On some reasonable things. Now days most of the stuff that we use is disposable, but there are a few things that are still the surgical level that require a different level of cleaning after use.

Rep. Mooney: Are hospitals subject to the OSHA laws or what do they have to follow?

Rep. Porter: They are. Everybody is subject to the blood born pathogen and the hospitals inside of the accreditation they have to have standards for sterilization and standards for infections control that are above and beyond what OSHA requires. Those are reportable type things so if they start getting high incidents of bugs after surgeries they will shut down an entire surgical suit and clean it, because those count against them.

Rep. Oversen: If we don't regulate these individuals they have to, I assume, require a certain level of education or training to get that certification of the hospital tech how there isn't any regulation of that profession. I thought I heard the person testifying say that we regulate dental hygienist and individuals who deal with similar equipment why we don't have regulations. I would imagine we would look at what other states are doing. If it was regulation that needed to be put in place it would come before us anyway. I would be curious to see if other states have current law that regulates this profession.

Rep. Porter: I thought the testifier said that two states do it.

Chairman Weisz: To me the only thing you could study would be should North Dakota per say regulate that group of individuals, but you know where it says study in the hospital sterilization protocol I would say is well beyond the scope. You could study the idea of could we add an extra layer and require the individuals be certified. Well committee we have the resolution in front of us. Unless there is some reason someone wants additional

information we can certainly sit on it. If there isn't any other additional information we might as well kick it out today.

Rep. Seibel: In the way this is written we would have to study it, it is not a shell consider. It is directing them to study it?

Chairman Weisz: Yes.

Rep Oversen: I thought someone had clarified that when it is a resolution like this they are taken as shall consider study anyway and legislative management still has discretion over that. That is what I was informed of maybe that is incorrect.

Chairman Weisz: It is still at the discretion of legislative management.

Rep. Porter: I move a Do Not Pass on HCR 3043.

Rep Holfstad: Second.

Rep Mooney: I would oppose the Do Not Pass simply based on the idea that I would really like to know if we are going to hear from the Hospital Association and or even the department of health. I would be curious to know what our North Dakota numbers are.

Motion for a Do Not Pass.
Motion made by Representative Porter.
Seconded by Representative Holfstad.
Total Yes 8. No 3. Absent 2.
Motion Carried.
Floor assignment Representative Porter.

HCR 3043, for a Study, is automatically placed on the Consent Calendar.

Date: 3-4-15
Roll Call Vote #: 1

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 3043

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☐ Do Pass ☒ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☒ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep. Porter Seconded By Rep. Hofstad

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓		Rep. Mooney		✓
Vice-Chair Hofstad	✓		Rep. Muscha		✓
Rep. Bert Anderson	✓		Rep. Oversen		✓
Rep. Dick Anderson	A				
Rep. Rich S. Becker	A				
Rep. Damschen	✓				
Rep. Fehr	✓				
Rep. Kiefert	✓				
Rep. Porter	✓				
Rep. Seibel	✓				

Total (Yes) 8 No 3

Absent 2

Floor Assignment Rep. Porter

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HCR 3043: Human Services Committee (Rep. Weisz, Chairman) recommends **DO NOT PASS** and **BE PLACED ON THE CONSENT CALENDAR** (8 YEAS, 3 NAYS, 2 ABSENT AND NOT VOTING). HCR 3043 was placed on the Tenth order on the calendar.

2015 TESTIMONY

HCR 3043

#1
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3-4-15

A personal testimony presented to the North Dakota Human Services Hearing

HCR 3043

By

Tim Motl

I would like to thank Representative Hanson for allowing me the opportunity to present this towards the committee and also my parent's longtime, Fargo public school educators instilling the ideal of never missing a teachable moment and learning to recognize those moments.

The issue before you is; is there a need to regulate statewide those in the medical profession that oversee and sterilize reusable medical instruments. My hope is that you will see that there is a need for this.

The Centers for Disease Control states: The CDC healthcare-associated infection (HAI) prevalence survey External Web Site Icon provides an updated national estimate of the overall problem of HAIs in U.S. hospitals. Based on a large sample of U.S. acute care hospitals, the survey found that on any given day, about 1 in 25 hospital patients has at least one healthcare-associated infection. There were an estimated 722,000 HAIs in U.S acute care hospitals in 2011. About 75,000 hospital patients with HAIs died during their hospitalizations. More than half of all HAIs occurred outside of the intensive care unit. (www.CDC.gov/HAI/surveillance)

Table 3: Estimated number of HAIs by site of infection 14

Major site of Infection Estimated Number of Infections

Healthcare-Associated Infection (all HAI) 1,737,125

Surgical Site Infection (SSI) 290,485

Central Line Associated Bloodstream Infections (CLABSI)* 92,011

Ventilator-associated Pneumonia (VAP) ** 52,543

Catheter associated Urinary tract Infection (CAUTI) * 449,334**

Clostridium difficile-associated disease (CDI) 178,000

*** Total BSI adjusted to estimate CLABSI (248,678 x 0.3715) = 92,011**

**** Total Pneumonia infections adjusted to estimate VAP (250,205 x 0.2115) = 52,543**

***** Total UTIs adjusted to estimate CAUTI (561,667 x 0.8016) = 449,334**

(www.cdc.gov/HAI/pdfs/hai/Scott_CostPaper.pd)

Table 5: Aggregate attributable patient hospital costs by site of infection

 # Of infections Range of $ estimates based on 2007 CPI for all urban consumers

Range of $ estimates based on 2007 CPI for Inpatient hospital services

Range of estimate using CPI for all urban consumers (billions)

Range of estimate using CPI for Inpatient Hospital services (billions)

SSI 290,485 $11,087 - $29,443 $11,874 - $34,670 $3.22 - $8.55 $3.45 - $10.07

CLABSI 92,011 $ 6,461 - $25,849 $ 7,288- $29,156 $0.59 - $2.38 $0.67 - $2.68

VAP 52,543 $14,806 - $27,520 $19,633 - $28,508 $0.78 - $1.45 $1.03 - $1.50

CAUTI 449,334 $ 749 - $ 832 $ 862 - $ 1,007 $0.34 - $0.37 $0.39 - $0.45

CDI 178,000 $ 5,682 - $ 8,090 $ 6,408 - $ 9,124 $1.01 - $1.44 $1.14 - $1.62

***Example calculation for SSI: 2007 CPI for all urban consumers: 2007 CPI for hospital inpatient services**

Low 290,485 x $11,087 = $3.22 billion Low 290,485 x $11,874 = $ 3.45 billion

High 290,485 x $29,443 = $8.55 billion High 290,485 x $34,670 = $10.07 billion

(www.cdc.gov/HAI/pdfs/hai/Scott_CostPaper.pdf)

I work in the Case Carts division; originally I started in the General Supply division of Sanford's Central Supply Process Department, CSPD. Both divisions supply products needed to administer medicines, cover wounds, machines to facilitate this and solutions and medical instruments and to carry procedures out. Case Carts focus is primarily services towards the surgical needs of the hospital and general supply services the inpatient hospital needs. A surgeon requires a needle and suture from Case carts and the Walk in Clinic Doctor will receive his supplies from General supply. Supplies range from a simple cotton ball to a heart pump. I have been employed at Meritcare, now Sanford since March of 2008.

Currently in North Dakota there is no set guideline for Central Service Technicians, those responsible for the handling and sterilization and preparation of reusable surgical equipment falls under the hospitals surgical jurisprudence. Where I work, Sanford South 1720 South University Drive Fargo, North Dakota there is rarely any doctors in my department and sometimes a nurse will actually be in the department mostly it is vendor representatives (Warsaw, Indiana) and my coworkers.

It is my understanding that there is more state regulation in North Dakota towards regulating Taxi businesses, Tattoo parlors, and Beautician businesses than the individuals handling the surgical

equipment and implants that will contact and be permanently in contact with a given individual for the rest of their life. No disrespect for the regulating operating codes for the businesses mentioned, regulation serves a purpose for effective and responsible commerce for all parties involved.

New York, (NY 878-A 2013) and New Jersey are currently the only 2 states that mandates requirements for individuals involved with the work of processing and sterilizing reusable medical devices in the United States. Both require similarly certification after a given time, overseen in the work environment by those certified and able to pass certification after said amount of time.

Barb K. was a friend of mine, at 59 years of age and over 30 years as a nurse she was ready to retire which at 62 was looking good. Her son Scott and his wife Joyce had recently had a daughter Paige. Barb was looking forward to spending time with her only grandchild. Barb needed surgery for a heel spur which she had in local small town clinic and was sent home to heal. Barb never healed and 11 months later was flown via life flight to try and save her life, Sepsis had infected her body and stopped her heart. The infection probably started from her most recent surgery, heel spur removal. (A near perfect crime.)

Shelly G., a coworker developed an infection from an undetermined source. It turned out to be sepsis. Two months later after rounds of antibiotic therapies she was able to return to work having accrued medical debt and depleting savings and paid time off as well as medical disability.(HAI require lengthier hospital stays steeper medical costs.)

Why regulate? Sanford does an excellent job, commendations towards the director and support staff in their Central Supply Department, 2014 Department of the year from Healthcare Purchasing News Award. (http://www.hpnonline.com/inside/2014-05/1405-SPDDOY.html) Sanford has a very progressive approach towards certification and central service personnel. Sanford currently requires that after 24 months employed as a Central Service Technician that said individual is required to pass the IAHCCSMM (International Association of Healthcare Central Service Material Management), certification test. Every medical provider in the North Dakota is not Sanford and does not do things Sanford way. I know that Altru Hospital, Grand Forks North Dakota has requirements similar to Sanford, and St. Alexius, Bismarck North Dakota, does as well. Attempts to contact Trinity Hospital, Minot North Dakota and Essentia Health, Fargo North Dakota, did not garner favorable responses. Standards are in place but are not regulated in a similar fashion each vendor has its own spin on it.

Why don't you just sue, wouldn't that help regulate? Doing nothing and allowing the current system is not proactive and does not address the issues. Taking the words printed from a February 16th 2015 Fargo Forum article, (www.inforum.com/news/3679903-robin-huebner-reports-die-and-be-revived), Dr. Mark Jensen,"...mistakes do happen, seems very counterintuitive." Measures were taken to correct the situation so that it would not occur again, define the medical sciences; continual education and awareness to various issues including reusable surgical instruments are a constant part of the working for me in the medical profession. A requirement for Central Service Process Department to be certified is also part of the continual education and medical excellence process.

The consequences of mistakes in the medical field can be lethal and costly like what Dr. Jensen endured and the two people I know, the similarity between them is that they all did not pursue litigation for the

ills suffered. Hospital acquired infections and surgical site infections are near perfect crimes and the real perpetrator is primarily ignorance and misinformation. Where mandating certification for Central Service personnel is concerned Insurance companies and the medical hospitals may also be losing out from the lack or current sparse standardized requirements of these personnel in charge of surgical instrument processing in the United States. Actuary statistical analysis could possibly show a lower incidence rate of hospital acquired infections, (HAI's) and surgical site infection, (SSI's) in the states and Hospitals that require certification. If that is so the insurance companies may not be charging correctly for the services they provide, as well the hospitals and consumers are losing out from the rate they are paying and the lack of better medical practices. This once again illustrates that effective regulation may be beneficial for commerce and all parties involved.

It is my belief that education and exposure to current and established processes in my time as a Certified Registered Central Service Technician have made me a more conscientious worker in my field and that same spirit of medical excellence at Sanford has fostered and engaged me in my work and now society bringing forth this issue for your review. In standardizing certification for central supply technicians in North Dakota the total benefits are unknown except that the consumer may benefit on many levels and live another day for a teachable moment.

The individuals noted were either gathered from a public source or gave verbal permission for usage in this testimony.