

Senate Bill No. 739

CHAPTER 526

An act to add Article 3.5 (commencing with Section 1288.5) to Chapter 2 of Division 2 of the Health and Safety Code, relating to health facilities.

[Approved by Governor September 28, 2006. Filed with Secretary of State September 28, 2006.]

LEGISLATIVE COUNSEL'S DIGEST

SB 739, Speier. Hospitals: infection control.

Existing law provides for the licensure and regulation by the State Department of Health Services of health facilities, including general acute care hospitals, as defined. A violation of these provisions by a health facility is a crime. Existing law requires health facilities to implement various measures to protect against the spread of infection in health facilities.

This bill would establish the Hospital Infectious Disease Control Program, which would require the department and general acute care hospitals to implement various measures relating to disease surveillance and the prevention of health care associated infection (HAI). In that regard, the bill would require the department, by July 1, 2007, to appoint a Healthcare Associated Infection (HAI) Advisory Committee, composed of specified members, that would be required to make recommendations related to methods of reporting cases of hospital acquired infections occurring in general acute care hospitals, as provided.

The bill would require each general acute care hospital, in collaboration with infection prevention and control professionals, and with the participation of senior health care facility leadership, as a component of its strategic plan, at least once every 3 years, to prepare a written report that examines the hospital's existing resources and evaluates the quality and effectiveness of the hospital's infection surveillance and prevention program, including specified information. The bill would require each general acute care hospital that uses central venous catheters (CVCs) to implement policies and procedures to prevent occurrences of HAI, as recommended by specified guidelines and other evidence.

The bill would require the department, by July 1, 2007, to require that each general acute care hospital, in accordance with specified guidelines, implement specified measures designed to prevent the spread of influenza in those hospitals, and would require the department, by January 1, 2008, to take specified actions to protect against HAI in general acute care hospitals statewide, as provided.

The bill would require each general acute care hospital, on and after January 1, 2008, to implement and annually report to the department on its

implementation of infection surveillance and infection prevention process measures that have been recommended by the Centers for Disease Control and Prevention (CDC) Healthcare Infection Control Practices Advisory Committee. It would require the department to make this information public within a specified period. The bill would require the department, by January 1, 2009, to require each general acute care hospital to develop, implement, and periodically evaluate policies and procedures to prevent secondary surgical site infections, and to implement the current CDC guidelines and other prescribed process measures designed to prevent ventilator associated pneumonia, as specified. It would require the department, during surveys, to evaluate the facility's compliance with existing policies and procedures to prevent HAI, as specified.

By increasing the duties of local health officials with respect to service on the advisory committee, and imposing various new duties on acute care hospitals with respect to disease surveillance and prevention, a violation of which would be a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that with regard to certain mandates no reimbursement is required by this act for a specified reason.

With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

The people of the State of California do enact as follows:

SECTION 1. (a) The Legislature finds and declares all of the following:

- (1) Health care facilities across the nation have seen a steady increase in the risk of healthcare associated infection (HAI) during recent decades.
- (2) According to published estimates, approximately 5 to 10 percent of hospitalized patients develop one or more HAI every year.
- (3) Infections associated with catheters, blood stream infections associated with central venous lines, pneumonia associated with the use of ventilators, and surgical site infections account for more than 80 percent of all HAI.
- (4) Approximately 25 percent of HAI cases occur among patients in intensive care units, and two-thirds of those cases are linked to antimicrobial resistance.
- (5) Conservative estimates indicate that approximately 240,000 patients admitted to California hospitals each year develop HAI, which results in an estimated cost of \$3.1 billion to the state.

(6) A significant percentage of HAI cases can be eliminated with intensive programs for surveillance and prevention of HAI.

(b) It is the intent of the Legislature, in enacting this measure, to improve existing disease surveillance and infection prevention measures in all California general acute care hospitals, thereby preventing prolonged and unnecessary hospitalizations and decreasing mortality rates resulting from HAI.

SEC. 2. Article 3.5 (commencing with Section 1288.5) is added to Chapter 2 of Division 2 of the Health and Safety Code, to read:

Article 3.5. Hospital Infectious Disease Control Program

1288.5. By July 1, 2007, the department shall appoint a Healthcare Associated Infection (HAI) Advisory Committee that shall make recommendations related to methods of reporting cases of hospital acquired infections occurring in general acute care hospitals, and shall make recommendations on the use of national guidelines and the public reporting of process measures for preventing the spread of HAI that are reported to the department pursuant to subdivision (b) of Section 1288.8. The advisory committee shall include persons with expertise in the surveillance, prevention, and control of hospital-acquired infections, including department staff, local health department officials, health care infection control professionals, hospital administration professionals, health care providers, health care consumers, physicians with expertise in infectious disease and hospital epidemiology, and integrated health care systems experts or representatives.

1288.6. (a) (1) Each general acute care hospital, in collaboration with infection prevention and control professionals, and with the participation of senior health care facility leadership shall, as a component of its strategic plan, at least once every three years, prepare a written report that examines the hospital's existing resources and evaluates the quality and effectiveness of the hospital's infection surveillance and prevention program.

(2) The report shall evaluate and include information on all of the following:

(A) The risk and cost of the number of invasive patient procedures performed at the hospital.

(B) The number of intensive care beds.

(C) The number of emergency department visits to the hospital.

(D) The number of outpatient visits by departments.

(E) The number of licensed beds.

(F) Employee health and occupational health measures implemented at the hospital.

(G) Changing demographics of the community being served by the hospital.

(H) An estimate of the need and recommendations for additional resources for infection prevention and control programs necessary to address the findings of the plan.

(3) The report shall be updated annually, and shall be revised at regular intervals, if necessary, to accommodate technological advances and new information and findings contained in the triennial strategic plan with respect to improving disease surveillance and the prevention of HAI.

(b) Each general acute care hospital that uses central venous catheters (CVCs) shall implement policies and procedures to prevent occurrences of health care associated infection, as recommended by the Centers for Disease Control and Prevention intravascular bloodstream infection guidelines or other evidence-based national guidelines, as recommended by the advisory committee. A general acute care hospital that uses CVCs shall internally report CVC associated blood stream infection rates in intensive care units, utilizing device days to calculate the rate for each type of intensive care unit, to the appropriate medical staff committee of the hospital on a regular basis.

1288.7. By July 1, 2007, the department shall require that each general acute care hospital, in accordance with the Centers for Disease Control guidelines, take all of the following actions:

(a) Annually offer onsite influenza vaccinations, if available, to all hospital employees at no cost to the employee. Each general acute care hospital shall require its employees to be vaccinated, or if the employee elects not to be vaccinated, to declare in writing that he or she has declined the vaccination.

(b) Institute respiratory hygiene and cough etiquette protocols, develop and implement procedures for the isolation of patients with influenza, and adopt a seasonal influenza plan.

(c) Revise an existing or develop a new disaster plan that includes a pandemic influenza component. The plan shall also document any actual or recommended collaboration with local, regional, and state public health agencies or officials in the event of an influenza pandemic.

1288.8. (a) By January 1, 2008, the department shall take all of the following actions to protect against health care associated infection (HAI) in general acute care hospitals statewide:

(1) Implement an HAI surveillance and prevention program designed to assess the department's resource needs, educate health facility evaluator nurses in HAI, and educate department staff on methods of implementing recommendations for disease prevention.

(2) Investigate the development of electronic reporting databases and report its findings to the HAI advisory committee established pursuant to Section 1288.5.

(3) Revise existing and adopt new administrative regulations, as necessary, to incorporate current Centers for Disease Control and Prevention guidelines and standards for HAI prevention.

(4) Require that general acute care hospitals develop a process for evaluating the judicious use of antibiotics, the results of which shall be

monitored jointly by appropriate representatives and committees involved in quality improvement activities.

(b) On and after January 1, 2008, each general acute care hospital shall implement and annually report to the department on its implementation of infection surveillance and infection prevention process measures that have been recommended by the Centers for Disease Control and Prevention (CDC) Healthcare Infection Control Practices Advisory Committee, as suitable for a mandatory public reporting program. Initially, these process measures shall include the CDC guidelines for central line insertion practices, surgical antimicrobial prophylaxis, and influenza vaccination of patients and healthcare personnel. In consultation with the advisory committee established pursuant to Section 1288.5, the department shall make this information public no later than six months after receiving the data.

(c) The Healthcare Associated Infection Advisory Committee shall make recommendations for phasing in the implementation and public reporting of additional process measures and outcome measures by January 1, 2008, and, in doing so, shall consider the measures recommended by the CDC.

(d) Each general acute care hospital shall also submit data on implemented process measures to the National Healthcare Safety Network of the CDC, or to any other scientifically valid national HAI reporting system based upon the recommendation of the Centers for Disease Control (CDC) Healthcare Infection Control Practices Advisory Committee. Hospitals shall utilize the Centers for Disease Control and Prevention definitions and methodology for surveillance of HAI. Hospitals participating in the California Hospital Assessment and Reporting Task Force (CHART) shall publicly report those HAI measures as agreed to by all CHART hospitals.

1288.9. By January 1, 2009, the department shall do all of the following:

(a) Require each general acute care hospital to develop, implement, and periodically evaluate compliance with policies and procedures to prevent secondary surgical site infections (SSI). The results of this evaluation shall be monitored by the infection prevention committee and reported to the surgical committee of the hospital.

(b) Require each general acute care hospital to develop policies and procedures to implement the current Centers for Disease Control and Prevention guidelines and Institute for Healthcare Improvement (IHI) process measures designed to prevent ventilator associated pneumonia.

(c) During surveys, evaluate the facility's compliance with existing policies and procedures to prevent HAI, including any externally or internally reported HAI process and outcome measures.

SEC. 3. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution for certain costs that may be incurred by a local agency or school district because, in that regard, this act creates a new crime or infraction, eliminates a crime or infraction, or

changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

However, if the Commission on State Mandates determines that this act contains other costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.