
Office of Origin: The Department of Hospital Epidemiology and Infection Control (HEIC)

I. PURPOSE

- A. To comply with reporting cases of surgical site infection as required by Sections 1255.8 and 1288.55 the California Health and Safety Code as required by Senate Bill 1058, chaptered in September 2008, which states,
Each health facility shall report quarterly to the department (California Department of Public Health [CDPH]) all health-care-associated surgical site infections of deep or organ space surgical sites, health-care-associated infections of orthopedic surgical sites, cardiac surgical sites, and gastrointestinal surgical sites designated as clean and clean-contaminated, and the number of surgeries involving deep or organ space, and orthopedic, cardiac, and gastrointestinal surgeries designated clean and clean-contaminated.

II. POLICY

- A. UCSF Medical Center and Children's Hospital, in concert with other University of California medical centers, shall determine the high-risk, high-volume, or problem-prone surgical populations to report.
- B. Finite resources and emerging technology limit populations for study and reporting.
- C. Preservation of patient safety necessitates limiting surveillance on all surgeries until such time as technology and human resources are able to support 100% surveillance. Interventional epidemiology (clinical practice observation, intervention, monitoring, education, correction, analysis and reporting) cannot be accomplished with all resources diverted to reporting all surgical procedures.
- D. The University of California Office of the President (UCOP) has declared that resources devoted to reducing the risk of infection in the surgical populations served shall focus surveillance and reporting activities on the following populations until such time as technology is able to support 100% surveillance:
- a. Coronary Artery Bypass Graft (CABG)
 - b. Pediatric Cardiac Surgery (UCSF-specific)
 - c. Hip Replacement Arthroplasty
 - d. Knee Replacement Arthroplasty
 - e. Colon Resection

III. PROCEDURE

- A. The number of procedures meeting the ICD-9 codes compatible with the NHSN Operative Procedure Categories for the above-identified surgeries will be used as the denominator for purposes of reporting to CDPH.

- B. The number of cases in III. A. meeting the definition of deep or organ space infection according to the Centers for Disease Control and Prevention's National Healthcare Safety Network (see definitions, next section) will be used as the numerator for purposes of reporting to CDPH.
- C. These two numbers will be reported to CDPH using the mechanism developed or requested by CDPH.

IV. DEFINITIONS (NHSN definitions—see References, next section)

- A. Deep surgical site infection must meet the following criterion: Infection occurs within 30 days after the operative procedure if no implant is left in place or within 1 year if implant is in place and the infection appears to be related to the operative procedure and involves deep soft tissues (eg, fascial and muscle layers) of the incision and patient has at least 1 of the following:
 - 1. Purulent drainage from the deep incision but not from the organ/space component of the surgical site
 - 2. A deep incision spontaneously dehisces or is deliberately opened by a surgeon and is culture-positive or not cultured when the patient has at least 1 of the following signs or symptoms: fever (>38 °C), or localized pain or tenderness. A culture-negative finding does not meet this criterion.
 - 3. An abscess or other evidence of infection involving the deep incision is found on direct examination, during reoperation, or by histopathologic or radiologic examination
 - 4. Diagnosis of a deep incisional SSI by a surgeon or attending physician.
- B. An organ/space SSI involves any part of the body, excluding the skin incision, fascia, or muscle layers, that is opened or manipulated during the operative procedure. Specific sites are assigned to organ/space SSI to identify further the location of the infection. An organ/space SSI must meet the following criterion: Infection occurs within 30 days after the operative procedure if no implant is left in place or within 1 year if implant is in place and the infection appears to be related to the operative procedure and infection involves any part of the body, excluding the skin incision, fascia, or muscle layers, that is opened or manipulated during the operative procedure and patient has at least 1 of the following:
 - 1. Purulent drainage from a drain that is placed through a stab wound into the organ/space
 - 2. Organisms isolated from an aseptically obtained culture of fluid or tissue in the organ/space
 - 3. An abscess or other evidence of infection involving the organ/space that is found on direct examination, during reoperation, or by histopathologic or radiologic examination
 - 4. Diagnosis of an organ/space SSI by a surgeon or attending physician.

V. REFERENCES

- A. Horan, T. et. al. CDC/NHSN surveillance definition of health care–associated infection and criteria for specific types of infections in the acute care setting. *Am J Infect Control* 36;5: 309-332.

VI. HISTORY OF POLICY

- A. Date of issue: 12/08
 B. Date of review: 01/09
 C. Reviewed by:

Position	Signature	Date
CEO		
CMO		
CNO		
Chair, EMB		
ID MD/Hosp Epi		
ID MD/Hosp Epi		
Director, Quality		
Director, HEIC		
Director, Regulatory Affairs		

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APPENDIX

Legislation (Senate bill 1058, Alquist) chaptered September 2008

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

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

- (a) (1) The protection of patients in California health facilities is of paramount importance to the citizens of this state.
- (2) During the past two decades health-care-associated infections, especially those that are resistant to commonly used antibiotics, have increased dramatically.
- (3) The State Department of Public Health needs to develop a better, more efficient system to monitor and report the incidence of antibiotic-resistant and other organisms causing infection that are acquired by patients in health facilities.
- (4) The department needs to establish and maintain a comprehensive inspection and reporting system for health facilities that will ensure that those facilities comply with state laws and regulations designed to reduce the incidence of health-care-associated infections.
- (b) It is, therefore, the intent of the Legislature to enact legislation that will do all of the following:
 - (1) Ensure that California's standards for protecting patients from exposure to pathogens in health facilities, including Methicillin-resistant Staphylococcus aureus (MRSA), are adequate to reduce the incidence of antibiotic-resistant organisms causing infection acquired by patients in these facilities.

(2) Ensure that the department develops and implements an Internet-based public reporting system that provides updated information regarding the incidence of infections, including associated pathogens acquired in health facilities, as well as the number of infection control personnel relative to the number of licensed beds.

(3) Ensure that health facilities implement improved procedures intended to maintain sanitary standards in these facilities, reduce transmission of pathogens that cause infection, and provide adequate training to health care professionals regarding the prevention and treatment of health-care-associated MRSA and other health-care-associated infections in these facilities.

SEC. 2. This act shall be known, and may be cited, as the Medical Facility Infection Control and Prevention Act or Nile's Law.

SEC. 3. Section 1255.8 is added to the Health and Safety Code, to read:

1255.8. (a) For purposes of this section, the following terms have the following meanings:

(1) "Colonized" means that a pathogen is present on the patient's body, but is not causing any signs or symptoms of an infection.

(2) "Committee" means the Healthcare Associated Infection Advisory Committee established pursuant to Section 1288.5.

(3) "Health facility" means a facility as defined in subdivision (a) of Section 1250.

(4) "Health-care-associated infection," "health-facility-acquired infection," or "HAI" means a health-care-associated infection as defined by the National Healthcare Safety Network of the federal Centers for Disease Control and Prevention, unless the department adopts a definition consistent with the recommendations of the committee or its successor.

(5) "MRSA" means Methicillin-resistant Staphylococcus aureus.

(b) (1) Each patient who is admitted to a health facility shall be tested for MRSA in the following cases, within 24 hours of admission:

(A) The patient is scheduled for inpatient surgery and has a documented medical condition making the patient susceptible to infection, based either upon federal Centers for Disease Control and Prevention findings or the recommendations of the committee or its successor.

(B) It has been documented that the patient has been previously discharged from a general acute care hospital within 30 days prior to the current hospital admission.

(C) The patient will be admitted to an intensive care unit or burn unit of the hospital.

(D) The patient receives inpatient dialysis treatment.

(E) The patient is being transferred from a skilled nursing facility.

(2) The department may interpret this subdivision to take into account the recommendations of the federal Centers for Disease Control and Prevention, or recommendations of the committee or its successor.

(3) If a patient tests positive for MRSA, the attending physician shall inform the patient or the patient's representative immediately or as soon as practically possible.

(4) A patient who tests positive for MRSA infection shall, prior to discharge, receive oral and written instruction regarding aftercare and precautions to prevent the spread of the infection to others.

(c) Commencing January 1, 2011, a patient tested in accordance with subdivision (b) and who shows evidence of increased risk of invasive MRSA shall again be tested for MRSA immediately prior to discharge from the facility. This subdivision shall not apply to a patient who has tested positive for MRSA infection or colonization upon entering the facility.

(d) A patient who is tested pursuant to subdivision (c) and who tests positive for MRSA infection shall receive oral and written instructions regarding aftercare and precautions to prevent the spread of the infection to others.

(e) The infection control policy required pursuant to Section 70739 of Title 22 of the California Code of Regulations, at a minimum, shall include all of the following:

(1) Procedures to reduce health care associated infections.

(2) Regular disinfection of all restrooms, countertops, furniture, televisions, telephones, bedding, office equipment, and surfaces in patient rooms, nursing stations, and storage units.

(3) Regular removal of accumulations of bodily fluids and intravenous substances, and cleaning and disinfection of all movable medical equipment, including point-of-care testing devices such as glucometers, and transportable medical devices.

(4) Regular cleaning and disinfection of all surfaces in common areas in the facility such as elevators, meeting rooms, and lounges.

(f) Each facility shall designate an infection control officer who, in conjunction with the hospital infection control committee, shall ensure implementation of the testing and reporting provisions of this section and other hospital infection control efforts. The reports shall be presented to the appropriate committee within the facility for review. The name of the infection control officer shall be made publicly available, upon request.

(g) The department shall establish a health care acquired infection program pursuant to this section.

SEC. 4. Section 1288.55 is added to the Health and Safety Code, to read:

1288.55. (a) (1) Each health facility, as defined in paragraph (3) of subdivision (a) of Section 1255.8, shall quarterly report all cases of health-care-associated MRSA bloodstream infection, health-care-associated clostridium difficile infection, and health-care-associated Vancomycin-resistant enterococcal bloodstream infection, and the number of inpatient days.

(2) Each health facility shall report quarterly to the department all central line associated bloodstream infections and the total central line days.

(3) Each health facility shall report quarterly to the department all health-care-associated surgical site infections of deep or organ space surgical sites, health-care-associated infections of orthopedic surgical sites, cardiac surgical sites, and gastrointestinal surgical sites designated as clean and clean-contaminated, and the number of surgeries involving deep or organ space, and orthopedic, cardiac, and gastrointestinal surgeries designated clean and clean-contaminated.

(b) The department's licensing and certification program shall do all of the following:

(1) Commencing January 1, 2011, post on the department's Web site information regarding the incidence rate of health-care-acquired central line associated bloodstream infections acquired at each health facility in California, including information on the number of inpatient days.

(2) Commencing January 1, 2012, post on the department's Web site information regarding the incidence rate of deep or organ space surgical site infections, orthopedic, cardiac, and gastrointestinal surgical procedures designated as clean and clean-contaminated, acquired at each health facility in California, including information on the number of inpatient days.

(3) No later than January 1, 2011, post on the department's Web site information regarding the incidence rate of health-care-associated MRSA bloodstream infection, health-care-associated clostridium difficile infection, and health-care-associated Vancomycin-resistant enterococcal bloodstream infection, at each health facility in California, including information on the number of inpatient days.

(c) Any information reported publicly as required under this section shall meet all of the following requirements:

(1) The department shall follow a risk adjustment process that is consistent with the federal Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN), or its successor, risk adjustment, and use its definitions, unless the department adopts, by regulation, a fair and equitable risk adjustment process that is consistent with the recommendations of the Healthcare Associated Infection Advisory Committee (HAI-AC), established pursuant to Section 1288.5, or its successor.

(2) For purposes of reporting, as required in subdivisions (a) and (b), an infection shall be reported using the NHSN definitions unless the department accepts the recommendation of the HAI-AC or its successor.

(3) If the federal Centers for Disease Control and Prevention do not use a public reporting model for specific health-care-acquired infections, then the department shall base its public reporting of incidence rate on the number of inpatient days for infection reporting, or the number of specified device days for relevant device-related infections, and the number of specified surgeries conducted for surgical site infection reporting, unless the department adopts a public reporting model that is consistent with recommendations of the HAI-AC or its successor.

(d) Health facilities that report data pursuant to the system shall report this data to the NHSN and the department, as appropriate.

SEC. 5. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because 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.