

**SB 1058 and SB 158 – Take Effect Jan 1, 2009**

<b>Responsible Party</b>	<b>SB 1058 (Alquist) Medical Facility Infection Control and Prevention Act or Niles's Law</b>	<b>SB 158 (Flores) Patient Safety and Infection Control</b>	<b>Commentary</b>
Healthcare Associated Infections Advisory Committee (HAI-AC)		<p>Adds following to committee duties:</p> <ul style="list-style-type: none"> <li>• Meet at least quarterly; travel to be reimbursed at state rates</li> </ul> <p>Make recommendations on</p> <ul style="list-style-type: none"> <li>• Impact on IC programs of federal and state legislation/ regulation</li> <li>• A method by which # IPs is assessed per hospital</li> <li>• Curriculum for training L&amp;C surveyors</li> <li>• How to determine reliability and validity of reported data</li> <li>• Standardized method to identify post discharge HAIs</li> <li>• How to present risk-adjusted data to powers that be and public</li> <li>• How L&amp;C should best survey for compliance to hand hygiene and environmental sanitation</li> </ul>	<p>Recommendations of the HAI-AC are to CDPH and are advisory. CDPH is not required to adopt those recommendations. If the recommendations made are outside of the language of these bills, CDPH can recommend, but not require that they be implemented without legislation or adopting regulations.</p>
General Acute Care Facilities, Acute Psychiatric Facilities, Skilled Nursing Facilities, Specialty Hospitals (maternal or dental)		<ul style="list-style-type: none"> <li>• Establish a patient safety plan and team to monitor, recommend, and implement corrective actions for patient safety events; create a culture of safety, including up to root cause analyses (RCA) for HAI events.</li> <li>• Implement a facility-wide hand hygiene program</li> <li>• Cease connecting connectors to incorrect connections</li> </ul>	<ul style="list-style-type: none"> <li>• Should already have such a collaborative program in place</li> <li>• Put into policy; Product Evaluation Committee should evaluate this?</li> </ul>
California Dept of Public Health (CDPH)	<ul style="list-style-type: none"> <li>• Establish a health care acquired infection program</li> <li>• Establish a website on which to report mandated data; first postings due by Jan 1, 2011</li> </ul>	<ul style="list-style-type: none"> <li>• Designate IPs to serve as consultants to L&amp;C</li> <li>• Train surveyors</li> <li>• By Jan 1, 2011, develop a scientifically valid statewide electronic reporting system or use an existing system</li> <li>• Provide current IC information to the public on a website</li> </ul>	

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General Acute Care Hospitals	All hospitals shall have an infection control officer to implement IC activities in conjunction w/ the ICC; name of IP shall be available to public upon request	<ul style="list-style-type: none"> <li>•</li> </ul>	Self-explanatory; needs to be written into policy.
General Acute Care Hospitals	<p>GAC to report quarterly all cases of</p> <ul style="list-style-type: none"> <li>• HA MRSA/VRE blood stream infections (BSIs) and number of patient days</li> <li>• HA <i>c. diff</i> infections and number of patient days</li> <li>• CLABSIs (facility-wide) and number of line days</li> <li>• All deep or organ space SSI (orthopedic, cardiac, GI) designated as clean/clean-contaminated and number of procedures</li> </ul>		<p>Housewide surveillance for these infections is required to be started Jan 1, 2009 and will be required quarterly. Of significance, units must be responsible for collection of denominator data. Logically the first report would be due 1 April or sometime thereafter.</p> <ul style="list-style-type: none"> <li>• HA MRSA/VRE BSIs includes both primary and secondary BSIs.</li> <li>• C diff:NHSN offers 2 different options for surveillance (clinical infection or laboratory) each with different definitions; hospitals must use NHSN definitions even if NHSN is not used for reporting to CDPH.</li> <li>• CLABSI – All units where patients have a central line must collect that denominator data for infection control.</li> <li>• See discussion below for SSI</li> </ul>
General Acute Care Hospitals	<ul style="list-style-type: none"> <li>• Begin MRSA AST within 24 hrs for pts <ul style="list-style-type: none"> <li>○ Pre-op patient w/ documented medical condition making them susceptible to infection</li> <li>○ Discharge from another acute care facility w/ in the past 30 days</li> <li>○ Admission to an ICU or burn unit</li> <li>○ Patient receives inpatient dialysis</li> <li>○ Transfer from a skilled nursing facility</li> </ul> </li> </ul>		<p>MRSA: It is recommended that this discussion involve the laboratory staff because they will be providing the testing supplies and results.</p> <ul style="list-style-type: none"> <li>• The CDC does not have a formal document defining “documented medical condition making them susceptible to infection,” rendering enforcement of this section problematic. Hospitals may select surgeries or condition/surgery combinations for which evidence suggests that pre- or perioperative management may vary depending on</li> </ul>

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	<ul style="list-style-type: none"> <li>• Attending physician must inform pt of positive results, provide education</li> <li>• By Jan 1, 2011, begin retesting those initially negative for potential transmission during hospitalization</li> </ul>		<p>screening results.</p> <ul style="list-style-type: none"> <li>• The other 4 conditions are more self explanatory. Your facility must decide if an infant born at your facility who goes directly to the NICU would be considered for culturing.</li> <li>• Your facility must decide what their definition of "attending physician" is.</li> </ul>
General Acute Care Hospitals	<ul style="list-style-type: none"> <li>• GAC policies must contain requirements to maintain a clean and sanitary environment</li> </ul>	<p>By Jan 1, 2010,</p> <ul style="list-style-type: none"> <li>• IC Chair must receive specific IC training</li> <li>• IC training of clinicians, employees, and HK staff prior to them beginning patient contact duties             <ul style="list-style-type: none"> <li>○ Clinicians must receive specific training on prevention of transmission of MRSA and <i>C. diff</i></li> </ul> </li> </ul> <p>SHEA: Society of Healthcare Epidemiologists of America            IDSA: Infectious Diseases Society of America</p>	<p><b>1058:</b> The intent of the bill is to address deficiencies in environmental cleaning that are acknowledged to be widespread. While the bill only requires hospitals to "have a policy that includes..." consider it as a performance measure. The required language is probably already in most cleaning policies; the issue is that lines of authority and responsibility for who cleans what are often not clear or not enforced. This could also be a resource issue.</p> <p><b>158:</b> There is an additional year to get these educational processes in place. SHEA and IDAC are interested in assisting w/ development of training for the IC Chair.</p>

Key: **green** is activities the preventionist can take lead with, **yellow** can be set up and run by another department, **blue** is collaborative

**The following is provided as guidance by CACC to preventionists to get started with the above tasks.**

**General Tips:**

1. These statutes go into effect on January 1, 2009 and are enforceable by Licensing and Certification.
2. When writing policies, ensure that the policy is clear on the steps your facility will be taking to implement the legislation, and that your facility is then following its own policies.

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3. Reporting requirements are timed so that a facility can look at data for a year and put corrective measures in place to decrease the infections prior to the data being publicly posted. Public posting is required to begin Jan 1, 2011.
4. Immediate support facilities can provide the infection preventionist is someone to enter data into NHSN. That clerical person would need to obtain their own digital certificate.
5. Clarifying language for these bills must go through the legislative process and may not be written or available for a six months to a year, if at all.

### **Reimbursement for MRSA Screening**

The following information was obtained from a vendor. National APIC has been asked to clarify or validate; their response is pending.

MRSA Surveillance testing performed within a 72 hour window of the admission is generally considered part of the DRG (global payment for the hospitalization) and cannot be billed separately. Pre-surgical testing is typically done 5-10 days prior to an admission when doctors want to initiate a decolonization procedure or other medical intervention to reduce the positive patient's risk of developing an infection. The medical community is not in consensus as to the value of decolonization (vs. chance of developing increased resistance) so that is a question for the ordering provider and the professional community to determine. Because this testing (and the medical intervention) is outside of the 72 hour window, it is considered outpatient testing and can be billed separately.

### **SSIs**

Requires reporting of all infections of orthopedic surgical sites, cardiac surgical sites, and gastrointestinal surgical sites designated as clean and clean-contaminated which are either deep incisional surgical site infections or organ/space surgical site infections as defined by NHSN and the number of surgeries for each.

Reporting all the surgical site infections required by SB 1058 may be difficult, particularly for hospitals with high surgical volumes. Depending upon the type of surgery, between 12% and 84% of surgical site infections occur following discharge from the hospital. Generation of accurate rates of infection will depend upon the completeness of post-discharge monitoring of infections, which requires either active surveillance by the hospital, compliance with reporting by surgeons, or both. While it should be emphasized that all the above surgical site infections are required to be reported by SB 1058, a prudent approach might be that for purposes of initial surveillance, hospitals with high surgical volumes prioritize their efforts towards the following surgeries: coronary artery bypass grafts, total hip replacements, total knee replacements, and colon surgeries. These are the surgeries for which mandatory reporting of surgical site infections has been implemented in the other 12 states with such reporting.