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Director

State of California—Health and Human Services Agency
California Department of Public Health



ARNOLD SCHWARZENEGGER
Governor

July 19, 2010

AFL 10-10

TO: General Acute Care Hospitals (GACHs)

SUBJECT: Patient Safety Licensing Survey

DISTRIBUTION LIST – Accrediting and Licensing

This is the **only** copy being sent to your facility. Please distribute copies to:

- Chief Executive Officer
- Chief Financial Officer
- Chief Nurse Officer
- Quality Management Department
- Infection Control Committee Chair
- Infection Preventionists

Attachments: Overview of statutes and Health and Safety Code Sections

The purpose of this letter is to notify California general acute care hospitals of the new California Department of Public Health (CDPH), Licensing and Certification (L&C) Program Patient Safety Licensing Survey (PSLS).

The purpose of the PSLS is to ensure patient safety in the general acute care setting and compliance with statutory mandates. The surveys are comprised of statutes that have been implemented since 2006. Please refer to the attachment: Overview of Statutes.

The PSLS survey tools will be used as a starting point for future expanded licensing surveys.

L&C has performed preliminary tests of the PSLS survey tool in five (5) hospitals in northern, central and southern California. Pilot surveys will be initiated throughout the State over the next couple of months.

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Additional information on the PSLs is available on the CDPH L&C website at:

<http://www.cdph.ca.gov/programs/LnC/Pages/PSLS.aspx>

CDPH encourages hospital administrators to review the information provided in the attachments and the website to ensure hospital compliance. Facilities are responsible for following all applicable laws. California Department of Public Health's failure to expressly notify facilities of regulatory or statutory changes does not relieve facilities of their responsibility for following all laws and regulations.

For questions, please contact Carol Turner, R.N., Field Operation Branch Chief-Region II at carol.turner@cdph.ca.gov or (916) 324-1261.

Sincerely,

Original Signed by Pamela Dickfoss for Kathleen Billingsley, R.N.

Kathleen Billingsley, R.N.
Deputy Director
Center for Health Care Quality

Attachment

cc: California Hospital Association
California Conference of Local Health Officers
CDPH Emergency Preparedness Office
CDPH Licensing and Certification Program
CDPH Division of Communicable Disease Control
HAI Advisory Committee

Attachment – Overview of Statutes

Bill & Description	Health & Safety Code §	Effective Date
<p>AB 774 (Chan) Requires general acute care hospitals (hospitals) to develop and maintain policies regarding patient qualifications for discount payments and charity care. This bill requires hospitals to comply with the provisions of the bill as a condition of licensure. Requires the Department to be responsible for enforcement of these provisions.</p>	127400	1/1/2007
<p>SB 739 (Speier) Established the Hospital Infectious Disease Control Program, placing certain requirements on the Department and general acute care hospitals for the surveillance and prevention of HAIs. Required the Department to establish an HAI Advisory Committee to make recommendations for the program based on guidelines from the Centers for Disease Control and Prevention and other national sources.</p>	1286.6	1/1/2007
<p>AB 106 (Berg) Established requirement for general acute care hospitals, beginning October 1 to the following April 1 of each year, to offer immunizations for influenza and pneumococcal disease to its inpatients aged 65 and older, prior to being discharged, if the facility has the vaccine in its possession.</p>	120392.9	1/1/2008
<p>SB 350 (Alquist) Made technical and clarifying changes to current law involving the collection activities associated with a hospital's charity care and discount payment policies.</p>	127400 127405 127425 127430 127440 127444	1/1/2008
<p>SB 633 (Alquist) Requires hospitals to provide every patient, who is expected to need long-term care at the time of discharge, with contact information for at least one public or nonprofit agency or organization dedicated to providing information or referral services relating to community-based long-term care options in the patient's county of residence and appropriate to the needs and characteristics of the patient. At a minimum, this information would include contact information for the area agency on aging serving the patient's county of residence, local independent living centers, and other information appropriate to the needs and characteristics of the patient.</p>	1262.5	1/1/2008
<p>AB 2128 (Emmerson) Codified existing regulatory requirements that licensed health facilities with a registered dietitian who works less than full-time must also employ a full-time dietetic services supervisor and codified existing regulatory educational requirements for the dietetic services supervisor. AB 2128 also authorized additional training pathways to be considered for purposes of determining the qualifications for a dietetic services supervisor and authorized the CDPH to grant flexibility requests to modify the educational requirements for an individual who has worked full time as a dietetic services supervisor in a health facility for five years or more when the bill becomes operative and allows the person to continue to function as a dietetic services supervisor for 18</p>	1265.4	1/1/2009

Attachment – Overview of Statutes

Bill & Description	Health & Safety Code §	Effective Date
months, as long as they are enrolled in a specified education program.		
<p>AB 2400 (Price) Requires a general acute care hospital or acute psychiatric hospital to provide notice to the public, the California Department of Public Health, and the county board of supervisors at least 30 days prior to closing a hospital, or eliminating or relocating supplemental services.</p>	1255.25	1/1/2009
<p>AB 2565 (Eng) Requires all general acute care hospitals to adopt a policy that would provide the family or next of kin of a patient that has been declared dead by reason of irreversible cessation of all functions of the entire brain, including the brain stem, with a reasonably brief period of accommodation to gather at the patient's bedside. During this brief period of accommodation, a hospital is required to continue only previously ordered cardiopulmonary support. Requires hospitals to provide the family or next of kin with a written statement of the policy upon request, but no later than shortly after the treating physician has determined the potential of brain death is imminent. Also requires hospitals to make reasonable efforts to accommodate the practices and concerns of the patient and patient's family while considering the needs of the other patients and prospective patients in urgent need of care.</p>	1254.4	1/1/2009
<p>AB 2747 (Berg) When a health care provider makes a diagnosis that a patient has a terminal illness, requires the health care provider to provide the patient with the opportunity to receive information and counseling regarding specified end-of-life options and provide for the referral or transfer of a patient if the patient's physician does not wish to comply with the patient's choice of end-of-life care options.</p>	442	1/1/2009
<p>SB 158 (Florez) Expanded upon the current responsibilities of the existing California Department of Public Health Health Care Infection Surveillance, Prevention, and Control Program. In addition, requires hospitals and skilled nursing facilities to establish patient safety plans and hand hygiene programs to improve patient safety and reduce patient suffering resulting from preventable events. Also contains detailed training requirements for hospital infection control committee chairs and all licensed and non-licensed hospital staff, including temporary and environmental services staff. Lastly, imposes restrictions on the use of port connections for any other use other than its intended use, except in emergency cases.</p>	1288.5 1288.8 1279.6 1279.7 1288.45 1288.95	1/1/2009
<p>SB 1058 (Alquist) Established the Medical Facility Infection Control and Prevention Act or "Nile's Law", which requires general acute care hospitals to develop more comprehensive policies and procedures to improve upon and further ensure adequate standards of infection control. In addition, hospitals are required to test patients upon admission, who meet certain criteria, for the presence of</p>	1255.8 1288.55	1/1/2009

Attachment – Overview of Statutes

Bill & Description	Health & Safety Code §	Effective Date
<p>Methicillin-Resistant Staphylococcus Aureus. Requires the California Department of Public Health to establish a health care acquired infection program.</p> <p>Requires hospitals to report incidences of central line associated blood stream infections, certain surgical site infections, and health-care-associated MRSA blood stream infections, health-care-associated Vancomycin-resistant Enterococcal blood stream infections, and health-care-associated clostridium difficile infections. Based on these reports, the incidence rates of these infections will be posted on the CDPH web site</p>		
<p>AB 818 (Hernandez)</p> <p>Postpones implementation of epidural, enteral, and intravenous tube connection prohibitions. Requires the Advanced Medical Technology Association to provide the Legislature with an annual report on the progress of the International Standardization Organization (ISO) in publishing and designing the new tube connection standards. Requires general acute care hospitals, acute psychiatric hospitals, special hospitals, and skilled nursing facilities to amend existing patient safety plans to add interim preventative measures to avoid adverse events associated with misconnections, until ISO standards are adopted.</p>	1279.7	1/1/2010