

Current Proposed Legislation Related to Healthcare-Associated Infections – Would take effect Jan 1, 2009

Criteria	SB 739 Hospital Infectious Disease Control Program (Speier) – chaptered	SB 1058 (8/29) Medical Facility Infection Control and Prevention Act or Niles's Law (Alquist) - enrolled	SB 158 (8/31) Patient Safety and Infection Control (Flores) - enrolled
Format of HAI-AC	Appoint by July 1, 2007: Committee to make further recommendations for phased in reporting, reporting system, publicly reported data		<p>Adds following to committee duties:</p> <ul style="list-style-type: none"> • Meet at least quarterly; travel to be reimbursed at state rates <p>Make recommendations on</p> <ul style="list-style-type: none"> • Impact on IC programs of federal and state legislation/ regulation • A method by which # IPs is assessed per hospital • Curriculum for training L&C surveyors • How to determine reliability and validity of reported data • Standardized method to identify post discharge HAIs • How to present risk-adjusted data to powers that be and public • How L&C should best survey for compliance to hand hygiene and environmental sanitation
For immediate implementation by facility	Annual influenza vaccination of employees, respiratory hygiene program, seasonal influenza plan, revised pandemic flu plan		<ul style="list-style-type: none"> • 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 for HAI events. • Implement a facility-wide hand hygiene program • Cease connecting connectors to incorrect connections
CDPH duties	By Jan 1'08, implement HAI program, investigate electronic database (NHSN), update Title 22, require hospitals to develop process for judicious use of AB	<ul style="list-style-type: none"> • Establish a health care acquired infection program • Establish a website on which to report mandated data; first postings due by Jan 1, 2011 	<ul style="list-style-type: none"> • Designate IPs to serve as consultants to L&C • Train surveyors • By Jan 1, 2011, develop a scientifically valid statewide electronic reporting system or use an existing system • Provide current IC information to the public on a website

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			<ul style="list-style-type: none"> • Provide a comprehensive annual report to the Governor, legislature, and public • Use NHSN definitions unless the HAI-AC recommends differently
Reporting and other requirements for general acute care (GAC) hospitals or Health Care Facilities (HCF)	Phased in process reporting by Jan 1 '08 for GACs <ul style="list-style-type: none"> • CLIP • Surgical antimicrobial prophylaxis • Influenza vaccination of patients and healthcare personnel 	<ul style="list-style-type: none"> • 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 • GAC to report quarterly <ul style="list-style-type: none"> ○ all cases of HA MRSA/VRE bacteremias ○ HA <i>C. diff</i> infections ○ CLABSIs ○ All deep or organ space SSI (orthopedic, cardiac, GI) designated as clean/clean-contaminated 	
Facility Risk Assessment	Required within 3 years w/ annual update; criteria specified; no clarification of where or when information should be reported		
IC Resources	Not addressed	Not addressed	Per HAI-AC expanded duties
Use of active surveillance testing (AST)	Not addressed	<ul style="list-style-type: none"> • Begin MRSA AST within 24 hrs for pts (5 criteria) • inform pt of positive results, provide education • By Jan 1, 2011, begin retesting those initially negative for potential transmission during hospitalization 	
Other:		<ul style="list-style-type: none"> • GAC policies must contain requirements to maintain a clean and sanitary environment 	By Jan 1, 2010, <ul style="list-style-type: none"> • IC Chair must receive specific IC training • IC training of clinicians, employees, and HK staff prior to them beginning patient contact duties <ul style="list-style-type: none"> ○ Clinicians must receive specific training on prevention of transmission of MRSA and <i>C. diff</i>