

Current Proposed Legislation Related to Healthcare-Associated Infections

Criteria	SB 739 Hospital Infectious Disease Control Program (Speier)	SB 1058 Medical Facility Infection Control and Prevention Act (Alquist) - proposed	SB 158 Hospital Infection Control (Flores) - proposed
Format of HAI-AC	Appoint by July 1, 2007: Committee to make further recommendations for phased in reporting, reporting system, publicly reported data		Appoint committee: contains extensive list of committee functions, including review of hospital annual reports, review of federal and state legislation and regulations re how IC will be impacted, and review hospital deficiencies from the state and the Joint Commission. All should be posted.
For immediate implementation	Annual influenza vaccination of employees, respiratory hygiene program, seasonal influenza plan, revised pandemic flu plan	Requirements would be in addition to SB 739 mandates.	Repeal of SB 739; replace language in Health and Safety Code with this.
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	Creates obligation of CDPH to train local health depts. to control and track, provide investigative and analytical software, and training to respond to disease outbreaks	<ul style="list-style-type: none"> • Establish statewide HAI program, including HAI database • Adopt CMS conditions of participation • Train HFE surveyors; 5 IC-trained RNs for L&C • Develop training for ICPs • Provide IC consultation for other state agencies • Provide web-based IC education for public • Assist w/ outbreak investigations • Support lab capacity for IC • L&C must respond w/in 24 hrs to serious infections
Reporting Requirements for general acute care (GAC) hospitals or Health Care	Phased in process reporting by Jan 1 '08 for GACs <ul style="list-style-type: none"> • CLIP 	<ul style="list-style-type: none"> • HCF to report all cases of HAI and pathogens; report publicly • Labs to report bacteria by type, 	<ul style="list-style-type: none"> • Reporting to NHSN and CDPH required for SSI, BSI related to vascular access and those not

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Facilities (HCF)	<ul style="list-style-type: none"> • Surgical antimicrobial prophylaxis • Influenza vaccination of patients and healthcare personnel 	antibiogram, and if it is related to discovery or incidence of HAI within 5 working days	related, VAP <ul style="list-style-type: none"> • Submit rates of MDROs to CDPH on a quarterly basis.
Risk Assessment	Required within 3 years w/ annual update; criteria specified; no clarification of where or when information should be reported		Required annually to CDPH; criteria specified
IC Resources	Not addressed	IC staffing ratios, criteria for staff qualifications specified	IC staffing, criteria for staff qualifications, and training for ICC chair specified
Use of active surveillance cultures (ASC)	Not addressed	GAC to develop surveillance for MRSA: ASC criteria x10 provided	Hospitals to develop methods to survey for MRSA; criteria x10 provided
Other:		<ul style="list-style-type: none"> • Clean and sanitary environment required 	<ul style="list-style-type: none"> • ICC must meet minimally quarterly • IC training of employees prior to them beginning patient contact duties • Patients needing assistance must be bathed daily • Clean and sanitary environment required