



California
Department of
Health Services

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Department of Health Services



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March 1, 2007

AFL 07-06

TO: GENERAL ACUTE CARE HOSPITALS

SUBJECT: COMPLIANCE WITH SENATE BILL 739 ON HOSPITAL ACQUIRED INFECTIONS (HAI)

Authority:

Senate Bill (SB) 739 (Speier, Statutes of 2006)
California Code of Regulations, Title 22, §70739

Background:

Health care facilities across the nation have seen a steady increase in the risk of health care associated infection (HAI) during recent decades. According to published estimates, approximately 5 to 10 percent of hospitalized patients develop one or more HAI complications every year. Infections associated with catheters, blood stream infections associated with central venous lines, pneumonia associated with the use of ventilators, and surgical site infections account for more than 80 percent of all HAI. Approximately 25 percent of HAI cases occur among patients in intensive care units, and two-thirds of those cases are linked to antimicrobial resistance. Conservative estimates indicate that approximately 240,000 patients admitted to California hospitals each year develop HAI, which results in an estimated cost of \$3.1 billion to the state. A significant percentage of HAI cases can be eliminated with intensive programs for HAI surveillance and prevention.

Existing Regulatory Requirements for Infectious Disease Control:

The California Code of Regulations, Title 22 §70739, requires each general acute care hospital to have a hospital infection control program for the surveillance, prevention and control of infections. Each hospital is required to establish a multi-disciplinary committee with responsibilities for oversight of infection surveillance, prevention and control program. The committee's responsibilities include provision of current, updated information on infection control policy and procedures for the facility.

New Standards for Addressing Hospital Acquired Infections (per SB739):

Newly enacted State statute [Senate Bill (SB) 739 (Speier, Statutes of 2006)] directs hospitals to evaluate and augment existing infectious disease control programs and

implement new standards to prevent HAI. These new standards include those established by the Centers for Disease Control and Prevention (CDC) Healthcare Infection Control Practices Advisory Committee (HICPAC). HICPAC was established under federal authority (42 U.S.C. 217a, Section 222 of the Public Health Service Act, as amended) to provide advice and guidance regarding the practice of infection control and strategies for HAI. This advice and guidance addresses surveillance, prevention, and control of healthcare-associated infections, antimicrobial resistance, and related events in settings where healthcare is provided, including hospitals, long-term care facilities, and home health agencies. (HICPAC guidelines can be found at www.cdc.gov/ncidod/dhqp/hicpac_pubs.html)

Requirements of SB739:

SB 739 references standards set by HICPAC and places the following requirements on general acute care hospitals:

- Address HAI using HICPAC standards on infections, such as those associated with catheters, blood stream infections associated with central venous lines, pneumonia associated with the use of ventilators, and surgical site infections.
- Prepare written reports on existing resources and evaluation measures (once every three years and updated annually)
- Develop a pandemic influenza component in the hospital's disaster plan

The implementation dates for these new standards are:

By July 1st, 2007 hospitals must:

- Offer annual free onsite influenza vaccinations for all employees
- Institute respiratory hygiene and cough etiquette protocols
- Use procedures for the isolation of patients with influenza
- Adopt a seasonal influenza plan
- Revise an existing or develop a new disaster plan to include a pandemic influenza component, documenting any actual or recommended collaboration with local, regional, and state public health agencies or officials

By January 1st, 2008 hospitals must:

- Pursue evaluating the judicious use of antibiotics
- Report annually to the California Department of Health Services (CDHS), to become the Department of Public Health, on its implementation of specified infection surveillance and infection prevention process measures
- Submit data on implemented process measures to CDC's National Healthcare Safety Network or other valid national surveillance system recommended by CDC
- Utilize the CDC definitions and methodologies for surveillance of HAI
- For hospitals participating in the California Hospital Assessment and Reporting Task Force (CHART), publicly report HAI measures

By January 1st, 2009 hospitals must:

- Develop, implement, and periodically evaluate compliance with policies and procedures to prevent surgical site infections
- Develop policies and procedures to implement CDC and Institute for Healthcare Improvement standards and process measures designed to prevent ventilator associated pneumonia
- Be subject to surveys by CDHS Licensing and Certification (L&C) on compliance with new infection control procedures and reporting measures implemented under SB739

Additional Standards Development and Implementation:

SB 739 also requires CDHS to appoint a HAI Advisory Committee to make recommendations on the use of national guidelines and public reporting measures for hospital-based infectious disease surveillance, prevention and control. This committee's efforts are likely to build upon the previous efforts of the CDHS Healthcare Associated Infections (HAI) Advisory Working Group (AWG) which included representatives from the California Hospital Association, the California Medical Association, the California Nurses Association, and experts in hospital infection control and epidemiology. In December 2005, this group published "Recommendations for Reducing Morbidity and Mortality Related to Healthcare-Associated Infections in California," which provides evidence-based recommendations for the prevention and control of HAI in California. (This report can be found at www.dhs.ca.gov/ps/dcdc)

In addition to SB739, CDHS Emergency Preparedness Office (EPO) is developing standards and guidelines on healthcare delivery during emergencies and disasters that result in a significant increase in patient volume and care beyond the usual capacity of facilities. These standards and guidelines will be put forth in template operational plans to provide guidance during emergencies and disasters so that facilities can rapidly respond to the needs of affected individuals. These materials are planned to be completed by July 2007 and will include pandemic influenza operational plans, but these materials will not be available in time to address pandemic planning conducted per SB 739.

Pending the completion of the EPO planning templates, CDHS Division of Communicable Disease Control suggests you include, at a minimum, the following areas in your revised facility emergency plans to address pandemic influenza:

- emergency response organization
- coordination with public health, emergency medical system, and other local hospitals
- respiratory isolation and infection control for respiratory disease outbreak
- administration of antiviral medicines to health care workers
- temporary, emergency expansion of bed capacity (surge capacity)
- staff and public communications

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If you have questions about this AFL please contact your L&C District Office. If you have questions about infectious disease control measures and standards please contact your local health department. Further questions can also be directed to the Infectious Disease Branch of the CDHS Division of Communicable Disease Control at (510) 620-3434.

Sincerely,

Original Signed by Kathleen Billingsley, R.N.

Kathleen Billingsley, R.N.
Deputy Director

cc: California Hospital Association
California Conference of Local Health Officers
County Health Executives Association of California
CDHS Emergency Preparedness Office
CDHS Prevention Services
CDHS Division of Communicable Disease Control