

AMENDED IN SENATE APRIL 1, 2004

SENATE BILL

No. 1487

Introduced by Senator Speier

February 19, 2004

An act to add *and repeal* Sections 1279.1, 128757.1, 128757.2, and 128757.3 ~~to~~ of the Health and Safety Code, relating to health facilities.

LEGISLATIVE COUNSEL'S DIGEST

SB 1487, as amended, Speier. Health facilities: hospital-acquired infection.

Existing law provides for the licensure and regulation by the State Department of Health Services of health facilities, including general acute care hospitals, acute psychiatric hospitals, and special hospitals. A violation of these provisions by a health facility is a crime. Existing law requires health facilities to file various reports containing health facility data with the Office of Statewide Health Planning and Development.

This bill would require these hospitals to collect certain data, and provide to the department and the office quarterly reports, *commencing in 2006*, concerning hospital-acquired infection. The bill would require the department to consider these reports for purposes of inspections and determining whether to seek a plan of correction.

This bill would require the *director of the office* to appoint an advisory committee to assist the office in the development of a methodology for collecting, analyzing, and disclosing the information collected under this bill. The bill would require the office to ~~annually~~ submit a report to the Legislature *on or before October 1, 2007, and annually thereafter*, that summarizes the quarterly reports, adjusts the information for patient severity, and compares hospital rates. The bill

would require the office to publicize the report and make the report available on the office’s Web site and to any person, upon request. The bill would establish disclosure restrictions with respect to maintaining patient confidentiality under these provisions.

The provisions of the bill would become inoperative on October 1, 2012, and would be repealed on January 1, 2013.

Because the bill would add to the requirements of a health facility, a violation of which would be a crime, it would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 1279.1 is added to the Health and Safety
2 Code, to read:

3 1279.1. (a) A facility licensed pursuant to subdivision (a),
4 (b), or (f) of Section 1250 shall provide to the department the same
5 reports concerning hospital-acquired infections that the facility is
6 required to submit to the Office of Statewide Health Planning and
7 Development pursuant to Section 128757.1 at the same time as
8 those reports are reported to the Office of Statewide Health
9 Planning and Development.

10 (b) (1) In conducting periodic inspections pursuant to Section
11 1279, the department shall consider reports provided pursuant to
12 subdivision (a).

13 (2) Upon receipt of a report pursuant to subdivision (a), the
14 department may initiate an inspection to determine whether the
15 health or safety of patients at that facility is at risk and may seek
16 a plan of correction pursuant to this chapter. A facility subject to
17 an inspection under this paragraph may voluntarily provide the
18 department with information regarding efforts by the facility to
19 minimize hospital-acquired infections, which the department shall
20 consider in determining whether to take further action.



1 (c) *This section shall become inoperative on October 1, 2012,*
2 *and, as of January 1, 2013, is repealed, unless a later enacted*
3 *statute, that becomes operative on or before January 1, 2013,*
4 *deletes or extends the dates on which it becomes inoperative and*
5 *is repealed.*

6 SEC. 2. Section 128757.1 is added to the Health and Safety
7 Code, to read:

8 128757.1. (a) As used in this code, “hospital-acquired
9 infection” means an infection acquired by a patient during hospital
10 care, which was not present or incubating at admission.

11 (b) A general acute care hospital, acute psychiatric hospital, or
12 special hospital, as defined in subdivision (a), (b), or (f),
13 respectively, of Section 1250, shall collect data on
14 hospital-acquired infection rates for each facility for the specific
15 clinical procedures determined by the office by regulation under
16 all of the following categories:

- 17 (1) Class I surgical site infection.
- 18 (2) Ventilator-associated pneumonia.
- 19 (3) Central line-related bloodstream infections.
- 20 (4) Urinary tract infections.
- 21 (5) Soft tissue and skin infections.
- 22 (6) Other categories as provided for in subdivision (e).

23 (c) (1) A hospital shall submit quarterly reports on its
24 hospital-acquired infection rates to the office. Quarterly reports
25 shall be submitted by April 30, July 31, October 31, and January
26 31 each year for the previous quarter, in a format set forth in
27 regulations adopted by the office. Data in quarterly reports shall
28 cover a period ending not earlier than one month prior to
29 submission of the report. Quarterly reports shall be made available
30 to the public at each hospital and through the office. The first
31 quarterly report shall be due in 2006.

32 (2) If the hospital is a division or subsidiary of another entity
33 that owns or operates other hospitals or related organizations, the
34 quarterly report shall be for the specific division or subsidiary and
35 not for the other entity.

36 (d) (1) The ~~office director~~ *director of the office* shall appoint
37 an advisory committee, including representatives from public and
38 private hospitals, including from hospital infection control
39 departments, direct care nursing staff, physicians, academic
40 researchers, consumer organizations, health insurers, health



1 maintenance organizations, organized labor, and purchasers of
2 health insurance, such as employers. The advisory committee shall
3 have a majority of members representing interests other than the
4 interests of hospitals.

5 (2) The advisory committee shall assist the office in the
6 development of all aspects of the office's methodology for
7 collecting, analyzing, and disclosing the information collected
8 under this section, including collection methods, formatting, and
9 methods and means for release and dissemination.

10 (3) In developing the methodology for collecting and
11 analyzing the infection rate data, the office and advisory
12 committee shall consider existing methodologies and systems for
13 data collection, such as the National Nosocomial Infection
14 Surveillance System (NNIS) which is administered by the federal
15 Centers for Disease Control and Prevention. However, the office's
16 discretion to adopt a methodology shall not be limited or restricted
17 to any existing methodology or system. Prior to any public
18 disclosure of information collected and reported pursuant to this
19 section, the data collection methodology shall be disclosed to all
20 relevant organizations and to all hospitals that are the subject of
21 any information to be made available to the public.

22 (4) The office and the advisory committee shall evaluate on a
23 regular basis the quality and accuracy of hospital information
24 reported under this section and the data collection, analysis, and
25 dissemination methodologies.

26 (e) The office may, after consultation with the advisory
27 committee, require hospitals to collect data on hospital-acquired
28 infection rates in categories additional to those set forth in
29 subdivision (b).

30 (f) *This section shall become inoperative on October 1, 2012,*
31 *and, as of January 1, 2013, is repealed, unless a later enacted*
32 *statute, that becomes operative on or before January 1, 2013,*
33 *deletes or extends the dates on which it becomes inoperative and*
34 *is repealed.*

35 SEC. 3. Section 128757.2 is added to the Health and Safety
36 Code, to read:

37 128757.2. (a) ~~The office shall annually~~ *On or before October*
38 *1, 2007, and annually thereafter, the office shall* submit to the
39 Legislature a report summarizing the quarterly reports required by
40 Section 128757.1 and shall publish the annual report on its Web



1 site. The annual report shall list hospital-acquired infection rates
2 based on data collected pursuant to Section 128757.1 for each
3 hospital in the state. The report shall adjust for patient severity. The
4 office may issue quarterly informational bulletins, at its discretion,
5 summarizing all or part of the information submitted in the
6 ~~quarterly reports. The first annual report shall be submitted in~~
7 ~~2007.~~ *quarterly reports.*

8 (b) The annual report shall compare the severity-adjusted
9 hospital-acquired infection rates for each individual hospital. The
10 office, in consultation with the advisory committee, shall make
11 this comparison as easy to comprehend as possible. The report
12 shall also include an executive summary written in plain language
13 to the maximum extent practicable that shall include, but not be
14 limited to, a discussion of findings, conclusions, and trends
15 concerning the overall state of hospital-acquired infections in the
16 state, including a comparison to prior years. The office shall
17 publicize the report and its availability as widely as practical to
18 interested parties, including, but not limited to, hospitals,
19 providers, media organizations, health insurers, health
20 maintenance organizations, purchasers of health insurance,
21 organized labor, consumer or patient advocacy groups, and
22 individual consumers.

23 (c) The annual report shall be made available on the office's
24 Web site and to any person upon request.

25 (d) A hospital report or office disclosure shall not contain
26 information identifying a patient, employee, or licensed health
27 care professional in connection with a specific infection incident.

28 (e) The office shall transmit copies of the quarterly and annual
29 reports to the department.

30 (f) *This section shall become inoperative on October 1, 2012,*
31 *and, as of January 1, 2013, is repealed, unless a later enacted*
32 *statute, that becomes operative on or before January 1, 2013,*
33 *deletes or extends the dates on which it becomes inoperative and*
34 *is repealed.*

35 SEC. 4. Section 128757.3 is added to the Health and Safety
36 Code, to read:

37 128757.3. (a) Notwithstanding any other provision of law,
38 for purposes of information reported and collected concerning
39 hospital-acquired infections pursuant to Sections 1279.1,
40 128757.1, and 128757.2, patients' social security numbers and any



1 other information that could be used to identify an individual
2 patient may not be released and a patient’s right to the
3 confidentiality of medical records may not be violated.

4 *(b) This section shall become inoperative on October 1, 2012,*
5 *and, as of January 1, 2013, is repealed, unless a later enacted*
6 *statute, that becomes operative on or before January 1, 2013,*
7 *deletes or extends the dates on which it becomes inoperative and*
8 *is repealed.*

9 SEC. 5. No reimbursement is required by this act pursuant to
10 Section 6 of Article XIII B of the California Constitution because
11 the only costs that may be incurred by a local agency or school
12 district will be incurred because this act creates a new crime or
13 infraction, eliminates a crime or infraction, or changes the penalty
14 for a crime or infraction, within the meaning of Section 17556 of
15 the Government Code, or changes the definition of a crime within
16 the meaning of Section 6 of Article XIII B of the California
17 Constitution.

