

AMENDED IN ASSEMBLY JUNE 22, 2004

AMENDED IN SENATE MAY 13, 2004

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 and 128735.1 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 those facilities to have a written infection control program for the surveillance, prevention, and control of infections, under the oversight of a multidisciplinary team.

Existing law requires every organization that operates, conducts, owns, or maintains a health facility, and the officers thereof, to make and file with the office certain health data and requires hospitals to provide to the office a hospital discharge abstract data record.

This bill would require ~~that the hospital discharge abstract data record also include data on hospital acquired infections~~ *a hospital to*

provide certain infection rate data to the office that would be available to the public.

The provisions of the bill would become inoperative on October 1, 2012, and would be repealed on January 1, 2013.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) (1) A facility licensed pursuant to subdivision
4 (a), (b), or (f) of Section 1250 shall have a written infection control
5 program for the surveillance, prevention, and control of
6 infections.

7 (2) The oversight of the infection surveillance, prevention, and
8 control program shall be implemented by a multidisciplinary
9 committee. The committee shall include a representative of each
10 of the following, one of which shall be an epidemiologist or
11 pathologist:

- 12 (A) The medical staff.
- 13 (B) The facility administration.
- 14 (C) The nursing staff.
- 15 (D) Infection control personnel.

16 (3) The infection control program shall be updated annually, or
17 more often, as needed. The program shall reflect the specific needs
18 of the hospital and the committee shall have oversight of the
19 collection of data as required by Section 128735.1.

20 (b) The facility shall provide to the department the same data
21 concerning hospital-acquired infections that the facility is
22 required to submit to the Office of Statewide Health Planning and



1 Development, pursuant to Section 128735.1, at the same time as
2 those reports are reported to the Office of Statewide Health
3 Planning and Development.

4 (c) In conducting periodic inspections pursuant to Section
5 1279, or initiating inspections pursuant to Section 1250, the
6 department shall consider the program required pursuant to
7 subdivision (a) and the data provided pursuant to subdivision (b).

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

16 (c) This section shall become inoperative on October 1, 2012,
17 and, as of January 1, 2013, is repealed, unless a later enacted
18 statute, that becomes operative on or before January 1, 2013,
19 deletes or extends the dates on which it becomes inoperative and
20 is repealed.

21 SEC. 2. Section 128735.1 is added to the Health and Safety
22 Code, to read:

23 128735.1. (a) As used in this chapter, “hospital-acquired
24 infection” means an infection *meeting the current statistical*
25 *epidemiologic definition of a nosocomial infection, as*
26 *standardized by the federal Centers for Disease Control and*
27 *Prevention and acquired by a patient during hospital care, which*
28 *was not detected as present or incubating at admission.*

29 ~~(b) The hospital discharge abstract data record specified in~~
30 ~~subdivision (g) of Section 128735 shall also include data elements~~
31 ~~that indicate the presence of a hospital-acquired infection. The~~
32 ~~infection data elements shall include all of the following:~~

- 33 ~~(1) Surgical site infections.~~
- 34 ~~(2) Ventilator-associated pneumonia.~~
- 35 ~~(3) Central line related bloodstream infections.~~
- 36 ~~(4) Soft tissue and skin infections.~~
- 37 ~~(5) Other categories as provided for in subdivision (e).~~

38 ~~(e) Collection of data required by subdivision (b) shall be~~
39 *(b) A facility licensed pursuant to subdivision (a), (b), or (f) of*
40 *Section 1250 shall provide to the office the rate of infections,*



1 number of infections, and number of patients by type of infection
2 and type of unit for those units and infections specified by the
3 office. The facility shall also provide risk-adjusted infection rate
4 data for those types of hospital-acquired infections according to
5 the risk-adjustment methodology determined by the federal
6 Centers for Disease Control and Prevention.

7 (c) (1) It is the intent of the Legislature that data be made
8 public regarding hospital-acquired infections in order to improve
9 the quality of care in hospitals. It is further the intent of the
10 Legislature that the data collected prior to January 1, 2008, be
11 limited to the following:

12 (A) Surgical site infections following surgical procedures
13 involving a high risk for mortality or serious morbidity, or
14 procedures involving a high volume of patients, such as coronary
15 artery bypass graft surgery, total hip replacement, laminectomies,
16 or laparoscopic appendectomies. The office shall determine two of
17 these surgical procedures for which hospital-acquired
18 risk-adjusted infection data shall be reported.

19 (B) Central-line associated blood stream infections in intensive
20 care units.

21 (2) Commencing January 1, 2008, the office shall consider the
22 addition of ventilator-associated pneumonia as well as any other
23 types of infections or hospital units as the office may determine
24 pursuant to this section.

25 (d) Collection of data required by this section shall be subject
26 to oversight by the infection control program multidisciplinary
27 committee established pursuant to Section 1297.1.

28 ~~(d) The office shall determine the methodology and system for
29 the collection of hospital-acquired infection data to be used by
30 hospitals to complete the hospital discharge abstract data record.
31 In so doing, the office shall consider existing methodologies and
32 systems for data collection, such as the National Nosocomial
33 Infection Surveillance System (NNIS) which is administered by
34 the federal Centers for Disease Control and Prevention. However,
35 the office's discretion to adopt a methodology shall not be limited
36 or restricted to any existing methodology or system. Prior to any~~

37 (e) The office shall determine the format and process for the
38 collection of hospital-acquired infection data required by this
39 section. The data shall be available to the public. Prior to any
40 public disclosure of information collected and reported pursuant



1 to this section, the data collection methodology shall be disclosed
2 to all relevant organizations and to all hospitals that are the subject
3 of any information to be made available to the public.

4 ~~(e) (1) The office may, after consultation with interested~~
5 ~~parties, require hospitals to collect data on hospital-acquired~~
6 ~~infection rates in categories additional to those set forth in~~
7 ~~subdivision (b).~~

8 ~~(2) The office may, on a showing that patients will not be at~~
9 ~~substantial risk of infection, suspend the collection of data~~
10 ~~regarding specific categories of infections or in specific units as~~
11 ~~provided in subdivision (b).~~

12 (f) This section shall become inoperative on October 1, 2012,
13 and, as of January 1, 2013, is repealed, unless a later enacted
14 statute, that becomes operative on or before January 1, 2013,
15 deletes or extends the dates on which it becomes inoperative and
16 is repealed.

17 SEC. 3. No reimbursement is required by this act pursuant to
18 Section 6 of Article XIII B of the California Constitution ~~because~~
19 *because* the only costs that may be incurred by a local agency or
20 school district will be incurred because this act creates a new crime
21 or infraction, eliminates a crime or infraction, or changes the
22 penalty for a crime or infraction, within the meaning of Section
23 17556 of the Government Code, or changes the definition of a
24 crime within the meaning of Section 6 of Article XIII B of the
25 California Constitution.

