

**Senate Bill No. 1487**

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Passed the Senate August 26, 2004

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*Secretary of the Senate*

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Passed the Assembly August 23, 2004

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*Chief Clerk of the Assembly*

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This bill was received by the Governor this \_\_\_\_\_ day of  
\_\_\_\_\_, 2004, at \_\_\_\_\_ o'clock \_\_M.

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*Private Secretary of the Governor*

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## CHAPTER \_\_\_\_\_

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, 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 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The provisions of the bill would become operative on July 1, 2005, inoperative on October 1, 2012, and would be repealed on January 1, 2013.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.



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

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

1279.1. (a) (1) A facility licensed pursuant to subdivision (a), (b), or (f) of Section 1250 shall have a written infection control program for the surveillance, prevention, and control of infections.

(2) The oversight of the infection surveillance, prevention, and control program shall be implemented by a multidisciplinary committee. The committee shall include a representative of each of the following, one of which shall be an epidemiologist or physician with an interest in infection control:

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

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

(b) In conducting periodic inspections pursuant to Section 1279, or initiating inspections pursuant to Section 1250, the department shall consider the program required pursuant to subdivision (a) and the data provided by the Office of Statewide Health Planning and Development pursuant to Section 128735.1. Upon receipt of data provided pursuant to Section 128735.1, the department may initiate an inspection to determine whether the health or safety of patients at that facility is at risk and may seek a plan of correction pursuant to this chapter. A facility subject to an inspection under this paragraph may voluntarily provide the department with information regarding efforts by the facility to minimize hospital-acquired infections, which the department shall consider in determining whether to take further action.

(c) (1) This section shall become operative on July 1, 2005.

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



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

128735.1. (a) As used in this chapter, “hospital-acquired infection” means an infection meeting the current statistical epidemiologic definition of a nosocomial infection, as standardized by the federal Centers for Disease Control and Prevention’s National Nosocomial Infections Surveillance System, or its successor, and acquired by a patient during hospital care, which was not detected as present or incubating at admission.

(b) A facility licensed pursuant to subdivision (a), (b), or (f) of Section 1250 shall provide to the office the rate of infections, number of infections, and number of patients by type of infection and type of unit for those units and infections specified by the office. The facility shall also provide risk-adjusted infection rate data for those types of hospital-acquired infections according to the risk-adjustment methodology determined by the federal Centers for Disease Control and Prevention.

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

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

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

(2) Commencing January 1, 2008, the office, in consultation with interested parties, shall consider the addition of ventilator-associated pneumonia as well as any other types of infections or hospital units as the office may determine pursuant to this section.

(d) Collection of data required by this section shall be subject to oversight by the infection control program multidisciplinary committee established pursuant to Section 1279.1.



(e) (1) The office, in consultation with interested parties, shall determine the format and process for the collection of hospital-acquired infection data required by this section. The data shall be available to the public. Prior to any public disclosure of information collected and reported pursuant to this section, the data collection methodology shall be disclosed to all relevant organizations and to all hospitals that are the subject of any information to be made available to the public. A hospital may submit a statement to the office explaining or commenting on the data it submitted to the office. The office shall include the statement in any release of hospital-acquired information to the public. No information disclosed to the public by the office shall be used to establish a standard of care in a private civil action.

(2) The office shall report hospital-acquired infection data for hospitals that receive a majority of their revenue from associated comprehensive group-practice prepayment health care service plans in a manner separate from the data for other types of hospitals. The office shall include in any disclosure to the public a notice stating that the results for those hospitals are only comparable to other hospitals within the same system and are not comparable to hospitals not within that system. The office may include further explanatory information as appropriate.

(3) The office shall transmit to the State Department of Health Services, in an electronic format, the hospital-acquired infection data submitted by hospitals.

(f) The office shall adopt regulations to implement this section.

(g) (1) This section shall become operative on July 1, 2005.

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

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



the meaning of Section 6 of Article XIII B of the California Constitution.



Approved \_\_\_\_\_, 2004

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*Governor*

