

AMENDED IN ASSEMBLY MAY 13, 2008
AMENDED IN ASSEMBLY MARCH 11, 2008
AMENDED IN ASSEMBLY JUNE 11, 2007
AMENDED IN SENATE MARCH 12, 2007

SENATE BILL

No. 158

Introduced by Senator Florez

January 30, 2007

An act to repeal and add Article 3.5 (commencing with Section 1288.5) of Chapter 2 of Division 2 of the Health and Safety Code, relating to health facilities.

LEGISLATIVE COUNSEL'S DIGEST

SB 158, as amended, Florez. Hospitals: infection control.

Existing law provides for the licensure and regulation by the State Department of Public Health of health facilities, including general acute care hospitals, acute psychiatric hospitals, and special hospitals, as defined. A violation of these provisions is a crime.

Existing law establishes specified licensing and certification program fees for various health facilities, including general acute care hospitals.

Existing law requires health facilities to implement various measures to protect against the spread of infection in health facilities.

Existing law establishes the Hospital Infectious Disease Control Program, which, among other things, requires the department and general acute care hospitals to implement various measures relating to disease surveillance and the prevention of health care associated infection (HAI). In that regard, the department is required, by July 1, 2007, to appoint a Health Care Associated Infection Advisory Committee, composed of specified members, to make recommendations

related to methods of reporting cases of hospital acquired infections occurring in general acute care hospitals, as provided.

Existing law also requires each general acute care hospital, in collaboration with infection prevention and control professionals, and with the participation of senior health care facility leadership, as a component of its strategic plan, at least once every 3 years, to prepare a written report that examines the hospital's existing resources and evaluates the quality and effectiveness of the hospital's infection surveillance and prevention program, including specified information.

This bill would repeal the above-described provisions relating to the Hospital Infectious Disease Control Program and require the department to establish a health care infection surveillance, prevention, and control program *within the department*, as specified. *This bill would require each hospital, as defined, to pay a fee, in addition to their licensing and certification program fees, to be used to cover the costs of the program. The bill would create a Department of Public Health Licensing and Certification Health Care Infection Surveillance, Prevention, and Control Fund in the State Treasury, and would require the fees collected pursuant to the above provisions to be deposited into the fund and to be available for expenditure, upon appropriation by the Legislature, to support the operation of the program.*

The bill would require the State Public Health Officer to appoint ~~an advisory committee~~ *the Health Care Associated Infections Advisory Committee* that ~~shall~~ *would* make recommendations on methods of reporting designated HAI and evaluating process measures to prevent HAI. ~~The~~

This bill would require the department to ~~adopt~~ require hospital staffing ~~regulations~~ levels, as specified, for hospital infection surveillance, prevention, and control programs, among other requirements. This bill would also require each hospital to annually submit to the department a written report, as specified, on the effectiveness of the hospital's infection surveillance, prevention, and control program.

By changing the definition of an existing crime, this bill 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. (a) The Legislature finds and declares all of the
2 following:
- 3 ~~(1) Health care associated infections (HAI), especially those~~
4 ~~related to antibiotic-resistant organisms, are increasing in~~
5 ~~California.~~
- 6 *(1) During the past two decades, health care associated*
7 *infections (HAI), especially those that are resistant to commonly*
8 *used antibiotics, have increased dramatically in California.*
- 9 (2) There is currently no system within the State Department
10 of Public Health to determine the incidence or prevalence of HAI
11 or to determine if current infection prevention and control measures
12 are effective in reducing HAI.
- 13 (3) A significant percentage of HAI can be prevented with
14 intense programs for surveillance and the development,
15 implementation, and constant evaluation and monitoring of
16 prevention strategies.
- 17 (4) There is currently ~~no~~ *inadequate* regulatory oversight of
18 ~~health care association infection control hospital surveillance,~~
19 ~~prevention, and control~~ programs by the department.
- 20 (5) The protection of patients in a general acute care hospital is
21 of paramount importance to the citizens of California.
- 22 ~~(6) During the past two decades, HAI, especially those that are~~
23 ~~resistant to commonly used antibiotics, have increased~~
24 ~~dramatically.~~
- 25 ~~(7)~~
- 26 (6) Existing state law requires the department to establish and
27 maintain an inspection and reporting system to ensure that general
28 acute care hospitals are in compliance with state statutes and
29 regulations. Existing law also requires general acute care hospitals
30 receiving funding from the Centers for Medicare and Medicaid
31 Services to be in compliance with the federal regulations known
32 as the “conditions of participation.”
- 33 (b) It is the intent of the Legislature to enact legislation to ensure
34 the occurrence of all of the following:

1 (1) The establishment of general acute care hospital infection
 2 surveillance, prevention, and control programs that report
 3 designated HAI *internally to the infection control committee and*
 4 *the governing body of the hospital and externally to the department*
 5 *and to the National Healthcare Safety Network (NHSN).*

6 (2) With assistance from the State Department of Public Health,
 7 the development and dissemination of current *evidence-based*
 8 standards of infection *surveillance*, prevention, and control
 9 practices.

10 (3) Regulatory oversight.

11 (4) General acute care hospital reports of the incidence of
 12 designated ~~health care associated pathogens~~ HAI to the department,
 13 *and as applicable, to the NHSN.*

14 (5) The development and implementation by the department of
 15 an Internet-based public reporting system that summarizes *and*
 16 *analyzes* the incidence of ~~health care associated pathogens~~ HAI
 17 *and the microorganisms that cause these infections.*

18 (6) General acute care hospital maintenance of a sanitary
 19 environment and patient hygiene to avoid transmission of ~~health~~
 20 ~~care associated pathogens~~ *pathogens that cause HAI.*

21 SEC. 2. Article 3.5 (commencing with Section 1288.5) of
 22 Chapter 2 of Division 2 of the Health and Safety Code is repealed.

23 SEC. 3. Article 3.5 (commencing with Section 1288.5) is added
 24 to Chapter 2 of Division 2 of the Health and Safety Code, to read:

25
 26 Article 3.5. Health Care Associated Infections

27
 28 1288.5. For purposes of this article, the following definitions
 29 shall apply:

30 (a) “Advisory committee” means the Health Care Associated
 31 Infections Advisory Committee (*HAI-AC*).

32 ~~(b) “Antibiotic-resistant organism” means any organism that,~~
 33 ~~upon being tested, is found to be resistant to an antibiotic that was~~
 34 ~~previously determined to be effective against that organism. These~~
 35 ~~organisms~~

36 (b) “*Antibiotic-resistant microorganism*” means any
 37 *microorganism, primarily bacteria, that are resistant to one or*
 38 *more classes of antimicrobial agents. These microorganisms*
 39 *include, but are not limited to, methicillin-resistant staphylococcus*
 40 *Staphylococcus aureus (MRSA), vancomycin-resistant enterococci*

1 (VRE), ~~acinetobacter~~ *Acinetobacter* spp., and certain gram negative
2 bacteria.

3 (c) “Health care associated infection” or “HAI” means a health
4 care associated infection, defined by the federal Centers for Disease
5 Control and Prevention (CDC) as, any localized or systemic
6 condition resulting from an adverse reaction to an infectious agent
7 or its toxin that both occurs in a patient in a hospital and was found
8 not to be present or incubating in that patient at the time of
9 admission to the hospital, unless the infection was related to a
10 previous admission to the same hospital.

11 (d) “Hospital” means a general acute care hospital as defined
12 pursuant to subdivision (a) of Section 1250.

13 (e) “MRSA” means methicillin-resistant—~~staphylococcus~~
14 *Staphylococcus aureus*.

15 (f) “National Healthcare Safety Network” or “NHSN” means
16 the secure, Internet-based system developed by the CDC to collect
17 data related to HAI and the process measures implemented to
18 prevent these infections.

19 (g) “Professional staff” means a registered nurse, medical
20 technologist, or other salaried ~~medical professional who staff who,~~
21 *within two years of appointment,* meets the education and
22 experience requirements for certification ~~as an infection prevention~~
23 ~~and control professional established by the national Certification~~
24 ~~Board for Infection Control and Epidemiology (CBIC) or similar~~
25 ~~requirements within two years of employment as an infection~~
26 ~~surveillance, prevention, and control professional within a hospital~~
27 ~~or the department, but does not~~ *Epidemiology (CBIC), but does*
28 *not* include a physician who is appointed or receives a stipend as
29 the infection prevention and control committee chairperson or
30 hospital epidemiologist.

31 (h) “Program” means the health care infection surveillance,
32 prevention, and control program within the department.

33 (i) ~~“Risk adjustment” means a statistical procedure for~~
34 ~~comparing patient outcomes that takes into account the differences~~
35 ~~in patient populations, including risk factors, such as patients with~~
36 ~~central line catheters, urinary catheters, or the number of patients~~
37 ~~undergoing a specific type of surgical procedure, as a percentage~~
38 ~~of the number of patients who undergo that surgical procedure.~~
39 For purposes of this article, risk adjustment shall duplicate the

1 ~~NHSN surgical wound infection risk index or use the number of~~
 2 ~~central-catheter or urinary-catheter days as a risk-adjustment factor.~~

3 ~~(j)~~

4 (i) “Serious disability” means a physical or mental impairment
 5 that substantially limits one or more major life activities of an
 6 individual, or loss of bodily function, if the impairment lasts more
 7 than seven days, results in the loss of a body part, or is still present
 8 or is being treated at the time of discharge.

9 ~~(k)~~

10 (j) “VRE” means vancomycin-resistant enterococci.

11 1288.6. (a) The department shall establish a health care
 12 infection surveillance, prevention, and control program pursuant
 13 to this article.

14 (b) *Each hospital shall pay a fee per licensed bed and per*
 15 *licensed facility to be used to cover the costs of the program*
 16 *established pursuant to subdivision (a). This fee shall be in addition*
 17 *to the annual licensing and certification program fees established*
 18 *by the Licensing and Certification Program each fiscal year.*

19 (c) *The Department of Public Health Licensing and Certification*
 20 *Health Care Infection Surveillance, Prevention, and Control Fund*
 21 *is hereby created in the State Treasury. The moneys collected in*
 22 *accordance with this section shall be deposited into the fund and*
 23 *shall be available for expenditure, upon appropriation by the*
 24 *Legislature, to support the operation of the department’s health*
 25 *care infection surveillance, prevention, and control program.*
 26 *Notwithstanding Section 16305.7 of the Government Code, any*
 27 *interest earned on moneys in the fund shall accrue to the fund.*

28 1288.7. In order to decrease the incidence of HAI, the
 29 department shall do all of the following as part of the program:

30 (a) Adopt the federal regulations and interpretive guidelines
 31 ~~regarding~~ *as the methods by which all hospitals shall be surveyed*
 32 ~~for compliance with infection surveillance, prevention, and control.~~

33 (b) ~~Provide annual surveillance, prevention, and control~~
 34 ~~education and training to department staff surveyors to effectively~~
 35 ~~survey hospitals and other licensed health care facilities for~~
 36 ~~compliance with infection surveillance and prevention strategies,~~
 37 ~~and regulations. As part of this training, the department shall~~
 38 ~~provide guidance to staff and to all licensed health care facilities~~
 39 ~~on the interpretation of infection surveillance, prevention, and~~
 40 ~~control recommendations guidelines issued by the CDC and~~

1 professional organizations, including, but not limited to, the
2 ~~advisory committee~~ *HAI-AC*, the Society for Healthcare
3 Epidemiology of America, and the Association for Professionals
4 in Infection Control and Epidemiology.

5 (c) Develop a statewide electronic reporting database to monitor
6 increases in ~~specific invasive infections~~ *the incidence of HAI* caused
7 by antibiotic-resistant ~~organisms~~ *microorganisms*, including, but
8 not limited to, methicillin-resistant ~~staphylococcus~~ *Staphylococcus*
9 *aureus* and the incidence of ~~health care associated infections~~
10 *specified HAI*, including, but not limited to, bloodstream infections,
11 surgical site infections, and ~~pneumonia occurring in patients who~~
12 ~~require mechanical ventilation.~~

13 (d) ~~Develop training and education programs for hospital~~
14 ~~infection prevention professionals.~~ — *ventilator associated*
15 *pneumonia.*

16 (e)

17 (d) Provide consultation and assistance to *all licensed health*
18 *care facilities and other state agencies* in the development and
19 implementation of ~~infection prevention guidelines~~ *surveillance,*
20 *prevention, and control recommendations, including*
21 *recommendations to prevent the transmission of health care*
22 *associated pathogens.*

23 (f) ~~Provide educational materials and Internet-based training~~
24 ~~programs and current infection prevention information on a Web~~
25 ~~site available to the public.~~

26 (g) ~~Assist in the investigation and followup of clusters and~~
27 ~~outbreaks of health care associated infections.~~

28 (e) *Investigate the following:*

29 (1) *Clusters and outbreaks of infections.*

30 (2) *Infections that cause death or serious disability to patients,*
31 *health care workers, or visitors.*

32 (h)

33 (f) Provide sufficient laboratory capacity to support health care
34 facilities and local health departments with pathogen identification,
35 molecular epidemiology, and antimicrobial susceptibility testing
36 for the investigation of outbreaks and surveillance of unusual
37 pathogens.

38 (i)

39 (g) Employ professional staff, consisting of four nurse
40 consultants and one nurse consultant supervisor, to provide

1 ~~information regulatory oversight information consultation~~ related
2 to community and health care associated pathogens to survey staff
3 within the department, infection control personnel, physicians and
4 surgeons, other state agencies responsible for the health and welfare
5 of patients: *health care associated infections.*

6 (h) *Annually provide to the Governor, the Legislature, and the*
7 *Chairs of the Senate Committee on Health and Assembly*
8 *Committee on Health, and post on the department's Internet Web*
9 *site, a summary of each hospital's infection rates and compliance*
10 *with process measures as recommended for implementation by the*
11 *HAI-AC.*

12 (i) *Annually report a summary to the HAI-AC of infection*
13 *surveillance, prevention, and control deficiencies cited during any*
14 *hospital survey performed by the department and the Joint*
15 *Commission.*

16 (j) *Annually report a summary to the HAI-AC of the reports*
17 *submitted by hospitals pursuant to Section 1288.12.*

18 (k) *Annually perform a random, unannounced survey of*
19 *hospitals to validate compliance with the federal "conditions of*
20 *participation" established by the federal Centers for Medicare*
21 *and Medicaid Services and the implementation of state legislation*
22 *regarding infection control.*

23 1288.8. (a) There is *hereby* established the Health Care
24 Associated Infections Advisory Committee (HAI-AC), to be
25 appointed by the State Public Health Officer. ~~The advisory~~
26 ~~committee~~ *HAI-AC shall be advisory to the department's health*
27 *care infection surveillance, prevention, and control program and*
28 *shall do all of the following:*

29 (1) Recommend methods by which hospitals would be required
30 to report designated ~~health care associated infections~~ *HAI*,
31 including those associated with antibiotic-resistant ~~organisms~~
32 ~~microorganisms~~, to the National Healthcare Safety Network *NHSN*,
33 the department, and the public.

34 (2) Recommend evidence-based process measures that would
35 be required to be implemented ~~and monitored~~, *monitored, and*
36 *reported* to prevent the acquisition and transmission of ~~health care~~
37 ~~associated pathogens~~ *HAI*.

38 (3) Recommend methods by which health care workers,
39 including nursing staff, physicians, ancillary staff, technicians,
40 and contractors would be required to be monitored for compliance

1 with hand hygiene, ~~isolation precautions~~ *hospital specific isolation*
2 *practices*, as well as environmental and patient hygiene practices.

3 (4) Review *a summary of* the annual reports submitted by
4 hospitals pursuant to Section 1288.12 and make corrective action
5 recommendations to the department.

6 (5) Review and evaluate, on an ongoing basis, federal and state
7 legislation and regulations and communicate to the department
8 how infection prevention and control programs will be impacted
9 by them.

10 (6) Annually review *a summary of* infection surveillance,
11 prevention, and control deficiencies ~~issued~~ *cited* during any hospital
12 survey by the department and the Joint Commission ~~on the~~
13 ~~Accreditation of Hospitals~~.

14 ~~(7) Annually provide to the Governor, Legislature, and the~~
15 ~~Chairs of the Senate Health Committee and the Assembly Health~~
16 ~~Committee, and post on the department's Web site, a summary of~~
17 ~~infection rates and process measures implemented to prevent the~~
18 ~~acquisition and transmission of health care associated pathogens.~~

19 (b) The advisory committee shall be composed of not more than
20 20 22 individuals and shall include all of the following:

21 (1) A representative from the Office of Statewide Health
22 Planning and Development.

23 (2) A representative from Medi-Cal.

24 ~~(3) A representative from the State Department of Public Health,~~
25 ~~Licensing and Certification Program.~~

26 ~~(4) A representative from the State Department of Public Health,~~
27 ~~Division of Communicable Disease Control, Infectious Disease~~
28 ~~Branch.~~

29 ~~(5)~~

30 (3) Six infection prevention and control professionals.

31 ~~(6)~~

32 (4) Three hospital epidemiologists representing licensed acute
33 care hospitals.

34 ~~(7)~~

35 (5) Two health care consumers at large.

36 ~~(8)~~

37 (6) Two hospital administrators.

38 ~~(9)~~

39 (7) The remaining committee members shall represent any of
40 the following: *small rural hospitals*, the insurance industry, a

1 hospital association, a medical association, Medicare, and other
2 associations deemed necessary by the State Public Health Officer.

3 (8) *To accomplish the mandates of the legislation and workload*
4 *of the HAI-AC, the State Public Health Officer may increase the*
5 *number of members on the HAI-AC by temporarily allowing*
6 *additional infection prevention and control professionals and*
7 *hospital epidemiologists to serve on the HAI-AC.*

8 (c) Each ~~committee~~ HAI-AC member shall have one vote. The
9 ~~advisory committee~~ HAI-AC shall meet at least quarterly alternating
10 the meeting places between northern and southern California. The
11 advisory committee shall serve without remuneration, but shall be
12 reimbursed for travel-related expenses to include transportation,
13 hotel, and meals at the state per diem reimbursement rate.

14 1288.9. The department shall ~~adopt regulations that~~ require
15 the following staffing for hospital infection surveillance,
16 prevention, and control programs:

17 (a) Hospitals licensed for not more than 50 beds shall have a
18 minimum of 0.5 full-time equivalent (FTE) of professional staff.

19 (b) Hospitals licensed for 51-100 beds shall have a minimum
20 of ~~one~~ 1.0 FTE of professional staff.

21 (c) Hospitals licensed for 101-200 beds shall have a minimum
22 of 2.5 FTE of *which no less than 1.5 FTE shall be* professional
23 staff.

24 (d) Hospitals licensed for ~~200-300~~ 201-300 beds shall have a
25 minimum of 3.5 FTE of *which no less than 2.0 FTE shall be*
26 professional staff.

27 (e) Hospitals licensed for 301-400 beds shall have a minimum
28 of 4.5 FTE of *which no less than 3.0 FTE shall be* professional
29 staff.

30 (f) Hospitals licensed for 401-500 beds shall have a minimum
31 of 5.5 FTE of *which no less than 4.0 FTE shall be* professional
32 staff.

33 (g) Hospitals licensed for more than 500 beds shall have a
34 minimum of 6.5 FTE of *which no less than 5.0 FTE shall be*
35 professional staff.

36 1288.10. ~~(a) Each hospital shall submit data for the following~~
37 ~~HAI to the NHSN and to the program:~~

38 (1) ~~Surgical site infections.~~

39 (2) ~~Bloodstream infections not related to central vascular access~~
40 ~~catheters.~~

1 ~~(3) Vascular access catheter-related culture positive blood stream~~
2 ~~infections.~~

3 ~~(4) Pneumonia occurring in patients requiring mechanical~~
4 ~~ventilation.~~

5 1288.10. (a) *No later than April 2009, and quarterly thereafter,*
6 *each hospital shall make a report to the NHSN and the department,*
7 *using the NHSN definitions, of all central vascular catheter-related*
8 *bloodstream infections and, as required by the department, the*
9 *process measures implemented to prevent these infections.*

10 (b) *No later than April 2009, and quarterly thereafter, each*
11 *hospital shall make a report to the NHSN and the department,*
12 *using the NHSN definitions, of all secondary laboratory-confirmed*
13 *HAI bloodstream infections not related to central vascular*
14 *catheters, including the identification of the pathogen.*

15 (c) *No later than September 2009, and quarterly thereafter,*
16 *each hospital shall make a report to the NHSN and the department*
17 *of surgical site infections occurring in procedures defined by the*
18 *NHSN as clean and clean-contaminated.*

19 (d) *No later than April 2009, and quarterly thereafter, each*
20 *hospital shall make a report of all infections described in*
21 *subdivisions (a) to (c), inclusive, and of its compliance with*
22 *HAI-AC recommended process measures to the hospital's infection*
23 *control committee, the executive committee of the medical staff,*
24 *and the governing body of the hospital.*

25 (e) *No later than January 2010, the department, in consultation*
26 *with the HAI-AC, shall determine the reporting requirements for*
27 *ventilator associated pneumonia.*

28 ~~(b)~~

29 (f) Each hospital shall report to the department's licensing and
30 certification district office with jurisdiction over the hospital any
31 HAI or series of infections *caused by any microorganisms* that
32 cause death or serious disability to a patient, hospital personnel,
33 or visitor. A licensing and certification district office that receives
34 this report shall, within 24 hours of receipt, consult with program
35 staff to determine the extent and seriousness of the infection and
36 whether program staff expertise is necessary to the investigation.

37 ~~(e) Each hospital shall, on a quarterly basis, submit the rate of~~
38 ~~antibiotic-resistant organisms, including, but not limited to, MRSA,~~
39 ~~Clostridium difficile, and vancomycin-resistant enterococci to the~~
40 ~~department. The data submitted shall designate if the infection~~

1 with the organism was present within 72 hours after admission or
2 subsequently.

3 (g) (1) No later than April 2009, and quarterly thereafter, each
4 hospital shall make a report of data for MRSA and *Clostridium*
5 *difficile* infections to the department.

6 (2) The report required by paragraph (1) shall include the
7 following data:

8 (A) The number of patients who had a laboratory-confirmed
9 MRSA and *Clostridium difficile* infection.

10 (B) The total number of patient days each quarter.

11 (C) Whether the laboratory-confirmed MRSA or *Clostridium*
12 *difficile* infection was ordered three days or less after admission
13 or more than three days after admission.

14 (D) The number of MRSA and *Clostridium difficile* infections
15 identified three days or less after admission and the rate of MRSA
16 and *Clostridium difficile* infections that occurred more than three
17 days after admission. The information described in this paragraph
18 shall be reported to the public in addition to the department.

19 (3) The department may require the reporting of other
20 epidemiologically important microorganisms.

21 (4) The department shall conduct an annual evaluation of the
22 data reported to it pursuant to paragraph (1) to determine if there
23 is sufficient statistical evidence that the incidence of health care
24 associated MRSA and *Clostridium difficile* is stable or has declined
25 over at least four consecutive reporting periods.

26 (5) No later than January 2012, the department shall reassess
27 the continued reporting of MRSA and *Clostridium difficile* pursuant
28 to this subdivision and recommend that the reporting either be
29 continued or discontinued.

30 (6) The department shall provide a reporting template and
31 instructions to hospitals for completion of the report required by
32 this subdivision either electronically or in written format.

33 (h) No later than April 2010, and each year thereafter, the
34 department shall make a report available to the public that
35 summarizes the incidence of all bloodstream infections in each
36 hospital, including those related to central vascular access
37 catheters, the incidence of surgical site infections in each hospital,
38 and each hospital's compliance with process measures
39 recommended for implementation by the HAI-AC.

1 (i) *The NHSN reporting requirements of this section shall not*
2 *apply to hospitals licensed for 25 or fewer beds.*

3 1288.12. (a) Each hospital shall annually submit to the
4 department a written report on the effectiveness of the ~~program~~
5 *hospital's infection surveillance, prevention, and correction*
6 *program required by Section 70739 of Title 22 of the California*
7 *Code of Regulations. The report shall include a year-to-year*
8 *comparison of all of the following:*

9 (a)

10 (1) ~~The number of infection control professionals on staff~~
11 *professionals and nonprofessionals assigned to the infection*
12 *surveillance, prevention, and control program.*

13 (b)

14 (2) The number of hospital discharges.

15 (c)

16 (3) The number of births, including births by caesarean section.

17 (d)

18 (4) The number of emergency department visits.

19 (e)

20 (5) The number of intensive care unit discharges, including,
21 when applicable, the number of neonatal intensive care unit
22 discharges.

23 (f)

24 (6) The number of licensed beds, including the number of special
25 care unit beds.

26 (g)

27 (7) The number of inpatient and, when applicable, the number
28 of outpatient surgical procedures performed.

29 (h)

30 (8) The total number of beds, including special care unit beds,
31 that will be added in the coming year.

32 (i) ~~The total number of full-time equivalent professional staff.~~

33 (j) ~~The annual summary of the incidence of HAI and designated~~
34 ~~antibiotic-resistant organisms, and the process measures~~
35 ~~implemented to reduce these infections.~~

36 (9) *The total number of full-time equivalent staff employed by*
37 *the hospital.*

38 (10) *The percentage of all staff who received influenza*
39 *vaccination in the previous year and the percentage of all staff*
40 *who signed a written statement declining to be vaccinated.*

1 (11) *The percentage of all patients who received surgical*
2 *antibiotic prophylaxis required by the federal Centers for Medicare*
3 *and Medicaid Services Surgical Care Improvement Project.*

4 (12) *Other information as required by the department.*

5 (b) *The report shall be signed by the hospital's chief executive*
6 *officer, the chairperson of the hospital's governing body, the*
7 *department's lead infection control professional, and the*
8 *chairperson of the hospital's infection control committee.*

9 (c) *The department shall provide a reporting template and*
10 *instructions to hospitals for completion of the report.*

11 1288.13. (a) Each hospital shall develop, implement, monitor,
12 and ~~periodically~~ evaluate procedures for identifying patients who
13 are colonized or infected with ~~specified health care associated~~
14 ~~pathogens~~ MRSA.

15 (b) As a part of the procedures described in subdivision (a),
16 each hospital shall ~~take a culture for MRSA from every patient~~
17 ~~who is admitted~~ *test every patient for MRSA, either by standard*
18 *culture media or other screening test, within 24 hours of admission*
19 *to the hospital under any of the following conditions:*

20 ~~(1) The patient has open, nondraining or draining wounds,~~
21 ~~cellulitis, dermatological lesions, and pressure ulcers.~~

22 ~~(2) The patient is readmitted to the hospital with an infection~~
23 ~~within 30 days after discharge.~~

24 ~~(1) The patient has open, draining wounds or pressure ulcers.~~

25 ~~(3)~~

26 (2) The patient is admitted to an intensive care unit.

27 ~~(4)~~

28 (3) The patient is discharged from an intensive care unit more
29 than 48 hours after admission to the unit.

30 ~~(5)~~

31 (4) The patient is receiving dialysis.

32 ~~(6) The patient resides in a rehabilitation or skilled nursing~~
33 ~~facility or homeless shelter, is homeless, or is transferred from~~
34 ~~another hospital.~~

35 ~~(7) The patient's roommate tests culture-positive for MRSA.~~

36 ~~(8) The patient has a history of MRSA.~~

37 ~~(9) The patient is an injection drug user.~~

38 (5) *The patient is admitted from a skilled nursing facility or*
39 *homeless shelter, or is homeless.*

40 ~~(10)~~

1 (6) The patient is admitted from a correctional facility.

2 ~~1288.14. (a) Each hospital shall develop, implement, monitor,~~
3 ~~and periodically evaluate compliance with policies and procedures~~
4 ~~to prevent HAI. The results of these evaluations shall be monitored~~
5 ~~by the hospital's infection prevention and control committee and~~
6 ~~reported to an executive committee of the medical staff and the~~
7 ~~board of directors.~~

8 ~~(b) No later than July 1, 2009, and every four years thereafter,~~
9 ~~physicians designated as the hospital epidemiologist or hospital~~
10 ~~infection control committee chairpersons shall participate in a~~
11 ~~training program that is specific to infection surveillance,~~
12 ~~prevention, and control. Documentation of attendance shall be~~
13 ~~placed in the physicians' credentialing file.~~

14 *(7) Any patient who develops a MRSA surgical site infection*
15 *prior to discharge or who is readmitted to the same hospital with*
16 *evidence of a surgical site infection within 30 days of discharge.*

17 *(c) The testing requirement in subdivision (b) shall not apply*
18 *to a hospital if that hospital satisfies all of the following conditions:*

19 *(1) The department determines through an appropriate analysis*
20 *of reportable health care associated MRSA data described in*
21 *Section 1288.10 that transmission of MRSA has declined over four*
22 *consecutive reporting periods.*

23 *(2) At least one survey performed by the department infection*
24 *control professional that verifies that the requirements of this*
25 *section and Section 1288.10 have been met.*

26 *(3) The hospital has not reported a death or serious disability*
27 *directly related to a MRSA clinical infection.*

28 *1288.14. (a) No later than July 1, 2009, and every four years*
29 *thereafter, physicians designated as the hospital epidemiologist*
30 *or infection surveillance, prevention, and control committee*
31 *chairpersons shall participate in a continuing medical education*
32 *(CME) training program coffered by the federal Centers for*
33 *Disease Control and Prevention and the Society for Healthcare*
34 *Epidemiologists of America, or other professional organization.*
35 *The CME program shall be specific to infection surveillance,*
36 *prevention, and control. Documentation of attendance shall be*
37 *placed in the physicians' credentialing file.*

38 *(b) No later than April 2009, all staff and contract physicians*
39 *and all other licensed independent contractors, including, but not*
40 *limited to, nurse practitioners and physician assistants, shall be*

1 *trained in epidemiology of MRSA, current treatment*
2 *recommendations, and methods to prevent transmission of MRSA*
3 *in hospitals and in the community.*

4 (c) The hospital's infection surveillance, prevention, and control
5 committee shall meet not less than four times each year and shall
6 quarterly report the incidence of HAI and compliance with process
7 measures to the executive committee of the medical staff and the
8 governing body of the hospital.

9 (d) To prevent transmission of health care associated infections,
10 all permanent, temporary, and contractual hospital employees who
11 have contact with a patient shall be trained in infection prevention
12 and control measures, *including, but not limited to, hand hygiene,*
13 *transmission prevention precautions and other facility-specific*
14 *isolation measures, patient hygiene, and environmental sanitation*
15 *measures.* The training shall be given to new employees prior to
16 having any patient contact, annually, and when new prevention
17 measures have been ~~adopted~~ *adopted by the infection surveillance,*
18 *prevention, and control committee.*

19 (e) *Environmental services staff shall be trained and shall be*
20 *observed for compliance with hospital sanitation measures. The*
21 *training shall be given at the start of employment, and annually*
22 *thereafter, and when new prevention measures have been adopted*
23 *by the infection surveillance, prevention, and control committee.*

24 ~~(e)~~
25 (f) Nonambulatory patients and patients who require assistance
26 with bathing shall be completely bathed *with either soap and water*
27 *or an antiseptic towelette* at least daily.

28 ~~(f)~~
29 (g) Patient occupied rooms, including all equipment and
30 frequently touched surfaces, shall be cleaned and disinfected daily,
31 ~~and~~ *immediately* when soiled with blood or other body fluids and
32 at the time of patient transfer or discharge. Equipment and surfaces
33 in nurses' stations, utility, and medication rooms, and public areas
34 shall be cleaned and disinfected daily.

35 (h) *Infection control professionals shall randomly obtain*
36 *cultures of the patient care environment to determine compliance*
37 *with hospital sanitation procedures.*

38 SEC. 4. No reimbursement is required by this act pursuant to
39 Section 6 of Article XIII B of the California Constitution because
40 the only costs that may be incurred by a local agency or school

1 district will be incurred because this act creates a new crime or
2 infraction, eliminates a crime or infraction, or changes the penalty
3 for a crime or infraction, within the meaning of Section 17556 of
4 the Government Code, or changes the definition of a crime within
5 the meaning of Section 6 of Article XIII B of the California
6 Constitution.

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