

**ASSEMBLY BILL**

**No. 2194**

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**Introduced by Assembly Member Fletcher**

February 18, 2010

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An act to add and repeal Chapter 2 (commencing with Section 101990) to Part 6 of Division 101 of the Health and Safety Code, relating to health facilities.

LEGISLATIVE COUNSEL'S DIGEST

AB 2194, as introduced, Fletcher. Health facilities: program flexibility.

Existing law requires the State Department of Public Health to administer the licensing of several categories of clinics and health facilities, including general acute care hospitals. Existing law requires the building standards published in the California Building Standards Code and the regulations adopted by the department to prescribe standards for adequacy, safety, and sanitation of the physical plant, of appropriate staffing, and of services, based on the type of health facility and the needs of the persons served.

The bill would require the department to establish the Acuity-Adaptable Care Delivery Pilot Program to provide not less than one but not more than 5 general acute care hospitals, as defined, with the ability to use licensed intensive care beds as stepdown and medical surgical beds interchangeably, based on the acuity of the patient, as provided.

The bill would require the participating hospitals to measure specified outcomes and to undergo an annual review of the outcomes, including an onsite inspection by the department and independent evaluations. The bill also would require the department, by January 1, 2015, to

prepare and submit a report to the Legislature on the pilot program. The bill would allow the department to charge a participating hospital an annual fee that does not exceed the amount of the direct costs to the department of overseeing and evaluating the pilot program and does not exceed \$25,000 per year.

The bill would make the program inoperative 7 years after the first patient is admitted to the first pilot program hospital and would repeal the program on January 1 of the following year.

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

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

1 SECTION 1. Chapter 2 (commencing with Section 101990)  
2 is added to Part 6 of Division 101 of the Health and Safety Code,  
3 to read:

4  
5 CHAPTER 2. HEALTH FACILITY INNOVATION  
6

7 101990. (a) The State Department of Public Health shall  
8 establish the Acuity-Adaptable Care Delivery Pilot Program to  
9 provide general acute care hospitals, as defined in subdivision (a)  
10 of Section 1250, the ability to use licensed intensive care beds as  
11 stepdown and medical surgical beds interchangeably based upon  
12 the acuity of the patient, including the use of technology,  
13 equipment, procedures, techniques, and concepts that support this  
14 model of care.

15 (b) Utilization of technology, equipment, procedures, techniques,  
16 and concepts that supports the acuity-adaptable care delivery model  
17 shall be consistent with the provision of safe, therapeutic, effective  
18 care that promotes patient safety. Deployment of technology shall  
19 not prevent health care providers from following accepted practice  
20 standards, including use of clinical judgment in the assessment,  
21 evaluation, planning, and implementation of care, nor from acting  
22 as a patient advocate.

23 (c) The department shall identify alternate technology,  
24 equipment, procedures, techniques, and concepts, giving special  
25 consideration to the use of acuity-adaptable nursing units and beds,  
26 that will promote innovation and improvement in services and  
27 patient care.

1 (d) The department shall solicit and accept proposals from  
2 general acute care hospitals to participate in the pilot program to  
3 use licensed intensive care beds as stepdown and medical surgical  
4 beds interchangeably based upon the acuity of the patient, including  
5 the use of technology, equipment, procedures, techniques, and  
6 concepts that support this model of care.

7 (e) The department shall, by October 1, 2011, authorize not less  
8 than one, but not more than five, general acute care hospitals  
9 identified by the department or proposed by a hospital pursuant to  
10 subdivision (d) to use licensed intensive care beds as stepdown  
11 and medical surgical beds interchangeably based upon the acuity  
12 of the patient, including the use of technology, equipment,  
13 procedures, techniques, and concepts that support this model of  
14 care. At least one authorized general acute care hospital shall be  
15 located within the County of San Diego and shall be associated  
16 with a two-hospital system operated by a health care district.

17 (f) A general acute care hospital participating in the pilot  
18 program shall measure all of the following patient, caregiver, and  
19 organizational outcomes:

- 20 (1) Morbidity.
- 21 (2) Hospital acquired infections.
- 22 (3) Adverse events.
- 23 (4) Patient satisfaction.
- 24 (5) Cost per discharge.
- 25 (6) Length of stay.
- 26 (7) Workplace injuries.
- 27 (8) Employee satisfaction.
- 28 (9) Staff turnover, by job category.

29 (g) Measures of program success shall include improvement in  
30 any or all of the outcomes listed in subdivision (f) as compared to  
31 risk-adjusted and like populations. Outcome data shall be stratified  
32 by service line; for example, cardiovascular and neuroscience.

33 (h) A general acute care hospital participating in the pilot  
34 program shall comply with the staffing requirements for licensed  
35 nurses set forth in Section 1276.4 based on the acuity of the patient  
36 and not the licensed bed category and physical location of the  
37 patient.

38 (i) (1) Each general acute care hospital, acute psychiatric  
39 hospital, and special hospital, as defined in subdivisions (a), (b),  
40 and (f) of Section 1250, shall ensure that each direct care registered

1 nurse, including a new hire, casual, per diem, temporary agency,  
2 registry, and traveler staff, shall receive and complete orientation  
3 to the hospital and patient care unit or clinical care area in which  
4 he or she will be working. Each health facility subject to this  
5 section shall adopt written policies and procedures for the training  
6 and orientation of nursing staff.

7 (2) Each direct care registered nurse shall have current  
8 demonstrated and validated competency required for the specific  
9 individual needs of the patient population admitted to the unit or  
10 clinical area before being assigned to patient care for that unit or  
11 clinical area.

12 (j) A general acute care hospital participating in the pilot  
13 program shall consult with affected employees, including the  
14 recognized collective bargaining agent or agents, if any, and  
15 members of the hospital medical staff organized pursuant to Section  
16 2282 of the Business and Professions Code. This consultation may  
17 occur through hospital committees.

18 (k) A general acute care hospital participating in the pilot  
19 program shall be required to undergo an annual review of the  
20 outcomes of the pilot program, including an onsite inspection by  
21 the department. The department shall also require independent  
22 evaluations by experts, subject to conflict-of-interest requirements,  
23 on an annual basis to evaluate the outcomes in terms of quality  
24 and patient safety as well as worker safety.

25 (l) The department may charge a general acute care hospital  
26 participating in the pilot program an annual fee that does not exceed  
27 the amount of the direct costs to the department of overseeing and  
28 evaluating the pilot program and does not exceed twenty-five  
29 thousand dollars (\$25,000) per year. The moneys collected from  
30 this fee shall be deposited in the State Department of Public Health  
31 Licensing and Certification Program Fund.

32 (m) As appropriate, a general acute care hospital participating  
33 in the pilot program shall consult with the Office of Statewide  
34 Health Planning and Development if the hospital's physical  
35 building is involved in the use of technology, equipment,  
36 procedures, techniques, and concepts that support the  
37 acuity-adaptable care delivery model.

38 (n) On or before January 1, 2015, the department shall prepare  
39 and submit a report to the Legislature on the results of the pilot

1 program and its impact upon the quality of service and patient  
2 care.  
3 101991. This chapter shall become inoperative seven years  
4 after the first patient is admitted to the first pilot program hospital  
5 and shall be repealed on January 1 of the following year.

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