

Improving Hospital and Patient Safety:
An overview of recently passed legislation and requirements towards improving the safety
of California's hospital patients
June 2009

Background

Since 2006 several important bills have been approved by the State Legislature and the Governor that seek to improve hospital safety conditions for all patients in California. The measures range from improving general acute care and other hospitals' hygiene and environmental sanitation standards to training curriculum for all hospital staff to disclosing hospital-acquired infection (HAI) rates and incidences of medical errors (also called "adverse events"). In addition, the bills require the California State Department of Public Health to expand the current activities of the Hospital Acquired Infections-Advisory Committee (HAI-AC) to become more aligned with federal standards developed by the Centers for Disease Control (CDC).

Overview of California Legislation

Senate Bill 1301 (Alquist) – passed in September 2006, became operative on July 1, 2007, requires general acute hospitals, acute psychiatric hospitals, and special hospitals providing in and outpatient dentistry or maternity services to notify the Department of Public Health when certain types of adverse events occur and assesses civil penalties for failure to comply. The Department is required to produce public reports with this information.

Senate Bill 1058 (Alquist) – passed in September 2008, requires general acute care hospitals to implement procedures for the prevention and reporting of hospital-acquired infections (HAIs). Hospitals are required to report certain HAIs to the Department of Public Health in California, using a system operated by the federal Centers for Disease Control and Prevention (CDC). Reports on the rate of HAIs in each hospital will be posted on the Department of Public Health's website and through authorized entities' websites, including consumer based organizations. The bill also requires hospitals to implement certain prevention procedures, including screening incoming patients at risk of carrying the MRSA superbug.

Senate Bill 158 (Florez) – passed in September 2008, requires general acute and psychiatric hospitals, skilled nursing facilities and organized medical and dental facilities providing in- and outpatient care, to develop, implement and comply with a patient safety plan; establish a patient safety committee composed of health care professionals; implement a facility wide hand hygiene program; and require physicians designated as hospital epidemiologist or infection surveillance chairpersons to obtain specified training. In addition, the duties of the existing Department of Public Health's HAI-AC are expanded to include developing a series of trainings for nurse evaluators regarding HAIs, review HAI federal and state policies, and make recommendations on reporting methods that are accessible to consumers.

Senate Bill 739 (Speier) – passed in August 2006, established the Healthcare Associated Infection Advisory Committee and developed several reporting requirements for general acute care hospitals, including a written report on hospital resources and an evaluation of HAI surveillance procedures, the development of policies to prevent spread of infections in central venous catheters (CVCs), influenza, and requirements to report process measures for the prevention of HAI to the National Healthcare Safety Network of the CDC.

Details of California Legislation

SB 1301 Adverse Events (medical errors) - 2007

Adverse Event Requirements

These requirements apply to general acute hospitals, special hospitals that provide dentistry and maternity care, and psychiatric hospitals.

1. Facilities must report adverse events within 5 days of detection.
2. If the matter is urgent or an emergency threat to the safety of patients, must report within 24 hrs after the event has been detected.
3. Facilities must immediately inform the patient or responsible party. Disclosure of individually identifiable information shall be consistent with current, applicable law.

The following adverse events resulting in death or serious disability must be reported:

- **Surgical events:** such as surgery on wrong body part, wrong patient, wrong surgical procedure, retention of foreign object in a patient after surgery, or death due to anesthesia.
- **Product or Device Events:** contaminated or malfunctioning drug, device or biologic, including but not limited to catheter, drain or other specialized tube, infusion pump or ventilator.
- **Patient Protection Events:** disappearance of a patient for more the 4 hours, suicide or attempt, or infant discharged to another adult.
- **Care Management:** medication errors including wrong drug, dose, time, patient; blood related products, hypoglycemia related deaths, labor or delivery in low-risk pregnancies, later stage ulcers, or spinal manipulative therapy.
- **Environmental Events:** electric shock, oxygen or other gas lines, burns, falls, restraints or bedrails.
- **Criminal Events:** impersonations of hospital staff, abduction, sexual assault, death from physical assault.

Penalties

A civil penalty in the amount of \$100 per day an event is not reported will be levied on a health care facility that fails to report an adverse event. Disputes regarding the failure of reporting must be filed within 10 days for a hearing.

Adverse Event Requirements for the Department of Public Health

1. Report the number and timeliness of adverse events for budgetary and resource purposes needed to conduct investigations and training.
2. In the event of urgent or imminent threats, the department must make an onsite investigation within 48 hours or two days and complete an investigation within 45 days of the complaint.
3. Until event is resolved, the department must make an unannounced visit within one year.
4. The department shall notify complainant and licensee in writing of the result of the report. A complaint is any oral or written notice to the department. The department shall take into consideration small rural hospitals.
4. The department shall provide appropriate information about adverse events to approved entities, such as universities, consumer health organizations and health care quality organizations, to post on their websites. Information can include substantiated adverse events and compliance history; however, names of health providers will not be included.

SB 1058: Medical Facility Infection Control and Prevention Act - 2008

MRSA Testing Requirements

Beginning 1/1/09, general acute hospitals are required to test for MRSA colonization in the following situations:

1. Patients with documented susceptibility to MRSA scheduled for inpatient surgery.
2. Patients discharged from a general acute care hospital 30 days prior to current admission.
3. Patients admitted to the intensive care unit or burn unit.
4. Patients receiving inpatient dialysis treatment.
5. Patients transferred from skilled nursing facilities.
6. Beginning Jan. 1, 2011, persons showing an increased risk of MRSA shall be tested again immediately prior to discharge. (does not apply to one who tested positive upon admission).

When patients test positive for MRSA:

1. An attending physician must inform patient of the positive test.
2. Prior to discharge, patients shall receive oral and written instructions regarding after care and precautions to prevent spread of MRSA to others.

Facility Reporting Requirements

Each general acute care hospital must report quarterly to the Department of Public Health all cases of:

- Health care associated MRSA bloodstream infections, C. difficile infections and Vancomycin-resistant enterococcal bloodstream infections, along with the number of hospital days;
- Central line associated bloodstream infections and total central line days; and
- Health care associated surgical site deep or organ space infections related to the following types of operations: orthopedic, cardiac, gastrointestinal, as well as other relevant information needed to calculate infection rates.

Requirements for Facilities' Infection Control Policies

General acute care hospitals shall develop infection control policies that include the following:

1. Procedures to reduce health care associated infections.
2. Regularly disinfect all restrooms, countertops, furniture, televisions, telephones, bedding, office equipment, and surfaces in patient rooms, nursing stations, and storage units.
3. Regularly remove fluids and intravenous substances and clean movable medical equipment.
4. Regularly clean all common areas.
5. Designate an Infection Control Officer and, upon request, make name of officer public.
6. The infection control officer shall work with the hospital infection control committee to implement testing, reporting, and other hospital infection control efforts.
7. Provide reports to appropriate hospital committee for review.

Requirements for Department of Public Health

In interpreting this statute, the department may take into account recommendations of the CDC.

1. The department must establish a health care acquired infection program.
2. Provide information to the public about health care related infections, including hospital infection rates, by certain dates (see timeline below).

SB 158: Requirement for Infection Control Reporting, Training and Programs - 2008

Health Care Facility Requirements on Infection Control Programs and Reporting

Hospitals, including general acute care hospitals, acute psychiatric hospitals, skilled nursing facilities, and organized medical and dental facilities providing in- and outpatient care must develop:

1. A patient safety plan to improve the health and safety of patients and reduce preventable patient safety events (these would include such events as hospital-acquired infections and medical errors).
2. A patient safety committee comprised of representatives of the hospital's physicians, nurses, pharmacists, and administrators to:
 - Review and approve the plan, receive and review reports of events, monitor implementation of corrective actions, make recommendations to improve safety, review and revise plan at least once a year to evaluate and update with advancements in safety practices.
3. A reporting system that encourages visitors, health care providers, patients and others to report a patient safety event.
4. Establish a team of facility staff to develop a process to analyze the root causes of patient safety events.
5. Establish on-going trainings for facility staff on patient safety by January 1, 2010.
6. Develop hand hygiene program by January 1, 2011.

Reporting Requirements for General Acute Care Hospitals and Health Care Providers

1. Annually report to the department its implementation of infection surveillance and infection prevention processes.
2. With the advisory committee, develop process for public reporting of the information six months after receiving it.
3. Submit data to National Healthcare Safety Network (of CDC) or any other entity recommended by the Healthcare Associated Infection Advisory Committee (HAI-AC).
4. Hospitals participating in the California Hospital Assessment and Reporting Taskforce (CHART) shall publicly report HAI measures as agreed by CHART.

Hospital Staff Training

1. Physicians designated as hospital epidemiologists or infection surveillance, prevention, and control committee chairpersons shall participate in continuing medical education (CME) training offered by a recognized professional organization or governmental entity.
 - The CME program must be specific to infection surveillance, prevention and control.
 - Documentation of attendance shall be placed in the physician's credentialing file.
2. All staff and contract health care providers, including but not limited to physicians, nurse practitioners, and physician assistants, shall be trained in methods to prevent the transmission of HAI, such as MRSA and others.
3. All permanent, temporary and contractual staff shall be annually trained in hospital-specific infection prevention and control policies, such as hand hygiene, patient hygiene and environmental sanitation procedures.
4. Environmental services (cleaning) staff shall be annually trained, and when new procedures are implemented, and observed for compliance with hospital sanitation procedures.
5. Cultures of the environment shall be obtained by the hospital randomly to observe for compliance with cleaning and disinfecting protocols.

Requirements for the Department of Public Health

Responsibilities of the HAI-AC include:

1. Review and evaluate the impact of state and federal policies and accreditation standards on hospital infection prevention and control programs.
2. Develop the following:
 - Methods for preventing hospital acquired infections and identifying HAIs in which symptoms occur after discharge.
 - Educational curriculum for health facility evaluator nurses and department consultants who review hospital infection surveillance, prevention and control programs.
 - Assessment methods for infection prevention professionals, including use of surveillance reporting systems, and staff compliance with infection prevention procedures, such as hand hygiene and environmental sanitation, at each hospital.
 - Auditing method to determine the validity and reliability of hospital infection data submitted to the NHSN and department.
 - Reporting methods of risk adjusted HAI rates to the public, Legislature and Governor.

Senate Bill 739: HAI Advisory Committee and Infections Process Reporting - 2006

This bill created the Healthcare Associated Infection Advisory Committee (HAI-AC) to make recommendations on ways to report cases of HAIs at general acute care hospitals according to national guidelines and to develop public reporting on process measures. The committee includes mostly health care providers, health experts and state health department staff, but also includes health care consumers.

Additional Reporting Requirements for General Acute Care Hospitals

1. Written Report on hospital infection Resources: Each hospital is required to prepare a written report at least every three years (updated annually) on the following:

- Existing hospital resources, such as risk and costs of invasive patient procedures, number of intensive care beds, emergency department visits, licensed beds, health and occupational health measures, and changing demographics of the community being served.
- Evaluation of the quality and effectiveness of the hospital's infection surveillance and prevention programs, including an estimate of the need and recommendations for additional resources for infection prevention and control programs necessary.
- Process measures including central line insertion practices, surgical infection prevention practices such as the timing for giving and stopping antibiotics, and influenza vaccination of patients and healthcare personnel.
- In consultation with the advisory committee established, the department shall make this information public no later than six months after receiving the data.

2. Policies and Procedures on Infections from central venous catheters (CVCs) and Influenza vaccination of health care workers. Requires hospitals to establish policies and procedures to prevent bloodstream infections associated with the use of central venous catheters using evidence-based national guidelines. Requires hospitals that use CVCs to internally track CVC associated blood stream infection rates. Requires hospitals to provide onsite employee influenza vaccinations and develop policies on influenza isolation protocols.

3. Reporting to National Healthcare Safety Network. Requires hospitals to report process measures for HAIs to the NHSN of the CDC.

Requirements for the Department of Public Health by January 1, 2008:

1. Establish a HAI surveillance and prevention program and develop staff training.
2. Investigate electronic reporting databases and report findings to HAI-AC.
3. Incorporate CDC standards and guidelines on HAI prevention into laws and regulations
4. Require general acute care hospitals to establish a process for the judicious use of antibiotics and monitor results.
5. Require each hospital to develop, implement, and periodically evaluate compliance with surgical site infection prevention practices. The results of this evaluation shall be monitored by the hospital’s infection prevention committee and reported to the surgical committee of the hospital.
6. Require each hospital to develop policies and procedures to implement the CDC guidelines on ventilator associated pneumonia.

Timeline

Bill	Date	Activity Required
SB 1301 – Adverse Events	1/1/09-1/1/15	Adverse events reports, inspections and outcomes information should be reported to the Department of Public Health (DPH). This information should also be made available to entities approved by DPH.
	1/1/15	Hospital specific reports of substantiated adverse events and outcomes of inspections and investigations shall be available on the department’s website in a format that is accessible to consumers. Information can also include compliance history. Aggregate information might be available sooner.
SB 1058 – Infection Control Act	Before 1/1/11	Department must post information on website of incidence of MRSA, C. difficile and VRE infections at each hospital.
	By 1/1/11	Department must post health care acquired central line bloodstream infection rates at each hospital.
	By 1/1/12	Department must publicly report specified surgical site infection rates at each hospital.
	By 1/1/09	Hospitals must begin screening patients for MRSA.
SB 158 – Reporting, Training and Programs	By 1/1/09	Department shall: <ul style="list-style-type: none"> • Implement HAI surveillance and prevention program to assess the department’s resource needs, educate health facility evaluator nurses in HAI, and educate department staff on methods of implementing recommendations for disease prevention. • Revise existing and adopt new regulations to incorporate current federal CDC guidelines and standards for HAI. • Require general acute care hospitals to develop a process for evaluating use of antibiotics and monitor results. • Designate infection prevention professionals to consult with the state licensing and certification program.
	By 1/1/11	Department with HAI-AC shall: <ul style="list-style-type: none"> • Develop scientifically valid statewide electronic reporting systems to receive reports from hospitals.

Bill	Date	Activity Required
		<ul style="list-style-type: none"> • Provide infection prevention and control information to the public via the internet. • Provide annual report of HAI information to the Governor, Chairs of the Legislative Health Committees and post on the website.
	By 1/1/10	Hospitals must develop staff training on preventing HAIs.
	By 1/1/11	Hospitals must develop hand hygiene program.
SB 739	1/1/07	Department of Public Health to establish the Healthcare Associated Infection Advisory Committee.
	1/1/08	<p>Department of Public Health is to:</p> <ul style="list-style-type: none"> • Establish a HAI surveillance and prevention program and develop staff training. • Investigate electronic reporting databases and report findings to HAI-AC. • Incorporate CDC standards and guidelines on HAI prevention into laws and regulations <p>The Department is required to ensure that general acute care hospitals:</p> <ol style="list-style-type: none"> 1. Establish a process for the judicious use of antibiotics and ensure results are monitored. 2. Develop, implement, and evaluate compliance with policies and procedures to prevent secondary surgical site infections. 3. Develop policies and procedures to implement the CDC guidelines on ventilator associated pneumonia.
	No start date but the report is to be released every 3 years and updated annually.	<p>Each general acute care hospital to develop a written report on hospital resources; quality and effectiveness of the hospital's infection surveillance and prevention programs; process measures including central line insertion practices, surgical antimicrobial prophylaxis, and influenza vaccination of patients and healthcare personnel.</p> <ul style="list-style-type: none"> • With the advisory committee, the department shall make this information public no later than six months after receiving the data.
	1/1/08	<p>General acute care hospitals are required to:</p> <ol style="list-style-type: none"> 1. Establish policies and procedures to prevent occurrences of HAIs in CVCs. 2. Arrange for onsite employee influenza vaccinations, develop policies on influenza isolation protocols influenza, and a plan to address a pandemic influenza outbreak.