



The Brave New World of Infection Control

The passing of SB 739 marks the dawn of a new era for acute care hospital Infection Prevention and Control programs in California. Members of the California APIC Coordinating Council worked diligently with Senator Speier's office to ensure that the mandatory reporting legislation really improves the care provided to patients throughout the state. Here is a timeline of the implementation requirements for the new law:

July 1, 2007

- The California State Department of Health Services will appoint a Healthcare Associated Infection Advisory Committee. This committee will consist of DHS staff, local health department officials, infection control professionals, hospital administration professionals, health care providers, health care consumers, infectious disease physicians, hospital epidemiologists and integrated health system representatives.
- Each acute care facility must offer onsite mandatory influenza vaccination to all employees. Any employees who refuse vaccination must sign a declination form.
- Facilities must implement respiratory etiquette protocols, implement isolation procedures for influenza patients and create a seasonal flu plan.
- The facility disaster plan must include a pandemic influenza component that documents collaboration with local, regional and state public health agencies.

January 1, 2008

- The California State Department of Health Services must implement a program to assess their resource needs and educate health facility evaluator nurses regarding the prevention of healthcare associated infections.
- The Department will investigate electronic reporting databases and report findings to the advisory committee.
- Hospitals must develop a process for the "judicious use" of antibiotics. The results of these measures should be monitored by appropriate representatives and committees involved in quality improvement activities.

- Each hospital shall report on the implementation of the following process improvement measures:
 - Central venous catheter insertion practices
 - Surgical antimicrobial prophylaxis
 - Influenza vaccination rates of employees and patients
- The above information shall be made public no later than 6 months from the submittal date.
- The advisory committee will make recommendations for phasing in the implementation and reporting of additional process and outcome measures.

January 1, 2009

- Each hospital must develop, implement and evaluate compliance with measures to prevent surgical site infections. This data will be monitored by the infection control committee and reported to the surgical committee.
- Hospitals must develop and implement the Centers for Disease Control and Epidemiology (CDC) guidelines and the Institute for Healthcare Improvement (IHI) process measures designed to prevent ventilator associated pneumonias.
- During surveys, the Health Department will evaluate the facilities' compliance with HAI prevention, including any internally and externally reported process and outcome measures.

Other Key Points:

- Each hospital will submit data to the National Healthcare Safety Network of the CDC or any other scientifically valid national HAI reporting system. Hospitals will utilize CDC definitions and methodology for surveillance. Any hospitals participating in the California Hospital Assessment and Reporting Task Force (CHART) shall publicly report these measures.

THE WORLD IS FULL OF WILLING PEOPLE; SOME WILLING TO WORK,
THE REST WILLING TO LET THEM.

-ROBERT FROST

Other Key Points *(continued)*

- Hospitals will implement CDC (or other evidence based national) guidelines for the prevention of central line related blood stream infections. The ICU infection rates shall be internally reported to the appropriate medical staff committees on a regular basis.
- Each hospital will prepare a written report at least once every three years that evaluates the quality and effectiveness of the infection control program. The report should evaluate and include the following components:
 - Risk and cost of the number of invasive procedures done at the facility
 - Number of ICU beds
 - Number of ED visits
 - Number of outpatient visits by department
 - Number of licensed beds
 - Employee health and occupational health measures implemented
 - Demographics of the community being served

Benefits of SB 739

In their Power Point presentation, CACC presents the following benefits of SB 739:

- Utilize this regulation to create partnerships between senior leadership and members of the Infection Prevention and Control Program.
- Shines the spotlight on prioritizing infection prevention as important.
- Gets acute care facilities in California on the same page regarding identification of process and outcome measures.
- Better awareness of key measures within facilities.
- Ability to benchmark with other California hospitals.
- Begin to meet public expectation of infection reporting.
- Potential for improved resources/staffing for the infection prevention and control program.



CALIFORNIA STATE LEGISLATURE

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For additional information regarding the Sierra Chapter of
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