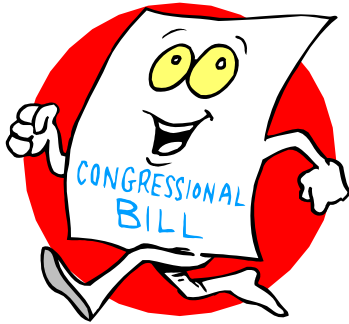


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I'm Just a Bill...

The following two bills introduced during this session will have a direct impact on Infection Control Practitioners in California if they become law.

AB 669

Introduced by Assembly Member La Suer, this bill would require any licensed general acute care hospital, acute psychiatric hospital or special hospital to make its infection control policy available on its internet website.

SB 739

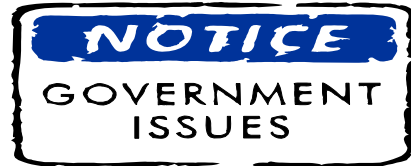
Introduced by Senator Speier, this bill would require DHS to collect data regarding SSIs and BSIs from facilities during inspections. DHS would do an annual risk adjustment of the data. In 2008 DHS would have to release an annual report of HAIs and best practices identified. DHS would have ability to issue deficiencies and fines to facilities whose HAI rate exceeds the 90th percentile of all hospital reported data. All information would be confidential and not released with identifying information.

To read the complete bills, log on to this site and follow the directions in the "Bill Search" section on the right side of the webpage. www.legislature.ca.gov



To learn who your California State legislative representatives are, visit the following website and enter your zip code in the box specified.

<http://www.leginfo.ca.gov/yourleg.html>



Where Are We With Mandatory Reporting?

Currently, Florida, Illinois, Missouri and Pennsylvania have enacted mandatory reporting of hospital-acquired infection data. Each state's reporting requirements are different. Local infection control practitioners had varying levels of influence in the development of these programs. Thirty states are in the process of developing similar legislation. Last year, California Senate Bill 1487 which would have established a mandatory reporting system for the state was vetoed by the Governor. Although this legislation has not yet been reintroduced, we can expect this to be another hot legislative topic this year.

On February 28th, the Healthcare Infection Control Practices Advisory Committee (HICPAC) released a document entitled "Guidance on Public Reporting of Healthcare-Associated Infections". The intent of this document is to assist policy makers, program planners, consumer advocacy groups and others design and implement a public reporting system that is useful to the public and healthcare facilities. The reports should assist healthcare consumers in making more informed decisions and provide feedback to healthcare providers. This timely feedback will guide facilities in quality improvement measures. The document makes the four main recommendations summarized here:

1. *Use established methods for healthcare acquired infection surveillance (ie NNIS, NQF). This includes selecting the appropriate process, outcome measures and population to monitor. Standard case-finding methods and data validity checks along with infection risk adjustments will help make the information more useful. Also, establishing a provision for adequate resources at a facility and state level is vital. This recommendation also strongly states that ICD-9 codes alone should not be used to identify cases.*
2. *A multidisciplinary advisory panel is necessary to plan, implement and oversee the public reporting system. This panel should consist of public health officials, consumers, healthcare providers and healthcare infection control professionals.*

3. *Selected measures should be based on facility type and phased in gradually over time to allow for facilities to adjust to the new process. Both process measures and outcome measures should be included in any public reporting system. Process measures have a target rate of 100% and are shown to have an impact on HAI rates. Recommended process measures are: adherence rates of central-line insertion practices, surgical antimicrobial prophylaxis and influenza vaccination rates. Outcome measures recommended are: central line-associated, laboratory-confirmed primary bloodstream infections in ICUs and surgical site infections for specific procedures. Although these outcomes usually occur at a low rate, they are recommended because of the significant morbidity, mortality and healthcare cost they incur.*
4. *The system should provide regular and confidential feedback to facilities. This will encourage the implementation of prevention activities and acceptance of the system within the healthcare sector.*

These recommendations have been endorsed by APIC, the Council of State and Territorial Epidemiologists and the Society for Healthcare Epidemiology of America.

The full document is available at
www.cdc.gov/ncidod/hip/PublicReportingGuide.pdf



APIC Provides Guidance

In addition to supporting the HICPAC recommendations, APIC has released two draft documents that provide ICPs with talking points and guidance for working with the legislative process. “Talking Points on Reporting of Healthcare-Associated Infection Rates” is available at www.apic.org in the Mandatory Reporting section. The document “Guidance for Infection Control Professionals Working with Legislation & Regulations on Mandatory Public Reporting of Healthcare-Associated Infections (HAI)” is a wonderful resource that is available by contacting Rachel.M.Green@kp.org.

Give me six hours to chop down a tree and I will spend the first four sharpening the axe.
-Abraham Lincoln

To provide suggestions for this newsletter or ask questions, please contact:

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