

Summary of Relevant Legislation

SB 739 (Speier – Chapter 526, Statutes of 2006) -- Hospitals: Infection Control

Requires the Department of Health Services (DHS) to appoint a health care associated infection (HAI) advisory committee by July 1, 2007, to make recommendations regarding reporting cases of HAI in hospitals. Requires each general acute care hospital, on or after January 1, 2008, to implement and annually report to DHS its implementation of infection surveillance and infection prevention process measures that have been recommended by the Centers for Disease Control and Prevention (CDC) Healthcare Infection Control Practices Advisory Committee, as suitable for a mandatory public reporting program. Requires, initially, these process measures to include the CDC guidelines for central line insertion practices, surgical antimicrobial prophylaxis, and influenza vaccination of patients and healthcare personnel. Requires DHS, in consultation with the HAI advisory committee, to make this information public no later than six months after receiving the data.

SB 1058 (Alquist – Chapter 296, Statutes of 2008) -- Hospital Acquired Infections

Requires certain designated patients who are admitted to a hospital to be tested for Methicillin-resistant *Staphylococcus aureus* (MRSA) within 24 hours of admission. Requires hospital infection control policies to, at a minimum, provide for regular disinfection specified surfaces and areas, regular removal of bodily fluids and intravenous substances, and cleaning and disinfection of specified medical equipment and devices. Requires hospitals to designate an infection control officer. Requires each hospital to report quarterly to DPH all cases of health care associated MRSA blood stream, health care associated clostridium difficile, health care associated Vancomycin-resistant enterococci (VRE) blood stream, central line associated blood stream, and specified surgical site infections. Commencing January 1, 2011, requires DPH to post on its website information regarding the incidence rate for each hospital of each of these types of infections, except for specified surgical site infections. Commencing January 1, 2012, requires DPH to post information regarding the incidence rate of specified surgical site infections for each hospital.

SB 158 (Florez – Chapter 294, Statutes of 2008) -- Hospitals: patient safety and infection control

Establishes an infection surveillance, prevention, and control program within the Department of Public Health to provide oversight of hospital prevention and reporting of general acute care hospital-associated infections. Expands the responsibilities of the existing Healthcare Associated Infection Advisory Committee. Requires hospitals to develop the patient safety plan in consultation with the hospital's various health care professionals, and to implement a facility-wide hand hygiene program. Prohibits, beginning January 1, 2011, a hospital from using an intravenous connection, epidural

connection or enteral feeding connection that would fit into a connection port other than the type it was intended for, as specified. Establishes training or continuing medical education requirements for hospital epidemiologists or similar persons, staff and contract physicians, other contracting health care providers, and hospital employees and contractual staff.

SB 1301 (Alquist – Chapter 647, Statutes of 2006) -- Health facilities: reporting and inspection requirements

Requires general acute care hospitals, acute psychiatric hospitals, and special hospitals to report an adverse event, as defined, to the Department of Health Services (DHS) no later than five days after the event has been detected, or in the case of an urgent or emergent threat, not later than 24 hours after the adverse event has been detected. Requires DHS to make onsite inspections or investigations within 48 hours or two business days, whichever is greater, upon receipt of a report that indicates an ongoing threat of imminent danger of death or harm. Requires DHS, by January 1, 2013, to provide information regarding reports of substantiated adverse events and the outcomes of inspections on the DHS web site.

SB 1312 (Alquist – Chapter 895, Statutes of 2006) and SB 541 (Alquist – Chapter 605, Statutes of 2008) -- Administrative penalties

Allows DPH to assess an administrative penalty against a general acute care hospital, a psychiatric hospital, or a special hospital (hospitals) for a deficiency constituting an immediate jeopardy violation, of up to \$50,000 for the first violation, up to \$75,000 for the second subsequent violation, and up to \$100,000 for the third and every subsequent violation. On the effective date of regulations adopted by DPH, the maximum penalty would increase from up to \$50,000 per violation, to an amount up to \$75,000 for the first violation, up to \$100,000 for the second violation, and up to \$125,000 for the third and every subsequent violation.

SB 394 (Kuehl – Chapter 945, Statutes of 1999) -- Hospital nurse to patient ratios

Requires DPH to adopt regulations that establish minimum nurse-to-patient ratios, by hospital unit, for hospitals. Provides that the ratios shall constitute the minimum number of registered and licensed nurses that must be allocated. Requires hospitals to assign additional staff in accordance with a documented patient classification system for determining nursing care requirements.