

Healthcare-associated Infections

Act 52 of 2007

SB 968, PN 1298

Sponsor: Sen. Erickson

Signed by Governor Rendell: July 20, 2007

Summary:

Act 52 amends the Medical Care Availability and Reduction of Error (Mcare) Act to require infection-prevention procedures and reporting of healthcare-associated infections (HAIs).

Prior Law:

This is the first law in the Commonwealth that mandates surveillance and reporting of HAIs. This legislation amends the current Medical Care Availability and Reduction of Error (Mcare) Act by adding a chapter on reporting Healthcare-associated infections.

Analysis:

Generally: Facility as defined in the legislation refers to hospitals and nursing homes; except in references to Infection Control Plans which are to be completed by hospitals, nursing homes, and ambulatory surgical facilities as required by the legislation.

Infection Control Plans: Facilities have 120 days to develop and implement an internal infection control plan after the effective date.

That infection control plan shall include the following requirements:

- The infection control plan must be developed by a multi-disciplinary committee including medical staff, administrative staff, laboratory personnel, nursing staff, pharmacy staff, physical plant personnel, a patient safety officer etc.
- A system to identify and designate patients known to be colonized or infected with MRSA or other multi-drug resistant organism (MDRO) including:
 - Cultures and screenings of all nursing home residents admitted to a hospital
 - Identification and cultures and screenings of all “high risk” patients
 - Procedures for identification, cultures, screenings, and follow up care for staff who may have had exposure to a patient known to be colonized with an MDRO before that patient was identified
- An infection control intervention protocol based on nationally recognized, evidence based standards including isolation procedures, physical plant operations, use of antimicrobial agents, education programs for personnel, and fiscal and human resource requirements.

Within 14 days of implementation of the ICP, a facility must submit the plan to the department of health for review for compliance with the required standards. When the plan is submitted the health care facility must notify everyone in the facility about the plan.

Reporting: Nursing homes will report based on the Centers for Disease Control definitions in accordance to what is determined by the department of health and the patient safety authority. Hospitals shall make reports within 180 days of enactment to the National Health Safety Network and the Centers for Disease Control.

The reporting will be for all patients throughout the facility at all times; conducted on a monthly basis and each hospital shall authorize the Department of Health, the Patient Safety Authority, and the Pennsylvania Health Care Cost Containment Council to access the data from the NHSN.

If a hospital does not authorize the department, the authority, and the council to access the data from the NHSN, the hospital must continue reporting data to PHC4 and PSA.

Electronic Surveillance: Each hospital shall do an assessment by December 31, 2007 to determine their capability to implement a qualified electronic surveillance by December 31, 2008.

If a hospital's assessment shows that they can implement an electronic surveillance system then the hospital must do so prior to the December 31, 2008 deadline.

If a hospital's assessment shows they cannot implement a system by December 31, 2008, then they shall continue using their current surveillance system until such time as they implement a system with assistance from the Department of Health.

PSA Reporting: Health care acquired infections will now be considered a "serious event" to be reported as such to the Patient Safety Authority by both hospitals and nursing homes.

Payment for Cultures and Screening: Payments for cultures and screening will be made by various payors including Medical Assistance upon Federal approval.

Quality Improvement Payments: If by January 1, 2009 a facility shows a 10% reduction in infections that facility will be eligible to receive a quality improvement payment. Every year after that the Department of Public Welfare and the Department of Health determine potential payments based on a facility meeting benchmarks determined by DOH for each facility.

If a facility implements a qualified electronic surveillance system, that facility is eligible for additional payments if they show reductions as determined by the department in reviewing benchmarks.

No facility will receive a quality improvement payment if it is in violation of Health Care Facilities Act and payments will only be made dependent upon available funds.

Duties of the Department of Health

Develop a public health awareness campaign about health care acquired infections and health care facility quality indicators.

Review and determine feasibility of using community organizations as a foundation for community based infection control outside of health care facilities.

Review infection control plans for compliance.

Develop recommendations for infection control protocols and procedures for various incidents.

Development of recommendations for screenings and cultures for MRSA and MDRO's.

Review assessments to determine feasibility of e-surveillance and assist in realizing that capacity in facilities

Develop a methodology for analysis of NHSN data to compare a facility to itself over time, to similar facilities across the Commonwealth, and to other facilities across the nation to determine capacity, proficiency and effectiveness of ICP as well as to continually perform program analysis on best practice standards used in ICP's

Use reporting data and comparative analysis to establish benchmarks which facilities must meet in reducing health care acquired infections.

Nursing Homes Assessment: Beginning on July 1, 2008 each nursing home shall commence reporting of infection rates and shall pay the department a surcharge on its licensing fee as necessary to provide sufficient revenue for the PSA to perform its responsibilities with regards to nursing home reporting.

Long-term care Nursing Facilities: The bill creates a Chapter 6 that is reserved for long-term care nursing facilities.

Impact:

19,154 cases of HAI's were reported in Pennsylvania 2005, and of these 2,500 people died.

Act 52 aims at two differing but related concerns: transparency and surveillance.

Transparent public reporting of infection and mortality rates allows for greater accountability as health consumers will be able to access important quality information from various health facilities easily and in a way that helps them make informed decisions about their health care. This in turn creates a mutual responsibility between health care providers and patients to establish a safe and healthy environment.

Beyond reporting, in this initiative Pennsylvania is the first state in the country to address surveillance; that is "in the moment" monitoring and analysis which will allow health facilities to review how well their infection control programs are working and to rapidly respond to any developing problems.

In addition, the program may help redefine what constitutes the best practices for patient safety by providing the data from Pennsylvania hospitals directly to the Centers for Disease Control to help fine tune infection control protocol and even to make inroads on controlling infections that have proven difficult to deal with. This will in turn help the CDC to provide new comprehensive infection control information to health care facilities across the Nation.

Effective Date: 30 days from enactment