

HAP SUMMARY

Act 52 of 2007 The Health Care-Associated Infection and Prevention Control Act

The Health Care-Associated Infection and Prevention Control Act (Act 52 of 2007) amends the Medical Care Availability and Reduction of Error (Mcare) Act, adding a new Chapter 4—Health Care-Associated Infections.

Section 401. Scope

This section reflects the intent of the new chapter to address the reduction and prevention of health care-associated infections.

Section 402. Definitions

This section establishes definitions for purposes of this chapter.

Key Definitions:

Health Care-Associated Infection—A localized or systemic condition that results from an adverse reaction to the presence of an infectious agent or its toxins that:

- (1) Occurs in a patient in a health care setting.
- (2) Was not present or incubating at the time of admission, unless the infection was related to a previous admission to the same setting.
- (3) If occurring in a hospital setting, meets the criteria for a specific infection site as defined by the Centers for Disease Control and Prevention (CDC) and its National Health Care Safety Network (NHSN).

Health Care Facility—A hospital or nursing home licensed or otherwise regulated to provide health care services under the laws of this commonwealth.

National Health Care Safety Network or NHSN—A secure internet-based data collection system managed by the Division of Healthcare Quality Promotion at the CDC.

Nationally Recognized Standards—Standards developed by the U.S. Department of Health and Human Services Centers for Disease Control and Prevention and its NHSN.

Surveillance System—An ongoing and comprehensive method of measuring health status, outcomes and related processes of care, analyzing data, and providing information from data sources within a health care facility to assist in reducing health care-associated infections.

Section 403. Infection Control Plan

This section delineates required components that must be included in a facility's infection control plan.

Note that this section applies to all hospitals, nursing homes, and ambulatory surgical facilities.

Facilities are required to develop and implement the infection control plan no later than December 17, 2007. Upon development and implementation, facilities must submit their infection control plan to the Department of Health for review no later than December 31, 2007.

Once the facility has submitted their infection control plan to the Department of Health, the facility is also required to provide notification to all health care workers, physical plant personnel, and medical staff of the facility of the infection control plan.

Infection Control Plans Must Include the Following Components:

1. Identification of a multidisciplinary committee including representatives from each of the following, if applicable to that specific health care facility:
 - Medical staff that could include the chief medical officer or the nursing home administrator.
 - Administration representatives that could include the chief executive officer, the chief financial officer or the nursing home administrator, or laboratory personnel.
 - Nursing staff that could include a director of nursing or a nursing supervisor.
 - Pharmacy staff that could include the chief of pharmacy.
 - Physical plant personnel.
 - Patient safety officer.
 - Members from the infection control team, which could include an epidemiologist
 - Community members, except that these representatives may not be an agent, employee, or contractor of the health care facility or ambulatory surgical facility.
2. Identification of effective measures for the detection, control, and prevention of health care-associated infections.
3. Identification of culture surveillance processes and policies.
4. Identification of a system for identification and designation of patients known to be colonized or infected with MRSA or other MDRO that includes:
 - Procedures necessary for requiring cultures and screenings for all nursing home residents admitted to a hospital.
 - Procedures for identifying other high-risk patients admitted to the hospital who necessitate routine cultures and screenings.
 - Procedures and protocols for staff who may have had potential exposure to a patient or resident known to be colonized or infected with MRSA or MDRO, including cultures and screenings, prophylaxis, and follow-up care.
 - Procedures and process for notifying a receiving health care facility or ambulatory surgical facility of any patient known to be colonized prior to transfer within or between facilities.
5. Identification of infection control intervention and protocol to include:
 - Infection control precautions, based on nationally recognized standards, for general surveillance of infected or colonized patients.
 - Intervention protocols based on evidence-based standards.
 - Isolation procedures.
 - Physical plant operations related to infection control.
 - Appropriate use of antimicrobial agents.
 - Mandatory educational programs for personnel.
 - Fiscal and human resource requirements.
6. Procedures for distribution of patient safety advisories issued by the Patient Safety

Authority. The distribution policy must ensure easy access in each health care facility for all administrative staff, medical personnel, and health care workers.

Section 404. Health Care Facility Reporting

This section prescribes the reporting requirements for hospitals and nursing homes to report health care-associated infection data.

Hospital Reporting—No later than February 15, 2008, hospitals are required to report health care-associated infection data to the CDC through its NHSN.

With respect to reporting to NHSN, hospitals are required to:

- Report all infection-related components as defined in the *NHSN Manual—Patient Safety Component Protocol*—for all patients throughout the facility on a continuous basis.
- Report patient-specific data to include at a minimum—patient identification number, gender, and date of birth. The patient identification number must be compatible with the patient identifier on the uniform billing forms submitted to Health Care Cost Containment Council.
- Report data on a monthly basis in accordance with the protocols defined in the NHSN manual as updated by the CDC.
- Authorize the Pennsylvania Department of Health, the Patient Safety Authority and Health Care Cost Containment Council to have access to the NHSN for facility-specific reports of health care-associated infection data contained in the NHSN database for purposes of viewing and analyzing that data.

Nursing Home Reporting—Nursing homes will be required to electronically report health care-associated infection data to the Department of Health and the Patient Safety Authority using nationally recognized standards based on CDC definitions. Such reports must be patient-specific and will be in a form to be determined by the Department of Health and the Patient Safety Authority. No date was included in the legislation by which this must happen.

Electronic Surveillance Systems:

Strategic Assessments—By December 31, 2007, each hospital that currently does not use an electronic surveillance system must conduct a strategic assessment of the utility and efficacy of implementing a qualified electronic surveillance system. The assessment must include an examination of the financial and technological barriers to implementation of such a system. The strategic assessment must be submitted to the Department of Health no later than January 14, 2008.

Qualified Electronic Surveillance System—The act defines the minimum elements that a qualified electronic surveillance system must include as follows:

- Extractions of existing electronic clinical data from health care facility systems on an ongoing, constant, and consistent basis.
- Translation of non-standardized laboratory, pharmacy, and/or radiology data into uniform information that can be analyzed on a population-wide basis.
- Clinical support, educational tools, and training to ensure that information provided will assist the hospital in reducing the incidence of health care-associated infections in a manner that meets or exceeds benchmarks.
- Clinical improvement measurements designed to provide positive and negative

- feedback to health care facility infection control staff.
- Collection of data that is patient-specific for the entire facility.

Note: [HAP Memo 07-11](#) includes a description and pricing for major electronic surveillance systems.

Implementation of Electronic Surveillance Systems—Hospitals are required to implement a qualified electronic surveillance system by December 31, 2008, based on the following criteria:

- Hospitals that are already using electronic surveillance systems will be in compliance with this section.
- If a determination has been made that a qualified electronic surveillance system can be implemented (pursuant to strategic assessment), the hospital is required to have such a system in place by December 31, 2008.
- If a determination has been made that a qualified electronic surveillance system cannot be implemented (pursuant to strategic assessment) the hospital must use a surveillance system that includes:
 - A written plan of the elements of a surveillance process to include, but not be limited to, definitions, collection of surveillance data, and reporting of information.
 - Identification of personnel resources that will be used in the surveillance process.
 - Identification of information or technological support needed to implement the surveillance system.
 - A process for periodic evaluation and validation to ensure accuracy of surveillance.

Continued Reporting--Hospitals are required to continue to meet the reporting requirements pursuant to the Pennsylvania Health Care Cost Containment Act until hospitals begin reporting to NHSN and have authorized access to DOH, the Patient Safety Authority, and Health Care Cost Containment Council.

Section 405. Patient Safety Authority Jurisdiction

This section outlines the scope of responsibilities of the Patient Safety Authority as it relates to this new chapter and defines the reporting of health care-associated infections as serious events by facilities.

Hospitals and nursing homes are required to report the occurrence of a health care-associated infection in a health care facility as a serious event. Such reports are subject to all of the confidentiality protections set forth in Act 13.

The law establishes that the occurrence of a health care-associated infection shall only constitute a serious event for hospitals if it meets the criteria for reporting as defined by the CDC and its NHSN. *This means that only those health care-associated infections, which a hospital reports to NHSN, must be reported as a serious event to the Patient Safety Authority.*

Patient Safety Authority Duties

The Patient Safety Authority is charged with:

1. Establishing, based on CDC definitions, uniform definitions using nationally recognized standards for the identification and reporting of health care-associated infections by nursing homes.
2. Publishing a notice in the *Pennsylvania Bulletin* indicating the uniform reporting requirements established for hospitals as prescribed in the law, as well as the effective date upon which hospitals must begin reporting the occurrence of health care-associated infections as serious events to the Patient Safety Authority.

Note: The law requires that reporting not begin for at least 120 days after publication of the notice in the Pennsylvania Bulletin

3. Publishing a notice in the *Pennsylvania Bulletin* indicating the uniform reporting requirements established for nursing homes as prescribed in the law, as well as the effective date upon which nursing homes must begin reporting the occurrence of health care-associated infections as serious events to the Patient Safety Authority.

Note: The law requires that reporting not begin for at least 120 days after publication of the notice in the Pennsylvania Bulletin. The Patient Safety Authority is required to solicit and respond to public comments for at least 30 days prior to publishing notices in the Pennsylvania Bulletin.

4. Issuing patient safety advisories to hospitals and nursing homes.
5. Establishing a separate category for providing information about health care-associated infections in the Patient Safety Authority's annual report.
6. Creating and conducting training programs for infection control teams, health care workers, and physical plant personnel about the prevention and control of health care-associated infections. Such training may be coordinated with the Department of Health or any organization.
7. Appointing an advisory panel of health care-associated infection experts. The advisory panel must be comprised of:
 - At least one representative of a not-for-profit nursing home.
 - At least one representative of a for-profit nursing home.
 - At least one representative of a county nursing home.
 - At least two representatives of hospitals, one of which must be from a rural hospital.

Section 406. Payment for Performing Routine Cultures and Screenings

This section establishes that the cost of routine cultures and screening performed on patients in compliance with this act shall be considered a reimbursable cost to be paid by health payors and Medical Assistance (upon federal approval). The costs are subject to copayments, coinsurance, and deductible amounts as imposed.

Section 407. Quality Improvement Payment

This section charges the Department of Public Welfare, in consultation with the Department of Health, to make a quality improvement payment to a health care facility that achieves at least a 10 percent reduction in the total number of reported health care-associated infections in that facility beginning January 1, 2009, for the preceding year.

For calendar year 2010 and thereafter, the Department of Public Welfare, in consultation with the Department of Health, is required to establish appropriate percentage benchmarks for the reduction of health care-associated infections in each facility in order to be eligible for a quality improvement payment.

Funds for distribution of quality improvement payments are limited to funds available for that purpose. No such funds were allocated with the passage of this law or in the state's general appropriation act.

Section 408. Duties of Department of Health

This section outlines the scope of responsibilities of the Department of Health:

1. Development of a public health awareness campaign on health care-associated infections (Community Awareness Campaign). The campaign is to provide information to the public on causes and symptoms of health-care associated infections, diagnosis and treatment, prevention methods, and proper use of antimicrobial agents.
2. Consideration and determination of the feasibility of establishing active surveillance programs for other public entities, such as prisons, and groups, such as, athletic teams, for purposes of identifying persons colonized and at risk of susceptibility to and transmission of MRSA.
3. Review each health care facility's infection control plan.
4. Develop recommendations and best practices that implement and effectuate improved screenings and cultures and other means for reduction and elimination of health care-associated infections.
5. Develop recommendations regarding evidence-based screening protocols for individuals with MRSA and MDRO prior to admission to a hospital.
6. Review strategic assessments conducted and submitted by hospitals regarding implementation of electronic surveillance systems.

Note: The act does not require approval of the strategic assessment.

7. Development of a methodology, in consultation with the Patient Safety Authority and Health Care Cost Containment Council, for determining and assessing the rate of health care-associated infections that occur in health care facilities in Pennsylvania. The methodology shall be used:
 - To determine the rate of reduction in health care-associated infection rates within a health care facility during a reporting period.
 - To compare health care-associated infection rates among similar health care facilities within Pennsylvania.

- To compare health care-associated infection rates among similar health care facilities nationwide.
8. Develop, in consultation with the Patient Safety Authority and Health Care Cost Containment Council, reasonable benchmarks to measure the progress of health care facilities toward reducing health care-associated infections.

Note—Beginning in 2010, health care facilities shall be measured against these benchmarks. Facilities that do not meet the benchmark appropriate to that type of facility will be required to submit a plan of correction to the Department of Health. If after 180 days the facility has shown no progress, the facility shall consult with and obtain Department of Health approval of a new plan of correction. After an additional 180 days, those facilities that fail to show progress in reducing their rate of infections may be subject to action under the Health Care Facilities Act.

9. The Department of Health must publish a notice in the *Pennsylvania Bulletin* defining the specific benchmarks. Prior to publishing the notice, the Department of Health is required to seek and respond to public comments (at least a 30-day comment period).

Section 409. Nursing Home Assessment to Patient Safety Authority

This section requires all nursing homes to pay the Department of Health a surcharge on its licensing fee to provide sufficient funding to the Patient Safety Authority to perform its duties. The total annual aggregate amount shall be no more than \$1,000,000. This assessment commences July 1, 2008.

Subject to federal approval, the annual assessment amount paid by nursing homes shall be a reimbursable cost under the Medical Assistance program.

Section 410. Scope of Reporting

This section clarifies the purposes of reporting health care-associated infections to the commonwealth, its agencies, and independent agencies that this new chapter establishes the applicable criteria to be utilized by health care facilities in making such reports. Clarifies that this act does not supersede reporting requirements in the Disease Prevention and Control Law of 1995, and its applicable regulations.

Section 411. Penalties

This section clarifies that the failure of a health care facility to report health care-associated infections, or the failure of a health care facility or an ambulatory surgical facility to develop, implement, and comply with its infection control plan as required in this act, shall be a violation of the Health Care Facilities Act. This section also codifies that in addition to any penalty imposed under the Health Care Facilities Act, a health care facility that negligently fails to report health care-associated infections as required in this chapter may be subject to an administrative penalty of \$1,000 per day.

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