

**AMC-AUGUST**

**Slug: HAIs**

**Word Count:725**

Headline: **New law puts Pennsylvania in vanguard  
Of HAI control, reporting requirements**

Health care reform legislation signed into law July 20 by Gov. Edward G. Rendell (D.) will require Pennsylvania hospitals, ambulatory surgery facilities and nursing homes to develop plans for rigorous healthcare-associated infection (HAI) control and reporting systems. Beginning Jan. 1, 2009, healthcare facilities that show at least 10% reduction in infection rates would be eligible for annual incentive quality improvement payments, provided the state's legislature appropriates earmarked funding.

In a statement officially announcing the new law, Gov. Rendell cited a 2004 rate of 7.4 MRSA (methicillin-resistant *staphylococcus aureus*) infections per 1,000 hospitalizations in the state, leading to 1,221 MRSA-caused deaths. In 2006, the state reported 19,154 hospital infections that led to almost 2,500 deaths and more than \$3.5 billion in hospital charges, he added. A Pennsylvania Health Care Cost Containment Council study found the average hospitalization cost for a patient who became infected with a hospital-acquired infection to be \$185,260, compared with an average cost of only \$31,389 for patients who didn't acquire an HAI.

Rendell noted that groundbreaking work in the state's Veteran's Administration hospitals demonstrated that MRSA "can be virtually eliminated from health centers through simple patient-safety procedures." The legislation (Senate Bill 968)

<http://72.14.253.104/search?q=cache:si8nll4vHvoJ:www.legis.state.pa.us/CFDOCS/Legis/PN/Public/btCheck.cfm%3FtxtType%3DHTM%26sessYr%3D2007%26sessInd%3D0%26billBody%3DS%26billTyp%3DB%26billNbr%3D0968%26pn%3D1298+Pennsylvania+SB+968+%22effective+date%22&hl=en&ct=clnk&cd=1&gl=us>

he signed requires hospitals, ambulatory surgery facilities and nursing homes to develop and implement detailed infection control plans to identify and designate patients known to be colonized or infected with MRSA or other multidrug resistant organisms (MDROs).

#### **Detailed control plans**

A plan must be developed by multidisciplinary committees, including medical, nursing, administrative, laboratory, pharmacy, physical plant and patient safety representatives. Each plan must be reviewed and approved by the state Department of Health. Plans must include a system to identify and designate patients known to be colonized or infected with MRSA or other MDROs. The system must include:

\_Procedures for requiring cultures and screenings for nursing home residents admitted to a hospital.

\_Procedures for identifying other high-risk patients for routine cultures and screening.

\_Procedures and protocols to guide staff who may have been exposed to patients or residents identified as colonized or infected with MRSA or an MDRO, including cultures and screenings, prophylaxis and follow-up care.

\_An outreach process for handoff notifications to the receiving healthcare facility or ambulatory surgery facility prior to the transfer of patients known to be colonized.

\_An infection-control intervention protocol that includes *standards-based infection-control precautions* for general surveillance of infected or colonized patients, *evidence-based intervention protocols*, *isolation procedures*, related *physical plant operations*, appropriate use of *antimicrobial agents*, mandatory *personnel education programs* and *fiscal and human resource support*.

### **Rigorous reporting required**

Hospitals and nursing homes currently must report HAIs to a state Health Care Cost Containment Council and the state Patient Safety Authority. Under the new law, nursing homes will continue to report HAI data to the Health Department and state authority but must provide reports of patient-specific data electronically, using national standards based on definitions promulgated by the federal Centers for Disease Control and Prevention (CDC).

Hospitals will be required to begin monthly reporting of HAI data for all patients to the CDC's National Healthcare Safety Network (NHSN) <http://www.cdc.gov/ncidod/dhqp/nhsn.html> and authorize the state agencies to access the NHSN data. The new reporting requirements will take effect no later than 180 days after the Patient Safety Authority publishes uniform reporting requirements in the Pennsylvania Bulletin.

### **Electronic surveillance systems**

Absent a showing that it's not technically or financially feasible, hospitals must have in place "qualified electronic surveillance systems" by Dec. 31, 2008, to aid in preventing, detecting and controlling HAIs. Such systems must include:

\_The ability to extract existing electronic clinical data from facility systems on an "ongoing, constant and consistent basis."

\_The ability to translate nonstandardized lab, 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 acquired on HAIs will help reduce their incidence "in a manner that meets or exceeds benchmarks."

\_Clinical-improvement measurements to provide positive and negative feedback to infection-control staff.

\_Collection of patient-specific data for the entire facility.

All hospitals must complete by Dec. 31, 2007, "strategic assessments" of the utility and efficacy of implementing qualified electronic surveillance systems, including financial and technological barriers to implementing such systems. The assessments then must be submitted to the state Health Department within 14 days of completion.

Until a qualified electronic surveillance system is implemented, hospitals must put in place a written surveillance system policy to ensure the accuracy of surveillance. The written policy must identify required personnel resources, information or technological support and a process for periodic evaluation and validation.