

California Senate Committee on Health
Senator Elaine Alquist , Chair

The California APIC Coordinating Council or CACC represents over 700 Infection preventionists in the state of California. We are dedicated professionals who are conduits in bringing science to the patient's bedside with the goal of preventing healthcare-associated infections. We are also your neighbors and your constituents. Therefore, we applaud the Senate Health Committee and the legislature of California on their commitment to improve the health of the people of California

Our organization's goal is to stop preventable healthcare associated infections by instituting evidence-based practices that have been demonstrated to reduce the rates of healthcare associated infection.

We have partnered with CDPH and the HAI-AC in making hospital-associated infection rates available to the public in an understandable and reliable way.

CACC would ask the HAI-AC and the Legislature to re-address these laws to strengthen infection prevention programs in California hospitals:

It has been apparent that the California legislatures care about the issue of influenza vaccination among healthcare workers. We applaud making these rates public so institutions will be motivated to improve their vaccination rates. Unfortunately some healthcare workers have been slow to change and continue to put patients at risk. We know there is one thing that the legislature can do to improve these rates and that is to require mandatory influenza immunization of healthcare workers, allowing only for a documented medical exception as those healthcare workers that would be excluded from this mandate.

We ask for your assistance in helping Clarify the requirement of testing infants for MRSA that are delivered and transferred within a hospital (inborns) to a neonatal intensive care unit (NICU). Significant time and resources are mandated regarding detecting MRSA in hospitalized patients; however even before SB 1058 went into effect; JAMA reported in the August 11, 2010 issue that health care-associated invasive methicillin-resistant *Staphylococcus aureus* (MRSA) infections were already decreasing in the United States. *Staphylococcus aureus* has a history of waxing and waning by decade going back to the 1960's. While hospitals have implemented testing requirements as required by SB 1058, CACC asks for clarification of the MRSA screening requirement for inborns. The HAI AC listened to information presented by Dr. John Bradley (an internationally known pediatric Infectious Disease physician on the lack of science of screening inborns prior to transfer within the hospital to an NICU. The committee voted to recommend to the legislature that testing requirements of the neonate be discontinued. Infants transferred from a hospital to a regional tertiary hospital or Children's hospital will still be required to be tested for MRSA on admission to the receiving hospital. Hospitals will still be required to perform a resistant organism risk assessment in their setting among their patients' and community and put resources into what will best serve their patients, whether the risk assessment points to MRSA or another multi-drug resistant pathogen.

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Allow for risk stratification of specific high risk sentinel surgical procedures when reporting infections. , We feel that the surgical site surveillance data that the current Health and Safety Code requires to be publicly reported could be improved to become a useful barometer for the care delivered at the facility. Currently as written the regulation is unclear and appears to require the reporting of deep and organ space infections in all GI surgeries, all orthopedic surgeries and all cardiac surgeries. This means hemorrhoidectomies and colon removal are combined together

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even though the risk of developing a serious infection is very different with these two procedures., In this example, colectomy alone would serve as a significant sentinel for monitoring infection prevention practices across all California acute care hospitals. Secondly, not all patients are at the same risk for developing an infection an AIDS patient can be much more likely to develop an infection. Therefore, the data also needs to be risk stratified in a way that is scientifically sound but yet is still meaningful to the patients considering these procedures.

Mandate Infection Prevention staffing requirements for hospitals in California. In 2009 Hospitals in California were required to implement over 60 different regulatory elements related to infection prevention and patient safety, over 40 new Joint Commission activities on infection prevention, and a new 43 page long Cal OSHA standard on Aerosol transmissible diseases, this in the midst of an Influenza Pandemic. Unfortunately, California's staffing regulations for infection prevention have not kept up with the increased demands of the position in fact they have stayed the same since 1976 and the only requirement regarding staffing for infection prevention in the state of California is one full time IP for 200 licensed beds or more

Consider a sunset clause with this and future healthcare legislation, or alternatively, a clause wherein the CDPH with the CDPH HAI Advisory Committee can reevaluate the infection rates measured and make changes to rate based infection reporting on latest developments in evidence based practice, current epidemiology and the changing needs of the people of California. To continue to dedicate resources to issues that are either overcome or no longer pressing will not allow us to spend those resources on more pressing issues in the future.

We thank the committee for the opportunity to present our concerns and look forward to working with you in the future.

Respectfully,

Shannon Oriola President elect for CACC

A handwritten signature in cursive script that reads "Shannon Oriola".