



# OLR RESEARCH REPORT

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## **HOSPITAL INFECTION CONTROL**

By: John Kasprak, Senior Attorney

You asked for a summary of state law addressing hospital infection control.

### **SUMMARY**

Current state legislation and regulation (1) require hospitals to have an infection control program in place, (2) require each hospital to develop a plan to reduce the incidence of methicillin-resistant staphylococcus aureus (MRSA) infection, (3) establish an “Advisory Committee on Healthcare Associated Infections” responsible for developing a mandatory reporting system for such infections (4) and place limits on payments to hospitals in certain cases involving hospital-acquired conditions. State law also addresses adverse event reporting by hospitals and outpatient surgical facilities.

### **PUBLIC HEALTH CODE AND HOSPITAL INFECTION CONTROL**

Each short-term hospital in the state (general hospitals, including children’s hospitals, treating a wide range of acute conditions) must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the surveillance, prevention, control, and investigation of infections and communicable diseases. Each hospital must designate an infection control officer who must be a physician or an individual qualified in infection control through education or experience. The officer must (1) develop a system for identifying, reporting, investigating, and controlling

infections and communicable diseases of patients and personnel; (2) maintain a log of incidents related to infections and communicable diseases; and (3) be responsible for implementing corrective action plans in identified problem areas (Regulations of Connecticut State Agencies, § 19-13- D3(l)).

The relevant regulations are attached.

## **MANDATORY REPORTING SYSTEM FOR HEALTH CARE ASSOCIATED INFECTIONS**

The law establishes an 11-member “Advisory Committee on Healthcare Associated Infections” and makes it responsible for developing, operating, and monitoring a mandatory reporting system for healthcare associated infections.

It defines a “healthcare associated infection” as any localized or systemic condition resulting from an adverse reaction to the presence of an infectious agent or its toxin that (1) occurs in a patient in a healthcare setting; (2) was not found present or incubating at the time of admission unless the infection was related to a previous admission to the same setting; and (3) if the setting is a hospital, meets the criteria for a specific infection site, as defined by the National Centers for Disease Control.

The Department of Public Health (DPH) must consider the committee’s recommendations concerning the creation of a mandatory reporting system for healthcare associated infections designed to prevent healthcare associated infections. DPH must report to the Public Health Committee on the plan for a mandatory reporting system and its implementation status.

Starting in 2011, the law establishes May 1<sup>st</sup> as the annual deadline by which DPH must report to the Public Health Committee on the information it collects through the mandatory reporting system. The report must be posted on DPH’s website and be available to the public. (PAs 06-142, 10-117; [CGS §§ 19a-490n](#) and [19a-490o](#)).

The DPH report can be found at :  
<http://www.ct.gov/dph/cwp/view.asp?a=3136&q=474086>

## **METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA) INFECTION**

The law requires each licensed hospital to develop a plan to reduce the incidence of MRSA infection at the hospital. The MRSA plan must at least include the hospital's strategies for reducing such infections. Each hospital must provide its plan, which is a public record, to the Department of Public Health.

MRSA is the strain of staphylococcus aureus bacteria that is resistant to oxacillin or methicillin and detected and defined according to the Clinical and Laboratory Standards Institute's Performance Standards for Antimicrobial Susceptibility Testing.

The law applies to licensed hospitals which, by law, are establishments for the lodging, care, and treatment of people suffering from disease or other abnormal physical or mental conditions and includes inpatient psychiatric services in general hospitals (PA 08-12; [CGS § 19a-490p](#)).

## **PAYMENTS TO HOSPITALS**

The law requires the Department of Social Services (DSS) commissioner to amend the Medicaid state plan to indicate that the approved inpatient hospital rates it pays for Medicaid-eligible patients are not applicable to hospital-acquired conditions that the Medicare program identifies as “nonpayable” (also called “never happen” events) in accordance with a 2005 federal law to ensure that hospitals are not paid for these conditions (PA 09-2; [CGS § 17b-278e](#)).

The federal Deficit Reduction Act of 2005 required the federal Medicare agency, beginning October 1, 2008, to limit payments to hospitals for preventable medical errors that result in serious consequences for patients. Since then the Medicare program identified selected costly or common conditions that it considered to be reasonably preventable by following evidence-based guidelines, for example, a foreign object left in a patient's body following surgery. When this occurs, Medicare will not pay a hospital for any increased costs it incurs as a result of one of these events. Medicare continues to pay for the physician and other covered items or services needed to treat the hospital-acquired condition.

The law prohibits hospitals and outpatient surgical facilities from seeking payment for any increased costs they incur as a direct result of a hospital-acquired condition identified as nonpayable by Medicare according to federal law. This applies regardless of the patient's insurance status or sources of payment (including self-pay), except as otherwise provided by federal law or PA 09-2 (see above). (PA 09-206; [CGS § 19a-903](#)).

## **ADVERSE EVENT REPORTING**

By law, hospitals and outpatient surgical facilities must report adverse events to DPH on a specific department form and within seven days after the event occurs. Separate reports must be submitted for each adverse event that affects a patient while in the facility.

The law requires DPH to report annually to the Public Health Committee on adverse events. This report must include, for each hospital and outpatient surgical facility, aggregate information about adverse events identified at the hospital or facility. It also (1) requires the report to include contextual information about the hospital or facility and (2) allows these entities to provide informational comments relating to the adverse event reported, which must be included in DPH's annual report.

The law prohibits a hospital or outpatient facility from taking certain actions against an employee, job applicant, or provider for actions the individual takes to further provisions of the adverse event law. (PAs 02-125, 04-164, 06-195, 10-122; [CGS § 19a-127n](#)).

JK:ts