There is a shifting paradigm in the provision of healthcare in America. Today, more patients seek healthcare in outpatient clinics than in hospitals. The reason for this transformation is ambulatory care’s ability to provide progressively complex and invasive procedures traditionally performed only in hospitals. The shift to providing a greater range and volume of outpatient services to an increasingly vulnerable population presents an unprecedented challenge for the institutional infection prevention program.1

It’s challenging for acute-care-trained infection preventionists (IPs) to know where to begin when assessing their ambulatory care facilities, including physician practices, specialty clinics, and ambulatory surgical centers. Guiding, accrediting, and regulatory agencies recognize the potential infection threats to patients in ambulatory care facilities and have recently provided guidelines. However, a gap exists between these guidelines, standards, and regulations and the actual practice of assessing infection prevention performance.
Welcome to the winter 2011/2012 edition of *Preventing Infection in Ambulatory Care*, APIC’s quarterly e-newsletter providing ambulatory infection preventionists (IPs) with valuable, up-to-date information to help prevent infection in their facilities.

We kick off the winter issue with a special bonus tool that attempts to bridge the gap between guidelines, standards, regulations, and the actual practice of assessing infection prevention performance in ambulatory settings. The “Infection Prevention and Control Clinic Survey Tool” (see page 4) presented in part I of this three-part series compresses guidelines, standards, and regulations into a usable, comprehensive instrument to assess ambulatory care facilities. This tool has been utilized by the author, Judie Bringhamhurst, RN, MSN, CIC, an acute-care-trained IP, to assess compliance in more than 150 clinics within the Duke University Health System in Durham, North Carolina.

An important part of every ambulatory infection prevention program is training staff to comply with infection prevention standards and best practices. “Ambulatory surgery center infection prevention education: A necessary evil or a dose of fun?” by Libby F. Chinnes, RN, BSN, CIC, addresses creative and effective ways to train ambulatory healthcare personnel about infection prevention. Chinnes explains that training doesn’t have to be an “arduous ordeal” and provides helpful tips for the ambulatory care infection preventionist.

To close out 2011, Nancy Hailpern, APIC’s director of Regulatory Affairs, and Benjamin Rogers, APIC Government Affairs associate, provide a year-end summary of state legislation that affects ambulatory care and surgical centers.

The winter issue also features articles on the Safe Surgical Checklist and APIC’s newly launched website.

We hope you’ll find these articles informative and useful for your practice. As always, we welcome your comments and encourage you to write to editor@apic.org telling us what you want to read and need to know.

Regards,

*Preventing Infection in Ambulatory Care Editors*
mance in these facilities. Some have commented that this gift of guidelines is akin to giving one a car without teaching one how to drive.

The Infection Prevention and Control Clinic Survey Tool (see page 4) presented in part I of this three-part series attempts to bridge this gap. The tool assumes the user is trained in infection prevention; thus, it is not a training tool. Nor is it a guideline, standard, or regulation. Rather, it compresses guidelines, standards, and regulations into a usable, comprehensive instrument that IPs should keep handy when assessing their ambulatory care facilities. This tool assesses process measures, as failure to adhere to process measures has been responsible for outbreaks.

This issue presents sections one through seven of the 15-section tool. The spring 2012 issue of Preventing Infection in Ambulatory Care will present sections eight through 15. The summer issue will provide a self-scoring spreadsheet based on the tool, which can be used to quantify compliance in the readers’ facilities. The tool is formatted such that the infection prevention standards are in the left column and the performance measures for each standard are in the right column. Over the past five years, and in evolving iterations, this tool has been utilized by the author, an acute-care-trained IP, to assess compliance in more than 150 clinics within the Duke University Health System in Durham, North Carolina. It has facilitated data gathering, analysis, and improvement of process measures in these clinics—a critical activity in ambulatory facilities because the surveillance of clinic-associated infections remains a challenge.®

Reference:
## Infection Prevention and Control Clinic Survey Tool

© Duke University Health System

### 1. Infection control policies and procedures

<table>
<thead>
<tr>
<th>a. Staff has access to infection prevention and control policies.</th>
<th>□ Staff can demonstrate how to access infection prevention and control policies.</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Staff can articulate the procedure for reportable diseases.</td>
<td>□ Appropriate staff can articulate the process for reporting specific diseases to the appropriate governmental agency.</td>
</tr>
<tr>
<td>c. Staff can articulate the procedure for reporting infections related to procedures performed at their facility or any other healthcare facility.</td>
<td>□ Staff must notify Infection Control department of such occurrences.</td>
</tr>
</tbody>
</table>

### 2. Hand hygiene

<table>
<thead>
<tr>
<th>a. Healthcare personnel are not permitted to have artificial fingernails.**</th>
<th>□ Any staff with “hands-on” care of patients may not have artificial fingernails.</th>
</tr>
</thead>
</table>
| b. Soap dispensers are accessible, operating correctly, and dispensing appropriate hospital-grade hand soap. | □ Hospital-grade hand soap and approved waterless agent must be available.  
□ Refillable soap dispensers are not allowed. |
| c. Paper towels are available and adequately dispensed. | □ Paper towels must be accessible and maintained clean and dry. |
| d. Healthcare personnel use hospital-grade waterless hand agents when appropriate. | □ Do not wash hands in sinks in dirty utility rooms and other areas used for decontaminating equipment or disposal of potentially contaminated items. |

---

** Note: Artificial fingernails may not be used by staff with “hands-on” care of patients.
e. Staff can explain and/or staff is observed complying with the hand hygiene policy.

**Staff performs hand hygiene:**
1. Before and after *every* patient contact
2. Before and after an invasive procedure such as insertion of IV catheter or surgical procedure *even if gloves are worn*
3. After contact with blood or body fluids or non-intact skin *even if gloves are worn*
4. After contact with used, contaminated equipment, or soiled environmental surfaces *even if gloves are worn*

f. Staff dons and removes gloves at appropriate opportunities.

1. Staff wears gloves for procedures that might involve contact with blood or body fluids.
2. Staff wears gloves when handling potentially contaminated patient equipment.
3. Staff removes soiled gloves before moving to next task

g. Staff uses lotions appropriately in clinical areas.

- Water-based hand care lotions must not inhibit the antibacterial action of soaps.
- Alcohol-based hand rubs are optimal.

**NOTE:** Weighted section: Non-compliance with starred elements above will result in zero percent compliance with section 2 on the scoring tool.

### 3. Storage and use of supplies

a. Clean and sterile supplies and equipment are stored appropriately.

- Clean and sterile supplies must be stored in a manner to prevent contamination.
- Bins used to store items must be clean upon inspection.
- Do not pre-set up or leave sterile supplies or instruments on counter tops.

b. Items are stored at least 12”-18” from a sink or there is a protective barrier (splash guard) to prevent splash contamination; storage under sinks is discouraged.

- To prevent water damage and/or contamination, store only chemicals and reagents that do not react with each other (or with water) under sinks.
- On the counter top, all items must be a significant distance from sink or there must be a splash guard installed next to sink.

c. Supplies are stored on shelves and off floors.

- Supplies must be:
  - 6” off the floor
  - 18” below sprinklers – 24” from ceiling if no sprinklers
  - Removed from shipping cartons or cardboard boxes before storage to prevent contamination with soil/debris that may be on cartons
  - Stored in plastic, washable containers
- Do not leave outer shipping boxes in clinical areas (due to risk of environmental contamination).
### d. Supplies are within expiration date.
- Ensure sterile items are properly stored and not expired.
- There should be no open steri-strips or opened packing strip bottles; these items are for single patient use.
- Stock and rotate supplies in the “first in, first out” manner to make sure oldest items are used first.

### e. There is a clear separation of clean and dirty activities.
- Separate clean items/areas from dirty items.
- There must be separate clean/dirty rooms or the designated utility room must flow from clean to dirty.

### f. Items labeled as “single use only” are not reused.
- The policy follows the FDA labeled guidelines that prohibit the reuse of single use items. If single use items are reprocessed make sure they are sent to the appropriate FDA-approved reprocessing facility. If reprocessed by an approved facility, the corresponding contract should be available for viewing.

## 4. Risk analysis

### a. Types of procedures performed and services provided are appropriate for the physical space of the site, as well as for the skill level and competency of staff.
- Commission new procedures and equipment with the Infection Control department’s consultation, when appropriate.
- Conduct new construction or renovations in compliance with infection prevention and control standards as set forth in the facility’s infection prevention and control plan.

## 5. Medication management

### a. Medications must be separated by type and dosage.
- Store and separate all medications by type and dosage in plastic, washable bins.

### b. Requirements for storage and use of state supplied vaccines are met.
- Refer to state’s provider agreement on state’s website for details.

### c. Open irrigation solutions are labeled with date and time.
- Date and initial irrigation solutions (e.g., bottles of sterile water, acetic acid, saline) upon opening and discard 24 hours after opening. It is strongly recommended that unit dose irrigation solutions be used.
- Appropriately label and pour betadine or other solutions that are poured into smaller containers; discard at the end of the day or between patients if possible contamination has occurred.

### d. Medications are used within the expiration date.
- No expired medications are used.
<table>
<thead>
<tr>
<th><strong>d. Medications are used within the expiration date (continued)</strong></th>
<th>☐ Multi-dose vials of <strong>injectable</strong> medications expire 28 days after opening and must be dated with their expiration dates. There are exceptions (e.g., some vaccines).</th>
</tr>
</thead>
</table>
| **e. Medications are stored appropriately.** | ☐ Store topical and internal medications in a manner to prevent possible cross contamination and medication errors.  
☐ Chemicals should not be stored adjacent to medications (e.g., nail polish remover, betadine, hydrogen peroxide). |
| **f. Medications requiring special care after initial use are stored/labeled appropriately.** | ☐ Special care medications may require refrigeration, limited time at room temperature, and a shorter usage period, as stated on the vial label or package insert (e.g., specific ophthalmic solutions, PPD, insulin-varies by manufacturer and type). |
| **g. Medications are prepared safely.** | ☐ Maintain clean, uncluttered, and functionally separate areas for product preparation to minimize the possibility of contamination.  
☐ Prepare injections in a clean area that is free from contamination of blood, body fluids, other visible contamination or used contaminated equipment.  
☐ NEVER dismantle dirty needles or syringes where medications are prepared.  
☐ Maintain a separation of clean and dirty activities. |

### 6. Safe injection practices

**ONE NEEDLE. ONE SYRINGE. ONE PATIENT. ONE TIME.**

<table>
<thead>
<tr>
<th><strong>a. Single dose vials are never used as multidose vials.</strong> **</th>
<th>☐ Single dose vials should be used whenever possible and discarded immediately after use.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>b. Fluid infusion and administration sets (IV bags, tubing, and connectors) are used for one patient only and discarded after use.</strong> **</td>
<td>☐ Bags of IV fluids are ALWAYS single use.</td>
</tr>
<tr>
<td><strong>c. Patient’s skin is prepped with an approved prep before IV placement.</strong> **</td>
<td>☐ Use approved skin prep agents – alcohol or chlorhexidine gluconate (CHG).</td>
</tr>
<tr>
<td><strong>d. IV fluids spiked at time of use.</strong> **</td>
<td>☐ Spike IV fluids and prime tubing immediately prior to use.</td>
</tr>
</tbody>
</table>
| **e. Single dose medications or infusates are used for only one patient and not collected or combined (bags of IV fluids are ALWAYS single use).** ** | ☐ Do not combine “left-overs” from single dose vials.  
☐ Do not draw flushes from bulk sources such as liter bags of IV fluids. |
f. Medication vials used for more than one patient are always entered with a new needle and new syringe. **
   - The manufacturer must identify medication vials that are used for more than one patient as "multi-dose."

h. Needles and syringes are used for only one patient.**
   - NEVER re-use needles or syringes.

i. Medications or infusates that are packaged as prefilled syringes are used for only one patient. **
   - Pre-filled syringes are ALWAYS single doses.

j. Hand hygiene is performed before preparing medications. **

k. Medications or infusates are drawn up at start of each procedure. **
   - United States Pharmacopeia 797 prohibits “pre-drawing” injectable medications unless prepared under a hood which meets International Organization for Standards class 5 conditions. For example, it does not permit drawing up flu vaccines for use throughout the day.
   - Any injectable medication must be injected within one hour of drawing up.

l. Needles and syringes are discarded intact in an appropriate sharps container after use. **
   - Deploy safety devices.
   - Do not remove needles from syringes.

m. Flushes are not drawn from a bulk container. **
   - Bags of IV fluids are ALWAYS single use.

**NOTE: Weighted section: Non-compliance with starred elements above will result in zero percent compliance with section 6 on the scoring tool.

7. Linens

a. Linens are stored appropriately.
   - Clean linen must be stored in designated area to prevent contamination from traffic and to reduce risk of linen falling on floor.
   - Clean linen must be kept covered if not in a closet, drawer, or cabinet.

b. Linens are laundered according to infection prevention and control standards.
   - Cloth linens must be laundered by a healthcare linen service.

**To be continued.**

Look for part II of the Infection Prevention and Control Clinic Survey Tool in the spring issue of Preventing Infection in Ambulatory Care. ©
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Ambulatory surgery center infection prevention education: A necessary evil or a dose of fun?

By Libby F. Chinnes, RN, BSN, CIC
Owner and Infection Control Consultant of IC Solutions, LLC, Mt. Pleasant, SC

On May 18, 2009, the Centers for Medicare & Medicaid Services (CMS) conditions for coverage for ambulatory surgery centers (ASCs) became effective for facilities that receive Medicare/Medicaid reimbursement. Among many standards, CMS cites the need to educate patients, visitors, and staff regarding infections, communicable diseases, and methods of prevention in the ASC and in the community. The *Infection Control Surveyor Worksheet*, which is part of this document, includes questions related to how the staff receives training (i.e., methods); which staff members receive training (e.g., medical, nursing, other direct care staff, staff responsible for onsite disinfection and sterilization, environmental services staff, and others); frequency of the training (e.g., on-hire, annually, as needed); whether the training is the same or different for all categories of staff; and whether there is documentation of training for all staff.

CMS is also concerned about the training administered to the infection preventionist (IP). In fact, one of the standards requires that the ASC have a licensed healthcare professional who is designated and qualified through training to lead the center’s infection prevention and control program. The IP may be an employee or contracted consultant; he/she may be certified in infection prevention and control or not. However, if the designated infection prevention professional is not certified, there must be documentation regarding the training he/she has received specific to this role.
Even though failure to comply with these standards will lead to deficiencies and citations during a CMS audit, the most critical issue relates to the fact that untrained staff may have more opportunities for transmitting infection unknowingly to the patients entrusted to their care. Training does not have to be an arduous ordeal. Look for creative ways to transmit the information (and not the organisms).

Infection prevention orientation training for staff may be the same as training for patient care staff. However, the IP will probably need to address busy physicians separately. Providing physicians with a summary of your orientation information (in bulleted format) and administering a post test trainees submit for credit would be a quick, fun way to engage and interest trainees. Environmental services staff and other contractors may need a special orientation on infection prevention in your facility - what hospital disinfectants do you use, how do you clean a blood spill, to what schedules do your staff adhere? Adult learners want interesting issues presented that apply directly to their jobs. Real life scenarios often hold the learner’s interest well.

A little effort goes a long way.

What have colleagues chosen to do for inservice training at other facilities? Tap into their knowledge to get ideas. You don’t have to be creative; you just need to be a good “copier.”

As a staff member, would you want to see the same video on infection prevention and control every year? The answer is probably “no.” Instead of showing the same stale video, consider creating a poster presentation on review of bloodborne pathogens, tuberculosis, and other infection prevention topics of interest to your staff.

When was the last time the staff and physicians have received a review of safe injection practices? Safe injection practices - in addition to respiratory hygiene and cough etiquette - are now a routine part of the Centers for Disease Control and Prevention’s standard precautions. Try designing a crossword puzzle on this subject to keep the information fun and fresh.

Consider offering a self-instructional computer-based training module for staff. This may be more convenient for all; be sure to make yourself available, as per the Occupational Safety and Health Administration standards, during this time in case any questions arise. It may also be beneficial to present infection prevention case scenarios in small groups, potentially using some brief instances of role playing. It could cultivate a lively group discussion and enhance problem-solving skills by working as a team.

Think outside of the box.

Although complex tasks - such as high-level disinfection and sterilization - may be assigned to one or two
specific staff members, these activities may lend themselves to training through return demonstration and competencies. Give thought to who could perform these duties and supervise this area if the assigned staff members were out for a period of time. Do additional nursing staff members need to be competent in this area? If the answer is “yes,” consider developing a checklist of necessary skills or a carefully structured train-the-trainer program for a large group of staff.

Many IPs have adapted games such as Jeopardy, Survivor, and Wheel of Fortune to be infection prevention-themed. Adults enjoy learning in a non-threatening environment and sharing some of their own life experiences. Mix up the learning activities as much as possible to allow for broader participation and engagement. Instead of leading all of the teaching activities, bring in a consultant or an infectious disease physician to talk to the staff and physicians during influenza season. Take the time to develop a “Room Full of Errors” with a manikin or make use of the Association for peri-Operative Nurses cartoon “What’s Wrong with This Picture” that allow the learner to detect breaks in sterile technique and safety issues.

Incorporate food, door prizes, and other incentives in the educational efforts, whenever possible. Providing treats during a brown bag lunch is a great way to break the ice and encourage staff to relax and enjoy their learning experiences. And don’t forget: “just because we taught them, it does not mean they learned!” IPs should evaluate their educational programs and also ask staff to evaluate their own learning to determine overall effectiveness. Make education participatory and enjoyable – not just a requirement. Our patients’ safety depends on it.

References:
The following article was originally published in *Becker’s Operating Room Clinical Quality & Infection Control E-weekly*. To subscribe to the weekly e-newsletter for infection prevention news and updates, visit [http://www.beckersasc.com/beckers-asc-quality-safety-a-infection-control.html](http://www.beckersasc.com/beckers-asc-quality-safety-a-infection-control.html) or email rob@beckersasc.com (Subject: New OR E-Weekly).

In the November 17 edition of the *ASCA Government Affairs Update*, the Ambulatory Surgery Center Association is reminding ambulatory surgical centers (ASCs) that CMS is expecting them to use a safe surgical checklist for the entire 2012 calendar year as part of the new Medicare quality reporting program.

To be able to state they have used a safe surgical checklist in 2012, ASCs must have such a checklist in place as of January 1, 2012, and use it throughout the entire year. Whether an ASC uses a safe surgical checklist for 2012 will be made public by CMS via the Internet. ASCs that do not use a safe surgical checklist for the entire year will not be financially penalized by CMS, but ASCA notes that having a no response publicized may create concerns from potential patients or referring physicians.

CMS does not require a particular checklist. “Any checklist may be used as long as it addresses effective communication and safe surgery practices in each of three perioperative periods where applicable: prior to administering anesthesia, prior to the start of a procedure and prior to the patient leaving the operating room,” according to the ASCA Government Affairs Update report.

ASCA notes that the following organizations provide information to help with developing safe surgery checklists: World Health Organization, AORN, and SafeSurg.org.
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“Chlorhexidine gluconate is superior to povidone-iodine for preoperative antisepsis for the patient and surgeon.”³
Consistent with recent trends, state legislatures in 2011 continued efforts to expand infection prevention and control beyond hospitals and into other healthcare settings, including ambulatory surgical centers (ASCs). In some states, such as Utah and Massachusetts, bills were introduced to expand existing healthcare-associated infection (HAI) reporting laws to ASCs. Some states that did not previously have HAI reporting laws, such as Hawaii, Kentucky, and Mississippi, introduced bills that included HAI reporting requirements for ASCs. Several states that did not previously have HAI reporting laws, such as Hawaii, Kentucky, and Mississippi, introduced bills that included HAI reporting requirements for ASCs.

Several state legislatures introduced bills focusing on specific components of infection prevention. Bills introduced in Nevada and New York would require compliance with safe injection practices guidelines. In addition, a bill in New Jersey would require patient consent before use of certain reprocessed medical devices.

Several states also sought to expand the types of outpatient facilities where infection prevention requirements or protocols would apply. Bills introduced in Tennessee, Florida, and Kentucky included language to implement infection prevention requirements in pain management clinics. Kentucky also had a bill that would implement infection prevention requirements in cold management and allergy facilities.

As we saw in federal healthcare legislation and regulation this year, healthcare quality improvement seemed to be an overall theme in state legislation as well. As you will see in the following table, many state bills included provisions requiring ASCs to develop infection prevention programs, require adequate training of staff in infection prevention practices, and hold staff accountable for violations of standard infection prevention practices. As federal quality improvement regulations and initiatives increasingly include ASCs, we can expect to see this theme continue in coming years.

Please see the table below for more information.
about, links to, and status of 2011 state legislation impacting infection prevention. For more information on state legislation, please contact Ben Rogers, Government Affairs associate, at 202-454-2612 or brogers@apic.org, or Nancy Hailpern, director of Regulatory Affairs, at 202-454-2643 or nhailpern@apic.org.

<table>
<thead>
<tr>
<th>State</th>
<th>Description</th>
<th>Introduces ASC reporting of HAIs</th>
<th>Bill text</th>
<th>Status</th>
</tr>
</thead>
</table>

* Note: Shading indicates change in status from previous issue.
<table>
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<tbody>
<tr>
<td>Kentucky</td>
<td><strong>SB 138 (introduced 2/9/2011)</strong> Bill would expand the definition of “health facility” to include pain management facilities, and would require infection control regulations specifically for these facilities.</td>
<td>No</td>
<td><a href="http://www.lrc.ky.gov/record/11RS/SB138.htm">http://www.lrc.ky.gov/record/11RS/SB138.htm</a></td>
<td>Legislature adjourned without acting on legislation.</td>
</tr>
<tr>
<td>Kentucky</td>
<td><strong>SB 140 (introduced 2/9/2011)</strong> Bill would expand the definition of “health facility” to include pain management facilities and allergy, sinus, and cold management facilities, and would require infection control regulations specifically for these facilities.</td>
<td>No</td>
<td><a href="http://www.lrc.ky.gov/record/11RS/SB140.htm">http://www.lrc.ky.gov/record/11RS/SB140.htm</a></td>
<td>Legislature adjourned without acting on legislation.</td>
</tr>
<tr>
<td>Kentucky</td>
<td><strong>SB 142 (introduced 2/9/2011)</strong> Bill would expand the definition of “health facility” to include cold and allergy clinics, and would require infection control regulations specifically for these facilities.</td>
<td>No</td>
<td><a href="http://www.lrc.ky.gov/record/11RS/SB142.htm">http://www.lrc.ky.gov/record/11RS/SB142.htm</a></td>
<td>Legislature adjourned without acting on legislation.</td>
</tr>
<tr>
<td>Massachusetts</td>
<td><strong>HB 614 (introduced 1/19/2011)</strong> Bill would require MRSA screening of high-risk patients admitted to a hospital or ASC. MRSA-colonized or MRSA-infected patients would be isolated. Facilities would be required to report data on MRSA-colonized or MRSA-infected patients to the Department of Public Health.</td>
<td>Yes (MRSA reporting)</td>
<td><a href="http://www.malegislature.gov/Bills/BillText/11506?generalCourtId=1">http://www.malegislature.gov/Bills/BillText/11506?generalCourtId=1</a></td>
<td>Referred to Joint Committee on Public Health.</td>
</tr>
<tr>
<td>Massachusetts</td>
<td><strong>HB 1519 (introduced 1/20/2011)</strong> Provisions of this bill would direct the state health department to develop checklists of care to prevent adverse events and reduce HAI rates, and encourage their implementation in hospitals and ASCs; encourage development of screening and prevention procedures to reduce rates of MDROs; and add MDROs to the definition of HAIs.</td>
<td>No</td>
<td><a href="http://www.malegislature.gov/Bills/BillText/10686?generalCourtId=1">http://www.malegislature.gov/Bills/BillText/10686?generalCourtId=1</a></td>
<td>Referred to Joint Committee on Public Health.</td>
</tr>
<tr>
<td>Nevada</td>
<td><strong>SB 209 (introduced 2/1/2011)</strong> Bill amends the existing HAI reporting law to require that the state's annual report of sentinel events (which includes facility-acquired infections) be made available to the public on the state Health Department’s website in a format that allows comparisons of medical facilities.</td>
<td>No</td>
<td><a href="http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB209_EN.pdf">http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB209_EN.pdf</a></td>
<td>Signed into law on 6/1/2011.</td>
</tr>
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<tr>
<td><strong>SB 264 (Introduced 3/17/2011)</strong></td>
<td>Bill amends existing law to redefine the term “sentinel event” as “adverse health event” and require the state Health Department to make information on adverse health events (including HAIs) available to the public in a format that is easily understandable and allows for comparisons between medical facilities.</td>
<td>No</td>
<td><a href="http://leg.state.nv.us/Session/76th2011/Bills/SB/SB264_EN.pdf">http://leg.state.nv.us/Session/76th2011/Bills/SB/SB264_EN.pdf</a></td>
<td>Signed into law on 6/13/2011.</td>
</tr>
<tr>
<td><strong>SB 339 (Introduced 3/21/2011)</strong></td>
<td>Bill requires medical facilities to provide patients with information on how the facility prevents infections, as well as to post within the facility information on reporting infections. The bill also requires medical facilities to designate an infection control officer. If the infection control officer is not a certified infection preventionist, the facility must ensure that the infection control officer complete a basic training program in infection control such as that offered by APIC.</td>
<td>No</td>
<td><a href="http://leg.state.nv.us/Session/76th2011/Bills/SB/SB339_EN.pdf">http://leg.state.nv.us/Session/76th2011/Bills/SB/SB339_EN.pdf</a></td>
<td>Signed into law on 6/10/2011.</td>
</tr>
<tr>
<td><strong>New York</strong></td>
<td><strong>AB 4969 (Introduced 2/9/2011)</strong> Bill would prohibit healthcare coverage plans, including Medicaid, from reimbursing facilities for costs associated with treatment of HAIs that are deemed preventable by the state Health Commissioner.</td>
<td>No</td>
<td><a href="http://assembly.state.ny.us/leg/?default_fld=&amp;bn=+AB4969&amp;Text=Y">http://assembly.state.ny.us/leg/?default_fld=&amp;bn=+AB4969&amp;Text=Y</a></td>
<td>Referred to Assembly Health Committee.</td>
</tr>
<tr>
<td><strong>AB 5576 (Introduced 2/23/2011)</strong></td>
<td>Bill would amend state law to make it a crime for a healthcare provider in any healthcare setting to reuse a syringe when the action results in the infection of a patient with a communicable disease.</td>
<td>No</td>
<td><a href="http://assembly.state.ny.us/leg/?default_fld=&amp;bn=+AB5576&amp;Text=Y">http://assembly.state.ny.us/leg/?default_fld=&amp;bn=+AB5576&amp;Text=Y</a></td>
<td>Referred to Assembly Committee on Codes.</td>
</tr>
</tbody>
</table>

* Note: Shading indicates change in status from previous issue.
<table>
<thead>
<tr>
<th>State</th>
<th>Description</th>
<th>Introduces ASC reporting of HAIs</th>
<th>Bill text</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>SB 3430 (Introduced 2/22/2011)</td>
<td>Bill would amend state law to make it a crime for a healthcare provider in any healthcare setting to reuse a syringe when the action results in the infection of a patient with a communicable disease.</td>
<td>No</td>
<td>No <a href="http://assembly.state.ny.us/leg/?default_fld=&amp;bn=+SB3430&amp;Text=Y">http://assembly.state.ny.us/leg/?default_fld=&amp;bn=+SB3430&amp;Text=Y</a></td>
<td>Referred to Senate Committee on Codes.</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>HR 407 (Introduced 9/27/2011) Resolution would call for the House Legislative Budget and Finance Committee to conduct a comprehensive budgetary analysis of the Pennsylvania Patient Safety Authority and recommend whether or not the authority’s existence should be discontinued. Resolutions do not have the force of law.</td>
<td>No</td>
<td>No <a href="http://www.legis.state.pa.us/cfdocs/legis/PN/Public/btCheck.cfm?txtType=HTM&amp;sessYr=2011&amp;sessInd=0&amp;billBody=H&amp;billTyp=R&amp;billNbr=0407&amp;pn=2411">http://www.legis.state.pa.us/cfdocs/legis/PN/Public/btCheck.cfm?txtType=HTM&amp;sessYr=2011&amp;sessInd=0&amp;billBody=H&amp;billTyp=R&amp;billNbr=0407&amp;pn=2411</a></td>
<td>Referred to House Human Services Committee.</td>
</tr>
<tr>
<td>Texas</td>
<td>HB 1657 (Introduced 2/22/2011) Bill would amend the current HAI reporting law to require that ASCs that report their rates of HAIs must indicate cases where an HAI resulted in the death of a patient</td>
<td>No</td>
<td>No <a href="http://www.legis.state.tx.us/tlodocs/82R/billtext/pdf/HB01657I.pdf">http://www.legis.state.tx.us/tlodocs/82R/billtext/pdf/HB01657I.pdf</a></td>
<td>Legislature adjourned without acting on legislation.</td>
</tr>
<tr>
<td>Texas</td>
<td>SB 7 (Introduced 5/31/2011) Bill allows the state Health and Human Services Commission to designate the NHSN to receive HAI reports from hospitals and ASCs on behalf of the state.</td>
<td>No</td>
<td>No <a href="http://www.legis.state.tx.us/tlodocs/82R/billtext/pdf/SB00007F.pdf">http://www.legis.state.tx.us/tlodocs/82R/billtext/pdf/SB00007F.pdf</a></td>
<td>Signed into law on 7/19/2011.</td>
</tr>
<tr>
<td>SB 620 (Introduced 2/11/2011)</td>
<td>Bill would amend the current state HAI reporting law to allow reporting of HAIs and preventable adverse events by ASCs to the NHSN, and require the facilities to authorize the state health department to have access to facility-specific data from the NHSN.</td>
<td>No</td>
<td>No <a href="http://www.legis.state.tx.us/tlodocs/82R/billtext/pdf/SB00620I.pdf">http://www.legis.state.tx.us/tlodocs/82R/billtext/pdf/SB00620I.pdf</a></td>
<td>Legislature adjourned without acting on legislation.</td>
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APIC’s new website debuted in mid-January, following a complete renovation. We hope that this renovation improves your ability to access critical information, engage with others, and update your member records. Numerous improvements include:

- Modernized look and feel
- Updated content and resources
- Better site organization
- Vastly improved search functions
- Easier member log in and “forgot your password?” assistance
- Simplified renewal process
- Easy way of updating member account information, with purchase history and receipts
- Expanded e-communities and highlights of current discussions on MyAPIC
- Interactive online publication viewer
- New chapter map
- Newly launched job board
- Streamlined bookstore with product details, table of contents, and images

Visit www.apic.org to take advantage of the new site features.

APIC gratefully acknowledges CareFusion, Signature Sponsor of Preventing Infection in Ambulatory Care, for its support in helping APIC launch its digitally-enhanced periodical to improve the reader experience.

A message from signature sponsor, CareFusion:

As a leading provider of products, services and proven technologies supporting the healthcare industry, CareFusion is committed to improving the safety and cost of healthcare. We’re passionate about healthcare and helping those that deliver it. That’s why we’re proud to be an APIC Strategic Partner, and the Signature Sponsor of Preventing Infection in Ambulatory Care.