

Legislative UPDATE

Improving Patient Safety

From State Senator Mike Brubaker

FALL 2007



Reducing Infections in Health Care Facilities

Patient safety efforts launched in 2002 with passage of the *Medical Care Availability and Reduction of Error Act* have been further enhanced by a new law that solidifies Pennsylvania's leadership in this area.

Earlier this year, I introduced a resolution to raise awareness of MRSA, a staph infection that is resistant to treatment with the usual antibiotics that occurs most frequently in hospitals and other health care facilities. As I learned more about this topic, I was very interested to learn that MRSA can be prevented through appropriate screening and proper hygienic practices. Some countries, such as Denmark and Finland, have successfully controlled MRSA through aggressive action.

For this reason, I was proud to support *Act 52 of 2007*, sponsored by Sen. Ted Erickson (R-26), will help prevent, track and, ultimately, reduce the incidence of health care-associated infections.

Health care-associated infections (HAIs) affect an estimated two million Americans a year, with more than 100,000 dying from bacteria that are increasingly resistant to common antibiotics. Infections picked up in hospitals and other health care facilities add more than \$8,000 to the cost of the average hospital stay and cause unnecessary health consequences.

Act 52 establishes the steps to be taken by state government agencies and health care facilities to identify and reduce infections. It requires hospitals, nursing homes and ambulatory surgical facilities to implement internal infection control plans that will improve the health and safety of patients and healthcare workers.

Pennsylvania hospitals, nursing homes, and ambulatory surgical facilities will be the first in the nation to report infections to the National Healthcare Safety Network, an internet-based surveillance system operated by the Centers for Disease Control and Prevention that will coordinate information, allowing Pennsylvania to develop effective tools to

attack this problem in a measurable way.

Health care facilities must implement an infection control plan by the end of 2007. Facilities then have two months to report infections to the CDC and its

surveillance network, and must ensure that their electronic or other surveillance tracking systems are in place by the end of 2008. The process will be overseen by the state Patient Safety Authority.



WHAT YOU CAN DO

Tips from the Mayo Clinic on what you can do to protect yourself, family members or friends from health care-associated infections:

- Ask all hospital and other medical staff to wash their hands before touching you – every time.
- Wash your own hands frequently.
- Ask to be bathed with disposable cloths treated with a disinfectant rather than with soap and water.
- Make sure that intravenous tubes and catheters are inserted and removed under sterile conditions. Some hospitals have dramatically reduced blood infections simply by sterilizing patients' skin before using catheters.
- Always complete the full regimen of antibiotics prescribed to you. HAIs are often introduced when a patient arrives at a hospital with an inadequately treated infection.



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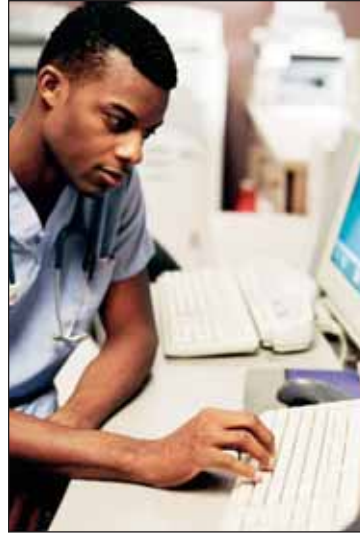
What is “Wrong-Site” Surgery?

According to the state Patient Safety Authority, patients can help prevent medical errors by taking a more active role in their health care.

One potential error that is 100-percent preventable is “wrong-site” surgery, an operation involving the wrong body

part, the wrong procedure, or even the wrong patient. The Patient Safety Authority reports that a near-miss or actual wrong-site surgery occurs every other day in Pennsylvania.

In many cases, patients or their family members prevented the error by speaking up.



New Staffing Flexibility

A package of bills recently became law that will give health care facilities more flexibility in staffing, allowing them to better use their resources and keep health care costs down.

The measures increase the number of physician assistants that may be supervised by a physician, and broadens the work that can be done by **Certified Nurse Practitioners and nurse-midwives**.

Nurses will be able to order certain medical equipment and care, make referrals for certain types of therapy and dietitian referrals, and perform other functions. Nurse-midwives will be able to prescribe, dispense, order and administer specific drugs.

Nurses play a vital role in providing quality health care, and expanding their scope of practice means physicians can spend their time more cost-effectively. All of these changes include measures to protect patient safety.

will be able to determine what kind of services to expect and whether the setting will address their needs.

WHAT YOU CAN DO TO PREVENT “WRONG-SITE” SURGERY

- Be patient if each doctor or nurse asks the same questions about your identity, procedure, and the side or site of the operation.
- Make sure that you know which physician is in charge of your care.
- In addition to your name, give healthcare professionals another identifier, such as your birth date, to confirm who you are.
- Make sure that you, your doctor, and your surgeon all agree and are clear on exactly what will be done in surgery.
- Speak up if you have questions or concerns.
- Ask the doctor or nurse to mark the place that is to be operated upon.
- Make sure you have someone with you that you trust to be your advocate. This person can ask questions you may not think of and remember important information you may forget.
- Make sure all health professionals involved in your care know your medical history.
- Educate yourself about your procedure and don't be afraid to get a second opinion.

The Patient Safety Authority has more health care safety tips at www.psa.state.pa.us under “Tips for Consumers.”

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Licensing Standards Established for Assisted Living Facilities

For the first time, assisted living facilities will be licensed in Pennsylvania, defining such residences and the services that may be offered.

Act 56 of 2007, sponsored by Sen. Pat Vance (R-31), sets min-

imal standards for the regulation of the industry by the state Department of Public Welfare and supports the philosophy that individuals should be permitted to remain in a home-like atmosphere of their choice

for as long as possible.

Although many personal care homes often refer to themselves as assisted living facilities, there currently is no official licensure category for this type of care. By creating this type of license, citizens

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