



**PA Department of Health Testimony on HB 2290
Certification of Central Supply Technicians in Health Care Settings
House Health Committee, September 17, 2012
Anna Marie Sossong, Deputy Secretary for Quality Assurance**

Good afternoon Chairman Baker, Chairman Myers and Members of the House Health Committee. Thank you for extending an invitation to provide you with testimony on HB 2290, which if enacted, will provide for certification of central supply technicians who perform sterilization procedures in health care facilities.

The PA Dept of Health has statutory authority and contractual authority to oversee the compliance with state law of various licensed healthcare facilities in the Commonwealth. We do not oversee or inspect doctor's offices or urgent care centers.

The Quality Assurance Deputate carries out the statutory mandates of the Healthcare Facilities Act and other state laws that regulate the delivery of patient care in hospitals, nursing homes, ambulatory surgery facilities, abortion clinics, home health agencies, hospices and cancer treatment centers.

As part of our licensure, certification and enforcement functions, we survey healthcare facilities to ensure that they are in compliance with state regulations outlined in PA Code 28 and with the Conditions of Participation established by the federal government's Centers for Medicare and Medicaid Services (CMS). Any facility that desires to accept Medicare or Medicaid payments for patient care must comply with the CMS Conditions of Participation.

The Department of Health's Quality Assurance Deputate is responsible for inspecting facilities and reporting their compliance status to CMS. Regardless of whether our inspections are done to ensure compliance with state law or CMS conditions, these regulations and conditions are in place to promote the delivery of quality, safe healthcare for PA's citizens.

In addition to collecting and reviewing our own data, the Department also reviews and publishes healthcare associated infection (HAI) data reported by PA hospitals as required by statute (Act 52 of 2007, the PA Healthcare Associated Infection and Control Act).

Since the focus of House Bill 2290 is infection control, I will limit my remarks to selected relevant aspects of the Department of Health – and in particular, the Quality Assurance Deputate role and activities related to infection prevention and control.

Our current regulations require facilities to have a documented infection control plan and policies, including identification of the nationally recognized guidelines the facility chooses to follow for the establishment and conduct of its infection control program. The Department reviews compliance with these regulatory obligations during our licensure survey and other surveys we may conduct where infection control is a potential issue.

The Center for Disease Control's (CDC) 2008 Guideline for Disinfection and Sterilization in Healthcare Facilities presents evidence-based recommendations on the preferred methods for cleaning, disinfection and sterilization of patient-care medical devices and for cleaning and disinfecting the healthcare environment. Healthcare facilities are expected to incorporate this guideline in their infection control policies and practices and the department's surveyors look for evidence of this compliance during our surveys.

Our staff also review facilities' infection control policies and procedures, adherence to nationally accepted evidence-based practices related to prevention of infection, and procedures related to training of their personnel about infection control standards and practices. The department surveyors also observe personnel onsite in facilities as they carry out their day-to-day patient care activities and carefully scrutinize the care environment.

Our current regulations require that the person in charge of infection control has specialized infection control training. However, we do not specify the content or teaching methods for the education/training that facilities are required to provide to personnel who hold any position directly responsible for sterilizing instruments and devices used in surgery and other procedures.

Our 2011-12 survey data reveal very few, (11) deficiencies in hospitals related to infection control. All 11 deficiencies cited were due to behavior of personnel in the patient care setting and did not involve any instrument sterilization process. We identified deficiencies such as the failure to follow policies for handwashing, handling soiled linen, and IV procedures; or observed unsanitary conditions in the nursing unit – such as stains in a refrigerator, failure to label stored breastmilk as a potential biohazard and used laryngoscope blades found in a sink.

Nursing homes reported slightly more deficiencies; the bulk of these were violations of policies related to handwashing and handling of linen, with a few related to storage of supplies, ice machine functioning, and screening of patients and/or staff for tuberculosis. Again, violations in nursing homes were not related principally to the sterilization process.

Ambulatory surgery facilities (ASFs) were cited for 24 deficiencies related to infection control, of the same general nature as those for hospitals and nursing homes – e.g., failure to follow stated policies for hand hygiene and, disinfection of equipment, improper surgical attire, and lack of awareness of infection control guidelines. There were a few deficiencies cited related to sterile technique in ASF's,

but those reflect actions by clinical staff such as failure to sterilize an IV tubing port before injecting medication. These numbers were still small in comparison to the universe of deficiencies or the totals of all infection control deficiencies cited in ASF's.

Hospitals and nursing homes are subject to federal guidelines, regulations, and special programs focusing on prevention of infection and reduction of rates of infection that patient's acquire from being in that facility. Many of the facilities we regulate are accountable to other entities for their patient care outcomes, including infection rates.

The prevention of infections is one primary focus of

---National Patient Safety Goals

---CMS Conditions of Participation

---Standards established and enforced by accrediting bodies such as Joint Commission

CMS mandates that nursing homes have a program to "investigate, control and prevent infections". Many of the PA Nursing homes are involved in the nationwide "ADVANCING EXCELLENCE in AMERICA's NURSING HOMES" campaign which has "prevent and manage infections" as one of its goals.

Overall, Pennsylvania has experienced a decline in healthcare associated infections, and this decline has continued every year since we started to measure outcomes.

If enacted The Quality Assurance Deputate will bear responsibility to ensure compliance with HB 2290, through examination of the education and training records of all facility personnel designated as central supply technicians. We will also ensure that the required continuing education is maintained and documented by the facility. Individuals who perform the same function as central supply technicians within the scope of their licensure but who are not designated as central supply technicians by the facility will not be reviewed by the Department and are not currently covered by this act.

HB 2290 if enacted will have minimal impact on the Quality Assurance Deputate's inspection and survey role with the affected facilities. However, the Department believes that the existing laws and regulations enacted by this General Assembly, coupled with private accrediting body rules and CMS compliance standards, are addressing many of the policy points HB 2290 intends to regulate.

