



REPORT OF THE QUALITY ASSURANCE PROGRAMS

July 1, 2009 - June 30, 2010

Introduction

The Department of Health (Department) administers the Health Care Facilities Act of 1979 [P.L. 130, No. 48]. Section 448.804(d) of the Act requires an annual report to the General Assembly on the effectiveness of the licensing under Chapter 8 of the Act. Health care facility licensing actions are carried out through the Bureaus of Facility Licensure and Certification and Community Program Licensure and Certification. This report contains information on the issuance of licenses to health care facilities and on the status of the Department's efforts to license facilities through the survey process. All statistical data displayed in the charts is collected from the Quality Assurance Survey Agency Information System (SAIS), which serves as the infrastructure for all Quality Assurance (QA) survey and certification activities.

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Ambulatory Surgical Facilities

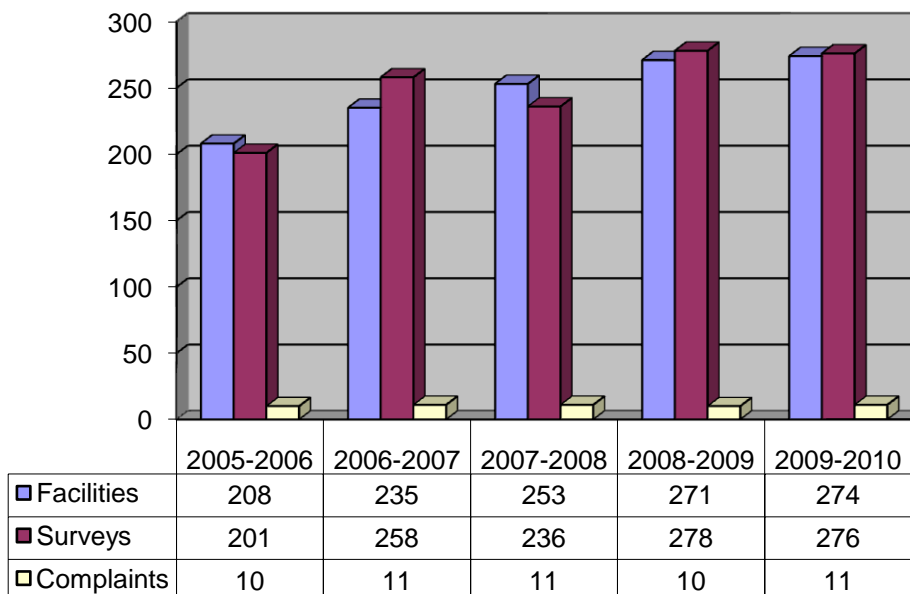
There were 274 Ambulatory Surgical Facilities (ASF) licensed in Pennsylvania as of June 30, 2010. That number is an increase of three facilities over the previous SFY. In SFY 2009-10, seven initial licenses were issued, and six ASFs changed ownership.

Class B and C ASFs are licensed on an annual basis through an announced on-site survey. If found to be out of compliance with the licensure regulations, ASFs must develop and submit plans of correction in response to the identified deficiencies for review and acceptance by the Division of Acute and Ambulatory Care (DAAC) staff. ASFs also are subject to revisits to determine if the facility has achieved compliance through implementation of an acceptable plan of correction. The Department of Health (Department) received and investigated 11 complaints related to ASFs during the report period. In addition, 276 licensure/certification surveys, 35 occupancy surveys and 100 revisits were conducted for ASFs in SFY 2009-10, a decrease of two licensure/certification surveys, a decrease of 14 occupancy surveys and an increase of one revisit over prior SFY.

During SFY 2009-10, there were 2,168 serious events and infrastructure failures reported by ASFs to the Department through the Pennsylvania Patient Safety Reporting System (PA-PSRS). This is an increase of 350 reports over the prior year, reflecting increased compliance with the reporting requirement. Please refer to the charts on pages 10 and 11 for a display of all facility type reports submitted to the Department under Act 13 of 2002. The number of ASFs and the complaint rate over the last five years can be seen in the following chart.

Ambulatory Surgical Facilities

See introduction for source of data.



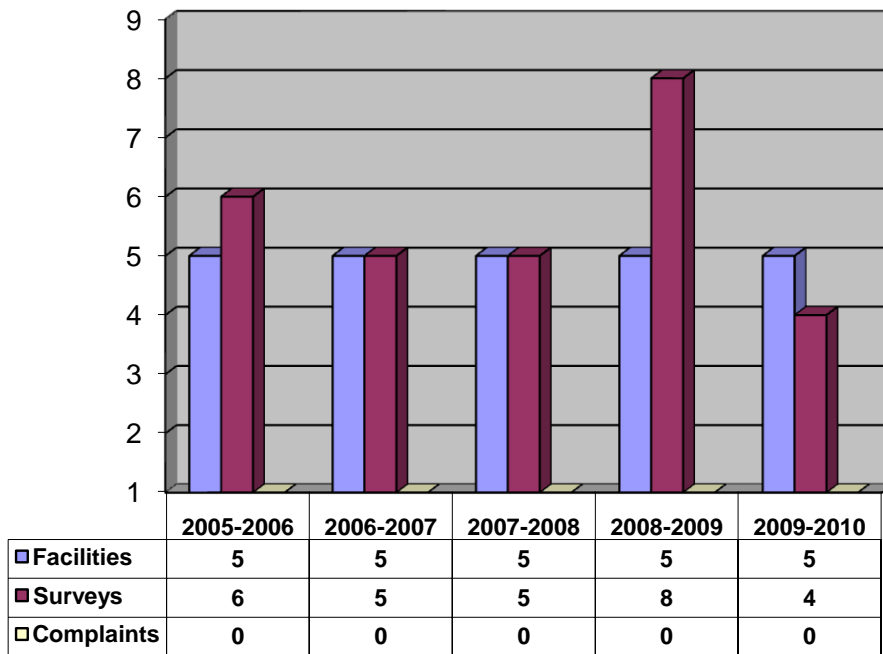
Birth Centers

There are five licensed birth centers in the commonwealth as depicted in the chart below. Birth center licensure surveys are conducted on-site annually. All centers surveyed were found to be in compliance with licensure requirements. The Department received no complaints regarding the care and services being provided by birth centers during this reporting period or during the preceding four years.

During SFY 2009-10, three serious events and two infrastructure failures for birth centers were reported to the Department through the PA-PSRS. Please refer to the charts on pages 10 and 11 for a display of all facility type reports submitted to the Department under Act 13 of 2002.

Birth Centers

See Introduction for source of data.



Home Health Agencies

All home health agencies (HHA) that provide patients with intermittent skilled nursing services and at least one other therapeutic service must be licensed by the commonwealth. Licensure requires a survey. If the HHA chooses to participate in the Medicare program, they must also be certified as eligible. The commonwealth conducts certification activities, which includes surveying and complaint investigation, for the federal government. Qualified nurse surveyors complete both state licensure and federal certification work.

During this reporting period, there were 439 HHAs operating in the Commonwealth of Pennsylvania. This is an increase of 22 agencies from the previous reporting period.

The Department certified 377 HHAs to allow them to receive Medicare reimbursement from the federal Centers for Medicare and Medicaid Services (CMS). These 377 HHAs also required a state license. The remaining 62 HHAs are state licensed only, since they choose not to participate in the federal reimbursement programs. The Department conducted 158 Medicare and/or state licensure on-site surveys in SFY 2009-10.

Medicare certified HHAs must comply with federal regulations, which require that each agency have an on-site survey conducted within a 36-month period. The Department conducts on-site surveys on an additional 5 percent targeted sample selected from a CMS list that identifies those agencies most at risk of providing poor care. Additionally, validation surveys are conducted on 5 percent of deemed agencies. Agencies with the best compliance records are surveyed on-site every three years. On-site surveys are conducted at the agency by a professionally trained registered nurse qualified to conduct Medicare certification and state licensure surveys in accordance with federal and state regulations. Medicare surveys include home visits to patients by the state surveyor to observe and evaluate the quality of care provided by the agency. All on-site surveys are unannounced.

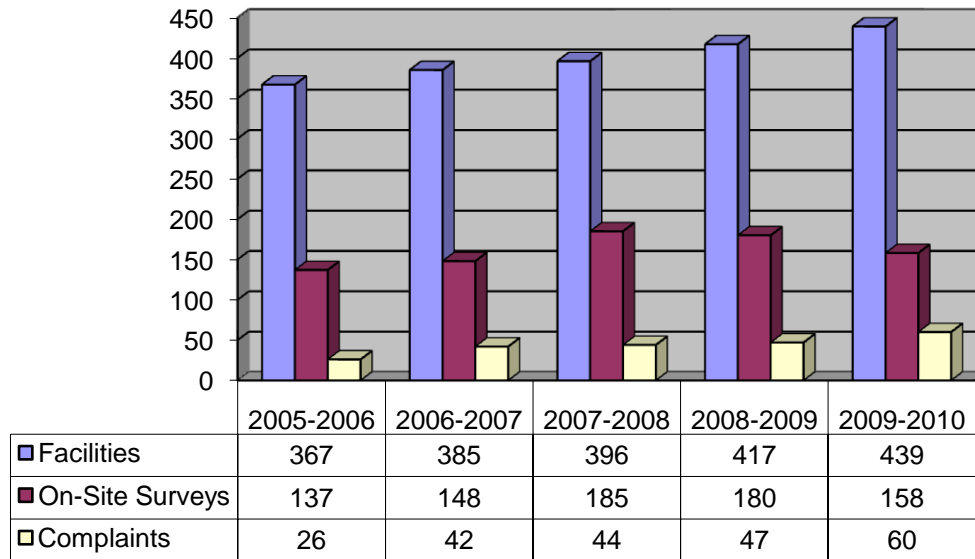
In order to coordinate the federal 36-month time frame with the state's annual licensure requirements, off-site surveys are conducted and used for state licensure purposes. An off-site survey relies on written documentation of licensure requirements that are attested to by the agency administrator as correct and submitted to the Department for review by a qualified nurse surveyor at the Department's Division of Home Health.

During SFY 2009-10, 60 complaints were received and investigated. This represents an increase of 13 complaint investigations conducted over the previous reporting period. Of the 60 complaints investigated, 24 were substantiated. None of the allegations in any of the complaints identified conditions that were considered to pose a threat of immediate jeopardy to the health and safety of patients.

The number of HHAs and the complaint rate over the last five years can be seen in the following chart.

Home Health Agencies

See Introduction for source of data.



Hospice

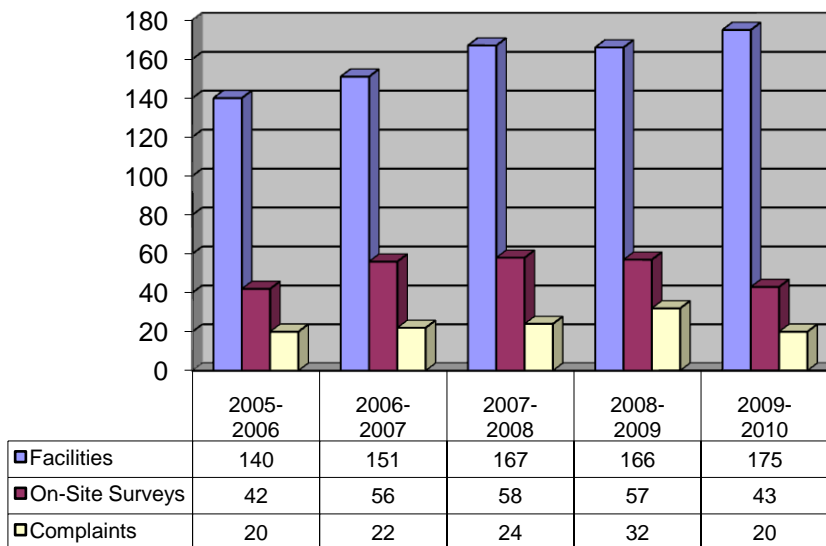
The Department has been licensing hospice providers since 1999. The Department currently uses Medicare standards to license hospices pending adoption of state regulations. There are currently 175 licensed and Medicare certified hospices. This is an increase of nine hospice agencies from the previous reporting period. Currently no hospices are state licensed only.

On average, 33percent of all licensed hospices are surveyed on-site annually. This varies, contingent upon the number of on-site Medicare recertification surveys required for the given year. An off-site survey requires written documentation of licensure requirements that are attested to as correct by the agency administrator and submitted to the Department for review by a qualified nurse surveyor at the Department's Division of Home Health central office. Forty-three on-site surveys were conducted in SFY 2009-10; 156 were licensed-based on written documentation.

During SFY 2009-10, 20 complaints were investigated. Of the 20 complaints investigated, 8 were substantiated. All providers with substantiated complaints submitted acceptable plans of correction, and no sanctions were imposed.

Hospices

See Introduction for source of data.



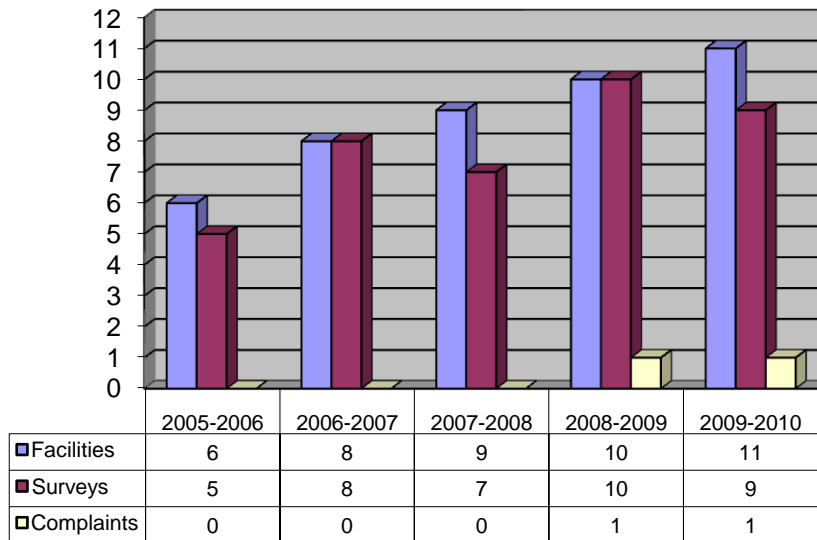
Pediatric Extended Care Centers

A Pediatric Extended Care Center (PECC) is a childcare facility that is staffed with medical professionals to provide day care and clinical intervention to medically dependent or technologically dependent children. It does not involve 24-hour care, and the children do not stay overnight. The goal is to provide comprehensive and coordinated care to benefit families and to realize a significant cost savings. Communication with the child's physician allows for the appropriate medical care and intervention while the child is at the PECC, which can be up to 12 hours in each 24-hour period.

PECCs are licensed annually using an announced on-site survey. During the SFY 2009-10 reporting period, there were 11 PECC facilities licensed in the commonwealth. The Department received one complaint regarding the care and services being provided by these PECCs. The complaint investigated was unsubstantiated.

Pediatric Extended Care Centers

See Introduction for source of data.



Hospitals

The Department conducts state licensure surveys of general acute care hospitals, long-term acute care (LTAC) hospitals, and specialty hospitals. The Department does not license federal VA Medical Centers or psychiatric hospitals, which are licensed by the Department of Public Welfare.

As of June 30, 2010, there were 153 acute care hospitals, 20 rehabilitation hospitals, 5 children's hospitals, 27 long-term acute care hospitals, 13 critical access hospitals and 2 hospitals not participating in Medicare or Medicaid licensed by the commonwealth. The total number of licensed acute care facilities was 220.

During the SFY 2009-10, three acute care hospitals and one LTAC hospital opened. Two general acute care hospitals and one LTAC hospital closed. Changes of ownership or name changes occurred for one general acute care hospital and two rehabilitation hospitals.

A regular hospital license is issued for two years. The hospital licensure process begins with the scheduling of an announced on-site survey based on the two-year licensure cycle. During SFY 2009-10, the Department issued 158 hospital licenses. Licensure activities throughout the course of a year include regular state licensure, bed decreases and increases, additions of or reductions in services, occupancy surveys, complaint and event investigations, facility closures, changes of ownership and changes of name and mergers.

When deficient practices are identified during inspection and investigation activities, the facility must develop and submit a plan of correction for review and acceptance by the DAAC. Unannounced revisits are used to assess facility success in implementing and monitoring the plan of correction and compliance with licensure regulations. In SFY 2009-10, DAAC completed 262 revisits, a decrease of 66 revisits over the prior SFY.

Before a hospital may offer services to the public, the facility must be inspected and approved for new services and/or the use of new or renovated space. The survey to assess physical plant (life safety) issues is discussed on page 15. The other survey assesses the clinical program. DAAC conducted 800 program occupancy surveys in SFY 2009-10 for new services and/or new or renovated sites in hospitals, an increase of 111 surveys over the prior SFY.

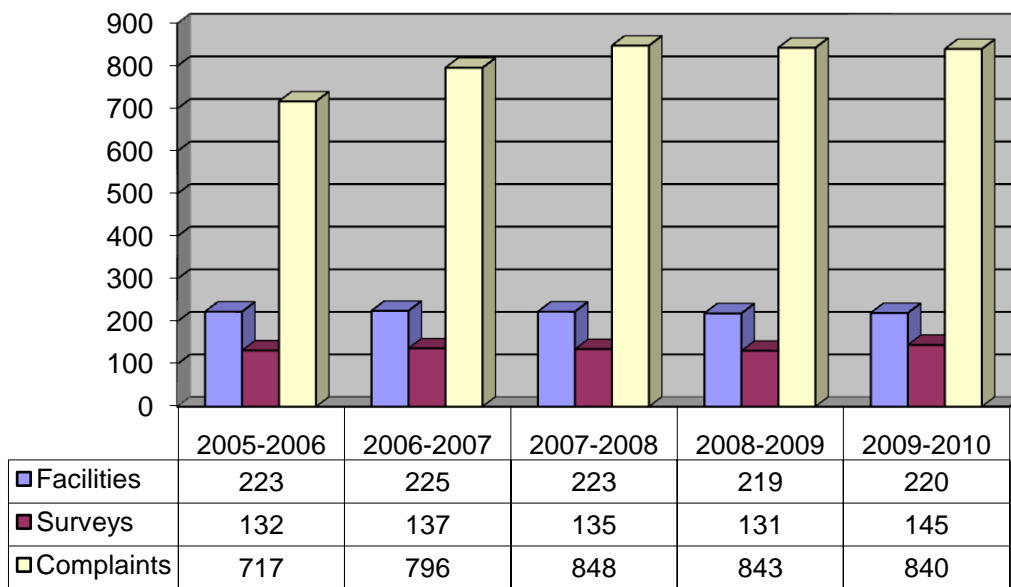
The Department received a total of 840 complaints related to hospitals during this reporting period, a decrease of 3 complaints over the prior SFY. The Division of Nursing Care Facilities hotline receives and forwards hospital and ASF complaints for investigation by DAAC. All complaints are thoroughly investigated. When an on-site investigation of a complaint is conducted, the investigation is unannounced. In addition to complaints, the Department tracks events reported by hospitals and ASFs. Events may be reported in compliance with parts of Chapter 51 of the Health

Care Facilities Regulations or Act 13 of 2002. During SFY 2009-10, there were 38,102 serious events and infrastructure failures reported through PA-PSRS by hospitals, a decrease of 797 reports over the prior year. All serious events and infrastructure failure reports are reviewed by the Department, and on-site visits are conducted as required.

The numbers of complaints, events and the number of licensed hospitals can be seen in the following charts.

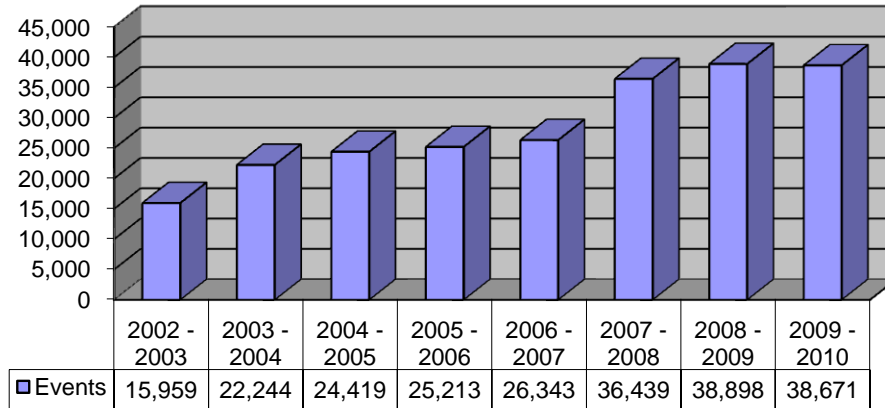
Hospitals

See Introduction for source of data.



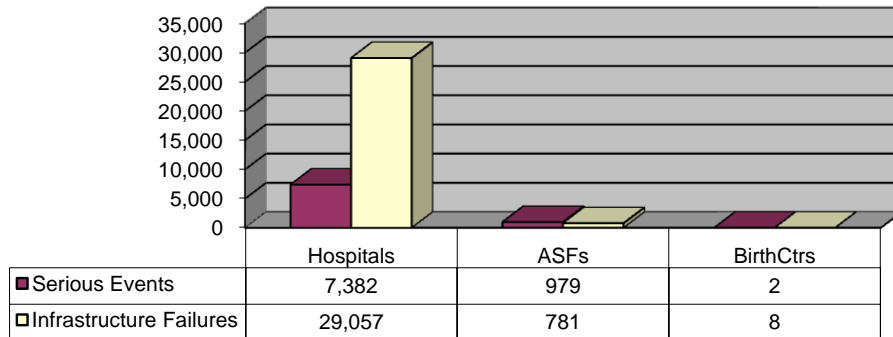
Hospital Chapter 51 Events

See Introduction for source of data.



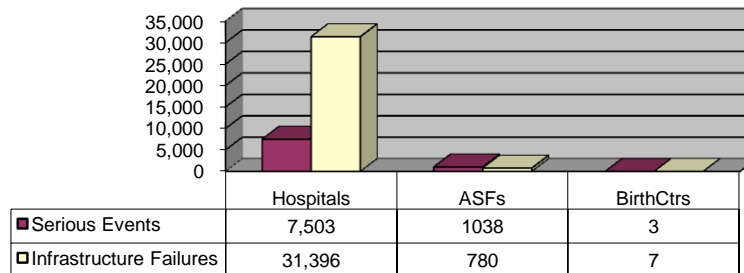
PA Patient Safety Event Reporting System FY 2007-2008

See Introduction for source of data.



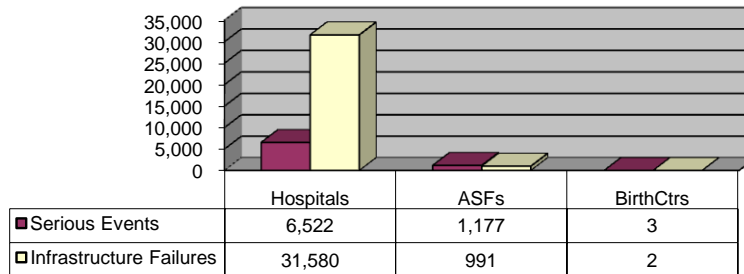
PA Patient Safety Event Reporting System FY 2008-2009

See Introduction for source of data.



PA Patient Safety Event Reporting System FY 2009-2010

See Introduction for source of data.



Act 13 of 2002 delegated specific responsibilities for the Department in implementing the Patient Safety Act. Review and approval of the Patient Safety Plans for newly licensed facilities is included as part of the initial survey procedure. Implementation of the plans by licensed facilities is assessed during routine re-licensure surveys, as well as during complaint and/or event investigations. During SFY 2009-10, the Department collected the annual surcharge assessment as requested by the Patient Safety Authority (PSA). At the direction of the PSA, \$4,990,128.44 was billed and collected based on a per unit (bed or, for ASFs, procedure and operating rooms) assessment. Hospitals (including private psychiatric hospitals), ASFs, birthing centers and certain abortion providers are subject to the assessment. This was collected in one payment. The surcharge receipts are placed in the PSA trust fund for use in the collection and analysis of patient safety information. No portion of these funds may be retained by the Department.

Nursing Care Facilities

As of June 30, 2010, there were 718 nursing homes licensed in Pennsylvania, housing 88,931 long-term care beds. These facilities are surveyed for yearly licensure on a variable schedule. All on-site surveys for licensure, follow-up or complaint, incident and abuse are unannounced. Medicare certification surveys, conducted for CMS, are also unannounced and are scheduled during a 9 to 15-month window dating from the previous licensure survey. When possible, Medicare certifications and licensure surveys are conducted concurrently to minimize impact on the nursing home and for operational efficiency. In addition to nursing care facility licensure surveys, the Department performs occupancy surveys. These occupancy surveys for new facilities, or renovated spaces in existing facilities, are conducted after a Life Safety Code occupancy inspection and prior to use of the area for patient care. The Department conducted 57 occupancy surveys for nursing care facilities during the fiscal year. Nursing home surveyors receive extensive training to become federally qualified. Most are registered nurses. However, to ensure a comprehensive survey process, teams are augmented with surveyors who are also nutrition specialists or social services specialists.

Category	Surveys Completed
Licensure/Certifications	734
License Only	7
Certification Only	4
Initial Certification	5
Complaints*	2,240
TOTAL	2,990

See Introduction for source of data.

* Eighty-nine percent of complaints were investigated on-site. All complaints are investigated. If multiple complaints are received simultaneously, they may be investigated during the same survey for added efficiency. Although the majority is investigated through on-site visits, off-site investigations are also utilized. Some examples of appropriate off-site investigations are: issues already identified by surveyors that the facility is in the process of correcting, billing issues, issues not affecting resident care or closed record/discharged resident issues.

During SFY 2009-10, the Department conducted follow-up visits to ensure that the facilities corrected deficiencies and are in compliance with all regulations. State fines were levied in 26 facilities. Twenty-three provisional licenses were issued during this fiscal year. The most frequent deficient practices cited during SFY 2009-10 were: maintaining residents at their highest practicable level, supervision and assistance to prevent accidents, sanitary food preparation, serving and storage, infection control and documentation of clinical records.

Furthermore, the Department conducts “Monitoring Visits” at facilities that have received 10 or more complaints. These are unannounced visits and are performed when a surveyor is in the vicinity of one of the designated nursing homes. This is a time-efficient device for the Department and enables more frequent spot-checks to monitor the progress of high risk facilities in correcting deficiencies.

From July 1, 2009 through June 30, 2010, the Department received and investigated 2,259 complaints. The complaint process has enhanced the level of surveillance in facilities with histories of poor care, as evidenced by high numbers of complaints. The increased frequency of visits in poorly performing facilities enables the Department to recommend more timely sanctions to CMS, as well as to provide support for stringent state sanctions.

The Division of Nursing Care Facilities is responsible for the investigation of all complaints regarding the care received by residents at nursing facilities. All complaint investigations are initiated within two days of receipt so that the investigator is assured that residents are not in immediate jeopardy and that an acceptable resolution is being formulated, if necessary. If the nature of the complaint indicates residents could be seriously impacted by the circumstances, it is investigated immediately. Twenty-four hour hotline coverage is maintained to assure expeditious response to complaints. Supervisors are on call during after-hours, and surveyors are on standby if an immediate threat to the health or safety of nursing home residents is identified. If an immediate threat is determined, a surveyor is dispatched, day or night, seven days a week, to the nursing care facility to begin the investigation. Investigations of complaints without an immediate threat are all initiated within 48 hours.

Complaints are received from various sources, including hotline calls through 1-800-254-5164, Central Office/Field Office calls, written correspondence to Central Office/Field Office, walk-ins, referrals from other agencies, Governor’s Hotline, Attorney General’s Office, emails submitted to a designated complaint email address or resident/family comments told directly to surveyors during an on-site visit. The Department’s complaint system also has provisions for appropriate referrals to other agencies for added coverage to the elderly in nursing homes. If the issue identified in the call is not under the jurisdiction of the Division of Nursing Care Facilities, referrals are made to other Department offices, other state agencies or local authorities, as appropriate.

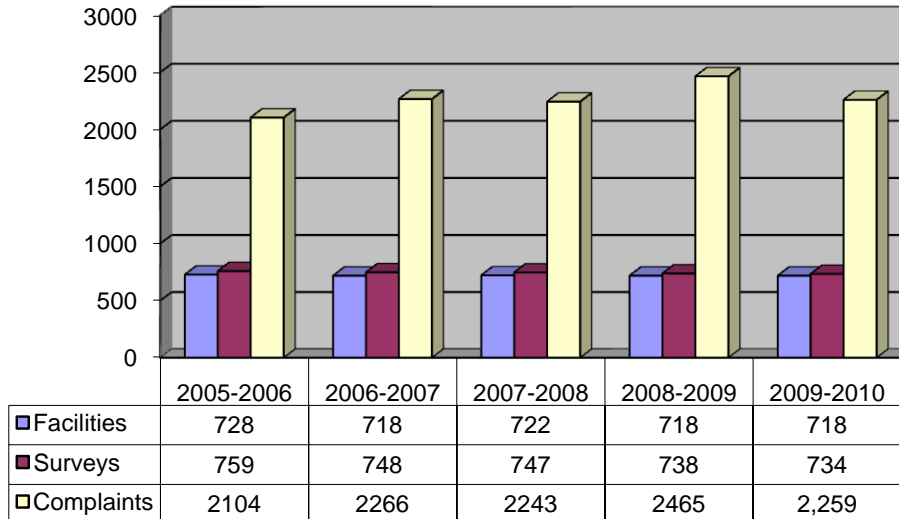
The Federal Government provides states with Titles XVIII and XIX grant awards to assist with funding of nursing home initiatives. To meet these initiatives, the Department conducts 10 percent of surveys during evenings, weekends and nights, as well as enhanced monitoring for those poor-performing nursing homes. The monitoring includes on-site semi-annual certification, monthly monitoring visits and complaint investigations. Additional nursing home initiatives include: 1) monitoring of facilities that are experiencing fiscal difficulty (bankruptcy) and altering the survey

protocols to include using quality indicators and enhanced investigative protocols for weight loss, dehydration and pressure sores; 2) assessing a facility’s abuse prevention procedures; and 3) investigating residents who are receiving drugs considered dangerous to the geriatric population.

In addition to complaints, the Department tracks events that are reported by nursing homes. Nursing homes report events in accordance with Chapter 51 through a mandatory web-based electronic event report system (ERS), replacing paper reporting. The system is designed to give facilities the ability to generate reports on their facility’s reported events for use in process improvement efforts and outcome monitoring. Division survey staff review event reports and, based upon assessment of the actual or potential effect on patient health and safety, determine the need for immediate on-site investigation or integration into other survey activities. Analysis of the data helps to identify trends affecting patient safety, to improve patient safety and to focus future survey activity. One outcome has been the development of alerts to facilities on issues of concern identified through analysis of reported events. During SFY 2009-10, 21,857 events were reported. Submitted incidents are reviewed within 24 hours, and, as necessary, additional on-site investigation visits were conducted.

Nursing Homes

See Introduction for source of data.



Safety Inspection

During SFY 2009-10, the Department performed 1,447 Life Safety Code surveys and 930 Life Safety Code revisits for hospitals, ASFs, nursing care facilities, birthing centers, intermediate care facilities, mental health/mental retardation facilities, ESRDs, hospices and PECCs. Seven new Medicare validation surveys and five Medicare validation-monitoring surveys were completed.

The Department also performed 127 new Fire Safety Evaluation System (FSES) surveys. All surveys to verify compliance, or substantial compliance in the case of nursing homes, are unannounced. An exception to this can be given for Non-LTC facilities, other than HHAs, which meet the criteria listed in Section 2700A of the State Operations Manual.

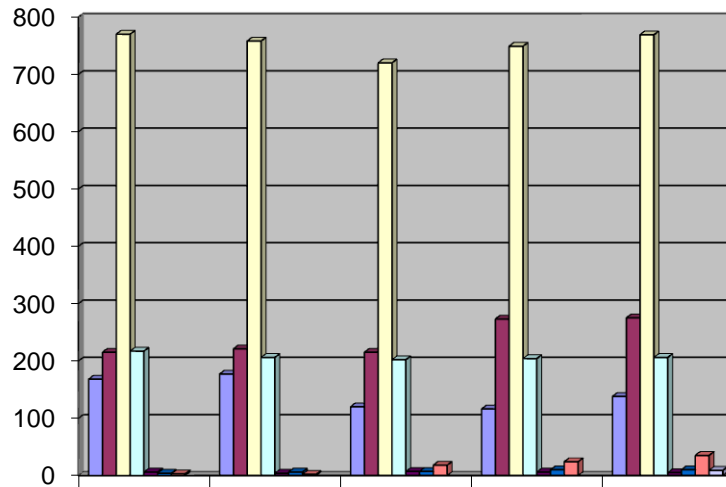
The Department also reviewed 2,507 plans for construction or renovation of health care facilities. Of these plans, 1,499 met safety standards and were approved, representing over \$1.32 billion in construction costs. Plan reviewers are qualified through their education and experience by the Civil Service System. Reviewers also receive federal Life Safety Code training.

Prior to a newly-constructed facility or a renovated space being used or occupied, the Department must perform a Life Safety Code occupancy inspection. During SFY 2009-10, the Department's Division of Safety Inspection staff performed 947 occupancy inspections and 191 pre-occupancy surveys.

The total number of surveys conducted by the surveying staff of the Division of Safety Inspection is 3,515 for SFY 2009-10.

Life Safety Code Surveys

See Introduction for source of data.



	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
Hospitals	168	177	120	116	138
ASFs	215	221	215	273	275
Nursing Homes	770	758	720	749	769
ICF/MRs	217	206	202	204	206
Birth Centers	6	4	7	6	5
PECC	4	6	7	10	10
Hospices	3	2	18	24	35
ESRDs					9

Critical Issues

Act 13/Medical Errors

On March 20, 2002, the Medical Care Availability and Reduction of Error Act (MCare Act) was signed into law. Act 13 of 2002 created the PSA and delegated specific responsibilities for the Department in implementing the Patient Safety Act. During SFY 2005-06, the General Assembly passed Act 30, an amendment to the original Medicare legislation which requires abortion facilities performing 100 or more procedures per year to meet the requirements of Act 13. The Department implemented the requirements of Act 30 by the first quarter of 2007.

Review and approval of the Patient Safety Plans for newly-licensed facilities and registered abortion facilities are included in the initial facility survey procedure. Implementation of the plans by licensed facilities is assessed during a routine re-licensure survey, as well as during complaint and/or event investigations. Implementation of the plans by registered abortion facilities are assessed during complaint and/or event investigations.

As required by the Act, the Department collects the annual surcharge assessment determined by the PSA. At the direction of the PSA, for SFY 2009-2010, \$4,990,128.44 was billed and collected. This was based on a per-unit (bed, procedure or operating room) assessment. Hospitals (including private psychiatric hospitals), ambulatory surgical facilities, birthing centers and abortion providers performing 100 or more procedures per year are subject to the assessment. The surcharge receipts are placed in the PSA trust fund for use in the collection and analysis of patient safety information. No portion of these funds may be retained by the Department.

Act 13 of 2002 established mandated reporting of serious events and infrastructure failures in designated licensed facilities to the Department through the PA-PSRS. This reporting requirement replaced parts of the Chapter 51 reporting requirement. Serious events are those occurrences that cause actual patient harm. Infrastructure reports relate to the systems, including physical plant, involved in the delivery of patient care and services. Reports of incidents in facilities are reported through PA-PSRS to the PSA, which also receives reports of serious events.

ASFs: During FY 2009-2010, 2,168 serious events and infrastructure failures were reported by ASFs to the Department through PA-PSRS. This is an increase of 350 over the prior year, reflecting increased compliance with the reporting requirement.

Birth Centers: During FY 2009-10, three serious events and two infrastructure failures were reported by birth centers to the Department through PA-PSRS.

Hospitals: During FY 2009-2010, there were 38,102 serious events and infrastructure failures reported through PA-PSRS by hospitals, a decrease of 797

reports over the prior year. All serious events and infrastructure failure reports are reviewed by division staff and on-site investigations conducted as required.

Please refer to the charts on pages 10 and 11 for a display of all facility type reports submitted to the Department under Act 13 of 2002.

Percutaneous Coronary Intervention (PCI) Waivers

Regulations regarding general and acute care hospitals are found in 28 Pa. Code Chapters 101--158 (relating to general and special hospitals). Included in these regulations (28 Pa. Code Chapter 138) are provisions regarding the performance of cardiac catheterization procedures. Cardiac catheterizations are categorized as either low risk or high risk. High risk cardiac catheterizations are those that present a high risk of significant cardiac complication. Included in this category are all percutaneous transluminal coronary angioplasties, also known as percutaneous coronary intervention procedures (PCI). These PCI procedures involve the use of a balloon catheter, plaque removing device, laser device or mechanical stent to reopen collapsed, blocked or partially blocked arteries. Section 138.15 of 28 Pa. Code (relating to high-risk cardiac catheterizations) provides that a hospital may perform high risk cardiac catheterizations only if it has an open heart surgical program on-site.

The Department established a demonstration project and granted exceptions to the requirements of 28 Pa. Code § 138.15 to hospitals that could show that they would be providing PCI services to individuals who would otherwise have to travel substantial distances or faced other barriers that hindered access to this service. Under the terms of the demonstration project, these hospitals were permitted to provide emergent and elective PCI procedures upon entering into an agreement (with the Department) under which the hospital agreed to: 1) follow guidelines issued by the American College of Cardiology for the performance of PCI procedures, 2) seek training and monitoring by a tertiary hospital that currently provides open heart surgical services, 3) report all transfers of PCI patients to the Department, 4) provide notification to its liability insurance carrier that it is providing primary and elective PCI services without the availability of on-site open heart surgical services, 5) disclose information regarding the demonstration project to prospective PCI patients in a consent form and 6) enroll in the American College of Cardiology--National Cardiovascular Data Registry and provide all required data to that organization regarding performance of the PCI procedures.

During FY 2009-2010, the Department continued to work with hospitals that had been granted exceptions to the regulations. Hospitals that agreed to enroll in a nationally recognized research project known as CPORT from Johns Hopkins would be granted a new waiver to the regulations.

Managed Care Regulation

Managed Care Regulation is not covered by the Health Care Facilities Act, but the Department is providing the following for informational purposes.

Managed Care Plan Enrollment Data

The Division of Certification has completed compilation of the Managed Care Enrollment Summary for the second quarter of 2010. Total health maintenance organization (HMO) enrollment for this quarter was 3,581,358, which is a 4.8 percent decline when compared to the same quarter last year. Nationally, managed care plan enrollment has declined in favor of less restrictive products such as PPOs.

However, managed care plans in Pennsylvania providing services to public sector clients, such as CHIP and HealthChoices, generally showed continued enrollment growth: AmeriChoice of Pennsylvania (+12 percent), Health Partners of Philadelphia (+4 percent), Unison Family Health Plan (+1 percent), UPMC for You (+13.1 percent), and Keystone Mercy/AmeriHealth Mercy dba Vista Health Plan (+1.3 percent). Bravo Health Plan, which has only Medicare enrollment, grew by 46.7 percent.

Health plans with a combination of commercial insured HMO, gatekeeper PPO members and Medicare enrollment generally experienced a loss of membership: Capital Advantage GPPO (-68.2 percent), CIGNA (-16.1 percent), First Priority (-26.6 percent), HealthAmerica (-26.2 percent), Keystone Health Plan Central (-12.3 percent), Keystone Health Plan East (-12.5 percent), and Keystone Health Plan West (-14.4 percent). However, Highmark's GPPO increased (+5.3 percent), and UPMC Health Plan grew by 5.5 percent.

Home and Community Services Information System (HCSIS)

The Department, as the State Survey Agency for CMS, through the Division of Intermediate Care Facilities, conducts surveys of public and private Intermediate Care Facilities for the Mentally Retarded (ICFs/MR) to determine compliance with federal regulatory requirements applicable to participation in the Medicaid program. Private and public ICFs/MR are required to provide information to the Department on incidents that occur to individuals residing in ICFs/MR.

The Department of Public Welfare (DPW), through its Office of Developmental Programs, licenses ICFs/MR pursuant to state statutory and regulatory requirements. DPW manages the HCSIS, which records incidents for the ICFs/MR in order to meet the policy requirements of the Office of Developmental Programs.

The DPW has a contract for implementing changes to HCSIS to allow for the transmission of incident information between HCSIS and the Department SAIS. The Department has reimbursed DPW's costs in relation to this transmission. These enhancements have allowed incident information to be automatically transmitted to the Department. This was implemented in May 2008. Before this agreement, the Department received incident information primarily via fax transmission, which had to be entered manually into SAIS.

New Items

Hospice

Act 120 of 2008 amended the Health Care Facilities Act, requiring the Department to promulgate regulations for licensure and regulation of small residential hospices with 22 or fewer beds. The department has received initial stakeholder comments and is revising a draft version of regulations for publication as proposed regulations in the Pennsylvania Bulletin.

Home Care Agency Licensure

On July 2, 2006, Governor Rendell signed Act 69 of 2006, amending the Pennsylvania Health Care Facilities Act to require the Department to license home care agencies and home care registries, and to promulgate regulations within one year from the date the legislation was signed.

During SFY 2006-07, the Department developed and implemented a work plan to identify home care agencies and home care registries, develop regulations, identify internal and external stakeholders for input and consultation, determine database update requirements and determine additional staff, equipment and location needs. The Office of Legal Counsel, with the assistance from the Division of Home Health, drafted regulations that were presented at three stakeholder meetings in December 2006. The proposed Home Care Agency/Home Care Registry regulations were published in the Pennsylvania Bulletin August 4, 2007. The regulations were subject to a formal 30-day public comment period that concluded September 10, 2007. The Department considered comments received from the public and the Health Policy Board and revised the regulations as necessary. Final regulations, reviewed and approved by the Department's executive staff and the Governor's Office, were then submitted to the Independent Regulatory Review Committee (IRRC) and to the standing committees of the Legislature. On October 1, 2009, IRRC conducted a public hearing on final rulemaking, at which time the final regulations were unanimously approved. Final regulations were reviewed and approved by the Office of the Attorney General and, on December 12, 2009, were published as final rulemaking in the Pennsylvania Bulletin with an effective date upon publication.

Rx for Pennsylvania/Healthcare Associated Infections (HAI)

On July 20, 2007, Governor Rendell signed into law Act 52, otherwise known as the Healthcare Associated Infection Prevention and Control Act. This legislation amended Act 13 of 2002, the MCare Act, and established infection prevention requirements for hospitals (220), nursing care facilities (718) and ambulatory surgical facilities (274) in Pennsylvania.

To implement its responsibilities under Act 52, the Department has established the Healthcare Associated Infection Prevention (HAIP) Section (within the Quality Assurance deputate), which operates from a consultative approach to assist facilities in reducing and/or eliminating HAIs.

With respect to staffing, a total of 17 positions have been filled, including the Director, 1 supervisor, 5 Nursing Service Consultants, 5 Public Health Program Administrators, 2 Epidemiologists, 1 Epidemiology Research Associate, an attorney and a Clerk Typist 3.

The HAIP Section supports hospitals, nursing care facilities and ambulatory surgical facilities by: 1) reviewing and approving individual facility infection control plans; 2) serving as a conduit linking poor performers to better performers; 3) providing direct consultation to facility infection preventionists; 4) collaborating with Departmental surveyors and the Bureau of Epidemiology; 5) developing best practices for monitoring, surveillance and response to HAI; 6) developing and issuing data validation reports; and 7) establishing benchmarks and performance monitoring in hospitals and nursing homes to prevent, reduce and eventually eliminate HAIs.

The legislation set parameters for hospital reporting to the Centers for Disease Control via the National Healthcare Safety Network (NHSN) and created the groundwork for establishment of benchmarking and development of practice recommendations, as well as monetary reimbursement for facilities meeting or exceeding benchmark requirements.

Hospitals have correctly conferred rights to state monitoring agencies, established monthly reporting plans and have been reporting infections into the NHSN since February 14, 2008.

Department staff continuously monitors and validates data entered into the NHSN and provides regular data validation reports to hospitals identifying potential errors or missing data. Hospitals are granted a 30-day period to make corrections. The data is periodically locked down for formal analysis and rate calculation. The HAIP Section also asks hospital infection preventionists to verify their unit/location mapping annually. Audit activities to check the validity of the data reported to the Department have been initiated in 2010 and will continue.

Hospital benchmark categories include central line associated bloodstream infections, catheter associated urinary tract infections, abdominal hysterectomies, a suite of cardiac surgeries, hip prosthesis and knee prosthesis. Benchmark rates will be established consistent with the Centers for Disease Control and Prevention's (CDC) guidelines. Annual Reports for 2008 and 2009 Healthcare Associated Infections in Pennsylvania Hospitals were published and released. There was a 12.5 percent decrease in HAIs in Pennsylvania hospitals from 2008 to 2009.

Act 52 also required administrators in hospitals to assess the feasibility of securing and installing qualified electronic surveillance systems (QESS) to streamline healthcare associated infection data collection. All 220 hospitals have submitted QESS assessments. Department staff continues to monitor system installation timelines provided by respective hospitals and assist with any data transfer issues identified by hospitals.

Nursing home HAI reporting requirements were vetted through a nursing home sub-committee of the Advisory Panel. The Department and the PSA published the final nursing home reporting notice in the Pennsylvania Bulletin on September 20, 2008, entitled “Reporting Requirements for Nursing Homes under Chapter 4 of the Medical Care Availability and Reduction of Error (MCARE) Act.” The Advisory Panel consists of HAI experts, including: 1) at least two representatives from a hospital, one of which must represent a rural hospital; 2) at least one representative from a not-for-profit nursing home, a for-profit nursing home and a county nursing home; and 3) representatives from the three state agencies tasked with program oversight, data analysis and reporting. Panel members include physicians, nurses and administrators/CEO’s.

The PSA created a new module of the PA-PSRS and conducted pilot testing of the new system during April/May 2009. During June 2009, the state’s 718 nursing homes began reporting their infections into PA-PSRS. The Department has begun to review this data and will initiate validation and audit activities for nursing homes in 2010.

The Section works with the CDC, the PSA, the Pennsylvania Health Care Cost Containment Council (PHC4) and the DPW, as well as public health and regulatory components of the Department of Health to accomplish the surveillance, assessment and reduction of the occurrence of HAIs in these health care facilities.

And, finally, Section staff has developed a series of educational webcasts on specific topics of interest, including demonstrations that include most frequently seen data entry errors and correct data entry format. Moving forward, additional educational WebEx sessions for providers will be recorded and made available through this venue.