

ASSEMBLY, No. 2658

STATE OF NEW JERSEY

213th LEGISLATURE

INTRODUCED MAY 12, 2008

Sponsored by:

Assemblyman ANTHONY CHIAPPONE
District 31 (Hudson)

Co-Sponsored by:

Assemblymen Egan, Fisher, L.Smith, Johnson, Caputo, Assemblywoman Greenstein, Assemblymen Prieto, Scalera, McKeon, Assemblywomen Vainieri Huttler, Tucker, Assemblyman DeAngelo, Assemblywoman Oliver, Assemblymen Green, Giblin, Coutinho, Assemblywoman Quigley, Assemblymen Diegnan, Vas and Assemblywoman Cruz-Perez

SYNOPSIS

Requires nursing homes and ambulatory surgical facilities to implement infection prevention programs.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 9/16/2008)

1 AN ACT concerning infections in health care facilities, amending
2 P.L.2007, c.120 and P.L.2007, c.196, and supplementing Title 26
3 of the Revised Statutes.

4
5 **BE IT ENACTED** *by the Senate and General Assembly of the State*
6 *of New Jersey:*

7
8 1. Section 1 of P.L.2007, c.120 (C.26:2H-12.35) is amended to
9 read as follows:

10 1. The Legislature finds and declares that:

11 a. Two million patients in this country become infected after
12 entering hospitals each year and about 90,000 of those patients die
13 as a result of those infections, and many patients likewise become
14 infected in nursing homes and ambulatory surgical facilities;

15 b. Methicillin-Resistant Staphylococcus aureus (MRSA) is a
16 common staph infection which is resistant to powerful antibiotics
17 and which is increasingly prevalent in health care settings;

18 c. MRSA can survive on cloth and plastic for up to 90 days,
19 and is frequently transmitted by contaminated hands, clothes and
20 non-invasive instruments, so that the number of patients who can
21 become infected from even one carrier multiplies dramatically;

22 d. The federal Centers for Disease Control and Prevention
23 (CDC) estimates that one in 20 patients entering a hospital carries
24 MRSA, and reported that MRSA accounted for 60% of infections in
25 American hospitals in 2004, up from 2% in 1974, and a recent study
26 found that about 85% of all invasive MRSA infections were
27 associated with health care settings, with two-thirds of infections
28 surfacing in the community at large occurring among people who
29 had been hospitalized, underwent a medical procedure or resided in
30 a long-term care facility within the previous year;

31 e. The annual nationwide cost to treat hospitalized patients
32 infected with MRSA is estimated to be more than \$4 billion;

33 f. These infections are preventable, and recent data support a
34 multi-faceted approach to successfully combat them, including
35 routine screening, isolation of colonized and infected patients, strict
36 compliance with hygiene guidelines, and a change in culture to
37 ensure that infection prevention and control is everyone's job and is
38 a natural component of care at each patient encounter each day;

39 g. Virtually all published analyses comparing the costs of
40 screening patients upon admission and adopting effective infection
41 control practices with the costs of caring for infected patients have
42 concluded that caring for infected patients is much more expensive;

43 h. Routine screening and isolation of all patients with MRSA in
44 hospitals in Denmark and Holland have reduced MRSA to 10% of

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

1 their bacterial infections, and a pilot program undertaken by the
2 Department of Veterans Affairs (VA) Pittsburgh Healthcare System
3 that reduced MRSA infections in its surgical care unit by 70% was
4 so successful that all VA health care facilities have been directed to
5 develop and implement similar approaches to prevent the spread of
6 MRSA in at least one unit, with the goal to apply successful
7 strategies facility-wide; and

8 i. It is a matter of public health and fiscal policy that patients
9 in New Jersey's health care facilities receive health care that
10 incorporates these best practices in infection control, not only to
11 protect their health and lives, but also to ensure the economic
12 viability of New Jersey's health care institutions.
13 (cf:P.L.2007, c.120, s.1)

14

15 2. (New section) a. Within six months after the effective date of
16 P.L. , c. (C.)(pending before the Legislature as this bill), a
17 nursing home or ambulatory surgical facility licensed pursuant to
18 P.L.1971, c.136 (C.26:2H-1 et al.), as applicable, shall establish a
19 MRSA prevention and control policy which incorporates best
20 practices identified by the commissioner, and which shall provide
21 for:

22 (1) identification of colonized or infected patients through
23 screening of every patient upon admission;

24 (2) contact precautions for patients found to be MRSA positive,
25 as "contact precautions" is defined by the federal Centers for
26 Disease Control and Prevention;

27 (3) patient cultures for MRSA upon discharge or transfer from
28 the facility where the infection prevention program has been
29 implemented, and flagging of patients who are readmitted, if
30 applicable;

31 (4) strict adherence to hygiene guidelines;

32 (5) a written infections prevention and control policy with input
33 from frontline caregivers; and

34 (6) a worker education requirement regarding modes of
35 transmission of MRSA, use of protective equipment, disinfection
36 policies and procedures, and other preventive measures.

37 b. A nursing home or ambulatory surgical facility, as
38 applicable, shall report all incidents of MRSA to the department, in
39 a form and manner determined by the commissioner.
40

41 3. Section 2 of P.L.2007, c.196 (26:2H-12.40) is amended to
42 read as follows:

43 2. The Legislature finds and declares:

44 a. Health care facility-associated infections constitute a major
45 public health problem in this country, affecting from 5% to 10% of
46 hospitalized patients annually, resulting in an estimated two million
47 infections, and 90,000 deaths, and adding an estimated \$4.5 to \$5.7
48 billion in health care costs;

1 b. Many health care facility-associated infections can be
2 prevented, and a goal of zero health care facility-associated
3 infections is desirable. There are many simple and effective
4 practices in hospitals and other health care facilities that can
5 dramatically reduce the incidence of health care facility-associated
6 infections, such as hand washing, using gloves and properly
7 sterilized equipment, and following the same established best
8 practices, every time, for procedures such as the insertion of an
9 intravenous tube to deliver fluids and medication;

10 c. The uniform reporting of health care facility-associated
11 infections to the State, and the review and analysis of this data by
12 the Department of Health and Senior Services, will provide a
13 measurable means to assist hospitals and other health care facilities
14 in improving patient outcomes;

15 d. The federal Centers for Disease Control and Prevention
16 recommends that states establishing public reporting systems for
17 health care facility-associated infections focus on major site
18 categories to report rates of health care facility-associated infections
19 related to procedures and conditions including, but not limited to,
20 urinary tract infections, surgical site infections, ventilator-
21 associated pneumonia, and central line-related bloodstream
22 infections. A focus on major site categories helps ensure that data
23 collection is concentrated in populations where health care facility-
24 associated infections are more prevalent, and that the infection rates
25 reported are most useful for targeting prevention practices and
26 making comparisons among hospitals and other health care facilities
27 and within hospitals and other health care facilities, over time;

28 e. The Department of Health and Senior Services currently
29 provides comparative hospital performance data in its annual New
30 Jersey Hospital Performance Report, and including information
31 about hospital infection rates and providing for reporting infection
32 rates in other health care facilities as well will further enhance the
33 value of the report to the public and health care providers; and

34 f. Therefore, it is a matter of public health and fiscal policy
35 that patients in New Jersey's **[hospitals]** health care facilities
36 receive health care that incorporates best practices in infection
37 control, not only to protect their health and lives, but also to ensure
38 the economic viability of New Jersey's hospitals.

39 (cf: P.L.2007, c.196, s.2)

40

41 4. Section 3 of P.L.2007, c.196 (26:2H-12.41) is amended to
42 read as follows:

43 3. A general hospital, nursing home and ambulatory surgical
44 facility, as applicable, licensed pursuant to P.L.1971, c.136
45 (C.26:2H-1 et al.), shall be required to report quarterly to the
46 Department of Health and Senior Services, in a form and manner
47 prescribed by the Commissioner of Health and Senior Services~~[:]~~.

1 a. With respect to a general hospital, the report shall include
2 process quality indicators of hospital infection control that have
3 been identified by the federal Centers for Medicare and Medicaid
4 Services, as selected by the commissioner in consultation with the
5 Quality Improvement Advisory Committee within the department[;
6 and].

7 b. With respect to a general hospital, nursing home and
8 ambulatory surgical facility, the report shall include, beginning 30
9 days after the adoption of regulations pursuant to this act, data on
10 infection rates for the major site categories that define health care
11 facility-associated infection locations, multiple infections, and
12 device-related and non-device related infections, identified by the
13 federal Centers for Disease Control and Prevention, as selected by
14 the commissioner in consultation with the Quality Improvement
15 Advisory Committee within the department.

16 c. The information shall be transmitted in such a manner as to
17 not include identifying information about patients.

18 (cf: P.L.2007, c.196, s.3)

19

20 5. Section 4 of P.L.2007, c.196 (26:2H-12.42) is amended to
21 read as follows:

22 4. The commissioner shall promptly advise a hospital, nursing
23 home, or ambulatory surgical facility, as applicable, in the event the
24 commissioner determines that based on information reported by the
25 facility, a change in facility practices or policy is necessary to
26 improve performance in the prevention of health care facility-
27 associated infection and quality of care provided at the facility.

28 (cf: P.L.2007, c.196, s.4)

29

30 6. Section 5 of P.L.2007, c.196 (26:2H-12.43) is amended to
31 read as follows:

32 5. The commissioner shall make available to members of the
33 public, on the official Internet website of the Department of Health
34 and Senior Services, the information reported pursuant to **[this act]**
35 P.L.2007, c. 196 and P.L. , c. (pending before the Legislature as
36 this bill), in such a format as the commissioner deems appropriate
37 to enable comparison among **[hospitals]** health care facilities, with
38 respect to the information, and shall include information in the New
39 Jersey Hospital Performance Report annually issued by the
40 commissioner that measures the performance of general hospitals in
41 the State with respect to process quality indicators and health care
42 facility-associated infection among patients.

43 (cf: P.L.2007, c.196, s.5)

44

45 7. (New section) The Commissioner of Health and Senior
46 Services, in consultation with the Quality Improvement Advisory
47 Committee in the department, pursuant to the "Administrative

1 Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), shall adopt
2 rules and regulations to effectuate the purposes of this act.

3
4 8. (New section) To the extent that funds permit, the
5 commissioner shall, within 18 months after the effective date of this
6 act and annually thereafter, report to the Governor and, pursuant to
7 section 2 of P.L.1991, c.164 (C.52:14-19.1), the Senate and General
8 Assembly standing reference committees on health, on the effect of
9 this act in reducing MRSA infections in nursing homes and
10 ambulatory surgical facilities.

11
12 9. This act shall take effect on the 30th day after enactment.

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14

15

STATEMENT

16

17 This bill expands on two recently enacted laws that address
18 health care facility acquired infections. Specifically, this bill
19 requires that nursing homes and ambulatory surgical facilities
20 develop best practices to prevent Methicillin-Resistant
21 Staphylococcus aureus (MRSA) infections, which are resistant to
22 powerful antibiotics and which are increasingly prevalent in health
23 care settings. A recent study found that two-thirds of infections
24 surfacing in the community at large occurred among people who
25 had been hospitalized, underwent a medical procedure or resided in
26 a long-term care facility within the previous year.

27 P.L.2007, c.120 (C.26:2H-12.35 et seq.) was recently enacted to
28 require hospitals to implement MRSA infection prevention
29 programs, and report cases of MRSA to the Department of Health
30 and Senior Services (DHSS). This bill expands this requirement to
31 nursing homes and ambulatory surgical facilities. In addition, this
32 bill expands the provisions of the recently-enacted "Health Care
33 Facility-Associated Infection Reporting and Prevention Act"
34 (P.L.2007, c.196 C.26:2H-12.39 et seq.), which currently applies
35 only to hospitals, so that the statute will apply to nursing homes and
36 ambulatory surgical facilities as well.

37 Specifically, the bill requires that, within six months after the
38 effective date of the bill, licensed nursing homes and ambulatory
39 surgical facilities shall establish a MRSA prevention and control
40 policy which incorporates best practices identified by the
41 Commissioner of Health and Senior Services. The best practices
42 shall include:

- 43 • identification of colonized or infected patients through
44 screening of every patient upon admission;
- 45 • contact precautions for patients found to be MRSA positive, as
46 "contact precautions" is defined by the federal Centers for
47 Disease Control and Prevention;

- 1 • patient cultures for MRSA upon discharge or transfer from the
- 2 facility and flagging patients who are readmitted, if applicable;
- 3 • strict adherence to hygiene guidelines;
- 4 • a written infections prevention and control policy with input
- 5 from frontline caregivers; and
- 6 • a worker education requirement regarding modes of
- 7 transmission of MRSA, use of protective equipment,
- 8 disinfection policies and procedures, and other preventive
- 9 measures.

10 These facilities shall report quarterly all incidents of MRSA to
11 DHSS, in a form and manner determined by the commissioner.

12 The bill further provides that the commissioner shall promptly
13 advise a hospital, nursing home, or ambulatory surgical facility, as
14 applicable, if a change in facility practices or policy is necessary to
15 improve performance in the prevention of health care facility-
16 associated infections.

17 In addition, the commissioner shall make available to members
18 of the public, on the official DHSS Internet website, the reported
19 information in a format which the commissioner deems appropriate
20 to enable comparison among health care facilities with respect to
21 the information.

22 Finally, to the extent that funds permit, the commissioner shall
23 report within 18 months after the effective date of this bill and
24 annually thereafter to the Governor and the Senate and General
25 Assembly standing reference committees on health, on the effect of
26 this bill in reducing MRSA infections in nursing homes and
27 ambulatory surgical facilities. Current law already provides for
28 such reporting with respect to hospitals.