

CHAPTER 120

AN ACT concerning the prevention of health care facility-acquired infections and supplementing Title 26 of the Revised Statutes.

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

C.26:2H-12.35 Findings, declarations relative to prevention of health facility-acquired infections.

1. The Legislature finds and declares that:

a. Two million patients in this country become infected after entering hospitals each year and about 90,000 of those patients die as a result of those infections;

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

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

d. The federal Centers for Disease Control and Prevention (CDC) estimates that one in 20 patients entering a hospital carries MRSA, and reported that MRSA accounted for 60% of infections in American hospitals in 2004, up from 2% in 1974;

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

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

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

h. Routine screening and isolation of all patients with MRSA in hospitals in Denmark and Holland have reduced MRSA to 10% of their bacterial infections, and a pilot program undertaken by the Department of Veterans Affairs (VA) Pittsburgh Healthcare System that reduced MRSA infections in its surgical care unit by 70% was so successful that all VA health care facilities have been directed to develop and implement similar approaches to prevent the spread of MRSA in at least one unit, with the goal to apply successful strategies facility-wide; and

i. It is a matter of public health and fiscal policy that patients in New Jersey's health care facilities receive health care that incorporates these best practices in infection control, not only to protect their health and lives, but also to ensure the economic viability of New Jersey's health care institutions.

C.26:2H-12.36 Hospitals required to implement an infection prevention program, reporting of cases of MRSA.

2. a. Within one month after the effective date of this act, all general hospitals licensed by the Department of Health and Senior Services pursuant to P.L.1971, c.136 (C.26:2H-1 et al.) shall implement an infection prevention program in their intensive care unit or units, as applicable, and if the hospital has no intensive care unit, then in another high-risk unit such as a surgical unit, or other unit where there is significant risk of facility-acquired infections.

Ultimately, the hospital shall expand the infection prevention program to all areas of the hospital, with the exception of an inpatient psychiatric unit, if applicable. The expansion of the infection prevention program shall be completed as quickly as feasible, taking into account the hospital's patient population, physical plant and other facility-specific circumstances.

b. In addition to any other best practices and effective strategies, the hospital shall incorporate the following strategies:

(1) identification and isolation of both colonized and infected patients by screening patients upon admission in order to break the chain of transmission;

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

(3) patient cultures for MRSA upon discharge or transfer from the unit where the infection prevention program has been implemented, and flagging of patients who are readmitted to the hospital;

(4) strict adherence to hygiene guidelines;

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

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

c. A general hospital shall report to the Department of Health and Senior Services, in a manner and according to a schedule prescribed by the Commissioner of Health and Senior Services, the number of cases of hospital-acquired MRSA that occur in its facility.

C.26:2H-12.37 Violations, penalties.

3. A general hospital that is in violation of the provisions of this act shall be subject to such penalties as the Commissioner of Health and Senior Services may determine pursuant to sections 13 and 14 of P.L.1971, c.136 (C.26:2H-13 and 26:2H-14).

C.26:2H-12.38 Report to the Governor, Legislature.

4. To the extent that funds permit, the commissioner shall report within 18 months after the effective date of this act and annually thereafter to the Governor and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), the Senate and General Assembly standing reference committees on health, on the effect of this act in reducing MRSA infections in hospitals.

5. This act shall take effect on the 30th day after enactment.

Approved August 2, 2007.