



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES

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JON S. CORZINE
Governor

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HEATHER HOWARD, J.D.
Commissioner

February 1, 2008

Dear Public Healthcare Partner:

On August 2, 2007, Governor Jon Corzine signed Senate Bill 2580 into law. P.L. 2007, c.120 (the Act), codified at *N.J.S.A. 26:2H-12.35 et seq.*, mandates all general hospitals licensed by the Department of Health and Senior Services (the Department) "...implement an infection prevention program in their intensive care unit or units...and if the hospital has no intensive care unit, then in another unit...where there is significant risk of facility-acquired infections."

In addition, the Act requires general hospitals to identify and isolate patients either infected or colonized with methicillin-resistant *Staphylococcus aureus* (MRSA); manage these patients with contact precautions as defined by the Centers for Disease Control and Prevention (CDC); perform surveillance testing as patients move from the unit where the infection prevention program has been implemented; "flag" MRSA-positive patients; strictly adhere to hygiene guidelines; develop written infection prevention and control policies with input from frontline caregivers; and educate workers regarding the modes of MRSA transmission, use of protective equipment, and other preventive measures.

In implementing the requirements of the Act, the New Jersey Department of Health and Senior Services (the Department) convened a MRSA advisory group under the leadership of Dr. Corey Robertson on August 21, 2007, which included representatives from the Department, both Northern and Southern New Jersey Chapters of the Association of Professionals in Infection Control and Epidemiology (APIC), the New Jersey Hospital Association (NJHA), the Infectious Diseases Society of New Jersey (IDSNJ), and the Medical Society of New Jersey (MSNJ).

Meeting participants determined that guidelines were needed to assist the State's general hospitals with implementing MRSA screening and management practices not only in a standardized way, but in a way that currently reflects widely accepted best practice. To this end, a working group was formed, which was comprised of members with expertise in the disciplines of public health, infection control, infectious disease medicine, quality improvement, and clinical microbiology. This working group was charged with drafting the attached Guidelines ("Guidelines"), which are based on a review of current scientific literature, expert opinion, and guidance promulgated by National APIC, the CDC/Hospital Infection Control Practices Advisory Committee, the Institute for Healthcare Improvement, and the Society for Healthcare Epidemiology of America. The Department then distributed a draft of the Guidelines for comments from a broader spectrum of stakeholders.

The Guidelines aim to assist general hospitals in implementing the Act in a uniform way. As such, general hospitals licensed by the Department should ensure that they are equipped with all the resources needed to implement the recommendations listed in these Guidelines.

The Guidelines, which are based on guidelines developed by a group of infection control professionals who responded to the need to standardize MRSA infection control practices among acute-care hospitals in Rhode Island, address 12 key issues: 1) screening protocols, 2) screening healthcare workers, 3) follow-up investigations for exposures to nonisolated MRSA-positive patients, 4) contact (isolation) precautions, 5) decolonization, 6) microbiology procedures, 7) surveillance methodologies, 8) identification of patients known to be MRSA-positive, 9) discontinuing isolation, 10) cohorting MRSA-positive patients, 11) education, and 12) environmental decontamination.

N.J.S.A. 26:2H-12.35 et seq. also requires a general hospital to “...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 hospital-acquired cases of hospital-acquired MRSA.” In light of this, the Department has identified CDC’s National Healthcare Safety Network (NHSN) MDRO and CDAD module, which is currently under development, as the means by which these data should be reported to the Department. The Department has identified hospital-onset MRSA infection rates and adherence to active surveillance MRSA testing as measures that shall be reported to the Department at a minimum. Hospitals will be required to report these data according to protocols written and published by CDC.

In addition, proposed amendments to *N.J.A.C. 8:57*, the State’s communicable disease administrative rules, require the reporting of these data, specifically: 1) the number of cases of hospital-onset MRSA bloodstream infections per 1000 patient days, specified by hospital unit where active surveillance testing for MRSA is being performed; and, 2) the percentage of eligible patients who have a MRSA surveillance test performed on admission to a hospital unit where active surveillance testing for MRSA is being done.

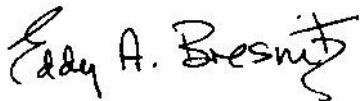
Furthermore, NHSN is also the system that has been identified by the Department to receive reports of other hospital-acquired infections as mandated by *N.J.S.A. 26:2H-12.39 et seq.*, the “Health Care Facility-Associated Infection Reporting and Prevention Act.” Given the crucial role that NHSN will play in hospital-acquired infection reporting, hospitals are encouraged to enroll in NHSN as soon as feasible if they have not already done so. For more information about NHSN, including how to enroll, hospitals should go to <http://www.cdc.gov/ncidod/dhqp/nhsn.html>. Of note, the Department is working with CDC to provide NHSN core training in the near future.

As a requirement of licensure, all general hospitals licensed by the Department should already have an infection control program in place in their intensive care units. The Department anticipates that general hospitals will be performing active surveillance for MRSA according to the Guidelines within 30 days of the Guidelines being disseminated via the New Jersey Local Information Network and Communications System (LINCS).

The Department realizes that implementation of an infection control program for MRSA that is in accordance with the Guidelines will be challenging for a variety of reasons. Therefore, the Department expects that the initial phase of this process will involve taking into account lessons learned from piloting the program in at least one high-risk area, and using this information to inform expansion of the program facility-wide as required by *N.J.S.A. 26:2H-12.35 et seq.* Taking the time to examine what things work (or do not work) with respect to MRSA screening and patient management will be critical if the overarching goal of the legislation—to reduce the burden of MRSA among patients hospitalized in general hospitals in New Jersey—is to be achieved. The Department will periodically assess the progress that general hospitals have made with respect to expansion of the program.

In closing, the Department thanks all the public healthcare partners who played a role in drafting these Guidelines. As it was truly a collaborative effort, the Guidelines should not be viewed as the Department's product, but rather the product of a dedicated group of individuals representing the Department, the NJ Chapters of APIC, NJHA, IDSNJ, MSNJ, the New Jersey Council of Teaching Hospitals, and the clinical microbiology community. The Department hopes the Guidelines will live up to their intent, and be of valuable assistance to all hospital staff that will be responsible for addressing this important patient safety issue. We view these Guidelines as a dynamic document that may require some modification as we move forward with implementation, based on input from end-users. If you have any questions, please call Dr. Corey Robertson at 609-588-7500.

Respectfully,

A handwritten signature in black ink that reads "Eddy A. Bresnitz". The signature is written in a cursive style with a large, stylized initial "E".

Eddy A. Bresnitz, M.D., M.S.
Deputy Commissioner/State Epidemiologist
Public Health Services Branch