FINAL BILL REPORT
ESHB 1123

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Synopsis as Enacted

Brief Description: Reducing the spread of multidrug resistant organisms.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Campbell, Morrell, Hunter, Pedersen, Chase, Ormsby, Simpson, Wood and Conway).

House Committee on Health Care & Wellness
Senate Committee on Health & Long-Term Care

Background:

Methicillin-Resistant Staphylococcus Aureus.

Staphylococcus aureus, or "staph," are bacteria that live on the skin and can cause infections ranging from pimples or boils to more serious infections of the internal organs. The majority of staph infections are minor and do not require treatment with antibiotics. More severe staph infections, however, are often treated with antibiotics. Methicillin-resistant staphylococcus aureus (MRSA) is a strain of staph that has become resistant to methicillin and other antibiotics.

Methicillin-resistant staphylococcus aureus is spread by touch or contact and can enter the body through cuts or surgical incisions. Methicillin-resistant staphylococcus aureus can lead to a range of health consequences from minor skin infections to more serious infections of organs and bones. Most MRSA infections are acquired in hospitals and other health care settings, but the number of MRSA infections acquired in the community has been increasing.

The Incidence of MRSA.

In 2007 the Centers for Disease Control and Prevention (CDC) estimated that approximately 94,360 people nationwide developed a serious MRSA infection in 2005. Of these people, the CDC estimated that approximately 18,650 died during a hospital stay related to the infection.

In Washington, the Department of Health (DOH) and local health jurisdictions have issued a variety of reports relating to MRSA that all indicate that the incidence of MRSA in Washington is increasing. For example, data collected by the DOH from hospitals and

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laboratories participating in Washington's Antibiotic Resistance Sentinel Network indicated that the percentage of staph infections identified as MRSA increased from 28 percent to 43 percent between 2002 and 2004. Data collected by several counties from hospitals, long-term care facilities, and outpatient clinics indicated that the rates of MRSA infections increased between 2003 and 2006.

In November of 2007, the Governor asked the DOH to monitor for invasive MRSA infections through voluntary lab reporting. Although the monitoring project confirmed that MRSA infections are occurring statewide, the DOH found that the utility of the data was limited. For example, the DOH found that it was impossible to use the data to calculate the total incidence of MRSA in the general population, to determine the severity of a given infection, or to determine whether a given patient was hospitalized.

In 2008 the DOH began to require hospitals to report incidences of MRSA through its Comprehensive Abstract Reporting System (CHARS). The CHARS collects data on patients discharged from a hospital. Information from the CHARS is used to help public health personnel, consumers, purchasers, payers, providers, and researchers make informed decisions regarding health care and health care policy.

Public Education About MRSA.

The DOH has developed a variety of materials to educate the public about MRSA. For example, the DOH collaborated with the Tacoma-Pierce County Health Department, Group Health Cooperative, and Multi-Care Health Systems to create a "Living with MRSA" booklet. The booklet contains a variety of information on MRSA including how it is transmitted, how it is treated, and how a person with MRSA should care for himself or herself. The DOH has also developed a fact sheet regarding MRSA skin infections that includes information on how to prevent the spread of the infection.

Hospital Polices on Infection Control.

The DOH, by rule, requires hospitals to develop and implement an infection-control program that must include written policies and procedures that are consistent with CDC guidelines. The policies must be specific to service areas when appropriate and must address a variety of issues, including the use of equipment, prevention of cross contamination, environmental management and housekeeping, occupational health, attire, traffic patterns, antisepsis and hand-washing, scrub technique and surgical preparation, biohazard waste management, barrier and transmission precautions, and pharmacy and therapeutics.

Hospitals are required to collect and report data concerning health-care associated infections, phased in as follows:

- beginning July 1, 2008, central line-associated bloodstream infections in the intensive care unit;
- beginning January 1, 2009, ventilator-associated pneumonia; and
- beginning January 1, 2010, surgical site infections for cardiac surgery, total hip and total knee replacement, and hysterectomy.

The DOH is required to convene an advisory committee that may include members representing infection control professionals and epidemiologists, licensed health care providers, nursing staff, organizations representing health care providers and facilities, health maintenance organizations, health care payers and consumers, and the DOH. The purpose of the advisory committee is to make recommendations to the DOH regarding its responsibilities relating to the reporting of health-care associated infections.

Summary:

Every hospital in the state must adopt a policy on MRSA by January 1, 2010. The policy must contain the following elements:

- a requirement that the hospital test any patient for MRSA who is a member of a patient population identified as appropriate based on the hospital's MRSA risk assessment;
- a requirement that a patient in the adult or pediatric ICU be tested for MRSA within 24 hours of admission unless the patient has already been tested during that hospital stay or has a previous history of MRSA;
- appropriate procedures for preventing a patient who tests positive for MRSA from transmitting MRSA to other patients, including isolation and cohorting. In hospitals where patients infected or colonized with MRSA will be roomed with patients who are not infected or colonized (or whose status is unknown), the hospital must notify patients that they may be roomed with MRSA-positive patients; and
- a requirement that every patient with a MRSA infection receive oral and written instructions regarding aftercare and precautions against spreading the infection.

A hospital that has identified a hospitalized patient with a MRSA diagnosis must report the infection to the DOH using the CHARS. When making the report, the hospital must use codes used by the U. S. Centers for Medicare and Medicaid Services, when available.

The Advisory Committee on Hospital-Acquired Infections must make an annual recommendation to the DOH as to whether current science supports expanding pre-surgical MRSA screenings prior to open chest cardiac, total hip, and total knee elective surgeries.

A physician, physician assistant, or advanced registered nurse practitioner must note the presence of MRSA on a patient's death certificate if it was a contributing factor in the patient's death.

Votes on Final Passage:

House	97	0	
Senate	45	0	(Senate amended)
House	97	0	(House concurred)

Effective: July 26, 2009