

AN ACT relating to health facility-acquired infections.

*Be it enacted by the General Assembly of the Commonwealth of Kentucky:*

➔SECTION 1. A NEW SECTION OF KRS CHAPTER 216B IS CREATED TO READ AS FOLLOWS:

*For the purposes of Sections 1 to 4 of this Act:*

*(1) "Health facility" means a hospital, rehabilitation or surgical center, nursing facility, ambulatory care center, or any health care facility operated by the state or licensed or regulated by the Cabinet for Health and Family Services;*

*(2) "Health facility-acquired infection" means a localized or systemic condition that:*

*(a) Results from adverse reaction to the presence of an infectious agent or agents or its toxins; and*

*(b) Was not present or incubating at the time of admission to the health care facility unless the infection was related to a previous admission to the same facility; and*

*(3) "Multi-drug resistant organism" or "MDRO," means any bacterium resistant to three (3) or more classes of antibiotics, including methicillin-resistant staphylococcus aureus (MRSA), vancomycin-resistant enterocci (VRE), and gram negative bacilli (GNB) or other organisms identified by the federal Centers for Disease Control and Prevention as a multidrug resistant organism.*

➔SECTION 2. A NEW SECTION OF KRS CHAPTER 216B IS CREATED TO READ AS FOLLOWS:

*The General Assembly finds and declares that:*

*(1) Almost two million (2,000,000) patients in the nation become infected after entering health care facilities each year and about one hundred thousand (100,000) die as a result of those infections;*

*(2) Methicillin-resistant staphylococcus aureus (MRSA) is a common staphylococcal infection that is resistant to powerful antimicrobial agents and is increasingly*

prevalent in health care settings;

- (3) Because it can survive on cloth and plastic for up to ninety (90) days, MRSA is frequently transmitted by contaminated hands, clothes, and noninvasive instruments and the number of patients who can become infected from one (1) carrier multiplies dramatically;
- (4) The federal Centers for Disease Control and Prevention estimates that one (1) in twenty (20) patients entering a health care facility carries MRSA and reports that MRSA accounts for sixty percent (60%) of infections in American hospitals in 2004, an increase from two percent (2%) in 1974;
- (5) The nationwide cost to treat hospitalized patients infected with MRSA is estimated to be almost five billion dollars (\$5,000,000,000);
- (6) Multidrug resistant infections are preventable, and recent data support a multifaceted approach to successfully combat infections, including routine screening, isolation of colonized and infected patients, strict compliance with hygiene guidelines, and a change in the institutional 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;
- (7) Virtually all published analyses that compare the cost of screening patients upon admission and the adoption of effective infection control practices with the cost of caring for infected patients conclude that caring for infected patients is much more expensive;
- (8) Routine screening and isolation of all patients with MRSA in hospitals in Denmark and Holland have reduced their MRSA infection rate to ten percent (10%) of their bacterial infections and, following a pilot program by the United States Department of Veterans Affairs' Pittsburgh Healthcare System that reduced MRSA infections in its surgical care unit by seventy percent (70%), all Department of Veterans Affairs health care facilities have been directed to

develop and implement similar procedures;

(9) The federal Centers for Disease Control and Prevention reports that the number of cases of health facility-acquired infections exceeds the number of cases of any other reportable disease, and more deaths are associated with health facility-acquired infection than several of the top ten (10) leading causes of death reported in the United States; and

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

➔SECTION 3. A NEW SECTION OF KRS CHAPTER 216B IS CREATED TO READ AS FOLLOWS:

(1) Within ninety (90) days of the effective date of this Act, all health care facilities shall implement an infection prevention program at least in intensive care units, surgical units, or other units or areas where there is a significant risk of health facility-acquired infection. By January 1, 2009, each health care facility's infection prevention program shall be implemented throughout the facility.

(2) As a condition of licensure, a health care facility shall implement best practices and effective strategies for an infection prevention program in accordance with subsection (1) of this section that include but are not limited to:

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

(b) Contact precautions as specified by the federal Centers for Disease Control and Prevention for patients found to be MRSA positive;

(c) Patient cultures for MRSA upon discharge or transfer from a unit where the infection prevention program has been implemented, and the

- identification of patients who are readmitted to the health care facility;
- (d) Strict adherence to hygiene guidelines that include but are not limited to health care facility staff hand washing prior to and after patient contact;
- (e) The development of a written infection prevention and control policy with input from front-line caregivers, and the posting of public notices regarding the infection prevention and control policy; and
- (f) A worker and staff education requirement regarding modes of transmission of MRSA, use of protective equipment, disinfection policies and procedures, and other preventive measures.
- (3) Each health facility shall include data and information about the number of cases of health facility-acquired infections in its data reporting pursuant to KRS 216.2920 to 216.2929. Data shall include but not be limited to:
- (a) The facility's rate of health facility-acquired infections;
- (b) The rate of health facility-acquired MDRO infections;
- (c) The total rate of MDRO infections for the facility and the community; and
- (d) The total number of MDRO infections found on surveillance cultures on admission and on positive conversions in the facility.
- (4) The Cabinet for Health and Family Services shall include the information required in subsection (3) of this section in its dissemination of information pursuant to KRS 216.2921 and may promulgate an administrative regulation pursuant to KRS Chapter 13A to implement the provisions of this section.
- (5) The secretary of the Cabinet for Health and Family Services shall report by each January 30 to the Legislative Research Commission and the Governor on the rate and trend of health facility-acquired infections and the effectiveness of the requirements of Sections 1 to 4 of this Act on reducing the rate of health facility-acquired infections.

➔ SECTION 4. A NEW SECTION OF KRS CHAPTER 216B IS CREATED TO

READ AS FOLLOWS:

*A health care facility that violates any provision of Section 3 of this Act shall for the first violation be cited and shall submit a corrective action plan within ten (10) business days of the citation. For a second violation, a health care facility shall be fined up to one thousand dollars (\$1,000) per day until the violation is corrected. For a third violation, a health care facility shall be subject to denial or revocation of license.*