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SENATE BILL 408

49TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2009

INTRODUCED BY

Dede Feldman

FOR THE LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE

AN ACT

RELATING TO PUBLIC HEALTH; CREATING THE HOSPITAL-ACQUIRED
INFECTION ADVISORY COMMITTEE; PROVIDING FOR HOSPITAL
PARTICIPATION; PROVIDING FOR SELECTION OF INFECTION INDICATORS;
ESTABLISHING REPORTING REQUIREMENTS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

Section 1. SHORT TITLE.--This act may be cited as the
"Hospital-Acquired Infection Act".

Section 2. DEFINITIONS.--As used in the Hospital-Acquired
Infection Act:

A. "advisory committee" means the hospital-acquired
infection advisory committee;

B. "department" means the department of health;

C. "hospital-acquired infection" means a localized
or systemic condition that results from an infection that

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1 occurs in a hospital that was not present or incubating at the
2 time of admission as an inpatient to the hospital, unless the
3 infection was related to a previous admission to the same
4 setting, and that meets the criteria for a specific infection
5 as defined by the national healthcare safety network;

6 D. "indicator" means a measure of a hospital-
7 acquired infection or other condition, process or serious
8 reportable event identified and defined by the advisory
9 committee that is based on objective, scientific standards and
10 that may be tracked and reported;

11 E. "national healthcare safety network" means the
12 secure, internet-based surveillance system that integrates
13 patient and health care personnel safety managed by the centers
14 for disease control and prevention of the federal department of
15 health and human services;

16 F. "participating hospital" means a hospital that
17 meets the criteria specified by the advisory committee or that
18 desires to participate in hospital-acquired infection
19 surveillance; and

20 G. "surveillance system" means a secure, internet-
21 based system designed for the collection of hospital-acquired
22 infection incidence and prevention data.

23 Section 3. ADVISORY COMMITTEE CREATED--MEMBERS--DUTIES.--

24 A. The "hospital-acquired infection advisory
25 committee" is created in the department to conduct surveillance

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1 of hospital-acquired infections. Members of the advisory
2 committee shall include:

3 (1) a consumer of health care services;

4 (2) a representative of the New Mexico
5 association for professionals in infection control and
6 epidemiology;

7 (3) a representative of the New Mexico
8 hospital association;

9 (4) a representative of the New Mexico medical
10 review association;

11 (5) a local representative of the society for
12 healthcare epidemiology of America; and

13 (6) the department's infectious disease
14 epidemiology bureau.

15 B. The advisory committee shall:

16 (1) establish objectives, definitions,
17 criteria and standards for the reporting of hospital-acquired
18 infections;

19 (2) work with hospitals to identify and
20 recruit volunteer participating hospitals in surveillance of
21 hospital-acquired infections and other indicators;

22 (3) develop objectives and action plans for
23 instituting a statewide program of surveillance of hospital-
24 acquired infections and other indicators;

25 (4) identify the specific infections and

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1 indicators that are to be subject to surveillance and
2 reporting;

3 (5) identify, and make recommendations
4 regarding, training in the use of the surveillance system or in
5 the prevention and control of hospital-acquired infections and
6 infectious disease;

7 (6) develop and disseminate to the public
8 appropriate reports of the findings of surveillance; and

9 (7) consult as necessary with technical
10 advisors who have regional or national expertise in the
11 prevention and control of hospital-acquired infections and
12 infectious disease.

13 Section 4. PARTICIPATING HOSPITALS--RECRUITMENT--
14 TRAINING.--

15 A. The advisory committee shall identify hospitals
16 willing and qualified to participate in surveillance of
17 hospital-acquired infections as identified by the advisory
18 committee. Recruitment of participating hospitals shall begin
19 on a voluntary basis and shall include at least six hospitals
20 representing rural and urban areas of the state. By July 1,
21 2011, the hospitals identified by the advisory committee as
22 qualified shall participate in the surveillance program.

23 B. The advisory committee shall identify specific
24 training and educational needs of participating hospitals, and
25 the department shall develop curricula to reflect the training

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1 and educational recommendations of the advisory committee. The
2 department shall provide training and educational support to
3 participating hospitals subject to available resources. The
4 department shall collaborate with the higher education
5 department to identify appropriate programs for training and
6 certification of infection control professionals.

7 Section 5. HOSPITAL-ACQUIRED INFECTIONS--INDICATORS.--

8 A. The advisory committee shall determine the
9 specific infections and indicators that are to be subject to
10 surveillance and reporting. Indicators of hospital-acquired
11 infections shall be selected based on scientific evidence that
12 the infection or condition can be prevented with implementation
13 and consistent use of evidence-based processes of care and on
14 appropriateness for the state. The advisory committee shall
15 consider the following indicators:

16 (1) central line associated bloodstream
17 infections;

18 (2) surgical site wound infections;

19 (3) ventilator assisted pneumonia;

20 (4) catheter associated urinary tract
21 infections; and

22 (5) other hospital-acquired infections that
23 the advisory committee may determine in consultation with
24 technical advisors who are regionally or nationally recognized
25 experts in the prevention, identification and control of

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1 hospital-acquired infections and the public reporting of
2 performance data.

3 B. Initially, and through calendar year 2009,
4 hospital-acquired infection surveillance shall be conducted on
5 the incidence of central line associated bloodstream infections
6 and health care worker influenza vaccination rates.

7 C. Beginning on January 1, 2010, the advisory
8 committee shall identify additional hospital-acquired
9 infection, condition or process indicators that will be tracked
10 and reported by participating hospitals. At least annually,
11 the advisory committee shall consider additional indicators
12 that meet the standard for selection identified in Subsection A
13 of this section.

14 Section 6. REPORTS.--

15 A. Participating hospitals shall report to the
16 department the incidence of selected indicators using the
17 national healthcare safety network surveillance system
18 according to a schedule recommended by the advisory committee
19 based on reporting frequencies identified by the national
20 healthcare safety network. Reported data shall be verifiable
21 and actionable.

22 B. The advisory committee shall determine the
23 content, format, venue and frequency of regular reports to the
24 public. Public reports shall be published no later than July
25 1, 2011 and periodically thereafter.

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