Executive Summary

*N.J.S.A 26:2H-12.35 et seq.* required that general hospitals implement an infection prevention program in their intensive care unit (ICU) or other “high-risk” setting.

One aspect of the “infection prevention program” was the mandatory reporting of MRSA data from this ICU to the NJ Department of Health (DOH). All patients admitted to the selected ICU had a nasal swab performed to test for MRSA. Once a patient is in this ICU for at least 3 days, any blood culture ordered for a clinical reason that tested positive for MRSA was considered a positive result and was reported to NJDOH.

2010 Data Results:
- Hospitals reported 95.3% compliance in performing the nasal swab.
- Hospitals reported 0.104 MRSA blood infections per 1000 patient days (NJ data).

Comparing 2009 and 2010:
- Hospitals reported 94.4% compliance in performing the nasal swab for 2009.
- Hospitals reported 0.142 MRSA blood infections per 1000 patient days for 2009.

Limitations/Caveats:
- Given the timing of implementation, data definitions did not coincide with national measures making comparisons with national data difficult.
- The MRSA bloodstream infections reported were based on positive laboratory tests, not clinical evaluations. Therefore, these results represent a “proxy” for true healthcare-acquired infections.
- The results are for a small number of patients, only patients in the ICU where hospitals were monitoring active surveillance testing (AST), making the infection rates difficult to interpret.

Future Plans:
In an attempt to address these limitations, MRSA reporting was modified starting January 2011:
- Hospitals are now reporting MRSA bloodstream infections hospital wide – including those that may have been acquired prior to admission.
- Hospitals have been trained in MRSA case definitions and data entry into the national system. This means that NJ’s data will now be comparable with other states participating in MRSA reporting.