

**TESTIMONY OF  
CONNECTICUT HOSPITAL ASSOCIATION  
SUBMITTED TO THE  
PUBLIC HEALTH COMMITTEE  
Wednesday, March 12, 2008**

**SB 579, An Act Concerning Methicillin-Resistant *Staphylococcus Aureus***

The Connecticut Hospital Association (CHA) appreciates this opportunity to present testimony in support of **SB 579, An Act Concerning Methicillin-Resistant *Staphylococcus Aureus***.

SB 579 requires each hospital to develop a plan to reduce the incidence of persons contracting methicillin-resistant *Staphylococcus aureus* (MRSA) infections at such hospital. The plan shall minimally include the strategies the hospital will implement to reduce the incidence of MRSA infections.

Connecticut hospitals support the requirement of SB 579 that hospitals develop plans to reduce the incidence of persons contracting infections from MRSA. This plan, along with hospitals' ongoing activities to reduce infections, and the work of the Department of Public Health's Committee on Healthcare-Associated Infections, together create a strong package of tools to combat the spread of MRSA.

Connecticut's hospital community is very concerned about the serious problem of MRSA and other multiple drug-resistant organisms (MDROs). We recognize the significant impact these infections have on the health and quality of life of patients, families, and people throughout our communities and we are committed to winning the battle against healthcare-associated infections. While this issue cuts across all sectors of healthcare and the community, hospitals have a significant role to play. For more than fifty years, hospitals have been on the front lines in efforts to prevent and treat antibiotic-resistant infections. The increased incidence of MRSA and other MDROs has made our job more complex, but has also served to strengthen our resolve to implement methods that will achieve significant reductions in hospital-associated infections. Patients at our hospitals deserve nothing less.

CHA recently embarked on a multi-tiered effort to address prevention and control of MDROs in healthcare facilities. A copy of the information announcing the effort is appended to this testimony. Our effort includes educational programs, such as an MDRO symposium held on February 1, 2008, which was attended by more than 150 healthcare professionals. Connecticut's hospitals have also made an infection prevention pledge part of this focused effort. In addition, CHA and Qualidigm launched an ongoing MDRO Collaborative, bringing together a working group of 30 acute care and long-term care hospitals to address quality improvements in infection prevention. Members of the collaborative are sharing all relevant information on infection prevention in their facilities as a means of achieving quality improvement across the board.

Through a website, listserv, regular conference calls, and coaching, collaborative participants are collecting information and rapidly implementing the latest patient safety improvements, with the intended result of decreasing infection rates.

We strongly believe that these efforts, combined with planning structures required by SB 579, will significantly reduce the incidence of persons contracting MRSA infections.

Thank you for your consideration of our position.

For additional information, contact CHA Government Relations at (203) 294-7310.

## **CONNECTICUT HOSPITAL INFECTION PREVENTION PLEDGE**

### **January 2008**

As leaders of Connecticut's hospital community, we are very concerned about the serious problem of methicillin-resistant *Staphylococcus aureus* (MRSA) and other multiple drug-resistant organisms (MDROs). We recognize the significant impact these infections have on the health and quality of life of patients, families, and people throughout our communities and we are committed to winning the battle against healthcare-associated infections. While this issue cuts across all sectors of healthcare and the community, hospitals have a significant role to play. For more than fifty years, hospitals have been on the front lines in efforts to prevent and treat antibiotic-resistant infections. The increased incidence of MRSA and other MDROs has made our job more complex, but has also served to strengthen our resolve to implement methods that will achieve significant declines in hospital associated infections. Patients at our hospitals deserve nothing less. **We therefore set forth the following *Connecticut Hospital Infection Prevention Pledge*:**

- 1. *Connecticut hospitals will partner with one another and with patients, families, other healthcare providers across the continuum of care, and the public to share information about infection prevention strategies and initiatives.***
  
- 2. *Connecticut hospitals will drive toward zero tolerance for noncompliance with scientifically proven infection prevention methods. We will create a non-negotiable expectation of compliance and accountability among staff and physicians, including the expectation that staff remind any provider failing to demonstrate compliance with hospital infection prevention measures. Hospitals will join forces to identify, adopt, and effectively implement methods to achieve consistent compliance with the following:***
  - a. *Appropriate hand hygiene***

Proper hand washing remains the single most important method of limiting or eliminating transmission of organisms. Hospitals will ensure that clinical staff, including new hires and trainees, understand key elements of hand hygiene and the appropriate technique. We will also provide alcohol-based hand rub and gloves at the point of care. We will enlist the help of patients and families in reminding staff to adhere to proper hand hygiene and in reporting non-compliance.
  
  - b. *Decontamination of the hospital environment and equipment***

Hospitals will educate staff on the importance of cleaning and proper methods, including providing a check list for each cleaning documenting that all areas were cleaned. Staff competence in cleaning and disinfecting procedures will be verified and immediate feedback mechanisms will be established to reinforce proper technique and compliance. Dedicated equipment will be provided for patients for whom isolation or contact precautions are in place.

**c. *Exercising of precautions for contact with patients with MDROs***

Staff training will reinforce the importance of adhering to precautions and proper barrier techniques when coming into contact with patients who have an MDRO. Adequate supplies, including gloves, masks and gowns, will be available and stored at the point of care for easy access. Families of patients with MDROs will be educated about precautions and patients will be instructed about hand hygiene and other precautions they can take to inhibit spread of organisms. Patients and families will be expected to adhere to infection prevention instructions. Staff will be expected to address noncompliance with infection prevention techniques, and patients and families will be asked for their help in reporting noncompliance if they observe it. Also, patients with MDROs will receive the same standard of care afforded all patients to prevent adverse events and ensure proper communication between the patient, family, and provider.

**d. *Implementation of specific care processes***

Many hospitals have reduced or eliminated device-related infections through the implementation of specific care processes that, when done together as a group, are scientifically proven to be especially effective in reducing transmission of organisms/infection. Specifically, Connecticut hospitals will commit to using groups of care processes that prevent ventilator-associated pneumonia and catheter-related bloodstream infections.

**e. *Careful antibiotic use***

Overuse of antibiotics, or using the wrong antibiotics, contributes to the creation and development of drug-resistant organisms that cause dangerous infections. The control of MDROs must include the judicious use of antibiotics to prevent the development of new MDROs. Hospitals will avoid unnecessary courses of antibiotics and help educate the public about the risks of demanding antibiotics when they are not indicated, use narrow spectrum antibiotics whenever possible, and limit the course of antibiotics to the shortest possible duration.

**3. *Connecticut hospitals will work collectively through the Connecticut Hospital Association to monitor, measure, and report on their progress in reducing MRSA/MDRO infections.***