

## **MRSA Reporting from NJ Acute-Care Hospitals – 2009**

*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 and Senior Services (NJDHSS). All patients admitted to the selected ICU had a nasal swab performed to test for MRSA. Once 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 NJDHSS.

### **2009 Data Results:**

- Hospitals reported ~94.4% compliance in performing the nasal swab.
- Hospitals reported 0.142 MRSA blood infections per 1000 patient days.

### **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 an “alternate” for true healthcare-acquired infections.
- The results are for a small number of patients, making the infection rates difficult to interpret.

### **Future Plans:**

In an attempt to address these limitations, MRSA reporting has been modified starting January 2011:

- Hospitals will now report 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.