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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 occurs in a hospital that was not present or incubating at the time of admission as an inpatient to the hospital, unless the infection was related to a previous admission to the same setting, and that meets the criteria for a specific infection as defined by the national healthcare safety network;
- D. "indicator" means a measure of a hospital-acquired infection or other condition, process or serious reportable event identified and defined by the advisory committee that is based on objective, scientific

1 standards and that may be tracked and reported;

2 E. "national healthcare safety network" means the  
3 secure, internet-based surveillance system that integrates  
4 patient and health care personnel safety managed by the  
5 centers for disease control and prevention of the federal  
6 department of health and human services;

7 F. "participating hospital" means a hospital that  
8 meets the criteria specified by the advisory committee or  
9 that desires to participate in hospital-acquired infection  
10 surveillance; and

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

14 Section 3. ADVISORY COMMITTEE CREATED--MEMBERS--  
15 DUTIES.--

16 A. The "hospital-acquired infection advisory  
17 committee" is created in the department to conduct  
18 surveillance of hospital-acquired infections. Members of the  
19 advisory committee shall include:

20 (1) a consumer of health care services;

21 (2) a representative of the New Mexico  
22 association for professionals in infection control and  
23 epidemiology;

24 (3) a representative of the New Mexico  
25 hospital association;

1 (4) a representative of the New Mexico  
2 medical review association;

3 (5) a local representative of the society  
4 for healthcare epidemiology of America; and

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

7 B. The advisory committee shall:

8 (1) establish objectives, definitions,  
9 criteria and standards for the reporting of hospital-acquired  
10 infections;

11 (2) work with hospitals to identify and  
12 recruit volunteer participating hospitals in surveillance of  
13 hospital-acquired infections and other indicators;

14 (3) develop objectives and action plans for  
15 instituting a statewide program of surveillance of  
16 hospital-acquired infections and other indicators;

17 (4) identify the specific infections and  
18 indicators that are to be subject to surveillance and  
19 reporting;

20 (5) identify, and make recommendations  
21 regarding, training in the use of the surveillance system or  
22 in the prevention and control of hospital-acquired infections  
23 and infectious disease;

24 (6) develop and disseminate to the public  
25 appropriate reports of the findings of surveillance; and

1                   (7) consult as necessary with technical  
2 advisors who have regional or national expertise in the  
3 prevention and control of hospital-acquired infections and  
4 infectious disease.

5           Section 4. PARTICIPATING HOSPITALS--RECRUITMENT--  
6 TRAINING.--

7           A. The advisory committee shall identify hospitals  
8 willing and qualified to participate in surveillance of  
9 hospital-acquired infections as identified by the advisory  
10 committee. Recruitment of participating hospitals shall  
11 begin on a voluntary basis and shall include at least six  
12 hospitals representing rural and urban areas of the state.  
13 By July 1, 2011, the hospitals identified by the advisory  
14 committee as qualified shall participate in the surveillance  
15 program.

16           B. The advisory committee shall identify specific  
17 training and educational needs of participating hospitals,  
18 and the department shall develop curricula to reflect the  
19 training and educational recommendations of the advisory  
20 committee. The department shall provide training and  
21 educational support to participating hospitals subject to  
22 available resources. The department shall collaborate with  
23 the higher education department to identify appropriate  
24 programs for training and certification of infection control  
25 professionals.

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

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

10                       (1) central line associated bloodstream  
11 infections;

12                       (2) surgical site wound infections;

13                       (3) ventilator assisted pneumonia;

14                       (4) catheter associated urinary tract  
15 infections; and

16                       (5) other hospital-acquired infections that  
17 the advisory committee may determine in consultation with  
18 technical advisors who are regionally or nationally  
19 recognized experts in the prevention, identification and  
20 control of hospital-acquired infections and the public  
21 reporting of performance data.

22           B. Initially, and through calendar year 2009,  
23 hospital-acquired infection surveillance shall be conducted  
24 on the incidence of central line associated bloodstream  
25 infections and health care worker influenza vaccination

1 rates.

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

9 Section 6. REPORTS.--

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

17 B. The advisory committee shall determine the  
18 content, format, venue and frequency of regular reports to the  
19 public. Public reports shall be published no later than  
20 July 1, 2011 and periodically thereafter. \_\_\_\_\_

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