

**Testimony before the  
Council of the District of Columbia  
Committee on Health**

**on**

**Bill 17-470 – “The MRSA Infection Prevention Act of 2007”**

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**Presented by  
Robert A. Malson  
President  
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Chairman Catania and members of the Committee on Health, I am Robert A. Malson, President of the District of Columbia Hospital Association (DCHA). Seated with me are Nancy Donegan, Director of Infection Control and Ligia Pic-Alaus, M.D., Hospital Epidemiologist, of the Washington Hospital Center. DCHA members employ approximately 30,000 people who are on the front lines for delivering quality health care and for responding to any medical emergency in the District of Columbia. We provide over 1 million days of patient care annually with an annualized occupancy rate of approximately 75 percent. In our private hospitals, the emergency room visits exceed 389,000 and, collectively, we provide nearly \$200,000,000 in unsponsored care annually. Clearly, we play a critical role in the District's health care delivery system.

Thank you for giving me the opportunity to present testimony on Bill 17-470, the MRSA Infection Prevention Act of 2007. The bill would require hospitals in the District of Columbia to implement extensive District-wide MRSA infection prevention programs that are not based on current literature of the Centers for Disease Control (CDC) guidelines. Methicillin resistant *Staphylococcus aureus* is one of many important pathogens that hospital infection control and epidemiology programs combat daily as we work to deliver safe care to district patients. While we applaud the goal of this initiative, we agree with statements in the recently drafted DC Department of Health guidelines for the Management of MRSA that "no set of guidelines can meet the needs of all institutions" and that each facility should implement institution-specific policies. Though current hospital MRSA prevention programs vary based on individual risk assessments, every hospital in

the District currently follows national CDC guidelines, DOH standards, OSHA regulations and Joint Commission standards regarding infection prevention that are required for the facility to be licensed and accredited. For the past 25 years, all DC hospitals have designed programs to control MRSA and have regularly modified their plans based on concurrent literature and CDC guidance. District hospitals want to ensure that the legislation does not divert attention and resources away from scientifically rationale approaches to activities that may be harmful to our patients and healthcare delivery system. We hope that any guidance or legislation is developed from recommendations that are proven to be effective and are likely to decrease risk to our patients.

All hospitals implement contact precautions for patients with MRSA and all use active surveillance cultures for MRSA to varying degrees. Hospitals agree, based on recent CDC guidelines, that active surveillance along with contact precautions should be used as a prevention tool more than in the past. We believe that each hospital should develop a plan to incrementally increase the use of active surveillance cultures while cautiously monitoring related issues such as access to DC Emergency Departments, availability of ICU beds and timely transfer to appropriate levels of care. We support the recent DOH document, Management of Methicillin-Resistant Staphylococcus aureus in Hospital and Non-Hospital Healthcare Settings that puts the focus on the ICU and, by design, requires biannual review and update. It is being developed collaboratively with input from DCHA hospitals but is not exclusive to hospitals and alludes to long term care facilities where many at-risk patients reside. We

hope that Bill 17-470 will be modified to refer to those guidelines for prevention details.

The bill, as written, poses numerous questions about definitions within the legislation. Terms that raise questions are “infection prevention program,” “hygiene guidelines,” “high-risk unit” and “hospital acquired.” Furthermore, on page one, lines 29-30, “taking into account the hospital’s patient population, physical plant and other facility-specific circumstances” raises the need for more concise definitions.

Mr. Chairman, we applaud the work you have done to make sure the District’s health care system includes methods to ensure the prevention of healthcare-associated infection transmission, including MRSA. We look forward to the opportunity to work with the DC government to draft a bill based on current DC DOH guidelines. We welcome the opportunity to answer your questions.