

New Jersey State Department of Health and Senior Services

Healthcare-Associated Infections Plan 2010

Introduction

The State of New Jersey has been proactive in creating programs to address the growing public health concerns of Healthcare Associated Infections (HAI). Some of the most current activities of note include the following:

- On August 2, 2007, New Jersey enacted a law that requires hospitals to implement best practices and effective strategies to prevent hospital-acquired infections in intensive care units (ICU) (or other high-risk units if they have no ICU). These include identifying patients colonized or infected with methicillin-resistant Staphylococcus aureus (MRSA), isolating those patients to prevent transmission to other patients, using contact precautions per CDC recommendations, screening patients for MRSA, strict adherence to hygiene guidelines, and educating healthcare workers. Subsequently, a multidisciplinary workgroup developed guidance to assist hospitals with implementing MRSA-related infection control activities in a standard, evidence-based way. This guidance became available in February 2008.
- On October 31, 2007, Governor Corzine signed into law the **Healthcare Facility Associated Infection Reporting and Prevention Act, N.J.S.A. 26: 2H-12:39 through 12.45**. The law requires New Jersey hospitals to collect and report information on HAI and related recommended processes of care to the New Jersey Department of Health and Senior Services (NJDHSS) Office of Health Care Quality Assessment (HCQA). In addition to establishing a coordinated statewide HAI surveillance effort, the law also calls for NJDHSS to publicly report facility-level rates of HAI in the annual New Jersey Hospital Performance Report. This report is a publication intended to reach several audiences including consumers, health care providers, and policymakers.
- To effectuate the **Healthcare Facility Associated Infection Reporting and Prevention Act**, new rules were developed and adopted in November 2008 at N.J.A.C. 8:56. These regulations require general acute care hospitals to report HAI data using the CDC's National Healthcare Safety Network (NHSN) methodology. HAI reporting metrics are to be selected by the Commissioner in consultation with the Quality Improvement Advisory Committee (QIAC). Hospitals will be notified by August 1 each year of required reporting metrics for the following calendar year.
- In order to provide expertise to the state regarding HAI prevention, a HAI Technical Work Group was established to provide recommendations to QIAC on various aspects of the HAI public reporting program. This Work Group currently consists of representatives from the northern and southern New Jersey chapters of the Association of Professionals in Infection Control (APIC), infectious disease physicians, the state hospital associations, and health care quality experts.
- As of April 26, 2009, 100% of hospitals are enrolled in the NHSN, have joined the New Jersey State HAI Group, and have Conferred Rights to NJDHSS to view their data.
- NJDHSS began collecting data on the Surgical Care Improvement Project (SCIP) process quality measures since 2006. These data were first published in the 2007 New Jersey Hospital Performance Report.

- In recognition of the CDC's work through the Healthcare Infection Control Practices Committee (HICPAC) to provide evidence based recommendations, the state developed regulations to promote adherence to the HICPAC recommendations under Hospital Licensing Standards: N.J.A.C.8:43G-14.1(d)1iii. Similar regulations have been adopted for Ambulatory Care and Rehab Hospitals.
- The New Jersey Hospital Association's (NJHA) Institute for Quality and Patient Safety was established in 2002 to support and enhance the ability of healthcare providers to improve the quality of care delivered by the state's hospitals. The Institute's purpose is to assist hospitals in developing and implementing programs and resources to improve the quality of healthcare processes. Many nationally recognized HAI reduction collaboratives have been implemented in hospitals throughout the state. On November 6th and December 4th, the Department of Health and Senior Services met with the New Jersey Hospital Association to review existing collaborative efforts to reduce healthcare-associated infections in New Jersey and to discuss potential approaches to enhancing coordination and collaboration in HAI prevention efforts.

NJDHSS has been awarded \$217,067 dollars by the U.S. Department of Health and Human Services Centers for Disease Control and Prevention (CDC), American Recovery and Reinvestment Act, Epidemiology and Laboratory Capacity for Infectious Diseases (ELC), Healthcare-Associated Infections – Building and Sustaining State Programs to Prevent Healthcare-Associated Infections grant. NJDHSS has also been awarded approximately \$500,000 dollars by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services to increase the frequency of surveys to Medicare certified ambulatory surgery centers (ASCs) and to expand the depth of inspection of infection prevention measures.

This funding has provided the state with the opportunity to create a comprehensive HAI Prevention plan that incorporates existing activities with new program objectives that will communicate the important initiatives and priorities of HAI prevention to key stakeholders. The plan will serve to enhance coordination efforts and stimulate new programs and funding that support healthcare quality initiatives throughout the state. The US Department of Health and Human Service (HHS) developed an action plan to assist states in achieving national goals consisting of 5-year national prevention targets, improved quality and standardization of metrics, and prioritization and implementation of evidence- based prevention methods. The four components of the HAI Prevention plan include:

1. Developing HAI program infrastructure
2. Surveillance, detection, reporting and response
3. Prevention
4. Evaluation, oversight and communication

The state has developed a comprehensive plan based on these four components that will create a coordinated effort for the prevention of HAIs in the patients that are served across the healthcare continuum in the state of New Jersey.

New Jersey HAI Prevention Plan Summary

A. Developing HAI program infrastructure

In recognition of the collaborative efforts of the NJDHSS units involved in HAI prevention activities, an Office of HAI Prevention has been proposed. Resources permitting, this Office would be established for the purpose of coordinating the Department's HAI prevention activities and acting as liaison with HAI prevention partners in the State. This Office will be vital to the plan's success and will rely on the HAI Technical Work Group for advisement and recommendations to implement the plan.

NJDHSS currently consults with two advisory committees on HAI issues: the Quality Improvement Advisory Committee (QIAC) and the HAI Technical Work Group for Public Reporting. The QIAC, a Commissioner-appointed committee composed of health care quality experts, the state hospital associations, the Medicare QIO, academia, representatives from hospital administration, and consumer advocacy groups, is responsible for reviewing and providing recommendations on quality and patient safety issues, including the State's HAI Public Reporting Program. As noted above, the HAI Technical Work Group was established following passage of the HAI public reporting legislation to advise QIAC on development and implementation of the HAI Public Reporting program and consists of representatives from the New Jersey APIC Chapters, infectious disease physicians, hospital associations, and health care quality experts.

To establish a multidisciplinary advisory committee to advise the Department on continued development and implementation of the State HAI Plan, NJDHSS plans to assess the membership of the existing HAI Technical Work Group on Public Reporting and may expand membership, as deemed necessary, to include important organizations that are key stakeholders in HAI prevention (QIO, NJHA, laboratorians, etc.)

An organizational chart has been developed that serves to communicate the relationships and communication channels established among the state agencies involved in coordinating quality healthcare (see appendix A).

The HAI targets that are aligned with HHS goals for 2009 are:

- CLA-BSI in adult, pediatric, and neonatal critical care units
- SSI for designated surgical populations: Abdominal Hysterectomies, Coronary Bypass Graft procedures

The state laboratory will continue to integrate services to meet the growing demand for HAI-related data and prevention activities. Standardized reporting formats within the Communicable Disease Reporting and Surveillance System (CDRSS) and mandatory electronic reporting from all labs in the state by 2010 will increase the effectiveness of surveillance capabilities to the extent that HAIs are associated with reportable disease conditions in NJ. The expertise of epidemiologists that currently investigate communicable disease outbreaks will be enhanced to include HAI activities. The anticipated increase in surveillance will require a reevaluation of current capacity in order to meet the needs of the state in the future.

B. Surveillance, detection, reporting and response

Surveillance and outbreak detection will be enhanced by NHSN and CDRSS standardization. Regulations are in place for reporting processes and communication methods are well established to disseminate the HAI Prevention plan and respective data. Baseline data collected via NHSN is currently being collected and the first report is slated for publication in the fall of 2010. The quantity of the data will be expanded and the validation of such data will need to be performed in order to ensure the quality. Supported by limited ARRA funds, NJDHSS plans to contract with a consultant to develop data validation methodology and conduct a preliminary assessment in a sample of hospitals, commencing in 2010.

Improved surveillance and reporting will require increased staffing at the healthcare provider level in order to facilitate these processes. The Health Facilities Evaluation and Licensing Division (HFE&L) will reassess oversight through survey processes to enforce the current Infection Prevention staffing requirements in acute care facilities. In addition, the state must examine ways to incentivize the hospitals to increase administrative support and the adoption of electronic surveillance systems to support the quality and quantity of data necessary to develop a strong HAI prevention program.

The state has enjoyed ongoing infection prevention education programs that participants such as Infection Preventionists, State licensure officials, local health officials, and representative's from Long Term Care, Acute Care, and Ambulatory Care are the beneficiaries of on an ongoing basis. Future programs will align with the HAI Prevention plan priorities and objectives.

C. Prevention

The New Jersey Hospital Association has a long-standing history of developing successful collaborative programs throughout the state. The proposed Office of HAI Prevention would partner with the NJHA to strengthen these efforts and develop a coordinated approach in alignment with the State's HAI Prevention Plan. The ultimate goal is to adopt evidence-based practices within all healthcare facilities that provide care to the residents of New Jersey. The Office of HAI Prevention would be responsible for the promotion of these efforts by coordinating relevant activities among NJDHSS programs. The primary focus will be a CLA-BSI initiative. The second collaboration project will be determined with the advisement of the HAI Work Group.

D. Evaluation, oversight and communication

The Commissioner of NJDHSS reviews HAI activities annually and the Office of HAI Prevention would work closely with the HAI Work Group and QIAC to communicate opportunities for improvement for each successive year. The State HAI Prevention plan will be communicated through established channels, including: the NJ Local Information and Communications System (NJ LINCS), professional organizations, webinars, Infectious Diseases Society of New Jersey meetings, NJHA, the Communicable Disease Service newsletter and the like. The public will have access to HAI Prevention data and information through the New Jersey Hospital Performance report and the New Jersey Website.

Table 1: New Jersey DHSS infrastructure planning for HAI surveillance, prevention and control.

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
Level I	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Establish statewide HAI prevention leadership through the formation of multidisciplinary group or state HAI advisory council	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	i. Collaborate with local and regional partners	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ii. Identify specific HAI prevention targets consistent with HHS priorities	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	iii. Assess membership of the existing HAI Technical Workgroup and consider expansion to include additional stakeholders such as the QIO, laboratorians, and the Infectious Diseases Society of NJ. iv. Pursue the establishment of an Office of HAI Prevention to coordinate NJDHSS programs related to HAI prevention activities, which will be based on available resources.	
Level I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. Establish a HAI surveillance prevention and control program	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	i. Designate a State HAI Prevention Coordinator	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ii. Develop dedicated, trained HAI staff with at least one FTE to oversee the four major HAI activity areas.	
Level I	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Integrate laboratory activities with HAI surveillance, prevention and control efforts. i. Improve laboratory capacity to confirm emerging resistance in HAI pathogens and perform typing	

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ii. Continue work toward establishing a statewide antibiogram using cumulative antibiogram data provided by hospital clinical laboratories in the State.	Ongoing
Level II	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Improve coordination among government agencies or organizations that share responsibility for assuring or overseeing HAI surveillance, prevention and control.	Ongoing
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Facilitate use of standards-based formats by healthcare facilities for purposes of electronic reporting of HAI data. i. Adopt regulations requiring hospital reporting of HAI data via the NHSN	2009

Table 2: New Jersey State DHSS planning for surveillance, detection, reporting, and response for HAIs

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
Level I	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Improve HAI outbreak detection and investigation	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	i. Work with partners including CSTE, CDC, the state legislature, and providers across the healthcare continuum to improve outbreak reporting to local health departments and NJDHSS	Ongoing
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ii. Establish protocols and provide training for health department staff to investigate outbreaks, clusters or unusual cases of HAIs.	Ongoing
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	iii. Develop mechanisms to protect facility/provider/patient identity when investigating incidents and potential outbreaks during the initial evaluation phase where possible to promote reporting of outbreaks	Ongoing
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	iv. Improve overall use of surveillance data to identify and prevent HAI outbreaks or transmission in HC settings (e.g., hepatitis B, hepatitis C, multi-drug resistant organisms (MDRO), and other reportable HAIs)	Ongoing
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Enhance laboratory capacity for state and local detection and response to new and emerging HAI issues.	2010
Level II	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Improve communication of HAI outbreaks and infection control breaches	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	i. Develop standard reporting criteria including, number, size and type of HAI outbreak for local health departments, NJDHSS and CDC	Ongoing
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ii. Establish mechanisms or protocols for exchanging information about outbreaks or breaches among state and local governmental partners	Ongoing
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	iii. Develop HAI outbreak criteria and definitions to establish a formal reporting process to public health officials.	2010

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>4. Identify at least 2 priority prevention targets for surveillance in support of the HHS HAI Action Plan</p> <ul style="list-style-type: none"> i. Central Line-associated Bloodstream Infections (CLA-BSI) ii. <i>Clostridium difficile</i> Infections (CDI) iii. Catheter-associated Urinary Tract Infections (CAUTI) iv. Methicillin-resistant Staphylococcus aureus (MRSA) Infections v. Surgical Site Infections (SSI) vi. Ventilator-associated Pneumonia (VAP) 	<p>Ongoing</p> <p>2010</p> <p>Ongoing</p> <p>Ongoing</p>
	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<p>5. Adopt national standards for data and technology to track HAIs (e.g., NHSN).</p> <ul style="list-style-type: none"> i. Develop metrics to measure progress towards national goals (align with targeted state goals). ii. Establish baseline measurements for prevention targets iii. Develop methodology in collaboration with the CDC and state Advisory Committees to identify appropriate comparative data metric (e.g., SIR). 	<p>Ongoing</p> <p>2009</p> <p>2010</p>
	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<p>6. Develop state surveillance training competencies</p> <ul style="list-style-type: none"> i. Conduct local training for appropriate use of surveillance systems (e.g., NHSN) including facility and group enrollment, data collection, management, and analysis ii. Add HAI outbreak detection surveillance education for CDS staff. 	<p>Ongoing</p> <p>2010</p>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>7. Develop tailored reports of data analyses for state or region prepared by state personnel</p>	<p>2010</p>
Level III	<input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<p>8. Validate data entered into HAI surveillance (e.g., through healthcare records review, parallel database comparison) to measure accuracy and reliability of HAI data collection, contingent on available funding and staff</p> <ul style="list-style-type: none"> i. Develop a validation plan 	<p>2010</p> <p>2010</p>

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ii. Pilot test validation methods in a sample of healthcare facilities	2010
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	iii. Modify validation plan and methods in accordance with findings from pilot project	2010
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	iv. Implement validation plan and methods in all healthcare facilities participating in HAI surveillance	2011
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	v. Analyze and report validation findings	2011
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	vi. Use validation findings to provide operational guidance for healthcare facilities that targets any data shortcomings detected	2011
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. Develop preparedness plans for improved response to HAI	Ongoing
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	i. Define processes and tiered response criteria to handle increased reports of serious infection control breaches (e.g., syringe reuse), suspect cases/clusters, and outbreaks	Ongoing
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ii. Add HAI outbreak detection surveillance education for CDS staff.	Ongoing
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. Collaborate with professional licensing organizations to identify and investigate complaints related to provider infection control practice in non-hospital settings, and set standards for continuing education and training	Ongoing
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	i. Develop a formal reporting process related to breeches in infection control practices in collaboration with licensing agencies.	Ongoing
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11. Adopt integration and interoperability standards for HAI information systems and data sources	2010
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	i. Improve overall use of surveillance data to identify and prevent HAI outbreaks or transmission in HC settings (e.g., hepatitis B, hepatitis C, multi-drug resistant organisms (MDRO), and other reportable HAIs) across the spectrum of inpatient and outpatient healthcare settings	2010
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ii. Promote definitional alignment and data element standardization needed to link HAI data across the nation.	2009

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Enhance electronic reporting and information technology for healthcare facilities to reduce reporting burden and increase timeliness, efficiency, comprehensiveness, and reliability of the data	2010
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	i. Report HAI data to the public	2010
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ii. Incentivize ACF to adopt electronic surveillance tools and hire administrative staff to assist with data reporting efforts	2010
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	iii. Develop new methods to assess healthcare facilities' compliance with Infection Prevention staffing requirements.	2010
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	13. Make available risk-adjusted HAI data that enables state agencies to make comparisons between hospitals.	2010
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. Enhance surveillance and detection of HAIs in nonhospital settings	2010

Table 3: New Jersey State DHSS planning for HAI prevention activities

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
Level I	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Implement HICPAC recommendations. i. Develop strategies for implementation of HICPAC recommendations for at least 2 prevention targets specified by the state multidisciplinary group.	Ongoing
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ii. Develop second collaborative target to align with HHS prevention targets based on current State collaborative efforts.	2010
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. Establish prevention working group under the state HAI advisory council to coordinate state HAI collaboratives i. Assemble expertise to consult, advise, and coach inpatient healthcare facilities involved in HAI prevention collaboratives.	2010
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ii. Develop formal partnership with NJHA to integrate collaborative efforts and methodologies.	2010
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Establish HAI collaboratives with at least 10 hospitals (i.e. this may require a multi-state or regional collaborative in low population density regions) i. Identify staff trained in project coordination, infection control, and collaborative coordination.	Ongoing
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Ongoing
	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Ongoing
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Develop state HAI prevention training competencies i. Consider establishing requirements for education and training of healthcare professionals in HAI prevention (e.g., certification requirements, public education campaigns and targeted provider education) or work with healthcare partners to establish best practices for training and	Ongoing

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
			certification	
Level II	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Implement strategies for compliance to promote adherence to HICPAC recommendations	Ongoing
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	i. Continue to update statutory or regulatory standards for healthcare infection control and prevention or work with healthcare partners to establish best practices to ensure adherence	Ongoing
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ii. Coordinate/liaise with regulation and oversight activities such as inpatient or outpatient facility licensing/accrediting bodies and professional licensing organizations to prevent HAIs	Ongoing
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	iii. Improve regulatory oversight of hospitals, enhancing surveyor training and tools, and adding sources and uses of infection control data	2011
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	iv. Work with healthcare partners to establish best practices to ensure adherence in currently unregulated settings	Ongoing
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Enhance prevention infrastructure by increasing joint collaboratives with at least 20 hospitals (i.e. this may require a multi-state or regional collaborative in low population density regions)	2011
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Continue to collaborate with various entities to prevent HAIs in nonhospital settings (e.g., long term care, dialysis)	Ongoing

Table 4: New Jersey State DHSS HAI communication and evaluation planning

Planning Level	Check Items Underway	Check Items Planned	Items Planned for Implementation (or currently underway)	Target Dates for Implementation
Level I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1. Conduct needs assessment and/or evaluation of the state HAI program to learn how to increase impact	2010
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> i. Establish evaluation activity to measure progress towards targets ii. Establish systems for refining approaches based on data gathered 	2011
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Develop and implement a communication plan about the state’s HAI program and progress to meet public and private stakeholders needs <ul style="list-style-type: none"> i. Disseminate state priorities for HAI prevention to healthcare organizations, professional provider organizations, governmental agencies, non-profit public health organizations, and the public 	2010
Level II	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Provide consumers access to useful healthcare quality measures	2010
Level III	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Identify priorities and provide input to partners to help guide patient safety initiatives and research aimed at reducing HAIs	2010

Development and Implementation of New Jersey's Healthcare-Associated Infections Plan

