MASSACHUSETTS HOSPITAL ASSOCIATION

Lynn Nicholas, FACHE
President and Chief Executive Officer

May 29, 2008

Honorable Henry A. Waxman
U.S. House of Representatives
Chairman, Committee on Oversight and Government Reform
2157 Rayburn Office Building
Washington, DC 20515-6143

Dear Mr. Chairman:

The Massachusetts Hospital Association (MHA) is pleased to have the opportunity to respond to the questions in your letter of May 6, 2008 regarding healthcare-associated infections (HAI). The MHA has collaborated with public and private sector organizations in several state and national initiatives to reduce HAIs in hospitals. This letter will describe those efforts in the context of our response to the specific questions posed in the May 6 letter.

1. *If known, what are the median and overall rates of central line-associated bloodstream infections in the intensive care units in hospitals in your state, using standard definitions of CLABSI's as provided by the Centers for Disease Control (CDC) and Prevention for the purposes of the National Healthcare Safety Network?.*

Massachusetts acute care hospitals will begin reporting data on Central Venous Catheter Bloodstream Infections (CVC-BSI) in Intensive Care Units (ICUs) via the CDC's National Healthcare Safety Network (NSHN) beginning July 1, 2008. Hospitals have granted access to these CVC-BSI data (and other HAI data) to the Massachusetts Department of Public Health (MDPH) for the purpose of reporting hospital-specific data to the public. Until that data becomes publicly available at the aggregate and hospital-specific levels in 2009, we cannot say what the median and overall rates of these bloodstream infections are in Massachusetts hospitals.

Well in advance of the DPH public reporting mandate, Massachusetts hospitals took a voluntary approach to public reporting, under our broad quality and safety agenda called *Patients First*. The MHA conducted a pilot test in 2006 of several measures endorsed by the National Quality Forum (NQF) in their voluntary consensus standards for nursing-sensitive care, including the NQF's measure NSC-7 Central Line Catheter-Associated Bloodstream Infection Rate for Intensive Care Unit and Neonatal Care Unit Patients.[1] The findings of the pilot test were reported in the January-March 2008 Journal of Nursing Care Quality.[2] The group of 21 non-teaching hospitals that tested the measure reported a weighted mean rate of 2.58 infections per 1,000 central-line days for medical-surgical ICUs and a median hospital rate of 0.00. Because the sample of hospitals in Massachusetts that tested the measure was a voluntary convenience sample and the measure specifications and definitions were being used for the first time, we cannot claim that these rates are representative of the true underlying ICU CLABSI rate among Massachusetts hospitals. We reported the rates in the journal to advance the sharing of knowledge about the nursing-sensitive care measures and

[1] The CDC was the measure developer for this measure, which is specified in The Joint Commission's Implementation Guide for the NQF Endorsed Nursing-Sensitive Care Performance Measures {Version 1.00, December, 2005).
[2] Smith DP, Jordan HS. *Piloting Nursing-Sensitive Care Measures in Massachusetts.* J Nurs Care Qual. 2008;23(1):23-33

report them again here to demonstrate the interest of MHA and the participating hospitals in acting to reduce the incidence of this HAI.

2. *If the rates are unknown or if the median rate is above zero, do you have plans to replicate the Michigan Hospital Association program in your state? If so, when do you anticipate initiating the program?* Massachusetts hospitals are active participants in a variety of initiatives that adopt aspects of the Michigan Hospital Association program to reduce these bloodstream infections. Sixty Massachusetts hospitals enrolled in the Institute for Healthcare Improvement's (IHI) *100,000 Lives Campaign* and its successor, the *5 Million Lives Campaign.* One of the improvements in care adopted by hospitals enrolled in these campaigns targets CLABSI through a five-step bundle of interdependent, scientifically grounded care practices that include proper hand washing and cleaning the patient's skin with the antiseptic chlorhexidine. Fifty-three Massachusetts hospitals enrolled in and have begun to implement that specific set of interventions under these voluntary campaigns.

Within the last year, 18 hospital representatives served on the Commonwealth of Massachusetts Betsy Lehman Center (BLC) for Patient Safety and Medical Error Reduction Healthcare Associated Infection Expert Panel. The Expert Panel was convened through MDPH and BLC to fulfill a directive of Massachusetts' 2006 healthcare reform law that MDPH develop a statewide HAI infection prevention and control program. In addition to the uniform public reporting of ICU CVC-BSI rates (and other HAI measures) described earlier, the panel endorsed nine guidelines for implementation in Massachusetts hospitals to reduce HAIs. The guidelines were adapted from nationally accepted standards developed by CDC, the American Thoracic Society, the Infectious Diseases Society of America, and the Society for Healthcare Epidemiology of America. One of the nine guidelines addresses prevention of bloodstream infections and contains 103 specific best-practice recommendations. MDPH has announced that it will hire additional surveyors to monitor hospital use of the best-practice recommendations as it enforces adherence to the standards through expansion of its current hospital survey system. The complete set of recommendations may be found at www.mass.gov/dph/betsylehman under "Patient Safety Topics."

We are confident that the combination of these interventions will produce reductions in bloodstream infection rates similar to those reported in Michigan.

3. *What other activities are your member hospitals taking to address healthcare-associated infection? Which infections are you targeting? What is your evidence of success?*

The collaborative initiatives with the IHI Campaigns and the MDPH/BLC address several other types of HAI. On the measurement and reporting front, public reporting of HAI rates via MDPH and the NSHN will also address surgical site infections (SSI) for hip and knee arthroplasty in addition to ICU CVC-BSI. NSHN will also be the vehicle for reporting to BLC hospital data on SSI for hysterectomy and coronary artery bypass grafts as well as influenza vaccination of healthcare workers. Under the MDPH infection and control program hospitals will be expected to monitor internally rates of ventilator-associated pneumonia (VAP) and to report to the BLC VAP-prevention process measures addressing elevation of the head of the patient's bed and the daily application of assessments of readiness to discontinue mechanical ventilation. Plans are underway with MDPH/BLC to conduct a point prevalence study of Methicillin-resistant *Staphylococcus aureus* (MRSA) and institute internal hospital measurement and monitoring of *Clostridium difficile*-associated disease. Hospitals in Massachusetts also report on infection prevention measures adopted by the Hospital Quality Alliance, such as the timely administration of prophylactic antibiotics for surgical patients and related measures.

The recommendations of the MDPH/BLC HAI Expert Panel regarding guidelines and best practices for adoption by Massachusetts hospitals that will guide the MDPH hospital survey program address seven other specific areas in addition to the bloodstream infection guidelines and practices described earlier. These seven areas are:

- Hand Hygiene Recommendations
- Standard Precautions in Hospitals
- Contact Precautions in Hospitals
- Environmental Measures for the Prevention and Management of Multi-drug Resistant Organisms
- Prevention of Ventilator-Associated Pneumonia
- Prevention of Surgical Site Infections
- Prevention of Catheter-Associated Urinary Tract Infections

MHA is also supporting and cooperating in the efforts of the renowned Massachusetts Coalition for the Prevention of Medical Errors. Every hospital in Massachusetts is participating in the Coalition's collaborative programs to assist hospitals in implementing best practice prevention methods with a particular focus on CLABSI, VAP, and MRSA. The Coalition's programming is another direct outgrowth of hospitals' cooperative efforts with DPH/BLC to design and implement a statewide HAI infection prevention and control program under the healthcare reform law.

We hope that the evidence of success of these initiatives will be provided by the measurement and public reporting framework that we have described in this reply.

Hospitals in Massachusetts are proud of their role in helping to build and implement the programs that we have described here and are committed to working to achieving success in dramatically reducing HAIs and their impact on our patients and communities. Despite this progress, however, we do concur with the findings of the GAO report that stronger leadership at the federal level is needed to assure coordination and prioritization of HAI prevention efforts, with integration of extant databases to allow maximum and timely learning. More coordinated, streamlined measurement would free up scarce clinical resources to focus instead, and more importantly, on improvements in patient care outcomes and their related costs.

One should not overlook the tremendous capacity of the state hospital associations to serve as the "effector arm" and assist the federal government achieve its HAI prevention objectives. Such a partnership would reposition the state hospital associations as the accountable and responsible agents for statewide achievement of our common goals in patient care quality and safety. Additional funding from the government would serve to accelerate these activities and their intended outcomes. The Massachusetts Hospital Association would be happy to collaborate further with other hospital associations as well as HHS, CDC and the Hospital Quality Alliance to guide a more coordinated approach.

Please let me know if there is other information that I might provide on behalf of Massachusetts hospitals.

Sincerely,

Lynn Nicholas

Lynn Nicholas, FACHE
President & Chief Executive Officer