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May 29, 2008

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SENT VIA FAX AND U.S. POSTAL SERVICE

Honorable Henry A. Waxman
U.S. House of Representatives
Chairman, Committee on Oversight and Government Reform
2157 Rayburn Office Building
Washington, DC 205515-6143

Dear Representative Waxman:

Thank you for giving the Mississippi Hospital Association (MHA) the opportunity to respond to your inquiry regarding healthcare associated infections. Mississippi hospitals are actively engaged in efforts to provide the highest quality care possible and to improve patient safety through the implementation of evidence-based protocols/practices. We appreciate your interest in this important subject.

In your letter, you referred to the excellent work done through the Michigan Hospital Association Keystone Program. This program is a good example of how state hospital associations can positively impact quality of care issues. In Mississippi, we lack funding to initiate a program equivalent to Keystone; however, the association has ongoing relationships with organizations with whom goals are shared and programs are collaboratively implemented. MHA has worked diligently over the past 5 years to address a variety of quality of care issues including hospital acquired infections. We are actively engaged with Information & Quality Healthcare (IQH), the quality improvement organization (QIO) in Mississippi, to raise standards of health care in our State. MHA is a founding member of the Mississippi Patient Safety Coalition which has eleven member-organizations representing major health care associations for hospitals and nursing homes; Blue Cross/ Blue Shield; associations representing physicians, nurses, pharmacists; the MS State Department of Health; IQH; and AARP representing consumers of health care. The Coalition along with quality-focused partners across the state sponsor an Annual Patient Safety Summit with nationally recognized speakers presenting cutting-edge content. MHA has a Patient Safety Special Interest Group providing quarterly forums and on-line newsletters focusing on quality and safety.

In response to the questions posed in your letter, we offer the following responses:

Question 1: <u>Median and mean rates for central line infections in ICUs</u>

At this time, Mississippi does not collect statewide data related to catheter-associated bloodstream infection (CA-BSI) rates. However, based upon our work with hospitals statewide, we believe the majority of hospital ICUs are performing surveillance for CA-BSI using CDC definitions to identify infections and compare infection rates across national data. Voluntary systems in which Mississippi hospitals participate include

Responds to a May 6, 2008, letter.

the National Healthcare Safety Network (NHSN), a secure, internet-based surveillance system that integrates patient and healthcare personnel safety surveillance systems managed by the Division of Healthcare Quality Promotion (DHQP) at CDC; a voluntary reporting and quality improvement system through VHA; and participation in the Institute for Healthcare Improvement (IHI) 100,000 Lives/5 Million Lives Campaigns.

In the 2008 Session of the Mississippi Legislature, a bill passed authorizing a statewide mandatory discharge data system for Mississippi hospitals. This system will be implemented over the coming year offering improved state-level data availability as well as a platform for future data programs and quality improvement initiatives. The Mississippi Hospital Association helped author the legislation and supported its passage.

Question 2: Plans to replicate Michigan Hospital Association

MHA is committed to assisting member-hospitals improve patient care quality through a variety of methods. We do not have specific plans to replicate the Michigan Keystone Program due to financial constraints; however, we will continue to support voluntary initiatives within Mississippi hospitals by providing education, promoting opportunities for shared best practices, and encouraging voluntarily participate in programs utilizing evidence-based quality improvement methodologies. We recognize the urgency to address healthcare associated infections and intend to continue to work with infection control professionals to address the issue as a statewide priority. We would greatly appreciate your support of federal grant monies for hospital association sponsored initiatives such as the Michigan model. We believe associations are in a pivotal position to foster high impact public-private partnerships targeted toward quality improvement.

Hospitals in Mississippi develop infection prevention plans and strategies based on in-dept assessments, as recommended by both the CDC and The Joint Commission. This enables hospital administrators, trustees, physicians, nurses and patients to focus on high impact areas, customizing efforts to locally-identified needs/challenges. This analytical approach is preferred by hospitals rather than generic mandates that foster a "one size fits all" mentality diverting limited resources to projects that may not address high risk priorities for that particular hospital. The availability via internet of well credentialed national experts from CDC, IHI, JCAHO, and other national organizations fosters a well-informed national community of professionals committed to quality and patient safety.

Question #3: Other activities to address HAIs

This letter outlines numerous activities in which the Mississippi Hospital Association is engaged. We are constrained by limited financial resources and hospitals are challenged by the myriad of requirements for quality/outcomes reporting. There are several ways the federal government can assist states in addressing quality and systematically improving the nation's healthcare system:

- Coordinate federal grant monies through CDC, AHRQ, HRSA and other granting agencies to concentrate on high-impact, evidence-based methodologies building capacity and infrastructure for quality/safety.

- Assure that quality measures implemented by CMS reflect a coordinated approach endorsed by nationally recognized experts such as the American Hospital Association, the Association of American Medical Colleges, the Agency for Healthcare Research and Quality, the National Quality Forum, the Joint Commission on Accreditation of Healthcare Organizations, and other key groups.

- Recognize that quality improvement and patient safety initiatives require adequate funding to be successful. Please consider establishment of a consistent funding stream, similar to Emergency Preparedness, to support data collection, analysis, dissemination, and education related to key quality initiatives. Coordination and focused funding would help maximize limited resources and lessen frustration/confusion created by poorly defined/competing priorities.

- Recognize contributions of QIOs and support their work with hospitals and physicians to improve quality. Assure that these initiatives are collaboratively developed and focused on high-impact, evidence-based priorities with meaningful data disseminated and utilized for provider and consumer education.

I wholeheartedly concur with your assessment that hospital associations have a key role to play in national efforts to address HAIs. I would welcome the opportunity to collaborate with other state hospital associations, HHS, CDC, the Hospital Quality Alliance and other national organizations to address quality and patient safety.

Thank you for providing this opportunity for us to communicate with you and the oversight committee about these important issues. If I can provide further information or support, do not hesitate to contact me.

Sincerely,

Sam W. Cameron

Sam W. Cameron
President/CEO