



Craig W. Jones, FACHE
President

May 22, 2008

The Honorable Henry A. Waxman
Committee on Oversight and Government Reform
2157 Rayburn House Office Building
Washington, D.C. 20515-6143

Dear Congressman Waxman:

Thank you for inquiry of May 6, 2008 in which you requested comments from individual state hospital associations regarding activities related to healthcare-associated infections. I am pleased to provide you with this summary of our efforts here in Oklahoma.

The Oklahoma Hospital Association (OHA) has assumed a leadership role in this area for some time, having requested and passed legislation enabling the Oklahoma State Department of Health to produce annual report cards on hospitals. The statute was expanded by the legislature in 2006. It was supported by the OHA to include patient safety indicators in the discharge data set as described by the Agency for Healthcare Research and Quality (AHRQ), specifically the reporting of central line associated bloodstream infection (CLABSI) and ventilator associated pneumonia (VAP). Additional reporting on quality measures is likely to be done in the future under the existing statute. It is important to note that when these new reporting requirements were added, the state never appropriated funds to support the Oklahoma State Department of Health (OSDH) in its efforts to perform these important functions.

In response to your questions outlined in your letter, we offer the following comments:

1. At the current time, Oklahoma does not have statewide central line associated blood stream infections and ventilator associated pneumonia rates. All Oklahoma hospitals with one or more intensive care units will begin to report, to the state health department, both of these rates, beginning July 1, 2008. They will be using the standard definitions according to the CDC and the NHSN tool. In the near future, these will be reported to the public on the Oklahoma State Department of Health's website.
2. Several partners in Oklahoma, including the Oklahoma Hospital Association, the state QIO, the OSDH and VHA Oklahoma are planning a collaborative project focusing on hospital acquired infections starting in January of 2009. We will use the data collected up to that point as a baseline and will use best practice methods that have been identified by projects such as experienced in Michigan and the VHA.
3. a. At this time, 20 hospitals collect CLABSI and VAP data and report it to their individual Infection Control/Quality Committees. Many individual hospitals have initiated their own internal programs and have experience much success.

- b. VHA Oklahoma has led the Transformation of ICU project in which two hospitals in Oklahoma participated and continue to have tremendous success. For example, no central line infections for one and two years. They are also starting an initiative in the reduction of MRSA, in which the hospital association will be involved.
- c. All Oklahoma hospitals report data on the Surgical Care Improvement Project measures to prevent surgical site infections. The most current patient level Oklahoma rate for timely administration of prophylactic antibiotics is 90% as compared to the national rate of 88%.
- d. Forty-four (44) Oklahoma hospitals participate in the Institute for Healthcare Improvement's 5 million lives campaign.

In support of this overall clinical initiative, I am pleased to report the OHA recently hired LaWanna Halstead, RN, MPH, into a new role of Vice President for Quality and Clinical Initiatives, to enhance and advance our members' efforts to improve their quality of services. Ms. Halstead's background is stellar and invaluable in this area. She has led the Oklahoma QIO hospital projects that resulted in some of the highest rates of improvement in the nation during the last three scopes of work.

Further, the OHA has taken a lead role in the promotion of "transparent information" available and useful to the public in making healthcare decisions based both upon quality and price. In December, 2007, "okhospitalpricing.org" was launched as an initial step by the OHA to provide comparative average charges on common procedures by hospitals, along with charity care policies and payer mix. The next phase of developing this site (to be completed by the end of this year) will include comparative quality measurements for Oklahoma hospitals. Funding for this project is solely by the OHA without state mandated requirements or funding.

The Oklahoma Hospital Association believes these endeavors are important to providing quality, cost-effective healthcare to the citizens of Oklahoma. We are not waiting for state or federal requirements before moving these important initiatives forward.

Thank you for seeking our input to your committee's work. If subsequent information is desired, please feel free to call upon me for additional comment.

Sincerely,



Craig W. Jones, FACHE
President