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November 27, 2006

The Honorable David M. Walker
Comptroller General of the United States
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Mr. Walker:

I am writing to request a study of the guidelines developed by the Centers for Disease Control and Prevention (CDC) for healthcare-associated infections, with a focus on the implementation of these guidelines by the Centers for Medicare and Medicaid Services (CMS) and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). I would also like the study to address the need for additional initiatives designed to prevent or limit healthcare-associated infections.

Every year in the United States, at least 1.7 million hospitalized patients acquire an infection while receiving medical care.¹ This type of infection is referred to as a healthcare-associated infection (HAI). HAIs cause serious illness and are responsible for an estimated 99,000 deaths annually.²

In September, I sent letters to CMS and JCAHO to express concern about the low rate of healthcare worker influenza immunization because patients in hospitals and other healthcare settings are vulnerable to contracting influenza from unvaccinated healthcare personnel.³ I urged CMS and JCAHO to address this issue by developing healthcare worker immunization

¹ House Committee on Energy and Commerce, Subcommittee on Oversight and Investigations, Testimony of Denise Cardo, Director, CDC Division of Healthcare Quality Promotion, *Hearing on Public Reporting of Hospital-Acquired Infection Rates*, 109th Cong. (Mar. 29, 2006).

² *Id.*

³ Letter from Rep. Henry A. Waxman to Mark B. McClellan (Sept. 12, 2006); Letter from Rep. Henry A. Waxman to Dennis S. O'Leary (Sept. 12, 2006).

programs that could be used as benchmarks to evaluate the quality of patient safety at some institutions.

HAIs attributed to unvaccinated healthcare workers are only the tip of the iceberg, however. According to CDC, over a third of HAIs are urinary tract infections, about 250,000 are due to surgical site infection, an additional 250,000 are attributed to bloodstream infections, and 250,000 more are associated with ventilator use.⁴

Because HAIs are often caused by drug-resistant bacteria, they are especially difficult as well as costly to treat. Recent estimates suggest that treatment of HAIs ranges from \$10,500 for a single urinary tract or pneumonia infection to \$111,000 for bloodstream infections in transplant patients.⁵

According to Dr. Denise M. Cardo, Director of CDC's Division of Healthcare Quality Promotion, there are proven interventions that can reduce the occurrence of HAIs by as much as 70%.⁶ For example, through the Pittsburgh Regional Healthcare Initiative, CDC worked with about 40 healthcare facilities in southwestern Pennsylvania to limit HAIs. As part of the initiative, CDC collected data from participating hospitals about process and outcome measures and shared this information at the regional level. This collaboration resulted in a 68% reduction in the rate of central line-associated bloodstream infections over a five year period, saving an estimated 40 lives per year.⁷

In addition, CDC has partnered with CMS, JCAHO, and other stakeholders to develop HAI prevention initiatives, such as the Surgical Care Improvement Project (SCIP). As part of SCIP, CDC "developed and disseminated evidence-based guidelines to prevent surgical site infections."⁸ Unfortunately, while SCIP has the potential to reduce HAIs, evaluation has demonstrated that surgeons are not complying with the SCIP recommendations.⁹

CDC has also worked with the Institute for Healthcare Improvement to develop guidelines for its 100,000 Lives Campaign. The campaign aims to "engage U.S. hospitals in a commitment to implement changes in care proven to improve patient care and prevent avoidable

⁴ Testimony of Denise Cardo, *supra* note 1; Briefing by Denise Cardo, Director, CDC Division of Healthcare Quality Promotion, for House Government Reform Committee Staff (Oct. 24, 2006).

⁵ Testimony of Denise Cardo, *supra* note 1.

⁶ Briefing by Denise Cardo, *supra* note 4.

⁷ Testimony of Denise Cardo, *supra* note 1.

⁸ *Id.*

⁹ *Id.*

deaths.”¹⁰ The campaign has partnered with over 2,800 hospitals to implement guidelines designed to reduce surgical site infections, prevent central line infections, and prevent ventilator-associated pneumonia.¹¹ The campaign’s success is tied to the number of lives saved by the consistent and correct use of these interventions.

Accurate surveillance is key to the continued success of these interventions.¹² While simple interventions such as hand-washing and correct antibiotic use have the potential to prevent or limit HAIs, their implementation may be inconsistent. Surveillance of HAIs would allow CDC and other stakeholders to assess trends over time, such as the effectiveness of interventions designed to prevent or limit HAIs. CDC, in conjunction with its Healthcare Infection Control Practices Advisory Committee, has produced guidelines for states interested in developing HAI public reporting systems.¹³ To date, fourteen states have instituted public reporting of HAIs.¹⁴

I am interested in understanding how current HAI initiatives are faring and what additional steps can be taken to limit or prevent HAIs. In your study, please consider the following questions:

- What is the current funding level for research on HAIs across the federal government? What are the research gaps regarding effective interventions, and is the current funding adequate to address these gaps?
- Are current definitions of HAIs, as developed by CDC and other stakeholders, consistent? Do these definitions adequately capture all of the potential situations in which HAIs may arise?
- How many states are publicly reporting HAIs? Among those that have mandated public reporting, are their standards for surveillance of HAIs consistent? Are they using CDC guidelines for public reporting of HAIs?

¹⁰ Institute for Healthcare Improvement, *100k Lives Campaign* (online at www.ihl.org/IHI/Programs/Campaign/) (last accessed Oct. 25, 2006).

¹¹ Institute for Healthcare Improvement, *The 100,000 Lives Campaign: Getting Started* (2005) (online at <http://www.ihl.org>).

¹² Testimony of Denise Cardo, *supra* note 1.

¹³ Linda McKibben et al., *Guidance on Public Reporting of Healthcare-Associated Infections: Recommendations of the Healthcare Infection Control Practices Advisory Committee*, AJIC (May 2005).

¹⁴ Briefing by Denise Cardo, *supra* note 4.

- Are CDC's guidelines for public reporting of HAIs adequate? What is the benefit of public reporting in this area? Should public reporting of HAIs include process and outcome measures? Among the states that currently mandate public reporting of HAIs, are process and outcome measures reported?
- What HAI performance measures has CMS developed? What HAI quality initiatives has CMS developed? Are these measures and initiatives consistent with those produced by other stakeholders? Are they adequate to prevent or limit HAIs? What additional steps can CMS take to respond to the growing public health problem posed by HAIs?
- What HAI performance measures has JCAHO developed? What HAI quality initiatives has JCAHO developed? Are these measures and initiatives consistent with those produced by other stakeholders? Are they adequate to prevent or limit HAIs? What additional steps can JCAHO take to respond to the growing public health problem posed by HAIs?
- Do the HAI initiatives launched by CMS and JCAHO reach persons in out-patient, long-term care, and ambulatory facilities?
- What steps should nongovernmental stakeholders, such as insurance companies, be taking to prevent or limit HAIs? What steps, if any, have insurance companies taken to date?
- The Deficit Reduction Act (DRA) contains certain provisions that serve as incentives for hospitals to report quality-related data. For example, the DRA will reduce Medicare payment rates for hospital in-patient services by 2% if the hospital does not report certain quality-related data.¹⁵ This type of scheme encourages hospitals to limit or prevent HAIs, since they are reflected in reported quality-related data. What additional incentives exist or could be developed for hospitals to curb HAIs? Could these incentives be incorporated into pay for performance schemes?

I look forward to your response to this request. If you have any questions, please contact Steve Cha or Sarah Despres on my staff at (202) 225-5420.

Sincerely,



Henry A. Waxman
Ranking Minority Member

¹⁵ Deficit Reduction Act of 2005, Pub. L. No. 109-171, § 5001 (Feb. 8, 2006).