May 28, 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 Chairman Waxman:

Thank you for your inquiry and the opportunity to share the Georgia Hospital Association (GHA) members' initiatives to decrease healthcare-associated infections (HAIs). Our hospitals work diligently each day to give the highest quality and safest care to their patients. While there is always opportunity to improve in this important endeavor, significant efforts are being undertaken continuously in each of our member hospitals and statewide through our Teams for Infection Prevention Success program, otherwise known as TIPS. To improve our care, hospitals use evidence-based practices, collaboratives for sharing of successful strategies, and results monitoring.

GHA agrees that state hospital associations are in a good position to assist the Department of Health and Human Services in leveraging the various strategies that may have a significant impact on healthcare-associated infections. Like the Michigan Hospital Association (MHA), the GHA has created the infrastructure and collaborative environment to address a variety of quality of care issues including HAIs. In fact, we have been working with Georgia hospitals since the GHA Board of Trustees initiated a ground-breaking quality and patient safety program in 1999. With the assistance of funding from the Agency for Healthcare Research and Quality (AHRQ), our Partnership for Health and Accountability (PHA) was established and continues to be funded by our members today. I want to take the opportunity at this time to pledge the assistance of the PHA and GHA members to work with HHS, the CDC and other state hospital associations to help build consensus on the most effective strategies to move our state and the nation forward regarding infection prevention.

Question 1: Median and mean rates for central line infections in ICUs
At this time, Georgia does not collect statewide data related to catheter-associated bloodstream infection (CA-BSI) rates. However, a 2006 survey of hospitals conducted by GHA, in collaboration with the Georgia Division of Public Health, found that 73 percent of the 123 respondent hospitals (representing 82 percent of Georgia acute care hospitals) performed surveillance for CA-BSI and 82 percent indicated they use the standard CDC definitions to identify infections. Hospitals use their findings to compare with national data. Many Georgia hospitals voluntarily use the NHSN system to report national data. GHA has provided education in conjunction with CDC on the NHSN system and

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continues to encourage all hospitals to join and report infection data to this national database so that we can derive meaningful comparisons. In fact, 72 percent of respondents to a survey PHA is currently conducting have asked for additional information on the CDC's NHSN system. With a deadline of June 2, about half of our 156 acute care hospitals have completed the survey at the time of this letter.

Question 2: Plans to replicate Michigan Hospital Association
As mentioned above, the Partnership for Health and Accountability, in the patient safety and quality division of GHA, already assists member hospitals improving patient care quality through a variety of methods. Our members look to us for education, opportunities for sharing best practices, and hospital-specific consultation through our staff infection control and prevention practitioner and our patient safety and quality improvement specialists. GHA and PHA has transformed the culture of competition related to quality care to one of collaboration where organizations freely and voluntarily share data and experiences in order to learn from one another how to achieve excellence for all patients in Georgia hospitals. Our GA Hospital Price Check (http://www.gahospitalpricecheck.org/) website includes charge data as well as a hospital quality index.

Recognizing the urgency and the need to address healthcare associated infections as a statewide priority, TIPS was established by PHA in early 2007. This initiative brought together hospital, infection prevention, public health and business professionals and consumers to work to decrease preventable healthcare associated infections in hospitals and the community. Partner organizations include APIC, the Georgia Infection Prevention Network, the Georgia MRSA Task Force, and the Georgia Medical Care Foundation (QIO). The consumer perspective is provided through our partnership with Victoria Nahum from the SafeCare campaign.

The TIPS Steering Community endorses the idea of promoting best practices rather than just collecting data. Given the limited resources and the lack of universal acceptance of definitions, they felt efforts should be aimed at prevention first and identified hand hygiene compliance and MRSA reduction as our first statewide initiatives. Preliminary results from a survey currently underway indicate that there is 100 percent involvement in the hand hygiene initiative and 93 percent participation in the MRSA reduction program. Seventy two percent are participating in the CMS Surgical Care Improvement project which also includes infection prevention measures. One hundred percent of CEOs completing the survey have committed to the GHA board endorsed resolution of February 2008 related to the prevention and reporting of healthcare associated infections. Although hospitals would like to participate in all initiatives, each hospital must prioritize efforts according to available resources, constraints and organizational and individual capacity for engaging in such efforts.

Hospitals develop their infection prevention plans and strategies based on their own internal and local community assessment, as recommended by both the CDC and the Joint Commission. This enables the leadership, hospital staff and physician partners to focus on those areas requiring action based on analytical assessment rather than a global,

"one-size-fits-all" mandate which may divert limited resources to projects that may not be a high risk priority for that particular facility. The variety of projects undertaken offer a myriad of lessons learned and successful strategies that others gain from when they undertake similar projects.

Question #3: Other activities to address HAIs
Having identified the human and financial costs of preventable bloodstream infections, many Georgia hospitals (89 percent) are already conducting CA-BSI prevention initiatives according to preliminary results of the afore mentioned survey of hospital CEOs and leadership currently underway. GHA/PHA also serve as the Georgia node for the Institute for Healthcare Improvement (IHI). As a result, many member hospitals have joined the IHI-sponsored 100,000 and 5 Million Lives campaigns. As such, many local hospital participants have adopted the CA-BSI prevention bundle. Evidence of the strong Georgia infection prevention commitment by our hospitals is seen in the PHA/GHA awards given at the annual PHA Patient Safety Summit. There have been 36 awards for infection prevention, including several for BSI prevention. We would be happy to share more information on these projects if you desire.

Further GHA/PHA/TIPS activities include collaborative efforts on bloodstream infections using several mechanisms such as Webinar distance-learning educational programs including courses on pertinent evidence-based practices, how to effect organizational change and lessons learned regarding implementation of best practices using state and national experts. Safety Alert conference calls have focused on hospitals' prevention strategies and methods to overcome barriers. PHA's web site (http://www.gha.org/pha/) includes a section specifically dedicated to Infection Prevention. It provides resources, tool kits and comparative data for hospitals and consumers to use. Finally, PHA has on staff a certified infection control and prevention professional (ICP) to provide consultation with hospital ICPs and quality staff. There has been an interest expressed by some of our members to voluntarily report BSI and/or VAP data.

We have the infrastructure in place to assist hospitals in that effort. We currently provide quarterly data analyses and dashboard reports to trustees on a variety of performance measures for sharing with their hospital boards. Our board has also endorsed moving Georgia to the TOP Ten as a strategic priority. We have created the Quality Honor Roll to publicly recognize those hospitals meeting the threshold for qualification as one of the Top Ten states on the CMS clinical quality ladder.

The Georgia Hospital Association and its member hospitals are proud to be among the state associations that have been on the cutting edge of association-sponsored statewide quality and safety programs including the prevention of infection. While most state associations I speak with are anxious to assist their members with these activities, additional external funding is needed to facilitate and hasten these efforts.

We wholeheartedly concur with your assessment that hospital associations have a key role to play in any national effort to address HAIs. We would welcome the opportunity to collaborate with other state hospital associations, HHS, CDC, the Hospital Quality

Alliance and other national organizations/efforts to help structure such an effort. As the direct line contact for most hospitals in the nation, state associations and the American Hospital Association can play a key role to facilitate setting priorities which streamline and enhance the implementation of the most appropriate of the large number of recommended practices cited in the recent report by the Government Accounting Office.

We also agree with the finding in the GAO report that such prioritization can lead to a more organized approach leading to better use of currently collected data on HAIs. Coalescing state hospital associations around this effort will not only be useful to achieving your objectives, but will help state associations to reclaim their rightful responsibility and accountability to actively assist members in their quest for patient quality and safety including infection prevention. We also believe that in order to address these issues as quickly as possible, the resources necessary to accomplish this are equally important. We would respectfully ask that you consider establishing a funding source, similar to that for emergency preparedness, to support statewide collaborative efforts. Data collection, analysis and dissemination as well as education and collaborative learning opportunities necessitate resources that stretch already strained hospital association and member hospital finances.

I welcome the opportunity to share with the oversight committee the work that GHA and its members are doing to reduce preventable CA-BSI in our patients. Providing the highest quality and safe care to our patients in Georgia is a core value for GHA and all of its member hospitals. Please do not hesitate to contact me.

Sincerely,

Joseph A. Parker
President

cc: Honorable Lynn Westmoreland
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