Indiana Hospital Association

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May 29, 2007

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

Dear Chairman Waxman:

Thank you for the opportunity to respond to your letter of May 6, 2008 regarding steps taken by Indiana's hospitals and the Indiana Hospital Association (IHA) to improve the quality and safety of healthcare services provided to Indiana citizens. IHA is a professional trade association that provides education, data services, advocacy, and communications for 169 Indiana hospitals and health systems. Our hospitals, acting through the IHA, accelerated their commitment to enhancing patient safety in July 2006 when the IHA launched the Indiana Patient Safety Center (IPSC). The aim of the IPSC is to facilitate the development of safe and reliable health care systems that prevent harm to patients across Indiana.

During its first two years of operation, the IPSC has focused its efforts on providing systems improvement education to providers; coordinating statewide efforts to improve the safety of healthcare delivery systems; understanding the needs of providers for patient safety support; assessing the baseline perceptions of clinicians related to the safety cultures in their organizations; and linking efforts of Indiana hospitals and providers to national safety movements, such as the Institute for Healthcare Improvement's (IHI's) 100,000 Lives and 5 Million Lives Campaigns, and collaborating with other interested stakeholders in the State of Indiana.

With respect to the specific questions stated in your letter, I am pleased to inform you about the many activities already underway in Indiana:

1. At the present time, there is no centralized, state-wide effort to aggregate the median and overall rates of central line-associated bloodstream infection (CLABSI) in the intensive care units across Indiana. This does not mean, however, that Indiana's hospitals are not addressing CLABSIs. Individual hospitals do collect these data through their surveillance programs, and most participate in projects that provide them with comparative infection rates, such as IHA's Comparative Outcome Profile, the University Hospital Consortium database, or corporate health system efforts. IHA's Comparative Outcome Profile allows hospitals to monitor internally up to 21 types of

infections for quality improvement purposes with peer group and statewide comparison information.

Additionally, Indiana hospitals have been strongly committed to the IHI's 5 Million Lives Campaign and its predecessor, the 100,000 Lives Campaign. IHA has served as the Indiana "node" for both IHI Campaigns, and 98% of Indiana's short term acute hospitals are enrolled. Many Indiana hospitals have worked diligently to implement the 5 Million Lives Campaign's central line infection prevention strategy. In fact, two Indiana hospitals, Community Hospital South and Columbus Regional Hospital, serve as IHI mentors for this intervention. On December 6, 2005, a representative from the Michigan project, an expert on reducing ventilator associated pneumonia (VAP) and CLABSI, as well as experts from these mentor hospitals and one other Indiana hospital presented best practices on preventing these infections to over 100 Indiana doctors, nurses and infection control practitioners.

2. IHA is very interested in one day replicating the Michigan Hospital Association project. Given the need for enhanced funding for such a project, as well as the recent rulings requiring institutional review board oversight and informed consent for participating in such joint quality improvement activities, we prefer to await clarification from the Office of Human Rights Protection related to the proper safeguards for collaborative data collection, analysis and the use of standardized checklists. In the meantime, IHA will continue to provide education, disseminate best practices, and highlight the recommendations of the IHI Campaigns and key national organizations, such as the Centers for Disease Control (CDC) and the Association of Practitioners in Infection Control (APIC).

3. The IHA & IPSC coordinate an array of activities on behalf of member hospitals related to the prevention of healthcare-associated infections and the enhancement of patient safety, in general. The primary activities include:

   - Culture of Safety Surveys:

   The IPSC offers Indiana hospitals the opportunity to conduct employee and physician safety culture surveys using a web-based application of the Agency for Healthcare Research and Quality (AHRQ) Hospital Culture of Safety instrument. The AHRQ survey allows health care leaders to gain insight into the perceptions of nurses, doctors, and other employees related to the culture of patient safety within hospitals. Participation in the statewide employee safety culture survey uses a common database to allow hospitals to compare their results to comparison groups within the state as well as state and national aggregates. As of May 27, 2008 nearly 21,000 health care providers and support personnel from 68 Indiana hospitals have taken the survey.

Beginning this fall, we will initiate a statewide implementation of strategies aimed at improving cultures of safety and accountability. This initiative has important implications for eradicating healthcare-associated infections of all types, since in order to implement broad-scale improvements in behaviors and communication, underlying cultures of trust and safety must exist.

- Specific education related to preventing healthcare-associated infections:

Since 2005, IHA has offered programs on all of the IHI Campaign topics related to preventing healthcare-associated infections, including VAP, CLABSI, surgical site infections, and methicillin-resistant Staphylococcus *aureus* (MRSA). In addition to the December 2005 program targeting the elimination of CLABSI and VAP, IHA and IPSC have provided educational programs related to reducing surgical site infections, the Surgical Care Improvement Project (SCIP), and eliminating methicillin-resistant Staphylococcus *aureus* (MRSA). And the intense educational efforts appear to be working. For example, one Indiana hospital has not had a ventilator-associated pneumonia within seven ICUs since 2003!

A state-wide collaborative improvement project focusing on eliminating MRSA is currently underway. On January 22, 2008, over 200 health care providers from across the state joined together to prevent transmission of MRSA in a state-wide collaborative effort. Speakers from the Centers for Disease Control (CDC), the Plexus Institute, the Indiana State Department of Health and several Indiana infection control practitioners shared best practices to prevent MRSA in hospitals and communities. Four collaborative coaching calls followed the educational session, including a call with an epidemiologist from the CDC on May 22, 2008 to discuss the upcoming module for tracking multiple drug resistant organisms that will be added to the National Healthcare Safety Network this summer. Featured improvement stories from this collaborative will be highlighted at IHA's Annual Meeting in September 2008.

Additionally, the Indiana University Center for Health Services and Outcomes Research at the IU School of Medicine's Regenstrief Institute has an ACTION grant from the Agency for Healthcare Research and Quality (AHRQ) to test techniques to reduce MRSA. This project is currently underway in five Indianapolis hospitals. The results and approaches from this research project are being shared with Indiana hospitals across the state as part of the larger collaborative activity.

- Educational sessions on clinical safety topics:

In addition, the IHA and the IPSC have sponsored educational sessions for physicians, nurses, pharmacists, hospital leaders and other staff on all of the other topics related to IHI Campaign interventions and other important patient safety topics, including enhancing medication reconciliation, improving reliability, rapid

response to patient decline, preventing pressure ulcers, improving care for patients with acute myocardial infarctions, preventing harm from high-alert medications (including anticoagulants such as heparin and warfarin, narcotics, sedatives and insulin), and engaging hospital leaders and boards of directors in safety and quality. Hundreds of clinical staff and hospital leaders from across the state have participated in these programs.

In another recent collaborative improvement activity, the IPSC and the IHA, in collaboration with VHA Central, which is a regional hospital membership organization, launched a year-long collaborative among 40 teams across the state in July 2007 to reduce harm from anti-coagulant medications such as heparin and warfarin. One hundred thirty-six representatives from these hospitals participated in a one-day learning session with a national faculty expert and experts from Indiana hospitals. This session was followed by regular conference calls and on-going support from IPSC, IHA, VHA Central and IHI. Purdue University's PharmaTAP program produced a tool kit based upon the collaborative efforts of these hospitals. The tool kit is available at http://www.purdue.edu/dp/rche/pharmatap/resource.php.

- Collaboration with the Indiana State Department of Health (ISDH) to prevent infections and promote safety:

Since its inception, the IPSC has collaborated with the ISDH to coordinate and implement programs that support improvements in patient safety, and specifically, efforts to prevent infections. The IHA provided technical and clinical assistance in the development of the ISDH serious adverse event mandatory reporting rule. In addition, the IHA was instrumental in supporting the passage of Indiana Senate Enrolled Act 207, including the language to support the development of standards for voluntary reporting of infections by hospitals.

Additionally, the IPSC collaborated with the Indiana State Department of Health, the Indiana APIC, and an array of stakeholders on a task force to develop communication strategies and a tool kit for the prevention of community-acquired MRSA in the fall of 2007. This joint effort involved representatives from hospitals, nursing homes, schools, and regulatory agencies, as well as associations representing nurses, infection control practitioners, physicians, and patient advocates.

- Building coalitions and key alliances

A primary strategy for spreading best practices in preventing infections and enhancing patient safety is through the development and support of regional patient safety coalitions across Indiana. The Indianapolis Coalition for Patient Safety formed in 2003 as a vehicle for building collaborative patient safety work throughout the city. Over the past several years, the Indianapolis Coalition for Patient Safety

has worked together to implement IHI Campaign interventions. Additionally, the Indianapolis Coalition has worked to standardize a city-wide list of "do not use" abbreviations. Such standardization helps reduce errors in medication ordering and interpretation. The Indianapolis Coalition is also working to establish a standardized surgical site verification policy and to address safety issues from high-risk medications, such as heparin and other anticoagulants.

Other coalitions have formed or are forming throughout the state. In Evansville, the Community Patient Safety Coalition (CPSC) was formed in late 2002 among organizations in southwestern Indiana, western Kentucky, and southern Illinois. The coalition was developed to meet the national patient safety goals in a uniform way in order to reduce variation of practice to achieve safe environments and improvements in the care delivery for patients. Seventeen organizations in the region, including all of the hospitals, the surgery centers and a number of physician practice settings, participate in the coalition, along with members of the region's business coalition. To date, the CPSC has set the "Universal Protocol" to prevent wrong-site surgery; adopted the same set of banned abbreviations noted above, and determined the patient identification protocols throughout the region. In the northern part of Indiana, the Michiana Coalition is collaborating on several initiatives, and interest has been expressed in several additional regions of the state, including the Ft. Wayne area and in northwestern Indiana.

- Collaboration with the Indiana Quality Improvement Organization:

Indiana's hospitals have worked for two years with the assistance of Health Care Excel, the Indiana Quality Improvement (QIO) organization, on initiatives within the 8th Scope of Work, including the Surgical Care Improvement Project (SCIP). The Indiana Hospital Association provides support for and assists hospitals in their continuing efforts to report this information publicly on the Centers for Medicare and Medicaid Services (CMS) web site *Hospital Compare*, a consumer-oriented website that provides information on how well hospitals provide recommended care to their patients.

I sincerely appreciate this opportunity to summarize the many activities undertaken by Indiana's hospitals, the Indiana Hospital Association and the Indiana Patient Safety Center to promote safe and reliable patient care. Please do not hesitate to contact me if I can be of further assistance.

Sincerely,

Douglas J. Leonard
President