



Minnesota Hospital Association

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May 29, 2008

VIA E-MAIL

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 Representative Waxman:

Thank you for the opportunity to respond regarding reducing infections. The Minnesota Hospital Association (MHA) is a national leader in quality and patient safety improvement. Our organization has been recognized for its nation-leading excellence in hospital performance on patient safety and quality measures.

Minnesota hospitals are actively addressing the issue of central line blood stream infections. The evidence-based bundle of processes to prevent these infections has been part of both the Saving 100,000 Lives and the Protecting 5 Million Lives campaigns led by the Institute for Healthcare Improvement (IHI). The Minnesota Alliance for Patient Safety (MAPS), which was created and is staffed by the MHA, continues to serve as the “node” for these IHI campaigns – this means we act as the local liaison to the IHI campaign and encourage all hospitals to participate.

In addition to these efforts on central line infections, the MHA is involved with other activities related to preventing infections. The MHA:

- led an 18-month Ventilator Associated Pneumonia Initiative which saved an estimated 53 lives and \$7 million;
- helped develop recommendations with our department of health for battling Methicillin-Resistant Staphylococcus Aureus (MRSA) in acute-care settings, and is proactively addressing implementation issues for a January 2009 start date; and
- will publicly report hospital-specific performance on Hospital-Acquired Infection measures starting in 2009.

The MHA is also involved in an array of efforts to improve quality and patient safety:

- The MHA developed the nation’s foremost Adverse Health Event Reporting System. Hospitals have been submitting root cause analyses and corrective action plans for every event since late 2003. MHA has combined the learnings from our reporting system with

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the advice of leading experts and national best practices to form quality improvement collaboratives that we call our “Calls to Action”. These Calls to Action, which are analogous to the Michigan initiatives, are designed to prevent future occurrences of pressure ulcers, patient falls, wrong-site surgeries, and retained foreign objects.

- The MHA partners with the state’s Quality Improvement Organization – Stratis Health – to produce the Minnesota Hospital Quality Report at www.mnhospitalquality.org. This is a hospital-specific performance report that, in addition to displaying data reported to CMS in a user-friendly format, adds patient-focused measures not elsewhere available. These are called Appropriate Care Measures which measure the percent of time patients received all of the recommended care for their condition.
- MHA developed and leads the aforementioned MAPS which is addressing patient safety issues that cross multiple settings. For example, MAPS has worked to create a standardized informed consent form, regardless of care setting. They have also provided training in creating and sustaining a culture of justice and accountability for providers and boards responsible for provider licensing. MAPS was recognized in 2006 by the National Quality Forum and the Joint Commission with the John M. Eisenberg Award for Innovation in Patient Safety and Quality at a Regional Level.
- When the rules for Patient Safety Organizations are finalized, MHA will apply to become a PSO.

As you can see, improving quality and patient safety is a front-burner issue for us at MHA. We are proud of our work, and there is still more to do. We would welcome the opportunity to elaborate further or answer questions regarding our patient safety and quality improvement efforts in Minnesota.

Sincerely,



Bruce A. Rueben
President