MHA

MISSOURI HOSPITAL ASSOCIATION
Marc D. Smith, Ph.D., President

May 28, 2008 (revised June 19, 2008)

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

Dear Representative Waxman:

On behalf of the 150 members of the Missouri Hospital Association, I would like to thank you for the opportunity to inform you and your committee of Missouri's efforts to monitor and reduce healthcare-associated infections.

In 2004, Missouri became one of the first states in the nation to enact legislation to collect and report data on healthcare-associated infections (HAIs). Endorsed by the MHA, this law established a reporting system based on the Centers for Disease Control and Prevention (CDC) standards and strengthened various requirements for hospital infection control practices. Currently our hospitals are submitting data to the Missouri Department of Health and Senior Services (DHSS) on central line-associated bloodstream infections (CLABSI) occurring in intensive care units, surgical site infections (SSI) for three types of surgery and compliance with a process measure designed to decrease ventilator-associated pneumonia (VAP).

Missouri hospitals collect and submit infection control data to the DHSS using the National Healthcare Safety Network's (NHSN) criteria and definitions. The table below lists the median and overall rates of CLABSIs, both in aggregate and by type of intensive care unit (ICU). The rates reported are per 1,000 central line days for the latest period available from the DHSS, July 1, 2006 – June 30, 2007.

ICU	Hospitals	MO Median	NHSN Median	MO Rate*	NHSN Rate*
Coronary	8	.2	2.0	1.4	2.8
Medical	11	2.5	2.2	2.3	2.9
Medical/Surgical	55	1.1†	1.0 – 1.9†	2.1†	2.2 – 2.4†
Neonatal	16	1.9	NA	2.8	NA
Pediatric	7	3.9	3.5	4.7	5.3
Surgical	8	1.6	2.0	1.9	2.7
Overall Rates	**69**	**1.36**	**NA**	**2.3**	**NA**

*Central line-associated BSI rate $\frac{\text{Number of CLABSIs}}{\text{Number of central line days}} \times 1{,}000$

†NHSN data distinguishes between teaching and non-teaching hospitals. Missouri's does not.
NA -- Not Available
NHSN data from NHSN 2006 Data Summary Report

Missouri's hospitals obviously are working to achieve a CLABSI rate of zero, the rate reported by 67 Michigan hospitals participating in the study. However, the Michigan results could not have been achieved without the significant funding provided by the Agency for Healthcare Research and Quality (AHRQ) and Blue Cross and Blue Shield of Michigan. We would definitely plan a state wide effort to ensure and monitor in all Missouri ICUs the adoption of the evidence-based practices recommended by Dr. Pronovost once similar funding is procured. Such funding would be needed to provide the infrastructure needed for project oversight, training, and technical support as well as Dr. Peter Pronovost's professional expertise.

Respectfully, we also want to punctuate that Missouri already has a broad statewide effort to reduce CLABSIs. Many of our hospitals are already implementing the interventions employed in the Michigan project and follow the 2002 CDC Guidelines for the Prevention of Intravascular Catheter-Related Infections. In April, we conducted an infection control survey of our member hospitals. Fifty-six of the 69 hospitals required to submit ICU CLABSI data to DHSS responded to our survey and, of these, 100 percent reported they were currently participating in an initiative or collaborative designed to reduce the instances of CLABSIs. These include the Institute for Healthcare Improvement, the Association for Professionals in Infection Control and Epidemiology, the Veterans Administration, hospital system and network supported initiatives or collaboratives which are similar to the Michigan Hospital Association program. Although our hospitals have submitted data to DHSS through March 2008, it is not yet possible to determine if Missouri is approaching a statewide median rate of zero since DHSS has not had the resources to analyze and report the data since June 2007.

The Missouri Hospital Association has concentrated most our infection control efforts on educating our hospital infection control professionals to better prepare them to meet the infection control, prevention and reporting challenges they face. MHA hosted a series of educational programs across the state to educate hospitals on the processes to prevent and report CLABSIs and SSIs. In 2007, we provided Webinars on the process measures used to prevent ventilator-associated pneumonia. For 18 years, MHA's Center for Education has hosted an Essentials of Infection Control Annual Conference and Infection Control Certification Workshop. This four-day program has enabled thousands of professionals in the state to be trained and certified in infection control.

Most of our member hospitals already are participating in several national, regional, state or health system initiatives aimed at reducing HAIs as evidenced in the previously mentioned April survey of our member hospitals. In that survey, the following percentages of hospitals reported participating in the following initiatives or collaboratives.

- 94 percent - Hand Hygiene Compliance
- 82 percent – Methicillin-Resistant Staphylococcus Aureus (MRSA) Control
- 73 percent - Surgical Site Infection Reduction
- 71 percent - Central Line Associated Bacteremias Prevention (100 percent of those with ICUs and required to submit CLABSI data)

- 70 percent - Clostridium Difficile-Associated Disease Control

- 63 percent - Ventilator-Associated Pneumonia Prevention (100 percent of those with ICUs required to submit VAP process measure data)

- 63 percent - Catheter-Associated Urinary Tract Infection Reduction

When asked their interest in participating in a state-wide collaborative, all of the survey respondents expressed support for participating in at least one collaborative in the above listed areas. They were especially interested in initiatives related to hand hygiene compliance and MRSA and Clostridium difficile control.

As a node for the Institute for Healthcare Improvement, MHA is supporting the 85 hospitals participating in IHI's 5 Million Lives Campaign and implementing its initiatives, such as HAI prevention and "Boards on Board".

MHA continues to work with Primaris, the state quality improvement organization, on the Surgical Care Improvement Project. Also, MHA is a founding member and provides ongoing financial support for the Missouri Center for Patient Safety (MoCPS), which provides a forum for patient safety personnel to address HAI issues in Missouri. The MoCPS is developing a training program to train patient safety professionals on patient safety fundamentals including HAI prevention and will pilot it in the St. Louis area this fall.

As reported in the March 2008 Government Accountability Office study on HAIs, there is a lack of coordination of infection control efforts among federal agencies such as the AHRQ, the CDC and the Centers for Medicare & Medicaid Services. We believe the Department of Health and Human Services should consolidate these efforts and provide the financial and technical support to state hospital associations to not only replicate the work done in Michigan but also conduct new studies to develop evidence-based interventions used to reduce the incidence of other HAIs.

We also strongly encourage efforts by health insurers to follow the lead of Blue Cross and Blue Shield of Michigan in providing funding for collaborative efforts to reduce HAIs.

If you have questions or we can be of further assistance, please contact me at 573/893-3700 or msmith@mail.mhanet.com.

Kindest regards,

Marc D. Smith, Ph.D.
President

mds/cml