The 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 your inquiry and the opportunity to share New Hampshire's initiatives to decrease healthcare-associated infections (HAIs). The Foundation for Healthy Communities, a subsidiary of the New Hampshire Hospital Association (NHHA), manages the statewide quality activities. Mike Hill, president of the NHHA, asked me to respond to your letter on behalf of the Foundation and our member hospitals.

New Hampshire hospitals work diligently each day to provide the highest quality and safest care to their patients. While there are always opportunities to improve, significant efforts are being undertaken in each of our hospitals and statewide through the New Hampshire Health Care Quality Assurance Commission (the Commission) of which the Foundation for Healthy Communities is the Administrator.

The Commission was established by the New Hampshire Legislature in 2005 to share information about adverse outcomes and prevention strategies. Every hospital and ambulatory surgery center in the state voluntarily participates in the work of the Commission. For the past three years, much of their work has focused on promoting initiatives and sharing best practices to prevent and manage healthcare acquired infections (HAIs). This has included the establishment of a voluntary data collection and reporting system focused on specific HAIs in order to identify high performing organizations. There has been 100% participation with this approach and as you will note in the attached most recent report of the New Hampshire Healthcare Quality Commission, care is improving.

Question 1: Median and mean rates for central line infections in the ICUs

The average rate of central line-associated bloodstream infections in the intensive care units in New Hampshire using the standard CDC definition is 2.36 per 100 central line days. This rate includes all 26 acute care hospitals. While our knowledge about these

infections is improving (how to detect them, how to prevent them, etc.), some confusion remains regarding the data collection methods which underlie the reliability of these infection rates. The Commission worked collaboratively with the New Hampshire Infection Control Practitioners to identify an acceptable methodology for collecting and reporting these infections in the aggregate.

The Commission is committed to transparency regarding quality of care and understands that despite the limitations of the reporting, we can use these data to identify some significant elements of best practice and engage in meaningful discussion regarding the prevention and management of these infections. A copy of our detailed findings is attached.

Question 2: Plans to replicate Michigan Hospital Association program

New Hampshire hospitals are actively engaged in a number of efforts to decrease the rate of central line-associated bloodstream infections (CLBIs) through the work of the New Hampshire Healthcare Quality Assurance Commission. Unlike Michigan's Keystone project which has a group of hospitals working collaboratively, New Hampshire has all 26 of its acute care hospitals involved in this effort. Every hospital in the state has agreed to adopt the evidence-based clinical processes recommended by the Institute for Healthcare Improvement to prevent and manage CLBIs and every hospital is voluntarily reporting their rates of CLBIs. Our collaborative meets five times a year sharing best practices from high performing hospitals as identified through our statewide data reporting initiative. Details of our collaborative work and data reporting are in the attached report.

Question 3: Other activities to address healthcare-associated infections

A. New Hampshire has become the first state in the country where the CEO of every hospital has committed in writing to actively promoting 100% hand hygiene compliance in their institutions. Hand hygiene is often cited as the primary prevention strategy for decreasing all healthcare associated infections. The statewide Commission has established the "High Five" campaign which consists of 5 components: Leadership Commitment, Availability/Convenience of Products, Hand Hygiene Training and Competency, Measurement, and Feedback and Accountability. The program was developed in collaboration with the Infection Control Practitioners in the State. This makes New Hampshire unique in the country and addresses the major reason for healthcare associated infections.

B. New Hampshire hospitals are also voluntarily collecting and reporting ventilator-associated pneumonia rates, and the rates of compliance with the CMS surgical care improvement measures. The Commission also began a pilot project this year to collect and report surgical site infection rates related to knee replacement surgery. We anticipate that by January 2009, all hospitals will be reporting these data. Please refer to the attached report for project details and results.

C. In 2005, the Foundation for Healthy Communities launched a New Hampshire specific quality reporting website, www.nhqualitycare.org. We are very proud to report that every hospital in the state participates. In addition to displaying the rates at which hospitals achieve compliance with the individual CMS core measures, the website provides the volume of patients receiving the condition specific care and the frequency with which patients received all of the care for which they were eligible. We are the only state in the country to provide this level of detail and transparency.

Thank you for the opportunity to share New Hampshire hospitals' efforts to decrease healthcare associated infections. We have successfully adopted the principles of Michigan's Keystone project and have gone beyond it by having every hospital voluntarily collecting and reporting CLBI rates in the ICU, sharing best practices of high performing institutions, and committing every hospital CEO to our statewide "High Five" campaign which promotes 100% hand hygiene compliance.

We hope you will agree that New Hampshire is an outstanding example of how voluntary reporting combined with ongoing statewide collaborative efforts can be highly effective in identifying and learning from high performing institutions how best to decrease and manage infections. We are always delighted to share our learning with other states as we work together to improve care to patients. It is in this collaborative work which focuses on established best practices that hospitals have found sustainable approaches to decreasing infection rates. There continues to be much to learn from crossing state borders with these collaborations.

I welcome the opportunity to share with the Oversight Committee the work that New Hampshire hospitals are doing to reduce preventable central line blood stream infections in our patients. Providing the highest quality and safe care to our patients is a core value of the New Hampshire Hospital Association's Foundation for Healthy Communities and its member hospitals.

Please contact me at 603-225-0900 or *rrowe@healthynh.com* with any questions.

Sincerely,

Rachel M. Rowe

Rachel Rowe

Associate Executive Director

Cc: Michael Hill

President, New Hampshire Hospital Association