Wyoming
Hospital
Association

May 27, 2008

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

Dear Congressman Waxman:

On behalf of Wyoming's hospitals, it is my pleasure to provide you with a description of the efforts underway in Wyoming to combat healthcare associated infections (HAI), as well as a number of other programs Wyoming hospitals voluntarily participate in to improve the quality of patient care delivered in our state. We thank you for providing an opportunity and a platform for this important discussion.

As you are well aware, hospitals across the country have historically taken a proactive role in improving the quality of patient care. Indeed, the hospital environment has changed dramatically in the last decade, through the introduction of sophisticated technologies and the adoption of systems-based analytic approaches, to name only two examples. The hospitals in Wyoming are no different. In addition to the copious data already being collected by each hospital, there are at least eight distinct strategic projects or programs operating today that have brought healthcare leaders from around the state together in this common effort.

Because the unique nature of healthcare delivery in Wyoming is relevant to the continuous quality improvement efforts that are underway, I would offer some very brief demographic information about our state. Currently, 26 acute care hospitals in Wyoming serve about 500,000 citizens in the nation's ninth largest state, an area comprising some 97,000 square miles. Fourteen of those hospitals are designated as Critical Access Hospitals (CAHs), the smallest of which houses only four acute care beds. Truly, ours is a frontier state of few hospitals with long miles in between them. With this brief background, it seems apparent that a one-size-fits-all approach to reducing HAI is unlikely to be as effective as efforts that are more precisely tailored to the healthcare environment of each region or state.

If I may, before providing descriptions of each of the programs and their relationship to quality improvement, I would offer an additional brief comment about their nature and results. While each approach requires operational support, in some cases through technology and data collection, in others through response to some level of state-mandated reporting, their success has derived not from such requirements, but from the collaboration among stakeholders that has

P.O. Box 249 Cheyenne, Wyoming 82003 307-632-9344

generated results. We support standardization, and we are acutely aware that quality is unlikely to improve without detailed data to focus our efforts. But we also firmly believe that data itself is not a sufficient catalyst for improvement. The quality improvements that have benefited the citizens of Wyoming have come from the aforementioned collaboration among stakeholders, from sharing information, experiences, and best practices among those who will ultimately implement and measure the systems-based quality improvements that lie at the heart of your request.

With respect to your specific questions regarding current rates of central line-associated bloodstream infections, every hospital in Wyoming currently collects that data, among other core quality metrics, and uses it to track the impact of their internal programs on infection rates. Although detailed data are not available due to the relatively short response window, hospital administrators in Wyoming report up-to-date data collection and tracking programs, as well as infection rates they believe are comparable to facilities anywhere in the country. Faced with the challenges associated with effectively managing rural hospitals in a frontier state, Wyoming's administrators are appropriately proud of their efforts and results.

At least eight other programs and projects are simultaneously operating in Wyoming as well, all addressing the common theme of quality improvement. I have provided a summary of each program in the following pages, as well as the direct link between the program and improved quality of patient care. Lastly, I have provided information regarding tangible results where possible. In some cases, the programs are too new to have generated significant measureable outcomes.

Quality Health Indicators Program – Developed and maintained by the Kansas Hospital Association, the Quality Health Indicators (QHi) Program offers participating hospitals an economical instrument to evaluate internal processes of care, and to seek ways to improve those processes by comparing specific measures of quality with similar hospitals. Using the web-based set of tools provided through the QHi program, regional networks of hospitals can select from a library of quality indicators to determine which measures meet their unique needs. Critical Access Hospitals in Kansas, Michigan, Nebraska, Oklahoma, South Dakota, and Wyoming use QHi as their data collection tool, and as the basis for a region-wide multistate benchmarking project.

Because of Wyoming's frontier nature, more than half of our member hospitals are Critical Access Hospitals. In practical terms, that means more than half of Wyoming's acute care hospitals are currently registered to participate in the collection and reporting of quality metrics that include clinical quality, financial and operational metrics, employee contribution metrics, and patient satisfaction. Among the 14 clinical quality measures being captured through the QHi program is the rate of hospital-acquired infections per patient day.

Administrators and hospital quality officers update their QHi data as frequently as monthly, and they can log on to these web-based tools for updated reports and dashboard measurements, and to facilitate communication with similar hospitals about effective approaches and best practices. This communication and feedback loop is central to the success of the program. And in this case, the link between the program and quality improvement efforts is direct and clear:

Wyoming's rural hospitals are capturing and tracking quality data to drive process improvements that ultimately improve the quality of patient care.

Wyoming Healthcare Commission/Patient Safety Organization – Created by the Wyoming Legislature in 2003, the Wyoming Healthcare Commission is charged with studying issues related to access, cost, and quality of healthcare for Wyoming citizens. The commission, which is composed of healthcare leaders from across the state, primarily develops in-depth reports that target the most pressing healthcare issues in Wyoming and proposes healthcare-related legislation to the state's lawmakers.

Since its inception, the Wyoming Healthcare Commission has perceived patient safety as a priority of its efforts, and it created a Patient Safety Task Force which reflects the subject's importance. The task force has been active in identifying opportunities for improvement and systems or methods for achieving those improvements. Most recently, the Patient Safety Task Force has begun work on the creation of a Wyoming Patient Safety Center (WPSC), a centrally managed organization that would provide a forum for the collection and discussion of 'never events' and near misses in Wyoming hospitals. Importantly, the WPSC would also provide a mechanism for analyzing the data, and for communicating with the healthcare professionals who have committed errors. According the task force's current thinking, gathering data is a fundamental first step, but is not sufficient to have any material impact on patient safety. Instead, the WPSC model would create a non-threatening environment in which providers and other experts could discuss the error, its source, the characteristics of relevant processes and systems, and other factors so that meaningful, system-level changes can be made.

The Patient Safety Task Force is currently investigating existing models to determine which could best be modified to suit the unique needs of Wyoming's healthcare community. However, task force leaders have contacted the Maryland Hospital Association for guidance as it relates the development of the Maryland Patient Safety Center. That voluntary organization has been in place since 2004 and has delivered measurable improvements in patient safety to the citizens of Maryland. Further discussions between the Wyoming Healthcare Commission, its Patient Safety Task Force, the Wyoming Hospital Association, the Wyoming Medical Society, the Mountain-Pacific Quality Health Foundation, and other related healthcare organizations are planned for the summer. As suggested by the composition of the initial stakeholders for this project, Wyoming's early efforts to create a Patient Safety Center illustrate the power and importance of voluntary collaboration among vested organizations to achieve patient-focused quality improvements.

IHI 5 Million Lives Campaign – The Institute for Healthcare Improvement's 5 Million Lives campaign is the second in a series of bold initiatives to improve patient safety in hospitals across the country. The project began as an effort to reduce preventable deaths in U.S. hospitals, an effort joined by 3,100 hospitals and resulting in these facilities saving an estimated 122,000 lives in 18 months. In the process, new standards of care began to emerge.

Bolstered by the success of its first effort, the IHI has since launched the 5 Million Lives campaign, a project that intends to protect patients from five million incidents of medical harm in two years, from December 2006 to December 2008. IHI sought to recruit at least 4,000 U.S.

hospitals in this renewed commitment to patient safety, and many Wyoming hospitals joined the effort.

By enlisting in the campaign, Wyoming hospitals committed to the six interventions from the 100,000 Lives campaign: deploy rapid response teams at the first sign of patient decline; deliver reliable, evidence-based care to prevent deaths from heart attack; prevent adverse drug events by implementing medication reconciliation; prevent central line infections by implementing a series of interdependent, scientifically grounded steps; prevent surgical site infections by reliably delivering the correct perioperative antibiotics at the proper time; and prevent ventilator-associated pneumonia.

The 5 Million Lives campaign added six new interventions targeted at reducing harm: prevent harm from high-alert medications, starting with a focus on anticoagulants, sedatives, narcotics, and insulin; reduce surgical complications by implementing all of the changes in care recommended by the Surgical Care Improvement Project; prevent pressure ulcers by using science-based guidelines for their prevention; reduce MRSA infections by implementing scientifically proven infection control practices; deliver reliable, evidence-based care for congestive heart failure to avoid readmissions; and get Boards on board so they can become more effective in accelerating organizational progress toward safer care.

Hospital Compare – This may be the most familiar of the initiatives listed, as it is sponsored by the Centers for Medicare and Medicaid Services (CMS). This web-based reporting tool provides consumers and healthcare professionals with information on hospital performance with respect to specific conditions and procedures. The nature of the tool enables direct, relevant comparisons among hospitals based on widely reviewed and accepted measures of care. Hospital Compare was developed as a collaborative effort between CMS, the Department of Health and Human Services, and other members of the Hospital Quality Alliance.

Hospital participation in the Hospital Compare project is entirely voluntary, and all Wyoming hospitals have elected to participate, providing their data for public consumption and direct comparisons of quality performance. In terms of quality measures, Hospital Compare rates hospitals in the following categories: eight measures related to heart attack care; four measures related to heart failure care; seven measures related to pneumonia care; and five measures related to surgical infection prevention.

The value of Hospital Compare in helping consumers make more informed healthcare choices, and in helping identify areas of focus for hospital quality improvement efforts, was recently highlighted in a national advertising campaign sponsored by CMS. As a result, consumers across the country were invited to visit the web site and review their hospitals' measures of quality. CMS highlighted one process of care metric in particular: the percentage of surgery patients who received preventative antibiotics one hour before incision. Wyoming hospitals scored above the national average for this metric, and selected Wyoming hospitals scored as much as 10 percent above the national average.

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) – A close cousin of the Hospital Compare effort, the HCAHPS offered patients an opportunity to report on their experiences with medical, surgical, or maternity care during a recent overnight stay in the hospital. All hospitals used the same questionnaire and standardized data collection procedures, and participation in the survey was, once again, entirely voluntary.

Approximately one-third of Wyoming's acute care hospitals volunteered to participate in the first round of HCAHPS surveys. Additional HCAHPS data is expected to be added to the Hospital Compare web site throughout the year, and additional Wyoming hospitals may choose to participate. Nevertheless, current participation levels from Wyoming are laudable, and they provide a valid comparison for consumers in their attempt to make more informed healthcare decisions.

As with the Hospital Compare metrics, CMS highlighted one HCAHPS metric in its recent national advertising campaign: how often patients always received help as soon as they wanted. And as with the Hospital Compare element of the ad campaign, Wyoming hospitals scored well above the national average, and selected Wyoming hospitals scored nearly 10 percent above the national average.

University of Wyoming College of Law Health Care Reform and Patient Safety Symposium – Hosted in April at the University of Wyoming, the Health Care Reform and Patient Safety Symposium is perhaps the most shining example of the collaborative efforts to improve patient safety in Wyoming. The symposium brought together hospital administrators, physicians, plaintiff's attorneys and defense lawyers, the Quality Improvement Organization (QIO), the Wyoming Healthcare Commission, the President Emeritus of the Joint Commission, patients' rights advocates, and patient safety experts from Harvard and Johns Hopkins to debate the state of Wyoming's healthcare environment and discuss initiatives to improve patient safety.

Although the symposium was a two-day event, it was billed as, and has proved to be, the opening sentence in a much longer, much more complex conversation about improving patient safety in Wyoming. The event has already borne fruit by opening the dialogue among so many diverse parties and interests, and through its influence on the Wyoming Healthcare Commission's early efforts to launch the aforementioned Patient Safety Center.

By introducing the subject in a thoughtful, thorough way, and by ensuring that many, if by no means all, interested stakeholders were represented, the symposium elevated the discussion of patient safety across the state. As a result, its residual impact is likely to continue to be felt as additional collaborative patient safety projects are initiated throughout Wyoming.

Standardized Reporting of Safety Events – During its 2008 session, the Wyoming Legislature amended a law passed in 2005 that standardizes the reporting of safety events for all healthcare facilities in the state. The measure removed a previously existing list of reportable events and used the National Quality Forum's (NQF) list as the standard taxonomy that is generally accepted in the healthcare industry.

The amended legislation grew out of a recommendation from the Wyoming Healthcare Commission that was intended to make safety data collected throughout Wyoming more useful by ensuring that standard language is consistently used. Additionally, because the statewide mandatory reporting will use the NQF list of reportable events, additions to the NQF list will automatically be added to the list of required reportable events in Wyoming.

Streamlined, consistent data collection will produce more useful reporting, and that will ultimately feed into the processes previously described for targeting and resolving patient safety issues. For these reasons, the Wyoming Hospital Association fully supported the measure throughout its development and passage, as did other state healthcare organizations.

Partnership with the Medicare Quality Improvement Organization (QIO) – To date, the Mountain-Pacific Quality Health Foundation maintains relationships with all 26 acute care hospitals in Wyoming, and the fundamental goal of those relationships is to promote proven best practices to improve quality in each facility.

Through review, education, communication, collaboration, and partnership, the QIO delivers a set of three core services to promote excellence in Wyoming hospitals. Those core services are: medical review services to assure that the utilization and coding of health care services are appropriate; consultation with healthcare providers on quality management systems to assure patient safety and a high quality of care; and education and tools for consumers of health care to promote appropriate self-care and prevention activities.

Among the more salient aspects of the QIO relationship in Wyoming, particularly with regard to your request for information, is the consistent theme of collaboration and partnership throughout each of these projects. As noted earlier, data collection and reporting are fundamental elements of strategic change and quality improvement, but the true impact of the QIO in Wyoming is felt through the carefully cultivated relationships the organization maintains with Wyoming hospitals. Strong relationships enhance participation in such programs and enhance each hospital's willingness to embrace and effect changes suggested by the QIO.

As a result, the Mountain-Pacific Quality Health Foundation recognizes hospitals for their commitment to sustained performance and/or improvement in providing quality patient care. The 2007 awards, according to the QIO, reflect the transformational changes being made in health care, and specifically recognize Wyoming hospitals' performance on four national quality projects: acute myocardial infarction, heart failure, pneumonia and surgical infection prevention, as well as hospitals' leadership qualities. Three Wyoming hospitals received Hospital Quality Awards in 2007 for quality achievement, commitment to quality, and quality improvement efforts.

Each of these efforts supports or interacts with the others, creating a set of strategic initiatives to improve quality in Wyoming hospitals. Each of these efforts addresses, in a direct or indirect way, the central question regarding HAI. And each of these efforts has begun to produce results, or has been producing results over time. As noted earlier, many of these programs are built on an already solid foundation of data, collected either as the result of limited state mandates, or through entirely voluntary participation on the part of hospitals that continually demonstrate their

commitment to quality. Equally as significant, these programs function effectively because of the strong relationships between the many varied healthcare stakeholders across the state of Wyoming.

It is our hope that the preceding descriptions have offered a useful glimpse into the overarching quality initiatives at work in Wyoming. Though none precisely mimics the Michigan project, they are each aimed at the same or similar goals, and they are driving improved quality on a daily basis. We will be glad to answer any questions you may have about these primary quality projects, as well as their related sub-projects.

Thank you once again for the opportunity to contribute to the discussion of this important matter.

Sincerely,

Daniel J. Perdue
President