

**Kentucky
Hospital
Association**

Representing Kentucky Health Care Organizations

January 16, 2012

The Honorable Vernie McGaha
Annex Room 203
702 Capitol Avenue
Frankfort, KY 40601

Dear Senator McGaha:

Kentucky's hospitals strive every day to provide the highest quality care to each and every patient. Preventing and controlling health care associated infections is, and has been, at the forefront of hospital activities to improve patient care. Significant activity in public reporting of hospital acquired infections is already underway at the federal level, making state-level reporting unnecessary. Also, Kentucky's rates of hospital acquired infections are going down due to hospital participation in several targeted programs spearheaded by KHA to reduce the incidence of specific infections. We urge you to consider the following information **and oppose any legislation that contains any new mandated infection reporting by hospitals to any state agency.**

Hospitals are Already Reporting Infection Data to the Federal Government

Federally required data reporting of infections by ***all acute care hospitals nationwide*** began in 2011, when the Centers for Medicare and Medicaid Services (CMS) mandated reporting of central line associated bloodstream infections. Hospitals are required to report data using common definitions to a centralized database within the Centers for Disease Control (CDC), known as the NHSN. The federal government has mandated the following reporting schedule, which adds additional infections in future years. The start dates are staggered because the government recognizes that data collection is very labor intensive and hospitals have limited resources. These reporting requirements supersede state-level reporting laws, making state reporting mandates duplicative and potentially in conflict with the national requirements if state laws prescribe different or more expansive infections to be reported, different timelines for reporting, or the use of different data collection systems.

Healthcare Associated Infections Reported to NHSN	Reporting Starts
Central Line Associated Bloodstream Infections	January 2011
Selected Surgical Site Infections - Inpatient abdominal hysterectomy - Colon Procedures	January 2012
Catheter-Associated Urinary Tract Infection	January 2012
MRSA Bacteremia	January 2013
Clostridium Difficile (C. Diff)	January 2013
Healthcare Personnel Influenza Vaccination	January 2013

The data reported to the federal government will be made publically available on the government's website – www.HospitalCompare.org – where consumers will have access to hospital-specific infection data. Because all hospitals in the nation will be using the same reporting system, data for Kentucky's hospitals will be comparable with other states and the nation as a whole. There are strong incentives for hospitals to submit and report accurately because a hospital would experience a 2 percent reduction in all Medicare payments for failure to report, or if reported data is found to be invalid. All Kentucky hospitals required to report are doing so.

Data on hospital compliance with certain "process" measures associated with reduced incidence of infection **is already publically available**. Individual hospital compliance with nationally-recognized "process measures" to prevent surgical site infections can be accessed at www.hospitalcompare.org, and indicates the percent of time surgical patients received all of the recommended care to prevent infections. Kentucky hospitals perform comparable to the U.S. average on all measures and **provide the recommended care to prevent infections more than 90 percent of the time**.

Kentucky Hospitals Already Have Detailed Infection Control Plans that Conform to CDC Guidelines

Legislation mandating that hospitals adopt infection prevention programs and comply with CDC strategies is ***NOT NEEDED*** because every licensed hospital already has to have a detailed infection control plan that is in compliance with CDC guidelines. This is required not only by the Kentucky Office of Inspector General, but as a condition for participation in the Medicare program and as a requirement for obtaining accreditation by The Joint Commission.

Kentucky hospitals are already required to conduct an assessment of their risk of infection based on the facility's location, type of patients the facility serves and services the hospital provides. Based on the assessment, the hospital must establish specific goals to prevent health care associated infections. The plans must reflect CDC guidelines for health care associated infection prevention and control and guidelines for addressing specific types of infections, such as central line infections, surgical site infections and multidrug-resistant organisms (MDRO). Hospitals accredited by The Joint Commission, which includes 94 percent of Kentucky hospitals, must also comply with The Joint Commission's National Patient Safety Goals, which address hand hygiene and activities to prevent infections.

Voluntary Infection Prevention Collaboratives Have Reduced Hospital-Acquired Infection Rates

Central Line Infections (CLABSI)

In 2010, KHA launched a national initiative, On The CUSP: Stop BSI, to reduce central line infections which targets larger facilities providing an advanced level of care. The CUSP program was developed by Dr. Peter Pronovost at the Johns Hopkins University, and it addresses not only using proper clinical technique but helps hospitals

instill a culture of safety among staff and physicians. **The rate of central line associated bloodstream infections (CLABSI) among Kentucky hospitals is below the U. S. average.** The CUSP CLABSI program has produced dramatic reductions amongst participating hospitals with rates declining from 2.2 per 1,000 central line days to 0.5 – well below the 1.5 national rate of other hospitals participating in the CUSP CLABSI collaborative. Thirty-three Kentucky hospitals (55 individual units) are participating which represents 90% of the hospitals which provide central lines that did not already have a zero infection rate.

Catheter Associated Urinary Tract Infections (CAUTI)

Last year, KHA expanded the CUSP program to target reduction in catheter associated urinary tract infections. Twenty hospitals are currently participating in the program which launched in September 2011. Although it is early in the program, we are already seeing reductions in CAUTI. Additional hospitals will be added to this program under the Partnership for Patients Initiative discussed below.

MRSA

Since 2007, all Kentucky acute care hospitals have participated in a statewide MRSA collaborative aimed at identification, treatment and prevention of MRSA in all types of settings. The collaborative – formed through a partnership with KHA, the Kentucky Department for Public Health, the University of Louisville School of Public Health, the University of Kentucky, and Health Care Excel - utilized a toolkit of best practices addressing hand hygiene, environmental cleaning, use of isolation and antimicrobial stewardship that hospital staff are following and which is producing a reduction in these infections. The collaborative also targeted education and resources to other community-based organizations where there is an increased risk of MRSA. There has been a dramatic **70 percent reduction in the hospital MRSA infection rate** from January 2009 to December, 2010 as a result of these focused efforts.

Partnership for Patients

Beginning in April and continuing for the next two years, KHA is partnering with the Hospital Research and Education Trust (HRET) of the American Hospital Association (AHA) and will be leading a Hospital Engagement Network (HEN) in Kentucky. This activity is funded under a contract from CMS as part of the Partnership for Patients, a national project designed to provide technical assistance, training events and learning sessions for hospitals to reduce harm and complications to patients. KHA will be working with Kentucky hospitals to achieve improvements in ten focus areas, which include reductions in CLABSI, CAUTI, surgical site infections, and ventilator assisted pneumonia (VAP). Kentucky is one of 34 states involving 3,400 hospitals that will be joining HRET on this national project. KHA will be working with each individual Kentucky hospital to identify and develop a plan targeted at specific improvement areas.

An important note about participation – Some Kentucky hospitals had already been working on reducing infections through participation in other programs, such as corporate wide programs, the Institute for HealthCare Improvement (IHI), or other

initiatives through the Medicare Quality Improvement Organization prior to the start of these collaboratives. Hospitals, therefore, will not be participating in certain collaboratives where they have already reduced their rates to zero or near zero for the targeted infection. Also, some hospitals may not offer certain services associated with certain infections; for example, hospitals that do not insert central lines or do not perform surgery would not need to participate in collaboratives targeting those infections.

Hospitals Are Not Paid for Infections

Medicare, Medicaid and many private insurers have already aligned payment with outcomes and do not pay hospitals for treating preventable infections attributed to care in the hospital.

Other Factors Affecting Infection Rates

It is important to be mindful that, while hospitals can do a better job and are working to drive down infection rates, not every infection can be prevented even when best practices are followed. Some patients – such as those that are immuno-suppressed or immuno-compromised, trauma patients with contaminated wounds, patients with chronic medical conditions, the elderly, the very young and patients who are obese or use tobacco products – are more prone to develop infections even with the best care. Eliminating infections is also difficult to achieve because success depends on every physician, nurse, staff member and visitor that comes in contact with a patient being 100 percent compliant, which is difficult to achieve, given the sheer number of patient contacts that occur during a hospital stay.

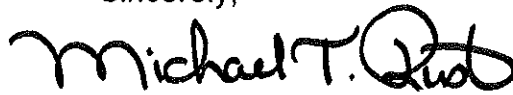
Eliminating infections not only takes time and ongoing vigilance, but it involves more than just hospital efforts. Over the last 50 years, antibiotics have been critical in the fight against infectious disease. However, drug resistant infections like MRSA are now rising largely due to overuse and misuse of antibiotics. This is not unique to Kentucky, but is a problem for the United States and the world. As antibiotics have stopped infection-causing organisms from growing and spreading, these organisms have changed their genetic structure to become resistant. Overprescribing and misuse of antibiotics have caused the emergence of resistant organisms that are “immune” to current antibiotics. This has caused them to proliferate such that some infectious diseases are now more difficult to treat than they were just a few decades ago.

An older population and more advanced medical interventions also have increased the risk and opportunity for infections to develop. Germs are prevalent throughout the community. Infections can be acquired in any setting where there is direct contact with others who are infected or there is exposure to contaminated surfaces. Healthy lifestyle habits are important in preventing illness, including good hygiene, such as frequent hand washing. More prudent use of antimicrobials by physicians and patients is needed to slow the development of resistance. Comprehensive efforts are needed throughout the community and by the public – not just by hospitals - to adopt health habits to completely tackle the spread of infection.

In summary, it is clear from the impressive results of existing collaboratives that focusing hospital resources and staff on adherence to best practices, communication, and teamwork is the key to driving down infection rates - not collection and reporting of data. Copious amounts of data collection take staff away from direct patient care and activities that actually reduce the spread of infections.

Legislation proposed in the past and likely to be proposed again this legislative session mandating hospital infection reporting does nothing to actually reduce infections. Transparency in infection rates has already been adequately addressed through federal mandates. Legislation imposing additional mandates on hospitals is not needed and will only serve to place more administrative burden on facilities, diverting attention and resources away from the projects planned and already underway to curb infections. For these reasons, **we ask that you strongly oppose any proposed legislation that contains new mandated hospital infection reporting or patient surveillance testing.**

Sincerely,

A handwritten signature in black ink that reads "Michael T. Rust". The signature is written in a cursive, flowing style with a large, prominent "M" and "R".

Michael T. Rust
President