



TEXAS HOSPITAL ASSOCIATION

May 29, 2008

The Honorable Henry A. Waxman
U.S. House of Representatives
c/o Majority Office
2157 Rayburn House Office Building
Washington, DC 20515

Dear Congressman Waxman:

The Texas Hospital Association is pleased to respond to your request of May 6 regarding the Committee on Oversight and Government Reform's investigation into health care-associated infections. Texas hospitals always put patient safety first, and renewed emphasis now is being placed on reducing the number of health care-associated infections. While hospitals have proven processes and protocols in place, ongoing adherence to them, as well as monitoring outcomes are critical to protecting patients from preventable hospital-acquired infections.

Texas hospitals believe that the federal government can take some specific steps to assist hospitals in preventing health care-associated infections. THA recommends the following:

- The Centers for Medicare & Medicaid Services, the Centers for Disease Control and Prevention, and the Agency for Health Care Research and Quality should develop a **coordinated long-range plan for infection prevention with incremental measurements to benchmark progress.**
- **These federal agencies should work in coordination, and data collection should use common formats and be shared.**
- The measurements should include indicators for hospitals *and* physicians to create an incentive for hospital-physician collaboration in preventing infections.
- **An infrastructure that links processes and outcomes is needed,** so that provider-specific problems can be identified and resolved. Better coordination among federal agencies could help states focus their improvement activities.
- The federal government should enhance its public education role to raise awareness about community-acquired infections, their transmission and prevention strategies.

To answer your specific questions, the following information details specific actions Texas hospitals are taking to reduce infections:

- The median and overall rates of central line-associated bloodstream infections in intensive care units are not available in Texas at this time. Prior to 2007, Texas hospitals were not required to report infection rates. During the 2007 Texas legislative session, Senate Bill 288 passed, establishing an **infection reporting and prevention system, and this legislation is in the process of being implemented.** Supported by the Texas Hospital Association, consumers, health plans and businesses in Texas, the consensus legislation mandates the public reporting of laboratory-confirmed central line-associated primary bloodstream infection rates as defined by the Centers for Disease Control and Prevention. The law requires establishment of a permanent Health Care Associated Infection Advisory Panel to guide the implementation, development, maintenance and evaluation of the reporting system. The HAI Panel recently recommended that the CDC's

National Healthcare Safety Network be used for the public reporting of infections by Texas hospitals. Implementation has been slow due to the fact that the Texas Legislature did not provide funding to the Texas Department of State Health Services to administer the program. THA and other stakeholders are working diligently to secure funding for the state agency so that this important initiative can be implemented. While this state law will focus attention on specific infections with documented effective interventions, hospitals will continue to comply with the Medicare Conditions of Participation and The Joint Commission's standards, which require each hospital to base the design and scope of its infection control program on the risk that the hospital faces related to the acquisition and transmission of infectious disease.

- Texas recently embarked on a new initiative to develop a non-regulatory state plan to prevent transmission of Methicillin-Resistant *Staphylococcus aureus* in health care settings. This statewide initiative is being led by the Texas Department of State Health Services and the Texas Department of Aging and Disability Services with participants from hospitals, long-term care facilities, regional health departments, schools of pharmacy and the Texas Quality Improvement Organization. The state plan is anchored on the CDC's 2006 guidelines, *Management of Multidrug-Resistant Organisms in Healthcare Settings*. The success of the plan will be benchmarked against the Association for Professionals in Infection Control and Epidemiology's comprehensive MRSA prevalence study released in June 2007.
- Texas has no plans to replicate the Michigan Hospital Association ICU initiative. Partially because of the success of the Michigan initiative, the Institute for Healthcare Improvement developed the 100,000 Lives Campaign Central Line Bundle that incorporates the successful guidelines developed for central line insertion in Michigan. The Central Line Bundle is now included in the more recent IHI 5 Million Lives Campaign. In Texas, some 210 hospitals have joined the IHI 5 Million Lives Campaign, agreeing to adopt changes in care to protect patients from a potential 5 million incidents of medical harm over the next two years. Texas hospitals are working not only on the Central Line Bundle, but also the other infection-related bundles to prevent surgical site infections, to prevent ventilator-associated pneumonia and to reduce Methicillin-Resistant *Staphylococcus aureus* (MRSA) infection. TMF Health Quality Institute, the Texas Quality Improvement Organization, sponsors the Texas node of the IHI campaign along with the following partners:
 - Texas Hospital Association
 - Dallas-Fort Worth Hospital Council
 - Texas Healthcare Trustees
 - Texas Medical Association
 - Texas Nurses Association
 - Texas Organization of Rural and Community Hospitals
 - Texas Rural and Community Health Institute (at Texas A&M University)

Texas hospitals are active in a number of initiatives from elective participation in national quality initiatives to mandatory regulatory requirements addressing health care-associated infections. A specific example is the Texas Health Care Quality Improvement Award program administered by TMF. This awards program was established in partnership with the Texas Hospital Association, Texas Medical Association, Texas Organization of Rural and Community Hospitals, and the Texas Osteopathic Medical Association. Hospitals receiving the award demonstrate significant quality improvement in caring for patients suffering from heart attack, heart failure or pneumonia and in preventing infections after surgery. Evidence of the 2006-2007 award program's success includes the following:

- Of approximately 375 hospitals in Texas, 183 nominated themselves for the award.
- Of the 183 hospitals, 88 met the award criteria to qualify, with 63 receiving the highest award, the Award of Excellence, and 25 receiving the Quality Improvement Achievement Award.
- 23 award recipients were rural and/or Critical Access Hospitals.

Please see the attached fact sheet for detailed information on initiatives that Texas hospitals are undertaking to improve quality and safety for Texas patients.

The Texas Hospital Association appreciates the interest your committee is taking in the prevention of health care-associated infections. Thank you for the opportunity to provide information about the work that is being done by Texas hospitals.

Sincerely,

A handwritten signature in black ink that reads "Dan Stultz". The signature is written in a cursive style with a large initial "D" and a flourish at the end.

Dan Stultz, M.D., FACP, CHE
President/CEO

cc: House Minority Office
Sarah Despres, Staff Member, Committee on Oversight and Government Reform

Attachment