IOWA HOSPITAL ASSOCIATION

May 19, 2008

The Honorable Henry A. Waxman
Chairman, U.S. House Committee on Oversight and Government Reform
2157 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Waxman:

We would like to take the opportunity to respond to your letter dated May 6, 2008 regarding the efforts undertaken by state hospital associations to address healthcare-associated infections (HAI). In 2006, the Iowa Hospital Association (IHA) and the Iowa Medical Society (IMS) jointly initiated the creation of the Iowa Healthcare Collaborative (IHC), a non-profit organization designed to promote rapid cycle clinical performance improvement, thereby improving the quality, patient safety and value of healthcare in Iowa. The IHC initiatives focus provider-directed efforts to facilitate engagement, sharing of data, and the rapid deployment of best practice. State government, payers, employers, labor, and consumers are partners in this effort.

The IHC has a unique role in accelerating clinical improvement in Iowa by providing an objective focal point for public reporting of accurate and clinically relevant performance data. IHC puts healthcare providers (doctors, nurses and hospital executives) in the position of leadership, driving clinical improvement to accelerate the pace of progress. This unique structure has been called a model for other states to achieve engagement and improve health outcomes.

A key driver of the IHC is Iowa hospital voluntary data reporting resulting in transparency of information on quality and patient safety in Iowa. To that end, the IHC makes data publically available at the hospital level on 21 CMS quality measures, 27 quality and patient safety measures developed by the Agency for Healthcare Policy and Research (AHRQ), and eight healthcare-associated infection measures (HAI). The HAI measures are released at the Iowa statewide level currently with roll-out of reporting by hospital to begin in 2009.

Specifically to HAI, the IHC has developed a multi-year strategy to reduce HAIs in Iowa. An IHC HAI Work Group has been formed made up of infection control specialists from Iowa hospitals and the State of Iowa Epidemiologist. The objectives are 1) Increase awareness about HAIs among providers and the public; 2) Convene a discussion in the Iowa healthcare community to standardize definitions and metrics around infection reporting, and 3) Promote public reporting of HAI information in Iowa. Identifying when HAIs occur is the first step toward determining causes and ultimately preventing them. Education and sharing of best practices are key drivers of this strategy.

The IHC HAI Work Group has identified a set of consistent, evidence-based measures and has worked to develop standard definitions. Data collection and reporting began in 2007 for six measures with two additional MRSA measures added in 2008 (this in addition to five CMS measures in this area):

- Influenza vaccination among healthcare workers
- Central line infection rates
- Coronary Artery Bypass Graft (CABG) surgical site infections
- Colon surgical site infections
- Hip surgical site infections
- Hysterectomy surgical site infections
- Lab-confirmed, hospital-acquired MRSA Blood Stream Infection
- Lab-confirmed, hospital-acquired MRSA Surgical Site Infection

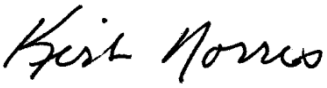
In Iowa, there is very high hospital participation in reporting this data with 90%+ plus response. The early data show that Iowa hospital performance is at or exceeds national norms in all areas.

Specific to the issue of central line-associated bloodstream infections, 39 Iowa hospitals (which account for 80%+ of hospital care delivered in Iowa) that perform this procedure reported data for 2007. The average overall rate is 2.05 per 1,000 catheter days. 21 of the Iowa hospitals (representing 65% of the total hospital care delivered) reported a rate of zero. Education targeted to this issue providing best practices is presented at the IHC annual conference and patient safety conference with the goal to drive the Iowa overall rate to zero. An HAI toolkit directed to Iowa hospitals and physicians has also been developed and distributed and is accessible at the IHC web site (www.ihconline.org).

An example of another statewide HAI initiative undertaken at the direction of the IHC HAI Work Group is to set a target of 95% of all healthcare workers in Iowa immunized for influenza by 2010. To support the effort of the IHC, working in conjunction with the State of Iowa Epidemiologist Office, a major education drive will soon be initiated. When this effort first started the immunization rate in Iowa hospitals was estimated at 50%, the rate for 2007 has now increased to 75.5%, again with the target expected to be reached in 2010. The national rate is in the 40% range.

IHA member Iowa hospitals and the physician community through the work of the IHC are taking direct aim at reducing HAI in Iowa. Through the data reporting and release, development of a toolkit, and targeted education programming, many resources are pointed at this effort. Significant progress is being made in Iowa but much work remains to be done. The IHA appreciates the opportunity to provide a response to the Committee. Tom Evans, MD, is the President/CEO of the IHC and can be reached at evanst@ihconline.org or 515/293-9347 or Perry Meyer at meyerp@ihaonline.org or 515/288-1955 on IHA staff can answer any questions.

Sincerely,



Kirk Norris
President/CEO

cc: Honorable Tom Davis
Ranking Minority Member, House Committee on Oversight and Government Reform

Iowa Congressional Delegation