Idaho Hospital Association

May 29, 2008

The Honorable Henry A. Waxman
United States House of Representatives
Committee on Oversight and Government Reform
2157 Rayburn House Office Building
Washington, D.C. 20515

Dear Mr. Chairman;

I appreciate the opportunity to provide information on healthcare-associated infections and health quality on behalf of the Idaho Hospital Association. Members of the Idaho Hospital Association are dedicated to providing quality care to the communities they serve. Infection rates are a vital component of any quality and patient safety program. It is important to note that infection rates are but one of the areas important to patient safety and quality healthcare. While there is always room for improvement in any patient care environment, I am happy report that Idaho hospitals have been actively engaged in a variety of patient safety initiatives for many years.

First, let me introduce you to the Idaho landscape as far as hospital services are concerned. Although Idaho is a large state with 83,564 square miles, it has a relatively small population of approximately 1.3 million people. The Idaho Hospital Association represents the state's 43 full-service community hospitals. Almost 2/3 of those are Critical Access Hospitals with 25 beds or less. The largest hospital in the state has 489 licensed acute care beds while the smallest has only 10.

Question 1: At this time, we do not have access to overall rates of CLABSIs in the intensive care units across the state of Idaho. CLABSIs are one of the many quality measures closely monitored by hospitals, but there is no statewide collection of this data. As a rural state with a large number of Critical Access Hospitals, most of our facilities rarely provide inpatient care for patients with central line access.

Question 2: The Michigan Hospital Association should be congratulated for an outstanding program and their evidence-based approach to quality and patient safety. After some review of the program and discussion with their leadership, we have found that the focus of the program would not be the most effective way to meet the needs of hospitals in Idaho. We have neither the resources nor ICU volume to best take advantage of this type of program. Only a handful of Idaho hospitals have ICUs that provide such high level services such as ventilator support or trauma care.

Question 3: Although the Michigan model may not be the best fit for Idaho, our hospitals are involved in variety of existing safety and quality programs. Idaho state law already requires hospitals to develop a plan for the prevention and control of infection with a special emphasis on hospital acquired infection. Every hospital in Idaho has an infection control committee that analyzes data and reviews all infection control procedures.

The Idaho Hospital Association provides the Critical Access Hospital Quality Improvement Project, in partnership with the Idaho State Office of Rural Health, to assist rural hospitals in delivering safe and high quality health care to their communities. This project is an electronic tracking and benchmarking tool for quality and safety indicators. Each of the quality improvement project indicators reflects current, nationally recognized best practices and is relevant to patient services offered in critical access hospitals. The project currently includes twenty six indicators, including nosocomial infection rates & surgical site infections. For our most recent quarterly reporting period, Idaho critical access hospitals have a nosocomial infection rate of 0.3 patients per hospital.

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The Critical Access Hospital Quality Improvement Project also offers important opportunities for networking and resource sharing, a very important component for hospital staff who are often located in very isolated areas of our state. The project provides useful data that can be used internally and allows critical access hospitals to benchmark against like size facilities. With this information, each hospital can target their most needed areas of quality improvement.

Each of the larger hospitals in Idaho is also participating in patient safety initiatives. Because there are a small numbers of large hospitals in Idaho, our larger facilities find it most beneficial to participate in national or regional quality improvement collaboratives that allow them to benchmark with other hospitals of similar size or case mix.

Idaho hospitals have also played a vital part in Idaho's Health Quality and Planning Commission. The commission was established by the Idaho Legislature, in 2006, to develop a uniform, statewide, flexible and interoperable health information technology system, and to recommend a mechanism for the adoption of certain best practices in clinical quality assurance, patient safety standards, and reporting. The commission has been quite successful and is in the process of forming what will possibly be the nation's first state-wide health data exchange. This will be an extraordinary tool to be incorporated into patient safety and quality improvement initiatives.

Every Idaho hospital is participating in some type of quality improvement initiative. The type of initiative is chosen to meet the unique needs of our hospitals. All of Idaho's non-CAH Idaho hospitals are Joint Commission accredited, which requires rigorous quality improvement standards. Forty percent of Idaho hospitals are participating in the Institute for Healthcare Improvement's "5 Million Lives" campaign. We also collaborate with Blue Cross of Idaho on a hospital quality incentive program that utilizes the data to promote evidence based practices. All Idaho hospitals are working with the designated Quality Improvement Organization, Qualis Health, on various patient safety initiatives. As a result of various initiatives, we can affirm that the vast majority of Idaho hospitals reporting on CMS Hospital Compare are above the national average in most hospital process of care measures relating to infection prevention.

The Critical Access Hospital Quality Improvement Project is an example of the Idaho Hospital Association providing leadership in areas where appropriate resources were not available. With limited resources, in a very rural state, we make every effort to avoid duplication of services already available to our members.

While we do believe CMS could provide more useful, focused leadership in the area of patient safety, we do not believe in reporting for reporting sake. Many of our hospitals are feeling the pressure to report data to CMS and other government entities, even when that data is less useful to their quality improvement efforts. Our hospitals are dedicated to the best care possible for each of their patients and embrace any useful tool to make improvements. However, it would be a great setback for patient safety efforts if hospitals were forced to give up useful programs in order to dedicate scarce resources to mandatory reporting requirements.

Thank you for the opportunity to share information specific to our state. We are proud of the services our hospitals provide to the communities of Idaho. We appreciate your efforts in the vital area of quality and patient safety and wish you success in supporting programs that best fit the needs of our hospitals and the patients they serve.

Sincerely,

Steven A. Millard

Digitally signed by Steven A. Millard
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Steven A. Millard, President

cc: Tom Davis, Ranking Minority Member