NHA
Nevada Hospital Association

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May 28, 2008

VIA FACSIMILE & EXPRESS MAIL

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

Dear Chairman Waxman:

I am writing in response to your letter of May 6, 2008, which requested the Nevada Hospital Association's (NHA) assistance to provide the House Oversight and Government Reform Committee with information about Nevada's efforts to reduce the occurrence rates for healthcare facility-associated infections and whether proven solutions have been implemented.

By way of background, NHA is actively involved in patient safety in Nevada. We took a lead role by establishing the Nevada Hospital Association Patient Safety Committee (NHAPSC) to promote safe, quality health care throughout Nevada. The NHAPSC is comprised of statewide stakeholders, including hospital risk managers and quality improvement directors (acute care, long-term acute care, rehabilitation and psychiatric facilities), the Nevada State Health Division Bureau of Health Planning and Statistics, the Nevada State Health Division Bureau of Licensure and Certification, The Joint Commission and HealthInsight, the quality improvement organization (QIO) for the state of Nevada and Utah. The Committee serves as an advisory council to the Nevada State Health Division to identify opportunities for improvement, share patient safety initiatives and review regulatory requirements.

Some of the endeavors of this committee include a statewide standardization of armbands, advocating for legislative change to enhance patient safety, working with the Nevada State Health Division Bureau of Health Planning and Statistics on the Sentinel Events Registry and national initiatives, such as the Patient Safety Improvement Corps. In addition, NHA has worked in conjunction with the NHAPSC to collaboratively develop a Nevada Hospital Quality Transparency Web site. This Nevada hospital performance Web site includes national indicators from the Centers for Medicare and Medicaid Services and will include indicators from the Agency for Healthcare Research

and Quality. We anticipate this portion of the Web site to be available by late 2008. If you would like to the view the Web site, go to www.nvhospitalquality.net.

Moreover, NHA is committed to sharing "best practices" from our hospitals and, to that end, we are working with the NHAPSC to develop a patient safety Web site for access to toolkits to share both best practices and up-to-date information on patient safety and infection control initiatives.

In your letter, you asked for a response to three specific questions, which are re-stated below, followed by NHA's response. Given the short turnaround time to your request for information, the following response to Questions 2 and 3 are based on feedback received by some of our member hospitals.

Question 1: If known, what are the median and overall rates of central line-associated bloodstream infections in the intensive care units in hospitals in your state, using standard definitions of CLABSIs as provided by the Centers for Disease Control (CDC) and prevention for the purpose of the National Healthcare Safety Network?

The 2005-2007 rates for CLABSIs for the state of Nevada are as follows:

- The rate for 2005 was 3 incidents out of 31,045 ICU admissions = 0.0097%
- The rate for 2006 was 2 incidents out of 36,165 ICU admissions = 0.0055%
- The rate for 2007 was 2 incidents out of 40,916 ICU admissions = 0.0049%

The CLABSI rate information was extrapolated from data filed with the Nevada State Health Division Bureau of Health Planning and Statistics. Admissions were calculated using data from the Nevada Hospital Quarterly Reports, which is filed with and produced by the Nevada Department of Health and Human Services Division of Health Care Financing and Policy.

Response:

Question 2: If the rates are unknown or if the median rate is above zero, do you have plans to replicate the Michigan Health & Hospital Association program in your state? If so, when do you anticipate initiating the program?

Our state rates were virtually at zero. Nonetheless, the NHAPSC continually reviews new methods of improving patient safety to determine whether they may have a benefit for Nevada, and the Michigan Health & Hospital Association initiative is scheduled for review on the June meeting agenda. The Nevada State Health Division Bureau of Health Planning and Statistics, which works in conjunction with the NHAPSC, is concurrently reviewing several national patient safety models, one of which is the *CALL TO ACTION:*

A Plan to Improve Patient Safety in Michigan's Health Care System developed by the Michigan State Commission on Patient Safety.

Response:

Questions 3: What other activities are your member hospitals taking to address healthcare-associated infections? Which infections are you targeting? What is your evidence of success?

The following are some of the activities our member hospitals are taking to address healthcare-associated infections:

- Surveillance of cultures for Methicillin-resistant staphylococcus aureus (MRSA) and Vancomycin-resistant enterococcus (VRE), if indicated.
- Evaluation and cultures as indicated for draining wounds or wounds coming from a nursing home.
- Prevention of catheter-associated infections by taking cultures at the time of insertion.
- Hand washing, drug utilization, and established Institute for Healthcare Improvement (IHI) and Association for Professionals in Infection Control & Epidemiology (APIC) protocols.
- Participation in The Joint Commission Core Measures and Surgical Care Improvement Project (SCIP).
- Policies are reviewed on an ongoing basis and revisions made to improve patient safety.
- Staff and patient education on hand hygiene and prevention of the spread of infection.
- Collection of SCIP data to look for opportunities to improve outcomes.
- Yearly, and as needed, classes on evidence-based practice protocols for patient safety and infection prevention.
- Monitoring monthly occurrences and trending data to provide feedback to staff on areas of improvement.

Some of the infections targeted include:

- Surgical site infections (SSI), urinary tract infections (UTI), Methicillin-resistant staphylococcus aureus (MRSA), Ventilator-associated pneumonia (VAP), and central line infections.
- Catheter-related bloodstream infections (CR-BSIs), Catheter-associated urinary tract infections (CAUTIs), and Clostridium difficile-associated disease (CDAD).
- Ventilator-associated pneumonia (VAP) infections in the ICUs.
- Pneumonia in NICUs.
- Bacteremia primary and secondary in all acute care units.

- Central venous catheter (CVC)-related bacteremia in all acute care units.
- Urinary tract infections with and without Foley catheters in the Rehab Unit.
- Surgical site infections (SSI) on inpatients (clean and clean-contaminated cases).
- Methicillin-resistant staphylococcus aureus (MRSA) and Vancomycin-resistant enterococcus (VRE) community acquired nosocomial infections/colonizations.

The evidence of success are:

- Increased hand hygiene prevalence and the use of appropriate personal protective equipment (PPE), which decreases the chance of infection.
- Nevada's rates for Ventilator-associated pneumonia (VAP), Catheter-related bloodstream infections (CR-BSI) and Surgical site infections (SSI) rates are lower than the national average.
- Nosocomial rates in hospitals engaged in the above activities have gone down from the previous year.
- Although reporting and analysis are not yet final, it is our understanding that Nevada's overall infection rates in 2007 have been reduced.

If you have any questions, please do not hesitate to contact me or Vickie Wright, NHA Nurse Executive/NHAPSC Chair, at (775) 827-0184.

Respectfully submitted,

Bill M. Welch
President/CEO
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cc: The Honorable Tom Davis
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