SCHA South Carolina Hospital Association
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May 29, 2008

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

Dear Chairman Waxman:

The South Carolina Hospital Association (SCHA) appreciates the opportunity to respond to your May 6th letter of inquiry about efforts to reduce and eliminate healthcare-associated infections (HAI) in our state's hospitals. We also welcome the opportunity to provide information about our collaboration with many public and private sector partners to continuously improve the quality and safety of patient care statewide.

Statewide Leadership and Coordination

In December 2005, SCHA partnered with PHT Services, Ltd. (a South Carolina risk management company) to establish the South Carolina Node for the Institute of Healthcare Improvement's (IHI) 100K Lives and 5M Lives Campaigns. This statewide node has coordinated all quality improvement and patient safety activities in our state for these national campaigns, and I am pleased to report that all South Carolina acute care hospitals are active participants. Our node now has 22 other healthcare organizations as supporting partners and offers a broad range of educational activities and learning collaboratives. A summary of our node work is enclosed. It is important to note that five of the twelve 5M Lives Campaign platforms are focused on the prevention and elimination of certain types of HAIs, including central line associated bloodstream infections (CLABSI).

Statewide Reporting of Healthcare-Associated Infections

In May 2006, the South Carolina General Assembly enacted the Hospital Infection Disclosure Act (HIDA). This act requires hospitals to report certain types of HAIs into the CDC National Healthcare Safety Network (NHSN) system, and the act also requires that our Department of Health and Environmental Control (DHEC) make these reports and hospital-specific rates available to the public. In July 2007, our state's hospitals began reporting CLABSI cases from the ICU setting as well as surgical site infection (SSI) cases related to abdominal and vaginal hysterectomies and cardiac bypass surgeries. The first public report was posted on the DHEC website, www.dhec.gov, on February 1, 2008.

On January 1st of this year our hospitals began reporting CLABSI cases from medical/surgical units as well as surgical site infections related to gall bladder and hip and knee joint replacement surgeries. In addition,

hospitals and reference laboratories in our state are now reporting all blood cultures positive for Methicillin-resistant Staphylococcus aureus (MRSA) to DHEC.

The HIDA Act also provided for the establishment of an Advisory Committee, and our senior vice-president for quality and patient safety, Dr. Rick Foster, serves on that committee along with a diverse group of representatives from the public and private sectors. A list of committee members is enclosed. Under the auspices of this advisory committee, DHEC, SCHA and the Palmetto Chapter of the Association for Professionals in Infection Control and Epidemiology (APIC) have conducted three educational sessions over the past two years for infection control professionals (ICPs) and other hospital personnel related to the monitoring and reporting of HAIs. The most recent two-day training session in April had more than 150 ICPs in attendance and included presentations by senior NHSN staff from CDC. In addition, APIC Palmetto and SCHA have conducted several educational activities over the past two years for ICPs and other clinicians about the detection and prevention of HAIs. Finally, I would note we have 23 hospitals participating in an intensive MRSA Prevention accelerated learning network with other hospitals from across the nation.

Responses to Committee Requests

CLABSI Rates. In response to the first question in your letter, I have enclosed a chart of statewide aggregate CLABSI mean and median rates for each ICU category as established by the CDC NHSN system. Please note this report also includes a combined ICU CLABSI rate as calculated by our staff, since the CDC system does not provide this data in a combined format for all ICU categories. Of the 57 South Carolina hospital ICUs that were included in this first reporting period, 25 ICUs (44%) had rates of zero with no CLABSIs in the ICU setting, and another 28% of the reporting hospital ICUs had only one CLABSI case during the initial six month reporting period. We are very encouraged by these results, though we will not be content until the rates are consistently zero in every hospital. I should emphasize that a vast majority of our hospitals already use the CLABSI clinical bundle that has been recommended by CDC and IHI and is incorporated into the Michigan Hospital Association program.

Replicating the Michigan Hospital Association Program. As it relates to your second question, we are now actively working with senior officials from DHEC and APIC Palmetto to develop and implement a more comprehensive statewide HAI prevention collaborative. This next iteration will be built upon the foundation of our HIDA public reporting system and the existing quality improvement initiatives in our state. The Johns Hopkins and Michigan Hospital Association programs will serve as important role models for our HAI prevention collaborative, and we plan to consult with representatives from both organizations as we finalize the structure and content of our program. We anticipate this statewide collaborative will be operational by the end of 2008, and it will provide expanded support and guidance to our hospitals and clinicians in the most effective ways to detect, monitor and prevent HAIs.

Other Activities to Address Healthcare-Associated Infections. In addition to the efforts outlined above, South Carolina hospitals are taking other aggressive steps to address HAIs. In January 2007, the SCHA Quality Council and Board of Trustees established a comprehensive and collaborative patient safety and quality improvement program under the name **Every Patient Counts**. The charter for this partnership and the organizational pledge are attached for your review. (We asked the CEO, Board Chair, and Chief of Medical Staff from each participating hospital to sign the organizational pledge as a public symbol of their commitment.) Our member hospitals also called for a South Carolina-specific quality reporting website, www.mySChospital.org, and I am proud to report that 100% of our acute care hospitals voluntarily agreed to participate. Our Quality Council and Board of Trustees have established seven major statewide aims for improvement, including a specific aim to eliminate and prevent HAIs across all hospital clinical units. We

are presently supporting a broad range of quality improvement projects and initiatives linked to these aims, including the twelve improvement platforms from the IHI 5M Lives Campaign.

One of our major initiatives is the MRSA Prevention learning collaborative already mentioned above. During the 2007 IHI National Quality Forum, fifteen South Carolina hospitals presented storyboards documenting significant improvements in the quality and safety of patient care, and a majority of these storyboards focused on improvements specifically related to the prevention of HAIs such as CLABSI, ventilator associated pneumonia, and infections related to major surgical procedures.

Conclusion

In closing, I would like to provide for your committee a few other examples of the positive and productive quality improvement work being accomplished under our **Every Patient Counts** partnership. We have established the SC Heart Care Alliance, bringing together all hospitals in our state that provide primary cardiac intervention for ST elevation myocardial infarctions (STEMI). The primary goals of this alliance are to reduce door to balloon (D2B) times, enhance clinical outcomes for STEMI patients, and establish a regionalized system of STEMI care statewide. Under this alliance, we already have some member hospitals with D2B times consistently in the 60 minute range (the national D2B standard is 90 minutes).

In addition, we have a major pressure ulcer prevention project that is working to eliminate pressure ulcers across the continuum of care. This collaborative, which includes acute care hospitals, rehabilitation facilities, nursing homes, and home health agencies, has been recognized as a model program nationally under the IHI 5M Lives Campaign.

Finally, we have recently initiated a TeamSTEPPS training program in partnership with Duke University Medical Center, and ten South Carolina hospitals are participating in this initial training cycle. This comprehensive teamwork and communication program was developed by AHRQ and the Department of Defense, and it is based on the crew resource management safety model from the aviation industry. I have enclosed for your review brief summaries of our major patient safety and quality improvement projects, along with copies of our universal medication forms and medication safety video being utilized by hospitals, physicians, and pharmacies across our state.

On behalf of SCHA and our member hospitals, thank you for this opportunity to provide a summary of our collaborative efforts with numerous private and public sector partners to monitor and reduce HAIs in all hospital settings statewide. We are proud of the commitment made by our state's hospitals to continuously improve the quality and safety of care for each patient in South Carolina, every time. Please contact Dr. Rick Foster, rfoster@scha.org or me, tkirby@scha.org , with any questions or request for additional documentation.
Sincerely,

J. Thornton Kirby
President and CEO
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