



**CALIFORNIA
HOSPITAL
ASSOCIATION**

*Providing Leadership in
Health Policy and Advocacy*

**Senate Health Committee Hearing
October 20, 2010**

Hospital Acquired Infections

California's hospitals are on the front-lines of our health care system, providing around-the-clock care to all in need. Hospitals take their responsibility for providing high-quality, safe patient care seriously. A key focus for hospitals is the prevention of hospital-acquired infections (HAIs).

The California Hospital Association (CHA) supported the passage of SB 739 (Speier) in 2006. SB 739 requires hospitals to publicly report on their efforts to prevent central-line associated bloodstream infections and surgical site infections, as well as on the compliance rate of annual influenza vaccinations given to all hospital staff and other health care providers.

SB 739 also required the creation of a multi-disciplinary Hospital-Acquired Infection (HAI) advisory committee to make recommendations to the California Department of Public Health on implementing a consumer-friendly public website on HAIs. This Task Force is comprised of state and local health officials, epidemiologists, nurses, physicians, infection control professionals, hospital representatives and consumers. CHA is pleased to participate on the HAI advisory committee.

Hospitals agree with the intent of SB 1058 (Alquist) and SB 158 (Florez). These bills provide the framework for reporting HAIs, improving care to prevent HAIs and ensure that senior leadership is involved with reducing HAIs.

SB 1058 requires hospitals to re-test patients for MRSA upon discharge, if the patient is at risk for invasive MRSA, beginning in 2011. It is unclear how to determine which patients are at risk of invasive MRSA. The federal Centers for Disease Control and Prevention (CDC) recommends that hospitals focus their data collection (testing) and reporting efforts on specific hospital units or types of patients. This practice can help ensure that data collection is concentrated in populations where HAIs are most frequent and where the greatest prevention opportunities exist. CDC, however, does not have a recommendation that patients be re-tested prior to discharge. This requirement adds additional costs to the health care system without any scientific benefit.

California hospitals support the public reporting of hospital-acquired infections (HAIs). We believe that public reporting will result in hospitals having an increased focus on infection control and prevention techniques. CHA believes hospitals should have an opportunity to review, and submit corrections for, the information to be made public. This is consistent with federal healthcare reform.

Public reporting of HAIs also can result in enhanced partnerships between patients and health care providers, which will in turn result in improved patient safety. Public reporting will enable patients to gain access to useful comparative information on HAIs through the development of scientifically-based measures. These are goals that all California hospitals support.

In order to ensure that HAIs are being accurately and completely reported, the CDC recommends that infection rates should be adjusted for the potential differences in risk factors among patients and the types of care provided by different hospitals. Raw data alone is not sufficient to provide consumers with a useful method of comparing the quality of care provided by hospitals. For example, a hospital that provides trauma care, a burn unit or highly specialized cancer treatments most likely has a patient population that is at higher risk of contracting an infection as compared to a community hospital that provides less specialized care. In order to make a valid comparison between different types of hospitals, the number of infections at each facility must be adjusted to account for the differences in risk factors.

It's also important to understand that public reporting of HAIs is but one of many initiatives to promote quality of care that are underway in California hospitals. California patients already have access to the only publicly available hospital quality report card in the nation. The California Hospital Assessment Reporting Task Force (CHART) provides consumers with information on more than 70 hospital quality measures via an online website – www.CalHospitalCompare.org. More than 240 hospitals representing 86 percent of all hospital admissions in the state are voluntarily participating in the CHART program

The law requires patients admitted to an intensive care unit (ICU) be tested for MRSA within 48 hours of admission. This is very challenging and may put very small infants in the neonatal ICU (NICU) at significant risk. After hearing from a national expert in the care of NICU patients, the HAI-AC recommended to CDPH to lift the mandate to test NICU newborns that are delivered at a hospital (inborns); however, MRSA testing will still be performed by the receiving hospital's NICU on infants transferred from another hospital. Currently, there are no scientific data to support testing inborns admitted to the NICUs.

Hospitals are mandated to provide influenza vaccinations to healthcare personnel and report vaccination rates and declination of influenza vaccine to CDPH. Hospitals work hard to provide vaccinations to all employees, on all shifts and in all departments. However, it is still the option of the professional to accept the vaccine or not. It is interesting to note, the Society of Healthcare Epidemiology of America (SHEA), the Infectious Society of America (IDSA), and the Association for Professionals in Infection Control and Epidemiology (APIC) have all promoted mandatory vaccination as a condition of employment or continued employment unless there is documentation of medical contraindication for receipt of the vaccine.

Improvement Activities

In 2006, CHA developed a patient safety organization (PSO) for California hospitals — the California Hospital Patient Safety Organization (CHPSO), a not-for-profit mutual benefit

corporation in compliance with the federal Patient Safety and Quality Improvement Act of 2005. CHPSO was the second PSO in the nation to register with HHS.

CHPSO will help hospitals evaluate errors and develop effective strategies to improve patient safety. It also will develop and disseminate information with respect to improving patient safety, including recommendations, protocols, or information regarding best practices.

By combining and integrating programs to address patient safety, quality and efficiency, CHPSO will be a catalyst for improvements in hospitals' performance, helping California become the state with the safest hospital care in the nation.

Patient Safety Collaboratives

California hospitals participate in a number of patient safety initiatives including the Institute of Healthcare Improvement initiatives, American Heart Association Get with the Guidelines, Reducing Sepsis, Surgical Safety programs such the World Health Organization Surgical Checklist, the California Nursing Outcomes Coalition and many other improvement initiatives.

The CHA Regional Hospital Associations have a long history of facilitating patient safety collaboratives. The goals of these peer-to-peer learning collaboratives are to end inadvertent harm to patient by accelerating the adoption of evidence-based and innovative practices. Hospitals in all regions in the state have an opportunity to participate in patient safety collaboratives to perform quality improvement activities such as pressure ulcer reduction, hospital-acquired infection reduction, medication safety, surgical safety, perinatal safety and other initiatives.

The Regional Hospital Associations have partnered with Anthem Blue Cross to develop the Patients First Collaboratives. The goal is to reach 95 percent of California hospitals. The Patients First Collaboratives will initially focus on three key health areas:

- **Perinatal Care:** Reduction of pre-term elective deliveries and birth trauma
- **Sepsis:** Reduction of illness, length of hospital stays, and deaths
- **Hospital-Acquired Infections in Intensive Care:** Reduction of blood stream infections, pneumonia and urinary tract infections stemming from intensive care procedures