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DIPLOMATE OF AMERICAN BOARDS OF
INTERNAL MEDICINE AND INFECTIOUS DISEASES

California Senate Health Committee Hearing
Senator Elaine Alquist, Chair
October 20, 2010

As a member of the Healthcare-Associated Infection Advisory Committee (HAI-AC), a legislatively mandated advisory committee that provides recommendations to the California Department of Public Health (CDPH) relative to public reporting of healthcare-associated infections, I would like to thank the committee for allowing me to offer the following comments and suggestions. The goal of the public reporting is to provide data that are reliable and easy for the public to understand.

Risk Stratification

"The department shall follow a risk adjustment process that is consistent with the federal Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN...., risk adjustment, and use its definitions, unless the department adopts, by regulation, a fair and equitable risk adjustment process that is consistent with the recommendations of the HAI-AC"

As CDPH is poised to present HAI data, we are concerned that the mandate to follow the original timeline to publish raw data has trumped the mandate to present data in a risk adjusted format, as stipulated in SB 1058 that would enable fair comparisons among hospitals. We are all very keenly aware that CDPH was not adequately staffed until this past year to fulfill the numerous legislative mandates.

As an example, while central line-associated blood stream infections (CLA-BSI) occurring in the intensive care units (ICU) can be risk adjusted by stratifying according to the type of ICU (but even with this stratification, the ICUs in cancer hospitals will likely have a higher incidence of CLA-BSIs), there is no risk adjustment in non-ICU CLA-BSIs since patient acuity, the population served, demographics, and type of hospitals are not considered; moreover, in contrast to ICU CLA-BSI, there is no benchmark rates for non-ICU CLA-BSIs. It is only by gathering of and analyzing of data submitted by California hospitals can CDPH implement risk adjustments formulas prior to public reporting. Once HAI rates are publicly reported, it is exceeding difficult to correct or retract. Risk adjustment will be a recurrent theme when the HAI-AC begins discussions on public reporting of surgical site infection, *Clostridium difficile* infection, and others. I would urges the committee to allow postponing of the **non-ICU** CLA-BSI and other HAI public reporting until a risk adjustment scheme can be used.

Public Reporting of Surgical Site Infection

"Each health facility shall report quarterly to the department all health-care-associated surgical site infections of deep or organ space surgical sites, health-care-associated infections of orthopedic surgical sites, cardiac surgical sites, and gastrointestinal"

There is no precedence for this type of reporting. There are numerous procedures under the broad categories of orthopedic, cardiac and gastrointestinal surgery. It is best to follow the format of displaying data that are ***procedure specific*** and as outline by NHSN. Such aggregate data are meaningless, have no benchmarks, will confuse the public, will erode the confidence in the legislature and public health department, are oversimplification of a complex topic, and ignore the variability of inherent patient risks that are dependent on the procedure. This is the proverbial "mixing of apples and oranges". Rectal surgery is associated with a much higher rate of infection than removing a gallbladder; hip replacements are associated with a higher risk of infection when compared to bunion surgery; heart transplantation has a higher risk of infection than placing a pacemaker. Yet these procedures will fall under the categories of gastrointestinal, orthopedic, and cardiac surgery respectively. It is not difficult to recognize that hospitals that perform the more complicated surgical procedures will likely have higher aggregate rates. I urge the committee to allow HAI-AC to follow the recommendations of NHSN and to propose an alternate reporting format.

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Methicillin-Resistant *Staphylococcus aureus* (MRSA)

"Each patient who is admitted to a health facility shall be tested for MRSA in the following cases, within 24 hours of admission: The patient will be admitted to an intensive care unit or burn unit of the hospital"

The HAI-AC, at its October meeting, had made a recommendation to CDPH to lift the mandate to screen newborns that are delivered at or transferred within a hospital (inborns) to a neonatal intensive care unit (NICU); however, MRSA active surveillance testing (AST) will still be performed by the receiving hospital's NICU on neonates transferred from another hospital. Currently, there are no scientific data to support AST on inborns admitted to the NICUs. Sharp Mary Birch Hospital for Women and Newborns, a hospital that has delivered more babies in California than any other hospital in California (as of December 31, 2008) embarked on a AST program as per legislative mandate and has performed AST on more than 1000 inborns admitted to the NICU over a 16 month period; none were positive for MRSA. Moreover, there can be substantive issues, such as traumatic injury and bleeding, when attempting to obtain nasal samples on premature infants that weigh less than 1 pound. I urge the committee to modify the legislative language in this component of AST for MRSA and to promote the requirement of performing periodic risk assessments for multi-drug resistant organisms (MDRO) in the NICU that could include a point prevalence study detect the burden of MDRO. This approach has the advantage of identifying, not only MRSA, but other MDROs as well.

Public Reporting of Process Outcome Measures

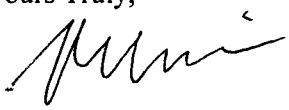
Some outcome measures are publicly reported. Process measures that approach 100% adherence should be retired from public reporting requirements to enable hospitals to fulfill the increasing requirements set forth by regulatory agencies. Adherence to the appropriate **choice** and **timing** of prophylactic antibiotic administration is an example of process measures that could be retired in the near future; whereas adherence to the appropriate **duration** of antimicrobial prophylaxis remains variable and as such, should continue to be publicly reported. With the public reporting of CLA-BSI, an outcomes measure, the necessity of reporting of process measures associated with central line insertion comes into question since adherence to these process measures are reflected in the CLA-BSI rates. I urge that the committee consider modification of the initial legislation to enable CDPH to add, to delete, or to continue public reporting of various process measures based on periodic assessment of the results and the benefit publicly reported measures and to add, to delete, or to continue reporting of process measures based on results and on the ever changing scope of HAIs.

Mandatory Influenza Vaccination

California is the first state to require public reporting of healthcare personnel vaccination/informed declination of influenza vaccine. Organizations with an interest in infection prevention, such as 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. I urge the committee enact legislation to mandate vaccination of healthcare personnel. Institutions such as University of California at Irvine, Rady's Children Hospital in San Diego, Virginia Mason Hospital systems in Washington state, and Barnes Jewish Corporation Healthcare in Missouri are examples of healthcare systems that have successfully implemented mandatory influenza vaccination. As an initial step, influenza vaccination could be mandated as a condition of employment for all new hires.

I wish to thank the committee for the opportunity to comment and look forward to collaborating with you in the future.

Yours Truly,



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