



THE HOSPITAL & HEALTHSYSTEM
ASSOCIATION OF PENNSYLVANIA

Testimony

Submitted on behalf of The Hospital &
Healthsystem Association of Pennsylvania

Before the

Senate Public Health and Welfare Committee

Presented by

Paula A. Bussard

Senior Vice President, Policy & Regulatory Services

The Hospital & Healthsystem Association of Pennsylvania

Harrisburg, PA

June 6, 2007

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Chair Erickson and members of the Senate Public Health and Welfare Committee, I am Paula A. Bussard, Senior Vice President, Policy and Regulatory Services, for The Hospital & Healthsystem Association of Pennsylvania (HAP). Joining me today are Sharon Kiely, MD, Medical Director, Quality and Patient Safety at Allegheny General Hospital, Jeffrey Cohn, MD, Chief Quality Officer, Albert Einstein Healthcare Network, and Jeannine Konzier, RN, Director, Center for Quality Improvement and Innovation, University of Pittsburgh Medical Center.

HAP represents and advocates for the nearly 250 acute and specialty care hospitals and health systems across the state and the patients they serve. We appreciate the opportunity to present the views of hospitals and health systems from across the commonwealth on health care-associated infections and how hospitals in Pennsylvania are working to improve quality and patient safety.

Background

Pennsylvanians count on health care being there when they or their family members need help. Pennsylvania hospitals and health systems provide care to patients 24 hours a day, seven days a week, and make every effort to treat all patients with dignity, respect, and compassion. Each year, Pennsylvania hospitals and health systems provide care to 1.8 million inpatients, serve patients through 33 million outpatient visits, and provide care to 5 million emergency department patients. Hospital and health system leaders—trustees, administrators, physicians, nurses, and other health care professionals—are committed to action to assure that patients have access to high quality and safe care.

As the first state in the nation to collect data on hospital-acquired infections, we have a greater opportunity for public accountability in our state than has ever existed before. However, it is important to understand that intense collaborative work by hospitals and health professionals to address health care-associated infections began long before the public requirements were established in our state. Clearly reporting will help all of us to evaluate the effectiveness of collaborative approaches and to continually refine patient safety strategies.

Putting Commitment into Action

In 2004, hospitals and health systems from across the commonwealth joined with the **Institute for Healthcare Improvement (IHI)** and other organizations in the 100,000 Lives Campaign, a national effort to reduce preventable deaths in U.S. hospitals. Last year, IHI stated that the 3,100 hospitals that participated in the initiative saved an estimated 122,000 in 18 months. In Pennsylvania, HAP worked with public and private sector organizations to support hospitals as they implemented new standards of care to prevent infections, reduce medication errors, and improve care. We worked with the Pennsylvania Patient Safety Authority, Quality Insights of Pennsylvania (*the federal quality improvement organization*), VHA East, VHA Pennsylvania, the Hospital Council of Western Pennsylvania, and the Healthcare Improvement Foundation of the Delaware Valley Healthcare Council (*the southeastern Pennsylvania office of HAP*).

Attached to my testimony, in the PowerPoint slides, are a series of slides that show:

- The growing involvement of Pennsylvania hospitals in the IHI campaign.
- The increased implementation over a two-year period of best practices identified by the IHI and other leading care experts.
- And most importantly, the positive improvements in health care measures in Pennsylvania (as compared to all other hospitals across the country) as a result of these and other quality improvement efforts.

More recently, IHI announced a new campaign, the 5 Million Lives Campaign, designed to accelerate efforts to reduce non-fatal harm, while continuing to fight needless deaths. HAP and the other Pennsylvania partners are working with member hospitals and health systems on this new phase. Through these efforts, Pennsylvania hospitals have taken the initiative to implement best practices. The IHI campaign is just one of the many collaborative initiatives underway in the commonwealth, which bring together innovative clinical leaders and knowledge to advance health care quality and safety.

In southeastern Pennsylvania, the **Health Care Improvement Foundation**, following the success of its medication safety program, has, in partnership with Independence Blue Cross, embarked in 2006, on a Partnership for Patient Care focused on hospital-acquired infections, including advancing best practices associated with preventing surgical-site and bloodstream infections. Preventing and reducing MRSA is a major priority for the partnership in 2007.

The **Pittsburgh Regional Healthcare Initiative**, which since 1997, has fostered collaborative approaches between providers, employers, government, and others to improve health care for patients in southwest Pennsylvania. It is through this initiative that hospitals, including general acute care hospitals and the VA Medical Center, in southwestern Pennsylvania have reduced bloodstream infections associated with use of intravenous catheters and developed best practice approaches to reduce MRSA.

The national **Surgical Care Improvement Project**, initiated in 2003, by the Centers for Medicare and Medicaid Services and the Centers for Disease Control and Prevention, which sets out best practices related to preventing surgical complications, including surgical site infections.

This project brought together national experts and clinical organizations to identify best practices around prophylactic use of antibiotics, selection of antibiotics, and the timing of discontinuing antibiotic use.

These are just some of the collaborative approaches that have been underway in Pennsylvania. Leaders from these and other collaborative initiatives have graciously shared their knowledge with other hospital leaders at regional, statewide, and national educational programs. HAP's annual *Patient Safety Symposium* brings together leaders from around the state and nation to discuss best practices and we have always invited leaders from state agencies to attend so that they too can learn about what hospitals and health systems are doing to eradicate and prevent infections.

The success of the IHI campaigns, the Pittsburgh Regional Healthcare Initiative, the Partnership for Patient Safety in southeastern Pennsylvania, or the Surgical Care Improvement Project is because they both initiate and support innovative efforts. As IHI states, these efforts are "to discover, cultivate, and demonstrate the feasibility of new, more capable, designs."

Therefore, regulatory structures need to foster, not limit this ability or define how these collaboratives will work. Legislation that attempts to codify current clinical science or practices will limit innovation and improvement, not advance it.

Information Technology

Greater use of information technology in health care offers much potential. Hospitals and health systems across the state have expanded their use of health information technology based on their patients' needs and the availability of funding. These include implementation of computer physician order entry; incorporating electronic surveillance in infection prevention and control; use of electronic medical records; and other technology that improves care delivery and continuity of care.

Attached to our testimony is a PowerPoint depicting survey results on the use by Pennsylvania hospitals and health systems of electronic surveillance in identifying and preventing infections. Electronic surveillance is a developing area where technology is being used to support internal efforts to identify and control health care-acquired infections. As can be seen from the findings, greater than one-third of hospitals are using electronic surveillance, because it enables integration of infection surveillance with other hospital information systems, as well as enabling the hospital to improve the identification of potential infections for purposes of more timely treatment, and to enhance prevention efforts. Of those hospitals using such systems, one-third developed an electronic surveillance system in-house, while others use a variety of vendors to meet their patient and facility needs. Mandating a single system, solely for reporting purposes, will not enable the innovation and improvement in care that is already occurring.

Growing Public Health Problem

It is important to be mindful that infection control challenges extend beyond the walls of hospitals—not only in Pennsylvania, but also across the nation. A recent report issued by the