STATE OF TENNESSEE
DEPARTMENT OF HEALTH
CORDELL HULL BUILDING
425 5th AVENUE NORTH
NASHVILLE, TENNESSEE 37243

May 22, 2008

Ms. Chris Clarke,
Senior Vice-President
Clinical and Professional Practices
Tennessee Hospital Association
500 Interstate Boulevard, South
Nashville, TN 37210

Dear Ms. Clarke,

The Tennessee Department of Health is responding to your request that we provide you with the mean and median central line-associated blood stream infection (CLABSI) rates in intensive care units in Tennessee hospitals.

As you are aware, Tennessee hospitals have started reporting CLABSI data to the National Healthcare Safety Network (NHSN) in January 2008. Individual facility level data on CLABSI rates will be released to the public in August 2009. The attached table (Table 1) contains data that applies the current, revised Centers for Disease Control and Prevention (CDC) NHSN definition for CLABSI. Data are current as of May 20, 2008 and includes data for the first quarter of 2008 (January-March). Please note that these data are preliminary; these data have not been validated by health department staff on site visits. In addition, as data are only available for three months, these point-estimates may be unstable.

It is unclear from Congressman Waxman's request whether he was looking for an overall rate or rates by different types of intensive care units (ICU). CDC reports CLABSI data by individual intensive care unit type as this is the major method of risk adjustment. We also feel that this is the appropriate level of granularity. However, to ensure that we are meeting the request of the Congressman, we have calculated the mean and median CLABSI rates for all adult, pediatric and neonatal ICUs, and then pooled these three to come up with an overall rate.

We strongly caution against making State to State comparisons using the overall pooled rate or adult ICU pooled rate. There are variations in ICU types, number of patients in

different ICUs and reporting rules between States. For example, burn and level I trauma units (with traditionally very high CLABSI rates) currently do not have to report CLABSI rates to the Tennessee Department of Health. Because only Level II and level III trauma ICUs report to the Tennessee Department of Health, it also is not valid to compare the rates for trauma ICUs to CLABSI rates for other States or the nation.

We are excited to be a partner in the Tennessee Center for Patient Safety and its three infection initiatives, CLABSI and methicillin-resistant *Staphylococcus aureus* (MRSA) reduction and improving our performance with the Surgical Care Improvement Project (SCIP). We look forward to continuing to work with you to improve the health and safety of all Tennesseans.

Sincerely,

Veronica L. Gunn MD, MPH, FAAP
Chief Medical Officer
Tennessee Department of Health

Encl.

Table 1: Rates of central line associated blood-stream infections (CLABSI) reported to the National Healthcare Safety Network (NHSN), Tennessee, Jan-Mar 2008

	Pooled (mean) CLABSI rate (per 1,000 catheter-days)	Median CLABSI rate (per 1,000 catheter-days)
OVERALL (ADULT, PEDIATRIC, NEONATAL)[1]	1.93	0.00
ADULT CRITICAL CARE UNITS [2]	1.65	0.00
PEDIATRIC CRITICAL CARE UNITS	3.09	1.40
NEONATAL CRITICAL CARE UNITS	2.95	0.00
ADULT CRITICAL CARE UNITS		
Medical Cardiac Critical Care	2.30	1.45
Surgical Cardiothoracic Critical Care	1.32	0.00
Medical Critical Care	1.20	0.00
Medical/Surgical Critical Care	1.21	0.00
Medical/Surgical Critical Care- Major teaching hospital	1.96	2.20
Neurologic Critical Care	5.42	5.42
Neurosurgical Critical Care	2.44	2.53
Surgical Critical Care	2.81	2.47
Trauma Critical Care [3]	0.00	0.00
PEDIATRIC CRITICAL CARE UNITS		
Pediatric Medical/Surgical Critical Care	3.09	1.40
NEONATAL CRITICAL CARE UNITS [4]		
Neonatal Critical Care (Level III & II/III) combined		
Birth-weight: ≤750 g	5.10	0.00
Birth-weight: 751-1,000 g	4.44	0.00
Birth-weight: 1,001-1,500 g	2.49	0.00
Birth-weight: 1,501- 2,500 g	1.09	0.00
Birth-weight: >2,500 g	1.38	0.00

(1) State-to-State comparisons should not be made using this overall pooled ICU rate. There are variations in ICU types, number of patients in different ICUs and reporting rules between States. For example, burn and level I trauma units (with traditionally very high CLABSI rates) currently do not have to report CLABSI rates to the Tennessee Department of Health.

(2) State-to-State comparisons should not be made using this overall adult ICU rate. See (1) above.

(3) State-to-State comparisons should not be made for trauma ICUs, as level I trauma units do not have to report to the Tennessee Department of Health.

(4) For Neonatal Critical Care Units, we combined level II/III and level III. In addition, we combined umbilical and central line related infections (numerator data) and umbilical and central line-days (denominator data). We present data by birth-weight category, as lower birth-weight neonates are at much greater risk of infection.