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North Carolina Hospital Association

May 27, 2008

The Honorable Henry A. Waxman
Chairman - Committee on Oversight and Government Reform
2157 Rayburn House Office Building
Washington, DC 20515-6143

Dear Representative Waxman:

Thank you for the opportunity to inform the Committee on Oversight and Government Reform of the initiatives of the North Carolina Hospital Association (NCHA) in our effort to eliminate and prevent healthcare-associated infections (HAIs) in North Carolina. The NC Center for Hospital Quality and Patient Safety (NC Quality Center), an initiative of the NCHA, is leading the effort in the state by providing educational and collaborative programs in addition to data collection and measurement services.

In December 2007 the Board of the NC Quality Center established the goal to eliminate preventable HAIs within two years. The NCHA Board of Trustees endorsed this goal in March 2008. The NC Quality Center is targeting surgical site infections (SSI), central line associated bloodstream infections (CLABSI), ventilator-associated infections (VAP), methicillin resistant *Staphylococcus aureus* infections (MRSA) and catheter-associated urinary tract infections (CA-UTI).

Currently the median and overall rates for CLABSIs in intensive care units in North Carolina are not known. In an effort to determine this information and other measures related to infection prevention the NC Quality Center is developing a database, the NC System of Hospital Infections Measurement (NC SHIM), to collect infection rates and infection prevention process measures. The objectives of the database include:

- Standardization of an efficient surveillance methodology that yields data capable of guiding HAI prevention interventions
- Estimation of a NC rate of compliance with evidence based processes of care to prevent HAIs; identification of opportunities for the NC Quality Center and its partners to assist hospitals
- Provision of information on best practices
- Stimulation of quality improvement in hospitals

Initially CLABSI rate per 1000 central line-days, VAP bundle compliance and central line insertion bundle compliance will be collected. Additional measures will be added in the future. NC SHIM is in development and is currently being piloted with five hospitals. In November 2008 the database will be operational and North Carolina hospitals will voluntarily submit data to NC SHIM.

The NC Quality Center has been in conversation with Dr. Peter Provonost and Christine Goeschel, of Johns Hopkins University, for several months about bringing the Keystone ICU collaborative to North Carolina. A survey done by the NC Quality Center indicated a strong interest by North Carolina hospitals in having this opportunity available. Initial planning is underway with the Johns Hopkins team and NC Quality Center.

In addition to these two initiatives the NC Quality Center has several others related to eliminating and preventing HAIs. These include two collaborative programs, NC Surgical Care Improvement Project (SCIP) and NC Eliminating MRSA and educational programs related to VAPs and CLABSIs.

The NC SCIP Collaborative began in August 2007. Forty-nine hospitals representing over 70% of the surgical volume in the state are participating. Mid-collaborative data comparing collaborative average performance from

August 2007 to December 2007 showed increases in performance. The measures in the collaborative are the CMS process measures for SCIP and an all or none measure called the Optimal Care (OC) Score. Small increases in the surgical infection (SIP) measures of INF1, INF2, INF3 have resulted in a 14% increase in INF123 OC. Small increases in VTE1 and VTE2 have resulted in an 8% increase in the VTE12 OC Score. The following table provides additional information regarding individual process improvement.

Average Performance for NC SCIP Hospitals

Measure	Definition	Aug 2007	Dec 2007	% Increase
INF-1	Prophylactic antibiotic within 1 hour of surgical incision	90%	95%	5%
INF-2	Prophylactic antibiotic selection	94%	96%	3%
INF-3	Antibiotic discontinued within twenty-four hours after surgery	82%	89%	9%
OC Score INF123	Receipt of all appropriate surgical infection prevention	73%	84%	14%
INF-6	Appropriate hair removal	94%	98%	4.7%
INF-7	Immediate post operative normothermia (colorectal surgery)	89%	95%	6%
VTE-1	Recommended VTE prophylaxis ordered	89%	91%	3%
VTE-2	Appropriate VTE prophylaxis received within twenty-four hours prior to surgery and twenty-four hours after surgery	84%	87%	4%
OC Score VTE12	Receipt of all appropriate VTE measures	81%	87%	8%

The NC Quality Center partnered with VHA Central Atlantic to bring the VHA Eliminating MRSA Collaborative to NC. The collaborative started in November 2007 and 16 NC hospitals are participating. Hospitals submit monthly MRSA infection and surveillance data and quarterly hand hygiene and barrier precautions compliance data. Overall participating hospitals have increased hand hygiene compliance by 14%.

In December 2007, January and February 2008 the statewide program for infection control and epidemiology (SPICE) offered three, one-day, regional education sessions to assist hospital teams to implement the VAP and CLABSI bundles in December, January and February. The NC Quality Center provided support with teaching quality improvement tools and methods. Both organizations are planning more regional programs in 2008 on these topics in addition to MRSA and CA-UTIs.

Preventing HAIs was highlighted at the recent annual NC Quality and Patient Safety Conference in April 2008. Dr. Trish Perl from Johns Hopkins University spoke to a group of infection control professionals, performance improvement advisors and clinical staff on different interventions to eliminate HAIs. Sharon Burnett from the Missouri Hospital Association described the state's infection reporting system. Wake Med Raleigh shared their best practice on eliminating VAPs.

The North Carolina Hospital Association is committed to eliminate preventable HAIs in North Carolina hospitals. We are pleased to share our journey with you and others. If I can provide additional information, please contact me, or Dr. Carol Koeble, the director of the NC Quality Center.

Sincerely,

NORTH CAROLINA HOSPITAL ASSOCIATION



William A. Pully
President

cc: Minority Office; Sarah Despres-Committee Staff