

**ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION
RESPONSE TO CONGRESSMAN HENRY WAXMAN LETTER ON
CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS**

May 30, 2008

- 1. If known, what are the median and overall rates of central line -associated bloodstream infections in the intensive care units in hospitals in your state, using standard definitions of CLABSIs as provided by the Centers for Disease Control (CDC) and Prevention for the purpose of the National Health care Safety Network?**

RESPONSE:

The State of Alaska does not currently collect data on any HAI events. ASHNHA has actively supported creation of a reporting mechanism patterned after other successful programs such as Michigan. Enabling legislation has been considered by the Alaska Legislature the last two years but has not been adopted at the present time. Individual hospitals keep information and monitor their improvement based on quality initiatives initiated. National data shows the CLABSI rate is 3.1/1000 catheter days at the 50th percentile. Some examples of what the Alaska data show includes:

- Alaska Regional Hospital located in Anchorage had a CLABSI infection rate of 0.5 per 1,000 line days in 2006. 2007 rates are not available but were higher than experienced in 2006. As a result of steps taken in 2007 there has only been 1 CLABSI in 2008.
- Providence Alaska Medical Center located in Anchorage reported a rate of 1.45 CLABSI /1000 catheter days in their Adult ICU, 2.15/1000 in their Neonatal ICU, and 0/1000 in their Pediatric ICU for 2007.
- South Peninsula Hospital located in Homer has an average of 0.4 CLABSI per year over the last 4 years.
- Mt. Edgecumbe Hospital in Sitka had a CLABSI rate of zero in 2007.

Again the numbers are very small in many of our facilities and therefore the statistical confidence varies accordingly. Given the short timeframe in which to respond to this inquiry and the lack of a statewide reporting system, the data presented here is only a partial report of actual statewide activity.

- 2. If the rates are unknown or if the median rate is above zero, do you have plans to replicate the Michigan Hospital Association program in your state? If so, when do you anticipate initiating the program?**

RESPONSE:

ASHNHA has not adopted a specific approach for addressing HAIs within our member hospitals. Individual member hospitals are moving forward with their own initiatives to

best address this area of concern. Some are using the Michigan Hospital Association approach. ASHNHA has strongly embraced a reporting program that would uniformly collect HAI incidence levels and development of best practices for facility adoption. At this time the Alaska Legislature has not passed enabling legislation allowing the Alaska Department of Health & Social Services to move forward with implementation of an HAI reporting system. We cannot say for certain when this might occur. It is unknown at this time whether the State would model its system after Michigan's or another state once Legislative approval to move forward was granted.

3. What other activities are your member hospitals taking to address healthcare-associated infections? Which infections are you targeting? What is your evidence of success?

RESPONSE:

Again, due to the short timeframe for responding to this inquiry and the lack of a statewide reporting system, the initiatives summarized in this section do not reflect all activity underway in Alaska.

- Bartlett Regional Hospital in Juneau is in the process of revising its central line protocols to incorporate the five CDC recommended procedures to prevent CLABSIs. Bartlett is also focusing on best practice adoption to further reduce rates of preventable surgical site infections. Evidence of success is measured by improved rates of adherence to these best practice recommendations, followed by a commensurate reduction in the surgical site infection rate.
- Providence Alaska Medical Center in Anchorage has a strong quality program driven by the goal of 'No Preventable Injuries or Deaths'. In line with this PAMC participated in the IHI Intensive Care Impact Group looking at evidence based bundles of care resulting in a marked reduction in Ventilator Associated pneumonia. PAMC has also implemented all of the IHI 100,000 Lives Campaign processes impacting CVLBSI and failure to rescue with RRT. In 2007 PAMC implemented a bundle of care to impact hospital acquired MRSA and decreased the incidence by 64% in 2007. PAMC also implemented a hyperglycemia control program to decrease the incidence of hospital wide hyperglycemia this reduces the risk of HAI. PAMC has participated in the Surgical Infection Prevention Program (SIPP) since its inception in 2005 and have implemented all of the evidence based processes supporting this program. This year PAMC is implementing a bundle of care processed to decrease hospital acquired urinary tract infections. Evidence of success is seen in PAMC infection rates that are below nationally experienced rates at the 50th percentile.
- Alaska Regional Hospital in Anchorage has initiated a program to eliminate ventilator-associated pneumonia (VAP) in 2007. Evidence of success is seen in lower rates of VAP occurrence in 2008. ARH has also implemented the Surgical Care Improvement Project best practice recommendations with evidence showing steady improvement in each year that the program has been in place. ARH has

begun an initiative to prevent catheter associated urinary tract infections. ARH began active surveillance for MRSA infections in February 2007 and implemented strong best practice measures to address this HAI. Evidence of success is with a 4.4% rate of MRSA infection identified through these measures, all but one was community acquired not hospital acquired.

Individual hospitals have Infection Control Plans that speak to these and a host of other HAIs. These plans could be collected and analyzed by your Committee staff if so desired.

In summary the area of HAIs is very much on the minds of Alaska hospitals and is being given high priority in the ongoing goal of constantly improving the care provided to Alaskans and eliminating adverse experiences as a result of that care that could be prevented. We hope you find this information useful and we will be interested in learning what your Committee concludes from its nationwide survey of activities underway to prevent CLABSIs as well as all other HAIs.

End of Report