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Health

May 23, 2008

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

Responds to a
May 6, 2008,
letter.

Dear Representative Waxman and Committee Members:

I am pleased to share with you some of the exciting progress being made in Alabama in identifying and preventing the spread of infections in Alabama's hospitals. While our hospitals have always been committed to providing the best care possible, our recent focus on infections has shown significant results, results that we're proud to share.

For the past four years, Alabama's hospitals have partnered with Blue Cross Blue Shield of Alabama and with MedMined/Cardinal Health Services in a comprehensive and innovative program that we believe could be a model for the rest of the nation in the identification and prevention of the spread of infection. This program, entitled the Alabama Hospital Quality Initiative (AHQI), provides a system that captures key patient data, laboratory data and other information, and then processes it using a sophisticated algorithm to identify possible infections. The identification, called a nosocomial infection marker, basically serves as a "fire alarm" to alert hospital staff to the fact that there could possibly be an infection, and this marker has enabled staff to significantly expand their hospital-wide infection surveillance, treat infections early, and prevent their spread. Many hospitals report reductions in infections in certain areas by as much as 30 percent.

The AHQI, which began as a pilot, has been so successful that we are now implementing it statewide. More than half of Alabama's hospitals have now implemented the electronic MedMined system. In addition, many other hospitals have been trained to adapt their current manual processes to achieve similar results. Working with the Alabama Department of Public Health, we anticipate further expansion of these electronic systems in many of our smaller, rural hospitals in the coming months.

One of the best things about the program is that it is voluntary and is a great example of a partnership that first and foremost benefits patients, but also provides value to the insurer and to the hospital. We are currently using the information for benchmarking

and improving patient care and are working with our partners to refine the tool so that it can soon provide helpful information to consumers.

We greatly appreciate your committee's interest in this most important subject and are particularly grateful for the spirit in which you are conducting your research. There are many terrific quality and patient safety programs being voluntarily implemented by hospitals. It is our belief that when programs address a need and are effective and efficient, mandates are not necessary to ensure participation. However, we do believe in the need to standardize and prioritize quality efforts at a national level and would hope that Congress would support the work being done through the Hospital Quality Alliance.

Again, preventing the spread of infection is just one of a number of efforts underway in Alabama to address quality and patient safety. We'd like to share with you some of the other exciting work taking place in our state.

- A task force of more than 60 hospital CEOs and quality directors meets monthly to provide assistance to hospitals in their quality improvement activities and to facilitate the sharing of best practices. The group has been extremely successful and continues to grow in number.
- Quality Forums – To provide information on current, evidence-based quality initiatives and to facilitate best practice sharing statewide, the Alabama Hospital Association, BCBS and the state's quality improvement organization (AQAF) hold Quality Forums twice a year. At the latest forum, more than 350 hospital CEOs, quality directors, physicians and infection control practitioners attended. In fact, since the beginning of these forums two years ago, we have had over 90 percent participation by the state's hospitals at each forum. Topics have included infection prevention/reduction, building a culture of safety, enhancing clinical measures, adoption of safe practices, effective communications, root cause analysis, and development of fail safe system processes.
- CMS's Clinical Process Measures – Virtually all Alabama hospitals are currently reporting on 23 of CMS's clinical process measures, with many showing substantial improvement in their performance during the past 24 months. Many Quality Task Force activities focus on various clinical measures in an attempt to drive improvement.
- NQF Safe Practices – In 2006, hospitals were encouraged to participate in the National Quality Forum's Evaluations of Safe Practices for their respective hospital. Through an extensive computer-based assessment, almost 80 percent of Alabama's hospitals participated allowing their data to be aggregated for identification of statewide initiatives. Utilizing the statewide aggregated results, a number of specific initiatives were undertaken. The focus areas were medication

- safety, improved communications, and adoption of numerous processes to improve clinical performance by creating an effective environment for caregivers.
- Institute for Healthcare Improvement (IHI) – Hospital participation continues to grow with IHI. The IHI organization has been a frequent participant in our Quality Forum presentations by sharing best practices that include the adoption of life-saving recommendations related to procedures and practices. Currently, more than 90 percent of Alabama’s hospitals participate in IHI. Our goal is to reach 100 percent participation.
 - Rapid Response Teams (RRT) – Reducing mortality was an early goal which resulted in an initiative to encourage deployment of rapid response teams. Our hospitals determined that RRT could have a substantial impact on reducing mortality through early intervention on those patients whose medical condition was deteriorating. The broad-based implementation by Alabama’s hospitals of rapid response teams has grown from 35 hospitals in July 2007 to 94 hospitals in May 2008. Many similar IHI initiatives are being evaluated and implemented.
 - Root Cause Analysis – Early in the evolution of Alabama’s quality focus, hospitals recognized the importance of appropriate root cause analysis. Facilities were challenged to learn from close calls and potential adverse events. A train-the-trainer concept was developed to embed the process within Alabama’s hospitals. Programming, education, and extensive commitments were made by our state’s hospitals to accelerate the use of root cause analysis and to apply the lessons learned.
 - Culture of Safety Survey – Establishing a commitment by hospital leadership to create a culture of safety is essential for fostering an environment of high quality and patient safety. Through the collaborative with BCBS, a survey instrument developed by the Agency for Healthcare Research and Quality (AHRQ) was identified for use. The survey was computerized allowing each of our institutions to easily assess their employees’ perspectives regarding quality and patient safety and to obtain benchmark information to assist in focusing on areas of concern. From the aggregated surveys performed by over 90 percent of Alabama’s hospitals, opportunities were identified that will be addressed in 2008 and 2009. These actions are specifically designed to facilitate improvements in patient hand-off communications as they relate to personnel, change of shifts, inter-department care, and other associated movement of patients and their medical information. There is no doubt that this will lead to meaningful improvements in patient care.
 - Standardization of Armbands – Recommendations are forthcoming which will ask each of Alabama’s hospitals to voluntarily adopt consistent color-coding on patient alert armbands. These will be utilized to identify patients at risk for falls, allergy reactions, or to honor a patient’s request regarding resuscitation. With no current industry standardization, we will be asking Alabama facilities to join this

statewide initiative so that patients who transfer between facilities, have caregivers who have been involved with other facilities, or who may work in multiple facilities will have consistency as to the meaning and responsibilities related to this armband identification.

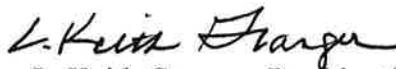
- Nursing/Allied Health/Quality/Patient Safety Training – Efforts have been initiated with key leaders in academic nursing and other allied health professions regarding the need for additional educational content during college preparatory coursework related to quality and patient safety. We are asking that the curriculum be inclusive of relevant training for Quality/Patient Safety initiatives.
- Avoidance of Preventable Adverse Events – Through the partnership's efforts, initiatives that can eliminate risk or harm to our patients are being identified. Hospitals are identifying those events for which additional payments should be waived. The focus on reducing adverse events will be a continuing project with heightened emphasis in 2008/2009.
- Medication Safety – Proper storage, identification, patient education and distribution of medications continues as an important focus. In addition, the ability to reconcile a patient's home medications, as well as their discharge medications, remains an ongoing priority. Sharing best practices and creating improved processes to enhance accuracy and safety throughout the medication process will reduce the potential for errors and assure optimum care.

As you can see, Alabama's hospitals have been very focused on efforts to improve quality and patient safety and are committed to continuing these activities. We thank you for the opportunity to share our successes and welcome any questions you might have.

Sincerely,



J. Michael Horsley, President
Alabama Hospital Association



L. Keith Granger, President/CEO
Flowers Hospital, Dothan, Ala.
Chairman, Alabama Hospital Association
Quality Task Force