



Tennessee Hospital Association

May 27, 2008

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

Dear Chairman Waxman:

The Tennessee Hospital Association (THA) is pleased to respond to your request for information, and share current strategies in Tennessee to reduce healthcare-associated infections.

THA launched the Tennessee Center for Patient Safety (TCPS) in 2007 to support and accelerate hospital patient safety and quality improvement efforts. The primary purpose of the center, funded by a three-year grant from the Blue Cross-Blue Shield Tennessee Health Foundation, is to channel education, resources and support services to help hospitals in the state to accelerate adoption of evidence-based strategies that improve the reliability, safety and quality of care received by patients.

The center's first two statewide initiatives, operating under the banner of "Safe Patients. Healthy Patients," are a hospital collaborative on reducing healthcare-acquired infections and a nursing collaborative to integrate nurse staffing, work environment and patient safety. These projects, which were launched earlier this year, are expected to have a broad impact on the quality and reliability of care delivered to patients across Tennessee in the future.

The hospital collaborative on reducing healthcare-acquired infections is a collaboration between Tennessee hospitals, healthcare providers and professional organizations to reduce healthcare-acquired infections through the implementation of evidence-based strategies targeting surgical care, Methicillin-resistant Staphylococcus Aureus (MRSA) and central line bloodstream infections.

Specific aims of the collaborative include: reducing patient harm by significantly reducing or eliminating central line bloodstream infections, reducing MRSA transmission, and meeting or exceeding the national goal of a 25 percent reduction in surgical complications by implementing the Surgical Care Improvement Project (SCIP) measures. The collaborative builds on hospitals' prior work through the quality improvement organization (QIO) and other projects, such as the Institute for Healthcare Improvement's (IHI) "5 Million Lives" campaign initiatives to prevent harm, of which infections are a major component.

Peter Pronovost, MD, and Chris Goeschel, RN, Johns Hopkins School of Medicine and School of Nursing, are serving as expert faculty and coaches for the center's collaborative work in Tennessee over the next two years. The center's collaborative model is based on the Johns Hopkins program that has been proven successful in Michigan.

Other key partners in the hospital collaborative include the Tennessee Chapter of the American College of Surgeons, Association of Professionals in Infection Control, Tennessee Association for Healthcare Quality, Tennessee Department of Health and QSource, Tennessee's QIO.

Currently, Tennessee has over 100 hospitals engaged in the collaborative to reduce healthcare-acquired infections. Hospitals in the state, as required by state law, also began reporting central line infections to the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN) in January this year. The first comprehensive public report will be released in 2009.

The central line blood stream infection data that currently are available for Tennessee are for January through March 2008. For this baseline period of time, the median rate for adult critical care units is 0.0 central line blood stream infections per 1,000 catheter days, and the overall state rate is 1.65 infections per 1,000 catheter days. These data include central line bloodstream infections in adult intensive care units (ICUs) for all Tennessee hospitals with an annual average daily census of at least 25 patients and are reported through the CDC's NHSN surveillance system. Burn and Level 1 trauma units are excluded from the reporting requirement in Tennessee.

THA also serves as the state node or coordinator for the IHI "5 Million Lives" campaign in Tennessee. Eighty-five hospitals currently are enrolled in the campaign, and implementing one or more of the campaign's 12 initiatives to reduce harm. THA recognizes the critical role of senior leadership in driving quality improvements and patient safety. In partnership with the THA Committee on Governance, the association offers education and training sessions for hospital leadership and trustees, as well as a certification program.

In addition, the Tennessee Center for Patient Safety and Tennessee Chapter of the American College of Surgeons (TnACS) have received a \$2.5 million grant from the Blue Cross-Blue Shield of Tennessee Health Foundation to develop the Tennessee NSQIP Surgical Quality Consortium, which is designed to evaluate and improve surgical care delivered by general and vascular surgeons in the state of Tennessee. The three-year grant will be used to support the use of the American College of Surgeons' (ACS) National Surgical Quality Improvement Program (NSQIP) in eight hospitals in Tennessee.

This collaboration between hospitals and surgeons represents an innovative partnership and will significantly enhance the TCPS' current initiatives on surgical care and reducing infections. It also will involve the collection of additional quality data that has been proven to be effective in driving improvement in surgical outcomes. Hospitals will use aggregate reports to identify improvement opportunities, identify areas that have better than average results, evaluate and identify differences in practices among the hospitals in the state, and ascertain and disseminate best practices in Tennessee

In addition, THA received the "Rural Health Quality Award" from the National Rural Health Association during its annual meeting last year for the Tennessee Rural Hospital Patient

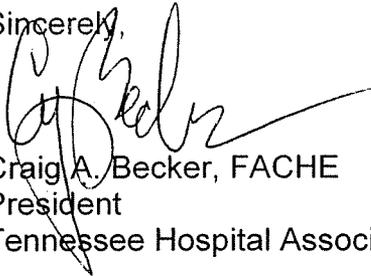
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Safety Demonstration Project, which was a collaborative effort involving multiple stakeholders, including eight small rural hospitals, national rural health researchers and QSource. Blue Cross-Blue Shield of Tennessee helped fund the project.

The goal of the program was to improve patient safety in small, rural facilities by strengthening their ability to implement priority patient safety interventions. The project tested the feasibility, cost and impact of implementing a set of patient safety interventions within a group of eight rural hospitals with 50 or less staffed beds. These hospitals implemented three patient safety interventions: 1) assessment of patient safety culture and implementation of a safety culture plan; 2) development of emergency room protocols; and 3) use of personal digital assistant (PDAs) devices by clinicians at the point-of-care to decrease medication errors. THA distributed almost 200 PDAs to physicians, nurse practitioners and pharmacists in the eight hospitals. The program's components are designed for replication in rural hospitals in any state.

If you have any questions about the Tennessee Center for Patient Safety's activities, we will be glad to provide you with additional information. Please feel free to contact me at 615-401-7431 or cbecker@tha.com if I can help you in any way.

Sincerely,



Craig A. Becker, FACHE
President
Tennessee Hospital Association

cc: Tom Davis, Ranking Minority Member
Tennessee Congressional Delegation