

**Tennessee Hospital Association
Infection Control Talking Points
March 2006**

- THA supports sharing information with consumers on hospital quality and safety. Tennessee hospitals voluntarily participate in the Centers for Medicare and Medicaid (CMS) quality initiatives, which are publicly reported. The CMS measures will be expanded over the next year to include more information on surgical care and infection prevention.
- The Tennessee Improving Patient Safety Coalition (TIPS) subcommittee's findings on infection reporting shows there is no evidence for or against reporting from a scientific standpoint. However, recognizing that consumers want useful information and reducing infections is a critical area of focus for hospitals, the committee made several recommendations to improve care
- Several national initiatives currently are underway to design meaningful reporting systems on hospital performance including hospital infections as outlined in the subcommittee report. These national efforts should be utilized prior to initiating any additional state level reporting requirements to ensure consistency with national recommendations, and appropriate comparison and use of data by consumers and payers.
- All hospitals in Tennessee currently must comply with infection control standards to be accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). In addition, hospitals are:
 - Voluntarily participating in the Centers for Medicare and Medicaid Services (CMS) quality initiatives and American Hospital Association's Hospital Quality Alliance to collect and share quality performance data.
 - Planning to participate in the Surgical Care Improvement Project (SCIP) and report on surgical infection prevention (SIP) process measures.
 - Meeting the JCAHO national patient safety goals.
 - Complying with the Centers for Disease Control (CDC) guidelines.
- Hospitals in Tennessee already are voluntarily working with various national organizations to improve patient safety and provide information that consumers can utilize. Over 70 Tennessee hospitals are participating in the Institute for Healthcare Improvement 100,000 Lives campaign implementing evidence-based strategies to reduce infections and improve outcomes. These strategies are aimed at reducing surgical site infections, ventilator pneumonia and central line blood stream infections. It is vitally important to acknowledge and support hospitals efforts that focus time and energy on improving care and delivering the best evidence-based medicine, not just on collecting of data.

- The TIPS hospital infections subcommittee was an excellent opportunity to bring together experts in infection control with the state Department of Health staff to look at the research and make recommendations. Report highlights include:
 - Other states with legislation have struggled with developing a meaningful system and valid comparison data in the absence of national standards.
 - The CDC NHSN (National Healthcare Safety Network) system will provide a uniform system for reporting on infection surveillance activities.
 - The CMS web site Hospital Compare will be expanded to include performance on surgical care measures over the next year. Acute care hospitals will be participating in the collecting and reporting on these Surgical Care Improvement Process (SCIP) measures.

SB 2968 is in keeping with the subcommittee's report and recommendation by requiring hospitals and other healthcare facilities to join the CDC NHSN system for tracking and benchmarking on infections

THA and hospital infection control experts are willing to participate in continued discussions on the collection and sharing of information in collaboration with the Tennessee Department of Health.

Challenges in Designing Reporting Systems

- As reporting systems are developed, the data should be well-defined to ensure hospitals that are good reporters of information are not negatively impacted. A good hospital surveillance program will identify a higher number of infections. In reporting only rates, higher quality facilities making the greatest effort to report information will show up on the list with higher rates for poor performance when the opposite is actually true.
- Differences in patient populations and types of clinical services vary greatly among hospitals. For example, hospitals that provide trauma, transplants or services to immuno-compromised patients will have higher infection rates due to the population and complexity of care provided, regardless of the quality of care at a hospital. There are no current national standards for reporting risk-adjusted rates between hospitals in meaningful comparisons. For these reasons, the subcommittee recommended using process measures for reporting.
- The development of any state level reporting systems should be aligned with national efforts and include consistent definitions and methodology.
- Comparison information should be valid data and meaningful to consumers. Reporting should not take away from the critical tasks of infection prevention.

- Hospital infection control experts should be represented in any planning and design discussions.