

May 30, 2008

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

Dear Representative Waxman:

The Connecticut Hospital Association (CHA) and its 29 not-for-profit acute care member hospitals are dedicated to combating the ongoing battle against healthcare-associated infections. Connecticut's hospitals have a long track record of working to prevent these infections and we continue to redouble our efforts as new challenges emerge. We appreciate the opportunity to share our programs and progress with the committee.

Among our many on-going efforts is a statewide clinical collaborative focused on the reduction and, where possible, elimination of infections caused by multiple drug-resistant organisms (MDROs) occurring in Connecticut's hospitals. Every acute care hospital in the state is a member of this collaborative. By definition, collaboratives are clinical teams from a wide variety of organizations who work together "collaboratively" to make sustainable change within the targeted topic area. Through the collaborative, hospital teams share what they learn and constantly measure outcomes. The various teams also help each other trouble shoot obstacles. This initiative is improving care and creating sustainable learning communities within and throughout Connecticut hospitals. Focus areas for this collaborative include: improving hand hygiene; improving environmental cleaning; appropriate use of contact precautions; and compliance with Central Venous Catheter and Ventilator Pneumonia Bundles advocated through The Institute for Healthcare Improvement (IHI).

Sharing and learnings for the collaborative take place in a variety of settings:

- All-day, in-person meetings with expert faculty and participating teams
- Regular, structured teleconferences
- Daily Listserv communication
- Data and tests of change postings for all teams to review

To date, the CHA MDRO collaborative has realized excellent progress in developing new and innovative ideas to address this difficult and complex problem. Complementing the collaborative is a patient safety newsletter, distributed on a monthly basis, focusing on important patient safety topics and updating all members on progress.

The Connecticut Hospital Association formed a Quality Alliance committed to improving the quality and safety of healthcare provided in Connecticut. This alliance strives toward: 1) evaluating and improving the quality and safety of care rendered; 2) reducing morbidity and mortality; and 3) establishing and encouraging the implementation of guidelines and best practices designed to reduce waste and deliver the highest value care for the citizens of Connecticut. The Quality Alliance is made up of representatives from the following organizations: The Connecticut Association for Home Care and Hospice, Inc.; The Connecticut Association of Health Care Facilities; The Connecticut Association of Not-for-Profit Providers for the Aging; The Connecticut Hospital Association; The Connecticut State Medical Society; and Qualidigm.

Although we are not replicating the exact Michigan Hospital Association program, Connecticut's hospitals, at the urging of CHA's Board of Trustees, have been working to insure compliance with the central-line infection prevention bundle popularized through The IHI Campaign To Save 100,000 Lives and subsequent Campaign To Protect 5 Million Lives, which support and promote Dr. Pronovost's checklist. CHA has served as Connecticut's node – the regional leader in raising awareness, creating learning opportunities, and providing technical assistance – for both of these campaigns. As discussed above, the hospitals continue to explore ways to improve performance in this area through the MDRO collaborative.

In 2006, the Connecticut state legislature established mandated infection reporting, which began October 1, 2007. An oversight committee selected the National Healthcare Safety Network (NHSN) system, administered by the Centers for Disease Control (CDC), for hospital data collection and reporting. The committee elected to begin with central-line-associated bloodstream infections (CLABSIs) in intensive care units. This data collection began January 1, 2008. The oversight committee includes epidemiologists, infection control practitioners, consumer advocates, representatives from the Connecticut Hospital Association, and representatives from the state Department of Public Health.

To assist hospitals in preparing for reporting to NHSN, CHA provided the required training for system enrollment and data submission and will now be receiving the entered data so that it can aggregate it across facilities, identify areas of potential improvement, and assist the hospitals in driving clinical improvement.

We applaud efforts by the Committee on Oversight and Government Reform to examine this issue of great importance to hospitals and the patients we serve. Again, we appreciate the opportunity to share our programs and progress on combating healthcare-associated infections, and would be pleased to provide additional information that may be of assistance to the committee.

Sincerely yours,

A handwritten signature in black ink that reads "Jennifer Jackson". The signature is fluid and cursive, with the first name "Jennifer" and last name "Jackson" clearly legible.

Jennifer Jackson
President and CEO