



Healthcare Association
of Hawaii

2006-2008 Board of Directors

June 13, 2008

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

Dear Congressman Waxman:

On behalf of all the hospitals in Hawaii, I am responding to your request for information in a letter dated May 6, 2008. I appreciate this opportunity to describe our efforts to reduce healthcare-associated infections and improve health care for Hawaii's residents.

In regards to your first two questions, we do not know what are the median and overall rates of central line-associated bloodstream infections in intensive care units of all of our hospitals. However, some hospitals collect their own data. At this time we have no plans to replicate the Michigan Hospital Association program in our state, but we have our own initiatives.

The remainder of this letter responds to your third question.

Over seven years ago the Healthcare Association of Hawaii established a Patient Safety Task Force that was composed of patient safety personnel from our hospitals. The task force met every month to discuss medical errors and make recommendations to improve patient safety in all of our hospitals. As a result of the efforts of this task force, hospitals changed their practices and procedures, and a website was created to give the public access to patient safety data.

Three years ago the Healthcare Association of Hawaii established another task force called the Infection Reporting Task Force, which analyzed infection rates and made recommendations to our hospitals to reduce them. Permit me to describe some of the practices that our hospitals have adopted as a result of the efforts of this task force:

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1. Infection control committees are chaired by physicians, and these committees have been instrumental in achieving infection control goals.
2. In order to eliminate catheter-related infections, standard line carts have been set up with barriers. Physicians and nurses hold each other accountable for standards.
3. Electronic medical records provide alerts to physicians when ordering vancomycin.
4. Hospitals have active team and prevention/control and quality initiatives in place to prevent central line infections.
5. To prevent ventilator-associated pneumonia, hospitals have set up team programs with quality initiatives, such as the Sage oral care products
6. Hospitals have established pressure ulcer prevention teams that provide prevention initiatives, education and training of staff, as well as wounded care coordination with infection control.
7. Teams have been developed to monitor urinary tract infection rates. These teams also plan staff education and training.
8. Hospitals have created RN infection control coordinators who manage prevention, surveillance, and treatment control programs for both inpatient facilities and outpatient programs.
9. Hospitals have established internal quality review committees that meet at least quarterly to review infection control data. These committees consist of medical staff, nurses, quality, compliance and risk management personnel, and CEOs.

Our hospitals prevention activities also include screening, isolation monitoring, updating and enhancing environmental cleaning programs, and staff education and training.

Regarding MRSA in particular, hospitals have taken many preventive measures. For example, hospitals have set standards for cleaning equipment. They have mounted "sanicloths" that are easily accessible by staff and have mounted alcohol sanitizers in hallways for ease of use. Hospitals have also provided real time visual data on hand washing and glove usage to unit staff and managers. They provide nosocomial MRSA data to high risk units, such as ICUs, so that physicians and nurses can address incidents. As a result of these initiatives, some of our hospitals reported their lowest rates of infection this past year.

In addition, our hospitals participate in the Institute for Healthcare Improvement's "5 Million Lives" campaign and in the Centers for Medicare and Medicaid Services' "Hospital Compare" program, as well as the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) program.

The Healthcare Association of Hawaii, as well as all of our hospitals, work very closely with the Mountain-Pacific Quality Health Foundation, which is our Medicare Quality Improvement Organization (QIO). Officials of that organization meet frequently with our hospital CEOs at the Association several times a year to promote proven best practices to improve the quality of care in each facility.

Last year the Association's Board of Directors combined the Patient Safety Task Force and the Infection Reporting Task Force to form a new committee called the Quality Committee. Composed of members of all our hospitals, this new committee monitors all healthcare-acquired infections and makes recommendations to correct problems that are identified.

I trust that the above information adequately describes the many quality initiatives that we have adopted in Hawaii. We are dedicated to improving our quality of care every day.

Thank you again for allowing me to describe our efforts to eliminate healthcare-associated infections in Hawaii.

Aloha and warmest personal regards,


RICHARD. E. MEIERS
President and CEO