



Volume 28, Issue 497

August 6, 2007

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STATE NEWS
CUTTING INFECTIONS IS KEYSTONE TO HEALTH-CARE SAVINGS
Matthew Gever

No longer content with collecting and publishing data on health care-acquired infections (HAIs), Pennsylvania has mandated that health facilities be more pro-active.

On July 20, Governor Ed Rendell signed a bill (SB 968) that requires hospitals, nursing homes and ambulatory surgical facilities to develop and carry out infection control plans. By 2009, facilities that show they've reduced infections by at least 10 percent will be eligible for financial rewards, which will be drawn from state-appropriated funds.

Mandating infection prevention and control is seen by many as a logical next step for Pennsylvania, which was the first state in the nation to begin requiring hospitals to report their HAI rates for publication. The state's leaders see ending the infections as a way to both improve patient safety and save billions of dollars, and the Governor made HAI reduction a major part of his "Prescription for Pennsylvania," a sweeping plan to overhaul the state's health system.

HAIs can be transmitted through relatively common procedures such as catheter use, and many can be reduced through simple measures such as hand-washing. Nationally, about 2 million HAIs and 99,000 associated deaths occur annually, at a cost of nearly \$6 billion. In Pennsylvania, just over 19,000 HAIs were reported in 2005, nearly 2,500 of which ended in death.

"The technology and resources are available to reduce these infections, which now cause higher hospital bills, unnecessary pain and even death in some cases," said Senator Ted Erickson.

"People shouldn't get sicker instead of getting better while hospitalized," said Representative Tony Deluca.

Screening Patients Required

The new law specifically targets methicillin-resistant Staphylococcus aureus (MRSA), commonly known as staph infections. A strain of antibiotic-resistant bacteria, MRSA is inactive when carried on

the skin—but if introduced into the bloodstream, the bacteria can kill. MRSA infections account for approximately two-thirds of all HAI cases in the state; in 2005 staph infections killed 1,221 people.

Under the law, hospitals, nursing homes and ambulatory surgical facilities have 120 days from the date of enactment in which to develop an infection control plan. The plan must include an intervention protocol based on nationally recognized, evidence-based practices. Among other measures, the facility must routinely screen and culture high-risk patients for MRSA and other multidrug resistant organisms. Medicaid and other payors must pay for these screenings.

The state Department of Health (DOH) will review the plan within 14 days of its submission to determine if it is compliant with the law. There is no specific penalty in the law for failing to produce or implement a plan.

For this part of the law, legislators drew on a model developed by the Pittsburgh Veterans Administration Hospital. That hospital tests all patients for MRSA before admission. When a patient tests positive, he or she is admitted with a different protocol. Red tape is placed around the patients' bed, and all visitors to the room, including doctors and cleaning staff, must be gloved, masked and gowned, with all materials destroyed immediately afterwards. The materials cost the hospital \$144 to replace, whereas a patient with MRSA costs the hospital an extra \$50,000 per stay.

If by Jan. 1, 2009, a facility has reduced infections by 10 percent, it will be eligible for a quality improvement payment. Every year after that, the Department of Public Welfare and the DOH will determine potential payments based on whether the facility meets benchmarks that will be set by the DOH for each facility. Institutions that implement qualified electronic surveillance systems may receive additional payments.

From States to the Nation

In 2004, Pennsylvania became the first state to begin collecting and reporting on infection rates in hospitals. Since then, 15 additional states (Colorado, Connecticut, Delaware, Florida, Illinois, Maryland, Missouri, New Hampshire, New York, South Carolina, Tennessee, Texas, Virginia, Vermont and Washington) have passed laws mandating that HAI rates be publicly reported.

On Nov. 14, 2006, the Pennsylvania Health Care Cost Containment Council (PHC4) released the first-ever report to compare hospitals' infection rates by name.

Currently, Keystone State hospitals are required to report HAIs to the PHC4. Under the new law, hospitals also will have to report to the National Healthcare Safety Network (NHSN), an Internet-based surveillance system launched by the Centers for Disease Control and Prevention in an effort to meet the needs of the growing number of states that are mandating reporting of HAIs. The Network collects data from health-care facilities across the country, looking for trends and potential areas for prevention efforts.

The federal component was sponsored by Representative Deluca, who believes that federal data collection is essential to fighting HAIs. "We can't monitor how hospitals are reducing the rate of infections unless we have the data to compare one hospital with another, and this legislation provides that information to the public," the Representative said.

His amendment also helped bring hospitals on board. "By allowing, for the first time, real-time collection and analysis of infection data, the NHSN system will more rapidly inform hospitals' clinical efforts to identify, treat and prevent health care-associated infections," said Carolyn Scanlan, president of the Hospital and Healthsystem Association of Pennsylvania, which endorsed the bill once Deluca's amendment was added.