


PA's Effort to Eliminate Health-Acquired Infections
 Ann S. Torregrossa, Esq., Director
 Governor's Office of Health Care Reform

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Prescription for Pennsylvania

Prescription for Pennsylvania is a set of integrated practical strategies for improving the health care of all Pennsylvanians, making the health care system more efficient and containing its cost.



Right State | Right Plan | Right Now

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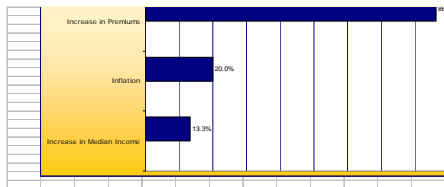
Rx BASICS

Rx for Affordability	Rx for Access	Rx for Quality
Cover All Pennsylvanians	Health Care Workforce	Health Care Acquired Infections
Coverage for College Students and Young Adults	Removing Practice Barriers	Quality Outcomes
Community Benefit Requirements	<ul style="list-style-type: none"> • CRNPs • Physicians Assistants • Nurse Midwives • CRNAs • Pharmacists 	Technology
Uniform Admission Criteria	Cost-Effective Sites	Pay for Performance
Fair Billing and Collection Practices	Co-Occurring Disorders	Chronic Care
Capital Expenditures		Health Disparities
Small Group Insurance Reform		Child and Adult Wellness
Transparency of Cost and Quality Data		Long Term Living
		End of Life and Palliative Care

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Pennsylvania's Employees and Pennsylvania's Businesses Cannot Keep Up with Health Care Inflation

% Increase in Family Health Insurance Premiums vs. Inflation and Increase in Median Wages in PA Between 2000 and 2007

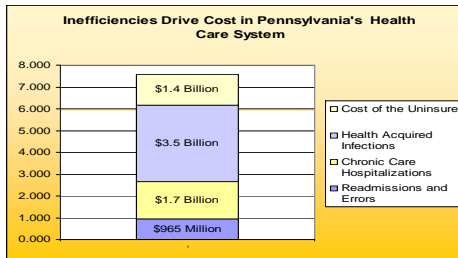


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Every day that passes without meaningful change increases the cost to our health care system.

Inefficiencies Drive Cost in Pennsylvania's Health Care System



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PA was the first state to require hospitals to report all HAIs.

- HAIs have emerged as one of the most important public health challenges
- The Pennsylvania Health Care Cost Containment Council (PHC4) legislation in 2003 mandated hospitals to report HAI to PHC4 for reporting to the public.
- The first public report was issued for 2005 hospitalizations, but did not include all HAIs.
- There was push back by the hospitals on what infection data to collect and how it should be measured.
- The 11 hospitals that were using electronic surveillance of their lab work had 3 times the reported infections than those that did not.
- Some hospitals reported 0 or very few infections. PHC4 audited those hospitals and reporting improved.

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Quality:
The Cost of Failure for Pennsylvania's Families

In 2006, the first full year of reporting all HAIs, Pennsylvania hospitals reported the following to Pennsylvania Health Care Cost Containment Council:

- 30,237 incidents of HAI's
- 3,716 deaths
- These figures represent a mortality rate of 12.3%
- Median charge without HAI is \$18,538 and with is \$79,670

Act 52

- The public reporting caused pressure for requiring hospitals to do more than just reporting.
- Act 52 required hospitals to:
 - Have an approved infection control plan based on best evidence.
 - Hospitals to report all infections to CDC and give permission to DOH and PHC4 to get that data.
 - By December 2007 have a qualified electronic surveillance system or do more intensive surveillance.
- Benchmarks for each hospital will be established and hospitals can be subject to licensure action if they do not improve.

Act 52 Implementation

- Department reviewed 1200 infection control plans. Many do overs.
- PA data kind of overwhelmed the CDC system and there was a big learning curve for hospitals to use it and allow sharing of information. First months' data were unusable.
- 141/160 hospitals are implementing electronic surveillance systems.
- Have completed nursing home trainings for June 2009 mandatory reporting.

2006 vs. 2007 Data

- Act 52 only in effect for 6 months in 2007. We finally had 2 full years of data collected on all infections.
- 2007 infections were reduced by 7.8%.
- In 2007, the average charge for a hospitalization for a patient who became infected with an HAI was \$191,872 and the average charge for a patient without an HAI was \$35,168
- There were 300 fewer deaths in 2007
- There is still a long way to go.

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MRSA

- Our MRSA rate has been going up, but the mortality rate is going down.
 - 2004: 13,722 (7.4 per 1000 hospitalizations)
 - 2005: 16,585 (8.8 per 1000 hospitalizations)
 - 2006: 18,108 (9.5 per 1000 hospitalizations)
 - 2007: 19,454 (10.3 per 1000 hospitalizations)

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Lessons Learned

- HAIs are a huge public health and cost driver problem.
- Think of the money spent on 9/11 or pandemic planning compared to that has been dedicated to eliminating HAIs.
- Needs not only a hospital effort, but a community effort as nursing homes and hospitals share patients.
- Stimulus does have a small amount available to states for HAI.

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Lessons Learned, Continued

- Public reporting can be problematic because the hospitals doing the very best work in identifying HAIs have high numbers initially.
- Need level playing field with everyone using electronic surveillance and reporting.
- In licensure reviews can check if they are following their infection control plans.
- Hospitals know they are charging a lot for additional care due to HAIs—may not realize that the costs exceed the revenue.
- Ultimately we will not pay for additional days or care required because of the HAI

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Lessons Learned, Continued

- A number of hospitals have shown that they can get infections down to zero or less than 1%.
- Elimination of HAIs has to be the goal, not just reporting them or reducing them.
- The key to success for hospitals in standardizing procedures, involving and empowering nurses to be involved in quality improvement when infections are identified.
- This is a top public health, quality improvement and cost reduction issue.

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