



Hospital Association of Rhode Island  
 100 Midway Road – Suite 21  
 Cranston, Rhode Island 02920  
 (401) 946-7887 Fax (401) 946-8188

Edward J. Quinlan  
 President

May 20, 2008

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

Cha  
 Despres  
 Health

Dear Chairman Waxman:

The Hospital Association of Rhode Island is pleased to respond to your letter, dated May 6, requesting information on hospitals' efforts in minimizing health care-associated infections.

Hospitals in Rhode Island are committed to providing quality care and have consistently demonstrated that commitment, including participation in The Rhode Island ICU Collaborative. The Collaborative was formed by the Rhode Island Quality Institute, Quality Partners of Rhode Island, and the Hospital Association of Rhode Island. Blue Cross & Blue Shield of Rhode Island and UnitedHealthcare of New England have funded the project's management costs and hospitals support the internal costs of the program. The Collaborative has partnered with Johns Hopkins University to implement proven strategies, such as those adopted by the Michigan Hospital Association.

Launched in 2005, the Collaborative has aimed to improve the quality and safety of care for adult ICU patients by reducing length of stay, complications and associated costs. ICU teams have implemented and evaluated proven strategies that address these issues.

Intensive care units make use of the greatest advancements in medical science and provide great opportunity to prevent death and reduce costs. For nearly three years, ICU teams have worked to reduce the rate of catheter-related blood stream infections, ventilator-associated pneumonia, and improve the culture of safety, which ultimately drives clinical performance. Hospitals' performance in 2007 compared to 2006 included:

- » Catheter-related blood stream infections per 1,000 catheter days decreased 42% (3.12% to 1.80%)
- » Ventilator-associated pneumonia per 1,000 ventilator days decreased 16% (4.03 % to 3.38 %)
- » Improvement in staff's perception of the safety climate in nearly 48% of ICUs

These rates are not risk-adjusted to account for difference in patient or hospital characteristics. Given the time frame to which we have to respond to your letter, the median rate is not readily available.

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The Rhode Island ICU Collaborative is unique with 100% participation. Hospitals' steadfast dedication has continued into phase two, which began September 1, 2007 and continues until August 31, 2009. Phase two goals include implementing training to improve the diagnosis, management and treatment of sepsis and expand recommended care beyond the intensive care units to the emergency department.

The Collaborative has aimed to improve efficiency, reduce costs, and change culture. Further, it worked to improve patient, family and staff satisfaction. The work has augmented existing hospital quality improvement efforts in Rhode Island.

All hospitals in Rhode Island report clinical performance measures to the Center for Medicare and Medicaid Services through the Hospital Compare program. This includes the Surgical Care Improvement Project (SCIP) measures that aim to improve care to surgical patients and reduce surgical site infections.

The performance of hospitals' in Rhode Island has been noteworthy and can be viewed at <http://www.hospitalcompare.hhs.gov/Hospital/Search/SearchOptions.asp>.

Other hospital infection prevention efforts include: hand washing monitoring compliance, MRSA risk assessment screening programs, and 100% enrollment in the Institute for HealthCare Improvement Campaign.

I am pleased to provide you with information on how hospitals have improved the quality of care provided in our state. We are very proud of their work and dedication. If I can be of further assistance please do not hesitate to contact me.

Sincerely,



Edward J. Quinlan  
President