



ALLEGHENY GENERAL HOSPITAL

WEST PENN ALLEGHENY HEALTH SYSTEM

320 EAST NORTH AVENUE, PITTSBURGH, PA 15212-4772

October 26, 2006

412-359-3131

Marc P. Volavka
Executive Director
The Pennsylvania Health Care Cost Containment Council
225 Market Street, Suite 400
Harrisburg, PA 17101

Dear Mr. Volavka:

Allegheny General Hospital (AGH) welcomes the opportunity to provide comments on the release of the PHC4 first hospital-acquired infection (HAI) report, representing data from Calendar Year 2005. As noted below, we have outlined our position on this report.

AGH has been a long-time leader in the fight against hospital-acquired infections and was part of the Pittsburgh Regional Healthcare Initiative, which reported a 68% decline in central line-associated bloodstream infections (CLABs) in intensive care units between 2001 and 2005. (Journal of the American Medical Association, 2006; 295:269-270.) AGH has been supportive of the efforts of the Pennsylvania Health Care Cost Containment Council to collect data and report on HAIs.

The data in this report is from the second year of that collection and reflects different information collected at different times throughout the year. Throughout the year, all hospitals were requested to report on four general areas of infection: Indwelling catheter-associated urinary tract infections; ventilator-associated pneumonias, central line-associated bloodstream infections; and surgical site infections involving the circulatory system, neurosurgery and orthopedic surgery. In July 2005, PHC4 changed the rules and required reporting on a total of 1,524 different surgical procedures. The requirements changed again in October 2005, and required hospitals to report on infections not related to devices, including urinary tract infections without urinary catheters, pneumonias in patients not on ventilators, and bloodstream infections when there is no central line. This different information is then tabulated under five general categories in this published data: Surgical Site Infections, Pneumonia, Bloodstream Infections, Urinary Tract Infections, and Multiple Site Infections. We believe that reporting different data collected in a one-year span of time under these broad headings, during a period where hospitals were required to vastly change the way they categorized and collected this data leads to confusion and error. Significant changes made in the middle of a reporting period leads to errors in collection, reporting and analysis. Data should have been presented in a manner that was consistent for the entire calendar year. Despite these limitations, AGH has a

sophisticated infection control team with full support from the hospital management, to eliminate HAIs, and to fully report to PHC4.

PHC4 recognizes that comparing numbers across hospitals is difficult and notes that low infection numbers can reflect poor reporting or excellent infection control. Similarly high numbers can occur because of excellent reporting or poor infection control. With these limitations in mind, the numbers can be examined.

AGH leads its peers in 4 of the 5 reported categories of HAIs.

Infection	AGH rate per 1,000 cases	Peer Group rate per 1,000 cases
Surgical Site	4.7	5.0
Pneumonia	1.0	1.2
Bloodstream	1.8	2.1
Multiple	1.1	1.4

Surgical Site infections are difficult to analyze in this data, because of the significant changes made by PHC4 during the year. Despite this, AGH has maintained a lower than peer group rate of Surgical Site infections. AGH has implemented a practice of reviewing each surgical site infection to determine if there are any better practices that can be implemented. All surgical site infections are reviewed by infection control and discussed with the appropriate chairperson of the surgery division for further evaluation. Another important part of preventing surgical site infection is proper use of prophylactic antibiotics given immediately before and for 24/48 hours after surgery. We have been working to improve the appropriate delivery of antibiotics prior to surgery. AGH continues an aggressive approach to reducing surgical site infections.

Ventilator-associated pneumonias (VAPs) have historically been a major cause of HAIs. AGH has a lower than peer rate of pneumonia which includes VAPs. AGH implemented important steps to reducing VAPs including raising the head of the bed on all ventilated patients to prevent aspiration pneumonias, increased oral cleansing to reduce bacterial burden in the mouth and implementing early weaning protocols to get patients off of ventilators as early as possible.

AGH has undertaken groundbreaking initiatives to reduce central line-associated bloodstream infections and has been recognized for these efforts nationally. We evaluated the methods utilized by physicians inserting central lines and found many different physicians used different techniques and different materials, which led to errors in infection control. A standardized central line kit was developed and a training program utilizing a video instruction program for physicians and nurses involved in insertion and care of central lines. All intensive care units began posting central line dates in each patient room and physicians worked to remove lines at the earliest possible date. These efforts have resulted in a significant decline in CLABs to approximately 3 per month in the hospital in 2005. The category of bloodstream infection also includes infections not

related to devices. In 2005, AGH reported 12 such infections. These can occur when a patient who presents to the hospital with an infection, later has the infection spread to the bloodstream, and are generally not considered preventable HAIs. If these infections were excluded from the bloodstream infections, a CLAB infection rate could be calculated and would be 1.4 per 1,000. AGH believes that reporting CLAB and non-CLAB infections separately would give a more accurate infection rate.

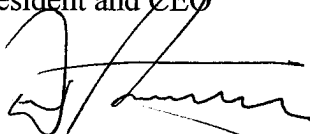
The category of urinary tract infections (UTIs) is perhaps the most difficult to analyze. The definition of UTIs includes true infections but also specifically includes Asymptomatic Bacteriuria, a condition that would normally not lead a physician to treat for an infection. Of the total of 557 cases of infection of any kind reported from AGH in 2005, there are 407 UTIs reported. In a review conducted by AGH of the reported cases, 56% (227) of the UTIs reported from our institution are Asymptomatic Bacteriuria. Our UTI reported rate was significantly above our peers, 14.6 per 1,000 cases compared to 8.1 per 1,000 cases. We believe that this is because we aggressively seek out and report Asymptomatic Bacteriuria cases, consistent with the requirements of PHC4. Furthermore, we believe that a better reporting system would separate true UTIs from Asymptomatic Bacteriuria, in order to allow more accurate comparisons among peers. If the Asymptomatic Bacteriurias were excluded from the AGH data, the overall infection rate would be 11.8 per 1,000 cases and the UTI rate would be 6.44 per 1,000 cases, far below our peers at both levels. AGH is also implementing policies and procedures to reduce UTIs, which include standardized procedures for urinary catheter placement and care similar to what has been utilized for central line catheters, utilizing condom catheters for male patients which have been shown to reduce infection rates, and reducing urinary catheter days by assuring they are discontinued as early as possible.

AGH embraces the need to reduce all HAIs and believes that in the long-term the approach of collecting and reporting on hospital infection rates can be helpful in this effort. It is important to recognize the limitations of data collected for calendar year 2005, especially in light of the many changes implemented during the reporting period by PHC4. We look forward to continuing to work with the Pennsylvania Health Care Cost Containment Council in an effort to further improve upon the accuracy and usefulness of the publicly reported HAI data.

Sincerely,



Connie M. Cibrone
President and CEO



David Piontkowsky, J.D., M.D.
Chairman, Infection Control Committee