

# BUTLER HEALTH SYSTEM

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October 25, 2006

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

Dear Mr. Volavka:

Butler Memorial Hospital contracts with MedMined™ for electronic surveillance of healthcare-associated infections. The electronic surveillance provided by MedMined™ starts with all positive cultures collected 72-hours after admission and up to 14 days after discharge. Rules are applied to this data to sort out contaminants and non-pathogens. A culture representative of an infection is called an infection marker.

The presence or absence of a device that may be associated with Healthcare Associated Infections (HAI's); ventilators, urinary catheters and central lines are not part of this data. All potential pathogens from urine, sputum and blood have been reported.

Because part of the rate for each type of infection includes patients with infection markers obtained after hospital discharge, the degree to which a hospital lab performs these outpatient cultures will be directly proportional to the number of HAI's detected and attributed to a given hospital. Thus, rates of HAI will vary from hospital to hospital based on outpatient lab market share. This is very similar to the variability of post-CABG readmission rates before Pennsylvania had a statewide system that detected a readmission to another facility. Butler Memorial Hospital provides laboratory services to nearly all personal care homes and nursing homes in Butler County and, therefore, captures the post-discharge infections in this high risk group.

The reporting of post-discharge infection markers has the greatest impact on the increased reporting of urinary tract infections and second greatest on “multiple sites”.

Frequently, in cases of pneumonia, no pathogens can be recovered on culture. Because the method of electronic surveillance relies on positive cultures, pneumonia may be under reported.

In interpreting charge data, the cultures obtained after discharge will contribute to the rate of infection but not change hospital charges and so will lower the average charges per case. This size of this impact also depends on the hospital’s lab market share and service area compared to the communities where the hospital’s patients reside after discharge.

The change in the rate of infections from Q1 to Q2 at Butler Memorial Hospital represents a transition from partial to full electronic surveillance. The change in the electronic group rates from Q3 to Q4 probably represents the same transition.

The rate of urinary tract infections (UTI) at Butler Memorial Hospital represents significant numbers of post-discharge urine cultures. Approximately, 20% of urinary tract infections are identified after discharge and contributes to our overall rate.

Even considering the methodological problem in the electronic detection of pneumonia, the pneumonia rate at Butler Memorial Hospital appears very low because we have a successful prevention program at Butler Memorial Hospital based on traditional surveillance. A low rate means that only the highest risk, most debilitated patients get pneumonia. Thus, the mortality rate in this small group is higher.

Sincerely,

A handwritten signature in black ink, appearing to read "A. McGill", written in a cursive style.

A. Thomas McGill  
Vice President, Quality and Safety