

**Hahnemann  
University Hospital**

Broad & Vine Streets  
Philadelphia, PA 19102  
tel: 215.762.7000

October 23, 2006

Mark P. Volavka  
Executive Director  
Pennsylvania Health Care Cost Containment Council  
225 Market St. , Suite 400  
Harrisburg, Pa. 17101

Dear Mr. Volavka:

On behalf of Hahnemann University Hospital (HUH), we would like to thank you for the opportunity to comment on the 2005 Hospital Performance Report. After reviewing the report we would like to offer the following comments.

In 2005, HUH had lower rates for hospital-associated urinary tract infections and Surgical Site Infections as compared to its peer group of hospitals. In addition, HUH had a rate of hospital-associated pneumonias similar to other hospitals in its peer group (1.6 for HUH vs. 1.2 peer is likely same). Unfortunately in 2005, HUH had a rate for bloodstream infections (BSI) that was 4.5 times the rate for peer group hospitals.

The positive pressure IV injection cap used at HUH between July and December 2005 can adequately explain the increased rate of BSI's. This product was chosen for its potential to improve patient care and safety, and was actually more costly than the product it replaced. In late 2005 and early 2006, the Infection Control Department identified a trend of increased BSIs between July and December 2005. An investigation was initiated to try to determine the cause of the rise. Additional staff education regarding the use of the IV injection cap was performed to ensure appropriate use. The Infection Control Department was suspicious that this product was related to the rise in BSI's.

In January 2006 Johns Hopkins Hospital reported in the *Journal of Infection Control and Hospital Epidemiology* their experience with a dramatic increase in BSI rates concurrent with the implementation of this same product. They removed the product from their institution, and showed BSI rates over time came back down to the rates prior to the positive pressure cap. Other institutions have also had similar experiences. Based upon this information, HUH removed the product from the institution in February 2006. The Infection Control Department notified the appropriate federal agency regarding our identified concerns with this product and association with a dramatic rise in our BSI rates.

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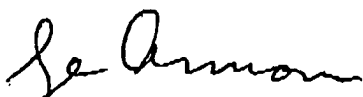
Subsequent to the removal of this product from our institution, BSI rates have fallen again, and are now actually lower than in the first 6 months of 2005 due to additional programs put into place to prevent BSIs.

Although rates of UTI and SSI are lower than peer group hospitals, our mortality rates in cases with infections appear to be significantly higher. Our mortality rates in patients with hospital-associated pneumonia and BSIs at HUH compared to our peer group is also higher.

Any mortality data must be extrapolated with great caution. One cannot accurately attribute the cause of mortality to the infection based upon the limited data set sent to PHC4 without further careful review of each case and other co-morbidities the patient may have had. As such, these data cannot adequately be interpreted and should not be extrapolated to say there was a cause and effect.

In closing, we appreciate the efforts involved in reporting hospital- acquired infections. We, at HUH, work continuously to strive for reduced incidence of infection for our patients. We will continue these efforts through infection surveillance, reporting infections, and implementing evidence- based interventions designed to reduce the incidence of infections.

Thank you,



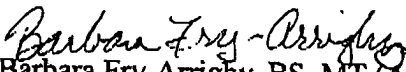
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