

PENNSTATE

 **Milton S. Hershey Medical Center**
College of Medicine

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Dear Mr. Volavka:

We appreciate the opportunity to comment on the new healthcare-associated infection (HAI) report. We at Penn State Milton S. Hershey Medical Center (PSHMC) believe that preventing infections is of paramount importance. The staff at PSHMC perform many infection preventative activities, and the success of these practices are measured, in part, by infection rates. The process of counting infections is very labor intensive, so during 2005 PSHMC implemented an electronic "virtual" surveillance system called MedMined which screens for markers of possible infections. We greatly appreciate PHC4's acceptance of MedMined "infection marker" data so that our staff can shift from spending time manually counting infections, to instead, focusing our energies on interventions to prevent infections in our patients.

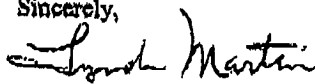
We would like to emphasize 2 major reasons why PSHMC's infection report cannot be compared accurately with reports from other hospitals:

1. While our MedMined data are useful for targeting infection prevention initiatives within our hospital system, comparing MedMined data to traditional surveillance is like comparing apples to oranges. At PSHMC, MedMined identifies more patients with "infection markers" than what traditional surveillance would have done. Not all patients with infection markers actually have infections, but we now use these markers to assess our interventions since we believe the overall trends with time will be useful, even if the actual numbers of infections are overstated.

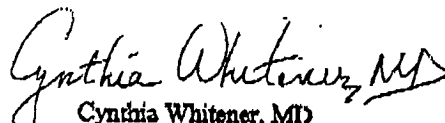
2. Most hospitals have reported infections that developed during the hospital admission, but MedMined data additionally includes patients with infection markers 14 to 30 days post-discharge (time period varies depending on infection type). As a result, our new system identifies cases not found by standard PHC4 criteria, the method used by most other hospitals in the PHC4 report. As was expected, our data changed considerably when we transitioned from traditional manual infection tracking to electronic surveillance methodologies.

Since the current format of the HAI report invites comparisons between hospitals, we thank you for your written acknowledgement that hospital comparisons are not appropriate with the current data in the PHC4 report. We also thank you for working with us to prevent infections in patients.

Sincerely,



Lynda Martin RN BSN MPA
Director, Clinical Quality Management &
Performance Improvement



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