



# Memorial Hospital

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October 27, 2006

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Dear Sir:

Memorial Hospital is committed to providing our patients with the best quality of care available and we proactively look for ways to improve our service delivery. Our strong cultural commitment to quality is a powerful force for studying and improving care processes to achieve better outcomes. The sharing of our quality and patient safety information with the public is an important step forward for our patients and their families. In the past few years, a great deal has been written about medical errors, hospital infections and patient safety in hospitals. Memorial Hospital's physicians and staff focus everyday on providing our community with the best care we can.

We also pay close attention to measuring the results of our patients' hospital stay. We compare our data to other hospitals' results across Pennsylvania and the nation; the PHC4 Hospital-acquired Infection Report for 2005 is one of many information sources we use as a "gauge" for our continual improvement initiatives.

The PHC4 Hospital-acquired Infection Report for 2005 indicates that our volume is consistent with a community hospital and our mortality associated with infections is lower than both our Peer Group and the State percentage. In addition, our average charges and length of stay are lower than our Peer Group and the State. However, in three sub-categories of the report, our infection rate per 1000 cases was higher. These categories and the results of our investigation of the data are detailed below.

### Surgical Site Infections

For the 1,057 patients included in the surgical categories being monitored in 2005, 11 patients were identified as having a surgical site infection using the Center for Disease Control and Prevention (CDC) National Nosocomial Infections Surveillance System (NNIS) guidelines published with the January 2004 PHC4 Nosocomial Infection Collection Guide.

**Memorial Family  
of Health Services**

Memorial Hospital

Greenbriar Medical Center

HomeCare of York

Industrial Resource Center

MRI of York

Memorial Behavioral Health

Memorial Primary Care

Surgical Center of York

White Rose Home Health

White Rose Hospice

*A Premier Medical Center*

The Guide states that hospitals are to “*Collect infections that are acquired and manifest during a hospitalization only. Disregard all timeframe parameters*”. Many hospitals understood this to mean only the hospitalization when the initial surgery was performed; other hospitals understood it to mean any hospitalization when a surgical site infection became evident. These are distinct differences and have resulted in wide variances of reported infection rates for Pennsylvania hospitals.

Memorial Hospital used the more encompassing definition to include any hospitalization when an infection became evident. Consequently, our infection rate per 1000 patients was twice the State rate. Further discussion with PHC4 research staff confirmed the data collection variation, which necessitates us to restate our report results. During 2005, one (1) patient out of 1057 surgical cases within the PHC4 categories acquired an infection. Consequently, for the report:

- ❖ Corrected PHC4 surgical site infection rate per 1000 is 0.9%.

The additional information on the other cases that were identified using CDC NNIS guidelines provided more insight for improvement opportunities for our surgical patients. While these cases are not reportable in the PHC4 report, our internal Surgical Care Improvement Project team has implemented many nationally supported “best-care practices” that include:

Appropriate prophylactic antibiotic given to the surgical patient on time;

Prophylactic antibiotic discontinued within 24 hours after surgery;

Use of clippers for hair removal to avoid nicking the skin;

Controlling the blood glucose and the temperature of patients during the operation.

Throughout these process changes, improved compliance will impact surgical care and the occurrence of infection.

### Pneumonia

The 2005 monitoring of hospital inpatients for hospital-acquired pneumonia was a mixed group of patients including only those patients on a ventilator (device associated) for the first three quarters of 2005 and adding non-ventilated patients for the fourth quarter of 2005. While the rate on the report simply states Pneumonia, the cases reported included all patients identified by CDC NNIS guidelines. After clarification of the data collection method, our percentage:

- ❖ Corrected PHC4 Hospital-acquired Pneumonia per 1000 is 1.0%

### Multiple

Patients captured in this category have more than one infectious process occurring during their hospitalization that may include blood infection, intestinal infection such as *Clostridium Difficile* that may be a side effect of antibiotic therapy, and methicillin resistant *Staphylococcus aureus* (MRSA) associated with skin infection. These infections are a growing concern with all hospitals and we have implemented improvement actions to curtail the spread including:

Intense hand hygiene initiative that includes hand washing and hand sanitizer use by clinical caregivers, patient families and visitors;

Identification and cautionary measures for patients where MRSA is not clinically evident until their illness and hospitalization results in an opportunity for the infection to grow;

Involving the patient and their family in an educational campaign about preventing infections at home and when hospitalized.

Memorial Hospital and our physicians recognize the value of the public release of meaningful data. Continued education and discussion about such data may become useful for consumers and purchasers of care in evaluating the healthcare providers. Within the healthcare settings, hospital and medical staff use the data for quality and patient safety improvements.

Memorial Hospital welcomes all opportunities to discuss our quality of care and initiatives for patient safety. More information about care at Memorial is available on our website at [www.mhyork.org](http://www.mhyork.org).

Thank you for the opportunity to clarify the PHC4 data collection and results report for 2005. Please do not hesitate to contact me for any additional information at 717-849-5331.

Sincerely,

A handwritten signature in black ink, appearing to read "Susan P. Nelson". The signature is fluid and cursive, with a long horizontal stroke at the end.

Susan P. Nelson, MBA, CPHQ, RHIA  
Vice-President of Quality