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October 24, 2006

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

Dear Mr. Volavka:

Thank you for the opportunity to comment on the *Hospital-acquired Infection Report for 2005* data. Mount Nittany Medical Center supports the use of comparative reports in identifying opportunities for improvement in the healthcare system. Ongoing analysis of comparative data is one part of our internal performance improvement process. Our interdisciplinary Infection Prevention and Control Committee continuously strives to eliminate healthcare-acquired infections.

We are pleased that our efforts are showing success as demonstrated by our overall favorable comparison with other hospitals. We would however, like to take this opportunity to comment on the report.

Over the past several years, we have worked aggressively to reduce infection rates in the categories of pneumonia and bloodstream infections. We were honored with a VHA Leadership Award in 2005 for our success in eliminating central venous catheter-related bloodstream infections in our Critical Care Units. In June 2006, our work to reduce infections caused by an antibiotic-resistant bacteria (MRSA) in our Critical Care Unit was showcased in a poster presentation at the Association of Professionals in Infection Control and Epidemiology's (APIC) international conference held in Tampa, Fl. In two years, we estimate having avoided eleven infections (mostly cases of pneumonia), and more than \$380,000 in excess costs of care.

Regarding our rate of surgical site infections, overall average length of stay and mortality, we are glad to see that our rates are comparable to other hospitals. In the area of surgical site infections, it is notable that our reporting was actually above and beyond PHC4's requirements. We reported surgical site infections that we identified following a patient's discharge from the hospital. This reporting exceeded the criteria established by PHC4, yet we still achieved a rate of infection comparable to other hospitals.

We would also like to comment on our rate of urinary tract infections. Although these infections are the most commonly reported healthcare-associated infections, literature supports that urinary tract infections rarely result in serious adverse outcomes for patients. However, working to eliminate all healthcare-associated infections, not just the

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most serious, we introduced a novel urinary catheter technology in 2006. In just one quarter catheter-associated urinary tract infections decreased 58% when compared to a similar period in 2005. That being said, our rate of urinary tract infections could be explained by a "data submission disparity among hospitals... and the potential for under-reporting..." as noted in the Council's March 2006 *Research Briefs*.

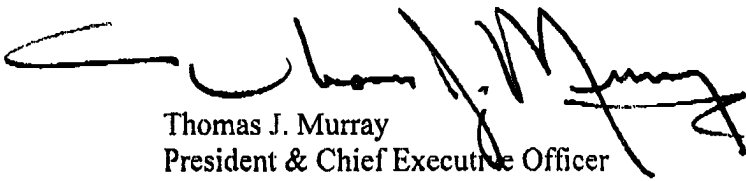
The extent to which this data reflects hospital-wide infections among all facilities is unknown at this time. Facilities with a vigilant surveillance program and aggressive compliance with the reporting mandate may compare less favorably than facilities with less sensitive surveillance and reporting strategies. We urge the Council to continue to seek ways to assure consistent reporting among all hospitals to permit meaningful comparison of facility-specific infection data. One example of such an effort is the MedMined, Inc demonstration project grant opportunity. We applaud PHC4, Highmark Foundation and MedMined, Inc for making this technology available to select hospitals in support of their infection surveillance and prevention activities and this reporting mandate. Mount Nittany Medical Center was one of 11 Pennsylvania hospitals to receive the grant.

It is also important to mention that hospitals were not required to fully report all hospital-acquired infection data until January 1, 2006. Wide variation in reported infections among facilities was expected in 2005 because of the phased-in nature of this mandate.

Mount Nittany Medical Center recognizes the value of public release of meaningful data, as such data can be useful for consumers and purchasers in evaluating the quality of care, and for hospitals and clinicians in improving the quality of care. Review of this data is just one aspect of our infection prevention and control and performance improvement program. We are participants in the Joint Commission on Accreditation of Health Care Organizations (JCAHO) and the Center for Medicare and Medicaid Services (CMS) hospital quality initiatives. We are also participants in the Institute for Healthcare Improvement 100,000 Lives Campaign. This initiative is designed to help hospitals across the country implement changes in care that have been proven to prevent avoidable deaths.

The release of this first hospital-specific report represents an important first step for the hospital community in analyzing hospital-acquired infections. We welcome information that helps us improve our care to our patients and we thank the Council for providing regular comparative reports.

Best Regards,



Thomas J. Murray  
President & Chief Executive Officer  
Mount Nittany Medical Center