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February 13, 2008

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

Mr. Volavka:

On behalf of Mount Nittany Medical Center, I would like to thank the Pennsylvania Health Care Cost Containment Council (PHC4) for the opportunity to comment on the *Hospital-acquired Infection Report* for 2006. We are pleased that our efforts continue to show success as demonstrated by our overall favorable comparison with both our peer group and state averages.

Our total cases with infection, as well as the site-specific categories of infection, pneumonia, bloodstream, surgical site and gastrointestinal, were all lower than our peer group and state averages. Over the past few years we have focused our attention on efforts to prevent infections that account for the greatest risk of serious illness, and our data is reflective of this commitment.

Our rate of urinary tract infections (UTIs) shows improvement over 2005. Mid-2006, we invested in a novel catheter technology designed to reduce catheter-associated UTIs (CA-UTIs), the most common type of UTI. Since its introduction, our rate of CA-UTIs has decreased by 22%. We are pleased with this improvement and continue our efforts to identify other opportunities to further reduce these infections.

The mortality data included in this report must be interpreted with caution. A cause (infection) and effect (mortality) cannot be established from this limited data set. Our review of individual cases with pneumonia, bloodstream and surgical site infections found that the infection was not the cause of the patient's death. These patients were extremely ill on presentation and their death was related to their underlying co-morbid conditions, as opposed to the infection.

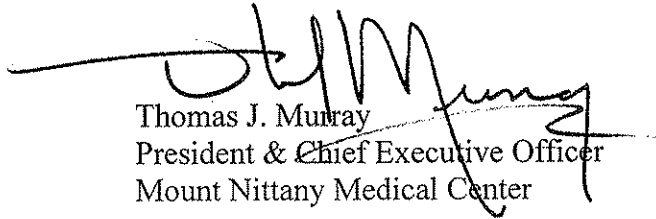
In another note of caution, the extent to which this data accurately reflects all infections among facilities is still unknown, making any comparison difficult. Reviewer variability and differences in infection surveillance methods are just two factors that may contribute to date disparity. The Council acknowledged this potential in its March 2006, *Research Brief*.

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Though this data has some limitations, Mount Nittany Medical Center recognizes the value of public release of meaningful performance 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. We welcome information that helps us achieve our mission, that is, to provide the finest care and service to every patient, every day.

Best Regards,



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