

VIA FACSIMILE

October 17, 2008

David H. Wilderman
Acting Executive Director
Pennsylvania Healthcare Cost Containment Council

RE: Comments on Hospital-Acquired Infections Report for Calendar Year 2007

Dear Mr. Wilderman:

The Hospital of the University of Pennsylvania is dedicated to the goal of eliminating all preventable healthcare-associated infections. As such, we were one of the first institutions in Peer Group 1 and in the state as a whole to implement a comprehensive electronic surveillance system. Therefore, we appreciate the commitment and effort of the Pennsylvania Health Care Cost Containment Council in the compilation and publication of the report of Hospital-Acquired Infections for calendar year 2007, as well as the opportunity to comment on the document.

The Hospital of the University of Pennsylvania demonstrated significant decreases in both device-associated and non-device-associated urinary tract infections, device-associated pneumonias, and device-associated bloodstream infections. Additionally, surgical site infections decreased from 3.4 to 1.9 infections per 1,000 cases – well below the Peer Group 1 rate of 3.6. These improvements are quite remarkable given our early adoption of electronic surveillance.

The Hospital of the University of Pennsylvania began using TheraDoc to detect and report healthcare-associated infections in August 2007. It is important to note that both the total number of infections and infection rates declined in the third and fourth quarters of CY2007 despite the improved surveillance sensitivity of our new electronic system during this interval. The PHC4 report demonstrates that this decrease was primarily manifested by a decline in the most clinically significant healthcare-associated infections. We believe this is a tribute to our dedication to our goal of eliminating all preventable healthcare-associated infections.

Finally, we would like to clarify our surveillance philosophy. We were one of the first members of the National Healthcare Safety Network in Pennsylvania and as such strictly adhere to the Center for Disease Control and Prevention surveillance definitions of healthcare-associated infections as enumerated in the NHSN Patient Safety Protocol Guide. Therefore, we report all cases that meet the surveillance definitions and not just those with clinical infections. For example, we included asymptomatic bacteruria in our report of urinary tract infections, and pneumonias include individuals with infiltrates on chest radiography who lacked confirmatory microbiology studies. Similarly, reported bloodstream infections include those cases felt to represent colonization or contamination because they met the surveillance definition in place during CY2007. And yet, we still demonstrated a decrease in the rates of these infections.

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In summary, the Hospital of the University of Pennsylvania is a tertiary and quaternary care center that is dedicated to the elimination of all preventable healthcare-associated infections. We accept patients in transfer from almost all of the hospitals within our PHC4 peer group. Despite the acuity of our patient population, improved detection via early implementation of electronic surveillance and strict adherence to surveillance definitions, we demonstrated a decrease in the most clinically significant and all of the device-associated infections listed in the PHC4 report. We will continue to move forward in attempts to achieve our goals.

Sincerely,



Patrick J. Brennan, MD
Chief Medical Officer and Senior Vice President
University of Pennsylvania Health System

cc: Neil O. Fishman, MD