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October 17, 2008

Mr. David H. Wilderman
Acting Executive Director
Pennsylvania Health Care Cost Containment Council
225 Market St, Suite 400
Harrisburg, PA 17101

Mr. Wilderman:

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 Infections in Pennsylvania* report for 2007. Our executive leadership, medical staff and administrative staffs continue to work together to prevent infections through adherence to best practices and adoption of newer technologies. We are committed to achieving the best possible outcomes for our patients.

We would like to take this opportunity to comment on some of our successes and ongoing challenges in the prevention of healthcare-associated infections. We would also like to comment on some ongoing concerns regarding the extent to which this data accurately reflects all healthcare-associated infections.

Mount Nittany Medical Center continues to perform well in the site-specific categories of pneumonia, bloodstream, surgical site, and gastrointestinal infection. Our rates were similar to or lower than our peer group and state averages. Though we continue our work to prevent all healthcare-associated infection, we have focused our attention on efforts to prevent infections that account for the greatest risk of serious illness and this data is reflective of our commitment.

Our rate of urinary tract infections (UTIs) shows improvement over 2005. We have incorporated many strategies to reduce UTIs, including the introduction of an innovative catheter technology designed to reduce catheter-associated UTIs (CA-UTIs) in 2006. Throughout 2007, we worked to strengthen evidence-based practices to improve catheter maintenance and handling. In 2008, we have now focused our attention on process improvements that promote early removal of catheters. As we reduce catheter utilization, we are seeing a reduction in UTIs. Though serious morbidity is rarely associated with UTIs we remain committed to further reduction of 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. Patients

Mr. Wilderman

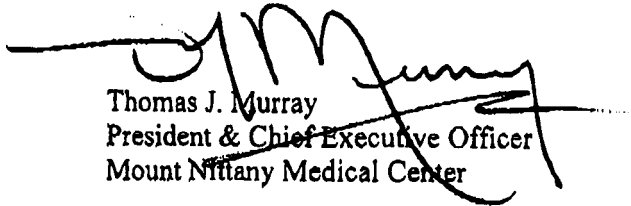
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are often extremely ill on presentation and their death is related to their underlying co-morbid conditions, as opposed to the infection.

In another note of caution, the extent to which this data accurately reflects all infections among facilities in Pennsylvania is still unknown, making any comparison difficult. Reviewer variability and differences in infection surveillance methods are just two factors that may contribute to data disparity. The Council acknowledged this potential in its March 2006, *Research Brief*. I can assure the public that Mount Nittany Medical Center conducts a rigorous infection surveillance program to identify healthcare-associated infections and uses that information in our infection prevention efforts. Our goal is to reduce infections to an irreducible minimum.

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