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Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Care Safety and Quality
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Circular Letter: DHCQ 09-09-516

**TO: Chief Executive Officers
Infection Control Preventionists
Acute Care Hospitals**

**FROM: Jean Pontikas, Interim Director,
Bureau of Health Care Safety and Quality
Nancy Ridley, MS., Director,
Betsy Lehman Center for Patient Safety and Medical Error Reduction**

DATE: August 18, 2009

RE: Healthcare Associated Infections – Betsy Lehman Center Data

The purpose of this letter is to advise all acute care hospitals that effective July 1, 2009 all Healthcare Associated Infection (HAI) measures, including those previously reported to the Betsy Lehman Center for Patient Safety and Medical Error Reduction, are now being reported to the Department of Public Health. This change in the HAI guidelines will require hospitals to make a small change in their NHSN master file to confer rights to DPH. Instructions on how to do this will be sent to all hospitals in a separate memo.

Background

Amendments to the hospital licensure regulations (*105 CMR 130.1701*) established the requirements for acute care hospitals to report specific HAI measures beginning July 1, 2008. The initial requirements for reporting HAIs were based on the recommendations of the HAI Expert Panel that identified three levels of reporting for HAI related process and outcome measures:

Tier 1. To the public for use by consumers, insurers and all stakeholders;

Tier 2. To the Betsy Lehman Center for Patient Safety and Medical Error Reduction (BLC) for review and quality improvement purposes, but not for public dissemination. HAI measures where there was uncertainty about standardization of definitions and validity of data collection were initially recommended for reporting to the BLC. This second level of reporting provided an opportunity to review and analyze the results and assess whether the measures would be useful and meaningful to the public and providers.

Tier 3. Within the institution only, for tracking performance and results of quality improvement strategies.

Based on internal review and consideration of input from the HAI Technical Advisory Group (TAG) the BLC and DPH agree that all of the measures initially reported to the BLC be included in future public reports.

- All data submitted from July 1, 2008 through June 30, 2009 to the BLC, including the results of the MRSA point prevalence survey and influenza vaccine rates for healthcare workers will be reported in aggregate for benchmarking purposes without identifying individual hospitals.
- All data submitted from July 1, 2009 onward will be submitted to DPH and therefore will be reported publicly along with other HAI-related performance measures.
- The updated DPH guideline (summary chart) for reportable HAI-related measures can be found in attachment 1.

The next HAI-related report of performance measures will be released in February 2010. This report will contain *individual hospital identifying information* for HAI data submitted to DPH for the period of July 1, 2008 through June 30, 2009.

The February 2010 report will **not** contain hospital identifying information for HAI data submitted to the BLC for the period of July 1, 2008 through June 30, 2009.

The merits and/or limitations of the selected measures will continue to be monitored by DPH and the BLC and we will rely on the contributions of the TAG toward the ongoing evaluation of this data. If you have questions related to this change in policy, please contact Roberta Bernstein at roberta.bernstein@state.ma.us or 617-786-8062 or Eileen McHale at eileen.mchale@state.ma.us or 617-624-5723.

Attachment 1

Updated Summary Chart of HAI-Related Measures 2009

Outcome Measures	Reporting Level	
	Public ¹	Internal ²
✓ CVC-BSI in ICUs (CDC criteria 1, 2 and 3)	◆	
✓ CVC-BSI outside of ICUs (CDC criteria 1, 2 and 3)		◆
✓ SSI resulting from hip arthroplasty	◆	
✓ SSI resulting from knee arthroplasty	◆	
✓ SSI resulting from hysterectomy (vaginal and abdominal)	◆	
✓ SSI resulting from coronary artery bypass graft	◆	
✓ Ventilator-Associated Pneumonia (VAP)		◆
Point prevalence of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)	◆	
<i>Clostridium difficile</i> -associated disease (CDAD)		◆
Process Measure		
Influenza vaccination of healthcare of workers	◆	

✓ = Measure found in National Healthcare Safety Network (NHSN)

¹ Public – Data submitted to the Department of Public Health

² Internal – For reporting hospital's own use only

CVC-BSI – central-venous catheter-associated bloodstream infection

ICU – intensive care unit

SSI – surgical site infection