



PHIL E. MATTHEWS
President and CEO

May 28, 2008

Hon. Henry A. Waxman, Chairman
United States House of Representatives
Committee on Oversight and Government Reform
2157 Rayburn House Office Building
Washington, DC 20515-6143

Re: Inquiry Regarding Quality Projects of the Arkansas Hospital Association

Dear Chairman Waxman:

On behalf of the Arkansas Hospital Association (“AHA”), a trade association with a membership of over 100 institutions whose mission is to promote the health of the people of the State of Arkansas, thank you for the opportunity to provide information to the House Committee on Oversight and Government Reform regarding activities of the AHA targeted toward quality improvement. The AHA agrees with your assertion that efforts by state hospital associations can lead to a reduction in health care spending and save lives.

In response to the Committee’s questions, the AHA offers the following information:

1. At this time, we do not have information about the median and overall rates of central line-associated bloodstream infections in the intensive care units in Arkansas hospitals. However, last year, with the support of the AHA, the Arkansas legislature passed a measure to establish a state level reporting system for healthcare-associated infections. All Arkansas hospitals must collect, at a facility level, infection control data, including central line-associated bloodstream infections in intensive care units, and under this new law, hospitals and ambulatory surgery centers also will be able to voluntarily submit this infection data to the Arkansas Department of Health (the “ADOH”).

The ADOH has begun implementation of the statute by establishing an advisory committee to assist in the development of its methodology for collecting, analyzing and disclosing healthcare-associated infection data. In developing the methodology, the ADOH must consider existing methodologies and systems for data collection such as those established by the Centers for Disease Control. We anticipate that Arkansas hospitals will utilize the ADOH’s voluntary reporting mechanism as soon as it is established.

2. We at the AHA are quite impressed with the Michigan Hospital Association's ("MHA's") "Keystone" Project. Our Board has discussed the project in the past and will discuss it again at our June Board meeting. We do not yet know whether we will be able to replicate the project in Arkansas, however, for various reasons. The AHA operates with a staff of 14, including several administrative assistants. Extensive staffing is required for a project such as the MHA Keystone Project for management and coordination, facility support, education and follow up. Funding also is an issue. The MHA partnered with Johns Hopkins and received a grant from the Agency for Healthcare Research and Quality ("AHRQ") for its project. The AHA would need to find an additional funding source in order to replicate the project in our state.
3. The AHA, our Board and our members have a broad focus on, and dedication to, improving healthcare quality, including reducing healthcare-associated infections. We are working with our state Department of Health to design and implement a reporting methodology for healthcare-associated infections. But we know that data collection alone is not enough. Health facility representatives and clinical professionals must be given the opportunity to come together to share information and best practices to address quality issues.

Many of our educational seminars focus on the prevention of healthcare-associated infections, including the implementation of strategies such as structural improvements, systems, processes, monitoring, surveillance and isolation, and working with community partners. Another recent seminar addressed the creation of a community-wide plan to deal with infections such as Methicillin-Resistant Staphylococcus Aureus ("MRSA"). Our seminars also focus on other quality related issues, including risk management strategies, embedding national patient safety goals in the organization and creating a culture of justice and accountability. We recently finished a series of presentations around the state on the hospital board's responsibility for healthcare quality, and our summer leadership conference will feature a presentation by the Director of the American Hospital Association's Quality Center on collaborative leadership for quality and healthcare optimization.

Our individual member institutions also continue to implement robust Infection Prevention and Control Programs at their facilities, and most are involved with facility or hospital system level infection screening and quality improvement projects. In addition, Arkansas is one of only a few states with 100% of its hospitals participating in the Institute for Healthcare Improvement's 5 Million Lives Campaign, a national campaign to dramatically reduce incidents of medical harm in U.S. hospitals.

The AHA and its members are dedicated to the continuous improvement of healthcare quality. We would appreciate assistance at the federal level to provide support for the continuation of these efforts. Thank you again for the opportunity to provide information

to the Committee, and please do not hesitate to contact me if you need additional information from the AHA or if we can be of further assistance with this matter.

Sincerely,

A handwritten signature in cursive script that reads "Phil Mattheys". The signature is written in black ink and is positioned above the printed name and title.

Phil Mattheys
President & CEO