

**HCA's MRSA & CDI "ABC" Programs:
Using The New Business Case for Safety, Simplifying the
Science and Empowering Patients to Drive Change**

National Health Policy Forum
Health Care-Associated Infections: Is There an End in Sight?
Washington, DC – April 8, 2009

Jonathan B. Perlin, MD, PhD, MSHA, FACP, FACMI
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HCA
Hospital Corporation of America

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HCA Overview & Conclusion: Top Line
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- **Need to create "constructive tension" for change**
 - "Value-based Healthcare" provides the emerging business case for safety
 - Effective to extent supported by Federal, State, Commercial Payer policy, such that . . .
 - **Good quality is good business !**
- **Simplifying science (& policy) and packaging it effectively for different audiences can drive behavior change**
- **Empowering patients (and their visitors) is essential**
- **Goal & expectation should be zero preventable infections**

2

HCA Overview & Conclusion: Details
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- **"Value-based Healthcare" provides the emerging business case for safety**
 - CMS "HAC's" & commercial payer "Never Events"
- **Simplifying science & policy and packaging it effectively for different audiences can drive behavior change**
 - Drawing relationship between clinical & financial performance
 - Creating management accountability
 - Using the evidence for clinicians
 - Making it easier to do the right thing
 - HCA "ABC's" for MRSA & CDI
- **Empowering patients (and their visitors) is essential**
 - Reinforces desired behaviors & adds an emotional "hook" . . .

3

Safety & Quality in Healthcare & Aviation

- Airline Safety: > 99.999999
- Airline Baggage Handling: > 99.999
- B-Blocker p MI: 70 – 99%
- Immunization: 55 – 94%
- MD Hand Hygiene in ICU: 3 – 40%

Frequency of Failures Occurring

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The Epidemic of HAI's Results in . . .

- **1.7 million infections in hospitals**
 - Most (1.3 million) were outside of ICUs
 - 9.3 infections per 1,000 patient-days
 - 4.5 per 100 admissions
- **99,000 deaths associated with infections**
 - 36,000 – pneumonia
 - 31,000 – bloodstream infections
- Mortality: 99,000 > AIDS + MVA + Breast CA
- > \$10 Billion (probably approaching \$20 Billion)

Winkles, Edwards, Richards, et al. Pub Health Rep 2007;122:160-6

And the Challenge of MRSA . . .

Deadly Bacteria Found to Be More Common

Invasive Methicillin-Resistant Staphylococcus aureus Infections in the United States

S. Science 31:1000-1001, 2007

Kleivens RM et al., JAMA 2007;298(15):1763-71.

Schools Try to Allay Fears About Staph

- **2005 Data – Restrictive Case Definition**
- **19,000 Deaths**

- **APIC 2007 MRSA Prevalence Study**
 - 46/1,000 (~5%) hospital patients positive
 - 1.2 million cases annually
 - Cost \$35,367/MRSA vs. \$13,973 non-MRSA HAI
 - PI: Dr. William Jarvis

1.2 Million U.S. Patients Get Resistant Staph Each Year

APIC 2007 MRSA Prevalence Study. An abstract in JAMA 2007

No Added Reimbursement for (Highly Preventable) Hospital-Acquired Conditions

THE NEW YORK TIMES NATIONAL, MONDAY, AUGUST 16, 2009

Medicare Won't Cover Hospital Errors

No pay for 'conditions that could reasonably have been prevented.'

- Air Embolism
- Retained Foreign Body
- Blood Incompatibility
- Mediastinitis
- Catheter-Associated BSI
- Catheter-Associated UTI
- Decubiti
- Falls
- Glycemic Control
- Surgical Site Infections (ortho, bariatric)
- DVT & PE

"... i.e. A woman shouldn't come into a hospital to deliver a baby and leave with a broken arm."

Expansion to Medicaid under consideration!

Potential Losses to Revenue for Preventable Events

Effective with 10-1-08 discharges, hospitals must identify all secondary diagnoses as either "Present on Admission" or "Healthcare-Acquired"

Condition	No. of Medicare Cases in Fiscal Year 2006	Average Medicare Payment for Admissions in Which Condition Was Present
Object left in patient during surgery	764	\$61,962
Air embolism	45	\$66,007
Blood incompatibility	33	\$46,492
Catheter-associated urinary tract infection	11,780	\$40,347
Pressure ulcer	322,946	\$40,381
Vascular catheter-associated infection	Unknown	Unknown \$64,894*
Mediastinitis after coronary-artery bypass grafting	108	\$104,747
Fall from bed	2,591	\$24,962

* Data are from the Federal Register.
† Data are unknown because a unique code for this condition was introduced for fiscal year 2008.

Rosenthal MB, NEJM. 2007;357(16):1573-75
* insert: Shannon RP, AJMO. 2006;21(6):75-16S

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Tuesday, April 14, 2009
Slide: 8

American Journal of Medical Quality, Vol. 23, No. 6 suppl, 70-140 (2008)
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Economics of Central Line-Associated Bloodstream Infections

Richard P. Shannon, MD
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Daniel Coombs
Department of Medicine, Allegheny General Hospital, Pittsburgh, Pennsylvania

Alexander H. Shannon
Department of Medicine, Allegheny General Hospital, Pittsburgh, Pennsylvania

Gauthan Ganguli
Department of Medicine, Allegheny General Hospital, Pittsburgh, Pennsylvania

Yee Liu, MD
Department of Medicine, Allegheny General Hospital, Pittsburgh, Pennsylvania

Average Cost per Patient:	\$91,733
Average Payment per Patient:	\$64,894
Average Loss per Patient:	\$26,839
Removing Payment:	(\$64,894)
New Average Losses:	\$91,733

Hospital-acquired infections add considerable morbidity and mortality to patient care. However, a detailed economic analysis of these infections on an individual case basis has been lacking. The authors examined both the hospital revenue and expenses in 14 cases of patients with central line-associated bloodstream infections (CLABIs) over 3 years in 2 intensive care units and compared these financial data with patients who were matched for age, severity of illness on admission, and principal diagnosis. The average incremental direct cost was \$91,733 and the average incremental net margin was \$26,839 per case, and a total loss from operations of \$1,148,300 in the 14 cases. The costs of CLABIs and the associated complications averaged 11% of the total case cost. The elimination of these preventable infections constitutes not only an opportunity to improve patient outcomes but also a significant financial opportunity.

Key Words: central line-associated bloodstream infections • hospital-acquired infections • hospital economics • payment methodologies

The Financial Consequences of HAI's Are Clear: APIC Review of HAI Cost Myths

An APIC Briefing
February 2009
Dispelling the Myths:
The True Cost of Healthcare-Associated Infections

APIC's HAI Cost Calculator Development
Presented by: R. Shannon, MD, PhD
Presented by: S. Patel, MD
Presented by: D. Coombs, MD
Presented by: A. Shannon, MD
Presented by: G. Ganguli, MD
Presented by: Y. Liu, MD

APIC's HAI Cost Calculator: www.apic.org

MYTHBUSTERS
MYTH BUSTED

The large impact these cases have on costs and operating margins is even more significant. A recent study of 1.69 million admissions from 77 hospitals found that patients with a healthcare-acquired infection **reduced overall net inpatient margins by \$286 million or \$5,018 per infected patient**. The study found that the **average additional incremental direct cost for patients with an HAI was \$8,832¹**.

Myth: CMS "CC" code makes HAI cost-neutral or "profitable"

Are "Hospital Acquired Conditions" Under "Provider" Control?

Wrong Question!

Are We Doing All We Can To Prevent Adverse Events That Evidence Suggests Are Always, Largely or Generally Under Our Control?

[c.f., Michigan Keystone Project]

HCA In late 2006, HCA Set A Goal for Zero HAI's, Focusing on MRSA

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MRSA Bacteremia Rates
Brigham and Women's Hospital
Boston, Massachusetts
January, 1996 - January, 2005

MRSA HAI Rates 4W Unit,
Pittsburgh VA, Oct 1999-Present

Common Threads:

- Screening High Risk Patients with Active Surveillance Cultures (ASC's)
- Use of Barrier Precautions (BPs)/Clean or dedicated equipment
- Hand Hygiene and other Standard Precautions
- Patient Empowerment
- Leadership Accountability

Den Rosenthal, et al. JAMA. 2009;301:1283-88.

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

1960 1965 1970 1975 1980 1985 1990 1995

ABCD

REDUCING THE RISK OF MRSA IS THIS SIMPLE. (And can help prevent other infectious disease.)

ACTIVE SURVEILLANCE
Isolate high-risk patients and place them in contact precautions to stop MRSA from spreading.

BARRIER PRECAUTIONS
Gowns, gloves, and masks are essential to patient, staff, and visitor transmission prevention. These use their necessity.

COMPULSIVE HAND WASHING
The easiest and most effective way to stop MRSA and other healthcare-associated infections from spreading.

DISINFECTION OF ENVIRONMENTS
Thorough cleaning and appropriate use of products are absolutely necessary to reduce the transmission of MRSA.

Stopping MRSA is in your hands.

Targeted Active Surveillance (TAS) in HCA

- HCA approach includes screening of
 - Patients at **high risk for carrying** MRSA (e.g., Nursing Home & ICU admits, transfers)
 - Patients at from MRSA **high risk for serious complication** (e.g., CABG, Ortho)
- NB: Currently using chromographic agar; some use of PCR for improved TAT

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Active Surveillance Debate: *To Screen or Not to Screen?*

- Literature Ambiguous . . .
- Professional Society / Authority Recommendations Mixed
 - SHEA: Original (2003) Guidelines Endorsed Active Surveillance

CONCLUSION: Active surveillance cultures are essential to identify the reservoir for spread of MRSA and VRE infections and make control possible using the CDC's long-recommended contact precautions (*Opport. Control Hosp Epidemiol* 2003;28:362-369).

 - Highly Political, recanted to some degree
 - SHEA/APIC Statement that **"screening should not be legislated"** misconstrued as recommendation against screening. In fact, it was a recommendation against legislating the practice of medicine!
 - SHEA / APIC Talking Points:

While reducing the burden of antimicrobial-resistant pathogens including MRSA and VRE is of preeminent importance, APIC and SHEA do not support legislation to mandate active surveillance cultures for MRSA, VRE or other antimicrobial-resistant pathogens.

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HCA Literature Remains Confusing

Universal Screening for Methicillin-Resistant *Staphylococcus aureus* at Hospital Admission and Nosocomial Infection in Surgical Patients

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Candida: Surgical patients remain the most likely reservoir for nosocomial candidemia. . . .

Universal Surveillance for Methicillin-Resistant *Staphylococcus aureus* in 3 Affiliated Hospitals

K. H. Kim, M.D., Robert M. Covert, Ph.D., David H. Fine, M.D., David A. Clark, M.D., and David H. Fine, M.D.

Background: The role of active surveillance in reducing the burden of MRSA remains unclear. . . .

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Evidence for Active Surveillance is Class Ib, when other interventions inadequate. (Class Ib, in general)

Management of Multidrug-Resistant Organisms in Healthcare Settings, 2006

John D. Siegel, M.D., Emily Fleishman, M.D., MPH, CDC; Margaret Jackson, PhD, Johns Hopkins; PR. Srinivasan, MD, Infectious Diseases Clinical Practice, University of California, San Diego

Department of Health and Human Services
Centers for Disease Control & Prevention

Prevention and Control of MDRO transmission

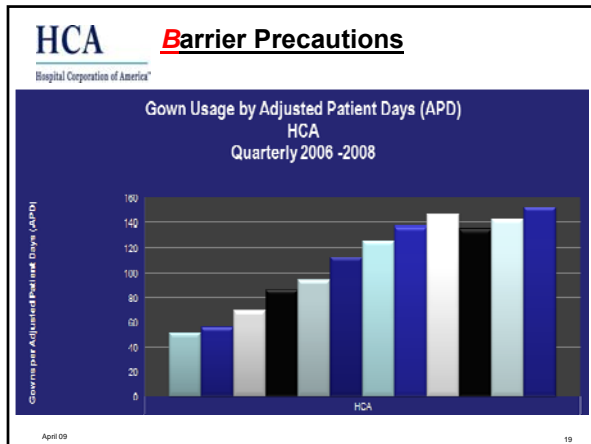
Overview of the MDRO control literature. Successful control of MDROs has been documented in the United States and abroad using a variety of combined interventions. These include improvements in hand hygiene, use of Contact Precautions until patients are culture-negative for a target MDRO, active surveillance cultures (ASC), education, enhanced environmental cleaning, and improvements in communication about patients with MDROs within and between healthcare facilities.

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HCA Barrier Precautions

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- Isolation of positive patients
- Gown, gloves, and mask with eye protection (per CDC recommendations)
- Standard precautions for all patients
- Pictorial instructions for staff and patients
- Dedicated equipment for MRSA+ patients
- Education on aseptic technique in all areas
- "Ticketing" for non compliance



HCA **Compulsive Hand Hygiene**

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- Culture change seeking 100% compliance
- Vendor assistance with alcohol gel strategic placement
- Engage MDs, Nurses, Clinicians through data and evidence
 - Executive walk around scripts
 - Scripted behavioral expectations of caregivers
 - “Ticketing” for noncompliance
 - Positive feedback for compliance through recognition & rewards
 - Reporting to Infection Control Committee (or equivalent), MEC, Board, and staff
- Encourage patient involvement and questioning of hand hygiene practices of their caregivers

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Handwashing Compliance by Health Care workers: The impact of introducing an accessible, alcohol-based hand antiseptic.

Bischoff WE, Reynolds TM, Sessler CN, Edmond MB, Wenzel RP., *Arch Intern Med.* 2000 Apr 10;160(7):1017-21.

- Under routine hospital conditions handwashing compliance of health care workers including nurses, physicians, and others (eg, physical therapists and radiologic technicians) is unacceptably low.
- Baseline handwashing compliance before and after defined events was 9% and 22% for health care workers in the medical ICU and 3% and 13% for health care workers in the cardiac surgery ICU, respectively.
- Introduction of increasingly accessible, alcohol-based, waterless hand antiseptic revealed significantly higher handwashing rates ($P < .05$), and handwashing compliance improved as accessibility was enhanced—before 19% and after 41% with 1 dispenser per 4 beds; and before 23% and after 48% with 1 dispenser for each bed.
- HCA added > ½ million hand sanitation stations (to the nearly ½ million existing stations) !

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SAFETY

EMPLOYEES MUST WASH HANDS BEFORE RETURNING TO WORK

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Engaging & Empowering the Patient . . .

Dear Visitor,
Thank you for trusting us to care for your loved one.

We are committed to providing a safe environment for patients and for you. You can help us stop the spread of infections, including MRSA, a serious form of bacteria carried by many healthy people. Use the waterless hand sanitizers throughout the facility before and after contact with patients.

It takes a strong commitment from employees, physicians, and visitors to be successful. We appreciate you helping us improve patient care.

Jonathan B. Proff, MD, PhD, MBA, FAAP
Chief Medical Officer & Senior Vice President, Quality
HCA Healthcare

WASH YOUR HANDS.
SAVES YOUR LOVED ONE'S LIFE.

Changing Culture To Empower Patients

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Goal: Eradicating MRSA & HAI's

HCA MRSA Resources Are Publicly Available at: www.hcahealthcare.com

STOPPING MRSA IS IN YOUR HANDS.

ABCD

REDUCING THE RISK OF MRSA IS THIS SIMPLE.
(And can help prevent other infectious disease)

WASH YOUR HANDS
SAVES YOUR LOVED ONE'S LIFE.

Active Surveillance	Antibiotic Restrictions	Executive Board Engagement
Culture high risk patients and place them on contact precautions so that MRSA does not spread.	Gowns, gloves, and masks are available for patient, staff, and visitor precautions so that MRSA does not spread.	The easiest and most efficient way to stop MRSA and other healthcare associated infections from spreading.
Click Here to Learn More...	Click Here to Learn More...	Click Here to Learn More...
Productive, Consistent	Executive Commitment	Corporate Culture & Incentive
Thorough training and appropriate use of products are absolutely essential.	Facility, division, and corporate support of residents' efforts.	Corporate communications and educational opportunities regarding MRSA.
Click Here to Learn More...	Click Here to Learn More...	Click Here to Learn More...

> 350% Increase Hand Hygiene

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Disinfection / Environmental Cleaning

- Pictorial illustrations of proper cleaning techniques
- Appropriate use of cleaning agents and adhering to vendor specifications
 - Timed disinfection that cannot be thwarted
- Dedicated cleaning staff for a specific area to improve accountability

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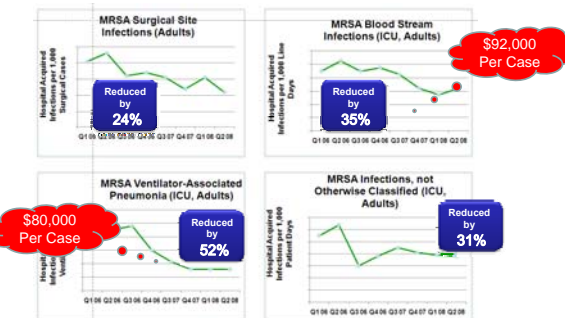
Executive Ownership: 10 “To Do’s / Accountabilities”



- Education on the Finances of HAI's
- Evidence: Success Requires Administrative engagement and physician/nursing champions
 1. Interdisciplinary MRSA/ HAI Taskforce
 2. Physician & Executive Champion
 3. Medical Exec Comm Approved HAI Policy
 4. TAS in Place
 5. CXO "Rounds"
 6. Environmental Services Education
 7. Hand Sanitizer Stations in Place
 8. Measure Std MRSA & Hand Hygiene Rates
 9. Community Education/Engagement Plan
 10. Std Lab Protocols (& No Billing) for

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Reducing MRSA Infection: Progress



- MRSA Surgical Site Infections (Adults): Reduced by 24%
- MRSA Blood Stream Infections (ICU, Adults): Reduced by 35%
- MRSA Ventilator-Associated Pneumonia (ICU, Adults): Reduced by 52%
- MRSA Infections, not Otherwise Classified (ICU, Adults): Reduced by 31%

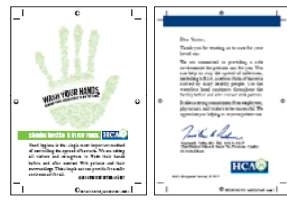
\$80,000 Per Case

\$92,000 Per Case

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Contents of MRSA Toolkit

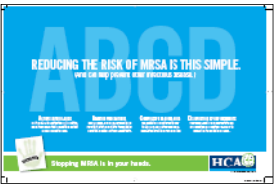
- Sampling of MRSA awareness materials:
 - Brochure and Instructions
 - Visitor Cards
 - A,B,C,D Poster
 - Hand Hygiene Poster
 - A,B,C,D Flyer
 - Hand Hygiene Flyer
 - Hand Washing signage
 - Hand Washing static clings
 - Isolation signage
- Also included:
 - CD for reprinting materials
 - DVD of the campaign message intended for hospital and medical staff meetings



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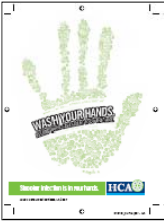
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MRSA News...



September 17, 2008
Rising Foe Defies Hospitals' War on 'Superbugs'
By Laura Landro

September 9, 2008
CDC Campaign Targets MRSA Infections
An campaign to teach parents how to keep their kids from getting infections caused by an antibiotic-resistant Staphylococcus aureus (MRSA) bacteria was launched this week by the U.S. Centers for Disease Control and Prevention.

August 31, 2008
Superbugs
By Arianna Groopman
The new generation of resistant infections is almost impossible to treat.

March 4, 2008
A Bug Rises, and With It a Company
By Andrew Pollack
Patients might not particularly like the new admission procedure at a growing number of hospitals: having what looks like an elongated Q-Tip stuck up their noses...

September 3, 2008
Curbing Antibiotic Use in War on 'Superbugs'
By LAURA LANDRO
Hospitals are turning to a new breed of antibiotic "SWAT" team to win the war against "superbugs" — the bacteria that are outmaneuvering nearly every weapon in the arsenal of drugs long used to fight them.

January 30, 2008
Hospitals marshal resources to wipe out MRSA
By Matt Edwards, Special for USA TODAY

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CLEAN HANDS ARE COOL HANDS

Hey Goo! There's nothing fun with germs. Make sure you check out all the cool places that you can visit from Clean Hands TV spot on the behind the scenes DVD. The thing is that you can have fun while still being responsible. You can have fun while still being responsible. You can have fun while still being responsible.

Teachers Parents

Kids Zone

MITCHEL MUSSO

CHOOSE A DESTINATION!

WASH YOUR HANDS


Mitchel's Clean Hands TV Spot

4/14/2009 35

Clean Hands Are Cool Hands Campaign

www.cleanhandsarecoolhands.com

- Collaborative education effort aimed at encouraging hand hygiene in school-age children
 - HCA Foundation
 - Steris Foundation
- Messengers:
 - Mitchel Musso, "Hannah Montana" co-star, *Oliver*
 - Dr. Jonathan Perlin
- Materials:
 - PSAs
 - Interactive website
 - Teaching plans
 - Posters
 - Stickers
 - Link to CDC information
- **Impact: 46 million "hits"**

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HCA **Process Learnings . . .**
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- Prevalence rates
 - HCA preliminary data:
 - Approximately 260 out of every 1000 admissions are high risk (for carrying MRSA and/or bad outcomes from MRSA)
 - Approximately 94 out of every 1000 admissions are colonized or infected
 - Can identify "high-risk" carriers (> 1 in 5 MRSA+)
- Issues conferring physician/clinician resistance
 - Liability from knowing patient is MRSA+
 - Responsibility for addressing MRSA+
 - Logistics
- Improved Awareness and Focus on Other HAI's
 - Villainizing MRSA expands dialog & action on VRE, ESBL, CDAD, etc.
 - and other Infection Prevention work: antibiotic overuse, VAP, BSI

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C. difficile – HCA's 2009 "ABC's" Bundle 2

Antimicrobial Stewardship
 Barrier precautions
 Compulsive hand hygiene
 Disinfection of environment
 Executive ownership



HCA **Infection Control Measures**
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- Glove and gown use
- Hand hygiene
- Private room/barrier precautions/isolation (until symptoms resolve or ≥2 days after diarrhea ceases)
- Dedicated equipment when possible
- Environmental cleaning; disinfection with 1:10 hypochlorite in epidemic situations
- Antimicrobial stewardship/restriction



HCA **Hospital Acquired Infection (HAI) Atlas Website**
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ABCs to Eradication	Key Actions	Key Actors
Appropriate Antibiotic Selection	1. Order set development 2. Medication use evaluation	Pharmacy, Physician Champion
Barrier Precautions	Gowns, gloves	All patient care personnel
Compulsive Hand Hygiene	Hand hygiene, every patient, every time	All patient care personnel
Disinfection of Environment	Cleaning patient environment areas using appropriate agents for the appropriate amount of time	Environmental Services and patient care personnel
Executive Ownership	Oversight of implementation, mitigating barriers	Executive Sponsor

Safety is...

We can't buy enough gowns, gloves and masks not to have a positive ROI... and for the patient, priceless!

HCA MRSA Resources Are Publicly Available at: www.hcahealthcare.com



Stopping MRSA is in your hands

WASH YOUR HANDS
It's the best way to stop the spread of germs.

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www.hcahealthcare.com

- **Need to create “constructive tension” for change**
 - “Value-based Healthcare” provides the emerging business case for safety
 - Effective to extent supported by Federal, State, Commercial Payer policy, such that . . . Good quality is good business !
- **Simplifying the science and packaging it effectively for different audiences can drive behavior change**
- **Empowering patients (and their visitors) is essential**
- **Goal & expectation should be zero preventable infections**
- **Science + Financial Drivers + Emotion = Improvement**