



CONNECTICUT
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ASSOCIATION

**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
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**BEFORE THE
PUBLIC HEALTH COMMITTEE
Monday, March 1, 2010**

**SB 248, An Act Concerning Adverse Events At Hospitals And Outpatient
Surgical Facilities**

My name is Dr. Louise Dembry and I am a Hospital Epidemiologist and Co-Director of Quality Improvement Support Services of Yale-New Haven Hospital. I appreciate the opportunity to testify for the Connecticut Hospital Association in opposition to Section 4(a) of **SB 248, An Act Concerning Adverse Events At Hospitals And Outpatient Surgical Facilities**.

The Connecticut Hospital Association opposes Section 4(a) of the bill. The provision on infection reporting conflicts with the work under way by the Department of Public Health's Healthcare Associated Infections Committee, which is currently considering the implementation of hospital-specific central line-associated blood stream infection (CLABSI) reporting with appropriate explanatory consumer information.

Since 2008, CLABSI data has been reported by Connecticut hospitals to the Centers for Disease Control's National Healthcare Safety Network as required in the 2006 DPH statute. This data is aggregated by the Department of Public Health annually and is publicly reported.

Collection of data, especially infection control performance data, requires clear definitions and parameters that must be evidence-based, reflect thoughtful processes, and must ultimately add value by supporting the quality and patient safety mission of the organization and its infection prevention program.

Collection and analysis of infection control data is a critical component of our quality and patient safety work and we do it diligently. Infection control data collection happens every day, and surveillance occurs throughout the entire hospital. It is resource intense because it must be collected by an infection control expert, and for this reason we are especially careful to only collect data on performance measures that are validated, meaningful, useful, and scientifically sound.

Time spent on surveillance is important but must be balanced carefully with time spent on prevention efforts, both of which are crucial to maintaining the highest level of patient safety. Our prevention efforts encompass our patients, their families, employees, and our community; they reach throughout the hospital environment, from the emergency department to the newborn nursery, and to our outpatient facilities.

The Department of Public Health's Healthcare Associated Infections Committee was established by law in 2006 (Section 19a-490n of the Connecticut General Statutes) to make recommendations on the measurement and prevention of healthcare associated infections.

The Committee is multidisciplinary – with clinical, operational, and patient advocate representation. The Committee has experience working together and understands the challenges in infection control data collection, surveillance, reporting, and the nuances of choosing the right performance measures to report.

The Connecticut Hospital Association urges you to let the Department of Public Health's Healthcare Associated Infections Committee continue to work together on this complex issue, which requires choosing validated performance measures, including the context and meaning of the data presented, and the development of useful consumer information and education that can be easily understood by the public.

Thank you for consideration of our position.