



Detroit Medical Center
Wayne State University

Written Testimony for:
State of Michigan Commission on Patient Safety

Dear Members of the Commission on Patient Safety:

On behalf of the Detroit Medical Center (DMC), I would like to thank the members of the Commission for providing this opportunity to discuss interventions to improve the safety and quality of patient care. The Detroit Medical Center would like to convey its full support of Governor Granholm's appointment of the Michigan Health & Safety Coalition (MH&SC) in conjunction with Public Act 119, to serve as the Commission for the improvement of patient safety.

Organization's background

The Detroit Medical Center is Detroit's largest private employer with 13,000 employees and nearly 3,000 private and faculty physicians. Our organization is made up of 10 hospitals and institutes including:

- the State's first designated Level I trauma center - Detroit Receiving
- Michigan's largest pediatric facility, Children's Hospital of Michigan
- And the National Institutes of Health, perinatal research site, Hutzel Women's Hospital.

The DMC serves many aspects of Michigan's health system – together with our academic partner, Wayne State University School of Medicine, we offer the largest teaching establishments in the state – more than 1,000 residents. We are the leader in serving the uninsured or underinsured – with more than \$130 million in uncompensated care last year.

In partnership with state agencies like the Michigan Department of Community Health, the Michigan Health and Hospital Association, the Michigan Antibiotic Resistance Reduction Coalition (MARR), the Michigan Society for Infection Control (MSIC), and the Michigan Chapter of the Association for Professionals in Infection Control and Epidemiology (APIC-Greater Detroit Chapter), the DMC has consistently demonstrated its commitment to improving the quality and safety of care provided to the communities it serves. In addition, DMC staff and physicians work closely with national professional groups such as the Centers for Disease Control and Prevention (CDC), the Society of Healthcare Epidemiology of America, (SHEA) and the American Hospital Association (AHA) to improve safety.

DMC Efforts: Improving Patient Safety in Michigan

Long before the IOM report : *to Err is Human* (1999), the DMC had shown its commitment to the delivery of safe patient care through pharmacy, infection control, and quality participation in local, state and national professional societies efforts to improve quality. The DMC named a Patient Safety Officer in early 2000, and quickly outlined a strategy to align the many patient safety efforts occurring within the organization into a Comprehensive Medical Safety Program, which it shared with the Michigan Health and Hospital Association and provided to the Premier Safety Institute as a model that could be utilized by other hospitals to develop safety programs.

Utilizing CDC NNIS System as a Model for Reporting Adverse Health Events:

Despite the goal of zero infections, HAIs are too frequent; across the U.S. they affect over 2 million patients, are responsible for 88,000 deaths from these infections, and consume upwards of \$29 billion to treat each year. [Burke JP 2003] Since the late 1980's, the DMC has participated in the National Nosocomial Infections Surveillance System (NNIS), a voluntary reporting system coordinated by the Centers for Disease Control and Prevention in order to systematically define and collect data on Healthcare Associated Infections (HAIs) which serve as a benchmark for facility efforts to implement evidence-based recommendations such as hand hygiene, aseptic surgical technique, and full barriers for the insertion of central venous catheters, among others, as a means to improve patient safety. Recent studies demonstrate that these interventions that have been successful in preventing HAIs. Notably, the U.S. Centers for Disease Control and Prevention (CDC) has demonstrated that life-threatening bloodstream infection rates have been reduced by as much as 44% in some intensive care units through feedback of surveillance data by the ICP and collaboration with direct care providers. [CDC MMWR 2000]. Even as the NNIS system evolves into a broader system, the National Healthcare Safety Network (NHSN) to capture a broader range of adverse events, it remains the model of voluntary, non-punitive reporting system. [Berenholtz SM 2004, Babcock HM 2004, Stevenson 2004, Hilburn 2003, Mawji 2002, Usry 2002 Tokars, 2004]) Despite the fact that not all hospitals participate in the system, the evidence based practices that result from data collection, comparison, and feedback are rapidly adopted by hospitals and become the standard of care for patient safety in the healthcare community. By the end of the year, the CDC will transform NNIS into the National Healthcare Safety Network, opening up participation to all hospitals via a web-based product. The expansion will include reporting for Employee as well as Patient safety. Patient safety initiatives include: Device-associated infections, Surgical infections and post-operative pneumonia and antimicrobial use and resistance. Plans are to expand beyond outcomes reporting and into process reporting, as well as focusing on device related complications beyond infections. [CDC: Clinical Infectious Diseases 2004: 39]

DMC physicians will be among the presenters at a national consensus meeting on mandatory public reporting of healthcare-associated infection in early February, 2005. The current CDC/HICPAC isolation guideline should be published by early 2005, offering guidance to all states that are looking closely at this issue. (CDC HICPAC: available at www.cdc.gov)

DMC also participates in a state-wide group that has been working for over 5 years to improve antimicrobial usage in Michigan: The Michigan Antimicrobial Resistance Reduction Coalition (MARR-C). MARR-C is a true coalition of providers, payors, and consumers all working

together to improve judicious use of antibiotics in the State, which has garnered national attention as a model of improvement efforts in the area of antimicrobial usage based on collaborative efforts.

Finally, the Keystone ICU project coordinated through MHA, in which the DMC participates, is showing remarkable results in terms of patient outcomes through commitment to and adoption of best practices in ICU care.

On behalf of the DMC, I would urge the Commission to seriously consider the models as described to assist the Commission in development of its model for Patient Safety activities in Michigan.

Interventions for improving patient safety:

The DMC strongly supports the efforts of the Governor's Commission on Patient Safety in continuing to improve the care provided to our patients, and suggests that the Commission:

- Strongly consider a confidential patient safety reporting system modeled after the Center for Disease Control and Prevention's NNIS system, a system that promotes the adoption of evidence based practice and feeds back comparison data to participating hospitals
- Apply a "framework for prevention" that draws on national patient safety goals outlined by the CDC, National Quality Forum, and Centers for Medicare & Medicaid Services (CMS), etc., to assist the Commission's advocacy efforts.
- Evaluate and assist with application of emerging information technology tools, such as data mining, that can enhance surveillance of healthcare-associated errors and investigate feasibility of real-time decision support applications designed to optimize use of evidence-based practices for patient care.
- Engage additional professional societies and providers in Michigan on the value of public release of facility-specific data on medical errors and seek suggestions for indicators that may be helpful to consumers when selecting providers in Michigan.
- Explore the efficacy and practical application of improving adherence with indicators of optimal patient safety performance related to incentive-based systems from purchasers.
- Collaborate with key groups to develop education modules and assuring core competencies for direct care providers that emphasize a science-based approach to preventing healthcare errors.
- Disseminate successful strategies for building patient safety teams within facilities designed to prevent infectious and noninfectious complications of care.

Lastly, I would urge the Commission to engage consumer groups as well as providers in its mission, as "Patient" should be first and foremost

These suggestions will be developed in greater detail in the written testimony of the DMC.
Thank you.

References and citations

Burke JP N Eng J Med 2003; 348:7 651-56

CDC. Monitoring Hospital-Acquired Infections to Promote Patient Safety -- United States, 1990-1999. MMWR 2000; 49:149-53.

CDC HICPAC website <http://www.cdc.gov/ncidod/hip/HICPAC/meeting.htm>
HICPAC - Healthcare Infection Control Practices Advisory Committee Meeting Schedule
HICPAC Teleconference on Public Reporting September 10, 2004 DRAFT Report

APIC Web site <http://www.apic.org/> Healthcare-Associated Infections: Realizing the Benefits of
Mandatory Public Reporting Sponsored by APIC in partnership with AHA, CDC, Consumers
Union, National Quality Forum, and SHEA. February 7 and 8, 2005 Hyatt Regency Atlanta