

**Opening Statement of
Jennifer Daley, M.D.
Before the
Subcommittee on Oversight and Investigations of the
House Committee on Energy and Commerce
March 29, 2006**

Chairman Whitfield, Congressman Stupak, Subcommittee members:

I thank you for inviting me to appear today before the Subcommittee.

I am the Senior Vice President of Clinical Quality and Chief Medical Officer for Tenet Healthcare Corporation, headquartered in Dallas, Texas. I have served in this capacity since July 2003. Prior to joining Tenet, I was the Director of the Center for Health Systems Design and Evaluation at Massachusetts General Hospital and an Associate Professor of Medicine at Harvard Medical School. Tenet Healthcare owns and operates 69 acute care hospitals in 13 states, including four leading academic medical centers and one children's hospital.

Since 1990, I have been researching and applying quality improvement activities in hospitals and am proud today to oversee Tenet's commitment to improving the areas of quality of care and patient safety in our hospitals. Since joining the company, I have worked with CEO Trevor Fetter to develop and implement a new quality program for our hospitals known as the "Commitment to Quality," which is designed to enhance the overall quality and productivity of our care delivery process. The Commitment to Quality consists of a comprehensive set of initiatives all aimed at one purpose: to utilize evidence-based medicine and demonstrable best practices across a large hospital system to improve clinical outcomes and patient safety. The initiatives focus on quality of care and patient safety, nursing practice, medical staff governance and other important areas related to patient care.

I am pleased to be able to speak with you today about an important component of our Commitment to Quality and a critical challenge facing the nation's healthcare system – reducing the incidence of hospital-acquired infections (“HAIs”). I would like to begin by emphasizing the fact that Tenet endorses two goals, the most important of which is reducing the incidence of HAIs, and the second of which is sharing accurate and useful information about infection control efforts with patients and the public.

Tenet's commitment to reducing the incidence of HAIs and resultant infections in our own hospitals is evidenced by several aggressive programs implemented by Tenet. Our infection prevention and control efforts focus on four main categories of HAIs: surgical site infections, ventilator-associated pneumonia, central venous catheter-associated bloodstream infections, and urinary catheter-induced urinary tract infections. We are also targeting infections resulting from antibiotic resistant strains of bacteria, such as methicillin-resistant *Staphylococcus aureus* (“staph” bacteria/infection), vancomycin-resistant *Enterococci* (VRE), and *Clostridium difficile* (colitis).

In mid-2005, Tenet issued a Model Infection Control Program Plan as a framework to assist our hospitals in the development of hospital-specific infection control and prevention programs. The model plan, a copy of which has been provided to the Subcommittee, is designed to meet the 2005 regulatory requirements from the Centers for Medicare and Medicaid (CMS) Conditions of Participation and the 2005 Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Standards for Practice. The plan also takes into account the position statements for the infrastructure and essential activities of infection control and epidemiology in hospitals from the Society for Healthcare Epidemiology of America (SHEA) and the Association for Professionals in Infection Control and Epidemiology (APIC). In distributing the model plan,

Tenet advised our hospitals that notwithstanding the fact that they might have existing policies, those policies at the very least were to be modified to include all components of the model plan.

The basic purpose of Tenet's extensive Infection Control Program Plan is to actively identify infections and reduce the risk of disease transmission through the introduction of proactive preventive measures. We at Tenet recognize that effective infection control programs no longer consist of generating incident infection reports from a cubicle in the hospital basement. Superior infection control programs require a systematic approach, including the adoption of specific infection control procedures and efforts to ensure compliance with those procedures. Tenet's infection control program exemplifies this high standard and includes the creation of an Infection Control Committee, provisions for risk assessment, and numerous specific strategies for preventing infection. Moreover, Tenet's own infection control program, coupled with our participation in the "100,000 Lives Campaign," provide effective and uniform standards across all 69 of Tenet's hospitals. Local variations in infection control programs, within Tenet's hospitals, are being eliminated as Tenet strives to create a unified set of the highest infection control standards.

As previously stated, in addition to implementing our own, very rigorous and uniform Infection Control and Prevention Plan as part of an effort to reduce the occurrence of HAIs, Tenet and all of its hospitals were founding members of IHI's "100,000 Lives Campaign." The overall goal of the Campaign, consistent with Tenet's infection control program goal, is to make healthcare safer and more effective to ensure that hospitals achieve the best possible outcomes for all patients. Like Tenet's infection control program, the campaign implements specific targets which aim to reduce or prevent infection in hospitals.

A critical component of Tenet's approach to infection control is the company's creation of an internal system of reporting the incident-rate of HAIs in our hospitals. This system, which is currently being implemented, produces comparative reports of HAIs within Tenet and will be an effective tool in improving the quality of care and patient safety in all of Tenet's hospitals.

Finally, I know that the Subcommittee, others in Congress, and officials at CMS are exploring mechanisms by which "pay for performance" can be used to provide incentives for improving quality among healthcare providers. Since assuming leadership of Tenet in 2003, Trevor Fetter has spearheaded the development of an innovative compensation program for corporate and hospital executives, known as the Balanced Scorecard, which places significant weight on achieving quality improvement goals. This year, and for the first time, success in reducing the rate of HAIs in Tenet hospitals will be a significant factor in all executive compensation calculations. This change will affect all levels of executive management, including Trevor himself.

In addition to Tenet's and my primary goal of reducing HAIs, it is also our goal to ensure that reliable information is properly disseminated to patients and the public. Getting information to consumers not only allows them to make informed decisions about their healthcare, but more importantly, it enables hospitals to analyze their own infection control methods and see what is working effectively to reduce the incidence of HAIs and what areas of infection control need improvement.

Recently, state legislatures have taken aggressive steps to ensure that public reporting of HAIs becomes a priority. As it currently stands, more than thirty states have passed or are considering legislation regulating the reporting of HAIs. Three of the states in which Tenet owns or manages hospitals currently mandate the public reporting of HAI rates: Pennsylvania,

Missouri and Florida. Over the next year, four additional states in which Tenet operates hospitals will consider implementing public reporting requirements of HAI rates: California, Alabama, Georgia and Mississippi. Finally, three states in which Tenet operates hospitals currently have study bills: Texas, Tennessee and Louisiana.

While it is our goal to see that data related to hospital infection rates are collected and accurately publicly reported, it is critical to point out that not all reporting methods will necessarily be helpful or effective. The legislation varies among states, creating the very real possibility that Tenet and other national healthcare providers will be subject to multiple and varied reporting requirements and methodologies. Some state legislation requires reporting according to specific procedures, and different states may require reporting for different procedures. Individual state legislation also varies according to the particular type of HAI for which reporting is required. State legislation can also vary according to the type of healthcare facility in which infection occurs, such as critical care units, hospitals, ambulatory surgical centers, and nursing homes. With such varied approaches to reporting requirements among several states, following each state's law accurately will create a significant burden for national healthcare providers such as Tenet.

Because of the difficulty and burden inherent in having different reporting requirements, there would be some benefit to establishing a single national standard for the identification, definition and reporting of HAI rates, provided that the single standard is established after thoughtful and collaborative evaluation. If it is decided that a single standard is the best approach, I would encourage Congress to examine current industry efforts to establish reporting requirements. One good example of such an effort is the National Quality Forum ("NQF") expert panel, currently being formed by the NQF. Members of the National Societies of Hospital

Epidemiologists (SHEA and APIC), as well as representatives from the CDC, will be represented on this panel. I believe this group is capable of arriving at scientifically sound and feasible methods and definitions that will serve as reasonable national references and standards.

In addition to establishing a reasonable national standard, the NQF panel is in the best position to make recommendations on how to adjust for a higher baseline risk of infection in acute care units. Currently, Tenet has several hospitals with high patient acute care units, such as trauma units and burn units, in which the baseline risk of HAIs is higher than in many intensive care units and general medical/surgical units. Appropriately adjusting for this higher baseline of risk of infection in critically ill patients would ensure that the information provided to public consumers is more useful and accurate.

Hospitals across the country are taking the issue of HAIs and resultant infections very seriously and increasing their efforts to combat this problem. I am particularly proud of Tenet's work on implementation of infection control and prevention plans in all of our 69 hospitals and our participation in the IHI's "100,000 Lives Campaign," which provide strong examples of industry efforts to reduce the incidence of HAIs and resultant infections. With industry cooperation and increased awareness of the issues created by hearings such as this, the healthcare industry can further our dual goals of reducing the incidence of HAIs and disseminating accurate and useful information to patients and the public.

Tenet is absolutely committed to quality healthcare that is both effective and safe for patients. As part of this commitment, let me reiterate that Tenet is willing to cooperate to help establish the best standards for reducing the incidence of HAIs and for public reporting of HAI rates. Thank you again for the opportunity to speak with you today.