



July 15, 2020

The Honorable Nancy Pelosi
Speaker
United States House of Representatives

The Honorable Mitch McConnell
Majority Leader
United States Senate

The Honorable Kevin McCarthy
Republican Leader
United States House of Representatives

The Honorable Chuck Schumer
Democratic Leader
United States Senate

CC: Members of the United States House of Representatives and the United States Senate

RE: Stakeholders urge Congress to empower CDC to protect patient safety in legislation to help address the COVID emergency

Dear Speaker Pelosi, Leader McCarthy, Leader McConnell, and Leader Schumer:

We are writing to recommend an important addition for the next legislation to help address the COVID-19 emergency. AARP is a non-partisan, non-profit organization that empowers people to choose how they live as they age, representing nearly 38 million members and The Leapfrog Group is a national nonprofit movement of employers and other purchasers of health benefits committed to improving the safety and quality of health care.

As Congress considers needed policies to support health care providers hard hit by this crisis, that legislation should expand the Centers for Disease Control and Prevention's (CDC) systematic national monitoring and reporting of infection rates. The business community supported infection monitoring and reporting long before the pandemic. Today, it is more urgent than ever as the nation recovers from an infectious disease that devastated our health care system, our economy and the way of life in our communities. Preparedness requires nationally consistent data to identify hot spots quickly and reliably. It also requires a high level of transparency so facilities can recognize their own infection challenges, and patients and their loved ones can get critical information about their care.

This can be accomplished with an incremental expansion of an already robust program at the CDC, the National Healthcare Safety Network (NHSN), which currently collects data and calculates nationally standardized infection rates for many, but not all, health care facilities. A wider variety of facilities should be required to systematically report key infection data to NHSN, and rates of infection should then be publicly reported by facility. Among other things, NHSN now has the capacity to monitor five health care acquired infections that a subset of

American hospitals are required to publicly report (for inpatient care only) as a condition of participation in Medicare. The five health care associated infections currently collected include:

- Methicillin-resistant Staphylococcus aureus (MRSA)
- Clostridium difficile (C.Diff)
- Surgical Site Infections After Colon Surgery (SSI -Colon)
- Central Line-Associated Bloodstream Infections (CLABSI)
- Catheter-Associated Urinary Tract Infections (CAUTI)

Recently, many facilities were also required to report rates of COVID-19 cases among patients and staff. CMS had to develop a reporting mechanism with NHSN to begin reporting infections and deaths in the nation's 15,400 nursing homes, but it couldn't be put into place until May. Within a month, almost 100 percent of these nursing homes are reporting COVID-19 cases and deaths among residents and staff, as well as PPE supply data and access to COVID-19 testing to NHSN. Having a monitoring mechanism in place for infections in nursing homes sooner would have made this a less burdensome process. Similarly, more than 60 percent of hospitals in the country are voluntarily reporting COVID-19 data and the strain on their resources to CDC's NHSN. This reporting needs to become more complete to develop a true national picture of the burden of disease on patients and the health care system.

Currently, NHSN has the capacity and protocols in place to collect and calculate standardized infection ratios (SIRs) for the full range of health care facilities in the United States and its territories, but only some general hospitals are required to report this infection data, and only for inpatient care. NHSN has the capacity to collect infection data for long term care facilities, rehabilitation facilities, hospice facilities, ambulatory surgery centers (ASCs), hospital outpatient surgery departments, specialty hospitals, pediatric hospitals, critical access hospitals, Veterans Affairs and military hospitals, dialysis centers, hospitals in Guam and Puerto Rico and other territories, and other facilities—but it is not currently required that these facilities report infection data, and most facilities don't volunteer it. We recommend requiring this reporting as part of the next COVID-19 emergency legislation and including assisted living and other long-term care facilities as part of such reporting. Health care systems need and deserve support, and the public needs and deserves accountability for the support their government is providing.

The main advantages of this national collection and reporting effort are to:

- **Prepare for any future outbreak:** A focus on health care acquired infections is the most flexible and effective method to account for preparedness for any contagious disease that may threaten us in the future. To prevent health care acquired infections, facilities must enforce excellent hand hygiene, use protective equipment skillfully, and maintain top notch cleaning and disinfectant protocols. These steps, combined with assuring that staff are well trained, provisioned, and accountable for following protocols for infection prevention in all surgeries, treatments, and patient encounters, will support this effort. An environment with low rates of health care acquired infections is best prepared for COVID-19 and any new pandemic or contagious disease threats.
- **Identify national hot spots quickly:** Infection monitoring on a national basis, using a common method for calculating rates (as opposed to a patchwork of systems by different state public health entities currently assessing some infections in some facilities), allows federal officials to quickly and efficiently identify "hot spots" and concentrate strategies to reduce or eliminate infections. It also supports employers and other purchasers that want to protect their employees residing in different states across the country.

- **Focus on highly vulnerable patients:** Required infection monitoring and public reporting by CDC in long term care and rehab facilities brings accountability where the most vulnerable patients reside. These facilities accounted for more than 50 percent of COVID-19 deaths in some states.
- **Build on existing capacity:** NHSN is already prepared to collect this data in a systematic way and is successfully doing so for general hospitals. Prior to the COVID-19 pandemic, NHSN was the nation’s most widely used health care acquired infection quality improvement and reporting system. Almost every hospital, dialysis facility and ambulatory surgical center in the nation, as well as more than 3,000 nursing homes, participate in NHSN for non-COVID-19 reporting and quality improvement—over 25,000 facilities in total. The CDC rapidly augmented this system and built upon its infrastructure and reach in the health care system to respond to the COVID-19 pandemic. At present, more than 19,000 facilities, including about 3,500 hospitals and 15,000 nursing homes, use NHSN to report essential COVID-19 data.
- **Hold health care enterprises accountable for stimulus funds:** This is an appropriate and focused requirement for the health care industry to be publicly accountable for public investment, and for health care facilities to quantifiably demonstrate ongoing preparedness for emergencies like COVID-19 that may occur in the future.

The infection measures discussed in this letter are some of the most critical safety information that consumers and purchasers care deeply about. We strongly urge you to prioritize improving the monitoring and reporting of health care acquired infection rates in future legislation addressing the COVID-19 emergency. American health care workers put their own health at risk to care for the victims of the pandemic. We honor that sacrifice when we account for preparedness, not only to fight the next novel virus, but to eradicate the many infections that endure and continue to cause great suffering. America should be the world leader in fighting infection, and that begins with a strong and transparent system for monitoring it.

On behalf of AARP and The Leapfrog Group, and with the support of the below signed organizations and individuals, we appreciate your consideration and attention to this critical issue.

Sincerely,

Nancy A. LeaMond

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Chief Advocacy and Engagement Officer
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Millie Borelli, Consumer
Mothers Against Medical Error

National Alliance of Healthcare Purchaser Coalitions
NEHI (Network for Excellence in Health Innovation)
Nevada Business Group on Health
New England employee benefits council
New Hampshire Patient Voices
New Jersey Council on Developmental Disabilities
New Jersey Health Care Quality Institute
NJ Long-Term Care Ombudsman
OCH Regional Medical Center
Pacific Business Group on Health
Partnership to Fight Chronic Disease
Patient Safety Action Network
Patient Safety America
Patient Safety Movement Foundation
Peggy Lillis Foundation
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